



Children with social and emotional difficulties need support from a range of professionals: Preparing professions for integrated working

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Inclusive education for all children means that teachers are increasingly faced with challenges in managing children with social, emotional and behavioural difficulties (SEBD) whose complex needs span a number of professional disciplines, some of which sit outside of education. However, whilst it is recognised that children with SEBD require management and support across a range of professions that include education, health, social and youth services, there is little done to prepare teaching staff for working across professional and organisational boundaries. The evidence of poor communication and team working amongst professions has led to policy changes and guidelines calling for greater coordination in the delivery of services for children and young people. This paper considers how education and training needs to prepare students with the knowledge and skills for collaborative working through interprofessional education (IPE), and draws on adult learning theory and activity theory to frame its direction. In doing so, it demonstrates a model for IPE that can be used to engage students from different disciplines to gain insight into the understanding of the wider issues of SEBD and the roles and responsibilities of the other professions involved. The model is one that enables students to consider the impact the role of others has on their own role, and to reflect on how their role impacts on the role of others.

Keywords: Inclusive education, social, emotional and behavioural difficulties, interprofessional education, collaborative working

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Interdisciplinary challenges

It is suggested that 20% of children in the UK will have a mental health problem at some time in their development, with 10% experiencing these problems to a level that represents a clinically recognizable mental health disorder (BMA, 2006). These children may have low achievement, (Farrell et al., 2000; Smith &

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Cooper, 1996), and problems in the classroom including inattentiveness, hyperactivity and aggression. This, plus the associated relationship between social and emotional difficulties and school failure, crime, prostitution and long term mental problems (Colman *et al.*, 2009), has fuelled the focus for prevention and intervention to be high on the Governments agenda for improvement in mental health services for children and young people (DfCSF, 2007; DCfS, 2008). To achieve improvements, integrated services and partnership working are at the centre of prevention, intervention and the management of children and young people, (DfES, 2005, 2006, 2007; DoH, 2004; NIHC, 2008). In the UK, an attempt to shape the integration of services for children is set out in the document 'Targeted Mental Health in Schools' (DfES, 2008). The document calls for joined up services across local authorities, Primary Care Trust's, the 3rd sector, and the Children and adult mental health services (CAMHS), to provide extended services in schools by the year 2010. The aim of these changes was to create community hubs where organisations of health and social services could be co-located alongside schools. The assumption is that by bringing services together in this way it will create a haven for collaborative working, where mental health promotion, referral, assessment and intervention can be shared. However, locating services together does not in itself ensure collaborative working.

In a study which looked at child exclusion, Burton *et al.*, (2009), identified variations amongst professionals working together on shared issues, and found that due to their different perceptions of required provision, children continued to be excluded from education. A similar concern with multiagency working was raised in the 2008 National CAMHS Review (DoH, 2008), which explored the progress of integrated services since 2004. The Review found that the different disciplines were working from different policy directives. For example, guidance on ways of working within the Local authorities were guided by the 'Every Child Matters' agenda (DfES, 2004), whilst professions within the Health Services were taking guidance from the National Service Framework (DoE, 2004). This meant that the focus was on policy outcomes, rather than on the process of delivery for achieving integrated services. Cooper, (2010) reminds us of the importance of policy for children and young people with SEBD focusing on the fulfillment of the child's individual needs. However, it is the way policy is interpreted and implemented that appears to be causing variation (Goodman & Burton, 2010), to the way children receive support, (Burton, *et al.*, 2009), and to the structural arrangements in place to provide support to children with SEBD (Dyson *et al.*, 2004). It is this type of inconsistency that policy seeks to change as it encourages greater integration and cohesiveness, yet interpretation and implementation remain a problem. However, according to Edwards (2009), the problem is less about variation in interpretation and more to do with organisational structures failing to accommodate policy. Edwards (2009) suggests that practitioners and their relevant organisational strategies are failing to keep pace with adjusting their practice in relation to children and young people, and points to people and organisations needing to adopt a more robust and flexible approach in respond to the children and young people.

The message emerging is that there needs to be for more coherence and effective functioning at the organisational level as well as at the practitioner level; with greater synergy occurring between services. For this to occur there needs to be greater flexibility in working, but also better communication between individuals and across organisations. There also needs to be an understanding and appreciation of the roles and responsibilities of other professions (DoH, 2008). It seems that despite legislative directives for integrated services for children with SEBD, and the development of multidisciplinary children's units across health, education and social sectors, achieving collaborative working remains a challenge (Williams & Sullivan, 2010).

