Institute of Education, University College London

Doctorate in Professional Educational Child and Adolescent Psychology

“My EP is a safety net”: An exploration of the support Educational Psychologists can provide for Emotional Literacy Support Assistants working with children who have experienced Domestic Abuse.

Kate Christina Eldred
I, Kate Eldred confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Word count (exclusive of impact statement, abstract, appendices, acknowledgements, declaration and list of references): 36,179
Abstract

Domestic abuse (DA) is prevalent in the UK; its pernicious impact on the emotional wellbeing of children is well documented. The Emotional Literacy Support Assistant (ELSA) programme (Burton, 2008) is utilised by schools to support children’s emotional needs and, as my research demonstrates, is delivered to children affected by DA. This study provides a distinct contribution to existing research exploring the ELSA programme by considering the support Educational Psychologists (EPs) can provide ELSAs delivering the ELSA programme to children affected by DA.

Semi-structured interviews and a focus group were utilised to explore the perspectives of key stakeholders (ELSAs, SENCos and EPs) involved in the delivery of the ELSA programme to children affected by DA in one London Borough. The research highlights protective factors and tensions in the use of ELSA in these instances.

The research indicates that EPs act as a “safety net” for ELSAs by providing emotional containment, utilising their experience to develop ELSA practice, preparing ELSAs for complex cases, monitoring referrals and supporting ELSAs to apply psychological theory to their practice. In turn, ELSAs facilitate emotionally containing relationships for children affected by DA. However, EPs’ abilities to provide additional support to ELSAs in these circumstances are constrained by a broader climate of austerity and its impact on schools. Schools now face an increased tension between a growing pool of pupils requiring social-emotional support and mounting expectations for schools to meet these needs. Under tight budgetary constraints, schools may over-utilise interventions such as ELSA while lacking the trained staff necessary to meet the complex needs of children who have
experienced DA. The use of the ELSA programme to support children affected by DA rests on the assumption that potentially limited intervention is preferable to none in the context of limited resources. Implications of the research findings for educational psychology practice are discussed.
Impact Statement

This research took a qualitative approach, utilising semi-structured interviews and a focus group within a Soft Systems Methodology (SSM) framework to explore how Educational Psychologists (EPs) can provide support for Emotional Literacy Support Assistants (ELSAs) working with children who have experienced Domestic Abuse (DA). The research sought the perspectives of a range of stakeholders (ELSAs, SENCos and EPs) involved in the delivery of the ELSA programme to children who have experienced DA.

The research findings indicated that:

- EPs act as a “safety net” for ELSAs, providing emotional containment, utilising their knowledge and skills to develop ELSA practice, preparing ELSAs for complex cases, monitoring referrals and supporting ELSAs to bridge psychological theory to their practice.
- ELSA-child relationships provide emotional containment and a safe space for discussing DA experiences with a trusted adult in school.
- SENCos and school senior leaders in some schools lacked knowledge about the ELSA programme, which led to inappropriate referrals.
- Austerity policies appear to have had a negative impact on the support available for children who have been exposed to DA through the reduction in external services available and the over-extension of existing in-school SEMH interventions, such as the ELSA programme, in an attempt to mitigate the rise in SEMH need and the lack of provision available elsewhere.
As a result of these findings, implications for EPs leading ELSA programmes were identified as follows:

- It is advisable for DA to be addressed specifically in the ELSA training through the inclusion of case study examples in which EPs can model how the psychological theory taught in the ELSA training can be applied to children who have experienced DA.

- It is advisable for EPs to identify and explicitly name DA as cases are raised in ELSA supervision. This should then be used as a platform from which the ELSA and the EP can consider whether the referral is appropriate. If the referral is appropriate, then additional one-to-one check-ins or supervision are advisable.

- A cost-effective and reusable resource, such as creation of a short video to explain the ELSA programme and how to make appropriate referrals could be sent to SENCOs, Senior Leaders and ELSA coordinators. This video could serve as a reminder of the appropriate use of the ELSA intervention that ELSA coordinators can refer to when needed.

- Access to a resource pack designed to inform EPs about DA, such as one created by Heath (2015), could enable EPs to feel more confident in supporting ELSAs working with children who have experienced DA.

- The use of a formulation framework for ELSA supervision sessions is advisable to help EPs to encourage ELSAs to explore how they can optimally support pupils who have experienced DA in light of the child’s personal characteristics and circumstances.

- EPs should support schools to think holistically about supporting the wellbeing of pupils who have experienced DA or other adverse life experiences.
Acknowledgements

I would like to thank my thesis supervisors Claire and Vivian for your help and guidance. To my placement supervisor, Ama, I am so thankful for your endless support and kindness.

Thank you to all my participants – I greatly appreciate your contributions. A special thanks to my wonderful EP colleagues who not only participated in this research but are dedicated to continually reflecting on their practice and giving time to support those new to the profession.

Thank you to Rich for proof-reading everything from my initial application to the course to the final draft of this thesis – your support has been unwavering and truly appreciated.

To my parents, thank you for providing me with a stable and loving foundation that has enabled me to go on to achieve all that I’ve wanted to.

Finally, to Hal, for knowing that putting the kettle on is the ultimate act of kindness.
# Table of Contents

**Chapter 1: Introduction** .......................................................................................... II

1.1 Defining Key Terms ................................................................................................. 11

1.2 Research Context ..................................................................................................... 13
   1.2.1 Personal Context ............................................................................................... 13
   1.2.2 Prevalence of Domestic Abuse ......................................................................... 14
   1.2.3 Domestic Abuse: Historical and Legislative Context ......................................... 16
   1.2.4 The Local Authority Context ............................................................................ 17

1.3 The ELSA Programme ............................................................................................... 19

1.4 Psychological Framework ........................................................................................ 20

1.5 Research Aims ......................................................................................................... 24

1.6 Relevance to Educational Psychology Practice ...................................................... 25

**Chapter 2: Review of the Literature** ........................................................................ 27

2.1 Literature Search ...................................................................................................... 27

2.2 The impact of Domestic Abuse on children and young people ............................ 28
   2.2.1 Exposure to Domestic Abuse and the Home Environment ............................... 28
   2.2.2 Impact of Domestic Abuse on Children’s SEMH ............................................... 29

2.3 The role of schools .................................................................................................. 35
   2.3.1 The role of schools: Safeguarding ................................................................... 36
   2.3.2 The Role of Schools: SEMH .............................................................................. 38

2.4 The ELSA Programme: A review of UK Research ................................................ 43
   2.4.1.1 Implementation of the ELSA Programme: Training and Supervision ............. 43
   2.4.1.2 Barriers to implementation ........................................................................... 45
   2.4.1.3 Perspectives of stakeholders ....................................................................... 47
   2.4.1.4 Effectiveness of the ELSA Programme ......................................................... 51

2.5 The Role of EPs ...................................................................................................... 53
   2.5.1 The Role of EPs: Domestic Abuse .................................................................... 53
   2.5.2 The role of EPs: Supporting ELSAs working with children who have experienced domestic abuse .......................................................... 55

2.6 Limitations of ELSA Research to date. ................................................................ 57

2.7 Summary of the Literature Review ......................................................................... 58

2.8 Research Rationale ................................................................................................. 58

**Chapter 3: Methods** ............................................................................................... 60

3.1 Philosophical Approach .......................................................................................... 60

3.2 Methodological Approach ...................................................................................... 61

3.4 The COVID-19 context ......................................................................................... 63

3.5 Research Design ..................................................................................................... 64
   3.5.1 Soft Systems Methodology .............................................................................. 64
   3.5.2 Research Outline ............................................................................................. 66

3.6 Research Participants ............................................................................................. 68

3.7 Data Generation ..................................................................................................... 69
   3.7.1 Interviews ......................................................................................................... 69
   3.7.2 Focus Group ...................................................................................................... 71
   3.7.3 Pilot ................................................................................................................... 72
4.1 RQ1: What role do EPs currently play in supporting ELSAs who are working with children that have experienced DA? ................................................................. 82

4.1.1 Theme One: EPs provide a “Safety Net” ................................................................. 82
   4.1.1.1 Consistent, warm, attuned and trusting relationships to provide emotional containment 84
   4.1.1.2 Preparing ELSAs for complex cases and monitoring ELSA remit .............................. 88

4.1.2 Theme Two: EPs are a “font of knowledge” ............................................................ 90
   4.1.2.1 EPs providing emotional containment for ELSAs .................................................. 90
   4.1.2.2 Training and Continuing Professional Development .............................................. 92
   4.1.2.3 Signposting .................................... 95

4.1.3 Theme three: EPs “join up the dots” ........................................................................ 96
   4.1.3.1 “Naming it” .............................................................................................................. 96
   4.1.3.2 Bridging theory and practice ..................................................................................... 97
   4.1.3.3 Avoiding the expert model ......................................................................................... 99

4.2 RQ2: What role do ELSAs and SENcos currently play in supporting children who have experienced DA through the ELSA programme? .............................................. 101

4.2.1 Theme four – ELSA is a “safe space” ....................................................................... 101
   4.2.1.2 Safeguarding and disclosures to ELSAs ............................................................. 102
   4.2.1.3 The weight of responsibility ..................................................................................... 104

4.2.2 Theme five: Multi-professional working – “It’s an army not a soldier” ............ 106
   4.2.2.1 The role of the SENCo ............................................................................................ 106
   4.2.2.2 Layers of support ................................................................................................. 109
   4.2.2.3 School staff collaboration ....................................................................................... 111

4.3 RQ3: What are the barriers to EPs supporting ELSAs working with children who have experienced DA? .................................................................................. 112

4.3.1 Theme six: Barriers to EPs supporting ELSAs working with children who have experienced DA. ........................................................................ 112
   4.3.1.1 Fidelity to intervention ............................................................................................ 112
   4.3.1.2 Least qualified working with the most vulnerable .................................................. 114

4.4 RQ4: What are the implications of the findings of RQ1-3 for EPs who are involved, now or in the future, in the ELSA programme? ......................................................... 116
   4.4.1 Implications for EP practice: Action Planning ......................................................... 119

Chapter Five: Discussion ................................................................................................. 121

5.1 Outline of Key Findings ............................................................................................... 123

5.1.1 The ELSA-child relationship ................................................................................. 123
   5.1.1.1 ELSAs providing Emotional Containment ....................................................... 123
   5.1.1.2 ELSA as a trusted adult in school ................................................................. 124
   5.1.1.3 The ELSA’s need for emotional containment .................................................. 126

5.1.2 EPs are a safety net for ELSAs ............................................................................... 127
   5.1.2.1 EPs providing emotional containment for ELSAs .............................................. 128
   5.1.2.2 EPs provide practical and procedural support ................................................. 131
   5.1.2.3 EPs Supporting the Application of Psychological Theory ..................................... 133
   5.1.2.4 Tensions between level of EP support for ELSAs and the traded model of service ...... 135

5.1.3 The impact of Austerity Policies .............................................................................. 137

5.1.4 Is ELSA the right intervention for children affected by DA? ................................ 140
   5.1.4.1 Is the ELSA intervention being utilised as intended? ........................................... 141
5.1.4.4 Are the least qualified working with the most vulnerable? .................................................. 143
5.1.4.3 The role of whole school approaches .................................................................................. 144

5.2 Strengths and Limitations of the research ............................................................................. 145
5.2.1 Research Strengths .................................................................................................................. 145
5.2.2 Research Limitations ............................................................................................................. 147

5.3 Implications for professional practice ..................................................................................... 150
5.3.1 Process .................................................................................................................................. 150
5.3.2 Person .................................................................................................................................. 151
5.3.3 Context ................................................................................................................................. 152
5.3.4 Time .................................................................................................................................... 152

5.4 Directions for future research ................................................................................................. 153

5.5 ELSA and the COVID-19 Pandemic ......................................................................................... 154

5.6 Final Summary .......................................................................................................................... 155

References ...................................................................................................................................... 158

Appendices ..................................................................................................................................... 180
Appendix 1: Information sheet for EPs ......................................................................................... 180
Appendix 2: Information sheet for SENCos ................................................................................. 181
Appendix 3: Information sheet for ELSAs .................................................................................... 182
Appendix 4: Consent forms ........................................................................................................... 183
Appendix 5: EP Interview Schedule .............................................................................................. 184
Appendix 6: SENCo Interview Schedule ....................................................................................... 185
Appendix 7: ELSA Interview Schedule .......................................................................................... 186
Appendix 8: Example of Coding .................................................................................................... 187
Appendix 9: Example of EP Coding ............................................................................................... 188
Appendix 10: Thematic Map .......................................................................................................... 189
Appendix 11: EP Rich Picture ........................................................................................................ 189
Appendix 12: EP CATWOE .......................................................................................................... 190
Appendix 13: Outline of research tasks in SSM 7 stage process .................................................. 191
Appendix 14: Abbreviations of Key Terms .................................................................................... 193
Chapter 1: Introduction

The aim of this study is to add to the existing Emotional Literacy Support Assistant (ELSA) research by exploring how Educational Psychologists (EPs) can support ELSAs working with children who have experienced domestic abuse (DA). By exploring the experiences of key stakeholders in the ELSA programme (ELSAs, EPs and Special Educational Needs Coordinators), this research will investigate the role EPs play in supporting ELSAs, highlighting both the barriers to delivering the ELSA programme to children who have experienced DA and the facilitating factors in this process. This introductory chapter will define essential key terms that are pertinent to this research; consider relevant historical, legislative and contemporary contexts pertaining to DA and the ELSA programme; delineate my personal context in relation to the research undertaken; summarise the relevance of this research to the profession of educational psychology; and present the research questions.

1.1 Defining Key Terms

The term ‘domestic abuse’ refers to the United Kingdom (UK) government definition of “domestic violence and abuse”:

*Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; emotional.* (HM Government, 2013)

The terms “domestic violence” and “domestic abuse” are often used synonymously within academic literature. Other terms, such as “intimate partner
violence", are used often in literature from the USA. I will refer to these patterns of behaviour as “domestic abuse” throughout this research as it denotes that abusive behaviour within the domestic setting can be multi-faceted and does not only refer to acts of physical violence, which reflects the complex nature of DA and the range of cases that ELSAs encounter.

When discussing individuals who have experienced Domestic Abuse (DA), most literature refers to these people as “victims” or “survivors”. The major national charity, Women’s Aid, prefers to refer to women as “survivors”: “it emphasises an active, resourceful and creative response to the abuse, in contrast to ‘victim’, which implies passive acceptance” (Women’s Aid, 2009).

However, the United Nations (UN) programme “Partners for Prevention” avoid commonly utilised terms such as “victim”, “survivor” or “perpetrator”, believing that this terminology serves to limit the agency and identity of individuals (Fulu et al., 2013). I agree that experiences of domestic abuse should not define an individual, but instead form a part of an individual’s identity. Therefore, in line with the UN’s “Partners for Prevention”, I will instead use the phrase ‘a person who has experienced/perpetrated domestic abuse’.

When referring to children who have been exposed to DA, there is some consideration in the literature as to which terminology is most appropriate. ‘Witnessed’ has been utilised widely; however, some researchers have suggested that this terminology fails to capture the effect DA can have in the life of a child (Callaghan et al., 2015). Therefore, there has been a movement towards use of the
terms ‘exposed to’ and ‘experienced’, which I will use throughout this research to acknowledge the wide-reaching impact DA can have on many areas of a child’s life.

1.2 Research Context

The context of this research is both professional and personal.

1.2.1 Personal Context

I spent several years teaching in a secondary school in London. The local area had high levels of social deprivation and, at the time, the highest recorded rates of DA in London. I became increasingly aware of the high number of pupils who had experienced either historic or ongoing DA. Social, emotional and mental health (SEMH) difficulties appeared to be more common among pupils who had experienced DA and their educational outcomes were often poorer than their peers. Like many others in the teaching profession, I sought to support these students. However, consistent funding cuts to schools and the wider local authority (LA), related to wider governmental austerity policies, resulted in little provision for targeted support for the SEMH needs of our pupils.

As part of my studies and professional practice as a trainee educational psychologist (TEP), I came to realise that my experience as a teacher was not an isolated one. As DA rates have increased across London and the UK (Mayor of London Office for Policing and Crime, 2019), real terms funding for schools has decreased and many domestic violence services have been cut (Nicolson, 2010). Therefore, doctoral study provided an opportunity to explore ways in which EPs and staff in schools can provide social and emotional support for children affected by DA,
whilst minimising cost and maximising schools’ internal resources, for example, through the ELSA programme.

My experience as a TEP in London Borough X exposed me to the regularity with which children who have experienced DA participate in the ELSA programme, leading me to wish to explore how EPs can support schools and ELSAs to address the needs of these pupils.

1.2.2 Prevalence of Domestic Abuse

DA permeates UK society. The Crime Survey for England and Wales estimated that 3.5% of the population, approximately 2.3 million adults, experienced domestic abuse in the year preceding March 2020 (Office for National Statistics, 2018). In London the pervasiveness of DA was particularly evident: in 2019 the Metropolitan Police recorded over 89,000 DA offences, almost double the number recorded in 2011. This led to the current rates of DA in London to be considered as being at epidemic levels (London Assembly Police and Crime Committee, 2020). On average, three-quarters of individuals who have experienced DA are female and disproportionately likely to reside in deprived areas (Mayor of London Office for Policing and Crime, 2019). The number of DA cases that the Metropolitan Police have dealt with have reportedly ‘overwhelmed’ safeguarding police units (London Assembly Police and Crime Committee, 2020). Concerningly, these figures are likely to be providing a conservative picture of DA rates as it remains a persistently hidden crime, with only 18% of females and 14.7% of males who have experienced DA reporting this to the police (Office for National Statistics, 2018).
In March 2020 the UK entered an unprecedented national lockdown in order to curb the transmission rates of COVID-19. During this period, police recorded crime data indicates that DA related offenses rose, as did the number of calls for DA incidences, largely due to third parties calling the police. There has also been a heightened demand for DA victim services across the course of the COVID-19 pandemic. However, there has been a generalised increase in DA related offences in recent years and, as a result, it is not possible to determine the effect the COVID-19 pandemic has had on the 2020 figures (Office for National Statistics, 2020). Yet the UN refers to a ‘shadow pandemic’ (Mlambo-Ngcuka, 2020) in which countries around the world, including the UK, are reporting increased use of DA helplines and shelters. They attribute this to increased strain on families arising from concerns about health, money and security. It is also noted that lock downs serve to isolate individuals who experience DA, separating them from people and services who could support them. This is worsened by strained public services, full DA shelters and a service deficit as a result of centres repurposed as a part of the COVID-19 response.

It is estimated that 85% of DA services in the UK had to reduce or cancel one or more of the services they offered during lockdown (Women’s Aid, 2020). This, along with huge strains placed on health and social care more broadly, is likely to result in families who have experienced DA facing the social, emotional and mental health consequences of their experiences without professional support. Therefore, it is likely that with schools reopening on a permanent basis after successive COVID-19 related lockdowns, school staff will need to provide social and emotional support to many returning pupils who have experienced DA over successive lockdowns and the broader period of the pandemic. As a result, research exploring how EPs can support school staff to do so is both timely and urgent.
1.2.3 Domestic Abuse: Historical and Legislative Context

In democratic societies that purport to uphold liberal humanist ideals, the notion that violent and abusive behaviour in private has equal weight with publicly committed acts of violence is relatively new (Nicolson, 2010). In the 19th century, under British law, it was the right of a man to use physical violence against his wife using whips or clubs at his own discretion (Hecker, 1910). By 1891, amidst wider social reforms, the law was abolished; however, Freeman (1980) asserts that the legal system often permitted violence within marriage until 1976. Until the 1990s, marital rape was not criminalised; prior to this marriage was deemed to entail a blanket consent for a husband to have sexual intercourse with his wife, regardless of her wishes (Williamson, 2017). Legislation pertaining to domestic abuse written in the 1990s was amalgamated into the Domestic Violence Crime and Victims Act (2004), designed to extend provisions to combat domestic abuse. The act is an improvement on the preceding legislation as it considers an assault on an intimate partner to be an arrestable offence and it is inclusive of non-traditional relationships (Musgrove & Groves, 2008). Starmer (2011) reports that DA was not monitored by the CPS until 2004, and that DA had previously not been considered a criminal justice issue. This was followed by the introduction of a range of legislation and initiatives designed to support individuals who have experienced DA: Claire’s Law (2014), which enables people to ask for criminal information from the police if they feel they are at risk from DA; Independent Domestic Violence Advocates (IDVAs), specialists who support individual who have experienced DA to navigate services such as the justice system, housing and children’s services; the Special Domestic Abuse Court, which has adaptations, such as separate waiting areas, for those who have perpetrated/ experienced DA; and Multi Agency Risk Assessment
Conferences, which are multi-professional meetings in which information is shared between police, IDVAs, probation services and other relevant professionals to ensure the safety of the adult who has experienced DA, to safeguard children and manage the behaviour of the perpetrator (Home Office, 2004, 2007, 2014).

Most recently, the government have produced a Domestic Abuse Bill (HM Government, 2020), which places a duty on local authorities (LA) to provide refuges for individuals who have experienced DA, prohibits those who have perpetrated DA from cross examining their victims in court and grants lifetime assured tenancies to individuals who are granted a tenancy by their LA for reasons associated with DA. While the most recent bill grants several much-needed protections for those who have experienced DA, the legislation cannot be effective without LA support and associated funding. Such legislation also does little to affect change in the prevalence of DA.

1.2.4 The Local Authority Context

This research was conducted in London Borough X’s local authority (LA). According to the LA’s 2021 ‘Review of Domestic Violence and Abuse’, DA accounted for one of the largest calls for service within the LA. Furthermore, incidences of DA have been steadily increasing: the report estimates that one in twenty people in the borough are affected. The majority of people who have experienced DA in the borough are women, living in areas of high socio-economic deprivation. The prevalence of DA in the borough indicates that there are likely to be significant numbers of children and young people witnessing it; the LA’s Multi-agency
Safeguarding Hub suggests that in 90% of DA cases, children are present in the family home.

When children require social, emotional and mental health (SEMH) support (as a result of experiencing DA or otherwise), the LA’s Child and Adolescent Mental Health Services (CAMHS) uses a four-tier structure to determine the appropriate level of support according to the needs of the child. The first tier consists of a universal, borough-wide promotion of environments that support children’s mental health and wellbeing, and supporting professionals working directly with pupils, such as school staff, to identify children with potential SEMH difficulties. Also, the first tier encompasses the referral of these cases to more specialist services where appropriate. Second tier services provide more specialist assessment and intervention delivered in the community by professionals, including psychologists, primary mental health workers and counsellors. Children whose needs are more severe, complex and persistent, and thus cannot be met by support in tiers one and two, are supported in tiers three and four by a more specialised service, such as psychiatrists, psychiatric nurses or psychologists (in-patient or out-patient).

Within schools, a further tiered approach is usually used. The first tier consists of whole-school initiatives that encourage emotional wellbeing; the second tier encompasses one-to-one, or small group, targeted interventions; and the third tier utilises external professionals from relevant agencies to deliver intensive one-to-one methods (Carroll & Hurry, 2018).
Support for the SEMH needs of most pupils is expected to be provided in schools within their first tier of whole-school initiatives. For children with presenting SEMH needs, schools are likely to initially utilise an intervention at their second tier, such as the ELSA programme, which is well established within the borough, and is regularly used to support the emotional, psychological and social wellbeing of students at a subclinical level (Burton, 2009).

1.3 The ELSA Programme

The ELSA programme is well established in London Borough X and is widely used by primary, secondary and specialist settings to support pupils who have social, emotional or behavioural difficulties. Anecdotal evidence from the EPS suggests that children who have experienced DA are often participants in the ELSA intervention.

The project was created by EP Sheila Burton in 2001. Initially Burton formed a peripatetic, small-group emotional literacy intervention, which she developed into a school-based, TA-led programme (Burton, 2018). ELSA spread quickly across the UK after the publication of the ELSA Trainers’ Manual (Burton, 2009) and is now implemented by EPs across the UK (ELSA Network, 2017).

EPs oversee the programme, providing six days of initial training and supervision on a half termly basis, and often provide ongoing CPD to selected TAs. This aims to build the TAs’ understanding of the psychological underpinnings of good social and emotional development in children (Burton, 2018). The ELSA programme aims to provide strategies to enable pupils to recognise and regulate their emotions and to develop their social and emotional literacy skills in school. The ELSA
intervention consists of six to ten sessions, delivered on a weekly basis to small
groups or one-to-one. Each session lasts between thirty minutes and one hour
(Burton et al., 2009). During these sessions, ELSAs set specific targets and monitor
their pupils’ progress to choose a suitable time for the intervention to end in line with
programme recommendations. These endings should be carefully managed to
ensure that pupils are aware that the sessions are stopping and to allow for check
ins with their ELSA once the sessions have been completed (Burton, 2018).

While ELSA may be accessed by children who have experienced DA, the
ELSA programme is clear that it is not a replacement for specialist support from
professionals such as psychologists or therapists, and therefore the suitability of the
intervention must be thoroughly considered by those that have raised concerns
about the pupil’s SEMH (Burton, 2018). Therefore, considering the span and growth
of the ELSA programme, and its potential to be delivered to vulnerable groups such
as children who have experienced DA, it is essential that the intervention is
thoroughly researched.

1.4 Psychological Framework

Over the last decade, I have worked in educational settings with pupils from a
range of ages and backgrounds. This experience, alongside my deepening
psychological understanding, have led me to the belief that children’s development is
shaped by a range of environmental factors and interacting processes. I have found
the Process-Person-Context-Time (PPCT) model (Bronfenbrenner & Morris, 2006)
particularly helpful for exploring such interactional processes and environmental
factors that shape children’s development. The P-P-C-T model is rooted in
Bronfenbrenner’s ecological systems model (1979), which posits that child
development relates to a complex system of interactions that are influenced by the multi-layered environment that spans from the child’s family and school life (the microsystem level) to the wider societal norms, values and legal system in which they reside (the macrosystem level). The interactional processes and the different systems change over time, which Bronfenbrenner (1979) considers through the inclusion of the chronosystem. The individual child is at the centre of these multiple interacting systems (see figure 1.1) and to garner a holistic understanding of the child, we should consider their relationship to their wider societal environment in addition to their immediate personal circumstances.

