EDUCATIONAL PSYCHOLOGISTS' WORK WITH DOMESTIC VIOLENCE AND ABUSE: INVESTIGATING THE UTILITY OF A RESOURCE WITHIN CASEWORK PRACTICE

By

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Abstract

This study explores educational psychologists' (EPs') perceptions of practice with children and families who have experienced domestic violence and abuse (DVA), and whether a created resource pack can support developments towards a more bioecological model. A literature review of DVA outcomes for children revealed negative impacts, alongside potential protective factors. Psychological theory for explaining these outcomes is reviewed, and whilst beneficial, each theory does not fully explain how the child develops. Bronfenbrenner's Process, Person, Context, Time theory (2006) was suggested as a valuable basis for creating supportive resources for EP practice, to be used during assessment, intervention and evaluation. Trialled in a case study of three EPs, semi-structured interviews were used before and after the use of the resource pack, to explore potential practice changes. Thematic analysis (Braun and Clarke, 2006) was employed to create themes, both deductively according to Bronfenbrenner's bioecological categories, and driven by the data inductively. Analysis of 'pre-resource' practice suggested there were key aspects of Bronfenbrenner's model that were not commonly explored by the EPs. Moreover, barriers to practice were identified in the form of lack of time; limited DVA knowledge; and lack of appropriate resources. 'Post- resource' practice suggested many changes, which were perceived by the participants as providing them with a deeper understanding of the child. Overall, it has been suggested that the resource pack has supported many practice developments, yet there are still areas that are not addressed. It is acknowledged that not all practice barriers will be overcome by a refined resource pack in isolation, yet participants claimed to find it a valuable addition to their practice 'toolkit'. As this resource pack is in its relative infancy, suggestions regarding its growth and development are made.

Dedication

To Simon. Your unwavering belief, love and support has made this possible.

To Erin, Fintan, and Evelyn. Your patience, smiles and cuddles have kept me going.

To Mum. You instilled in me the passion for learning, and inspire me to be a better psychologist.

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CHAPTER ONE: INTRODUCTION

1.1 Thesis background

This thesis is submitted in accordance with the requirements of the professional training in Applied Educational and Child Psychology. An expectation of the training is to fulfil practice-based criteria, whilst also producing a two-volume thesis comprising research undertaken whilst on placement in a local authority psychology service. This report is the first volume of the thesis, documenting a qualitative study in which a resource pack was created and used to support educational psychologists' practice when working with children and families who have experienced domestic violence and abuse (DVA).

1.2 Exploring DVA and my identity as a researcher

My interest in DVA began through discussions with a family member who worked closely with parents that had experienced violence and abuse, within her role as a psychologist. She described difficulties in helping others to understand the child's needs in relation to their DVA experience. We reflected upon psychologists' knowledge and how prominent the evidence base for DVA outcomes may be in their thinking.

On entering the professional training course, my interest in DVA expanded whilst researching an assignment into complex experiences for children. Exploring the literature emphasised the risk and protective factors for children with different DVA experiences, highlighting the multiple and individual factors which may affect their development. Furthermore, when exploring the psychological underpinnings of the evidence base I became unsure of how thoroughly individual theories could explain the myriad outcomes that children can experience. I drew a conclusion that a bioecological model could be beneficial in supporting EPs' understanding of children's lives, and could potentially

be utilised in some form to make explicit the links between the evidence base and practice: Bronfenbrenner's PPCT model (Bronfenbrenner and Morris, 2006) serves the complexities of individual development well, offering a model for information gathering in the many systems of a child's life. Furthermore, exploring the qualities of proximal processes between that child and their systems was thought potentially beneficial, whilst regarding the individual characteristics and temporal factors that could mediate effects.

During my initial investigations of the literature I exposed a startling revelation: at that stage there was only one British published paper regarding educational psychologists' work with domestic abuse (Warren Dodd, 2009). This paper investigated the effects of therapeutic play groups for children, parenting support groups for the mothers, and interactive therapeutic play activities for both. The author suggested that these processes were helpful in enhancing the emotional wellbeing of both parent and child, and the quality of their interactions. Whilst this article highlighted domestic abuse as an area of priority in EP work, I began to consider an alternative view of parenting in abusive relationships: what if parenting was 'good enough', should we not be required to offer other support? Moreover, what other aspects of the child's own needs, experiences and wider relationships might be combining to affect their development? As the high prevalence figures will show in Chapter Two, I felt there was a rationale for continuing to discuss this topic with both academic tutors and qualified EP colleagues.

During my second year of training, I was fortunate to work in a local authority that was undertaking some multi-agency policy work regarding domestic abuse, creating a guidance document for professionals. The document emphasised considering domestic abuse throughout all aspects of working with children: sharing definitions and evidence of the outcomes during assessment and information gathering, when considering priority areas for intervening, and clarifying professional roles and responsibilities. My own developing understanding of the profession highlighted the need to be able to work successfully within individual cases, offering support and consultation to

professionals and families, supporting the development of policy and procedure within systems and organisations, offering training within and outside of the psychology service, and through working at universal, targeted and specialist levels. It became increasingly clear to me that DVA's prominence within these aspects of the EP role could become a topic for focused investigation.

On securing a further placement within a different service, I began informally to explore the priority of DVA for EPs in my new authority. It was noted by many that DVA was not a straightforward topic in relation to their practice: although most had received some DVA training, there were concerns about how this influenced their practice, due to many barriers with time and resources. Moreover, the training that had been received was often provided by external or voluntary agencies with limited psychological conceptualisations. These discussions then resulted in a formal investigation of EPs' knowledge and skills in practice when assessing children who have experienced DVA. A Training Needs Analysis (described more fully in Chapter Three) was employed to explore whether EPs were considering all aspects of Bronfenbrenner's mature theory of bioecological development, and whether training would supply an effective route to remedy any discrepancies. This approach enabled opportunities for the participating EPs to address whether they valued all bioecological aspects in assessment, and whether there were barriers to including them in their work. I suggested, due to the highlighted discrepancies between the bioecological aspects of practice and the work described by participants, that not all the systems of a child's life were consistently explored. Furthermore, not enough time and limited knowledge were identified as the most consistent reasons for this as opposed to the participants not feeling the value of it. There was also evidence that there were inadequate resources available for EPs. Training was therefore suggested as inadequate in addressing the discrepancies in practice, and I began to develop resources that could be used to enhance the bioecological model and the DVA evidence base, with a view to raising the profile of this neglected area of study. Discussions with the Principal EP encouraged my topic choice for my doctoral thesis and support and guidance was offered by the service throughout the process.

1.3 Research rationale and aims

The aims of this research are to explore EPs' perceptions of practice when working with DVA, and to trial a developed resource pack to support them. The resources intend to extend areas of consideration during casework, and facilitate explorations of practice developments whilst using it. There is a paucity of literature exploring EPs practice with this vulnerable group, yet the outcomes associated with DVA experience are well documented in other fields of child development and psychology. Children can experience many differing outcomes as a result of DVA, which have traditionally been explored in research, including: increased internalising and externalising behaviours (Fantuzzo at al, 1991; Holden and Ritchie, 1991; Kernic et al, 2003); lower social competence (Jaffe et al, 1986; Fantuzzo et al, 1991; Adamson and Thompson, 1998); higher rates of depression and anxiety (Graham-Bermann, 1996; Sternberg et al, 1993); increased posttraumatic stress disorder symptoms (Rossman, 1998; Kilpatrick and Williams, 1998); and although contentiously, lower cognitive functioning (Rossman, 1998). Of equal significance within this study (and having become a more recent topic for research), are the potential protective factors and resilience that might exist within a child's life, such as successful relationships (Levendosky and Graham-Bermann, 2000; Osofsky, 2003), primary carers with good emotional wellbeing (Graham-Bermann et al, 2009), or positive personal characteristics (Osofsky, 1997). The wealth of literature exploring outcomes is suggested within this study as being valuable to EPs when working with these children, and it is suggested that this evidence base needs to be explicitly considered in practice. Perhaps more fundamentally to supporting these children, however, is the unique position of EPs. All the documented negative outcomes from DVA are likely to have effects within children's school and community experiences- all of which are relevant to the day-to-day working of an EP. The capacity for EPs to utilise psychological evidence bases, whilst working on the 'front line' of children's services provides motivation for the importance of our profession investing time in developing our practice for these thousands of children across the country. Furthermore, using the extant literature to support the extension of protective factors may potentially give these children and families the best chances for living fulfilling lives, and not allowing

negative cycles of experience to continue. Current EP practice within this field will be remarked upon, and an acknowledgement of the barriers to successful working will be highlighted. Furthermore, the limited resources and use of overarching psychological theory that could play an important role will be considered. Although this study is exploratory in nature, it is suggested that there are theoretical frameworks which are likely to prove valuable if applied explicitly to practice. Bronfenbrenner's (1989) Process, Person, Context, Time (PPCT) theory of development is used to attempt to explore children's experiences, by allowing the content of previous literature to influence EP practice directly. It is hoped that this report will serve to document the contributions of this study to developing practice by offering a structured way of working with these vulnerable groups. The structure of this report is summarised below in Table 1.

1.4 The structure of this report

Chapter Number	**Description of content**
One: Introduction	This current Chapter summarises the study, offering the background to why the topic was selected, and placing it within the context of the researcher. The aims of the study are highlighted, alongside these explanations of how this report is structured.
Two: Literature review	Reveals the key literature surrounding DVA, and the potential outcomes for families and children. Risk and protective factors are highlighted, with a focus on understanding the individual child within the many contexts and experiences of their life. Many psychological underpinnings are regarded, with the suggestion that although they can be of great use in understanding children's experiences, they can be subsumed within a bioecological model of development that can provide a useful structure for guiding practice.
Three: Resource Development	A brief review of the creation of the resource pack that will be used within this study, including a summary of a Training Needs Analysis that occurred within this field prior to this study. The process of applying Bronfenbrenner's PPCT model is described, and the sections of the pack are described in more detail. Information is shared regarding the initial piloting of the pack, before it is implemented within EP practice and reviewed more formally in this study.

Four: Methodology	States the methodological considerations and positions within this study. The conceptual orientation is shared, with explanations of why the interpretivist epistemology is employed, and how it supports the use of a qualitative epistemology. The case study, two-phase design is stated, alongside details of the thematic analysis of interview data (Braun and Clarke, 2006). The trustworthiness of the study is explored, ethical issues are considered, and steps to address these will be stated.
Five: Results and discussion of Phase One	Reports the data found: the deductive and inductive themes and the relationships between them with accompanying quotations to illustrate the comments made by participants. Discusses and interprets the results, with emphasis on their relation to the pertinent literature from Chapter Two, with specific consideration of the first Research Question.
Six: Results and discussion of Phase Two	Reports the data found: the deductive and inductive themes and the relationships between them with accompanying quotations to illustrate the comments made by participants. Discusses and interprets the results, with emphasis on their relation to the pertinent literature from Chapter Two, with specific consideration of the second Research Question. Suggestions are made for future adaptations to the resource pack, in the light of the findings of this study. Implications for practice, limitations of this study and future directions are discussed.

Table 1: Structure of the report.

CHAPTER TWO: LITERATURE REVIEW

2.1 Historical and legislative context

Domestic violence and abuse has long been observed throughout historical and cultural contexts, with documents revealing the phenomenon as far back as the Roman Empire (Davidson, 1977). There is suggestion that, although the regularity of occurrence is not likely to have dramatically changed through time, patriarchal societal norms were responsible for its previous hidden nature (Dobash and Dobash, 1980; Edleson, 1999; Calder et al, 2004). Some key aspects of the context of this study are shown in Table 2 below.

Author/ Year of study	**Research/ legislation**
1880-1960	Gordon (1988) conducted a review of child welfare/social services involvement in DVA cases involving children in Boston, USA. She suggested that the pervasive discourse of 'mother-blaming' was responsible for the quiet acceptance of domestic violence and abuse in family relationships.
1961 *The Domestic Violence Act*	Created to identify DVA as a crime, with albeit inconsistent ramifications for perpetrators and 'victims' alike (Calder et al, 2004).
1980s – 2000s	Researchers began to explore the impacts of domestic violence on the survivors, with majority emphasis on women as 'victims': exploring the psychological and mental health consequences, suggesting that 'battered' women experience higher levels of depression and psychological distress (Cascardi and O'Leary, 1992; Sato and Heiby, 1992), risks of post-traumatic stress disorder (Herman, 1992) and reduced psychological functioning (Levendosky and Graham-Bermann, 2001). Although violence in the home was not exclusive to female victims, when exploring the recurrence and severity of violent acts, it was suggested that women were the most maltreated (Walby and Allen, 2004).
1990 *Law Commission Finding*	Dallos and McLaughlin (1993) identified that, until the Law Commission finding in 1990, the law did not prove overly effective in ensuring safety for survivors and children.
1990s	Policy documents and such as *Messages from Research* (Department of Health, 1995); *Working Together* (DoH, 1998); and the *Crime and Disorder Act* (1998) began to emphasise domestic violence and abuse as 'mainstream' offences with a requirement for support for families and children.

Table 2: Key aspects of historical and legislative influence.