How to achieve collaborative working

Collaborative practice is acknowledged as being most effective when it is organised around the needs of the individual, and takes into account the way in which local services are delivered (WHO, 2010). However, as described above there are a number of other factors that need to be considered at an organisational level. Questions that organisations might ask of themselves are;

- Does our organisation support opportunities for shared decision making, and routine team meetings?
- Do we have in place a structured information system with clear work process?
- Do we have a clear communication strategy and a conflict resolution policy?

Whilst organisations need to be clear about policy and how this will be processed and implemented (Burton et al., 2009), Leadbetter et al., (2007) propose the use of a theoretical framework to provide structure, and to guide intervention and understanding. Activity theory provides both a framework and an approach that can encompass the complex ideas and domains posed in multi-agency working (Leadbetter et al., 2007), emphasising the multiplicity of variables involved (Taylor et al., 2008). Activity theory, according to Engeström (2001) enables domains to be linked up the linking up of domains taking into account context and historical factors; as well as community and the division of labour, and the interaction between the various elements. It is suggested that by understanding the relationships between the different elements in an activity system; especially the contradictions and tensions, then measures can be taken to resolve them (Leadbetter et al., 2007).

The use of activity theory in complex cases, as with integrated children's services (Taylor et al., 2008), provides a focus and framework for multi-agency working (Leadbetter et al., 2007). Whilst theory needs to underpin integrated services and collaborative working, it is necessary to apply theory to how professionals are prepared to engage in the delivery of these services. It is the role of education and training programmes to prepare students to learn with, from and about each other (Barr, 2005). These mechanisms of engagement form the principles for inter-professional education (IPE), a learning experience which is used to

prepare professionals for collaborative working. The Centre for the Advancement in Interprofessional Education (CAIPE, 2002) makes a distinction between multi-professional education and inter-professional education. The former is characterised by ‘occasions when two or more professions learn side by side for whatever reason’, and the latter by ‘occasions when two or more professions learn from, and about, each other to improve collaboration and quality of care’. Carpenter and Dickinson (2008) suggest that two major themes need to underpin inter-professional education; the promotion of teamwork, and professions’ understanding the knowledge and values, functions and expertise of other professions. According to Schon, (1983), it is only when each of the professions within a team can value the creation of ‘shared knowledge’, will integration of any explicit knowledge along with intuitive & tacit knowledge, be applied in open dialogue. According to Williams and Sullivan (2010), it is the valuing of the open dialogue that facilitates the sharing of knowledge across professions, a process that generates new knowledge that drives collaboration. It is essential therefore that the professions responsible for the collective management of children with SEBD have the required understanding and skills to appreciate the work and knowledge of others within the multidisciplinary team, so that open dialogue can take place. Carpenter & Dickinson, (2008) suggest that adult learning theory, where learners engage in dialogue through experiential reflection underpins most curriculums involved in preparing learners in learning to work together. Adult learning enables learners to apply experiences to meanings (Knowles, 1985) which in turn encourage greater explanation of roles and responsibilities; a process that enables inter-professional learning to be achieved in practice (Carpenter & Dickinson, 2008).

According to Wenger et al., (2002), it is having opportunities for regular interaction that enables professions to learn together how to improve something, and the type of learning environment that can highlight the complexity and individual needs of children with SEBD. It is the focus of the learning experience, as well as the process that is important for engaging students, and this no different for interprofessional education. According to Engeström (2001), it is the learning that takes place when practitioners from different professions and organisations work collaboratively in the planning of an activity that enables learning to be expanded and contradiction resolved. Creating the opportunity for students to debate and interact is crucial for deepening understanding between different professional groups. Equally crucial is for the focus of an event to give meaning to the collaborative partnership.