Figure 1:
Bronfenbrenner’s Ecological Systems Model (Bronfenbrenner, 1977)
This model was later updated by Bronfenbrenner & Morris (2006) to encompass the dynamic aspects of each system and the complexity of the interaction between them in the P-P-C-T model (see figure 1.2). The P-P-C-T model outlines how the interactional systems and processes affect the development of a child across their lifespan. Within a child's microsystem there are interactions between the child and other individuals (for example, interactions between a child and their ELSA) which are named proximal processes. These proximal processes must occur regularly over extended time periods to have an impact on the development of the child.

Figure 2:

*Bronfenbrenner & Morris’ P-P-C-T Model (Bronfenbrenner & Morris, 2006).*
The P-P-C-T model (Bronfenbrenner & Morris, 2006) has been previously utilised to explore the impact of DA on children (Heath, 2015; Carlson, 2000); it is a useful lens through which to consider this as it affords weight to the role that personal characteristics play in child development, in addition to the genetic and biological features of the person. Bronfenbrenner & Morris (2006) split personal characteristics into three types: demand characteristics, those that can be immediately perceived, such as skin colour, age or gender; resource characteristics, those that are not immediately apparent, such as prior experiences, emotional and cognitive resources, and access to social and material resources; and force characteristics, which include an individual’s temperament, resilience and motivation. A child’s exposure to DA is likely to affect their resource and force characteristics, as DA can affect children’s access to social and material resources and influence their SEMH, which will be further discussed in section 2.2.2.

Furthermore, the P-P-C-T model (Bronfenbrenner & Morris, 2006) is a particularly useful tool for conceptualising provision for children who have experienced DA because it captures the impact that broader systems have on individuals who directly interact with the pupil. For example, it emerges through my research that the actions and decisions taken by individual ELSAs working with children affected by DA are influenced by other professionals and systems that are not in direct contact with the child, including school senior leaders, EPs, EPS funding models, LA DA provision and government policy.

Moreover, the P-P-C-T model (Bronfenbrenner & Morris, 2006) is a helpful lens through which to consider the support EPs can provide to ELSAs who are working with children who have experienced DA. From the P-P-C-T standpoint, an individual’s response to an intervention is altered by their environments and the
proximal processes within those environments. Therefore, the utility of the ELSA programme in these instances is reliant upon support from wider contexts within and beyond the school setting, such as ELSAs, SENCos and supporting EPs. Applying the lens of the P-P-C-T (Bronfenbrenner & Morris, 2006), this thesis aims to explore how stakeholders from different layers of the ecosystemic model (Bronfenbrenner, 1979), ELSAs, SENCos and EPs, feel EPs can provide support to ELSAs working with children who have experienced DA. This model will prove particularly illuminating given the links, interactions and tensions that emerge in my research between the broad societal climate of austerity, the governmental proposals for schools to meet an increasing frequency of SEMH need, the use of the traded model for EP services and the utilisation of school-based programmes such as ELSA. My research highlights that to consider these factors in isolation is to ignore the complex and nuanced interrelations between them: something foregrounded by Bronfenbrenner & Morris’ (2006) model.

1.5 Research Aims

This research explores how EPs can support ELSAs working with children who have experienced DA to improve their SEMH. It does this through analysis of both literature and the perspectives of relevant professionals in the field, considering these through the lens of ecological systems and interacting processes which CYP experience (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006).

The research questions (RQs) are:

- RQ1: What role do EPs currently play in supporting ELSAs who are working with children that have experienced DA?
• RQ2: What role do ELSAs and SENCos currently play in supporting children who have experienced DA through the ELSA programme?

• RQ3: What are the barriers to using the ELSA programme with children who have experienced DA?

• RQ4: What are the implications of the findings of RQ1-3 for EPs who are involved, now or in the future, in the ELSA programme?

1.6 Relevance to Educational Psychology Practice

The ELSA programme is guided by EPs who deliver ELSA training and facilitate ongoing, half-termly supervision (Burton, 2008). In London Borough X, over 40 primary and secondary schools have ELSAs currently supervised by EPs from X’s EPS, which equates to over half the schools in the borough. The widespread implementation of the ELSA programme across London Borough X indicates that an exploration into how EPs can optimally support ELSAs when working with children who have experienced DA is highly relevant to EP practice in this area.

A range of research has indicated that the well documented negative impact of domestic abuse on the lives of children and young people is a pertinent issue for EPs. Practising EPs employ a range of approaches including, but not limited to, parenting programmes, therapeutic group work, consultation and resource sharing to support CYP who have experienced DA (Cort & Cline, 2017; Gallagher, 2010; Dodd, 2009; Skade, 2018). However, to date, no research has been conducted into the use of the ELSA programme as a means of supporting the social and emotional wellbeing of children who have experienced DA. This is unfortunate given the established role ELSA already plays in supporting students with SEMH needs, including those who have experienced DA, in schools across the country.
Informal and anecdotal evidence from EPs and ELSAs in one London Borough suggests that the ELSA programme is often used by schools as an intervention to support the social and emotional needs of children who have experienced DA.
Chapter 2: Review of the Literature

As previously outlined, there is a lack of existing research into the use of the ELSA programme as a means of supporting the social and emotional wellbeing of children who have experienced DA. In order to develop a more nuanced understanding of the contexts of this study, I therefore carried out a detailed investigation into research into the impact of DA on children and the ELSA programme. I investigated studies on the role of schools in supporting pupils who have been exposed to DA. I then explored studies focussed on the ELSA programme that examined its implementation and the barriers to effective implementation, as well as research into the perspectives of stakeholders in the ELSA programme and research considering the programme’s effectiveness.

2.1 Literature Search

The literature search was conducted through searches of the following databases: PsychINFO, ERIC, SCOPAS and British Education Index. I also utilised the UCL Library, Google Scholar and a manual search of the ELSA Network website’s research section. Additionally, I manually searched the reference list of relevant journals and books which have been included in the literature review. The following search terms were used in a variety of combinations: “domestic abuse”; “domestic violence”, “inter-partner violence”; “school”; “social emotional”; “mental health”; “emotional literacy support assistant”; “ELSA” and “educational psychologist”.
2.2 The impact of Domestic Abuse on children and young people.

2.2.1 Exposure to Domestic Abuse and the Home Environment

The Domestic Abuse Bill (HM Government, 2020) recognises the detrimental effect DA exposure can have on children. The bill outlines that children who witness or experience the impact of DA and are related to the individual perpetrating the abuse, are to be regarded as victims. The ONS has included exposure to DA within its statistics on child abuse (Office for National Statistics, 2019), indicating a growing consensus that exposure to DA, is in itself, a form of abuse.

The prevalence of DA in the UK indicates that many children will be exposed; research indicates that children are highly aware of DA within their homes (Callaghan et al., 2015), however parents tend to underestimate the level of exposure to their children (Stanley, 2011). This may be because DA is often not an isolated problem. Buckley et al. (2007) posit that DA often overlaps with additional domestic stressors, including poverty, unemployment, parental substance abuse, homelessness, crime and child abuse. It is estimated that 45-70% of children and young people who are exposed to DA are physically abused (Holt et al., 2008). Radford et al. (2011) also outline a significant overlap between DA and other forms of child abuse. Additionally, a third of children who experience DA are in contexts where at least one parent experiences mental health difficulties or alcohol dependency (CAADA, 2014). The presence of children in a home with DA is a risk factor to their SEMH, however the presence of children is a key factor in how mothers manage DA. Zink et al. (2003) found that for over half of their participants, their children’s words or actions were a catalyst for seeking help.
2.2.2 Impact of Domestic Abuse on Children’s SEMH

A wealth of international research demonstrates the negative impact of DA on children’s SEMH for infants, toddlers, older children and adolescents; there is also evidence that these difficulties continue into adulthood (Carpenter & Stacks, 2009; Evans et al., 2008; Holmes et al., 2018).

Experiencing DA is associated with higher levels of behavioural, social and emotional need. A meta-analysis indicated that 63% of children who had been exposed to DA gained lower scores on psychosocial measures than their peers from homes without DA. These scores were similar to children who had been physically abused (Kitzmann et al., 2003), supporting Holt’s (2008) findings that children who are exposed to DA and children that are themselves physically abused are overlapping groups. However, of the 118 studies within the meta-analysis, none controlled for confounding variables such as drug or alcohol abuse, which indicates that the impact of DA is difficult to identify in isolation. Furthermore, this meta-analysis was conducted on studies between 1978-2000, rendering it somewhat outdated.

Exposure to DA makes children four times more likely to demonstrate significant emotional and behavioural difficulties compared to children from homes without abuse (Calder et al., 2005). A significant number of children who have experienced DA at home display challenging behaviour in school (Sterne et al., 2010). Primary school staff in Holt’s (2015) study reported that children who had experienced DA were more likely to display both internal and external aggression. This was also true of secondary school pupils as Baldry (2007) found that boys who had been exposed to DA were more likely to display anti-social behaviour and
violence towards their peers than the normative population. Baldry used a self-report questionnaire to gain an understanding of the young people's experiences of DA and their externalizing aggression and delinquent behaviour. Therefore, Baldry's findings should be considered in light of the general trend of underreporting of DA and potential social desirability bias as young people were self-reporting aggressive and delinquent behaviours to an adult.

Baldry's findings have been further supported by Juan et al. (2020), who found a strong direct effect between childhood aggression and exposure to inter-partner violence (IPV). However, the study relied upon parental self-report for attachment measures and incidents of IPV; therefore, social desirability bias is also likely to have had an impact on these measures. The research also did not consider the potential effect of a range of child mistreatment that often coincides with IPV.

Exposure to DA appears to have a particularly pernicious effect on infants and toddlers (Holt et al., 2008; Huth-Bocks et al., 2001). This may be because this age group is more likely to be directly exposed to DA as very young children are more likely to be in close proximity to their parents and are less able to avoid or escape DA situations (Kitzmann et al., 2003). Holmes (2013) suggested that children who had been exposed to frequent IPV between the ages of 0-3 did not initially display a significantly enhanced level of aggressive behaviour in comparison to their peers who had not experienced violence at home. However, this early exposure to IPV appeared to have a 'sleeper effect', with children exhibiting increased aggressive behaviours by aged 8, by which point they are attending primary school. This indicates that there is a long-term negative impact on the behaviour of children
exposed to IPV at a young age and that schools may need to support pupils who have had historic DA exposure, even if they are no longer experiencing DA at home. Holmes’ data analysis utilised the National Survey of Child and Adolescent Wellbeing, a longitudinal study examining the welfare involvement of CYP in the USA who have been abused or neglected. This research therefore excludes children who have experienced IPV without welfare involvement. As DA is frequently an invisible crime, these findings may only be representative of families in which the exposure had been severe enough, or noticeable enough, to instigate professional involvement.

Experiences of DA can impact upon children’s abilities to create and maintain friendships with peers and may also diminish their understanding of social contexts, which could negatively impact their relationships (Sousa et al., 2011; Sterne et al., 2010). These children may have poor communication skills (WHO, 2014) and lack empathy (CAADA, 2014): skills which are key in forming positive relationships. Exposure to DA can result in children distancing themselves from peers as they fear others will find out about their home situation and that this may result in bullying.

The risk of children being bullies, or bullied themselves, is increased if they have experienced DA (Baldry, 2003). Equally, children who are exposed to DA may find conflict resolution difficult, leading to a lower quality of relationships with classmates (Buckley et al., 2007). Children who have experienced DA experience lower levels of social competence (Fantuzzo & Mohr, 1999), are more likely to respond angrily to conflict (Adamson & Thompson, 1998) and are more likely to experience conflict with a close friend (Narayan et al., 2014).
Children who have experienced DA can experience a range of negative internalised and externalised behaviours. They can feel highly anxious about the safety of themselves and their family members, resulting in distraction throughout the school day as children are keen to return home to check if family members are safe (Cleaver et al., 2012). Quotidian stressors can elicit a fight-or-flight response in children who have experienced trauma, such as DA. When this fight-or-flight response is paired with a limited ability to regulate emotional reactions, the result can be undesirable externalized behaviours or social withdrawal (Phifer, 2020). This is supported by McCrory et al. (2011), who outline that toxic levels of stress and fear stemming from consistent DA exposure can result in increased neurological activity, heightened physiological arousal, increased cortisol levels and raised heart rate, which in turn could lead to vigilant behaviours. In the classroom, children are distracted from classwork, appear hypervigilant and display behaviours such as continual scanning of their environment (Sterne et al., 2010). These behaviours become maladaptive in the classroom setting as children can perceive benign behaviours as a threat.

Heightened vigilance and attentional bias can be observed in children who have been maltreated. Masten et al. (2008) examined the reaction times to happy, neutral and fearful faces and found that children who had experienced maltreatment reacted faster to fearful faces than their peers who had not experienced maltreatment. Swartz et al. (2011) found that children who had been exposed to DA showed higher post-traumatic stress symptoms and demonstrated a greater attention bias to angry faces than their peers who had not experienced DA. Mastorakos & Scott (2019) also found exposure to DA predicted attentional bias
towards sad or threatening environmental stimuli. These negative attentional biases also predicted an elevation in psychopathological symptoms.

In addition to hypervigilance and negative attentional biases, DA exposure is likely to have a detrimental impact on the emotional wellbeing of the children affected (SafeLives, 2015). Harold & Howarth (2004) suggest that 40% of children who have been exposed to DA demonstrated clinically significant difficulties with emotion and behaviour; this figure is 10% for children who have not been exposed to DA. Anti-social behaviour and increased physical aggression have been associated with children who have been exposed to DA (McCloskey & Lichter, 2003) and children who have experienced DA may also experience feelings of shame and guilt, blaming themselves for the abuse at home (Stanley et al., 2012). Additionally, children who have experienced DA find it more difficult to express these emotions (Levendosky et al., 2006).

Children who have been exposed to DA are also at increased risk of mental health difficulties (Thompson & Trice-Black, 2012). These can include, but are not limited to, depression and anxiety (Lewis et al., 2012); insomnia, bed-wetting and self-harm (Brown & Bzostek, 2003); flooding of intrusive thoughts and negative affect, difficulty managing emotions, and withdrawal and poor impulse control (van der Kolk, 2005); and an increased risk of suicidal behaviour (Fantuzzo & Mohr, 1999). Experiencing DA is also associated with increased rates of post-traumatic stress disorder in children (Kilpatrick & Williams, 1997; Graham-Bermann & Seng, 2005).

The type of abuse that children experience can impact children’s mental health differently; psychological abuse tends to result in higher rates of depression
and anxiety, whereas when combined with physical abuse, more aggressive behaviours are displayed (Litrownik et al., 2003).

By adolescence, potential indicators of prior or present exposure to DA include depression, substance abuse, self-harm, criminal behaviour, risk taking, inadequate social networks and disaffection with education (Children’s Commissioner, 2018). In adulthood, exposure to DA as a child can result in lasting, long-term detrimental effects including an increased risk of depressive symptoms (Russell et al., 2010).

There are notable limitations to the current body of research on DA. Firstly, most DA research is quantitative, outlining the effects of DA exposure on children. Such studies, while largely replicable, do not explore the nuanced perspectives of the individuals experiencing DA. Furthermore, such studies risk a top-down approach focusing on factors that the researchers believe to be pertinent, which may not align with the thoughts of the individuals who have experienced DA. The majority of this research also utilises mothers as informants and does not utilise longitudinal data (Øverlien, 2010). This is problematic as mothers may wish to provide more socially desirable answers in order not to be perceived negatively by researchers; it is also possible that mothers may underestimate the level of exposure their child has experienced. Furthermore, the lack of longitudinal data is problematic for drawing conclusions about the connection between DA exposure in childhood and later life outcomes as it does not enable researchers to differentiate between age and cohort effects.

A meta-analysis of 41 studies conducted by Wolfe et al. (2003) also found that the research was reliant on parental reports and lacked longitudinal data.
Additionally, Wolfe et al. noted differing definitions of DA across studies, difficulties measuring relationships between variables and a failure to isolate DA from other forms of adversity.

Furthermore, Worral et al. (2008) outlined that gender, age and experience of DA are among a range of factors that will determine the impact of DA on a child. Some children who have experienced DA have positive developmental outcomes and it is therefore important to avoid a deterministic position as not all who have experienced DA in childhood will encounter negative outcomes (Kitzmann et al., 2003; Worral et al., 2008). Negative outcomes can be reduced by a number of protective factors. Yule et al's. (2019) meta-analysis of 118 studies identified four key protective factors: self-regulation, familial support, school-based peer support and school support. The review of the literature will now examine one of these protective factors: school support, a category in which school-based interventions like the ELSA programme fall.

2.3 The role of schools

Children’s exposure to DA makes them vulnerable to SEMH difficulties; therefore, it is likely that affected children will be receiving tier one interventions in school, as previously outlined in section 1.2.4. School staff are linchpins in young people’s experiences of education and have the potential to play a vital role in the identification of and response to DA as they have more contact with young people than any other service (Lloyd, 2018). Sterne et al. (2010, p. 17) highlighted that “although staff in schools may not be able to stop violence at home, they are in a position to make a considerable difference to children’s lives”.
2.3.1 The role of schools: Safeguarding

Exposure to DA clearly presents a safeguarding risk to children. Phifer (2020) outlines that school staff need to know how to implement safeguarding procedures and their legal safeguarding duty in the instances of disclosures, or suspicion of DA. Statutory guidance for schools stresses that safeguarding is the responsibility of all staff, not just the designated safeguarding leads: all school staff can make referrals to social care when necessary (Department for Education, 2016). An important facet of safeguarding in schools is multi-agency working and government guidelines state that information sharing is an intrinsic part of frontline work with children and young people (HM Government, 2018).

Effectual training is necessary to ensure all school staff can support and safeguard children, young people and their families (Lloyd, 2018). Ellis (2012) stressed the importance of effectual staff training, suggesting that training heightened the confidence levels of teachers in navigating school safeguarding systems and procedures and, in turn, their confidence in supporting children who had experienced DA. Ellis also argued that school staff’s relationships with pupils and knowledge of them as individuals are useful tools in effective safeguarding. School staff that know a child well are able to note differences in behaviour or demeanour which can be key in spotting DA. School staff’s capacity to listen to their students is important; young people reported that vital factors in their ability to cope were being listened to and co-creating solutions. In instances where their voices were not heard, young people felt that they were at a disadvantage (Mullender et al., 2002). Bergin & Bergin (2009) found that child-teacher relationships were key for children’s development and feelings of safety. Having a trusted adult who was in
tune with them was also important to children (Thornton, 2014). Such relationships between school staff and pupils are essential for a child-centred, holistic approach; teachers’ awareness of the home lives of pupils enables them to meet the needs of individual pupils through tailored support for their academic, social and emotional development (Lloyd, 2018). For children who have experienced DA, this type of support is important as Gorin (2004) suggested children wish to speak with someone who they can trust that can support them with age-appropriate information to assist their understanding of the abuse they’ve experienced.

However, a variety of professionals, including teachers, feel they lack expertise in domestic abuse, suggesting a need for effective training in this area for school staff (Refuge, 2008). Teachers also report being broadly unsure how they should react to DA, feeling uncertain about best practise and the role they should play in a multi-agency response (Turner et al., 2017). Awareness of limitations and scope is well advised as teachers working beyond their professional remit, for example, by discussing experiences of DA with a child if they do not have appropriate qualifications, could have a traumatic effect on the child (Swanston et al., 2014). This indicates that in order to support children who have experienced DA effectively, school staff need to be aware of the boundaries of their role (Swanston et al., 2014) and feel supported by school leadership and systems (Sterne et al., 2010). It is also notable that when working with children who have experienced DA, there is not an overall approach to training, policy or congruous implementation of evidence-based practice (NUT, 2005).
2.3.2 The Role of Schools: SEMH

Schools are responsible for not only the safeguarding of children in their care, but for enabling them to flourish academically and socially (OFSTED, 2021). However, there has been a demand for UK schools to make academic progress their primary concern since school league tables were introduced in 1992, creating a competitive environment between schools that raised the stakes of examinations for institutions (Leckie & Goldstein, 2017). Meanwhile, there has been a fluctuating prominence accorded to the emotional wellbeing of children in school in relation to the more consistent focus on academic attainment. Post-2002, the UK Government began to acknowledge that a more nuanced and holistic view of learning is necessary to raise the attainment of all children (Barker, 2017). The development of children’s emotional literacy was deemed to be a priority for schools and whole-school approaches to promoting emotional literacy were recommended (Weare & Gray, 2003), acknowledging that unless children’s emotional needs are met, they will not be able to academically flourish.

However, there has been an increase in the number of children who require support with SEMH. There has been an increase in the percentage of 5–15 year olds with a diagnosed mental disorder, rising from 9.7% in 1999 to 12.5% in 2017 (NHS England, 2017). SEMH is listed as the primary area of need for 13.3% of children with an Education, Health and Care Plan (EHCP) and 18.1% of children who are classified as SEN support (DfE, 2019). This increase in SEMH need has been described as a 'crisis' (Gunnell et al., 2018), yet teachers perceive that the pressure for pupils to academically perform is often in conflict with the school’s efforts to tackle SEMH difficulties: 84% of teachers surveyed agreed that SEMH needs of pupils were neglected due to the focus on academic achievement (Hutchings, 2015).
Education professionals also highlighted the additional challenges presented by the broader socio-political context of austerity in which there is an increased perception of need for emotional support for pupils accompanied by diminished funding, resources and support (Hanley et al., 2020). Hastings et al. (2015) suggest that a reduction in funding increases the probability that support will be diminished for the most vulnerable individuals.

The Government’s most recent recognition of the prevalence of children’s SEMH difficulties took the form of the green paper ‘Transforming Children and Young People’s Mental Health Provision’ (Department of Health & Department for Education, 2017). The paper outlines proposals for Designated Mental Health Leads (an internal role for monitoring a school’s approach to mental health) and Mental Health Support Teams (consisting of staff trained in mild to moderate mental health issues) to be connected to all schools and colleges by 2025. Therefore, schools are expected to play a greater role in supporting children’s SEMH needs than previously. Considering the prevalence of DA and the connections between exposure and SEMH difficulties, it is likely that many schools will be providing SEMH interventions for children who have experienced DA.

The inclusion of SEMH provision within schools can be viewed through the lens of the P-P-C-T model (Bronfenbrenner & Morris, 2006). In the P-P-C-T model (Bronfenbrenner & Morris, 2006) outlined earlier, schools are a core feature within the children’s microsystems (things within the child’s immediate environment, such as parents, siblings, teachers and ELSAs). Schools are, therefore, well placed to provide proactive interventions to improve SEMH (Roffey, 2016). Situating some
SEMH interventions in schools could enhance the bioecological understanding (Bronfenbrenner, 1979; Bronfenbrenner, 1994; Bronfenbrenner & Morris, 2006) of children’s needs in this domain as schools are often mediators between different layers of the child’s context systems. For example, schools can mediate between the layers immediately surrounding the child, such as their family (microsystem), and those systems that influence their life, but are further removed from the child, such as external professional services, community and local government (exosystem). Schools are often a part of the proximal processes (interactions between the child and others in their microsystem). The wider systems interact via the mesosystems and exosystems outlined in the model (see figure 1, p. 21); for example, an EP interacts with ELSAs and other school staff via the mesosystem.

The use of the P-P-C-T model could allow schools and EPs to explore the SEMH of pupils without adopting a within-child approach, which is particularly pertinent for supporting children who have experienced DA. However, it must be considered that school staff delivering interventions and working to support children who have experienced DA are unlikely to have a holistic oversight of the four layered systems (microsystem, mesosystem, exosystem and macrosystem) and the interrelated biological, psychological, relational and environmental processes that occur across those systems. Therefore, it may be unreasonable to expect that school staff at the core of SEMH interventions, who have limited access to broader information and training, would be able to consistently apply the P-P-C-T model to their work.

Phifer & Hull (2016) posit that school staff are essential in the task of supporting children who have been exposed to DA, which suggests that the
government’s green paper reforms are potentially supportive for this group. They suggest that schools should implement a trauma-informed approach that is collaborative, targeted and utilises partnerships with appropriate outside agencies where possible. This enables a safe learning environment, the development of social and emotional competencies and the building of steady and healthy classroom relationships (Phifer, 2020). Furthermore, Phifer outlines that school staff need to know when to turn to external professionals, such as EPs, for support.

While school staff have an important role to play in supporting children who have experienced DA, research examining school staff’s perceptions and experiences of DA is scant. Chestnutt’s (2018) study considered the perspectives of teachers on the effects of DA on children. This research provided rich insight into the teachers’ perspectives through focus groups and indicated that teachers were mindful of the impact DA could have on children’s lives. However, they felt disempowered to enact positive change for the children. The focus of Chestnutt’s research was on teachers in particular, rather than school staff more broadly; therefore, the views of professionals within the school system that have an active role in working with children who have experienced DA, but do not necessarily teach, such as TAs, were excluded.

TAs can be involved in delivering SEMH interventions, as can other education professionals such as teachers and EPs (Durlak et al., 2011). However, due to a rise in the number of full time TAs in English schools (Department for Education, 2018), increased pressure on teachers to meet academic targets and increasing concerns about children’s SEMH, TAs are increasingly supporting pupils with behavioural,
emotional and social difficulties (Burton & Goodman, 2011). Pupils in Fraser & Meadows’ (2008) research describe TAs as friendly and helpful, and report feeling well supported by them. However, concerns have been raised that TAs are an ineffective use of funding at a time when, as a result of austerity policies, public finances are strained (Bassett et al., 2010). TAs can be deemed to be an ineffective use of funding as time spent with TAs results in less time with a qualified teacher, which is negatively associated with academic progress in comparison to pupils who received less TA support (Blatchford et al., 2012). When compared with qualified teachers, TA and pupil interactions were found to close down, as supposed to open up talk, both linguistically and cognitively (Rubie-Davies et al., 2010). Giangreco et al. (2005) argue that TA deployment can be tantamount to implicit discrimination as the most vulnerable and disadvantaged pupils receive alternative, rather than additional, support from staff that are less qualified. Therefore, schools need to utilise evidence to align TA skills and experience with their assigned roles (Webster et al., 2016). This is particularly pertinent when considering SEMH interventions that are reliant upon TAs, such as the ELSA Programme, especially when considering its delivery for particularly vulnerable children such as those who have experienced DA. This research indicates that TAs may be less well placed to work with vulnerable groups than other professionals and may be better utilised delivering interventions such as the ELSA programme to students without complex needs.
2.4 The ELSA Programme: A review of UK Research

The prevalence of DA and the associated SEMH difficulties experienced by children who have been exposed to DA indicate that in school, interventions that build social-emotional skills and awareness are important for these pupils. Building these skills enables children to locate triggers, identity physiological responses and effectively express their feelings (Phifer, 2020). The wide deployment of the ELSA programme across UK schools (ELSA Network, 2017) indicates that ELSA is a programme for supporting emotional literacy that is likely to be accessed by children who have experienced DA.