2.2 What is DVA? – defining violence and abuse

We begin here with an acknowledgement of the myriad terms associated with conflict within families. *Domestic violence, domestic abuse, family violence, inter-parental conflict, marital conflict,* and *intimate partner violence* are often used interchangeably, both in literature and conversation, alongside *battered women,* and *wife abuse.* In an analysis of the definitions used in literature, Pryke and Thomas (1998) found three main areas that informed the discourse: the form of the relationship (duration and style of relationships); the types of violent/abusive acts (power, control and coercion and physical violence); where the violence is located (private versus public, within or outside domestic households). These areas will be subsequently employed in forming the definition used in this report. It can be seen that differences in Pryke and Thomas' areas above will not only influence what is thought of as domestic violence/abuse by professionals and researchers, but -of more concern- may impact how individuals involved feel: "[the survivors] may remain silent if they feel their experiences are not reflected in dominant understanding or definitions of what constitutes domestic violence" (Kelly and Radford cit. in Calder et al, 2004: 16). An important issue to note at this stage relates to the dominant notion of violence against women in the above studies. Jouriles et al (2001) highlight the necessary caution when exploring and viewing the narratives of research and experience, as it can reveal assumptions related to gender-based conceptualisations of violence in the home. The debate still reigns regarding researchers' perceptions of the cause, function and impact of conflict, within the field of feminism and equality; with the likes of Holtzworth-Munroe et al (1998) suggesting that male-to-female violence should not be equated with female-to-male violence. Furthermore, with an overwhelming focus on women as 'victims' (see Calder et al, 2004: Chapter 2, for a literature review), the discourse often accepts the implications of societal patriarchy: male dominance and female subservience as a received wisdom in the populace (Dobash and Dobash, 1980). Within the pro-feminist stance, the ideological underpinnings of 'men as dominant/women as subordinate' have been commonly viewed as causal in determining explanations. Alongside this gendered view, there have been biological explanations posited ("men's violence is natural; we are born that way". Calder et al,

2004:23); and suggestions of social structure as causal (when society does not allow men to fulfil their dominant roles, leading to stress, frustration and ultimately violence. Calder et al, 2004). When discussing the definitions of violence and abuse, the gender issues here must be acknowledged, although they are not being used within this report's definition. As will be noted later, much of the literature, however, does implicitly use gender distinctions.

There have been investigations into the frequency and severity of female perpetrated violence, with some suggestions that it occurred at a similar rate. However, previous studies have concluded that women's violence is in response to their dependant state in stressful situations, as opposed to a method of domination (James, 1999). It is suggested here, however, that the emotional experiences of the perpetrator, (i.e., stress and frustration) is a common factor in many violent acts in the home, irrespective of gender. Dutton (2000) would disagree with the feminist theory approach to understanding male-perpetuated violence; suggesting individual characteristics (such as profiles similar to personality disorders and post-traumatic stress disorder) were more likely to provide causal explanations than patriarchal societal assumptions. Caution is advised here; these assumptions must not be implicit in our explorations of this field; rather clarity is necessary to regard fully the implications of the surrounding literature. Furthermore, although terminology such as *battered women* is more clear in its gender position, this may be at the expense of considering other forms of conflict in households such as men as 'victims', abuse in homosexual relationships, and children's experience of it. Jouriles et al discuss the effects of male and female violence on children and conclude, "both forms of violence may be important from the perspective of a witnessing child" (2001: 15). Although there is acknowledgment that the majority of relationship conflict is reported as being instigated by males (Calder et al, 2004) there is no comfort here in accepting this as the 'whole truth'. Using the term *domestic violence and abuse* (DVA) allows for acceptance of any individual in the household as the 'victim'. Furthermore, what we mean by *violence* and *abuse* must be clarified.

Previous studies have often conceptualised violence as incidences of physical aggression (see Straus et al, 1998), yet it is suggested that this does not adequately represent the range of abusive behaviours that may be present in the family home (Calder et al, 2004). Some academic literature has commented on the prevalence of non-physical violent acts from partners in the general population (for example, 15% of men and 22% of women experiencing it: Ernst et al, 1997). Moreover, negative outcomes for children in households with abuse can be associated with non-physical acts (Jouriles et al, 1996); therefore, it is suggested that this broad definition of violence is more likely to encompass the abusive powers of conflict that affect families.

The British Home Office uses the term *Domestic Violence and Abuse,* and defines it as:

> 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 (Home Office, 2013: New Definition paragraph).

With an increased academic and public awareness of DVA, and what constitutes it, it could be suggested that society has shifted to being more conscious of what may be happening in families. However, there are aspects of DVA that are less recognised in both academia and society.

Cultural and honour-based violence (including psychological, physical and sexual abuse; forced marriage; financial control and social rejection) may be administered outside of the intimate partnership and include wider family networks and the community (Northamptonshire County Council, 2013). Although literature is not as forthcoming within this field, there are suggestions that DVA within black and minority ethnic (BME) communities can fall within qualitatively different cultural norms and expectations (see summary points in Table 3).

Author	Summary of research
Fernandez (1997)	Suggestions that the male/female hierarchy is not as clear-cut as the Western-based research has alluded, with family dynamics in Indian families relying on younger women being dominated by men *and* older women.
Mama (1996)	Emphasises the complexities within some Black families in relation to the "triple oppression along the dimensions of race, class and gender" (cit. in Calder et al, 2004: 40). There is also further suggestion that within BME families there are additional pressures of extended family aggression and threats of hired help to find the survivors should they leave.
Batsleer et al (2002)	Highlights the concerns regarding immigration status should the survivor attempt to separate

Table 3: Summaries of research into DVA in BME families.

Although this paper does not serve to investigate these issues in detail, we must regard the intricacies of family life that may be occurring.

This paper is clear about the definition it takes, being supportive of the current legal framework and inclusive of the British Home Office's description. It also considers the three areas of definition given by Pryke and Thomas (1998), and is summarised in Table 4 below.

Pryke and Thomas' areas of definition: The form of the relationship	The forms of relationship it discusses will not make distinction between survivor and perpetrator gender, unless explicitly stated in the context of previous research, and will include awareness of abuse outside of an intimate partner relationship.
the types of violent/abusive acts	The terminology used within this paper will be that of *domestic violence and abuse* (DVA), in an attempt to be explicit regarding the breadth of acts included in this field of study that have been shown to impact children's development.
where the violence is located	The location of DVA will encompass both private and public acts, and acknowledge that DVA occurs both within the family home and long after separation/ family breakdown (Walby and Allen, 2004).

Table 4: Definition of DVA

This definition is considered crucial in supporting Kelly and Radford's (1991) view of empowering survivors, to aid them in naming their experiences. As a final note, the 'victims' of DVA here will not be referred to as such. Adults involved will be named *survivors*, in attempt to move away from the

implied passivity in the situation. As Calder et al comment, "survival can often be achieved by the use of resistance tactics, and the development of coping strategies, that may not automatically be viewed as rational and logical by society in general, or those around them" (2004: 18). Irrelevant of the perceived maladaptive reactions, those involved are not felt to be purely inactive and unresponsive victims.

2.3 Prevalence

As noted previously, the acceptance of what authors and survivors mean by DVA will influence the levels of reporting. Mooney (1993) has suggested that this may explain why prevalence figures vary within the literature. Without definitive figures available, and no UK data exploring it specifically (Hester et al, 2007), only estimations can be reported. Studies that suggest specific numbers can vary in their methods of data capture: self-reporting, crime figures, access to DVA related services etc. All of these bear criticisms regarding their reliability and application to the general population. Moreover, as some studies report prevalence (numbers of individuals affected) and some report incidence (numbers of DVA acts within a specific timeframe), the statistics can be confusing and contradictory. Commonly reported statistics are shown in Table 5.

Reports and studies	**Statistics**
The British Crime Survey of 2001 (Walby and Allen, 2004)	45% of women and 26% of men report to have experienced DVA at one or more times their lives.
The British Crime Survey of 2010 (Home Office, 2012)	18% of all violent incidents reported to the police were domestically based, with 74,113 cases of DVA were brought to the Crown Prosecution Service.
Mirrlees-Black (1999)	At least 50% of households where DVA has been reported contain children.
Laming Report (2009)	At least 200,000 children were living in homes at high risk of DVA at any one time.
UNICEF (2006)	1,000,000 British children will have had DVA experience.
Women's Aid Federation Census (2004)	45% of the children living in English refuges with their mothers were under five years old.

Table 5: Reported statistics associated with DVA.

Disturbingly, Pryke and Thomas (1998) suggest that up to two thirds of DVA is not reported, which allows us to consider that it is likely that professionals working with children and families *will* be in contact with the effects of DVA. Subsequently, as educational psychologists (EPs) we often work with vulnerable children, in terms of their mental health and emotional wellbeing; behaviour; social and communication needs; and cognition and learning. As will be discussed below, these are all areas that are suggested as affected by experience of DVA. It is therefore paramount that EPs not only understand the likelihood that we are already working with these families, either known or suspected, but also to fully comprehend the effects of DVA within all aspects of a child's life.

2.4 Children's experiences of DVA

As Overlien (2010) comments, much of the earlier research into DVA and children and young people focuses on them as 'witnesses' or 'observers'. A further focus lay in the realms of physical violence as the acts they were witnessing. As noted previously, there has been a shift to encompass the wider range of abusive acts; concurrently there has been a rejection of the terms witness and observer,

> "This description fails to capture the ways in which children become caught up in the incidents of abuse […] far from watching passively, children experience the violence with all of their senses" (Devaney, 2010: 1).

By emphasising the many and various experiences a child may have (i.e., seeing and hearing the violence, observing the perpetrator's control and coercion, being aware of the physical and psychological consequences of the acts), we can begin to view how these experiences can affect the developing child. Furthermore, these multi-sensory events allow for exploration of the potential vulnerabilities of this population, within the context of psychological theories that may contribute hypotheses for the suggested negative life outcomes. More importantly, for this paper, exploration of the child's unique and active experiences of DVA will enable exploration of potential protective and resiliency factors that may begin to clarify why some children who experience DVA have limited

negative outcomes. As noted in the introduction, children can experience many differing outcomes as a result of DVA, and these will be explored in more depth subsequently, whilst acknowledging the theoretical explanations that are suggested to lie beneath them.

2.4.1 Internalising behaviours

With many studies identifying depression, anxiety and withdrawal behaviours associated with children experiencing DVA (Graham-Bermann, 1996; Spaccarelli et al, 1994; Sternberg et al, 1993), there is a general acceptance that this is a risk for this vulnerable group. The view changes, however, with the inclusion of child gender as a variable. In recent meta-analyses of associated outcomes of DVA, Davies et al (2008) and Kitzmann et al (2003) found no gender effects associated with internalising behaviours, yet individual studies, (Yates et al, 2003; Moffitt and Caspi, 1998) did find more instances for the girls affected. Caution is advised, however, with any acceptance of gender as a simplified explanation of outcome: "to say that simple models of gendered responses are unhelpful, however, is not to say that gender is irrelevant" (Kelly, 1994: 49). Hester et al (2007) provide a review of research in which they comment that aspects such as intensity of the violence and the age of child can influence the complicated nature of outcomes associated with girls and boys responses to DVA.

There has been suggestion of a behavioural-genetic link between depressive symptoms in parents and in children, which may come to fruition upon the experience of negative home environments containing violence (Downey and Coyne, 1990). It is noted that this link may add further complexity to the assessment of children's needs, as the parent may then not be best placed to identify the symptoms (Calder et al, 2004). Furthermore, if teachers are unaware of the child's family circumstances, they also may view internalising behaviours as quiet or calm personality characteristics, rather than being indicative of requiring more concern (Calder et al, 2004). Self-report measures have been suggested as vital to capture more accurately the child's emotional needs

(Achenbach, 1991). Within the DVA domain, children have been shown to report their own needs effectively (see Calder et al, 2004).

The theory of Learned Helplessness has been suggested as useful in explaining why some individuals who experience DVA as a child become more likely to be victimised throughout their lives (Overlien, 2010). Seligman (1975) purports that individuals can believe they have no control over a situation, and develop a lack of motivation in attempting to ameliorate difficulties. Seligman modified his theory to include a more explicit consideration of whether the individual perceives the situation as uncontrollable by only them, or by everyone, and whether the helplessness stays static in the situation it was gained in, or whether it is generalisable to other aspects of their lives (Abramson, Seligman et al, 1978). Although some favour has been gained by this theory to support explanations of why women may stay in abusive relationships, and in understanding the internalising behaviours of some children, there is concern that it models the parent and child as passive beings in the violence, which, as noted earlier, is not represented by the survivor's narratives in research (Calder et al, 2004). However, it is suggested that the supposed helpless state that some survivors may experience could influence their interactions with people, activities and environments, and therefore contribute to the effects of DVA.

2.4.2 Externalising behaviours

Aggression, non-compliance, and use of violence by children themselves have been associated with DVA in many studies (Graham-Bermann and Levendosky, 1998; Kitzmann et al, 2003; Kernic et al, 2003), albeit again with a focus on mothers as survivors. A more limited research base exists regarding women as perpetrators and DVA in same-sex relationships, yet they do not seem to investigate the use of violence in the children of these families. (Seelau et al, 2003; Peterman and Dixon, 2003; Dixon et al, 2007; Hester, 2012; Morrill and Bachman, 2013) As highlighted in an article by Edleson (1999), Jaffe et al (1986) proposed that exposure to violence in the home may instil an attitude of justification

of violence as a means of conflict resolution in the child. Research has found that children who experienced DVA responded more aggressively to peer conflict (Ballif-Spanvill et al, 2004), and boys with DVA experience, who are currently imprisoned for violent crimes themselves, were more likely to hold an attitude of violence as a means of improving reputation and self-image, than boys without history of family violence (Spaccarelli et al, 1995).

Social Learning Theory is an often-cited explanation for why this cycle of violence occurs (Carlson, 2000). As summarised by Mihalic and Elliott (1997),

> social learning theory states that we model behaviour that we have been exposed to as children. Violence is learned, through role models provided by the family […], and reinforced in childhood and continued in adulthood as a coping response to stress or a method of conflict resolution (Mihalic and Elliott, 1997: 21).