Preparing teachers for collaborative working

Whilst it is recognised that working with children with social and emotional difficulties is challenging, ‘teacher education in England [has] no mandatory specialist training component for working with [these] students’ (Goodman & Burton, 2010, p. 224), a concern also raised by (Hodkinson, 2009). Whilst there is no specialist training specific to SEBD, the multidisciplinary nature of this condition requires teachers to engage in interprofessional education (Goodman & Burton, 2010). Cooper (2010) justifies the need for educational placements for teachers to be situated where they will gain experience in positive social emotional and educational engagement. Equally such placements could be interprofessional. Although it may be general

custom for teaching practice to occur within a classroom, the multidisciplinary needs of children with SEBD necessitate placements occur across the broader community of education, health and social services; creating opportunities for interprofessional education. It is in situations such as this that learning hubs are formed, and where the principles of social learning theory can be applied. Here learning occurs within relationships and social participation offering opportunities for dialogue to be exchanged over issues that are of common concern. It is within such environments that students become aware of their roles and that of others, and where shared knowledge and skills necessary for achieving a common aim form interprofessional education.

A model for interprofessional education in practice

The paper now draws on the authors experience of introducing an interprofessional education model within the Faculty of Health and Social Care and the Hull York Medical School at the University of Hull. Three aims underpin the interprofessional education activity:

- develop profession-specific skills and competencies to deal with clients with complex needs;
- enhance team-working skills through working in an inter-professional environment; and
- develop understanding of the roles and competencies of the other professions as distinct from their own.

We use case based learning to achieve the aims, and the model is used with students from the health disciplines, but its framework and process is applicable for use with a broader range of professions, including students in the teaching profession. The model was thought appropriate because it lends itself to learning in practice, where students already work with complex cases, requiring input from other disciplines. Despite the presence of other professions, student placement is largely uni-professional, where the focus is on achieving profession specific learning outcomes. We wanted to encourage students to learn with, from and about other disciplines (Barr, 2005) within their clinical placements, but also to maintain the focus of their learning on topics that were relevant to their professional development. We drew on the principles of Adult learning theory (Knowles, 1985) and Activity Theory (Engeström, 2001) to prepare learners for collaborative working, using case based learning as the catalyst from which to engage dialogue across professions. In doing so we sought to emphasise to students the multiplicity of variables described by Taylor et al., (2008) in dealing with complex situations and cases, and raise their awareness of the importance in addressing contradiction and tension that surrounds integrated services (Leadbetter, et al., 2007).

To achieve this learning experience we introduced case learning, a student led activity emerging from the care of a client that the student is involved with, but that requires input from multiple disciplines to achieve a shared goal. The process of this learning activity requires students to engage in dialogue with others in order to understand how their roles impact on the care and management of that client. The process requires students to reflect on their own specific skills and competences around the case, in addition to exploring and understanding the skills of the other professions involved and to identify where complementary working

benefits the client. Although the learning process is self directed, it is facilitated by the use of a template which students complete to form a case discussion with their educational supervisor. The case template originated from colleagues at Nottingham University, UK, (CIEL, 2009), which we have adapted. The template is shaped with broad headings in each section. Section 1, consists of four statements and section 2 is related to reflection.

Students are introduced to interprofessional education in the form of case learning in years two and three of the curriculum, with an introduction session in year one which focuses on the theory and rationale for collaborative working, and the role inter-professional education plays in achieving this. In addition, inter-professional workshops are provided for educational supervisors whose role is to support the students learning experience during their placements. Students need to complete four IPE cases per year, and these then serve as case discussions with their educational supervisors, where the work is formatively assessed. In addition, the students understanding of team working in complex cases forms a summative assessment in the form of an essay at the end of the academic year.

Table 1: A hypothetical example of what a completed template might look like from a student teacher

1. Consider the case from your own perspective and that of others

A. Briefly describe the context of the case. What other professions are involved in the care/support of this patient?

This case is about a child that I am teaching who has difficulty in sustaining attention and whose behavior becomes aggressive for what appears to be a minor disruption, for example if asked to sit quietly or to stop annoying the child next to him. At other times he seems withdrawn and avoids eye contact, unless he initiates the interaction. However at other times he concentrates well, all be it for short periods of time.

The educational psychologist came to see him, but this was done in an office on a one to one and I do not know the outcome of the session. There is support within the class, but the teaching assistant is reluctant to deal with this child as she feels unprepared to deal with any outbursts. On one occasion we had a supply teacher and the whole week was chaotic; mainly because this child acted up and the teacher refused to acknowledge his presence preferring instead to ignore negative behavior. In the end he was removed from the class and his mother was asked to take him home.