Despite the deployment of the ELSA programme in schools across the UK (ELSA Network, 2017), the majority of research examining the programme is in the form of non-peer reviewed grey literature, such as doctoral theses and LA research reports. The published, peer-reviewed research base consists of a small number of studies (Osborne & Burton, 2014; Wilding & Claridge, 2016; Hills, 2016; Mcewen, 2019; Krause et al., 2020); therefore, the aforementioned grey literature has also been considered.

2.4.1.1 Implementation of the ELSA Programme: Training and Supervision

Highly skilled TAs that possess the qualities sought by the ELSA Programme are put forward by participating schools; these qualities include empathy, warmth, independence, organisation and resilience, and are considered essential for becoming an effective ELSA practitioner (Burton, 2009; Burton, 2018). Selected TAs embark upon a six-day training commitment (Burton, 2018), and each training day is held approximately two to four weeks apart. The training is run by two or more EPs
who combine the teaching of psychological underpinnings with practical guidance that is relevant to ELSA practice. The training utilises didactic and experiential learning that aligns with Kolb's (2015) model of adult learning, which recommends that training participants are given opportunities to learn new concepts, align this with their own experience and test their understanding in novel contexts. This approach is utilised to cover the following topics: emotional literacy, self-esteem, active listening and communication, understanding and managing anger, social skills training, working with puppets, an introduction to autism, friendship skills, therapeutic stories, bereavement and loss. Providing ELSAs with a clearly defined role in training aligns with Blatchford’s (2012) guidance for effective TA deployment.

Through qualitative analysis of semi-structured interviews and reflective journals kept by trainee ELSAs, Leighton (2015) found that ELSAs felt the training they received provided them with an enhanced understanding of the emotions of their pupils and a greater capacity to support pupils with these emotions. However, Leighton’s research findings may lack validity as the researcher is identified as an ELSA trainer. Therefore, ELSA participants were more likely to report positive experiences and outcomes of the training process. Training has been found to enhance the confidence and self-efficacy of TAs with regards to their ELSA role (Grahamslaw, 2010), which in turn, is key for the overall effectiveness of the ELSA intervention (McEwen, 2019). However, DA is not a topic covered in the ELSA training schedule; therefore, it is likely that ELSAs may not have the same level of confidence when working with children who have experienced DA.
Once training has commenced, ELSA’s should have a minimum of one day per week to deliver the ELSA intervention to identified pupils; this should be supplemented with time to examine referrals, set goals, plan sessions, communicate goals with key stakeholders and conduct one-to-one or small-group sessions (Burton, 2018). However, the consistency with which these core facets of the role are implemented has been found to differ by school (Grahamslaw, 2010; Wilding & Claridge, 2016).

Once the ELSA training is completed and ELSAs have begun to practice, they receive a two hour, twice termly, EP-led supervision to guide their practice. Supervision groups consist of up to eight ELSAs (Burton, 2018). The purpose of supervision is to enable ELSAs to access ongoing EP guidance on casework to support their continued application of psychological theory to ELSA practice. Questionnaire responses from 240 ELSAs indicated that most felt they had a good relationship with their supervision group and EP supervisor. The majority of ELSAs reported that supervision was a useful space for problem solving, sharing ideas and talking through their cases; many ELSAs reported that they felt more able to support pupils as a result of supervision (Osborne & Burton, 2014). The large sample size in Osborne and Burton’s study enables generalisability; however, the data was not triangulated with the perspectives of other stakeholders, for example with EPs leading ELSA supervision.

2.4.1.2 Barriers to implementation

In schools ELSAs should have a line manager to support them (Burton, 2018), often the school SENCo. Therefore, SENCos (or other designated ELSA line
managers) play a key role in both the practicalities of running the ELSA programme and ELSA support. In theory, all schools running the ELSA programme should be implementing it consistently. However, there are a number of barriers to achieving this. Fairall (2020) examined the perspectives of key stakeholders (including SENCos and senior leaders) involved in the ELSA project to explore factors that influence its implementation. Fairall’s case studies outlined a number of barriers to implementation. The comparative case study design explored two schools located in inner London boroughs with similar characteristics to London Borough X, making the findings particularly salient for my research.

Fairall (2020) indicated that a lack of school-wide understanding of the programme could be problematic and can impact overall fidelity to the intervention. This is supported by Leighton (2015), whose participant ELSAs outlined that school senior leaders can lack an understanding of their role. A good, school-wide understanding of the ELSA role, particularly from senior leaders, is important in ensuring appropriate referrals that do not encourage ELSAs to work outside their level of competence, for example with difficulties such as self-harm (Burton et al., 2009). The need for ELSAs to work within their professional remit, aligned with their level of training, is emphasised by Burton (2018). Whether working with children who have experienced DA is an example of work beyond the level of ELSA competence should be explored and emerged as a vital question in the design of this research.

The appropriateness of referrals to the ELSA programme is also raised by Fairall (2020), who found that the referral process differed considerably across different school contexts, with one school only referring pupils who displayed externalising behaviours.
Fairall also outlined that the boundaries of the ELSA role could become blurred and some staff had difficulties distinguishing ELSA from other types of SEMH provision. This could indicate that some schools may not be making appropriate referrals if the purpose of the ELSA intervention is not fully understood. Fairall’s results indicate these barriers were more apparent in the early stages of implementation of the programme in the participating Primary schools.

Nicholson-Roberts (2019) explored the ELSA programme within a secondary school setting through interviews with ELSAs, teachers, SENCos and pupils, finding that another barrier to implementation is the limited communication between ELSAs, teachers and parents. This is supported by Wilding & Claridge’s (2016) study in which parents reported that the ELSA programme could be enhanced through improved levels of home-school communication. However, it appears that ELSAs may not have time to engage in additional responsibilities, such as enhanced parental communication, as Grahamslaw’s (2010) study outlined that over half of the participating ELSAs did not have time protected to complete their ELSA responsibilities. Mann (2014) also highlighted that ELSAs found time to be a constraint of the role.

2.4.1.3 Perspectives of stakeholders.

Research evaluating the ELSA programme from the perspectives of teachers, headteachers and ELSAs has indicated that these professionals deem the programme to be a beneficial intervention, positively impacting children’s social skills, attendance, behaviour, wellbeing and learning. Burton (2008) outlined that teachers reported observing improved behaviour, emotional literacy, social skills and
self-esteem in pupils who had participated in the ELSA programme. There was no control group comparison made in the study, meaning that it is not possible to ascertain whether the ELSA intervention was the causal factor in the children’s perceived improvements. However, a range of research subsequently conducted indicates that there are numerous positive outcomes from ELSA interventions reported by a variety of stakeholders.

Both pupils and ELSAs describe the importance of their mutual relationships to the success of the intervention (Barker, 2017; McEwen, 2019; Miles, 2015). In line with Barker’s (2017) findings, Miles (2015) outlines the therapeutic nature of the ELSA-child relationship. Miles’ thematic analysis of twelve semi-structured interviews with ELSAs outlined the significance of the ELSA-pupil bond, rapport and agreement on targets. However, the research did not consider the views of pupils in its examination of the ELSA-pupil relationship.

McEwen (2019), however, included the perspectives of both ELSAs and pupils and found that ELSA-pupil relationships were the key factor in facilitating positive change. The validity of the study was enhanced through inter-rater reliability of the coding process and participant involvement in data analysis. While the interviews were reliant on retrospective accounts of the ELSA journey and therefore reliant on recall, the multiple accounts added reliability to the recall of participating individuals. McEwan’s findings were supported by Fairall’s (2020) mixed methods, multiple case study project in which she suggests that the ELSA-pupil relationship may actually be the core factor in the success of the ELSA intervention, rather than
the range of psychological theories supporting the approach that ELSAs learn about in the training process (Burton et al., 2009).

Parental perspectives of the ELSA programme were explored by Wilding and Claridge (2016) through thematic analysis of seven semi-structured interviews. Their findings indicated that all participating parents viewed the programme positively and felt that the skills their children learned in the ELSA intervention were transferable to the home setting, for example, the use of calming techniques. Overall, parents believed that their children's social and emotional skills had improved as a result of the programme.

Research exploring pupil views on the ELSA programme is limited, and only consists of two peer-reviewed studies: Hills (2016) and Krause et al. (2020). Hills conducted a two-phase mixed methods study utilising questionnaires and semi-structured interviews with primary school pupils who had participated in the ELSA project. Hills found that pupils value having a space to talk about their feelings and the opportunity to build their confidence and resilience, highlighting the importance of the therapeutic relationship with their ELSA. However, participating pupils explained that they would like to feel more prepared before starting ELSA by, for example, understanding reasons for their referral, and would like to have more clarity around the ending of their ELSA sessions.

Hills utilised a variety of tools to gather children's experiences based on their age, using drawings to elicit the views of younger children and words to garner the views of older children. This differentiated approach served to widen the accessibility
of the research and encompass the views of younger children who have previously been excluded from research examining pupil views of the ELSA programme.

Broadly positive findings on children’s experiences of the ELSA programme were also presented by Krause et al. (2020). The experiences of 13 primary and secondary school pupils, who had participated in at least six ELSA sessions, were explored through thematic analysis. Pupils felt that their wellbeing had improved, reporting feelings of accomplishment, increased levels of positivity and better relationships both at home and school. Both studies richly explore the perspectives of a previously underrepresented group; however, these perspectives could have been triangulated with the perspectives of other stakeholders to account for possible positive accounts of the ELSA programme being elicited due to pupil-adult power dynamics and social desirability bias. Barker (2017) also reported that parents and pupils viewed ELSA as having a positive impact on their emotional literacy. Balampanidou (2019) also investigated children’s experiences of the ELSA programme by conducting semi-structured interviews, which were analysed using grounded theory. Balampanidou’s analysis suggested that all participating children were very positive about their ELSA sessions, reporting that they were happier and less lonely after each session. However, Balampanidou’s prior involvement in the ELSA programme and potential power dynamics in interviews should be taken into account as potentially limiting factors in the reliability of the research findings.

LA evaluations of ELSA interventions have also reported positive findings, such as Edwards (2016), whose evaluation survey sent out to all schools in their borough found that 95% of headteachers and SENCos and 91% of ELSAs who responded rated improvements in pupil outcomes as good or excellent. However, the
response rate of the questionnaire is not provided; therefore, it is unclear whether the responses gathered are representative of ELSA stakeholders in the wider LA.

While this body of research indicates that stakeholders in the ELSA programme perceive the intervention to have a broadly positive impact, it should be noted that only those that felt strongly about the programme would be likely to participate in research. Furthermore, this pool of research has largely been conducted by EPs or TEPs who, by the nature of their interest or involvement in the ELSA programme, may inadvertently stimulate an interviewer effect or social desirability bias in their participants. Additionally, the participants themselves may be inclined to perceive the intervention positively when it is a programme that they themselves are directly or indirectly involved with. Therefore, research examining the effectiveness of the programme, alongside to stakeholder perspectives, is also valuable when reflecting upon the ELSA programme.

2.4.1.4 Effectiveness of the ELSA Programme

A range of studies evaluating the effectiveness of the ELSA programme have been carried out by Hampshire EPS (Burton, 2008; Burton et al., 2010; Butcher et al., 2013; Murray, 2010) and provide support for the effectiveness of the ELSA programme. However, as Hampshire EPS oversaw the genesis of the ELSA programme, the reliability of their findings should be interrogated as such research encourages the continued utilisation of ELSAs in schools. Burton et al’s (2010) study compared children receiving the ELSA programme with those on a waiting list. Pupil and staff views on behaviour and emotional literacy were examined through pre- and post-measures and the results suggested that pupils who had received the ELSA intervention had improved behaviour and emotional literacy skills. However, pupils
on the ELSA waiting list also made some improvements in the areas of motivation and difficulties with peers. Overall, the intervention group did improve more, but a general positive effect of additional adult intervention cannot be ruled out. It should also be noted that for a significant number of the sample group, post measures were not acquired, therefore the dataset was not complete. Murray (2010) also explored the effect of ELSAs on children’s emotional literacy development and obtained similar findings, reporting that ELSA sessions were considered to be very helpful by two third of participants and a third of pupils improved their empathy scores by fifty percent or more. However, the study lacked transparency regarding data as sample sizes were omitted for the groups of ELSA participants and the scores of all of the pupils were not reported. These omissions could be obscuring data that is not favourable to the ELSA programme.

Large scale, independent research exploring the effectiveness of the ELSA programme in Dorset (Mann & Russell, 2011) using a mixed methods approach found that pupils demonstrated a small, statistically insignificant improvement in targeted areas. Furthermore, the qualitative data revealed that most pupils felt their ELSA experience had been a positive one, although what was considered a ‘positive’ experience was not unpicked further. While the study used a wide participant pool, working with children from eighteen different settings, it was not clear how participants were selected to be in intervention or control groups, which leaves the study open to critique from an ethical standpoint. The omission of sample selection information may also obscure biases in sample selection, which may result in data that is more favourable to the ELSA programme. For the quantitative segment of the study, there were considerable amounts of the data set missing for both interim- and end-point data, which leads to a less thorough data triangulation.
In contrast, Ball (2014) found that pupils accessing the ELSA programme did not make more progress on measures of wellbeing than their peers on the waiting list to receive the intervention; however, ELSAs perceived a positive impact on children’s overall emotional wellbeing and social skills, suggesting a possible mismatch between stakeholder perceptions of the effectiveness of the intervention and measurable improvements to wellbeing.

2.5 The Role of EPs

2.5.1 The Role of EPs: Domestic Abuse

Whilst there is a growing body of research exploring the effectiveness of ELSA interventions generally, there is a scarcity of published peer-reviewed research exploring the role of EPs in supporting children who have experienced DA (Dodd, 2009; Gallagher, 2014; Cort & Cline, 2017). The small pool of research exploring this issue broadly concurs that the impact that DA has on the lives of children is of critical importance to EPs. The prevalence of childhood experiences of DA, the well-established impact on children’s SEMH and the guidance suggesting the vital role schools can play relating to DA indicates that there is a role for EPs in this area (Dodd, 2009).

While there may be scope for EPs to work with children who have experienced DA, Gallagher (2014) explored the perspectives of EPs in supporting children who have been exposed to DA and outlined that EPs did not feel they possessed specialist knowledge relating to DA and expressed a lack of clarity in their role as relating to supporting children who have experienced DA. Gallagher also notes that despite the consensus regarding the EP role in the promotion of
psychological wellbeing, DA does not appear to be a pressing priority, as demonstrated by the paucity of professional literature in the area. Further hurdles for EPs in supporting children who have experienced DA have been outlined in unpublished doctoral theses, such as Heath (2015), who reported barriers including a lack of time, absence of appropriate resources and little knowledge relating to DA. Both Gallagher (2014) and Heath (2015) report that EPs and other interlinked professions may be hesitant to speak to families about DA and therefore may fail to include it as a factor in their case formulation.

While EPs appear to face a range of barriers in supporting children who have been exposed to DA, Ellis (2012) posits that EPs are well equipped to support schools in their efforts to work with children regarding DA, due to their unique skills in consultation and group processes. EPs possess further skills in eliciting views of children in a person-centred way and involving children in research that tackles sensitive issues (Hardy & Majors, 2017), which further bolsters the suggestion that EPs have a unique and useful contribution to make in supporting children who have experienced DA.

One such way that EPs can support children and families who have been exposed to DA is through affording affected parents opportunities to access safe, non-judgemental spaces where they can reflect on their experiences; for example, EPs could support parents to reframe their thinking around DA experiences by utilising cognitive behavioural approaches or personal construct psychology. In turn this could help to encourage a more beneficial familial environment (Cort & Cline, 2017).
EPs working outside of traditional role expectations when supporting those affected by DA was also discussed by Stanton (2017). Stanton’s research investigated EPs’ experiences of supporting children who, due to DA, had to relocate. Stanton highlighted that these children needed support building new relationships with both peers and staff as a result of their experiences and that EPs could also utilise their skills in consultation to engage school staff in discussion relating to DA and its effects.

The aforementioned studies are small scale and qualitative, and there has been no large-scale, quantitative, published, peer reviewed papers on this topic. However, unpublished doctoral research conducted by Skade (2018) explored EP practice in relation to domestic abuse through a national mixed-methods web survey. Skade’s findings indicated that EPs’ experiences of DA within case work varied in frequency, type and approach. EPs in the study reported that supervision and training to support their knowledge and skills relating to DA, EPS policy, and clarity of EP role in relation to DA, were factors that would support them. In support of qualitative findings in prior studies (Dodd, 2009; Ellis, 2012), respondents felt that there was the potential for a unique EP role in supporting children, families and schools with DA issues.

2.5.2 The role of EPs: Supporting ELSAs working with children who have experienced domestic abuse.

As discussed in section 2.4.1.1, EPs are at the core of the ELSA programme, utilising their skills and knowledge of psychology and the education system to run initial ELSA training, provide ongoing group supervision and deliver CPD, with the
aim of establishing ELSAs understanding of relevant psychological theory and knowledge of positive social and emotional development (Burton, 2018).

One difficulty faced by ELSAs is the emotional toll of their work with vulnerable children. Burton (2018) outlined that the ELSA intervention can be emotionally challenging for the TAs running it; these claims are supported by the findings of Nicholson-Roberts (2019), who posits that the ELSA intervention can have a strong emotional impact on ELSAs due to the need to contain difficult emotional experiences, such as bereavement. It stands to reason that DA could be another area that could elicit emotional responses from ELSAs.

Digby & Fu (2017) outlined that school staff can feel frustrated and emotionally exhausted by not being able to always help their pupils. This may be especially true for staff with roles that involve supporting the emotional wellbeing and mental health of young people, as the emotional labour involved has the potential to cause emotional distress (Hanley, 2017). The psychodynamic theory of ‘containment’ (Bion, 1961) suggests that infants project feelings that are unmanageable onto their caregiver, who in turn, feels the emotion, contains it and reflects it back to the child in an adapted form from which they can reintegrate the emotion and perceive it as manageable. In line with this, research indicates that when teachers lack emotional support and feel uncontained, there will be a detrimental impact on their work (Hulusi & Maggs, 2015). Much like teachers, ELSAs who are providing emotional containment for children will, in turn, require emotional containment themselves to ensure they can continue to be an effective container for others (Bion, 1985). This indicates that unless ELSAs are emotionally contained they
will be less able to do so for the children they support; if ELSAs are not contained, they are more susceptible to deviating from their primary task, in this instance, delivering the ELSA intervention. This highlights the importance of emotional containment being provided for ELSAs by their supervising EP.

McEwen (2019) noted another challenge to ELSA practice: the level of ELSA confidence. However, the support of fellow ELSAs, resource sharing, training and EP supervision were outlined as helpful. The EP supervisory role is also important for maintaining fidelity to the intervention. Nicholson-Roberts highlighted that in addition to the challenging emotional aspects of the ELSA relationship, pupils risk becoming dependent on their ELSAs. The risk of pupil over-dependence on their ELSA was also outlined by Fairall (2020). Regular discussion of cases with EPs could help to ensure that ELSAs are supported to implement the intervention as intended and maintain confidence in their role. This EP support is important, as ELSAs have raised concerns about the loneliness of the ELSA role and a deficiency of in-school support (Rees, 2016).

2.6 Limitations of ELSA Research to date.

The research discussed in sections 2.4-2.5 consists of small scale, qualitative studies that provide rich insight into the perspectives of a range of stakeholders engaged in the ELSA programme, considering a range of unique settings and contexts in which the programme is run. However, a researcher viewing these studies from a positivist perspective may outline limitations related to their small-scale, qualitative nature, including a lack of generalisability to other school settings, difficulty in replicating the studies and researcher subjectivity due to the EP role in the ELSA programme.
2.7 Summary of the Literature Review

Research that I have examined in relation to the ELSA programme indicates that the intervention is used widely across the UK and that prior research has broadly considered it to be effective. Qualitative studies (predominantly literature that is not peer reviewed) indicate that the ELSA programme is positively viewed by stakeholders including ELSAs and participating children. Stakeholders also deem the ELSA-pupil relationships formed as a result of the intervention to be an important means of supporting children’s ongoing emotional wellbeing.

2.8 Research Rationale

There is a high prevalence of DA across the UK (Office for National Statistics, 2018). London Borough X, in which I live and work is no exception; reports from the LA suggests that one in twenty people in London Borough X are affected by DA and estimates that children are present in the family home in 90% of DA cases. The literature indicates that children who have experienced DA are four times more likely than their peers to experience social and emotional difficulties (Calder et al., 2005), yet Women’s Aid (2020) estimate that 85% of domestic abuse services have been cut over the course of the COVID-19 pandemic, compounding the funding cuts that have occurred to DA services over the preceding ten years (Nicholson, 2010). Therefore, it is likely that other services that these children regularly encounter, such as schools, will be providing social and emotional support for children who have been exposed to DA in the absence of access to more specialist services. Anecdotal findings in London Borough X indicate that ELSAs are regularly working with children with social and emotional difficulties who have previously experienced, or are currently experiencing, domestic abuse. Informal discussions with the team of
EPs leading the ELSA programme in EPS X indicated a desire to explore how they could best support ELSAs working with children who had experienced DA. Therefore, my research was both formed and conducted in collaboration with this group of EPs to explore this issue. To my knowledge, there is no current research relating to the support that EPs provide for ELSAs working with pupils who have experienced DA; therefore, this research also aims to fill this gap in the literature.

Preliminary discussions with the team indicated three key areas that the EPs believed were most pertinent for enabling them to understand the situation and identify potential areas for change within their practice:

1) **What are the key professional stakeholders (identified as EPs, SENCos and ELSAs) currently doing?**

2) **What might be preventing these professional stakeholders from using the ELSA programme with children who’ve experienced DA?**

3) **What can this tell us about how we can alter our practice as necessary?**

These key areas were then formed into the following research questions:

- **RQ1:** What role do EPs currently play in supporting ELSAs who are working with children that have experienced DA?
- **RQ2:** What role do ELSAs and SENCos currently play in supporting children who have experienced DA through the ELSA programme?
- **RQ3:** What are the barriers to using the ELSA programme with children who have experienced DA?
- **RQ4:** What are the implications of the findings of RQ1-3 for EPs who are involved, now or in the future, in the ELSA programme?
Chapter 3: Methods

The following chapter will set out my philosophical and methodological approach and the reflexive processes I utilised. It will also outline the project’s research design and its research participants, before establishing how data was generated and analysed. Finally, it will explore the ethical considerations that I took into account.

3.1 Philosophical Approach

Philosophical assumptions are a key consideration for researchers as the approach chosen can influence the subject of research and the methodology used (Gray, 2014). This research is conducted from a relativist ontological position, taking the perspective that the nature of reality is socially constructed. Conducting research from a social constructivist perspective motivates the researcher to address that our social understanding is relative to our particular context and the culture, history and societal stratification within it (Burr, 2003). This shared knowledge is created and sustained through dynamic interactions between people; the dynamic nature of these interactions results in these shared understandings differing according to location and moment in time (Burr, 2003). As such, a social constructivist approach necessitates that I acknowledge that my findings will represent a single set of perspectives on the topic of research, which will not be the sole, fixed or definitive perspectives on the topic (Robson & McCartan, 2016). Bronfenbrenner’s P-P-C-T model (Bronfenbrenner & Morris, 2006) is an example of social constructivist theory applied in psychology; it notes the importance of a range of contextual factors and changes over time in building an understanding of an individual’s behaviour.
3.2 Methodological Approach

Psychological research broadly falls within two paradigms, positivism and interpretivism. Ashworth (2008) outlines positivism as an attempt to locate an objective truth through quantitatively collecting and measuring data, testing hypotheses and identifying causal relations between variables. This approach seeks to measure an objective reality and in order to do so, the researcher must aim to remain unbiased (Thomas, 2013).

In contrast, an interpretivist epistemological position posits that individuals construct their own realities (Ashworth, 2008) and generally seeks to use qualitative methods to gain an understanding of the thoughts, feelings, behaviours and experiences of individuals to gain insight into these realities (Robson & McCartan, 2016). The interpretivist paradigm encourages researchers to consider their own values and world view in the interpretation of the views and experiences shared by others (Thomas, 2013).

Exploring how EPs can support ELSAs working with children who have experienced DA will examine the individual perceptions and experiences of ELSAs, SENCos and EPs. A positivist approach would segment such experiences into observable and measurable characteristics; however, as this research is not attempting to identify causal relations, or make predictions, a positivist epistemological position is not appropriate. Therefore, this research will be conducted from an interpretivist epistemological position, which is helpful in unpicking the complexity and nuances of the personal experiences and interactions of participants, both on an individual and organisational level. Adopting an interpretivist position enables me to explore the meaning participants have attributed
to their experiences. The experiences shared by participating professionals will be used to inductively build a picture from which themes and concepts can surface.

The interpretivist approach not only accepts the researcher’s subjectivity but embraces the dynamic interaction between the participant and the researcher and views this interaction as crucial to uncovering the lived experience of the participant (Ponterotto, 2005). This dynamic relationship between participant and researcher should extend to co-constructing the meaning extrapolated from the data with the participants to ensure that these meanings are not just reflections of the researcher’s personal biases (Ponterotto, 2005). Therefore, within this research I seek to ensure I do not suppress participant intent through my interpretations of the data by developing rapport with participants, endeavouring to understand the context of the schools and EPS, clarifying participant responses throughout the interviews, reflecting upon initial findings with a selection of participants, co-constructing themes and continually reflecting upon my analysis at each stage.

These methodological decisions were made as a result of my own reflexive processes. Reflexivity is an ongoing, dynamic and cognizant reflection upon individual subjectivity (Finlay & Gough, 2003). Considered through a social constructivist lens, this process should reflect upon the personal values, contexts and experiences that can affect the knowledge created from the data collected (Willig, 2008). Such reflexivity is an essential part of strong qualitative research (Braun & Clarke, 2006). To ensure my own personal reflexivity and ongoing criticality of thought processes, I have kept a research diary in which my personal thoughts and reflections on reflexive research conversations with my supervisors, EP and
TEP colleagues have been recorded. One context that prompted such reflection and the adaptation of my original research proposal was the COVID-19 pandemic.