Mihalic and Elliott's study revealed that exposure to DVA as a child, mediated by stress and marital satisfaction, predicted experience of DVA as an adult, for the women. Interestingly, they did not find a link between men's experience of DVA and subsequent DVA as an adult. They also suggested that the use of violence by teenage girls was associated with their experience of DVA as children, but again this was not found in the male cohort. As many researchers have stated, DVA is believed to be more frequent and severe when directed towards women, yet this example of a social learning approach to understanding DVA and its intergenerational nature, may not explain why there are supposedly more male perpetrators. Moreover, the association between experience of DVA as a child and subsequent adult DVA may be a very simplistic relationship. Addition of considering the manner, frequency or duration of violent interactions could provide useful information; research tells us that the levels of repetition in DVA experiences may affect the instances of the child using violence (Bell and Jenkins, 1995) as well as the effects of childhood posttraumatic stress symptoms and subsequent externalising behaviours (Rossmann and Ho, 2000). It could be suggested that further consideration of positive factors or relationships in the children's lives either and whether they prove protective in mediating negative effects could deepen the understanding of children's experiences (Levendosky and Graham-

Bermann, 2000; Osofsky, 2003). This, in collaboration with exploration of the individual's psychological, emotional, and biological characteristics could potentially support reflection on social learning theory as having good explanatory power, alongside other compatible theoretical underpinnings.

Other explanations the literature provides, in relation to externalising behaviours, comes from proponents of attachment theory (see Greenberg, Speltz and DeKlyen, 1991 for a literature review). The hypothesis suggests that insecure attachments may arise from a lack of sensitive parenting: the parents may not be emotionally available to their infant, or be in too fearful a state to be responsive to their needs (Zeanah et al, 1999; Ybarra, Wilkens et al, 2007). There has also been suggestion that insecure attachment may also account for the previously discussed internalising behaviours (Anan and Barnett, 1999).

2.4.3 Social competence

Attachment theory, initially proposed by Bowlby (1969), states that sensitive and responsive caregiving, and proximity-seeking behaviours can result in secure attachments between infant and carer. The infant can then internalise this relationship model, and use it to represent future interactions. It is further suggested that the internal working model that develops may be insecure, if the infant-carer interactions are based upon insensitive, unresponsive and unpredictable parenting.

Bolen (2005) reviews the literature on DVA experience and parent-child relationships. She highlights several studies in which they identify negative views of their infant child from abused mothers (Huth-Bocks et al, 2004); disorganised attachment patterns in infants with physically abused mothers (Zeanah et al, 1999); less maternal warmth from abused mothers for school-aged children (Levendosky and Graham-Bermann, 2000); and DVA experience resulting in negative associations with secure attachment in adolescents (Levendosky et al, 2002). The suggestion is that these poor

relationships lead to the child developing unhelpful internal working models which "influences their ability to successfully engage, negotiate and manage interactions with their siblings, peers, romantic partners and other adults" (Calder et al, 2004: 59). Conversely, within the attachment domain, studies have also shown that pre-school children's attachment was not associated with DVA (Levendosky et al, 2003), and that children often develop successful attachments with the non-abusive parent (Lamb et al, 1985). It is important to acknowledge the difficulties that arise from attempting to measure attachment, often requiring intense and expert exploration that is not consistently found in this research. Bolen (2005) comments that many of the measurements used do not hold good construct validity, and self-report methods may not yield conscious awareness of individual's own attachment styles. Moreover, it is suggested here that many of the studies that utilise attachment theory as a mediating factor or link between DVA and later negative outcomes, do so by taking correlations and making suggestions of causality. It is suggested that the associations are often speculative, with many presuppositions of negative attachment effects transposed onto the DVA literature. It could be argued that this theoretical underpinning does not hold much weight with individual person characteristics within the interactions, furthermore, context and consistency of the exposure is not well researched. However, consideration of attachment relationships are unlikely to occur in this isolated fashion: relationship explorations occur between multiple individuals *and* within multiple contexts.

Cicchetti and Toth (1998) have discussed the associations between parental depression and lower social competence in their children, via attachment theory. More explicit links have been made directly between insecure attachment and negative peer relationships (Urban et al, 1991). Within the DVA discourse, Gewirtz and Edleson (2007) offer a potential explanation for this: that the initial attempts at socialising made by babies (e.g., smiling, babbling etc.) require attuned responses from the caregiver. If, as these authors suggest, the survivor parent is psychologically unavailable to the infant, the lack of social reciprocity may result in poor social competence. The authors continue that throughout the school years, it is wider socialisation processes that develop the child's relationship skills. Oden (1987), cited by Gewirtz and Edleson (2007), suggests that in vulnerable families, the

amounts of social opportunities may be limited. It could be suggested therefore, that an important period for developing social skills with peers may be affected by the DVA-exposed family limiting the contact with the outside world. The quality of attachment relationship may therefore be considered in conjunction with other situations requiring and affecting social competence.

An alternative view is purported by Rossman (2001), in which these vulnerable children cannot fully embrace social opportunities due to difficulties in perceiving and understanding interactions and potential social threats. Becoming hypervigilant to social situations is suggested as resulting from the child's internalised response to threats in their close relationships.

> This hypervigilant processing pattern, though adaptive in actual threat situations, might serve to fuel aggressive and hostile reactions in peer interactions, leading to negative feedback from peers that in turn serves to reinforce and nurture aggressive dispositions (Dodge, Pettit, Bates, and Valente, 1995). Yet there is no empirical evidence that such processes occur in children exposed to domestic violence (Gewirtz and Edleson, 2007: 61).

Again, it seems that the literature surrounding maltreatment, attachment, and social competence are hypothesised as being interrelated, and would benefit from further support from empirical evidence.

2.4.4 Symptoms of trauma

Suggestions of the prevalence of posttraumatic stress disorder (PTSD), for children who have experienced DVA, have varied according to the ages explored, and the methodology used. A summary of the percentage of children that may qualify for PTSD diagnosis can be found in Appendix 1 alongside further details regarding the diagnostic criteria for PTSD. The focus of this section will acknowledge both PTSD as a distinct diagnosis, alongside trauma symptoms more generally.

Kitzmann et al (2003) published a meta-analysis in which they suggested that children who experience DVA had more trauma symptoms than internalising behaviours. Trauma theory explanations of these

symptoms have considered the evolutionary impact of stress responses, such as the fight-or-flight mechanism:

> With each new experience of flight or flight, our mind forms a network of connections that get triggered with every new threatening experience. If children are exposed to danger repeatedly, their bodies become unusually sensitive so that even minor threats can trigger off this sequence of physical, emotional and cognitive responses… it is a biological, built-in response, a protective device that only goes wrong if we are exposed to too much danger and too little protection in childhood or as adults (Bloom, 1999: 3).

Within the earlier literature mothers as survivors were discussed, in terms of increased risks of PTSD, and noting that the consistency and severity of the abuse increased the strength of trauma symptoms (Kemp et al, 1995). Further suggestions echo this research, with relation to children's trauma: the severity of DVA experience will be associated with the severity of the symptoms (Kitzmann et al, 2003). The combination of these factors has been summarised: the intensity of trauma symptoms in children is enmeshed with how threatened their caregiver is by the DVA, and by the carer's own stress symptoms (Scheeringa and Zeanah, 2001; Bogat et al, 2006). Moving forward from the evolutionary perspective, academic focus began to consider the emotional aspects of stress and trauma. Following on from the discussion on attachment theory above, a further theoretical proposition has been given here to explain this. The emotional security hypothesis (Davies and Cummings, 1994) suggests that there is separate emotional security gained through the child's attachment relationship, to the child's emotional security in the context of their parent's relationship. The authors continue, "children may appraise parent-child attachments as secure but have an insecure representation of the parents' relationship" (1994: 388). Emotional insecurity is suggested as contributing to difficulties in regulating and organising emotions, and ultimately leads to distress and symptoms of trauma. Cummings and Cummings (1988) suggest that these symptoms are mediated by whether a child has the cognitive capacity to explore their emotions and behaviours or whether their capacity is filled by the need to maintain their hypervigilant state. There is also suggestion that the emotional experiences of the children, be they positive or negative, lead to a physiological state of hyperarousal during stressful situations; suggesting that even in a highly positive state of emotion, the child can still exhibit trauma

symptoms (El-Shiekh and Cummings, 1992). This however, is not uniformly accepted, with Grych and Fincham (1990) stating that positive experiences can actually mediate the posttraumatic stress responses of children. This view, that it is the negative arousal which can lead to stressful behavioural responses, has been empirically evidenced by Davies and Cummings (1995), wherein they comment that the functionalist perspective allows for a causal explanation of the role of emotions in children's stress symptoms. As we are describing the process of the child's reactions to DVA as the mediating factor in their negative outcomes, we are also acknowledging that the child's individual characteristics are likely to contribute to how they react to conflict. Bogat et al comment, "factors such as child and caregiver characteristics and characteristics of the traumatic event must be considered in diagnosis" (2006: 110-111). The authors own study found that, when the DVA was categorised as severe, the mother's trauma symptoms were directly associated with the child's. Interestingly, as some theorists have purported (see Lyons-Ruth et al, 2002), some studies have failed to find links between trauma symptoms in children and the mother's levels of depression (Kilpatrick and Williams, 1998; Bogat et al, 2006). Consideration of the nonviolent parents' emotional wellbeing is still regarded as valuable, yet we must explicitly consider their own trauma symptoms. It is suggested that parent and child characteristics as well as wider contextual dynamics could facilitate children's reactions to DVA. Moreover, it is again highlighted that the contexts and characteristics could present protection from negative outcomes (for example, a secure parent-child attachment), requiring them to be thoroughly investigated when working with individual children.

2.4.5 Cognitive functioning and attainment

There is disparity within the literature exploring the effects of DVA on children's cognitive functioning and academic attainment. Moore and Pepler (1998) found that cognitive/attainment test scores (reading, memory and attention) were lower for children who witnessed DVA, yet their scores were similar to that of children from one-parent families and homeless families; suggesting the results may

be more related to socioeconomic status (SES) and family stress levels. Rossman et al (1993) found that child-witnesses were also reported to have more learning difficulties than the control children did, yet it is noted that this data was gathered from maternal report. As Huth-Bocks et al (2004) state, maternal reports of this group of children can potential underestimate skills and overestimate difficulties. This could explain negative maternal reports related to their children's learning needs. Many early research studies have found no significant differences in language ability and cognitive development (Rossman, 1998; Hughes, 1988) when controlling for SES. However, Huth-Bocks et al (2001) found that pre-schoolers who experienced DVA had verbal abilities significantly lower than the control children did. It is noted that this study attempted to consider whether the effects of DVA were direct, or indirect (via the home environment, maternal depression, SES) and when these factors were considered, further aspects of cognitive functioning (visual and spatial skills) were not significantly different. It is interesting to consider, however, the notion of cognitive capacity again here. As Bloom comments, stress inhibits our ability to think clearly:

> When we perceive we are in danger, we are physiologically geared to take action, not to ponder and deliberate… When stressed we cannot think clearly, we cannot consider the long-range consequences of our behaviour, we cannot weigh all the possible options before making a decision, we cannot take the time to obtain all the necessary information that goes into making good decisions (1999: 5).

It is suggested here that the process of being a child participant in these studies may induce stress. Unknown adults, unfamiliar activities, and the process of testing may all prove worrying and distressing for these vulnerable children. This, coupled with any hypervigilance to the environment; difficulties with attention and concentration; inconsistent or inadequate educational experiences, may all affect the child's capacity to 'perform' in cognitive tests. Furthermore, within the realms of individual variations in children's intellectual levels, how can we really extract the effects of DVA on cognitive functioning? We may be able to explore how they function, at an observational level, or investigate their intellect as co-occuring with all of the issues above, but it is felt we cannot explicitly

say that DVA is causal in lower cognitive skills and attainment. The confounding factors are too complex and disarrayed in a 'real life' situation.

2.5 Methodological critique of the extant literature

Whilst this literature review highlights many important studies claiming effects, associations and impacts of DVA on the developing child, it is not assumed that they are without critique. Moreover, the methodological decisions within the extant literature must be considered in order to explore the levels of confidence one can have in the results they share.

The majority of the research cited above is derived with certain epistemological assumptions: that the outcomes of DVA can be viewed as measurable and quantifiable, with many claims of the causality rather than associations (Edleson, 1999). Limitations with this arise from the perceived certainty by which the DVA is being claimed as the variable by which the outcomes occur. Yates et al state that many studies portray DVA experiences as being the "univariate predictors of later child pathology" (2003: 202), and examples within this literature review appear to fall within this description (Mihalic and Elliott, 1997; Zeanah et al, 1999; Ybarra, Wilkens et al, 2007). Other influential variables that may be associated with outcomes include parent-child maltreatment and neglect (Appel and Holden, 1998; Moore and Pepler, 1998); environmental conditions and family dynamics (Daro et al, 2004); community culture and experiences (Little and Kaufman Kantor, 2002).

The methods used in these studies often rely on quantitative assessments of outcomes, which are purported as providing great support to our understanding of the developing child. Often standardised, the measures are rationalised by the authors as being rigorous. However, commonly used scales, such as the Conflict Tactic Scale (Strauss, 1979: used by authors such as Mihalic and Elliott, 1997; Levendosky and Graham Berman, 2001; Kitzmann et al, 2003) and the Child Behavior Checklist (Achenbach and Edlebrook, 1986: used by Sternberg et al, 1993; Rossman, 1998; Yates et al, 2003)

have been critiqued in relation to their construct validity. Seeking to overcome the generalised assessment of functioning, Clayton and Balliff-Spanvill created measures specifically to assess behaviours in children with experience of DVA (Violent and Peaceful Strategies in Conflict/Violent and Peaceful Initiatives in Conflict: 2000; 2001). Although they stated good reliability validity, these scales have not been extensively used and tested within the population they aim to assess, offering no standardised data. Perhaps, of more significance within the context of this report, is the limitations of all positivist measures of DVA outcomes: they may not help to understand the subtleties and variations in individual experiences (Overlien, 2010). As a final note, data is often collected from the non-violent parent or school staff. It has been noted earlier in this Chapter that needs may not be adequately represented by those around the child (Calder et al, 2004), with, for example, significant differences found between parent and child reports on the same emotional and behavioural issues (Kitzmann et al, 2003).