B. What did this case teach you about the role of others in the multidisciplinary team? Relate this to knowledge, skills and beliefs

My role is to support the teacher as I am in my training, but I felt that we as professionals have let the child down, but also let the mother down. How must it look to a parent to say that we can't support or provide an education to her child? One thing I learnt was that I don't really know what the educational psychologist does, could this be a person that can help me learn to deal with a child's aggression? I was surprised at how much knowledge and skill the teaching support staff has and I learnt a lot by asking the child questions and watching what they do to engage a child in a task that is reluctant to do the work. In this case I observed that the parent was not involved in any way with the decision making, and I wondered if we could have understood the child a bit more if the parent was invited to talk with us as I think their experience in dealing with this child might be important, we or they may not be managing but if we are all clear about what course of action to take this might ultimately help the child to cope with his aggression.

C. What did this case teach you about your own role within the multidisciplinary team? Relate this to knowledge, skills and beliefs

I don't feel that I am a member of a team; we all work toward the education of the child but independently. I believe it would be useful for more multidisciplinary team meetings, they might be time consuming but I think they would help build my knowledge. I do think there is a lot of overlap across the professions, in addition to the child being at the centre of what we are trying to achieve.

D. In considering your own knowledge and skills of the case what gaps/areas for exploring with others were identified?

There is quite a bit of repetition in supporting this child. The role of support might mean different things to different people, and maybe we are all doing things differently. I want to understand how I can develop skills that not only support the child but support the parent and the special needs coordinator as their job impacts on what I need to do when support for the child is no longer required. I also don't really understand at what point we seek the support of external agencies, such as the social worker or how we negotiate and process this support.

2. *Reflect on the differences and similarities of other members of the multidisciplinary team and the way they support each other and the patient.*

2A. How has your learning been enhanced? Relate this to the skills, knowledge, and understanding you will transfer to future practice

My experience in this placement has given the opportunity to see the importance of working with other professions to support the child with SEBD but I am concerned that most support is given separately. It would have been better if the professions could work more closely together, but also that parents were more involved. I looked at the school policy documents on managing children with SEBD as I was hoping to understand the protocol for communication and referral to other organisations, but this was not clear. Other placements might be different, so I shall explore this again. I believe it is important for teachers to have guidance on how to deal with difficult children as even children who may not show signs of SEBD and therefore fall into this category, may at some period experience emotional difficulties and we need to know how to deal with this and who to contact.

3. *Completed templates: Ask your educational supervisor to sign/date your completed case prior to discussion*

Implementing inter-professional education

At the beginning of this paper discussion centered on achieving collaborative working, and the need for organizations to consider the way policy and practice for integrated services for children and young people is interpreted and implemented. It is suggested that in addition to organizations needing to give consideration to the way services are structured and provided, education and training needs to prepare the workforce for collaborative working. The paper reports on one approach used to apply interprofessional activity in practice, and although this particular paper does not focus on the evaluation of the student's experience, suggestions are made in Table 2 on issues that need to be considered as part of the process of introducing interprofessional education into the undergraduate curriculum.

Table 2: Key factors to consider

- ◆ Partnership working between faculties and work placements services to form a shared vision
- ◆ Strategic Plan for achieving the IPE objectives
- ◆ Ambassadors identified for IPE who will work across organisational and professional boundaries
- ◆ Inform and empower educators who support learners
- ◆ Preparation of learners – clear rationale for IPE
- ◆ An ethos of self-directed learning and facilitation of learning
- ◆ Embed IPE into the curriculum – (not a bolt on extra)
- ◆ Ownership of IPE by the Faculty (s) – not an individual
- ◆ Assessment and Evaluation to be clearly mapped to training programme

Conclusion

Integrated services for children with social and emotional behavioural difficulties demands collaborative working from different disciplines, therefore education and training programmes need to ensure that they adequately prepare learners for working across professional and organizational boundaries. The model of inter-professional learning discussed within this paper, is applicable for use with a range of professional disciplines at different academic levels. What is attractive about this model is that it reflects real life experiences of dealing with evolving and complex situations that occur in the everyday life for professions and their clients. It is this evolving experience that learners can use to reflect on, building on their professional knowledge and acknowledging the input from other professions to achieve shared goals.

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