3.4 The COVID-19 context

The reflexive approach I undertook throughout this research enabled me to adapt the research to the altered landscape caused by the COVID-19 global pandemic. Prior to the global pandemic, the original research design consisted of three case studies of children who had experienced DA and were accessing the ELSA programme. To gain a holistic perspective, I intended to run face-to-face interviews with the participating children’s ELSA, class teacher, SENCo and the EP supervising the school’s ELSA programme. The child’s ELSA and class teacher were also initially going to fill in a questionnaire prior to, and after, the conclusion of the ELSA intervention. I intended to collect the voice of the participating children via their final ELSA session, which is usually a reflection and celebration of their time in the programme. I intended to train participating ELSAs to deliver a specific activity using a narrative approach, which was going to be delivered to the children in this session. This activity would have been designed to collect the children’s views on their experience of the ELSA programme. The materials created by the children participating in the planned activity and the ELSA’s notes written about the session were intended to be analysed alongside the data produced from the questionnaires and interviews.

In March 2020, shortly after submitting the research proposal to my supervisors, the COVID-19 pandemic resulted in a number of changes to the education system and to life more broadly within the UK. University College
London’s Institute of Education (IoE) updated their doctoral research guidance to outline that all doctoral candidates must conduct their research remotely in line with Government social distancing guidelines. Schools closed to all pupils for many weeks on two separate occasions and were only open to children deemed vulnerable and to the children of key workers. During periods in which schools were open to all children, schools were required to utilise ‘bubble’ systems to minimise transmission of the virus, which meant that interventions that were normally conducted outside of the classroom, such as the ELSA programme, were not taking place. As a result of the research guidance from the IoE and the temporary cessation of the ELSA intervention in schools, the initially proposed research design was no longer viable. Therefore, in consultation with my research supervisors, the participating EPS and schools, the research was adapted to be suitable for the ongoing and evolving situation.

3.5 Research Design

The philosophical and methodological approach outlined is consistent with using a qualitative epistemology. Therefore, in keeping with the collaborative origins of this research and the shared desire to explore a perceived ‘problem’ in order to effect ‘real world’ change with colleagues in EPS X, I chose to utilise a soft systems methodology (SSM) approach (Checkland, 1989; Checkland & Scholes, 1999).

3.5.1 Soft Systems Methodology

Burden (1978) outlined that systems work attempts to explore a ‘problem’ within the wider context and environment of an organisation, such as a school or EPS. This enables EPs to recognise contributing factors and then offer strategies
that are appropriate for that setting. One example of systems work is SSM (Checkland & Scholes, 1999). SSM can be utilised by researchers to explore multi-faceted, real world problems (Rose, 1997). Checkland (1989, 2000) developed SSM to include the ‘soft’ parts of a system, which includes subjective personal experiences and acknowledgement of differing perspectives held by individuals within an organisation. SSM is an approach designed to make sense of how people build meaning from the experiences in their environment and to utilise this meaning to act with purpose.

SSM (Checkland, 1981) has been specifically adapted for use by EPs (Frederickson et al., 1990) to support organisations to make change. The use of SSM has been found to be effective both within EP practice (Frederickson, 1990; Jones & Frederickson, 1990) and outside of education settings (Checkland, 1981; 1999; Checkland & Poulter, 2006). Specific SSM methods have been used to gain and examine information to enhance the development of organisations (Baxter & Frederickson, 2005; Cameron, 2006; Turner et al., 2010).

EPs can apply the SSM process to support the development of schools, and equally to improve EP service delivery. Therefore, SSM is an appropriate method through which to support organisational change and development. In this instance, the ‘problem’ to be explored is how EPs can support ELSAs working with children who have experienced DA. The exploration of the perspectives and experiences of a range of professionals, working within the same system (the ELSA programme within London Borough X), aims to provide real world solutions aimed at that specific context, while considering a range of eco-systemic factors that are in line with Bronfenbrenner and Morris (2006) P-P-C-T model.


3.5.2 Research Outline

Through SSM, the experiences of ELSAs, SENCos and EPs were gathered through the use of semi-structured interviews. Additionally, an EP focus group utilised SSM tools including a Rich Picture, in which participants create a pictorial depiction of their perception of a real-world situation. In this instance the drawing was created by EPs to represent how they perceive their support of ELSAs.

A root definition and conceptual model of the real-world situation was created by considering six different elements of the situation (characters, actors, transformational process, worldview, owner and environmental constraints). This provided a framework, known as a ‘CATWOE Analysis’, to outline the situation at a systems level. From this, participants jointly developed potential actions to address issues raised in this process.

The research has been designed to, where possible, fit SSM’s seven-stage iterative process (Checkland, 1999) to explore the ‘problem’ situation: how EPs can support ELSAs working with children who have experienced DA. This process will help to analyse the systems in place and their impact on the desired outcome (Checklands & Scholes, 1990). It is recognised that the research design is limited by the research timeframes necessary for the completion of the DEdPsy qualification, participant availability and COVID-19 restrictions.

Stages one and two

The ‘expression’ phase (Checkland, 1999) involves the gathering of information to contribute to a rich understanding of the ‘problem’. In this research, stages one and two comprised a series of semi-structured interviews conducted via video-conferencing software with four ELSAs, two SENCos and four EPs. The initial
analysis of themes were shared with participating EPs in a focus group setting from which a Rich Picture was created and discussed, in line with SSM procedure.

Due to the restrictions imposed by the COVID-19 pandemic, the EP focus group was conducted online via video conferencing software. This required alterations to the process of producing a Rich Picture, which would usually be achieved by participants working on a large, shared piece of paper to co-construct images that represent the ‘real world’ situation. Therefore, the process was adapted with myself acting as an illustrator on a piece of paper that could be seen by the online participants, who gave verbal instructions to shape the drawings I produced. The process of interpreting discussion into images appeared to be a helpful to support the participating EPs to re-engage with the themes that arose from the semi-structured interviews. The pictorial representations facilitated additional discussion and group consensus around what the themes indicated, for example, decisions about which layer of a concentric circles image should represent the EPs facilitated deeper discussion about how the EP role in ELSA differs to their usual work.

Stages three and four

In stages three and four the ‘problem’ was analysed by establishing root definitions of the systems and their conceptual models (Jones & Frederickson, 1990). In this research, a CATWOE analysis was conducted with the participating EPs from stages one and two. The CATWOE analysis was constructed via video-conferencing software in a similar format to the Rich Picture, in which I acted as scribe on paper visible to the online participants. The CATWOE analysis stage was included in fidelity to the expected stages of the SSM approach, although it appeared to be less facilitative of discussion than the Rich Picture tool. However, the process served to
consolidate the prior discussion in written form and yielded a ‘breakdown’ of different areas of the problem that served as a basis for the action plan.

**Stages five to seven**

In stages five to seven, the problem situation was compared with the activity models to consider actions that could be taken to create change within the organisation. In this research, stages five and six were conducted with all EPs in the EPS’ ELSA team (who also participated in the stage one interviews); they examined the Rich Picture and CATWOE analysis from stages one to four and developed possible actions to create the desired changes. Stage seven, the implementation of these actions, will take place after the research is completed. Please see appendix 14 for an outline of the research tasks completed in each of the stages.

**3.6 Research Participants**

Participants were four ELSAs, two SENCos and four EPs (a total of ten participants) and each engaged in a virtual semi-structured interview. The ELSAs and SENCos each came from a different school in London Borough X and the EPs were all employed by the EPS within the same London borough.

The four participating EPs from the interview stage participated in a focus group, co-analysed initial themes, created a Rich Picture and a CATWOE analysis. The same group of EPs generated ideas for an action plan based on the co-constructed Rich Picture and CATWOE analysis.
3.7 Data Generation

3.7.1 Interviews

Interviews align with the qualitative methodology utilised for the research and provide rich descriptions of ELSA, SENCo and EP experience to garner an in-depth understanding of the ‘problem’, fulfilling stage one of the SSM approach.

Semi-structured interviews were selected as the most appropriate method for data collection in stage one of the SSM process as they provide flexibility and enable participants to share rich and detailed information about a topic, which in turn, supports a rich and detailed understanding of participant experience (Howitt, 2010). This dialogue also enables interviewer insight into the ways in which participants have constructed their social understandings (Burr, 2003), which is in keeping with the social constructivist perspective utilised in this research.

The interview questions planned to address the RQs and to align with the P-P-C-T model (Bronfenbrenner & Morris, 2006). The semi-structured interview format allowed for question order to be adapted according to the flow of the conversation and supported the building of rapport throughout the interviews. For each participant type, the questions asked differed to ensure the questions were appropriate for their role. Extended answers were encouraged from participants through the use of open-ended questions and the use of prompts or supplementary questions as necessary to ensure the discourse felt natural and answers of interest could be clarified and extended.
The semi-structured interviews in stage one of the SSM process were conducted between July-October 2020. The interviews took place in a mixed order, based upon the availability of the participant and were spread out across this time frame, which is preferable when conducting interviews with participants (Braun & Clarke, 2013).

All ten interviews were conducted via virtual video conferencing software in line with research guidelines in place at the time of data collection. Each interview lasted between 30 minutes and 75 minutes. Prior to each interview, participants were emailed an information sheet outlining the research and a consent form, which they each signed virtually. At the start of each interview, the participant’s understanding of the study was clarified, and consent was checked to ensure that fully informed consent had been gained. Participants were reminded that they could cease the interview at any time and for any reason. At the end of each interview, participants were given the opportunity to add anything they wished, or to cover anything they had not been asked during the interview and wanted to discuss. The participants were thanked for their time and debriefed. The debriefing process was particularly helpful for ELSAs who had discussed emotive incidences of working with children who had experienced DA and enabled them to feel emotionally prepared for ending the interview process.

While semi-structured interviews are an appropriate choice of research method that is in-keeping with the qualitative methodological approach, a social-constructivist perspective and SSM, there are limitations to the use of this method.

When using interviews as a research tool, it is difficult to avoid bias (Robson, 2016). As a rapport was built with participants, participants were aware of my status
as a TEP, and all participants were involved in the delivery of the ELSA programme in some way, it is possible that desirability effects were present in participant responses. It is also important to consider the possible impact of power dynamics between researcher and participant (Braun & Clark, 2013).

I attempted to mitigate the impact of potential desirability bias and researcher/participant power dynamics by utilising methods to attempt to address and offset these issues. I maintained awareness of the effect my role as a TEP could have on the responses of the participants and assured participants on commencing the interviews that they were free to share their thoughts and feelings without judgement. I avoided taking an ‘expert’ role in the interviews by actively listening to participants' responses, summarised my understandings to clarify with participants and used the direct vocabulary and phrasing of participants where possible (Robson, 2016). As a TEP I am well placed to conduct interviews sensitively and skilfully as consultation is taught, developed and assessed throughout the duration of the course, enhancing skills that are key for effective interviewing including interpersonal and communication skills (Braun & Clarke, 2013).

3.7.2 Focus Group

Focus groups are well suited to the qualitative, social constructivist and SSM methodologies adopted in this research. This is because focus groups support a flexible and dynamic approach that helps facilitate group discussions that may be sensitive in nature (Wilkinson, 2008), enabling the researcher to observe how participants construct their understandings of the ‘problem’ collaboratively (Wilkinson, 2008). Focus groups enable participants to discuss, debate and disagree about the issue being discussed (Wilkinson, 2008), making them a supportive forum
for the necessary discussions involved in group consideration of emerging themes, collaborative creation of a Rich Picture, the conducting of a CATWOE analysis and group ‘problem’ solving.

The focus group was conducted in December 2020 with the whole ELSA EP team from the LA, who had all participated in the stage one interviews. The focus group lasted for two and a half hours. In SSM, stages 2-6 (including joint analysis of emerging themes, creation of a Rich Picture, CATWOE analysis and ‘problem’ solving/action plan creation) would ideally take place over a number of meetings. However, each of these stages was completed in a dedicated segment within one EP focus group. This decision was made in consideration of the high workload faced by EP colleagues who had each generously agreed to give up approximately four hours of their time to participate in the research, including the stage one individual interview and a follow up EP focus group. Therefore, additional focus groups or meetings were not possible, meaning that the remaining SSM stages had to be completed within one focus group session.

3.7.3 Pilot

Conducting pilot interviews ensured that any emerging problems with interview schedules were identified and appropriately amended (Howitt, 2010). Draft ELSA and SENCo interview schedules were piloted with an ELSA and SENCo who work in a primary school in a home county LA. The EP interview schedule was piloted with a TEP colleague who participates as an ELSA supervisor in the programme within their placement LA. These pilot interviews were reflected upon during a TEP colleague thesis supervision session. The resulting amendments were
discussed and agreed with one of my research supervisors. The amendments made to the interview schedules included question phrasing and order.

I conducted a pilot focus group with three TEP course colleagues via a video platform. This process was highly valuable from a logistics perspective and re-shaped the way I planned the completion of the SSM activities (joint coding and theme analysis, Rich Picture creation, CATWOE analysis and action planning). For example, I had initially planned to use a shared online document for Rich Picture creation which participants could simultaneously add to, however, in practice this was impractical. Therefore, during the pilot an alternative method was trialled, using myself as an illustrator and scribe, with participants describing the images they wished to add. This led to a more fluid discussion and a less stressful experience for participants.

3.8 Data Analysis

3.8.1 Thematic Analysis

The research data was analysed using thematic analysis, which is consistent with my methodological position, as its theoretical flexibility means that it is appropriate for use with a social constructivist stance (Braun & Clarke, 2006). Thematic analysis emerged as an appropriate tool for analysing the research as the study sought to explore how EPs can support ELSAs working with children who have experienced DA, and thematic analysis supports the location and reporting of patterns across different participant data sets (Braun & Clarke, 2013).

However, it should be noted that thematic analysis is critiqued by Braun and Clarke (2013) for lacking interpretative power. In order to mitigate this, I utilised the
P-P-C-T model (Bronfenbrenner, 2006) as a theoretical lens within the analysis process to support the identification of themes. Braun and Clarke (2013) also highlighted that thematic analysis struggles to highlight agreement and contradictions between the views of different participants. Therefore, I endeavoured to include both participant consensus and contrast throughout the themes and address notable contradictions in participant voice in the research findings and discussion.

3.8.2 Application of Thematic Analysis

Thematic analysis was used inductively, in a data-led fashion, to interpret the data as recommended by, rather than utilising thematic analysis at a purely descriptive or semantic level. This bottom-up approach also ensured that the codes generated are not altered by antecedent theory (Braun & Clark, 2013).

The data collected from interviews utilised the six-phase thematic analysis process presented by Braun and Clarke (2006, 2013). While each of the six phases was conducted in order, the process was revisory and therefore each phase was visited, and adaptations were made to the analysis, on multiple occasions. Phases two to five were conducted initially by me individually, and then were conducted again with anonymised transcript samples in focus group format with the four EPs who participated in the interview stage.
**Phase one – Data familiarisation**

All interview recordings were listened to and then transcribed. All transcription was completed manually, rather than utilising dictation voice transcription software. This decision was made to maximise my familiarity with the data in the first stage of analysis. I then played audio recordings as I read through each interview to ensure there were no errors in transcription. I then re-read the completed and checked transcripts, adding notes to areas that appeared initially interesting so these initial emerging thoughts could be revisited and clarified at a later stage.

**Phase two – Coding**

The data from each of the participants’ interviews was coded separately, ensuring that data relevant to the RQs was identified. The separate coding of each participant’s interview supported the inclusion of any contrasting views or contradictions expressed by participants (Braun & Clark, 2013).

Once the initial codes were outlined, semantic codes were developed employing the exact language utilised by participants where possible and latent codes were also used to ensure that the meaning underpinning direct quotes could be identified (Boyatzis, 1998).

The initial codes were tested by four EP participants during the focus group who coded samples of transcripts across ELSA, SENCo and EP interviews. We then collaboratively worked through the same samples to compare our codes and reflect on the validity of my coding. Discrepancies were limited and all five code sets (mine and those of the four participating EPs) of the transcript samples were closely
aligned, reinforcing the validity of my method of coding. Any differences in codes were discussed and a consensus was reached by the four participating EPs and myself. This resulted in an additional code, ‘fidelity to intervention’, being added as a result of the EP coding and subsequent group discussion.

**Phase three – searching for overall themes**

Each code was reviewed and was grouped with similar codes. These groups were then re-visited to identify subthemes, which reflected patterns between codes and key content from the data. These subthemes were then grouped into wider overarching themes that expressed more broad-ranging notions. Themes were also identified based upon their prevalence; however, the threshold for inclusion of repeated themes was low (one or two participants), as the social constructivist perspective views the perspectives of all participants to provide insight into the ‘problem’. This low threshold for prevalence was also of practical importance as I was only able to interview two SENCos; therefore, a higher prevalence threshold for themes would have excluded the data of these participants as relating to SENCo-specific perspectives.

The identified themes were used to create thematic maps (please see appendix 10).

**Phase four – reviewing themes**

Initial themes were based upon my interpretations of the research data; therefore, a review of these themes was essential to control their quality (Braun & Clark, 2013), as it is possible that I overlooked alternative interpretations of the
original data. I engaged in the process of reviewing themes firstly by discussing my initial themes during a supervision session with my research supervisors.

These themes and sub-themes were then reviewed by the EP participants in the focus group in a similar fashion to the codes. There were few discrepancies between my themes and those discussed by the EPs. Some semantic differences were discussed, for example, whether the code ‘emotional containment in supervision’ should be altered to ‘cathartic function’ of supervision. Such differences were debated in the focus group discussion.

*Phase five: Defining and naming themes*

Transcripts were reviewed again to identify a range of quotations that support each theme for use within the thesis findings. The names and definitions given to each theme were reviewed by myself, a TEP colleague and during discussions with my research supervisors to ensure that they were exclusive and distinctive (Braun & Clarke, 2013).

*Phase six: Writing up*

My analysis is reported in chapters four and five.
3.7 Ethical Considerations

In line with IoE research guidelines, I applied for and was granted ethical approval through the IoE and UCL Psychology and Human Development Department’s official process.

A data registration was gained; data was stored securely and kept confidential, and anonymity was assured. The British Psychological Society’s ethical guidelines were followed (BPS, 2017), as were those of the Health Care Professional Council (HCPC, 2015). As such, I sought fully informed consent from participants, reminded them they were free to withdraw from the research at any time and for any reason. Participants were fully debriefed, and all participants will be given post-research information outlining research findings. Information sheet and consent forms for participants are included in appendices 1-4.
Chapter Four: Findings

The following chapter will outline the findings of the research in four sections that align with the RQs:

- **RQ1**: What role do EPs currently play in supporting ELSAs who are working with children that have experienced DA?
- **RQ2**: What role do ELSAs and SENCos currently play in supporting children who have experienced DA through the ELSA programme?
- **RQ3**: What are the challenges to EPs supporting ELSAs working with children who have experienced DA?
- **RQ4**: What are the implications of the findings of RQ1-3 for EPs involved in the ELSA programme?

Each section will outline the RQ being addressed and present an overview of global themes and their subthemes. These themes will be illustrated by quotes from SSM stage one interviews and the discussion summaries, Rich Picture, CATWOE analysis and action plan from the EP focus group. All participants have been anonymised.
Figure 3.

Overview of Global Themes

- EPs provide a “Safety Net”
- EPs are a “font of knowledge”
- EPs “Join up the dots”
- ELSA is a “Safe space”
- Multi-professional working: “It’s an army not a soldier”
- Barriers to optimal EP support
Figure 4.

Overview of Global and Sub-themes

Theme One
EPs provide a “Safety Net”
- Safeguarding
  - Consistent, warm, attuned and trusting relationships to provide emotional containment
  - Preparing ELSAs for complex cases and monitoring ELSA remit

Theme Two
EPs are a “Font of knowledge”
- EPs as skilful and knowledgeable container
- Training and Continuing Professional Development
- Signposting

Theme Three
EPs “Join up the dots”
- “Naming it”
- Bridging theory and practice
- Avoiding the expert model

Theme Four
ELSA is a “Safe space”
- ELSAs building warm, trusting and emotionally containing relationships
- Safeguarding and disclosures to ELSAs
- The weight of responsibility

Theme Five
Multi-professional working: “It’s an army not a soldier”
- The role of the SENCo
- Layers of support
- School staff collaboration

Theme Six
Barriers to optimal EP support
- Fidelity to ELSA intervention
- Are the least qualified working with the most vulnerable?
4.1 RQ1: What role do EPs currently play in supporting ELSAs who are working with children that have experienced DA?

4.1.1 Theme One: EPs provide a “Safety Net”

4.1.1.2 Safeguarding

This subtheme describes the role that EPs play in ensuring that safeguarding procedures are followed. All EPs interviewed voiced that the safeguarding of pupils engaging in the ELSA programme is paramount and explained that they use supervision to check that safeguarding procedures are followed when necessary:

*Most importantly I make sure they’re aware and following safeguarding protocol where necessary* (EP1)

Several EPs also discussed occasions in group supervisions where ELSAs had not perceived something to be a safeguarding concern and the EPs had been able to inform them, ensure they knew how to proceed and were able to check in again with the ELSA to ensure that the safeguarding procedure had been followed:
Sometimes you have to say, this is a safeguarding issue, please do XYZ and get back to me with what the outcome is (EP 4)

ELSAs reported feeling assured that their supervising EP would support them if a safeguarding situation arose that was beyond their remit, and one ELSA spoke warmly of an occasion in which her supervising EP had to step in:

A particular incident when she just stepped in to help out with this thing that happened. She was just so professional, so reassuring. She had taken control of the situation and dealt with it. (ELSA 2)

EPs explained that the confidential nature of safeguarding information means that ELSAs frequently have an incomplete picture of what is going on at home for a child they are working with, and that, particularly for cases in which children have experienced DA, ELSAs may know there are problems in the home environment but not be aware of the nature of these difficulties:

You would have an ELSA and someone else who’s designated safeguarding lead and with cases like domestic abuse lots of the information about the child they’re doing ELSA with is withheld. Sometimes I wonder if the ELSA feels disjointed from that information. (EP 2)

EPs expressed that there are often systemic difficulties around information sharing with ELSAs in relation to DA. EPs highlighted that ELSAs were often unaware of the home context of individual children and, as a result, returned to their SENCo with information that had concerned them, seeking additional contextual information to inform their ELSA work:

I’ve seen some systems issues where SENCos aren’t passing on relevant information about the children and they’ve got a limited referral form and, um,
often it comes up from what the child’s saying and then they kind of put the pieces together and go back to the SENCo (EP 4)

EP4 outlined that this issue had arisen in several of her schools and described how this could leave ELSAs without information that would be pertinent to their work, or to the ELSA’s understanding of what factors are influencing the behaviour of the child they are working with:

It seems to be quite problematic for the ELSAs... Often that can come out in the work that they’re doing, like in their drawings and things, not necessarily full-on disclosures. Or they’re given small nuggets of information like ‘oh, there’s been DA at home’ but they don’t know any other context, so it’s quite hard for them to gauge that aspect of the work. (EP 4)

In their interviews, EPs also outlined how consistent, warm, attuned and trusting relationships with ELSAs facilitated reciprocal bonds in which ELSAs felt they could trust their supervising EP with important information or case information that is essential for safeguarding.

4.1.1.3 Consistent, warm, attuned and trusting relationships to provide emotional containment

The EP role in supporting ELSAs working with children who have experienced DA was discussed by the four participating EPs in a focus group setting. After jointly reviewing the initial themes emerging from the transcribed interviews, the four participating EPs created a Rich Picture to represent these findings and their understanding of the context. The Rich Picture they created consisted of three key images. The first two images and accompanying group discussions explored the nature of the EP role within the ELSA programme, particularly in relation to DA cases.
The first image in the EP’s Rich Picture explored the interview findings through the discursive lens of Bronfenbrenner’s Eco-systemic Model, as EPs had enquired about the psychological lens I was applying to my findings. The EPs discussed how the ELSA programme related to each layer surrounding the child but particularly permeated the ‘micro-system’. However, EPs decided to split ‘family’ and ‘school’ into two separate layers in their own eco-systemic model inspired image as they felt that ELSAs had strong relationships with the child and other professionals in school, but rarely had contact with the child’s family.

The EPs saw their role within the child’s eco-system differently to their usual EP case work because the strength of their connections with the child, the child’s family and the child’s class teacher was reduced considerably within their role as ELSA supervisors and trainers (depicted in figure 6). However, the EPs noted that in their ELSA role, EPs did not form fewer connections, but rather the relationships were instead built with the TAs delivering the ELSA programme. EPs discussed how their relationships with ELSAs formed a core component of their work in this role. One EP considered whether this was a reduction of the EP’s sphere of influence in this type of work, or whether the influence of the EP was instead disseminated in an alternative way through the ELSAs they supervised.
In the preceding interviews, EPs were perceived by participants to go beyond checking that safeguarding procedures were being followed appropriately. Participants outlined consistent, warm, attuned and trusting relationships between ELSAs and their supervising EPs to be an essential element in effective EP support. All participating ELSAs spoke very warmly of their EP supervisors, felt that their EP supervisor cared for them and that they could contact them when they needed to:

*She’s brilliant, I’m not just saying that. She’s very approachable. I imagine she had a huge workload, but she never gives that impression. She’s always there, she’s always available* (ELSA 2)

These relationships, in turn, were described by ELSAs as key for building a level of comfort and safety in the group supervision sessions:

*Supervision sessions that I go to are brilliant and we’ve actually been together for a few years now, so everybody feels really comfortable around each other… It’s definitely, definitely a safe space.* (ELSA 3)

Facilitating a sense of comfort and safety in group supervision sessions was deemed to be vital by EPs who described the importance of supervision being a “*safe space*” where ELSAs could be open and voice their concerns, particularly when ELSAs have been working with complex cases, such as a child who’s experienced DA:

*Giving ELSAs a safe space to voice their concerns or insecurities is really important when they’re in that situation because it can be very, very tricky for them.* (EP 2)

Supervision is also important for emotionally containing ELSAs. The ELSAs described the supervisory process as being essential for enabling them to be emotionally supported through being able to “*offload*” to their EP supervisor:
For me supervision is really important. Otherwise, it can be a huge worry. You know, you come home sometimes and can’t stop thinking about it. It’s important as an ELSA to have someone you feel you can trust to offload to.