Other methodological limitations include how the studies define DVA: physical violence (Holden and Ritchie, 1997; Fantuzzo et al, 1997; Kitzmann et al, 2003; Yates et al, 2003) cf. non-physical partner abuse (Fantuzzo et al, 1991; Jouriles et al, 1996; Graham-Bermann and Levendosky, 1998). The implications of choosing whether children fall into the *exposed* or *non-exposed* categories will depend greatly on the criteria they use for what constitutes DVA. Many studies which claim outcomes from DVA are using inhabitants of shelters and refuges as their samples (Jouriles and Norwood, 1995; Fantuzzo et al, 1997) and as Yates et al (2010) comment, this is likely to influence the findings from the studies (e.g., adding further complexity to the negative experiences a child has, in combination with the DVA). Moreover, these studies do not add to our understanding of the children whose DVA experiences as still hidden or who remained within the environmental stability of the family home.

Although the limitations of the cited literature are made explicit here, it is not to say that the studies cannot be used as a basis for potential negative effects and protective factors. It is not suggested that the research is without value; we can draw tentative conclusions regarding the possible associated

effects of DVA. These critiques serve to highlight how evidence-based work with this vulnerable group needs to acknowledges the myriad complex and subtle factors which may influence development.

As has been shown, many psychological theories and methodologies have underpinned the research into the outcomes for children who experience DVA. As noted, the focus of this report is to document EP practice in casework, so an understanding of the literature is believed to be paramount. However, our casework practice is often intended to understand the world as it exists for the *individual* child and family (Boyle and Lauchlan, 2009), therefore this literature needs to be placed within the context of this work: to understand their experiences, identify risk and protective factors, and to ultimately suggests ways to support and benefit their development. Moreover, each theory, when considered alone may prove fruitful in its application to understanding these children, in specific 'pockets' of development. Nevertheless, no child exists in segmented sections. Their experiences are entwined and interwoven with the significant figures in their lives; with their own resources and characteristics; with the environments they endure (and those of their close relationships); and across the time factors of their lives. It is further suggested that, in order to comprehend their ecological existence, we must work and explore within all those areas. This report serves to document a model of practice that allows the consideration of the extant, distinct literature, in a wider bioecological form. Bronfenbrenner's mature Process, Person, Context, Time (PPCT) theory of development will be discussed as a valuable way to coalesce this literature into a useable and beneficial model for EP practice.

2.6 Bronfenbrenner's Bioecological Theory of Development: PPCT model

Throughout his career, psychologist Urie Bronfenbrenner became concerned with developmental psychology and its ecologically invalid nature. He discussed a need for considering the developing child in *all* the contexts in which they exist, believing them to be central to explaining how they become the

people they do (1979). His initial focus on ecological contexts regarded an individual's contacts with objects and people, the independent interrelations between those contacts, the wider separate experiences for those objects and people, and the cultural and societal influences at a wider systemic level (see Figure 1).

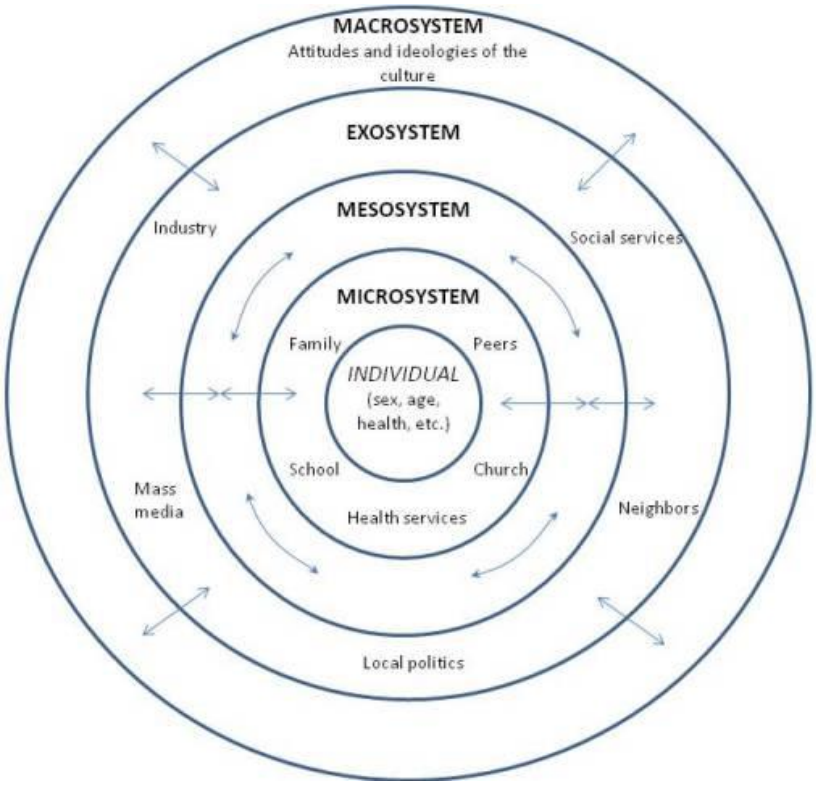


Figure 1: Bronfenbrenner's ecological systems of development

There are contextual aspects that will influence the experience and effects of DVA. Many micro, meso and exosystemic factors have been discussed throughout the earlier sections on child and family outcomes (see Section 2.4). An ecological example of the links with male-perpetrated domestic violence is shown in Figure 2 below.

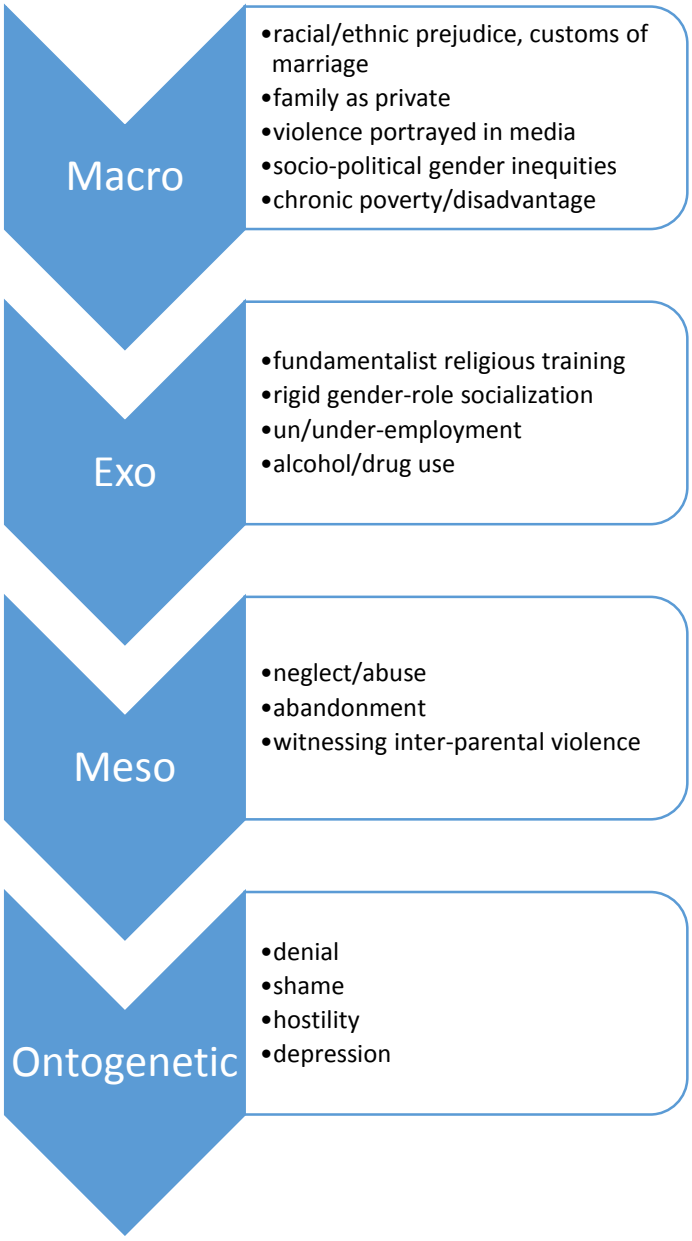


Figure 2: An ecological model of male-to-female intimate violence (adapted from Dutton, 1995).

Further explicit consideration is given here of the macrosystemic factors which will filter into what the family encounters and the experiences of the professionals when working with them.

> The cultural social macrosystem comprises the set of cultural and social values that pervade and support individual and family lifestyles and community services in today's society. This level is often the invisible layer in theoretical models of domestic violence, yet its influence is increasingly recognised as important in understanding the hidden forces that govern personal and institutional behaviours (Calder et al, 2004: 30).

Socio-cultural features, associated with DVA, are suggested as, how culturally accepted societal violence is; the nature of the violence and conflict that is condoned within the family home; and attitudes towards and between genders, and the 'tradition' of women as unequal (Straus, 1977). The issues of women-as-victims has been discussed earlier in this Chapter, and whilst not fully accepted, it is suggested that a patriarchal view of families may be occurring for some, providing explanations of the attributions some male perpetrators may have for their violence. Many other studies have identified socioeconomic status as being strongly linked with instances of DVA, with social policy implications for the reduction of poverty supporting the elimination of DVA (Dutton, 1985; Gelles and Straus, 1988; Khan, 2000). It could be suggested that the privacy of families, their 'rights' to live without judgement, and the potential acceptance of family-based conflict, could cause hesitation in discussing DVA. Moreover, this hesitation could filter into the practice of professionals: a possible explanation of why DVA is such a sensitive topic to discuss (Tower, 2006; Wong, 2006; Byrne and Taylor, 2007; Gallagher, 2010). Moreover, in practice, the assumptions that arise in relation to DVA (who is at 'fault', why did not the victim leave?) have been found to occur for some psychologists (Wandrei and Rupert, 2000), which could be suggestive of the continuation of macrosystemic cultural beliefs filtering in the exosystem of a child. In turn, if these views affect how individual's practise, effects on how the family members will feel about their experiences are assumed: guilt, shame and feelings of responsibility/excuses for the violence occurring (Dutton, 1985).

Bronfenbrenner's ecological approach was in development:

> "I have been […] revising, and extending- as well as regretting and even renouncing- some of the conceptions set forth in my 1979 monograph" (Bronfenbrenner, 1989: 187).

Bronfenbrenner conceded he had not given priority to *how* the individual interacts with the contexts, the form of the relationships within the varying systems. These *proximal processes* became central,

with acknowledgement that how they occur within the contexts were the key to understanding development, rather than it being about the contexts themselves. Moreover, this consideration of processes allowed explanations of how individual children develop uniquely in reaction to experiencing similar events or situations. With **processes** as the fundament, the individual biological and psychological resources a **person** holds were also emphasised as crucial to development. The **contexts** continued in emphasis, yet in combination with these other aspects. **Time** was then viewed as influential in relation to other simultaneous events; the consistency of interactions; and the developmental processes that occur dependant on the individual's age and historical societal events (Tudge et al, 2009). These four principles, Process Person Context Time (PPCT) became the mature model of Bronfenbrenner's bioecological model of development (Bronfenbrenner and Morris, 2006).

2.6.1 The value of the PPCT model in research

Within this report, my personal and professional allegiance to the PPCT model is made explicit, yet it is necessary to comment upon the integrity and merit of this theory, from a research perspective. Cramer (2013) discussed many criteria by which theory can be judged, some of the most pertinent to this bioecological conceptualisation are found in Table 6.

Criteria	**Application to the PPCT model.**
Comprehensiveness: "Comprehensive theories encompass a greater scope or range of explanation for various phenomena... some theories may be narrow in focus explaining a limited number of observations… other theories may cast a greater net over a wider range of phenomena" (p.9)	Due to the categories and subcategories within the PPCT model (see Table 7 in Chapter 3), it is suggested that there is a high level of comprehensiveness. The range of phenomena explored is extensive.

Precision and Testability: "As the second and often most rigorous criterion, precision and testability demands that a good theory consist of constructs that are clearly defined, tightly interrelated, and readily open to reliable and valid measurement through falsifiable hypotheses (Popper, 1963)" (p.10)	The categories of the PPCT model are well defined and tightly interrelated. It is noted that this criteria may be best suited to a positivist methodology, which is not the orientation of this study. However, Bronfenbrenner (2006) offers hypotheses in relation to the propositions he makes: for any activity that a child engages in must be consistent and enduring to affect developmental change within contexts, activities must also develop in complexity, to progress the child's own development. These processes can be, and have been subject to empirical testing (e.g., Riggins-Caspers et al, 2003; Adamsons et al, 2007).
Heuristic Value: "A theory's heuristic value involves its ability to generate unique thoughts and perspectives and directions in other fields… But some theories remain dormant, instilling little inspiration in other fields " (p.11)	The PPCT model, although developed within the domain of child development, has been applied in the many academic and professional contexts: • Biological father cf. stepfather's interactions with children (Adamsons et al, 2007) • Biological and environmental interactions related to adolescent negative behaviours (Riggins-Caspers et al, 2003) • Early educational intervention opportunities for African-American families, and related cognitive development (Campbell et al, 2002) • Exploring mixed-race college students' identity (Renn, 2003) The PPCT model is being utilised to explore development, within social work, philosophy, psychology and social policy fields, as well as currently within the educational psychology field, contributing to the DVA literature.
Applied Value: "a theory's applied value can be measured by the extent to which it offers effective solutions to life's problems… Many theories often thrive on this one component, and generate a devout following (especially in professional circles) on the heels of the theory's success in relieving real-world problems" (p.11)	It is suggested that the PPCT offers opportunity to explore both risk and protective factors, and supported detailed exploration of areas for targeted intervention. The application of the model to real-world scenarios is explicit and directly relatable to these criteria.

Table 6: Cramer's (2013) criteria for judging theoretical merit.