(ELSA 2)

However, a range of ELSAs and SENCos voiced that the way in which EPs run the ELSA supervision sessions can have an impact on the extent to which ELSAs can be emotionally contained by the process. In certain ELSA supervision groups or on occasions where participating ELSAs are not given equal opportunity to share their thoughts and experiences, participants explained that this could have a detrimental effect on their sense of emotional containment, security that they are conducting ELSA work correctly and enjoyment of the supervision sessions:

I think in supervision groups you’re quite reliant on the EP leading that session to make sure there’s not just one ELSA dominating that session

(SENCo 1)

EPs also discussed the difficulties that can arise in managing group dynamics and spoke about this as a challenging aspect of the supervisory role. EPs agreed that ELSAs having equal opportunities to contribute in supervision is essential and noted that this can be challenging to achieve with all groups:

I’m trying to make sure everybody is heard, everybody is supported and listened to and that everyone gets something they need out of the supervision… some groups are just a breath of fresh air and hit it off straight away. With other groups… it can be challenging to get it right. (EP 2)
4.1.1.4 Preparing ELSAs for complex cases and monitoring ELSA remit

The positive, trusting relationships between ELSAs and supervising EPs appear to facilitate ELSAs feeling able to contact their EP for advice when dealing with complex cases, such as when working with children who have experienced DA. The knowledge that their EP supervisor would listen and, in many cases, provide ad hoc, one-to-one interim supervision made the ELSAs feel that they were supported and less likely to make mistakes:

*I had to ask for an extra supervision, when I was working with a girl who’d seen a lot of domestic violence at home. I know we have it half-termly, but it does feel like your security.* (ELSA 1)

As a result of their positive relationships with their supervising EPs, ELSAs felt comfortable proactively contacting them to seek guidance:

*I would certainly contact my EP just to say, ‘I’m on session two’ or whatever, ‘this is the situation’ and discuss it with her. My EP is a safety net.* (ELSA 2)

EPs acknowledged that they often provide additional supervision to ELSAs as necessary and expressed that their role outside of the immediate school environment provided an additional layer of safety for ELSAs:

*Dynamics in schools can be tricky and as EPs we’re often outsiders so they feel safe venting to us, particularly with more tricky cases like when they’re working with children who have experienced domestic abuse.* (EP 2)

EPs also viewed the open discourse with ELSAs as not only helpful for supporting and preparing them for complex cases, but as an opportunity to explore whether the cases they’ve been allocated are appropriate and fall within the ELSA remit:
That's an important role for us as EPs, checking in with ELSAs to make sure the cases are appropriate. Especially with complex ones like a child who's experienced domestic abuse… We have a role to play in helping ELSAs navigate and prioritise who they should be working with. (EP 1)

EPs described empowering ELSAs to take cases back to the SENCo if it was beyond their remit and EPs described helping to explain to ELSAs when specialist intervention is required:

First knowing whether this piece of work is within their remit because often I think actually the child needs some therapeutic input or a specialist agency to support them. When the ELSAs feel like ‘oh this is beyond something I can do’ I just remind them that there are specialist people who might be the best people for supporting that child. (EP 4)
4.1.2 Theme Two: EPs are a “font of knowledge”

4.1.2.2 EPs as skilful and knowledgeable container

ELSAs described their EP’s level of skill and knowledge as useful, enabling them to continually learn and improve their practice:

*EP supervisors are a fantastic first port of call just to say, ‘look is this right?’, you know, like, ‘what do you think?’. It’s very, very important for us ELSAs to be able to tap into their knowledge, kind of, they know so much that we can learn from.* (ELSA 2).

ELSAs viewed their supervising EPs as skilful and knowledgeable practitioners who are helpful for presenting new ideas and approaches to their ELSA practice. EPs were viewed as utilising their knowledge and experience to support ELSAs to continue developing their practice:
They are brilliant for coming up with different ideas. You know, you can get a bit stuck in your ways and end up using the same things over and over so having someone so skilful in the room is really useful. (ELSA 4)

The EPs described the imparting of knowledge as a less direct and more collaborative process and wished to avoid the 'expert model' in which they are transmitters of information. EPs discussed the use of a more collaborative, consultation style model, for example, by encouraging ELSAs to utilise psychological models and think more holistically about the child’s context:

Um, often in supervision we talk about emotional regulation and thinking about the child’s behaviour as a form of communication and thinking about models of resilience and stuff like that. We get the ELSAs to think more broadly about how the child is functioning… (EP 4)

While EPs felt confident in supporting ELSAs broadly, EPs reported feeling less confident in their knowledge and skills relating to DA and felt that while cases where DA is a factor are frequently raised in supervision, they felt relatively de-skilled in relation to this particular topic:

My ELSAs do talk about children who have experienced domestic abuse in supervision. While I obviously know lots of relevant theory and am used to thinking about children and their environments holistically, there are gaps in my knowledge about how to best support children who are experiencing domestic abuse. (EP 2)

In instances where guidance around DA was necessary, EPs described utilising applicable psychological theory to encourage ELSAs to think about how the child’s experiences may impact their behavioural presentation in the school setting:
If they start describing things that could be classed as DA then I guess I might offer psycho-education… for example with the hyper-vigilance why that child might be over-reactive to small triggering events and explaining and going over with them things like fight or flight response… or use models like the CBT model about how children are interpreting what appears to be a ‘nothing’ event to others but is a triggering situation for them. (EP 2)

4.1.2.3 Training and Continuing Professional Development

ELSAs spoke positively about their initial ELSA training and ELSA 1 described it as: “the best training I’ve ever had basically.” Other ELSAs described how the training shaped their practice across their TA role, beyond their ELSA tasks:

As the ELSA training progressed, I found I was looking out and listening a little bit more… it opened my eyes to be a little bit more aware of what the children were saying and what they were doing, um, yes, and how they were behaving. I think it was, um, yeah it was an eye opener. (ELSA 2)

All the participating EPs had delivered sections of the ELSA training and felt that a lot of it was applicable to working with children who had experienced DA, even though it is not specifically mentioned:

I think definitely there’s lots that is really relevant from the ELSA course and in the work that ELSAs do that would support children that are presenting with difficulties that are as a result of their experiences of domestic abuse. (EP 3)

While EPs had mentioned feeling relatively de-skilled when discussing DA specifically, they all felt confident to support ELSAs in applying the content of the ELSA training to DA cases:

I delivered a session on trauma that I think was highly relevant to domestic abuse. Understanding how a child that’s experienced domestic abuse is likely
to be very traumatised and might present with flight or fight responses at school. (EP 2)

EPs gave examples of topics covered in the ELSA training that could be applicable to working with children who had experienced DA and training on trauma and attachment was repeatedly mentioned as being particularly salient:

The impact that it (DA) has on their attachment style, you know, how these children will push boundaries and that actually those attachment difficulties are very difficult in the context of being an ELSA where probably the underlying thing is that you need to build a good relationship with the child.

(EP 2)

While ELSAs were positive about the training overall, they expressed that they didn’t find it to be reflective of the complexity of their caseload and viewed the psychological theory as interesting, but unhelpful in their practical application of the ELSA programme in these instances:

I’m not sure five days training is enough for what we end up dealing with. The training was good, but it doesn’t help a huge amount when we’re working with kids who have seen domestic violence at home or have parents who are on drugs… (ELSA 3)

ELSAs acknowledged that the psychological theories they had learned were revisited by their EPs in supervision which they found broadly useful. However, they found the theory harder to use in practice with children with complex needs:

The theories we learnt in the training and that my EP talks about in supervision can be useful but when you are practically doing the ELSA with kids who have a lot of issues then it’s a very different ball game (ELSA 3)
All participating EPs raised concerns that ELSAs were not able to remember much of the training, particularly as many ELSAs in the borough trained over ten years ago:

*Sometimes the previous training seems to get lost deep in the recesses of their minds. So, I think the ELSAs would benefit from more active, ongoing CPD.* (EP 4)

EPs explained that CPD was essential for maintaining the ELSAs knowledge of psychological theory and the ELSA programme. However, EPs expressed frustration that their increasing statutory workload reduced time available for supporting ELSAs in this way:

*We need more time so we can deliver the ELSA course more effectively. We have one CPD slot a year and I don’t think that’s enough. I’m forever putting forward a case to support them in that way. Access to CPD is really, really key for ELSAs* (EP 1)

Two EPs reported that in order to overcome this, some EPs on the team would deliver small training refreshers during supervision sessions to attempt to address the ongoing training need for the ELSAs:

*Some EPs do short little chunks of CPD in their supervision sessions so if an issue comes up repeatedly and they spot there’s a theme they’ll do a refresher* (EP 3)

The EP leading the ELSA programme explained that this was not best practice as supervision time should be maintained for ELSAs to discuss their case load. However, they acknowledged that this was a difficult decision for supervising EPs to make when their ELSAs had such little access to ongoing CPD.
4.1.2.4 Signposting

EPs described their role in empowering ELSAs to seek more information if necessary, signposting them to ask for additional information about a case if they require it:

*Often, I signpost the ELSAs to liaise with their SENCO or safeguarding leads when I think they need to share something, or they might need more information.* (EP 3)

EPs described utilising their awareness of LA services and charities to help schools access sources of specialist support for children who have been exposed to DA when their cases are raised by the ELSA in group supervision:

*I’m often discussing specialist sources of support with schools. At times with the ELSA stuff called specialist domestic abuse projects to say, ‘I know of a family who’s struggling with this, is this something you could support the school with?’ I’m kind of checking for myself if they’d be appropriate then forwarding the details on to the school. I suppose that’s another part of our role in terms of the signposting and actually verifying the agencies that can help* (EP 4)
4.1.3 Theme three: EPs “join up the dots”

4.1.3.1 “Naming it”

Participating EPs explained that ELSAs rarely used terms such as “domestic abuse” to discuss cases and instead used euphemistic terms such as “difficult home circumstances” (EP 3). EP 3 outlined that this was due to the sensitive and emotive connotations of the phrase:

ELSAs don’t typically bring cases where they directly name ‘this is a domestic abuse case’. They often don’t frame it that way… I feel abuse often feels like a powerful or emotive word so people can be hesitant about using that label…it can make people instantly think about perpetrator/victim dynamics and people want to avoid being accusatory. (EP 3)

EPs viewed part of their supervisory role in these cases as supporting ELSAs with “naming it” (EP 4). EP 4 explained how she would pick up on small statements or descriptions of DA and then focus on this to support the ELSA to see the child’s home circumstances as a relevant factor within their ELSA work:
Domestic abuse often comes up as a sort of aside… I’d usually then start to explore that a bit more with them because it’s an important factor in their understanding of the child they’re working with. (EP 4)

EP2 explained that as the ELSA training does not directly refer to DA, ELSAs are often unaware that it is DA that has occurred in the home environment:

It depends on how the ELSA defines domestic abuse… there have been a lot of cases where there it’s not immediately come to them that there had been domestic abuse… The psychology we teach in the training is applicable to domestic abuse, but it’s not explicitly named so the ELSAs can benefit from prompting. (EP 2)

This was supported by my own conversations with ELSAs in which there appeared to be little clarity about what is considered to be DA, with some ELSAs, for example, not classing exposure to inter-partner violence in the home setting as DA:

One child I know hadn’t experienced domestic abuse, but he had witnessed it. (ELSA 3)

4.1.3.2 Bridging theory and practice

In addition to naming or highlighting DA in cases that ELSAs bring to supervision, EP 3 discussed their role in supporting ELSAs working with children who have experienced DA in terms of “joining up the dots between events, experiences and behaviour” for ELSAs to support them to “make that link of when this is going on at home and what we see in our ELSA children”.

EP 3 suggested that EPs are uniquely placed to support ELSAs to make these connections:

As psychologists we, kind of make the ongoing link between theory and practice, whereas I think ELSAs perhaps don’t think as deeply about the
theory or the ‘why’, because they’re so time limited. You can’t blame them, they’ve got so much to do, it’s just about thinking how we can help them to do that. (EP 3)

They also noted that many topics covered in the ELSA training could relate to DA, but that the current case study examples for applying theory could be adapted to be more relevant to DA:

We teach topics that relate to DA… but it doesn’t explicitly make links between examples... I think they tend to be quite light touch examples, you know, like ‘you hear a noise in the night, is it a cat? Is it a burglar?’... (EP 3)

EP 3 also gave examples of how ELSAs could be further supported to make these connections through the use of DA-specific examples in the case studies used in the ELSA training:

I think those examples could be brought more to life. For example, an adult standing very close to a child might be triggering of an experience that has happened or a particular pitch or tone of voice might be triggering of a noise that Mum made when things were kicking off. I think those kinds of examples might help ELSAs to understand better where those children are coming from. (EP 3)

All EPs discussed regularly linking case discussions in supervision back to topics covered in the initial ELSA training:

I’m always aiming to bring it back to theory... I think quite a few of our ELSAs trained a long time ago, we’re talking 2010, so they need those reminders. You kind of help them make the links and support them to see how what they’ve already learned can be applied. (EP 1)
4.1.3.3 Avoiding the expert model

EPs and ELSAs viewed the EP supervisor and training role to be supportive for ongoing ELSA practice. However, a tension emerged between the ELSAs who perceived the EP to be an “expert” who passed on information and reassured ELSAs that they were doing the “correct” things:

*It’s very reassuring because at the end of the day she’s a professional. This is her absolute field of expertise and she was able to reassure me that what I’d done was correct.* (ELSA 2)

ELSAs appeared to gain confidence from interactions with an “expert” and discussed the supervisory relationship in more didactic, EP-led terms than their supervising EPs:

*We rely on EPs to be that font of knowledge… We need an expert.* (ELSA 4)

In contrast, all participating EPs described using a more collaborative, discursive and consultative model of supervision:

*Just for them to offload a little bit and to have a chance to question their thinking around the case, kind of like using the consultation model really.*

(EP 2)

All EPs referred to similar supervision formats in which ELSAs were encouraged to share their own ideas and experiences within the group before the EP perspective is offered:

*The surface level of addressing what they’re saying and using content from the ELSA course…helping them to on the surface plan for what they’re going to do… I would quite often in our group sessions I’d encourage others in the group to contribute ideas first…trying not to contribute ideas myself until we’ve exhausted what the group can offer.* (EP 3)
When EPs described their individual contribution to the supervision sessions, EPs thought of themselves as facilitators, and were keen to utilise the principles of consultation and avoid an “expert model”:

*Helping their understanding of what the impact might be and what it might look like. We help them to realise what they already know, what might be relevant and how they might apply it.* (EP 1)

EPs explained that they aimed to guide ELSA thinking through targeted questioning:

*Attachment, resilience, risk vs. protective factors... sometimes it’s good to encourage them to think broadly around their intervention with the child. You’re guiding their thought process through questioning.* (EP 2)
4.2 RQ2: What role do ELSAs and SENCos currently play in supporting children who have experienced DA through the ELSA programme?

4.2.1 Theme four – ELSA is a “safe space”.

4.2.1.1 ELSAs building warm, trusting and emotionally containing relationships

ELSAs were described by their supervising EPs as having considerable strengths in “empathy”, “patience”, “kindness” and “generosity” (EPs 1-4). EP 2 described ELSAs as going above and beyond their expected remit to support children in their care:

“ELSAs often end up giving up their own time and resources to let the child know they’re being kept in mind” (EP 2)

These skills and good will are utilised by ELSAs to build warm and trusting relationships with children they are working with who have experienced DA:
**ELSA was a safe space, a sort of opportunity to step back from what she was experiencing at home. It helped her to realise… there are adults out there who care, and school can be a safe place. I’m there if the children need someone to turn to or to help them deal with things.** (ELSA 2)

All participating ELSAs described the complexity of emotions that children who had experienced DA were contending with and their role as emotional containers for these children:

*To have total opposite feelings about her father which was total hate… she felt guilty for actually wanting to see him or wanting to make… a Father’s Day card but she felt guilty about it. The kids have to be able to trust you a lot to share feelings as complicated as that.* (ELSA 1)

EP 2 explained that ELSAs appear to form stronger emotional attachments to children who have had traumatic experiences such as DA:

*With domestic abuse, you’re potentially dealing with a traumatised child and ELSAs handle those sessions in a more nurturing way and have formed a strong emotional attachment to the child.* (EP 2)

ELSA explained that they tried to maintain warm and positive contacts with these children after their ELSA sessions had finished:

*We keep in touch afterwards, you know, just catch them in the playground or a thumbs up in the corridor.* (ELSA 2)

### 4.2.1.2 Safeguarding and disclosures to ELSAs

The warm, trusting and emotionally containing relationships that ELSAs form with children participating in the programme can lead to children feeling safe to disclose information to their ELSA:
“I worked with one little boy who we didn’t know was experiencing domestic abuse at home until he disclosed. By that stage he was sort of trusting me and we had a good relationship. Then it got to the stage that he disclosed” (ELSA 2)

Both SENCos explained that ELSAs often passed on safeguarding concerns as a result of disclosures or other information shared by children during their ELSA sessions:

> There have been many occasions where ELSAs have passed on information that they’ve been worried about… (SENCo 1)

All ELSAs appeared to be familiar with the safeguarding procedures within their setting and knew how to report concerns to their designated safeguarding lead:

> We’re always told at the start of ELSA with a child to make it clear that although the sessions are confidential, if we feel worried about them or someone else then we’ll need to tell somebody about it to keep them, or the other person safe. (ELSA 2)

ELSA 2 explained that she felt a heightened awareness of the safeguarding procedures when working with children who have experienced DA:

> When there is… domestic abuse, I’m then also very conscious of procedures to follow so if anything is disclosed, I’ve got to be mindful about, um, you know not asking leading questions and keeping a record and informing the SENCo so it all just becomes a little bit more formal. (ELSA 2)

However, ELSA 2 described previously feeling a tension between encouraging children to share their experiences in ELSA session and the expectations around sharing information that they are concerned about with their school’s designated safeguarding lead:
That's the thing that I struggled with you know on the one hand we’re saying to children open up, tell us what you want to tell us. I’m here for you, oh but by the way if you tell me something that I’m a bit worried about I’ve got to go and tell somebody else. (ELSA 2)

Despite this tension, the ELSA was clear that they always followed safeguarding procedures regardless of whether they felt on some level that they were betraying the trust of the child.

### 4.2.1.3 The weight of responsibility

ELSAs unique, warm and trusting relationships with children that can lead to safeguarding disclosures can result in ELSAs feeling concerned about the responsibility of being a figure of trust for a child who may require support and protection:

*They’ve built a trusting relationship with a child and then this child is disclosing a lot to them. It definitely makes the ELSA feel slightly worried.*

(SENCo 2)

ELSAs described that their ELSA sessions with children with complex home lives could be emotionally loaded which was difficult for the ELSAs to emotionally contain:

*S有时候 it’s not particularly happy stories we hear… In the cases where there have been things like domestic abuse it’s an awful lot for an individual to hold.* (ELSA 2)

ELSAs described working with children who were experiencing a range of complex and potentially traumatic factors within their home lives:
There’s a lot of difficult home situations like drug and alcohol addiction as well as domestic abuse. There was one girl who was distraught because her cousin had been shot. There’s a lot that we listen to. (ELSA 1)

ELSAs reported that in these instances they felt a weight of responsibility and discussed feeling negatively emotionally affected by cases where children had experienced DA or other negative life experiences:

The hardest ones are bereavement and domestic abuse. They’re the ones that have really upset me and I’ve found really, really hard to deal with… I have no experience of these problems that the children go through. I find it really difficult to relate. I can imagine, but I don’t know really. (ELSA 3)
4.2.2 Theme five: Multi-professional working – “It’s an army not a soldier”

4.2.2.1 The role of the SENCo

The creation of the EP’s Rich Picture led to a discussion outlining who the key figures were within the ELSA programme and the differing strength of connections within those relationships. The EPs depicted the web of connections between individuals involved in the ELSA programme using a series of lines. The thicker the line, the closer the connection between the named people. EPs discussed how families were often left out of the ELSA process beyond the initial referral. EPs also identified that the family and the professionals around the child were often reliant on one individual coordinating and maintaining the connections necessary for the running of the ELSA intervention. As this individual differed between schools, depending on who was running the programme, this was depicted through the use of the pink and yellow lines indicating the coordination and connection between these parts. EPs discussed that this coordinating role was often the SENCo, which could
lead to inappropriate referrals for ELSAs if SENCos did not fully understand the programme. The EPs noted that SENCo knowledge of the programme is an important, but often under acknowledged factor in the effective running of the ELSA programme.

**Figure 6.**
*Rich Picture Image Two.*

Both SENCos interviewed were responsible for coordinating ELSA within their respective schools. However, they explained that they had received no training or information about the programme, instead explaining that they had to learn about ELSA independently after the school had bought into the programme:

*ELSA is just something that I've had to learn about as we go really.*

(SENCo 1)

The SENCos both described their coordination of the programme as a key element in connecting stakeholders and saw their role as “drawing the circle back together” (SENCo 1). Orchestrating the ELSA programme included speaking to parents, class teachers and parents who would not necessarily communicate independently:

*I’ve often spoken to the parents before we start ELSA and they share information, which I can line up with what’s been said by the class*
teacher…and take that information back to the ELSA, back to the class teacher, you know, all of those kinds of things. (SENCo 1)

The participating SENCos were both designated safeguarding leads and were responsible for producing ELSA referrals:

As a DSL and ELSA coordinator I’m working out what information should be shared and then working out what support the ELSAs need to do their jobs.

(SENCo 2)

SENCo 1 described also providing an interim supervisory function for their ELSAs as they felt they needed the emotional containment and guidance more frequently than the half-termly sessions provided by their EPs:

We talk about how things are going and how they’re feeling and then I speak with them two or three times a week… they do need quite a lot of time which is understandable. It’s a bit like another mini supervision type-thing, holding some of their worries when it will be a while until they next see their EP.

(SENCo 1)

Both SENCos noted that the ELSAs frequently worked with children who had experienced potentially traumatic experiences, such as exposure to DA, and felt that it was difficult to strike an appropriate balance between the confidentiality of the safeguarding information they held and how much ELSAs needed to know in order to optimally conduct the ELSA intervention:

Those cases are significant in terms of safeguarding wise… I will make sure I sit down with that ELSA and prepare them and give them the information they need and then you know, obviously give them the time they need to think about and plan where they’re going to start and what resources they need.

(SENCo 2)
The SENCos noted the tension between the confidential nature of the safeguarding information they held as the Designated Safeguarding Leads and how much information should be shared with ELSAs. While the SENCos noted that information sharing about DA is important for ELSA session preparation, they noted that not all information is shared with them:

*But with DV cases, it’s more significant.... Obviously, I don’t give them every single layer of information if it’s confidential, but you know, these are the headlines. So that way they’re prepared, and nothing comes as a particular surprise in any of their sessions.* (SENCo 1)

However, several EPs perceived ELSAs to receive inadequate levels of information in the referral forms shared with them by SENCos:

*I think quite a lot of the ELSAs seem to have quite poor communication in the referrals being given to them.* (EP 4)

### 4.2.2.2 Layers of support

SENCo 1 explained that in cases where children have experienced DA, in the first instance the child would first be referred to a local programme that supports children who have been impacted by DA (the programme utilised therapeutic approaches such as play therapy and practical approaches such as family and individual safety plans). After the completion of this specialist programme, she would then engage the children in the ELSA programme in school:

*I think the ELSA training is great, but I think that it’s so broad and I think that area is really quite specific. So, I would tend to go for the XX programme first for those children then step it down to ELSA.* (SENCo 1)
SENCo 2 expressed that for many children who have experienced domestic abuse, ELSA would not be the most appropriate intervention as ELSAs are not trained highly enough for this type of work.

*I feel that ELSAs wouldn’t have enough training and knowledge for how to deal with it and how to support that child. I think that’s quite a lot to ask of them.* (SENCo 2)

Both SENCos also outlined working with a range of services in relation to children who had experienced DA including social workers and police. Both SENCos perceived the communication between these services and the school to often be less effective than it should be, particularly when services were in different London boroughs. EP 2 outlined the challenges of multi-agency working and noted that ELSAs could be utilised in some multi-agency work, such as ‘Team Around the Child’ meetings:

*Ideally cases like this should ideally have a team around the child approach.*

*In terms of TAC meetings, our involvement with a child can at times be quite finite, and that actually the ELSA can be better placed to feedback to professionals about how a child is doing day to day.* (EP 2)

ELSAs described gleaning much support from their ELSA colleagues across a range of schools in the borough having met through training and their ongoing group supervision:

*It makes you feel like we’re all in this together, you know. It’s a club we all belong to so that we can be supported and know that the problems we’re dealing with aren’t necessarily unique...* (ELSA 3)
EPs also expressed that ELSAs benefited from the additional layer of support provided by membership of collaborative ELSA supervision groups that provided emotional containment and practical resource sharing:

*I find that the ELSA groups that work best are the ones where they have established strong bonds between them. I know that in one of my groups they trained together and though they’re all from different schools they set up a Whatsapp group, they keep in touch, they regularly exchange resources…*

(EP 3)

### 4.2.2.3 School staff collaboration

Within the school setting SENCos explained that the trained ELSAs would often provide practical and emotional support for each other outside of the wider ELSA community:

*We’re really lucky to have two ELSAs because often they support each other and share ideas which works really well.* (SENCo 2)

SENCo 1 explained that ELSAs played a role in raising awareness about children’s social and emotional wellbeing across the school, not just within their ELSA work. As such, their skills are drawn upon by their colleagues:

*They’re so knowledgeable and well respected in the school they’re also drawn on by all of the staff. Other staff members will come to them and say, ‘I’m looking for activities to help with this emotional/social thing’. Often, they’ll go straight to the ELSAs for those things, rather than coming to me.* (SENCo 1)
4.3 RQ3: What are the barriers to EPs supporting ELSAs working with children who have experienced DA?