Much psychological research uses an ecological framework (see Tudge et al, 2009 for a review), which suggests that academics have found benefits in its application. However, it is noted that there is limited evidence for the use of the PPCT theory itself. Tudge et al (2009) call for clarity in ecological theory use, stating,

> Scholars may, of course, choose to use an earlier version of the theory as the foundation of their research; they may also choose to base their study on only some of the major concepts of the developed version. In either case, however, this needs to be stated explicitly; neither the field nor the theory is well served if the study's authors write that they are using ''Bronfenbrenner's ecological theory'' or ''Bronfenbrenner's bioecological model'' but instead use an earlier or partial version of the theory. Conceptual incoherence is likely to result when studies…are all described as being based on Bronfenbrenner's theory but some use ideas taken from the 1970s or 1980s and others from the 1990s (2009: 199).

Within this study, it is explicitly stated that the PPCT theory is used within the context of EP practice when working with children and families who have experienced DVA. As we have previously discussed DVA literature in terms of attachment theory, social learning theory, the emotional security hypothesis and relational trauma, it is seen that these underpinnings are very much in tune with the influences of relationships and interactions. The Learned Helplessness theory was described as moving the focus onto the individual's reactions to the event and the subsequent effects on their emotional functioning. Support of this theory and acceptance of these 'normal' reactions to traumatic experiences are felt to be compatible with the bioecological model. Moreover, it is suggested here that these theories are all compatible with the PPCT model of development, as they are based upon the influence of proximal processes, personal characteristics and resources, environmental influence, and temporal issues. The intention is not to disregard those theories in favour of PPCT; rather it is suggested that using this bioecological approach allows the EP to utilise research literature from other paradigms, within its overarching and holistic conceptualisation.

This approach is concerned with development as a whole, and is not judgmental regarding the outcome variables it explores. That is to say, that consideration of maladaptive and adaptive behaviours, relationships, and experiences are welcome, instead of viewing children's outcomes as purely negative. As noted, some children experience more positive outcomes than others, following DVA. Previous research has sought to understand why some children succeed in comparison with others, often with a focus on the concept of resilience (Cummings, 1998; Edleson, 1999; Carlson, 2000; Overlien, 2010). There is limited research using a bioecological approach to understanding children's

resilience and DVA (Ryan, 2011).An extensive literature search was conducted using findit@bham: including Cambridge Journals Online, EBSCO, ERIC, IngentaConnect, JSTOR, OVID, PubMed, Swetswise, Wiley, etc.; and Google Scholar, and the key words: PPCT; process-person-context-time; Bronfenbrenner bioecological; AND domestic violence OR abuse OR interpersonal violence. This failed to reveal any literature which explored the use of the PPCT theory, in relation to protective factors in these children's lives: for example, positive proximal processes, resilient personal characteristics, healthy environmental contexts, all within a consistent and enduring time frame may be the 'hoped for' outcomes for children and families who have experienced DVA. EP practice exploring the solutions for achieving this may therefore prove to be valuable in securing better developmental outcomes.

2.7 EPs' work with DVA

As acknowledged in the prevalence data, it is suggested that EPs will be working with children and families who have experienced DVA, particularly in the light of the negative outcomes noted in the review of literature. Of concern, however, is the paucity of literature surrounding EP practice with this vulnerable population. A thorough literature search (using findit@bham: including Cambridge Journals Online, EBSCO, ERIC, IngentaConnect, JSTOR, OVID, PubMed, Swetswise, Wiley, etc.; and Google Scholar), using the key words *educational/school psychology/psychologist;* AND *domestic abuse/violence;* OR *interpersonal violence/conflict*) revealed only two articles specifically written by or aimed at EPs, British or otherwise, relating in the main to this field. This first article discussed the implementation of a therapeutic group for mothers and infants, using play-based activities to develop responsive and sensitive parenting. Interestingly, within this article the author notes comments,

> Thus all educational psychologists (EPs) working with children must be aware of the likelihood that many of the children with whom they work may have experienced and been affected by domestic abuse, although it cannot be assumed that all children who witness domestic violence will show negative effects (Warren Dodd, 2009: 23).

Although this study acknowledges that not all children who experience DVA will exhibit negative outcomes, it would be expected that if a child is to be working with/ supported by an EP, there must be initial concerns raised related to their development. In this report, it is assumed that any casework that occurs will be due to a request for EP involvement having been made. Furthermore, this statement leads to questioning where the evidence base for EP practice falls, and what knowledge EPs have gained in relation to these children.

Gallagher, in her doctoral thesis, explored EPs' perceptions of their work with children exposed to domestic violence (DV). The author has since published this work, as the second article found within the literature search (Gallagher, 2014). Gathered through semi-structured interviews, themes were highlighted: "knowledge of DV, experience of DV in work, facilitators and barriers to practice" (2010: 76). The EPs' knowledge was wide, yet there were areas that were not discussed (such as financial abuse and the links with child abuse). Furthermore, EPs were inconsistent in their estimations of prevalence (both under and over-estimating across the participants). When considering the causes of DV, Gallagher found her participants concentrated on individual and psychopathological explanations; there was little consideration of potential ecological factors. On discussing child outcomes, there was much acknowledgement of externalising and internalising behaviours. Protective factors were also mentioned, albeit mainly at the interactional, microsystemic level (for example, relationships with teachers and peers). Interestingly, although some EPs mentioned DV in their 'everyday' casework, it was more usually considered as within specialist, complex cases. Moreover, there seemed to be concerns regarding whether DV within a family was the EP's priority, as they were not "front line workers or…in a multi-agency team the role of DV work with children and families belonged more to social care workers" (115). This perceived barrier to EPs work with children exposed to DV was accompanied by concerns about lack of time to work thoroughly with and support the families; the notion that DV was no different to other negative factors within children's lives; the remit is too wide for EPs; the issue is too sensitive/too hidden; and relationships with parents may be negatively impacted by discussing it. Gallagher discusses these issues in more detail, but for the purpose of this

report this research is cited to highlight that whilst we must acknowledge the barriers, we must overcome them. The suggestion is that educational psychologists are uniquely placed to offer real value to working with these children and families (Moffitt and Caspi, 1998), through supporting the individual children to enhance their resilience and limit the negative outcomes. However, it is suggested that in order to maximise EPs' value in this work, we must explore what work the EPs are currently doing, and whether, as Gallagher found, there are ecological, attitudinal or competence-based limitations to practice.

2.7.1 Developments in EP practice when working with children who have experienced DVA

> The practice of problem solving cannot be content or value-free. In carrying out a step such as 'collect data relevant to the problem' (Cameron and Stratford, 1987), the theoretical bases which inform the psychologist's work are also likely to influence the type of data which they choose to collect. (Monsen et al, 1998: 236).

The theoretical approach has been made explicit in this literature review. Bronfenbrenner's PPCT theory of development is used to attempt to explore children's experiences, allowing the content of previous literature to influence EP practice directly. As noted, this leads this new resource not to be prescriptive in the theoretical underpinnings the EPs use (such as attachment theory, social learning theory, etc.), but it does allow these theories to be considered in a wider ecological paradigm. Monsen et al continue to discuss,

> the need to focus on 'why' questions in formulating hypotheses about the nature of the difficulties being experienced and put forward the view that the unique contribution of the EP lies in the very broad range of hypotheses which they are able to generate in helping those concerned about a child develop a useful understanding of the situation… [there is] concern that EPs tend to consider too narrow a range of possible hypotheses… Fredrickson et al (1991) have argued that EPs have paid insufficient attention to the theoretical bases which have informed problem-solving practice. (1998: 236).

The discussions above focus mainly on the assessment and formulation stage. However, it is interesting to consider the impacts of these hypotheses on intervention planning, and monitoring and evaluation. Gallagher states,

> although most EPs reported having had experience of DV in their practice, it was generally not explicitly considered in case formulation. This has implications for EP practice because if DV is not considered in formulation, the impact of DV is not going to be recognised and appropriate intervention strategies are not going to be devised (2010: 111).

2.7.2 Intervention planning, monitoring and evaluation

As noted, there is a dearth of research surrounding EP practice with DVA. However, other aspects of trauma have been considered, in terms of how interventions are selected to support children's development. Hart (2009) has explored interventions for children with PTSD, yet it seems the focus has fallen on therapeutic support (such as play/art therapy; cognitive-behavioural therapy; eye movement desensitisation and reprocessing: Perry, 2002) as well as possible psychotropic medications (Perry, 2002). Although these will not be explored within the context of this report, they are mentioned to highlight the mostly 'within-child' approach to intervention. Hart does continue to discuss how support can be given to developing resilience and providing nurturing environments, and this can occur at the various ecological levels with EPs placed to contribute to this planning.

In a review of interventions for DVA, Graham-Bermann and Hughes (2003) document the benefits of working directly and indirectly with children who experience inter-parental violence (IPV). Consideration is required of where the focus of change should be, in order to support these children with such a variety of experiences.

> Our appreciation of the range of and complexity of children's experiences with IPV has grown considerably. Concomitantly, we have come a long way in identifying the needs of children who are exposed to IPV, looking beyond individual psychopathological outcomes to a more nuanced understanding of children's problems that include a host of ecological risk and protective elements in the child's life (2003:195).

Within this study, the area of assessment (using the PPCT dimensions) will be explored. Moreover, the interventions that the EPs suggest will also be explored within this framework. Ultimately, by creating a new resource to support practice, there is an attempt to develop and extend both these processes

of casework to ensure a truly ecological approach. Further discussion of casework as an aspect of wider EP practice will occur in Chapter Three.

2.8 A new resource pack to support EP practice

This report will continue by documenting the creation and implementation of a resource pack to support EP practice. The resource pack will attempt to emphasise the evidence base for the outcomes related to DVA experience, whilst ameliorating some barriers to practice as identified in the previous Training Needs Analysis, discussed in Chapter Three. As will be seen, limited knowledge was identified by most of the participants, yet it was felt that relying on a training approach would not further support the other identified concerns of lack of time and resources to use all of Bronfenbrenner's dimensions of development. By creating a heuristic tool (to guide and inform practice, not to prescribe and direct it), the aim will be to support EPs to ensure that all bioecological levels are considered when working with children and families exposed to DVA, at an assessment level; and risk and resilience factors can be considered to explore when things go well, as well as where input is needed. The resource pack could also be used to ensure a wraparound approach to intervention and support planning, as well as to ensure monitoring and evaluation continues in all bioecological levels, rather than reverting to 'within-child' evaluation.

2.8.1 Research questions

The aims of this study are to explore whether this resource pack is valuable in supporting the EP practice, from one EPS, when working with children and families who have experienced DVA. The Training Needs Analysis mentioned briefly in Chapter One, and documented in more detail in Chapter Three, suggested a need for resources to support the EPs in this work, and this study aims more specifically to address the questions in the box below.

1. Do the EPs' perceptions of their current practice suggest that the created resource pack will be valuable in extending their assessment, recommendations and evaluations in line with the PPCT model?
2. To what extent does the resource pack support EP practice to develop in line with the PPCT model?

Research questions.

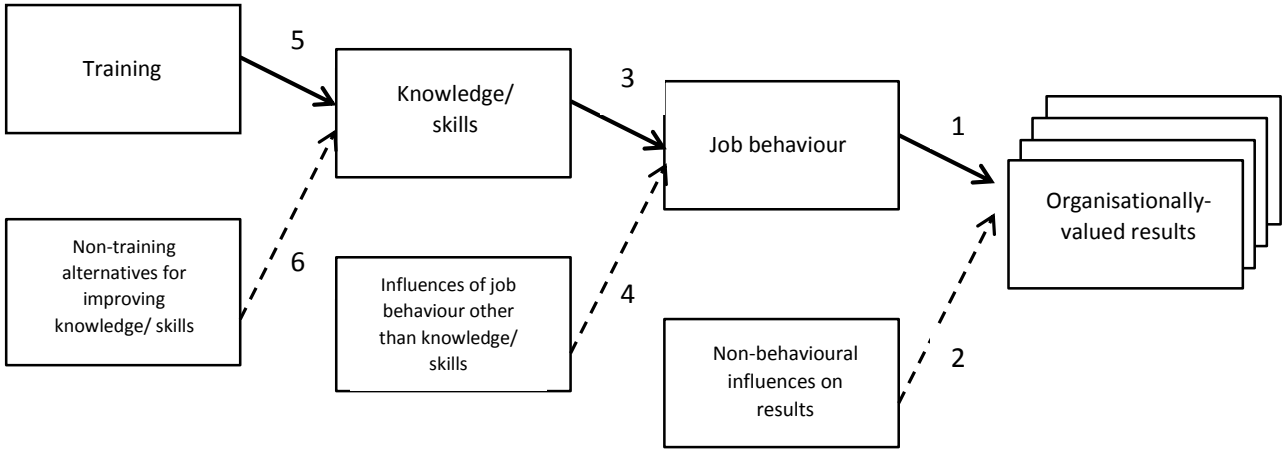
CHAPTER THREE: RESOURCE PACK DEVELOPMENT

3.1 Training Needs Analysis (TNA)

In Chapter One I explain the personal and professional context of my journey through studying DVA, to date. Part of this journey led to studying EP knowledge and skills, when making formulations of children's needs when children have experience of DVA. Moreover, this process allowed the PPCT model to be applied within the DVA-practice context for EPs, to review its suitability and potential benefit. Originally contained within Volume Two of this thesis, the study's report has been reproduced within Appendix 1 to supply greater details. Within this report, a summary is given below.

Training Needs Analysis (TNA) is a process employed to investigate whether there are required changes for learning, to benefit the ongoing practice or productivity of individuals, groups or organisations (Gould et al, 2004). The aims, whilst not only exploring whether the proposed learning opportunities are fit for purpose in accordance with the organisation's priorities, seeks to explore whether training is the most appropriate option for increasing learning. Moreover, if training is viewed as beneficial, it aims to provide information as to whether the training will be successfully transferred into the day-to-day practice of those involved (Myers et al, 1994).

In May 2014, A Training Needs Analysis (TNA), based on the Integrative Framework (Taylor et al, 1998) was employed to explore whether the 10 participating EPs were considering all aspects of Bronfenbrenner's mature theory of bioecological development, and whether training would supply an effective route to remedy any discrepancies. The Integrative Framework was employed as it allows for consideration of the external factors that may support or impede training, and supports a flexible of approach for new learning that combines the multiple factors within the organisations holistic world. A summary of the framework and the findings can be found in Figure 3 overleaf.



STAGE OF PROCESS	DESCRIPTION	OUTCOMES
Organisationally valued results	Identified from local authority business plan and service statement	To bring psychological knowledge and expertise to serve the best interests of the children; to share, extend and develop psychological approaches that promote the effectiveness and emotional well-being of individuals, groups and organisations; to collaborate with others to provide and develop positive outcomes for children - especially through assisting the local authority in serving their needs.
Job behaviour	What the EPs are doing to achieve the organisationally valued results	EPs consistently demonstrate assessment of a child's personal characteristics and many of their direct experiences; Relationship styles with school staff were not consistently explored; DVA specific areas of exploration were not consistently explored (regularity and duration of DVA experience, power balances in close relationships, legal framework and its implications); Wider contextual influences (parent's experiences, their support networks, community factors) were not consistently explored.
Non-behavioural influences on results	Other agency intervention, social/ community/ legal support, policy/legislation, etc.	Other agency involvement (education and associated services, social care and safeguarding, etc.); whether referrals are made to the EP; whether others will work collaboratively with EPs.
Knowledge/Skills	The knowledge and skills the EPs are utilising to complete the job behaviour	Child development knowledge; Psychological theories (specifics not explored in this study); Knowledge the EPs identified as being limited, when exploring outcomes for children: Duration of DVA; regularity of DVA; the school environment; the parental workplace; policy and law effects on DVA.
Influences of job behaviour other than knowledge/skills	Local authority procedures/ directives/ finances, staffing, time constraints, etc.	70% of EPs identified there is not enough time to explore all bioecological areas; 50% of EPs identified there are not resources or tools available to support them to explore all bioecological areas.
Training	Training activity/ies that will increase or expand the knowledge/skills of the EPs	A DVA-specific training could occur to increase knowledge of the relevant literature.
Non-training alternatives for improving knowledge/skills	Time management, resources, 'on-the-job' learning, etc.	As time and resources were identified as areas of need, guidance documents were suggested as beneficial to increase knowledge/skills, in a timely manner.

Figure 3: Summary of TNA, using the Integrative Framework (Taylor et al, 1998).

As noted in Figure 3, the 'job behaviour' was the action the EP undertook to support the organisationally-valued results. The ideal job behaviours were suggested from the literature surrounding DVA outcomes, with the findings being identified by their key message (for example, mothers exposed to DVA can show less maternal warmth to their infants, Levendosky and Graham-Bermann, 2000), which were then amalgamated into common themes (for example, *Warmth, security, attunement and attachment from both violent and non-violent parents*). The PPCT categories and subcategories (see Table 7) were used as a base, onto which the key research themes were overlaid (see Appendix 3). This process highlighted that the evidence base and the PPCT model were perceived to be compatible, and to ensure all aspects of the child's bioecological world were utilised.

PPCT Category	**PPCT Subcategory**	**Description**
Process	Form	What form the relationships takes
	Content	What the content of the relationship is
	Power	The strength and intensity of the relationship
	Direction	The direction of the relationship processes, coming from or to the child.
Person	Demand Characteristics	Immediate stimuli available to others (gender, appearance etc.)
	Resource Characteristics	Mental, emotional, social and material resources available to the child
	Force Characteristics	Temperament, motivation, persistence of the child
Context	Microsystem	The multiple environments in which a child spends their time
	Mesosystem	The interactions between the microsystems
	Exosystem	Systems in which the child does not directly live, but which indirectly affect them
	Macrosystem	Culture, social belief systems, opportunities, social policies, laws.
Time	Micro-time	What is occurring at the time of the experiences: age of child at start and end of DVA
	Macro-time	The consistency of the experience
	Meso-time	Historical events that may influence rates of DVA

Table 7: Bronfenbrenner's PPCT categories, subcategories and descriptions.

As I was exploring the EPs practice, it was clear that there was potential for socially desirable responses. McKillip (1987) states that needs analyses can create risks of overestimating positive job behaviours and underestimating negative ones. More recently Fox (2011) has contested this, suggesting that 'experts' in a field can underestimate, and non-experts can overestimate their competence, therefore the methods employed to gather information were therefore crucial to reduce bias. The tool here attempted to remove the requirement for EPs to estimate their knowledge, and rather to focus on what knowledge is gathered and used in practice. Furthermore, to reduce social desirability bias, the tool were used anonymously. Questionnaires were rejected in favour of a 'card sort' activity with the aim of participants being able to consider each variable in isolation, provoking an instant response. This was to support the ease and speed of completing the activity, which would be favourable to 'time-harassed' EPs. Each of the themes constructed were made into *variables of practice* cards (42 in total), containing the area for information gathering, without any accompanying literature, so as not to bias the EP in their responses. EPs were then asked to identify whether each card described an area they explored in their assessments of children with DVA experience, and if not, they were asked to place the card into an explanatory category of why this was: not enough TIME in their work; not felt to add VALUE/USEFULNESS to the formulation process; limited or lack of KNOWLEDGE/TRAINING as to the potential impact of the variable; or there is not a RESOURCE/TOOL available to support this information to be considered.

The findings of the TNA suggested that the EPs do consider multiple variables and many ecological levels, which supported the use of the PPCT model. When the variables were analysed by category, the most consistently considered were those within the Person category. Many Context, Process and Time variables across Bronfenbrenner's systems were less consistently explored, and the strongest patterns for non-use were related to: DVA policy and law effects; community factors such as unemployment and crime; power balances in relationships; support for violent and nonviolent parents; duration, regularity and consistency of DVA experience. Limited knowledge and training were cited as explanations of this, by a minimum of three participants. Further contextual discrepancies

found (school and other environments and parental workplace) were affected by a lack of time within the current mode of practice. Aspects of investigations into relationship processes were mediated by knowledge and resources, albeit with inconsistent responses by EPs as to the priority cause of the discrepancies. Fifty per cent of the participants stated that there were insufficient resources to support them to consider all aspects of the bioecological model. It is noted that there is strong research evidence which suggests these are all significant areas for investigating outcomes of DVA (see Appendix 3), yet training was judged to be inadequate in addressing these external influences of using all the variables (resources and time-issues). At this stage, it was suggested that an alternative to support practice developments would be created and implemented. It was further suggested that a useful way to begin the process of supporting practice was to create resources that would be time-efficient, that could increase knowledge and that would ultimately increase the areas of consideration when making assessments of, and advising on intervention and monitoring, for these children.

3.2 Resource pack development

Following the TNA, the literature was again reviewed, to ensure that it continued to be appropriate for the purpose of the resource pack, and was aligned to address all areas of the PPCT model. It is noted, in line with the literature review in Chapter Two, the evidence base identifies both risk and protective factors in the variables of practice, therefore these were to be explicitly referred to in the resources.

Once the literature had been considered within the PPCT model, a grid document was created, and sectioned into the Process, Person, Context and Time domains. Bullet points highlighting the evidence-derived areas of exploration were included as aide memoires, to be used during the EP's assessment, formulation, planning and evaluation processes (see Appendix 4 for the final version). This resource was titled the **Variables of Practice Resource.**

In addition to this, a brief **Summary of Literature** document was provided, to give further details on the evidence base related to children's DVA experience and the potential outcomes (see Appendix 5 for the final version, alongside the description of resource pack sheet).

Finally, the resource pack included three example **interview prompt sheets**. These were also created from the DVA literature, and were intended to support the EP in gathering the relevant information in line with the evidence base. These were not intended to be schedules, in that they were to guide the areas that should be explored with the relevant individuals. Three prompt sheets were offered, for the parent/carer (see Appendix 6a); the child (see Appendix 6b); and school staff (see Appendix 6c). It is noted that, due to the sensitive and potentially traumatic experiences that are being considered here these prompt sheets are intended to offer support, not directive. They are guides to questioning, and require sensitive practice by the EPs using their own judgement about how to ask the questions and whether it is appropriate at all. Children were not directly asked about the DVA experience, as it is not appropriate to do this without being able to offer therapeutic support, and there is a risk of re-traumatisation if these discussions are not conducted appropriately (Schaefer and O'Connor, 1994). Furthermore, parents were encouraged to share information in relation to their children's DVA experience, but only if they were ready to share this information and the EP was fully appreciative of the impact of that discussion on the parent's wellbeing. It is further suggested that these discussions rely on good rapport and if the EP judged that the line of questioning was inappropriate, information may be able to be gathered from other sources, or not at all. This may lead to not always being able to gather the information that is being sought. Overall, it is key that these resources support practice, but not at the risk of doing more harm than good. If the EP felt that the parents could benefit from further support, possibly from other agencies, the EP was recommending to signpost them to relevant services.

3.3 Sensitivity and safeguarding

As noted above, the sensitivity of the topic under investigation can reveal potential barriers and possible hazards in practice. It is acknowledged that the families themselves may be hesitant to discuss their experiences, yet it must also be acknowledged that the EPs may not feel fully equipped to hold such conversations. Gallagher's doctoral research found themes encompassing the "fear of damaging the relationship between the EP and the parent, a reported fear from school staff of making the situation worse, a lack of confidence in practice and the hidden nature of DV" (2010: 119), and these were kept in mind in the design of the resource pack. The pack itself aimed to support them to have the difficult conversations, through suggested areas of questioning and assessment. The variables of practice were supported by literature, which was suggested as being beneficial in clarifying why such investigation was necessary. It was hoped that this would be empowering and confidence building for the EP. As noted, it was made clear within the pack that the EP's skills in having difficult conversations and their autonomy in deciding whether to pursue discussion were of paramount importance. Moreover, the resources offered were to support the EP in their casework, not to direct or enforce it; this would be emphasised when the pack was given to them. Further clarification would be given, that the work they were undertaking should fall within the standard practice of local authority safeguarding procedures. They would all be aware of their duty of care to children and families, and this was a current topic for training and reflection within the service at that time. It was to be accepted that EPs are all working within the strict procedures of child protection and safeguarding against future or continued harm, therefore any concerns raised should be dealt with immediately. The existing safeguarding procedures that were in place for EPs work with children and families were accepted as sufficient; therefore, there was no requirement for explicit reference within the resource pack. In addition, EPs would be offered opportunities to debrief and discuss any implications of using the resource pack, at both professional and personal levels, to ensure that their own needs were safeguarded.

3.4 Pilot

The original resource pack was offered to a senior EP to read and investigate how the EP felt it would be viewed and used by their colleagues, and to make comments regarding the resource pack (see Table 8). Aspects of the resource pack were adapted in line with the comments, and the final versions are included in Appendices 4-6c.

Comments	Actions to improve
The Variables of practice review guide should not include too many areas of data gathering, as this could appear too complicated and off putting.	Bullet points were grouped into areas, rather than detailing each individual variable.
The summary of literature was too 'wordy', and would be more functional if the key areas were more concisely documented.	Prose was removed and the literature was summarised in a more easily readable format. References were included, and the EPs were directed to other sources for further reading if required.
Areas for exploration within the interview prompt sheets were, at times, too vague when the literature referred to very specific information (e.g., asking about the actual ages of the child when they began to experience DVA)	Bullet points were refined to be more explicit about the specific data that would be useful to consider.

Table 8: Comments and actions to improve, from the pilot of the resource pack

The final resource pack was returned to the colleague for review. Adaptations were accepted and the resource pack was made into a PDF document. As will be noted in the following Chapter, a further process would be employed to investigate the appropriateness of the resource pack, during Phase one of this study. The stages of creating this resource, from identification of the fundamental bioecological theory; the review and application of the DVA evidence base; and the initial exploration of EPs' practice during the TNA were felt to provide a rigorous rationale, and hypothesis for the potential benefits of the resource pack. The next stage would be to explore perceptions of practice in more depth, with a view to providing further support to the appropriateness of the resource pack, and to gain a deeper understanding of practice prior to using the resource. Phase Two would then directly

investigate the implementation of the resources, to gather views as to its usefulness, and to evaluate any subsequent changes in practice.

3.5 The resource pack in the context of EP practice

> EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people (CYP), psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners. (Fallon et al, 2010: 4).

Recent literature surrounding the EP role has drawn some conclusions as to the context in which EPs are practicing. Whilst acknowledging children as the centre of the practice, EPSs often contribute with a systemic focus, supporting the wider processes and organisational development that can filter towards the individual child and family. EP skills in understanding and developing organisations can offer generalised work within and across children's services, yet it is acknowledged that the changing landscape across the country will affect how services are expected to deliver their psychological contribution (Fallon et al, 2010). Key variations in service delivery will have impact on day-to-day practice: austerity impacts leading to creativity in how services are managed and funded (Booker, 2013); moves towards traded services; who can commission work (schools/ local authority/ health services); externally resourced project work etc. Furthermore, school's expectations and the value they place on the role will affect how they utilise their EP time, with some prioritising training and procedural work, consultation or direct assessment over the many other aspects of the role that EPs are trained to do. As Boyle and Lauchlan acknowledge "the profession of educational psychology is somewhat diverse and differs between countries, within countries, within services, and lastly at the level of individual EP".

Debate has arisen over the value EPs can add to supporting children, and where the focus should lie. Although there is not capacity here to explore extensively school's perceptions of EP value, it is noted that the role can often be seen as effective when focused on the child and family:

> although there is also a more distinctive role for involvement at the level of school strategy, the highest levels of user satisfaction by schools are thus associated with service delivery which marries work at the levels of individuals, class, school, and family as emphasised in systemic problem analysis models. (Boyle and MacKay, 2007: 13).