4.3.1 Theme six: Barriers to EPs supporting ELSAs working with children who have experienced DA.

### 4.3.1.1 Fidelity to intervention

In order for EPs to support ELSAs who are delivering the programme to children who have experienced DA, they need to be sure that ELSAs and schools are being faithful to the ELSA intervention and using it as intended, with children that are appropriate candidates. However, several ELSAs outlined that they were not doing “proper ELSA” (ELSA 1) as they were using ELSA techniques but over extended periods of time:

“I saw her for pretty much a whole year. We should be doing ten-week blocks”

(ELSA 1)

ELSAs explained that the length of their ELSA interventions was often prescribed by the SENCo who oversaw the ELSA programme and wanted it to be used flexibly. SENCo 2 explained that their decision to frequently adapt the ELSA programme was
based upon the number of children who required interventions to support their social and emotional wellbeing:

“It’s actually about having the capacity which is why we do a lot of group work that isn’t pure ELSA because of that. We have to maximise the number of children that can receive support.” (SENCo 2)

SENCo 1 explained that the ELSAs were, at times, used to provide respite for staff in the absence of other alternatives:

We’ve got a child who’s having ELSA twice a week and I mean one of those is just respite for his teacher. He’s just so anxious and it’s just draining so much time and attention from the teachers about his worries at the moment that it’s basically a time to give the teacher a rest so they can concentrate on the other children. (SENCo 1)

EPs explained that they had previously discussed concerns about fidelity to the ELSA intervention as a team and worry that some schools may treat ELSA as a catch-all mental health intervention:

One of my concerns at times about the ELSA programme… is actually teaching schools and school leadership about what the ELSA programme is. I think there’s a loose understanding that ‘this is a mental health-based thing so we’ll ELSA that’, in a kind of tokenistic way. (EP 2)

ELSAs reported feeling under pressure from SENCos and school senior leaders to produce unrealistic outcomes with pupils who are have complex needs:

The targets we work on should be tiny but often they’re not. You have this child and, um, you’re basically being asked to fix them. You can’t. It’s impossible. (ELSA 3)
One ELSA described a directive from a SENCo to adapt the prescribed delivery of the ELSA programme to provide the school with progress data to enable assessment of the effectiveness of the intervention with pupils:

The SENCo was saying they needed to prove the impact of my ELSA and so then we started doing online ‘Boxall Profiles’… at the start of the six weeks you do a profile, and you stop you wait for half a term to see the impact and then before you start again… (ELSA 1)

ELSA 1 explained that he is judged on the progress indicated by the measures the school has selected and, at present, the progress is deemed inadequate:

That is meant to show the progress and I have to do a half termly report on how I think it’s gone. My progress. But even now I’m still not showing enough progress in the classroom. (ELSA 1)

The EPs seemed conscious of the pressures ELSAs are under from senior figures within their schools and explained that this has been raised in supervision by some ELSAs. Therefore, EPs felt they needed to reassure ELSAs that the programme may be helpful, but it is not a ‘fix’ and isn’t always the most appropriate intervention for some children:

I think that ELSAs can feel that pressure from the SENCo or whoever, to fix the problem for the child and often I’m reminding them that this is a very complex, very traumatic situation that requires more specialist therapeutic support. (EP 4)

4.3.2 Least qualified working with the most vulnerable

Another barrier EPs face in supporting ELSAs working with children who have experienced DA is the ELSA’s level of skill, experience and confidence. One ELSA re-iterated that she had not attended higher education and was aware that her level
of training did not prepare her for working with children who faced complex
difficulties:

I don’t want to put us down but we’re just TAs, we didn’t go to uni or anything.
I’m skilled at ELSA but I feel unskilled sometimes that I don’t have enough
background to be able to help a child with those, you know it’s a really
complex problem. (ELSA 3)

ELSAs discussed feeling that they were not the appropriate professional to be
working with children who had experienced DA or another complex cases:

When I work with those cases I think I’m always conscious I suppose as an
ELSA that I’m not, although I’m trained as an ELSA, I’m not a sort of health
care professional. (ELSA 2)

However, ELSAs explained that, as far as they were aware, ELSA was the only
intervention some children who had experienced DA were receiving, which they felt
was insufficient:

I think a six-week intervention from us with a child with such complex
problems is not enough. It can’t be just us. (ELSA 3)

EPs raised concerns that ELSAs were being expected to provide support for children
that was beyond their remit as a result of SENCos and Senior Leaders being unclear
about the role of the programme and the level of training the ELSAs receive:

I think ELSAs feel under pressure sometimes to be seen as a pseudo-
therapist in the school. Um, which they’re clearly not and it’s making it clear
what they can and can’t do and that needs to be communicated around the
school as well. (EP 1)

EPs explained that they would like to support ELSAs dealing with complex cases,
such as children who have experienced DA, through providing appropriate and
regular CPD for ELSAs after their initial training period. However, they reported that the EPS, like many throughout the country, were unable to provide additional time for this due to the high demands of increasing levels of statutory casework, reducing the time available for EPs to engage in other types of work, such as delivery of training:

So, I’ve been trying to put forward a case for extra time for… since I’ve been doing it basically and in more recent years the statutory demands have been so high that we’ve kind of agreed things like CPD and then haven’t been able to deliver it. There are so many competing demands. (EP 1)

4.4 RQ4: What are the implications of the findings of RQ1-3 for EPs who are involved, now or in the future, in the ELSA programme?

Figure 7.

Rich Picture Image Three.

EPs then explicitly explored the barriers they faced in supporting ELSAs working with children who have experienced DA. Through discussion, the EPs agreed that these barriers were equally weighted, and each formed a part of the overall barrier, which they chose to pictorially represent as a series of bricks in a wall.

The EPs highlighted the following barriers or ‘bricks’ in their wall image:
a) Fidelity to intervention & potential over-utility of the ELSA programme

EPs discussed how they felt that ELSA could, at times, be over utilised by schools as a ‘catch-all’ SEMH intervention and that the fidelity with which the programme was delivered differed by institution, with some schools choosing to deliver an ELSA style intervention over a sustained period of time, rather than as a discrete 8-12-week intervention.

b) Appropriateness of referrals and knowledge of the programme & information sharing.

EPs felt that the referrals that ELSAs received were not always appropriate. For example, children may be referred to ELSA when a more specialist intervention is required. EPs felt inappropriate referrals often stemmed from SENCo and school senior leaders lacking knowledge of the ELSA programme and from limited alternative options for supporting these children. The amount of information shared with ELSAs through the referral programme was also flagged as a concern.

c) Time, money & conflicting demands

An additional factor in the over-utilisation of the ELSA programme identified by EPs was the budgetary constraints faced by schools who, as a result, were reliant on maximising the interventions they already have in place, regardless of fidelity to the intervention. EPs also noted tight LA budgets as barriers to their own role within
the ELSA programme as they were unable to be granted additional time within their work allocations to provide ongoing CPD for ELSAs and were not able to have time reimbursed for extra hours spent delivering ad-hoc supervision sessions for ELSAs that were in need of additional support.

d) Are the least qualified being asked to support the most vulnerable?

EPs discussed how, potentially, as a result of inappropriate referrals and budgetary constraints, ELSAs were asked to support children beyond their scope of training and experience. EPs considered that ELSAs, who are TAs, receive little to no academic training and are often reliant on their soft skills, such as empathy, when working with pupils. EPs discussed whether the least qualified were, at times, being expected to provide the sole SEMH intervention for very vulnerable children, including those who have experienced DA.

e) Weight of Responsibility for ELSAs

EPs were aware of the pressure that ELSAs feel to support vulnerable children engaging in the ELSA programme, such as those who have experienced DA, particularly as ELSAs are aware that they are not appropriately trained or sufficiently experienced to be working with some pupils.

These barriers were also highlighted by EPs in their CATWOE analysis (please refer to appendix 12).
4.4.1 Implications for EP practice: Action Planning

As a part of the ‘action planning’ facet of the SSM approach, the participating EPs presented a range of possible methods through which EPs could work around the aforementioned barriers to supporting ELSAs working with children who have experienced DA.

EPs discussed a number of practical and easy-to-implement strategies that could be useful for the EP ELSA team to utilise, including the following:

- A formulation framework for ELSA supervision sessions to support the exploration of complex cases, such as with pupils who have experienced DA:

  ...a framework could be helpful for supervision discussions. Um, you know like the layers of what we’re doing. Almost like a formulation framework, I guess. So, it’s like, what are the presenting concerns, I’m thinking of like the ‘5 Ps’ framework actually… (EP 3)

- A visual resource pack of key theories to support the supervision of complex cases such as those involving DA:

  EPs might benefit from having a visual resource pack of like the key theories that we would use in our ELSA work. I’m thinking of like the CBT triangle, or the hot cross bun, and then like a visual about attachment, or attuned interaction, just like really simple, colourful… just so when an ELSA is bringing a case we could easily say ‘which of these theories do you think are most relevant here? (EP 3)

- The inclusion of DA in training to support the identification and naming of DA as an issue within ELSA work:

  There could be more that names it (DA) more explicitly. Um, and helps ELSAs make that link of when this is going on at home, this might be what we see in our
ELSA children and here’s what we could do. Making that link. I think making the links, or joining the dots could probably be made more explicit within the ELSA training. (EP 4)

- The creation of a short video to explain the ELSA programme and how to make appropriate referrals that could be sent to SENCOs, Senior Leaders and ELSA coordinators. This could mitigate the difficulty of these groups not attending or forgetting the information from the EP-led training on the ELSA programme. This video could be shared annually as a reminder of the appropriate use of the ELSA intervention.

If we were to make a video that explained all that, like the purpose of ELSA, which students are suitable for the intervention and how to make referrals, then we could direct staff members to that when necessary and it would be a cost-efficient way of the service getting that information out there. (EP 2)
Chapter Five: Discussion

This thesis explores the perspectives of key professional stakeholders in the ELSA programme (ELSAs, SENCos and EPs) from London Borough X. The research indicated a variety of current EP practice that supports ELSAs and a range of tensions that acted as barriers to EP support for ELSAs working with children who have experienced DA. The following discussion will explore the links, interactions and tensions that emerge in my research between the broad societal climate of austerity, government proposals for schools to meet an increasing frequency of SEMH need, the use of the traded model for EP services and schools’ utilisation of the ELSA programme. My research indicates that none of these factors can be adequately considered in isolation, instead highlighting the interrelations between these factors, in keeping with Bronfenbrenner & Morris’ (2006) P-P-C-T model.

The RQs for the study were:

- RQ1: What role do EPs currently play in supporting ELSAs who are working with children that have experienced DA?
- RQ2: What role do ELSAs and SENCos currently play in supporting children who have experienced DA through the ELSA programme?
- RQ3: What are the barriers to using the ELSA programme with children who have experienced DA?
- RQ4: What are the implications of the findings of RQ1-3 for EPs who are involved, now or in the future, in the ELSA programme?
In the process of reviewing the research findings to write this chapter, I represented each finding on a post-it note which I arranged to provide a visual support to aid my development of a clear narrative. However, through utilising this process to develop the narrative of this chapter, it became apparent that the findings for RQs 1-3 are imbricated. I had inadvertently conducted an additional layer of thematic analysis that arranged my findings into four over-arching meta-themes:

- ‘The ELSA-child relationship’
- ‘EPs are a safety net for ELSAs’
- ‘The impact of Austerity Policies’
- ‘Is ELSA the right intervention for children affected by DA?’

I find these over-arching meta-themes to be supportive of the narrative that emerged from my data, therefore I will use these overarching meta-themes as headings throughout the following chapter and will indicate which RQs they relate to. The meta-themes will be mapped onto Bronfenbrenner’s P-P-C-T model (Bronfenbrenner & Morris, 2006) and will also be linked to prior research and salient theory. The strengths and an outline of the unique contribution of knowledge this study provides to the field will be presented, followed by the limitations of this study. The chapter will conclude with implications for professional practice (which will address RQ4) and suggestions for directions of future research.
5.1 Outline of Key Findings

5.1.1 The ELSA-child relationship

The meta-theme ‘The ELSA-child relationship’ addresses both RQ1 and RQ2 as indicated in each sub-section.

The ELSA-child relationship is an important proximal process (Bronfenbrenner & Morris, 1998); it is an influencing factor in the development of the child. This relationship is defined as such because the ELSA is situated within the child’s microsystem. In line with the P-P-C-T model, ELSA sessions can be viewed as micro-time (Bronfenbrenner & Morris, 1998) as they represent a specific episode of a proximal process. The repetition of ELSA sessions over a sustained period of time means that the nature of the interactions and the processes within them are of interest as they can impact the development of the child.

5.1.1.1 ELSAs providing Emotional Containment

The following section addresses RQ2:

The proximal process (Bronfenbrenner & Morris, 1998) of the ELSA-child interactions encompass the building of emotionally containing relationships in which ELSAs routinely listen to the concerns, experiences and emotional needs of the children they are working with. EPs explicitly named this process as “emotional containment” (Bion, 1961). ELSAs did not name this psychological theory directly, however, descriptions ELSAs provided of the relationships they formed with the children they worked with appeared emotionally containing for the pupils. My findings support Nicholson-Roberts’ (2019) conclusions that Bion’s (1961) principles of emotional containment is one theory of school-based relationships that is applied in ELSA-pupil interactions, providing a vital facet of the development of pupil wellbeing for secondary school pupils. The relational processes between ELSAs and childen
participating in the programme has also been previously explored in primary school settings; Hills (2016), suggested that children value opportunities to discuss their feelings, indicating the importance of the therapeutic ELSA-child relationship. The findings of this study support Hill’s (2016) and Nicholson-Roberts’ (2019) conclusions and provide evidence for the importance of relational processes, particularly emotional containment, in ELSA work with children who have experienced DA.

5.1.1.2 ELSA as a trusted adult in school

The following section addresses RQ2:

The research findings indicated that the emotional containment provided to children is supported by their ELSA’s personal characteristics and soft skills. Participating EPs and SENCoS positively described the personal characteristics of the ELSAs they had encountered, and these aligned with the skills outlined as essential for practising ELSA effectively (Burton, 2009; Burton, 2018). EPs and SENCoS explained that these personal qualities were utilised by ELSAs to form attuned and trusting relationships with the children they work with and noted that these relationships were a facilitating process, which has been previously recognised in the research of Hills (2016) and Nicholson-Roberts (2019). The importance of positive and trusting ELSA-child relationships has been further highlighted in a range of prior research (Barker, 2017; Mcewen, 2019; Miles, 2015).

Participating ELSAs, SENCoS and EPs indicated that when a child accessing the ELSA programme has experienced DA, they are more likely to require a nurturing and emotionally containing relationship with their ELSA than other children. All participants agreed that it was important for children affected by DA to have an adult in school whom they could trust and build an empathetic and nurturing
relationship with, which Thornton (2014) outlined is important to children. My findings provide support for Bergin & Bergin's (2009) suggestion that teacher-child relationships are key for children to feel safe and able to learn. However, building positive, trusting relationships with children who have experienced DA may be more difficult (McCloskley & Lichter, 2003), as children affected by DA are more likely to have difficulties forming positive relationships with others due to their diminished understanding of social contexts (Sterne et al. 2010; Sousa et al., 2011). It is therefore essential that children who have experienced DA are given opportunities to work on their social skills and build trusting relationships, something which the ELSA programme could potentially provide through intervention targeted at social and emotional skills and the opportunity to build a one-to-one relationship with an adult in school.

ELSAs described their ELSA sessions as a “safe space” in which trusting relationships were built. EP 2 suggested that ELSAs they had worked with handled DA cases in “a more nurturing way” and outlined that the ELSAs tended to form strong emotional attachments to children who have experienced DA. However, several ELSAs reported that these pupils had become “reliant” on them and were seeking frequent additional emotional support beyond the ELSA intervention. My findings build upon the research of Nicholson-Roberts (2019) and Fairall (2020) who both outlined the risk of pupils becoming over-dependent on their ELSAs. This is particularly salient for children who have experienced DA as prior research indicates that these children are more likely to find it difficult to recognise and express their emotions and are more likely to have difficult relationships with parents (Levendosky et al., 2006). The difficulty these children face in recognising and expressing emotions may make the ELSA relationship of heightened importance as it allows
them space to express their emotions to a trusted adult who has received training in supporting children to recognise and express their emotions: something they may not receive otherwise. While the unique position of the ELSA may be a valuable asset for supporting children in school who have experienced DA, this must be weighed up against the potential for children becoming over-dependent on the ELSA relationship.

All ELSAs discussed how the warm, attuned and trusting relationships they had built with pupils who had experienced DA facilitated these children disclosing safeguarding information to them. The ELSA-child relationships also facilitated discussions of complex and difficult feelings that had arisen for the children. These findings support Ellis’ (2012) suggestion that school staff’s relationships with pupils and knowledge of them as individuals are useful tools in effective safeguarding as school staff that know a child well are able to note differences in behaviour or demeanour which can be key in spotting signs of DA. Furthermore, my research builds upon Ellis’ findings, indicating that these relationships enable children to feel secure enough to make DA disclosures. All participating ELSAs outlined a clear understanding of, and adherence to, their school’s safeguarding policies and described passing on information to the school’s DSL in line with DfE guidance (2016).

5.1.1.3 The ELSA’s need for emotional containment

The following section addresses RQ1:

Gorin’s (2004) findings indicate that children who have experienced DA wish to build relationships with adults they can trust to discuss the DA they have experienced. My findings mirrored this, as ELSAs described hearing safeguarding
disclosures and having emotionally loaded conversations with children who have experienced DA and other traumatic experiences as "an awful lot to hold". This is in line with Nicholson-Roberts’ (2019) and Fairall’s (2020) suggestion that the emotional containment involved in the ELSA role could lead to emotional exhaustion for ELSAs. My findings indicate that the emotional load for ELSAs is heightened in instances where they are working with children who have experienced DA, which they felt took the highest personal emotional toll alongside issues relating to bereavement.

ELSAs reported that they found cases involving DA or bereavement took the highest personal emotional toll and outlined that they had felt that they were not adequately trained to undertake the ELSA programme with children who had experienced DA, which is similar to Thompson, Trice and Black’s (2012) findings. This indicates, as suggested by Refuge (2008), that effective training for school staff on DA would be beneficial and important as school staff are often the first line of defence in supporting children who have experienced DA. My findings indicate that, as the first line of support for children who have experienced DA, school staff members are likely to require emotional support, in addition to practical training, which can take the form of emotional containment within the EP-ELSA relationship (discussed in section 5.1.2.1).

5.1.2 EPs are a safety net for ELSAs

The meta-theme ‘EPs are a safety net for ELSAs’ addresses both RQ1 and RQ3 as indicated in each sub-section.

The P-P-C-T model (Bronfenbrenner & Morris, 2006) posits that factors that only tangentially interact with the child; for example, those within their mesosystems
or exosystems, can shape their lives if the processes in these different systems happen frequently. This is borne out in the role that EPs play in the training and supervision of ELSAs. The ongoing exchanges and relationships built between EPs and ELSAs fall within the child’s mesosystem. The mesosystem refers to the communication between the child’s microsystem (which the ELSA sits within) and the child’s exosystem (which the EP sits within).

The more frequent the process, the larger the impact on the child’s development (Bronfenbrenner & Morris, 1998). Therefore, the EP role in supporting the child receiving the ELSA intervention may not be direct yet can still be influential. My findings indicate that the impact EPs have on the development of a child experiencing DA and receiving the ELSA intervention is more significant than the impact they would have on a child who had not experienced DA. ELSAs and EPs participating in my research outlined that the training and supervisory process was highly important for these cases and EPs were more actively and frequently involved in supporting ELSA with this type of case work. I will now outline the forms of additional support, or “safety net”, provided to ELSAs by EPs in these instances.

5.1.2.1 EPs providing emotional containment for ELSAs

The following section addresses RQ1:

All participating stakeholders in the ELSA programme perceived EPs to act as a “safety net” for ELSAs in a variety of ways: firstly, as a layer of emotional support for ELSAs within their role as supervisors. According to Bion’s (1985) ‘Container and Contained’ model, just as the children who have experienced DA benefit from the emotional containment of their ELSA, in turn, their ELSAs require emotional containment of their own as a result of these emotionally taxing interactions. This is
particularly important as ELSAs voiced that their interactions with children who have experienced DA had caused them to feel “upset” and “out of whack” for the rest of the day, which is akin to Hulusi & Maggs (2015) finding that there was a negative impact on teachers’ work when they felt emotionally uncontained. Fairall (2020) suggested it is imperative that ELSAs emotional wellbeing is supported and that they themselves are emotionally contained in order to conduct their ELSA role effectively. My findings additionally suggest that this is particularly necessary for ELSAs working with children who have experienced DA as ELSAs find this to be particularly emotionally taxing.

ELSAs and SENCos reported that the half-termly EP-led supervision sessions were a vital tool in supporting ELSAs emotional wellbeing, and all spoke positively about supervision being a “safe space” in which they had the opportunity to “offload”. One SENCo discussed how the ELSA supervision groups made sure the ELSAs in her school were “not the last ones holding everything” and explained that the ELSAs spoke positively about this function of the EP-led supervision sessions. One EP noted that ELSAs often felt more secure talking to EPs about DA cases as they are “outsiders”, and not intimately involved in the close-knit primary school communities. These findings support previous research (McEwen, 2019; Nicolson-Roberts, 2019) which indicated that EP-led supervision is supportive for ELSAs and that ELSAs felt better equipped to support pupils as a result of supervision (Osborne & Burton, 2014) and build upon these findings, demonstrating that support from a professional external to their school setting enabled ELSAs to more freely discuss cases that involved DA without being constrained by potential stigma associated with DA in the school community.
In addition to the recommended EP-led supervision (Burton, 2009, 2018), both participating SENCos described having weekly informal discussions with ELSAs about their ELSA work. These discussions covered practical and managerial content. However, SENCos described an additional function of “holding their worries” until ELSAs were able to access EP-led supervision. These findings are similar to those of Nicholson-Roberts (2019), who indicated that ELSAs were accessing informal supervision within their school settings and suggested that EP attention should be paid to ensure any additional supervision that ELSAs receive is best practice and in line with the guidelines provided by the BPS (2017) for effective and ethical supervision. However, Nicholson-Robert’s (2019) conclusions do not question whether the need for interim, informal supervision sessions is indicative of EP-led supervision being too infrequent. The half-termly supervision sessions provided by EPs in London Borough X may not be frequent enough considering the regularity with which ELSAs in the borough are encountering DA or similarly complex cases that require an increased level of EP guidance.

ELSAs, EPs and SENCos explained that the ELSA-EP relationship is a crucial factor in the support that EPs are able to provide to ELSAs. All ELSAs spoke warmly of their EPs, with whom they reported having positive relationships in which they trusted their EP to listen and support them to find solutions to their questions through jointly exploring cases. ELSAs voiced that they felt empowered to deal with a variety of cases through the support they received from their EP. Each ELSA also used the phrase “my EP”, suggesting a personal relationship with their supervising EP and a sense of ownership of the supervision process. These findings support Osborne &
Burton (2014) who found that most ELSAs felt they had a good relationship with their EP supervisor and supervision group, and that the supervisory process enabled them to practice more effectively. My findings built upon this research, as ELSAs and SENCos reported that feelings of security and containment within supervision were reliant on the group dynamic and effective EP management of the group supervision sessions, ensuring each ELSA felt comfortable and had an equal opportunity to speak. Participating EPs also noted that supervisory dynamics could be “challenging to get right” in some ELSA groups, which could have a detrimental effect on the supervision, indicating that running effective ELSA supervision process is not only reliant on positive relationships, but also on EP’s careful management of ELSA group dynamics. When ELSAs do not feel equally heard, they may find it more difficult to gain appropriate levels of guidance on complex cases, such as those involving DA.

5.1.2.2 EPs provide practical and procedural support

The following section addresses RQ1:

In addition to supporting ELSAs’ emotional wellbeing, EPs were also perceived to be a “safety net” for ELSAs by providing practical and procedural support. ELSAs explained that when working with children that have been exposed to DA they felt additional pressure to be mindful of the child’s context in ELSA sessions and to ensure they were passing on any pertinent safeguarding information effectively. EPs noted that they were able to use supervision as an opportunity to advise ELSAs when they needed to report something as a safeguarding concern if they had not done so already. All ELSAs described seeking additional support from their EP in instances where they were working with children who had experienced DA; this frequently took the form of additional one-to-one telephone supervisions in
which ELSAs could discuss the case in more depth, which ELSAs felt provided them with the “security” that they were doing the “right things”.

For complex cases, such as those in which children have encountered DA, EPs described providing important “next steps” for ELSAs. EPs explained that an important facet of their supervisory role is to ensure that the referral the ELSA has received is “within their remit” and to signpost ELSAs when “the child needs some therapeutic input or a specialist agency to support them”. In these instances, EPs reported that they would let ELSAs know when these “next steps” were required, for example, requesting for ELSAs to return to their SENCo or ELSA coordinator to explain that the case was not appropriate for the ELSA intervention. EPs also explained that they would ask ELSAs to speak with their SENCo if they felt that insufficient contextual information had been provided about the child. EPs reported that they frequently felt that the information shared was insufficient for the ELSA to carry out their intervention effectively. These findings show that the ELSA programme as it is applied in practice sometimes deviates from Burton’s (2019) advice outlining that ELSAs should be included in conversations and decisions relating to referrals. In practice, in Borough X, SENCos and ELSA coordinators are making these decisions independently from ELSAs. This finding is supported by research conducted by Leighton (2015) and Fairall (2020) who found that ELSAs are not included in the conversations and decisions made about referrals.

The lack of ELSA involvement in the referral process can be problematic as my findings indicated that the SENCos coordinating the ELSA programme had not received any specific training on the ELSA programme; instead, they described
learning about the intervention “as we went along”. This supports Fairall’s (2020) findings that ELSA coordinators held misconceptions about the ELSA role and lacked understanding in how the ELSA programme differed to other SEMH interventions. Fairall (2020) suggested that the provision of a link EP to consult with key ELSA stakeholders when schools are beginning to implement the ELSA programme. However, my findings from the EP focus group CATWOE analysis and action plan tasks indicated that EPs felt that there had been poor uptake and attendance from SENCos and other ELSA coordinating staff at training events designed to inform schools about the programme and their role, indicating that EPS’ may have to adapt their usual methods of informing ELSA coordinators and school leadership about the ELSA programme.

5.1.2.3 EPs Supporting the Application of Psychological Theory

The following section addresses RQ1.