Not without contention (see Dessent, 1992), this view highlights that there is a continued preoccupation with casework. Moreover, whilst is it accepted that casework is not the sole purpose of the EP, it has and does form a significant part of our daily practice (Kirkcaldy, 1997; Farrell et al, 2006). Finally, it is noted that casework in itself does not have to rely on exploration of the child or family as isolated units. Interactions between environment and child, as well as considering the wider societal influences how a child is developing, are all well within the reaches of the trained EP. Additionally, subsequent recommendations for intervention and support are suggested as a benefit of EP casework (Boyle and Lauchlan, 2010).

CHAPTER FOUR: METHODOLOGY

4.1 Rationale

The aim of this research is to explore EPs' practice when working with children and families who have experienced DVA; to develop a resource to support this practice; and to trial it. The resource aims to support and extend areas of consideration when making assessments, formulations, recommendations and evaluations, and any subsequent changes to EP practice when using it will be identified. It is noted in Chapter Two that there is a paucity of literature exploring EP practice with this vulnerable group, yet the outcomes associated with DVA experience are well documented in other fields of child development and psychology. Although this study is intended to be exploratory in nature, due to the limited EP evidence base, it is suggested that there are theoretical frameworks that are likely to prove valuable if applied explicitly to practice. The theoretical base of Bronfenbrenner's PPCT model is hypothesised here as a beneficial systematic model for practice. How EPs could be supported to use this model is the key area for exploration, yet this requires explicit acknowledgement of my ontological and epistemological foundations when investigating EPs experiences of this work and how they fit with the events that are occurring in the world.

4.2 Conceptual orientation

When exploring EP practice, and resources that may support its efficacy, it could be said that I am focusing on their individual experiences, particularly if I am asking them to share their perceptions of how they practice. When viewed through a positivist lens, these experiences are reduced to observable and measurable features; this is suggested here as unhelpful in interpreting those experiences as part of the social world as it does not allow for the complexities of experiences and interactions to be explored. Furthermore, "positivists argued that theoretical terms and concepts

were simply logical constructions based on, and defined by, observational data, fictions that were useful in making predictions" (Maxwell, 2012: 8). This study does not intend to make predictions. I have not made causal claims as a result of the relationship between the variables of EP practice and the outcomes of it; rather I have attempted to understand the practice of the EPs through language and its meaning through the eyes of that individual. (Cohen et al, 2007). Using an interpretivist paradigm here allowed me to consider not only the personal experiences of the EPs, when working with these vulnerable families, but also to consider the perceived complexities of working within an organisation, its benefits, its barriers, its policies, and its impacts. More specifically, when considering the effectiveness of the resource pack supplied to the EPs, this ontological approach will place the data into the realms of their own unique constructions of their practice.

I have explored whether psychological research is used, whether its use can be extended, and whether it is perceived to be beneficial. As the populations at the centre of this study are both the families who have experienced DVA, and the EPs themselves, it is felt that the social world is fundamental to understanding the work occurring in this area. On reviewing the literature in Chapter Two, it is clear we are using an evidence base fuelled by experiences and interactions, and these must be explored in terms of how the individuals perceive and construct them.

Finally, as a researcher working within the field of study, and having pre-selected what the evidence suggests as a valuable way to practice, it is not felt that I could detach myself from the process to fulfil the positivist requirement of being a disinterested, un-biased researcher (Thomas, 2009). The interpretivist paradigm encourages the researcher to "use your own interests and understandings to interpret the expressed views and behaviour of others" (Thomas, 2009: 75). This approach supports and values an individual's experiences, their thoughts, feelings and behaviours, and acknowledges how people interpret their social world (Robson, 2011). Moreover, the constructions of the findings of this study must be explicit, in terms of how I represented the experiences of the participants, and how the data was constructed to develop themes.

The interpretivist paradigm accepts the researcher's subjective position to the field of study and the data it investigates (see Section 4.9: Table 13). Moreover, "the dynamic interaction between researcher and participant is central to capturing and describing the "lived experience" (*Erlebnis*) of the participant" (Ponterotto, 2005: 131). This paradigm also extends to accept that the meanings within data are co-constructed with the participant, which requires undergoing processes to ensure the findings are fair accounts of experience, not just reflections of the researcher's bias towards the topic (Ponterotto, 2005; Morrow, 2005). Appropriate representations of the participants' experiences are strived for within this study, rather than falling into the trap of donating my own views of their experiences. Processes to support this include clarification of responses during interview (through using a semi-structured schedule design); developing rapport; understanding the culture and context of the service; member checks of the data with the participants; continuous reflection and revision of the stages of the analysis (Morrow, 2005). Furthermore, although there was awareness that some scholars recommend researcher's 'bracket' their own values (so as not to pre-empt or influence the findings: Ponterotto, 2005), it is accepted that it this should not mean the researcher views themselves as unconnected and distinct. This report has served to document my own values, professional identity, and awareness of the culture of the EPS, in order to show the path from this study's inception to its conclusion. Moreover, my emotional connections and thoughts about the process were documented in a reflection journal to explore and review the extent to which this study was representative of the participants' experiences. These representations were then interpreted according to the frameworks discussed below, in order to construct and structure the meaning, and portray the findings in a coherent and interesting manner (Braun and Clarke, 2006).

Alvesson and Skoldberg (2010) highlight, there is potential for the interpretivist researcher to become less focused on theories of knowledge and more descriptive of the knowledge itself, potentially limiting its contribution to better understanding the world: "Reflection over our theories, and the ensuing development of them, in order better to understand what we study, is an integrating part of research" (p37). In echoing the previous comments by Bronfenbrenner noted in Chapter two, when

refining his initial ecological theory (regarding developmental psychology and its unhelpful descriptive nature), it is suggested here that description of experiences is not enough; I need to reflect on not only the participants experiences, but also my own potential bias within this study. When analysing the experiences of using the resource pack provided, the intention was to offer developments to the resource, and to consider whether the PPCT theory is a beneficial framework for EP practice, within the context of DVA.

The interpretivist paradigm supports the use of a qualitative epistemology. This study considers EPs professional experiences through the use of semi-structured interviews. Moreover, it will also consider which experiences of the children and families that the EPs look at in their assessment, planning and evaluation processes, and how they conceptualise them. Data analysis of these interviews will be thematic in nature, and undertaken in two Phases.

4.3 Design

A case study design was used in this study, and it is acknowledged that all participants come from one single EPS. The culture and expectations of this service may be different from others, and a more in-depth exploration of it was felt to offer valuable information at this formative stage. Although there are questions regarding the generalisability of case study research (Breakwell et al, 2000), this study only aims to explore the usefulness of the resource pack within this organisation. Moreover, as Yin (2014) states, the nature of a case study is not to generalise to other scenarios, "case studies are generalizable to theoretical propositions, not to populations or to universes" (Yin, 2009: 15). The propositions of this study are stated in Table 7. It is also imperative to note that the resource pack is conceived as a working document at this stage, and this investigation serves to begin the process of developing supportive materials for these EPs to use. Future research could then be focused on refining the resources, and extending their use to other EPSs.

The design of this study involved sectioning the data collection into three phases, to correlate with the research questions. Below, as suggested by Yin (2014), is a summary of the research questions and accompanying propositions of what data was being searched for, in order to address those questions (see Table 9 overleaf). It is suggested that the consideration of propositions can be beneficial in scaffolding the research process, by making suggestions as to what is expected in the findings, and to ensure that the methods of data capture allow this data to emerge. This table also acknowledges the areas of questioning that were then refined into questions within the semi-structured interview schedule (see Section 4.5 for more information).

Research Question	Propositions	Areas for questioning
1. Do the EPs' perceptions of their current practice suggest that the created resource pack will be valuable in extending their assessment, recommendations and evaluations in line with the PPCT model?	EPs will describe their practice when undertaking assessments of children who have experienced DVA. EPs will state how they explore: • the child's relationships and interactions; • their personal characteristics and abilities; • their environments and the environments of significant others in their life; • the wider contextual factors which will impact their development (policy and community factors); • and time-related factors such as age during, and duration/ consistency of, experience. It is proposed that not all these areas will be included by the EPs, and some categories and subcategories within the PPCT model will not be explored in their practice.	Who is involved in your assessment and formulation processes in these cases? (CYP, parents/carers, school staff, social workers etc.) How do you explore the child's relationships and interactions with people and things in their life? If we think about the child itself, their characteristics and abilities, can you tell me about what you explore during your assessment and formulation process? If we think about the many systems within which the child exists, can you tell me about what you explore about those environments? What aspects of the child's chronology do you explore? Things like age, durations of experiences, consistency of experiences, etc.
	EPs will state what aspects of the bioecological world are being explored whilst making recommendations and planning interventions: • where they fall, in relation to the contexts of a child's life • whether they will be in relation to supporting relationships, within-child needs, environmental/contextual changes, or related to time-based needs (consistency, stability etc.). It is proposed that the recommendations made will not fully encompass all areas of the PPCT model.	When making recommendations and planning interventions, what ecological levels/systems do these interventions fall within? What recommendations do you make?

	EPs will state what aspects of the bioecological world are being evaluated and monitored: • how should monitoring occur (by who, how often?) • what should be undertaken to monitor effectively? It is proposed that the monitoring and evaluation will not be occurring in all areas of the PPCT model.	When planning ways to monitor and evaluate outcomes related to the child, how and what do you suggest is done?
	EPs will identify areas of difficulty in their practice. Data should also reveal if the EPs have suggestions to overcome these barriers, which could be incorporated into the resource pack. It is proposed that there will be barriers to practice related to lack of time, limited knowledge/training on DVA and lack of supportive resources (as found with the previous TNA, see Chapter Three).	What are there aspects of the practice you have described which you find more difficult to do? What are the barriers to working with CYP who have experienced DVA? Is there anything specific you would suggest to overcome some or all of these barriers?
2. To what extent does the resource pack support EP practice to develop in line with the PPCT model?	EPs will describe their experiences of using the provided resource pack (over the 6 week period), when working with a child who has experienced DVA. The PPCT areas will be explored and it is proposed that there will be developments in their assessments of: • the child's relationships and interactions; • their personal characteristics and abilities; • their environments and the environments of significant others in their life; • the wider contextual factors which will impact their development (policy and community factors); • and time-related factors such as age during, and duration/ consistency of, experience.	Who has been involved in your assessment and formulation processes in this case? (CYP, parents/carers, school staff, social workers etc.) Were you able to use these resources: - to explore the child's relationships and interactions with people and things in their life? - to think about the child themselves, their characteristics and abilities? - to think about the many systems within which the child exists, and to explore those environments? Were you able to use this resource to consider what aspects of the child's chronology may have been important? Things like age, durations of experiences, consistency of experiences, etc.

	The PPCT areas will be explored and it is proposed that there will be developments in how they make recommendations, in terms of: • where they fall, in relation to the contexts of a child's life • whether they will be in relation to supporting relationships, within-child needs, environmental/contextual changes, or related to time-based needs (consistency, stability etc.).	Did you make recommendations and plan interventions for this case? If so, what ecological levels/systems did those interventions fall within? What recommendations did you make?
	It is proposed that there will be developments in how EPs suggest ways to monitor and evaluate the child's progress, in terms of: • how should monitoring occur (by who, how often?) • what should be undertaken to monitor effectively?	Did you plan ways to monitor and evaluate outcomes related to this child? If so, how and what did you suggest was done?

Table 9: Research questions, propositions and areas of questioning.

4.3.1 Phase One

In order to provide data to answer Research Question 1 (see Table 9), participants were be asked to take part in a semi-structured interview detailing their work with children and families who have experienced DVA. Interview data was then coded, themed and analysed in relation to the PPCT categories, at the three stages of practice: assessment, recommendations and evaluation. Other pervading aspects of practice that were pertinent to the participants were analysed to identify additional themes relevant to their work. These themes were then compared with the resource pack that was offered to them, to explore whether it has supported the areas of practice that have been identified as beneficial, namely the DVA literature which has been organised within the PPCT theory.

4.3.2 Phase Two

Six weeks after Phase One, Phase Two will begin. In order to provide data to answer Research Question 2 (see Table 9) the participants were interviewed for a second time, after being asked to use the resource pack in their practice, and the data was themed again in line with the PPCT categories and any data-driven themes of relevance. The participants' experiences of using the resource pack were explicitly explored, alongside any subsequent developments in their practice.

4.4 Participants

Participants were invited to take part from an opportunity sample within my current placement local authority EPS. They included Trainee EPs on 2nd or 3rd year placement; maingrade EPs; locum EPs; Senior Practitioner EPs (with specialist responsibilities such as for looked after children, speech and language needs, profound and multiple learning difficulties, youth offending populations); Senior EPs (with senior responsibility for Early Years, Community Psychology, Cognition and Learning); and the Principal EP (24 in total). Six EPs agreed to take part in the research (four females and two males), and

gave full informed consent. Four EPs took part in the initial interview (two females and two males), with the other two not being able due to workload restrictions. Three EPs actively used the resources in their practice, and took part in the second interview. One EP did not identify a suitable case. Participant experience ranged from seven to twenty-four years post qualification. One EP was a senior, one was a senior practitioner, and one maingrade. These three EPs had their data paired, pre and post resource use, and were subsequently included in the data analyses.

4.5 Interview schedules design

Two semi-structured interview schedules were developed in order to gather data to answer the research questions. This was to allow for a flexible discussion of the EPs' perceptions of their own practice, and enable rephrasing of questions, and clarification of what I was aiming to discuss. More formal, structured interviews were avoided, as the participants should not feel constrained when discussing these sensitive issues (Breakwell et al, 2000). Moreover, "unanticipated discoveries" may have been revealed; therefore semi-structured approaches allowed for following up of what I deemed to be interesting points (Breakwell et al, 2000: 240). During both interviews, Kvale's (1996) comments were held in mind: that I should employ active and empathetic listening techniques and not be prejudiced. Although the focus of the study was on the resource pack, the data were collected through asking the EPs about their practice. This was considered crucial in supporting them to feel comfortable and open to discussion. Consistency regarding the order of questions for all participants was employed to support the trustworthiness of data gathering. For both interviews 1 and 2, an introduction was given where information was shared regarding the study's purpose; confidentiality; and the right to withdraw. Questions were asked (18 in Interview 1, 17 in Interview 2), with follow-up questions and prompts.