Another key facet of the “safety net” provided by EPs is the psychological theory shared by EPs through training, CPD, and supervision. All participating ELSAs spoke positively of their ELSA training, and felt they had learned about a variety of psychological theory. However, the ELSAs unanimously noted that they did not feel the training adequately prepared them for working with children who had experienced DA, indicating that they did not feel suitably prepared for working with children with complex needs despite regularly encountering children who had been exposed to a variety of difficult situations in their home lives. These findings challenge those of Grahamslaw (2010) who indicated that ELSAs had increased self-efficacy after completing their initial training. It does, however, support those of Rees (2016), Begley (2016) and McEwen (2019), who suggested that ELSAs lack confidence in their role. As noted by Nicholson-Roberts (2019), each ELSA case is
novel, thereby presenting different challenges to ELSAS and meaning that their sense of self-belief may not be stable, instead shifting with the difficulty each case. My findings furthered Nicholson-Roberts position by indicating that specific types of ELSA cases, such as working with children who have experienced DA, can have a detrimental impact on the ELSAs perception of their competency. Nicholson-Roberts suggested that frequent EP support was essential for ELSAs who are feeling uncertain and my findings indicate that this is particularly crucial for ELSAs working with children who have experienced DA.

This dissemination of psychological theory was noted by ELSAs who discussed EPs as a “font of knowledge” and described EPs as “experts”. However, EPs discussed proactively avoiding the “expert model” and instead described supervision sessions as more collaborative, using guided questioning to support ELSAs to bridge the gap between theory and practice, a skill which EPs felt ELSAs found difficult to do independently. This tension between the ELSA and EP perceptions of the EP as an “expert” may relate to ELSAs seeking definitive answers for cases that they perceive to be highly loaded, such as work with children who have experienced DA.

Two EPs felt that they did not possess sufficient specialist knowledge relating to DA and voiced that they felt they would benefit from DA related CPD. This relates to Gallagher’s (2014) finding that EPs did not perceive themselves to have specialist knowledge about DA and that they themselves lacked understanding about the role they could provide in supporting children who have experienced DA. However, despite indicating that they lacked specific specialist knowledge, all EPs gave clear
examples of how the psychological theory taught in the ELSA programme could be applied to children who had experienced DA and had previously shared this with ELSAs delivering the programme to children with these experiences. Three EPs discussed explicitly “naming it” as DA with ELSAs when ELSAs had not recognised the role that the child’s home microsystem may be playing in their behaviour. Therefore, perhaps a lack of specific DA CPD for EPs is mitigated by EPs skills in flexibly applying psychological theory to a range of situations and their unique skill set in communicating psychological formulations to a range of stakeholders untrained in the field of psychology.

5.1.2.4 Tensions between level of EP support for ELSAs and the traded model of service

The following section addresses RQ3. The frequency of support that ELSAs require when working with children who have experienced DA may not always be possible for EPs to provide. In this study all ELSAs reported that they were able to access additional supervision with their EP when they required it; however, participating EPs explained that providing sufficient additional support or training for ELSAs was challenging due to time constraints. The time constraints that participating EPs described were related to EPS X having become a traded service following the Localism Act (Department of Communities and Local Government, 2011). This model of service entails schools buying EP time to cover the EPS’ costs; the ELSA programme is a service that is purchased by schools in EPS X. EPs explained that the time needed to provide the necessary additional support for complex ELSA cases, such as work with children who have experienced DA, often does not fit into their time allocation for their ELSA work. This was increasingly problematic for EPs who described an increasing statutory
workload meant that their ‘wiggle room’ had diminished, necessitating fitting more work into less time. One EP described how the increasing statutory load meant that time requested by the ELSA EP team to provide ELSA CPD sessions was repeatedly turned down by the EPS, resulting in ELSAs not receiving the ongoing CPD that the EPs wanted to provide. As my findings indicated that ELSAs in London Borough X are regularly working with children who have experienced DA and require additional EP support as a result, it appears that there are tensions between the traded EP service model and the current needs of ELSAs within the programme. Currently ELSAs requiring additional support while working with children who have experienced DA are reliant on EPs engaged in the ELSA programme providing additional time through ‘good will’ despite an increasing workload and no additional time charged for the delivery of the ELSA programme. To my knowledge, this research finding is novel. However, Fairall (2020) did report that the nature of the traded model meant that some schools may not buy in EP time for systemic ELSA work as they prioritised individual, rather than systemic interventions, with their purchased time.

Being unable to deliver ongoing CPD to ELSAs was concerning to EPs who highlighted that many ELSAs trained a number of years previously and couldn’t recall aspects of their training or consistently independently apply psychological theory to their practice. This is in keeping with Chestnutt’s (2019) finding that school professionals found it difficult to apply theory relating to DA in practice, which is problematic as prior research indicates that interventions led by school professionals supporting children who have been exposed to DA can be effective (Turner, 2017). My findings indicated that EPs endeavoured to address this by recapping necessary
psychological theory through short CPD sessions at the start of supervision sessions and through individual case discussions. While the ELSA programme recommends that this should not occur in supervision sessions, the recommendation may need adapting in light of the lived realities of the system as applied.

5.1.3 The impact of Austerity Policies

*The meta-theme ‘The impact of austerity policies’ addresses both RQ2 and RQ3.*

When considering social and emotional support for children who have experienced DA, it is important to consider their macrosystem (Bronfenbrenner, 1979): the wider socio-political context and dominant ideology of the society in which they live. This closely relates to macro-time, a key component of time within Bronfenbrenner & Morris’ (2006) P-P-C-T model, focussing on changes to broader culture over long periods of time which affects proximal processes across the life of the child. The macrosystem and macro-time have a significant impact on LAs as government policy is produced as a result of the prevailing ideological framework and the political party in Government at any given time. LAs function within a child’s exosystem; while the child has no direct engagement with this system, their LA authority has considerable influence on the child’s microsystem and mesosystem. Therefore, the climate of austerity is a socio-political and ideological influence within the child’s macrosystem that affects their access to education, SEMH provision and DA services.

Previous research outlines that education professionals have noted the difficulties presented by the legacy of austerity measures, accompanied by an increased requirement for emotional support for pupils in a context in which there is reduced funding and resources available (Hanley et al., 2020). This supports my
findings that SENCOs and ELSAs experience an increasing pressure on schools to provide SEMH support for pupils due to difficulty accessing appropriate external services. SENCo 2 described how it has been increasingly difficult for families to access DA services, and ELSA 4 described her efforts to help a family to find suitable accommodation after leaving the family home as a result of DA. The family had struggled to locate a refuge able to house them. This indicates that school staff are increasingly absorbing the burden of supporting families affected by DA that would have previously been held by external services before funding was reduced. This is in line with previous research indicating that DA services have been substantially cut (Nicholson, 2010) and that a reduction in funding is likely to equate to a reduction in support for the most vulnerable (Hastings et al., 2015).

The impact of austerity measures on support for pupils affected by DA was outlined by Chestnutt’s (2019) research, which indicated that primary school teachers working with children affected by DA were aware of the depletion of external services supporting these children and felt that this provision should not be encompassed into their role as they perceived that their limited knowledge, skills and time would hinder their ability to provide this support.

My findings build upon Chestnutt’s, indicating that ELSAs, as a result of depleted external services, frequently work with children who have been exposed to DA. This suggests that while many SENCOs and school senior leaders within London Borough X might not feel secure that ELSAs are suitably trained to take on such work, they view the ELSA programme as the only avenue of support available, however imperfect, as a result of systemic pressures. Yet, this practice is in
opposition to previous research that suggests school staff should not work with children who have experienced DA beyond their professional remit, for example by discussing experiences of DA with a child if they do not have appropriate qualifications, as this could have a traumatic effect on the child (Swanston et al., 2014). Therefore, in order to support children that have experienced DA effectively, school staff need to be aware of the boundaries of their role (Swanston et al., 2014). This is in line with Burton (2009), who outlines that ELSAs should work within their level of competence, yet this recommendation does not appear to be consistently applied as a result of schools’ need to meet growing SEMH needs (discussed in section 5.1.4) in a context of diminished alternatives as a result of systemic pressures related to the legacy of austerity policies.

SENCOs participating in my research indicated that they did not refer children affected by DA to the ELSA programme before they had engaged with an appropriate external service, yet this did not appear to be reflected in the experiences of ELSAs and EPs. My findings indicated that EPs felt that a reduction in access to appropriate external services and an increased pressure on schools to provide SEMH support for pupils is resulting in ELSA being perceived as a ‘catch-all’ SEMH intervention by SENCos and school leaders. This poses the question of whether ELSA is always an appropriate choice of intervention for children who have experienced DA, or whether it is the dominantly available SEMH intervention in schools in London Borough X and is over-utilised to compensate for a lack of funding and resources in-school and an absence of available suitable provision externally. This may induce school leaders to over-utilise the ELSA programme as they endeavour to provide some level of social and emotional support for all pupils that need it.
5.1.4 Is ELSA the right intervention for children affected by DA?

The meta-theme ‘Is ELSA the right intervention for children affected by DA’ addresses both RQ2 and RQ3 as indicated in each sub-section.

Interviews with ELSAs, SENCos and EPs all highlighted the challenges presented by engaging children who have experienced DA and other complex life experiences within their microsystem (Bronfenbrenner, 1979) context of home. Mann (2014) indicated that engaging children with complex home environments in the ELSA programme can be challenging, yet children who have experienced difficulty in their home lives, such as the exposure to DA, are more likely to require SEMH support than their peers as they are four times more likely than peers who have not been exposed to DA to demonstrate difficulties with emotion and behaviour (Harold & Howarth, 2004). Schools are likely to need to support pupils affected by DA, due to both the high prevalence of DA in the UK and the high level of social and emotional need these pupils are likely to present with. However, due to the current “mental health crisis” (Gunnell, Kidger & Elvidge, 2018, p. 361), the pool of pupils requiring SEMH support is increasing alongside the increased expectations for schools to meet the SEMH needs of their pupils. This creates a tension between the expansion of SEMH needs and the real terms funding cuts for schools and associated services since 2010 (this tension is discussed in section 5.1.3). As such, schools may need to utilise their capacity to meet this need through existing interventions such as the ELSA programme. Therefore, the appropriateness and effectiveness of the ELSA programme in supporting children who have experienced DA should be considered, alongside the pragmatic question of whether in the absence of other more suitable provisions, the ELSA programme provides better support than the absence of any intervention for children who have experienced DA.
5.1.4.1 Is the ELSA intervention being utilised as intended?

The following section addresses RQ2.

My findings indicate that referrals for children who had experienced DA to the ELSA programme were not always deemed appropriate by EPs (discussed in section 5.1.2.2), which was attributed to stem from a lack of understanding about the ELSA programme from school staff coordinating the ELSA programme (discussed in section 5.1.2.2) and a lack of access to other SEMH interventions or appropriate external services as a result of austerity policies (discussed in section 5.1.3). My findings indicated that in order to meet the range of complex SEMH needs that schools are faced with, in light of the aforementioned context, the ELSA role in London Borough X is often being adapted in both length and nature. All participating ELSAs indicated that they weren’t always doing “proper ELSA”, by which they indicated that the fidelity to the intervention was sometimes low.

One way in which the participating ELSAs noted that their ELSA work deviated from the intended model was in the length of the intervention. ELSA literature indicates that the ELSA intervention should run for 6-12 weeks (ELSA Network, 2017). However, in interviews ELSAs suggested that for the neediest pupils, such as those who had experienced DA, the intervention would often run for longer. ELSA 1 described conducting an ELSA intervention with one child who had experienced DA for over a year and SENCo 1 described a pupil that attended an intervention with their ELSA twice weekly to provide “respite” for the child’s class teacher who found his emotional needs difficult to cope with. Previous research has indicated that the ELSA programme is often delivered in a flexible way (McEwen, 2019) and Nicholson-Roberts (2019) also found that the ELSA intervention was often extended
beyond the recommended time frame. Nicholson-Roberts’ (2019) research also outlined the complexity of home lives as a reason as to why the duration of the intervention was extended by ELSA. However, this finding does not refer to DA specifically.

The second way in which the ELSA programme was adapted for pupils with complex needs (such as those exposed to DA) was the often-reactive nature of the ELSAs’ work with children: something that contravened the proactive model of work intended for the programme. ELSA literature (Burton, 2018) outlines that ELSAs should not be used to manage crises and should not be the sole staff members prepared to work with children who are distressed. Burton (2018) further highlights that the proactive nature of the ELSA sessions is central to the intervention as it enables the ELSAs to build the relationship with the child that is at the core of their ELSA work. Burton (2018) is clear that when an ELSA does not work in the prescribed way, their work cannot be viewed as a legitimate ELSA intervention. However, my findings indicate that in London Borough X, many ELSAs are working in ways that contradict these guidelines. Two participating ELSAs described working in a reactive way with pupils who had experienced DA and were displaying behavioural difficulties in school. For example, ELSA 1 described a child being sent to him to be “calmed down” each time she struggled to regulate her emotions in class. This supports Fairall’s (2020) findings that ELSAs were used in a reactive way. However, Fairall noted that this is unlikely to be a product of ELSA decisions alone, but rather that their ways of working are influenced by school senior leaders. Fairall’s findings are demonstrative of the complex and nuanced interrelationality of the layers of the child’s environment outlined by Bronfenbrenner & Morris (2006); as
such, the practise of individual ELSAs cannot be considered in isolation. Burton’s (2018) clear guidance that a reactive SEMH intervention cannot be considered ELSA indicates that when schools are utilising ELSA trained staff to work with children affected by DA, particularly those children displaying complex SEMH needs, they are not actually using the ELSA programme, which should be delivered in a prescribed form. Instead, in these instances, schools are utilising the skills of their ELSA trained staff to deliver unrelated interventions or generalised social and emotional support to these children.

5.1.4.4 Are the least qualified working with the most vulnerable?

The following section addresses RQ3.

My findings indicate that participating ELSAs were conscious that they possessed few qualifications, noting that “we didn’t go to uni or anything”. However, ELSAs did describe feeling “skilled at ELSA” and felt this provided them with a unique and valued set of skills within the school community. The SENCos also described the ELSA skill set as being valued and that they were able to flexibly apply their skills to support other staff members to apply a range of SEMH strategies across the school. This supports Nicholson-Roberts’ (2019) finding that ELSA training and supervision builds ELSAs capacity to work flexibly and Grahamslaw’s (2010) finding that ELSA training raises ELSAs self-efficacy in their capacity to support the social and emotional wellbeing of the pupils they work with. However, both Grahamslaw (2010) and Nicholson-Roberts (2019) did not explore ELSA effectiveness when working with pupils with complex needs, such as pupils that have experienced DA.
In contrast to using the ELSA intervention with the majority of children, when discussing their work with children who have experienced DA, ELSAs participating in my research reported feeling “unskilled” in supporting children “when it’s a really complex problem”. My findings support prior research which suggests that individuals with the lowest levels of qualification, such as TAs, are often utilised to support the most vulnerable pupils (Blatchford et al, 2015). The utilisation of TAs to work with the most vulnerable pupils was described in Giangreco’s (2005) research as tantamount to implicit discrimination. However, Giangreco’s conclusions are applicable to TAs more broadly rather than ELSAs specifically, as ELSAs uniquely receive training and ongoing supervision from EPs. However, my findings indicate that despite this additional training and support it is essential that, in line with Webster’s (2016) research, schools should align TA skills and experience with the work that they are assigned. My findings indicate that in some instances ELSAs should not take on referrals for children that have experienced DA. If the child has a very high level of need and is particularly vulnerable, if the EP cannot provide the necessary level of additional support, or if the ELSA does not feel equipped to take on the case, alternative provision should ideally be found. My findings corroborate Fairall’s (2020) suggestion that a high degree of support from an experienced and well-informed line manager is key to ensuring that ELSAs can practice effectively.

5.1.4.3 The role of whole school approaches

The following section addresses RQ3.

SENCos spoke highly of the ELSA role and indicated that ELSAs were utilised across the school to share their knowledge and experience relating to supporting children with social and emotional needs. Previous research has indicated a high proportion of headteachers and SENCOs perceive the outcomes of the ELSA
programme to be good or excellent (Edwards, 2016), which may explain why school leaders feel confident in applying the intervention to children who have experienced DA. However, participating SENCos did not refer to the use of a whole-school targeted SEMH approach (Roffey, 2016) alongside the ELSA programme. This is in line with Nicholson-Roberts (2019) findings that the ELSA programme operating within schools where there is limited use of whole-school SEMH approaches may lead to the ELSA programme being less effective. In line with the process and context facets of the P-P-C-T model (Bronfenbrenner & Morris, 2006), a lack of established school-wide SEMH approaches can lower staff understanding of pupils’ social and emotional needs, thereby reducing the number of supportive interactional processes between school staff and pupils. This is in keeping with my findings that ELSAs are relied upon in some schools to provide knowledge and interventions relating to children’s social and emotional wellbeing beyond their specifically allocated students; this could be because there is insufficient time or funding to provide a similar level of SEMH training for all school staff (the impact of austerity measures are discussed in section 5.1.3).

5.2 Strengths and Limitations of the research

5.2.1 Research Strengths

My findings provide novel insight into how EPs can support ELSAs working with children who have experienced DA, an area which, to my knowledge, is previously unexplored. The research was conducted from a social constructivist viewpoint utilising Bronfenbrenner & Morris’ (2006) P-P-C-T model, which proved apt for this project as it enabled exploration of the multi-layered nature of EP support for ELSAs working with children that have experienced DA. Through this model’s lens, this research highlights the manifold links, complex interactions and tensions
between the broad societal climate of austerity, the governmental proposals for schools to meet an increasing frequency of SEMH need, the use of the traded model for EP services and schools’ utilisation of the ELSA programme. My research indicates that no single factor that contributes to the delivery of the ELSA programme to children who have experienced DA can be considered in isolation.

A rich understanding of the topic was garnered by triangulating data from a range of stakeholders (Yardley, 2008). The inclusion of a range of participant perspectives enabled the recognition of themes that connect to the interrelating contexts and processes involved in supporting ELSAs working with children that have experienced DA. Furthermore, this study serves to expand the current research base relating to the ELSA programme and provide insight to how EPs can support ELSAs in these instances.

The analysis of the data collected went through steps to enhance its dependability; firstly, the analysis was enhanced by peer coding, achieved through reciprocal analysis with a TEP colleague and through the joint coding of samples with EP colleagues as a part of the SSM process. This peer coding provides assurance that similar findings would have been achieved if another researcher had conducted the analysis (Lincoln & Guba, 1985). The joint review and amendment of codes with EPs as a part of the SSM approach also embraces a dynamic interaction between the participant and myself (the researcher) and ensured that the meanings I extrapolated from the data were not just a reflection of my personal biases (Ponterotto, 2005). This process also enabled EP participants to challenge the relevance of some thematic categories (Willig, 2008) and some were amended in
light of these discussions. As the participating EPs are themselves experienced researchers, having completed their own doctoral research, this provided a strong level of validity to the co-construction and review of themes. The involvement of the EPs throughout the process, from the conception of the study to the analysis of the data, ensured transparency throughout the research process, which is essential to ensure validity in qualitative research (Yardley, 2008).

Furthermore, the engagement of participating EPs through the use of the SSM approach encouraged EPs to consider the topic from their viewpoint, and the perspectives of those they work closely with in the ELSA programme, and utilise these new understandings to explore possibilities for development and change within their personal practice and more widely within the ELSA programme in their EPS as SSM is a change-oriented methodology. This ensured a level of catalytic validity (Lather, 1986), in which participants are motivated to enact change, in this instance through the creation of a plan of possible future actions for the EP ELSA team within EPS X. This indicates that the research has achieved some level of ‘real world’ impact.

5.2.2 Research Limitations

While SSM was a suitable framework for exploring the issue of how EPs can support ELSAs working with children who have experienced DA, the complexity of the SSM process in light of the time afforded accommodated only a condensed version of the approach, in which multiple stages were compressed into one, two-hour focus group. As a result of this the participating EPs only produced an outline of possible future actions, rather than a detailed action plan. Additionally, stage seven,
the review and implementation of some of these actions, will take place after the research is completed due to time constraints.

The sample size for the research was small (n=10), encompassing ELSAs (n=4), SENCos (n=2) and EPs (n=4). All participants took part in semi-structured interviews for stage one of the SSM and only the EP participants went on to participate in the focus group (stages four and five of the SSM process). The small sample size limits the generalisability of the findings. However, the purpose of the research was to conduct an initial exploration into the topic, gaining rich data; the research aimed to produce findings that are valid, rather than widely generalisable. All participating EPs are valued colleagues at EPS X and therefore, it is possible that this may have impacted their answers about the EPS and may have made them more likely to corroborate my themes. However, this was mitigated by EPs independently examining transcript samples and producing themes prior to viewing my initial thematic groupings. Additionally, the EPs I have encountered in the ELSA team in EPS X are, from my perspective, highly reflective, professional practitioners who continually seek to improve their practice and the ELSA programme. Their willingness to participate in the reflective SSM process in order to identify and seek to explore potential areas for improvement indicates that these participants are unlikely to consciously express bias in their responses.

The ELSA and SENCo participants may not be representative of London Borough X as it is likely that those who chose to give up their free time to participate in this research were broadly enthusiastic about the ELSA programme, which may have led to a more positive perspective of the ELSA programme being presented.
The role of social desirability bias should also be considered when examining the findings of this study as ELSAs and SENCos may have perceived that they were being judged on their use of the programme with these pupils, which could account for the discrepancy in findings between SENCos reported use of the ELSA intervention with pupils who had experienced DA and the reports of ELSAs and EPs. Furthermore, all participating ELSAs were supervised by EPs participating in the project, who are my colleagues in the EPS; therefore, the impact of power dynamics in the interviews should be considered. However, this problem was addressed by providing clear and transparent overviews of the research aims and purpose (see appendices 1-3), by emphasising the purpose and confidentiality of the research and by allowing multiple opportunities for participants to ask questions and seek clarification.

Additional limitations of the study resulted from the restrictions imposed during the COVID-19 pandemic. One such key limitation of the study is the exclusion of pupil voice which means the perspectives of children, key stakeholders in the ELSA programme, were not explored (discussed in section 3.4). Furthermore, all elements of the research, including all semi-structured interviews and the EP focus group, were conducted virtually (also discussed in section 3.4), which may have had an intangible impact on the rapport built with ELSAs and SENCos in interviews and the ease with which EPs could share their thoughts in the focus group. However, the amendments to the research which resulted in these particular limitations were unavoidable due to the unprecedented circumstances in which the data was collected.
5.3 Implications for professional practice

The following sections 5.3 – 5.3.4 address RQ4.

This research has explored the role that EPs play in supporting ELSAs working with children who have experienced DA, which to my knowledge, is a facet of the ELSA programme that has not been previously researched. My findings indicate that there are a range of factors that facilitate or present barriers to this process, which has implications for how EPs can approach supporting ELSAs in these instances. These implications will now be mapped onto the P-P-C-T model (Bronfenbrenner & Morris, 2006) below under the ‘Process’, ‘Person’, ‘Context’ and ‘Time’ subheadings. The implications for EP practice were co-constructed as a result of discussions with participating EPs in stages 1, 4 and 5 of the SSM process. Therefore, some may be specific to the ELSA programme in London Borough X. However, it is likely that the majority will be applicable to EPS implementation of the ELSA programme more broadly.

5.3.1 Process

My findings indicated that a number of ‘process’ elements could feasibly be adapted for EPs to support ELSAs working with children exposed to DA. Firstly, DA should be addressed specifically in the ELSA training through the inclusion of case study examples in which EPs can model how the psychological theory taught in the ELSA training can be applied to children who have experienced DA. For example, considering why a child who has experienced DA may react to shouting more negatively than their peers. This would serve to open discourse about DA, and wider conversations about the implications of home context, allowing EPs to support ELSAs to bridge theory to practice. The initial discussion of DA through a case study in the ELSA training will support ELSAs to consider the role DA can play within
children’s social and emotional wellbeing. EPs should further support this by identifying and explicitly naming DA when appropriate as cases are raised in ELSA supervision; this should then be used as a platform from which the ELSA and the EP can consider whether the referral is appropriate. If the referral is appropriate, then additional one-to-one check-ins or supervision are advisable. Additional support in this format has been offered to ELSAs in other LAs (Burton, 2008) and could allow for deeper exploration of the complexity of the case (Wagner, 2000). This additional support will also ensure that ELSAs feel emotionally contained and are able to effectively consider and apply appropriate psychological theory with these pupils. If this additional support by the EP is necessary but cannot be provided due to funding or time constraints, then EPs should carefully consider whether the case should be taken on by the ELSA. It should be noted that these decisions may be difficult for EPs and schools to make, as exclusion from the ELSA intervention rests on the assumption that no intervention is preferable to inadequate intervention in the context of limited resources.

**5.3.2 Person**

The child’s individual needs, personal characteristics and unique circumstances should be thoroughly considered in the referral process and throughout the planning and delivery of the ELSA intervention. It is advisable that EPs support ELSAs with this process through additional one-to-one supervision if necessary (discussed in 5.3.1) to guide ELSAs to consider and manage pupils’ complex emotional responses, for example, anger or embarrassment. The use of a formulation framework (for example, using the ‘5 Ps’) for ELSA supervision sessions is advisable to help EPs to encourage ELSAs to explore how they can optimally support pupils in light of the child’s personal characteristics and circumstances.
5.3.3 Context

One key contextual factor in supporting ELSAs working with children who have experienced DA is how EPs can ensure that all relevant school staff are fully informed about the ELSA programme. In addition to attending day 6 of the ELSA training, ELSA coordinators could be supported by being provided information about the programme on an annual basis. It was noted by participating EPs that annual CPD may be expensive and risk low turn-out. Therefore, a cost-effective and reusable resource, such as a short video to explain the ELSA programme and how to make appropriate referrals, could be created and sent to SENCOs, Senior Leaders and ELSA coordinators. This video could serve as a reminder of the appropriate use of the ELSA intervention.

Continued support for ELSAs should be provided through EP-led training and supervision to ensure that ELSAs are able to ensure their ELSA work remains psychologically informed. In line with Gallagher’s (2014) findings, some EPs reported lacking confidence in their knowledge of DA; therefore, access to a resource pack such as one created by Heath (2015) could enable EPs to feel more confident in supporting ELSAs working with children who have experienced DA. Equally, it remains necessary for EPs to continue to acknowledge their individual levels of knowledge and competence before beginning to train others to support children affected by DA (Ellis, 2012; Chestnutt, 2019).

5.3.4 Time

Over time, EPs could support schools to think holistically about supporting the wellbeing of pupils who have experienced DA or other adverse life experiences. This is in-keeping with Phifer & Hull’s (2016) suggestion that schools should utilise a
whole-school, collaborative, targeted, trauma-informed approach. This could present an additional layer of support for children affected with DA within their micro-system, even if the ELSA intervention is not appropriate.

5.4 Directions for future research

This research highlighted how EPs can support ELSAs working with children who have experienced DA. However, the voices of those children accessing the ELSA programme were missing due to the limitations placed upon this research by COVID-19 restrictions. Therefore, future research exploring the perspectives of children who are accessing the ELSA programme and have experienced DA would be useful for gaining a more holistic perspective.

Adherence to COVID-19 restrictions also meant that I was not able to evaluate the effectiveness of the ELSA programme for children affected by DA, as the ELSA programme was paused in the majority of schools across the two significant periods of national school closures in the timeframe that this project was conducted. Therefore, the data I was able to collect was reliant on stakeholder’s recollections of the programme and important evaluative tools, such as pre- and post-intervention measures, were not able to be utilised. As such, there is scope for a mixed-methods research project to evaluate the effectiveness of the ELSA programme for children who have been exposed to DA.

The ways in which the ELSA project was utilised by schools varied, as did the referrals received by ELSAs and the level of prior SEMH support received by the children. Therefore, further exploration into the referral process for complex ELSA
cases, such as children who have experienced DA, could help to clarify the process in these instances.

This study only considered one school-based one-to-one intervention (the ELSA programme) for supporting the social and emotional wellbeing of pupils who have experienced DA; therefore, an exploration into whole-school approaches as a means of supporting children who have experienced DA may be a fruitful line for future research.

5.5 ELSA and the COVID-19 Pandemic

Throughout the COVID-19 pandemic and the associated periods of lockdown, the ELSA programme has not run in the usual way. A number of schools in London Borough X ceased the programme for varying periods of time, due to school closures or due to logistical complications caused by ‘bubble’ systems in which staff and students could not mix with others in the school community outside of their allocated group. During this time period, EPs in EPS X changed their ELSA supervision groups to an online format and all ELSA-EP communications took place virtually. However, anecdotal conversations held with SENCos and ELSAs involved in the programme indicates that schools are keen to resume the ELSA programme as normal in the next academic year as they believe it will be an important tool in supporting children who may need additional social and emotional support as a result of their experiences of the pandemic. I believe that changes to format of the programme as a result of the pandemic are not necessary (when schools have returned as normal), but rather that it is an opportune time for schools to consider
which pupils will benefit from accessing the ELSA programme and which pupils may need more specialised support in light of their experiences over this time period.

5.6 Final Summary

This research explored the perspectives of key stakeholders from a range of primary schools across London Borough X that are involved in the delivery of the ELSA programme to children who have experienced DA. The study provided a distinct contribution to existing research exploring the ELSA programme by considering the support that EPs can provide to ELSAs who are delivering the programme to children that have experienced DA. This research highlighted both protective factors and tensions in the use of the ELSA programme in these instances.

This research has recognised that DA is a prevalent societal problem and, as such, that there is an increasing need to support the social and emotional wellbeing of children who have experienced DA. The study indicated that EPs are able to support ELSAs working with children who have been affected by DA, acting as a “safety net” in a number of ways: providing emotional containment for ELSAs; utilising their knowledge and skills to continually develop ELSA practice; preparing ELSAs for complex cases; monitoring referrals to the programme; and supporting ELSAs to bridge psychological theory to their practice. In turn, ELSAs were found to facilitate warm, trusting and emotionally containing for children who had experienced DA. These positive in-school relationships were considered to be of particular import for children who have experienced DA.
However, my findings indicated that in London Borough X this, combined with little knowledge of the programme, had resulted in some schools utilising the ELSA programme as a catch-all SEMH provision, often with limited fidelity to the ELSA programme guidance. Therefore, EPs have an important role to play in ensuring that schools are well informed about the referral process and only refer pupils who are suitable for the ELSA intervention. In instances where it is appropriate for children who have experienced DA to participate in the ELSA intervention, it is vital that EPs ensure they are able to provide additional support and guidance as necessary in recognition that ELSAs require more guidance for cases that are more complex. EPs also have an important role in equipping schools with other means to provide social and emotional support for children who have experienced DA when the ELSA programme is not appropriate, for example, by providing training for relevant whole-school approaches.

Furthermore, the findings of the research also indicate a tension between the increasing pool of pupils requiring SEMH support, the increased expectations for schools to meet these needs and real terms funding cuts for schools and associated services since 2010. With schools straining to meet their enlarged remit within tight budgetary constraints, schools may be over-utilising interventions such as the ELSA programme when they do not have the capacity or trained staff necessary to meet complex needs, for example, in support of children who have experienced DA. The use of the ELSA programme to support children affected by DA rests on the assumption that potentially limited intervention is preferable to no intervention in the context of limited resources. Therefore, it is important to reflect upon the appropriateness and effectiveness of the ELSA programme in supporting children
who have experienced DA, alongside the pragmatic question of whether in the absence of other more suitable provisions, the ELSA programme provides better support than the alternative: no support. However, if ELSA only serves children who have suffered DA as an imperfect stop gap provision, is its use by schools problematic if it is perceived by stakeholders to represent a more effective intervention than it can in reality provide? If so, might this discrepancy between perception and reality regarding the ELSA programme’s capacity to support children who have experienced DA even prevent alternative provisions from being developed or prioritised? These questions would prove fruitful lines for further inquiry.
References


Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. SAGE.


http://books.google.com/books?id=0n9WAAAAYAAJ


https://doi.org/10.1177/0886260515618946


https://doi.org/10.1016/j.childyouth.2009.03.005


Hardy, J., & Majors, K. (2017). Qualitative methodologies that give young people a voice: Grounded theory (GT) and Interpretative phenomenological analysis (IPA). In J. Hardy & C. Hobbs (Eds.), Using qualitative research to hear the voice of children and young people (pp. 13–32). The British Psychological Society.


http://search.proquest.com/docview/1779253346/?pq-origsite=primo


https://doi.org/10.1111/jcpp.12071


Mann, David. (2014). *A mixed methods evaluation of the emotional literacy support assistants (elsa) project* [ProQuest Dissertations Publishing].
https://search.proquest.com/docview/1775215476/?pq-origsite=primo

https://doi.org/10.1016/j.chiabu.2007.09.006

https://doi.org/10.1016/j.chiabu.2019.01.001


https://doi.org/10.1177/0886260503251179


Rees, C. (2016). *The impact of emotional literacy support assistant training on teaching assistants’ own trait-emotional intelligence and self-efficacy and their perceptions in relation to their future role* [D.Ed.Psych., Cardiff University (United Kingdom)]. https://search.proquest.com/docview/1857834729/?pq-origsite=primo


http://search.proquest.com/docview/2231025755/?pq-origsite=primo


https://doi.org/10.1080/13600869.2011.594643


Appendices

Appendix 1: Information sheet for EPs

Institute of Education

Supporting the emotional needs of children who have experienced domestic abuse: An exploration of professional experiences of the ELSA Programme.

Who is conducting the research?
My name is Kate Eldred and I am a postgraduate student training to become an Educational Psychologist (EP). I am currently completing a Doctorate in Professional Educational Child and Adolescent Psychology at UCL’s Institute of Education.

What is the research about?
The Emotional Literacy Support Assistant (ELSA) programme is often used as an intervention to support the social and emotional needs of children who have experienced domestic abuse (DA). I hope to explore how ELSAs, teachers and EPs experience the programme in these instances. An insight into these experiences could serve to inform whether the training and/or supervision process for the ELSA programme could be adapted to optimally support children who have experienced domestic abuse.

What happens next?
You’ll be asked to complete a questionnaire during your normal ELSA supervision session to indicate whether you’re interested in participating. If you indicate that you would like to take part, then I will contact you with the details you have provided to arrange a telephone or skype interview. The interview will focus on your experiences of the ELSA programme and will take no more than one hour. Domestic abuse is a sensitive topic and for some people discussing it may feel uncomfortable. The topic will be handled sensitively, however, participants are entitled to stop at any point during the research if they wish to. They will also have the right to withdraw their data from the study at any point until the final transcription which will be one term after data collection.

How will the information be used?
All data collected from the study will be fully anonymised and any information shared will be confidential. The results of the research will be written up into a research report and short summary of the findings will be made available to the school and any participants.

Contact for further information
If you have any further questions before you decide whether to take part, you can reach me at:

Email: [redacted] Telephone: [redacted]

This project has been reviewed and approved by the UCL IOE Research Ethics Committee
Appendix 2: Information sheet for SENCos

Institute of Education

Supporting the emotional needs of children who have experienced domestic abuse:
An exploration of professional experiences of the ELSA Programme.

Who is conducting the research?
My name is Kate Eldred and I am a postgraduate student training to become an Educational Psychologist (EP). I am currently completing a Doctorate in Professional Educational Child and Adolescent Psychology at UCL’s Institute of Education.

What is the research about?
The Emotional Literacy Support Assistant (ELSA) programme is often used as an intervention to support the social and emotional needs of children who have experienced domestic abuse (DA). I hope to explore how ELSAs, teachers/SENCos and EPs experience the programme in these instances. An insight into these experiences could serve to inform whether the training and/or supervision process for the ELSA programme could be adapted to optimally support children who have experienced domestic abuse.

What happens next?
If you indicate that you would like to take part by responding to my email, then we will arrange a telephone or skype interview. The interview will focus on your experiences of teaching a child who has participated in the ELSA programme and will take no more than one hour.
Domestic abuse is a sensitive topic and for some people discussing it may feel uncomfortable. The topic will be handled sensitively, however, participants are entitled to stop at any point during the research if they wish to. They will also have the right to withdraw their data from the study at any point until the final transcription which will be one term after data collection.

How will the information be used?
All data collected from the study will be fully anonymised and any information shared will be confidential. The results of the research will be written up into a research report and short summary of the findings will be made available to the school and any participants.

Contact for further information
If you have any further questions before you decide whether to take part, you can reach me at:

Email: k.eldred@ucl.ac.uk  Telephone: [Redacted]

This project has been reviewed and approved by the UCL IOE Research Ethics Committee
Appendix 3: Information sheet for ELSAs

Institute of Education

Supporting the emotional needs of children who have experienced domestic abuse:
An exploration of professional experiences of the ELSA Programme.

Who is conducting the research?
My name is Kate Eldred and I am a postgraduate student training to become an Educational Psychologist (EP). I am currently completing a Doctorate in Professional Educational Child and Adolescent Psychology at UCL’s Institute of Education.

What is the research about?
The Emotional Literacy Support Assistant (ELSA) programme is often used as an intervention to support the social and emotional needs of children who have experienced domestic abuse (DA). I hope to explore how ELSAs, teachers and EPs experience the programme in these instances. An insight into these experiences could serve to inform whether the training and/or supervision process for the ELSA programme could be adapted to optimally support children who have experienced domestic abuse.

What happens next?
You have been approached to participate in this research as you are, or have been, involved in the training and/or supervision of an ELSA group. If you indicate that you would like to take part by responding to my email, a telephone or skype interview will be arranged at your convenience. The interview will focus on your experiences of training and/or supervising ELSA groups and will take no more than one hour.

Domestic abuse is a sensitive topic and for some people discussing it may feel uncomfortable. The topic will be handled sensitively, however, participants are entitled to stop at any point during the research if they wish to. They will also have the right to withdraw their data from the study at any point until the final transcription which will be one term after data collection.

How will the information be used?
All data collected from the study will be fully anonymised and any information shared will be confidential. The results of the research will be written up into a research report and short summary of the findings will be made available to all participants.

Contact for further information

If you have any further questions before you decide whether to take part, you can reach me at:

Email: k.eldred@ucl.ac.uk  Telephone: *********

This project has been reviewed and approved by the UCL IOE Research Ethics Committee.
Appendix 4: Consent forms

Institute of Education

Consent Form

I confirm that I have read and understood this information sheet, and have had the opportunity to consider the information, ask questions, and have had these questions adequately answered.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I know that I can refuse to answer any or all of the questions and that I can withdraw from the interview at any point.

I agree for the interview to be recorded, and that recordings will be kept secure and destroyed at the end of the project. I know that all data will be kept under the terms of the General Data Protection Regulation (GDPR).

I agree that small direct quotes may be used in reports (these will be anonymised).

I understand that all school/local authority safeguarding protocols will be followed as appropriate, should concerns be raised.

Name:…………………………………………………………………………..…………………..

Signature: ……………………………………………….…………….  Date: …………..……..

Name of researcher:…………...…………………...…………………………………………...

Signature: …………………………………………...……………….  Date: …………………..
Appendix 5: EP Interview Schedule

At start:
Run through information sheet and consent form.
Check full understanding and after signing, start the audio recording.
*All questions to be asked, remember to also keep follow up questions open ended.*
What’s your role within the ELSA programme?

How long have you been practising this role?

What’s your understanding of the term ‘domestic abuse’?

How frequently is DA raised in your supervision or training of ELSAs?

What are your experiences of supporting ELSAs who are working with children who have experienced DA?

How is supervision used to support ELSAs working with children who have experienced DA?

Have you, in turn, sought supervision relating to this?

How is training and CPD used to support ELSAs working with children who have experienced DA?

How is psychological theory used to support ELSAs working with children who have experienced DA?

How could the programme better support ELSAs working with children who have experienced DA?

At End:
Is there anything I haven’t asked about that you would like to tell me about?
Debrief
Ask if they would like a research summary after thesis completion & take details if yes. Thank you & goodbyes.
Appendix 6: SENCo Interview Schedule

At start:
Run through information sheet and consent form.
Check full understanding and after signing, start the audio recording.

All questions to be asked, remember to also keep follow up questions open ended.
What’s your role within the school?

In what capacity have you encountered the ELSA programme?

What is your understanding of the ELSA programme?

What’s your understanding of the term ‘domestic abuse’?

Tell me about a time you’ve referred a child experiencing DA to ELSA?

What made you decide to refer them for the ELSA programme?

From your perspective, what is the EP role in supporting ELSAs in these instances?

What support (if any) do you feel ELSAs need when working with children who have experienced DA?

At End:
Is there anything I haven’t asked about that you would like to tell me about?
Debrief
Ask if they would like a research summary after thesis completion & take details if yes.
Thank you & goodbye
Appendix 7: ELSA Interview Schedule

At start:
Run through information sheet and consent form.
Check full understanding and after signing, start the audio recording.
*All questions to be asked, remember to also keep follow up questions open ended.*
What’s your role within the school?

How long have you been a practising ELSA?

What’s your understanding of the term ‘domestic abuse’?

In what capacity have you experienced working with young people who have experienced domestic abuse, or you suspect that have experienced domestic abuse?

What are your experiences of delivering the ELSA programme to children who have experienced DA?

What sort of work did you do during sessions and how did it differ to your work with other children?

What role (if any) did your EP play in this case?

If this was a case you brought to supervision, how was that process? (If not, why not?)

How did the ELSA training prepare you for working with children who have experienced DA?

If you were to deliver ELSA to a similar child again, what support would you find useful?

At End:
*Is there anything I haven’t asked about that you would like to tell me about?*

Debrief
Ask if they would like a research summary after thesis completion & take details if yes.
Thank you & goodbye
Appendix 8: Example of Coding

Initial Researcher Coding: Emerging Themes

EPs preparing ELSAs for complex cases / checking ELSA remit
Bridging psychological theory and practice to support ELSAs
Barriers to Supporting ELSAs = consistency
Least qualified dealing with most complex cases?

EP: It has. DA is not something that’s explicitly talked about in the training but it definitely comes up regularly in supervision and I’m often having to draw on my skills and knowledge in that area. Having said that within all ELSA training there’s opportunities for ELSAs to bring up case work or bring up their own personal experiences and kind of opportunities for reflection so what that means is that if there’s an ELSA in the training they might bring up a case or a personal issue that might be related and that might be discussed. So, I guess the kind of impact of DA, the prevalence of it, what you would do specifically for a child who has experienced DA wouldn’t be specifically talked about in the training but it might come up because other aspects that are relevant are. Certainly, within my supervisions when something comes up, the general structure that I sort of follow is generally to open up the case, and get a group understanding of what’s going on, what someone wants to get from supervision and all the different factors. And then follow a structure of opening it up to the group and getting everyones suggestions before adding mine, so that it’s not just sort of “what do I do? X says I should do this”. It’s a more, kind of joint problem solve. But then, when I’m giving my suggestions I try to refer it back to the training and say, “Remember, it’s day 2, we covered this theory that’s relevant. Look at your slides, but this might be a helpful idea”. So that’s what I’m always aiming to do in supervision is bring it back to the theory. So some CPD I’ve delivered recently was a kind of refresher, sort of these are key things to be thinking about when you go back to transition after lockdown. We did have some comments saying, this feels quite new. None of it was new, so that worried me a little bit. So in the training I was trying to link it all, saying like “remember, this might look a bit different but this is relevant to what you did on day 2, etc, etc.” But I think that some of our ELSAs trained a long time ago, like probably when I did the training, so we’re talking like 2010. So it could be that they find it more difficult to link what they’re actually doing to the psychological theory. So I think there will be variability in our practice, like as EPs... There will be variability in the ELSAs themselves, um, but one thing when I looked at the Feedback was that loads and loads of ELSAs were saying, when asked “what are you going to do as a result of this training, they said: “I’m going to go back and look at my folder”. So it’s kind of that re-cap that they need to be doing. But yeah, I think, I hope it happening but I think it varies.

KATE: So, thinking about the programme as it currently stands, and the training and supervision processes, is there anything that you think could be done differently or that could be helpful to the ELSAs in terms of enabling them to support children who have experienced DA?

EP: Yeah. I think, um, I think in terms of the way… we deliver ELSA in borough X, there’s room for improvement generally and I think that would also have an impact on how ELSAs are supporting children with DA. I do think that it can sometimes be thought of as something that ELSAs don’t deal with and we are very clear about ELSAs having to work within the boundaries of their competence, so sometimes other people might be involved that might be more specialist or more kind of, focused on supporting children who’ve experience DA and then the ELSA might feel like they don’t necessarily have a role there. So in terms of improving their support I do think one thing CPD would be good for is kind of explicitly making the link between what they’ve covered and why it might be relevant. Um, helping their understanding of what the impact might be and what it might look like and how it might impact children as well. But to help them to realise what they already know, what might be relevant and what can be applied because that would help them to feel more confident as ELSAs dealing with it. It would help them to know at what point do you seek support, and say: “you know, this isn’t something that I can deal with in my role” and at what point do you say “yeah, that work is absolutely suited to an ELSA” and carry on. So I think CPD would be helpful to support ELSAs to make that link
Appendix 9: Example of EP Coding

EP 1 & 2 co-coding – emerging themes.

- EPs sharing knowledge with ELSAs/ checking suitability of referrals
- EPs helping ELSAs to link training/theory to their practice/training
- Are ELSAs the right level of support for these cases? Expertise?

EP: It has. DA is not something that’s explicitly talked about in the training but it definitely comes up regularly in supervision and I’m often having to draw on my skills and knowledge in that area. Having said that within all ELSA training there’s opportunities for ELSAs to bring up case work or bring up their own personal experiences and kind of opportunities for reflection so what that means is that if there’s an ELSA in the training they might bring up a case or a personal issue that might be related and that might be discussed. So, I guess the kind of impact of DA, the prevalence of it, what you would do specifically for a child who has experienced DA wouldn’t be specifically talked about in the training but it might come up because other aspects that are relevant are. Certainly, within my supervisions when something comes up, the general structure that I sort of follow is generally to open up the case, and get a group understanding of what’s going on, what someone wants to get from supervision and all the different factors. And then follow a structure of opening it up to the group and getting everyone’s suggestions before adding mine, so that it’s not just sort of “what do I do? X says I should do this”. It’s a more, kind of joint problem solve. But then, when I’m giving my suggestions I try to refer it back to the training and say, “Remember, it’s day 2, we covered this theory that’s relevant. Look at your slides, but this might be a helpful idea”. So that’s what I’m always aiming to do in supervision is bring it back to the theory. So some CPD I’ve delivered recently was a kind of refresher, sort of these are key things to be thinking about when you go back to transition after lockdown. We did have some comments saying, this feels quite new. None of it was new, so that worried me a little bit. So in the training I was trying to link it all, saying like “remember, this might look a bit different but this is relevant to what you did on day 2, etc, etc.” But I think that some of our ELSAs trained a long time ago, like probably when I did the training, so we’re talking like 2010. So it could be that they find it more difficult to link what they’re actually doing to the psychological theory. So I think there will be variability in our practice, like as EPs. There will be variability in the ELSAs themselves, um, but one thing when I looked at the Feedback was that loads and loads of ELSAs were saying, when asked “what are you going to do as a result of this training, they said: “I’m going to go back and look at my folder”. So it’s kind of that re-cap that they need to be doing. But yeah, I think, I hope it happening but I think it varies.

KATE: So, thinking about the programme as it currently stands, and the training and supervision processes, is there anything that you think could be done differently or that could be helpful to the ELSAs in terms of enabling them to support children who have experienced DA?

EP: Yeah. I think, um, I think in terms of the way... we deliver ELSA in borough X, there’s room for improvement generally and I think that would also have an impact on how ELSAs are supporting children with DA. I do think that it can sometimes be thought of as something that ELSAs don’t deal with and we are very clear about ELSAs having to work within the boundaries of their competence, so sometimes other people might be involved that might be more specialist or more kind of, focused on supporting children who’ve experience DA and then the ELSA might feel like they don’t necessarily have a role there. So in terms of improving their support I do think one thing CPD would be good for is kind of explicitly making the link between what they’ve covered and why it might be relevant. Um, helping their understanding of what the impact might be and what it might look like and how it might impact children as well. But to help them to realise what they already know, what might be relevant and what can be applied because that would help them to feel more confident as ELSAs dealing with it. It would help them to know at what point do you seek support, and say: “you know, this isn’t something that I can deal with in my role” and at what point do you say “yeah, that work is absolutely suited to an ELSA” and carry on. So I think CPD would be helpful to support ELSAs to make that link and err, to, um, yes. Supervision helps them to manage their cases anyway, so I guess it depends what’s brought up in supervision but CPD might be a key area.
Appendix 10: Thematic Map

Theme One
EPs provide a “Safety Net”
- Safeguarding
- Consistent, warm, attuned and trusting relationships to provide emotional containment
- Preparing ELSAs for complex cases and monitoring ELSA remit

Theme Two
EPs are a “Fort of knowledge”
- EPs as skillful and knowledgeable container
- Training and Continuing Professional Development
- Signposting

Theme Three
“Join up the dots”
- “Naming it”
- Bridging theory and practice
- Avoiding the expert model

Theme Four
ELSA is a “Safe space”
- ELSAs building warm, trusting and emotionally containing relationships
- Safeguarding and disclosures to ELSAs
- The weight of responsibility

Theme Five
Multi-professional working: “It’s an army, not a soldier”
- The role of the SENCo
- Layers of support
- School staff collaboration

Theme Six
Barriers to optimal EP support
- Fidelity to ELSA intervention
- Are the least qualified working with the most vulnerable?
Appendix 11: EP Rich Picture
Appendix 12: EP CATWOE

C
Child, family, ELSA, school support system.

A
Eps, EPS, SENCOs + ELSAS.

T
- EP time allocation
- ELSA projected time
  (report, lesson planning, etc.)
- Communication between Eps, EPS, SENCOs
- What is the ELSA role?
- Drop feeding therapy/direct CVP.

W
Covid-19, increased DA, reduction in school
Anxiety, reduction in DA severity, negative
Impact of DA on CVP.

O
EP, EPS, ELSA Programme.

E
Time, Schools seeing ELSA as a "kickbox"; difficulty to ELSA intervention,
Poor event attendance (CPD, info session), schools not willing to invest.
## Appendix 13: Outline of research tasks in SSM 7 stage process.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Purpose</th>
<th>Research Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Initial Information Gathering</td>
<td>Interviewing professionals involved in delivering ELSA to children who’ve experienced DA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conduct semi-structured interviews via video conferencing software with ELSAs, SENCos and EPs.</td>
</tr>
<tr>
<td>2</td>
<td>Initial Data Analysis</td>
<td>Initial thematic data analysis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thematic analysis used to initially code and analyse the data.</td>
</tr>
<tr>
<td></td>
<td>Rich Picture</td>
<td>Building Rich Picture with EPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus group with participating EPs to conduct group analysis of data for themes and to form visual representation of these revised themes in a Rich Picture.</td>
</tr>
<tr>
<td>3-4</td>
<td>Defining Systems</td>
<td>Developing a model of systems that might be relevant to improving the reality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus group with participating EPs to establish root definition of each system (using CATWOE analysis)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus group with participating EPs to brainstorm possible actions.</td>
</tr>
<tr>
<td>7</td>
<td>Implementing Changes</td>
<td>Plan for implementation over short-term, medium-term and long-term.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Co-constructed action plan to be discussed and implemented after research completion.</td>
</tr>
</tbody>
</table>
# Appendix 14: Abbreviations of Key Terms

<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP</td>
<td>Educational Psychologist</td>
</tr>
<tr>
<td>EPS</td>
<td>Educational Psychology Service</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>SENCO</td>
<td>Special Educational Needs Coordinator</td>
</tr>
<tr>
<td>SLT</td>
<td>Senior Leadership Team</td>
</tr>
<tr>
<td>TA</td>
<td>Teaching Assistant</td>
</tr>
<tr>
<td>CYP</td>
<td>Children and Young People</td>
</tr>
<tr>
<td>DA</td>
<td>Domestic Abuse</td>
</tr>
<tr>
<td>ELSA</td>
<td>Emotional Literacy Support Assistants. A teaching assistant who has completed the 6-day training course and receives regular ELSA supervision from an EP</td>
</tr>
<tr>
<td>The ELSA</td>
<td>A programme through which TAs are trained and supervised by EPs to provide emotional literacy support in schools for pupils that have been referred to the programme.</td>
</tr>
<tr>
<td>ELSA Training</td>
<td>Trainee ELSAs participate in a 6-day training course delivered by EPs.</td>
</tr>
<tr>
<td>SEMH</td>
<td>Social Emotional Mental Health</td>
</tr>
<tr>
<td>DfE</td>
<td>Department for Education</td>
</tr>
<tr>
<td>SSM</td>
<td>Soft Systems Methodology</td>
</tr>
</tbody>
</table>