4.5.1 Interview schedule, Phase One

Questions for the first interview were formed from the literature review, and initial discussions focused on the EPs' knowledge and understanding of DVA, alongside whether there were general approaches to casework with children who had experienced DVA, such as how often they undertake this work, the theories they use and whether it is different to other types of casework. The initial research question was concerned with whether EPs' perceptions of their current practice suggest that the created resource pack would be valuable in extending their assessment, recommendations and evaluations in line with the PPCT model. As noted in Table 9, the propositions identified that the interview questions needed to explore the participants' perceptions at different stages of their practice. They were required to allow the participants to share explanations of what they do, who they talk to, what theories and methods they use, and what benefits they bring to this work. The EPs were not asked directly about their perceived need for a resource pack to support practice. This was judged to be too 'leading' and concerns were raised as to whether they would feel compelled to respond affirmatively, or potentially to feel their practice was being judged as inadequate without such resources. Instead, their responses to the interview questions allowed for exploration of whether the aspects of the PPCT model, supported by the DVA literature, were utilised by the EPs. This information was then compared with what the resource pack aimed to support, and suggestions were made as to whether the resource pack was suitable and appropriate.

4.5.2 Interview schedule, Phase Two

The second research question was concerned with whether the resource pack supported the development of EP practice into considering the full bioecological world of the child. Again, the propositions in Table 9 identified that the same areas of practice would need to be explored as in interview one, but in the context of using the resource pack. By adapting the initial interview schedule questions to discuss the EPs' practice since using the resource pack, any changes to working within a

wide PPCT framework could be identified. Moreover, data-driven themes that were abstracted would suggest any changes in perceptions of practice in relation to their DVA work.

4.5.3 Appropriateness of interview schedules

This study's research questions and both interview schedules were shared with a colleague. The interview questions were discussed in terms of their clarity and appropriateness. It was noted in this discussion that some questions required statements to clarify my meaning, and the inclusion of more detailed prompts was agreed upon, to ensure that the participants were given opportunities fully to consider different aspects of their practice. The refined schedules were then shared with the colleague again, who confirmed their suitability in order to provide data to answer the research questions, in line with the propositions made in Table 7. Interview Schedules 1 and 2 can be found in Appendices 7a and 7b.

4.6 Data collection procedures and method

An email was sent to all individuals working as EPs for the local authority. The email gave brief details of the intentions of the study, alongside the requirements of participants, timescales and confidentiality and withdrawal information (see Appendix 8). Information packs were then put into all the EPs post trays, the packs included further expansion on the detail in the email, and included consent forms (see Appendices 9a and 9b). EPs were asked to return the completed consent forms to my post tray to confirm their participation in the study. Participants were then contacted individually to confirm suitable dates and times for their initial interviews, and given a unique identification code to use to ensure confidentiality. EP names were then added to a password-protected computer spreadsheet, which linked to their ID code.

Interviews took place with the EPs and were audio recorded to allow for the data gathered to be transcribed for analysis.

The participating EPs were then given the resource pack and asked to use it in their practice within the following six weeks, when working with a child and family that had experienced DVA. The resource pack was explored briefly with the EPs, and they were given the opportunity to ask questions. Second interview dates were arranged with the participants. Data from the first interview were then coded and themed (see Section 4.7 for a discussion of data analysis). The themes were compared with the resource pack to explore how the pack could potentially support and guide the EPs, in line with the practice they described. A decision was made that the rationale for the resource pack's development was robust enough to continue with the implementation of the resource pack in the form described in Chapter Three. It is noted, should the Phase One data suggest the resource pack was not appropriate, potential explanations for this should occur and would be discussed within the results and discussion Chapters. Furthermore, if it *were* found that all PPCT categories were already fully explored throughout the casework stages, the pack still provided time-efficient resources, as suggested as needed by the TNA. The development of the resource pack was always proposed to be necessary for the developing the participants' practice (see Table 9 for the propositions). Moreover, it was acknowledged that this study might lead to suggesting subsequent adaptations to the resource pack in the future. The participants' perceptions of the resource pack's application to practice and its perceived effectiveness were utilised to make suggestions of how modifications could be made. Practice investigations in Phase One were necessary in order to provide consistency of methods, in order to make comparisons pre and post using the resource.

The second interviews took place, and data were transcribed and theme were constructed, following the same process as with the first interviews (see Section 4.7). EPs' responses to the resource pack were explicitly discussed, to explore its usefulness and to identify any adaptations the EPs' considered

would improve it. Due to the use of ID codes for all interviews, the two data sets were paired and explored for any changes to individual EP's reflections and practice, when using the resource pack.

Once the interviews had finished, EPs were given the opportunity to discuss any issues this sensitive subject area may have raised for them. They were also informed that they would be offered an opportunity to discuss this research as a whole at a service meeting, more generally in terms of research outcomes.

4.7 Data analysis rationale

Three methods of data analysis were considered for this study. As noted, the approach was to be interpretative, suggesting that interest lay within the unique ways in which the EPs constructed their practice. A summary of the considerations I made are found in Table 10 below.

Method	Benefits for this study	Limitations for this study
Interpretative Phenomenological Analysis (IPA)	Offers a structured and systematic qualitative method for exploring perceptions and constructions of experiences (Biggerstaff and Thompson, 2008); Acknowledges the researcher's role in the interpretation of data, rather than being an objective observer (Smith et al, 2009);	Potential lack of homogeneity of the participant group here. IPA requires that all participants will have similarities in their understandings and experiences, as this was not felt to be guaranteed for this group (Smith et al, 2009). This was due to the EPs having received different training; myriad pre- and post-qualification professional experiences, different specialities and responsibilities (for example, looked after children, mental health, etc.); and different personal experiences of DVA; This study was aiming to be accepting of the participants' comments, on a semantic level: the analysis, in this early stage of exploration was felt to be most appropriately based on the actual content of the interviews rather than exploring at a latent level for deeper meaning (Larkin et al, 2006).

Grounded Theory (GT)	Potentially useful means of exploring the actions of the participants where there has previously been limited analysis of the contextual factors surrounding the objects of study (Crooks, 2001).	GT is utilised without preconceived notions and expectations (Glaser (1978): This study has acknowledged its expectations, highlighting the prepositions in Table 7; GT's fundamental intentions to create theory as a result of the data (Charmaz, 2008): This study aimed to explore the data from both 'top-down' and 'bottom-up' angles, in contrast to the GT approach. Moreover, the data-driven approach unlike GT was not intended to create new theoretical understandings of why EPs practise the way they do, when working with DVA.
Thematic Analysis (TA)	Benefits exist as with the two methods above; Allows the differences in the participant group to be acknowledged (without risking the rigour of the analysis implementation); Allows for the PPCT themes to be explored in this context, and to support creation of data-driven themes personal to the EPs constructions of their practice.	Further concerns have been raised by Boyatzis (1998), in relation to TA's poorly conceptualised approach.

Table 10: Comparisons of data analysis methods.

The theoretical underpinnings of the resource tool have been clearly stated in Chapter Two, therefore, there is no intention to create new theory. It was therefore decided that a thematic analysis (TA) would allow the detailed exploration of the data gathered, whilst addressing the research questions in a rigorous and appropriate way.

To ensure that the themes were explicitly linked to the data that were gathered, both deductive and inductive approaches were used (Braun and Clarke, 2006).

4.7.1 Deductive analysis

As the research questions were investigating the perceptions of practice and use of the resource pack in line with the PPCT model, these themes were identified prior to undertaking the analysis. Coding, however, occurred in an open manner (that is, data-driven not pre-set), therefore allowing for all data to be included in this stage of analysis and the subsequent inductive stage. This occurred by allocating identifying codes to all of the data (phrases, sentences or paragraphs) that were perceived to be relevant, interesting or important. By placing the codes into pre-set themes, the compatibility of the PPCT model could be explored: if codes were not consistent with these themes, it could be suggested that the model is not fit for purpose. However, the questioning during both interviews referred to the bioecological levels of the child's life, and to the stages of practice that were being explored by this study: assessment, recommendations and evaluation. These stages became subthemes for all PPCT themes. The deductive analysis process was supported by using an independent colleague to place a selection of the codes into the themes, and to review whether similarities were found. Consistency was found across all code placements, supporting the dependability of this method of analysis (see Section 4.9 for further information regarding trustworthiness).

4.7.2 Inductive analysis

This was particularly useful in relation to the previously identified paucity of literature on this topic; this part of the investigation was exploratory and therefore required further open analysis to include aspects of practice that were not expected. As the coding was undertaken openly, the resulting codes that were not placed into the PPCT themes were positioned within inductive themes. Attempts were made to ensure themes were specific to the transcripts, and this process was supported by using an independent colleague. Comparisons were drawn between the themes that both my colleague and I had made from the codes I provided from a sample of the data, and consistency was found. A further

review of all my inductive themes occurred with my colleague, who explored my placement of the codes and concurred the themes were appropriate.

4.7.3 Overall thematic analysis process

This TA explored the data semantically. It was acknowledged that a latent approach would have allowed the research to go beyond the meaning of the surface comments, to analyse the "*underlying* ideas, assumptions, and conceptualisations – and ideologies - that are theorised as shaping or informing the semantic content of the data" (Braun and Clarke, 2006: 15). It is noted that although this would have likely brought with it further depth of analysis, the time and size constraints and expectations of this study into new ground did not allow for it. The research questions were interested in the EPs' perceptions of *what* they were doing, and not to explore the hidden intricacies below the occurring practice. The semantic approach, however, did allow for contemplation of the influences of the participant's social world as contributing to their described practice. Moreover, this analysis could also support the determination not to fall within a purely descriptive process of qualitative research, a concern highlighted above by Alvesson and Skoldberg (2010), as the data would be placed within the context of the theoretical approaches used within the resource pack. Further concerns have been raised by Boyatzis (1998), in relation to TA's poorly conceptualised approach (as noted in Table 8). Braun and Clarke (2006) sought to rectify this by creating a model of TA, which has been followed within this study.

Six stages of TA proposed by Braun and Clarke (2006) were used here (see Table 11).

Stage	Description	Action- Deductive analysis	Action- Inductive analysis
1	Familiarisation with and transcription of the data	Transcribing the data verbatim; reading and re-reading the transcripts	
2	Generating initial codes	Identification of features of the data into meaningful groups by using 'track changes comments' on sections of electronic transcript, including compatible and contradictory codes	

3	Searching for themes	Codes were organised into PPCT themes, and stages of practice subthemes (assessment, recommendations, evaluation), using an electronic spreadsheet (see Appendix 11 for Phase one example); Original codes were reduced further into cohesive groups, to limit the space required to report the data.	Codes incompatible with the PPCT themes were removed and manipulated into potential themes, using an electronic spreadsheet (see Appendix 12a/b for Phase one example); Original codes were reduced further into cohesive groups, to limit the space required to report the data.
4	Reviewing themes	A return to the original data codes occurred, to review the PPCT themes and subthemes; A Phase one thematic map was produced to acknowledge the distinct nature of themes as well as the links between them (see results); The validity of the themes across all participants were then considered by re-reading all transcripts to ensure the themes accurately reflected the data gathered.	A return to the original data codes occurred, with the potential themes were reviewed; Any identified discrepancies required a reworking of the themes. Once coherence was achieved, themes were added to the Phase one thematic map (see results); The validity of themes across all participants were then considered by re-reading all transcripts to ensure the themes accurately reflected the data gathered.
5	Defining and naming themes	A return to the PPCT literature was made concurrently with the data placed within each theme, to support the writing of a descriptive statement for theme. Each statement summarised its uniqueness and relationship to other themes.	The 'essence' of each new theme was identified, and an appropriate name was allocated; Sub-themes within were identified; For each theme a descriptive statement was written, summarising its uniqueness and its relationship to other themes.
6	Producing the report	Results were written up, including data extracts, that provide "a concise, coherent, logical, nonrepetitive, and interesting account of the story the data tell – within and across themes" (2006: 23)	

Table 11: Thematic analysis stages (Braun and Clarke, 2006), with my accompanying actions.

The intention of this staged analysis was not to be prescriptive as to the order of the processes. The researcher can move back and forth within the stages, to ensure that an in-depth and accurate portrayal of the data occurs (Braun and Clarke, 2006). This was found to be particularly helpful as this study required flexibility, due to its three-Phased nature. The data analysis process was the same after both the first and second interviews. As noted, the interview schedules for both interviews were similar, yet the focus of the second interview was more on the use of the resource tool, rather than on general perceptions of practice. TA analysis allows for moving between data in a flexible way, in

that it was possible to return to the transcripts, codes and themes of Phase One, when exploring the data during Phase Two.

4.8 Ethical considerations

The British Psychological Society (BPS, 2009; 2011) and the British Educational Research Association (BERA, 2011) ethical guidelines were adhered to. As participants were included in this study, particular consideration was given to the points below. Actions to address potential concerns are shown in Table 12.

Ethical Consideration	Actions to address concerns
"Respect knowledge, insight, experience and expertise of clients"	All participants were treated with respect and appreciation of their knowledge. Questions within the interviews allowed for, and were interested in their perceptions and beliefs.
"Keep appropriate records… record, process and store confidential information appropriately"	Each participant was allocated a code number, to allow the interview data they submitted to be linked. A password protected file was held on a computer which contained information of who has been allocated which code number, which allowed for participants to withdraw from the study until the data analysis had begun (British Psychological Society, ethical guidelines 1.2, 1.4., 2009; BERA, ethical guidelines 12, 15., 2011). As the data was gathered in face-to-face interviews, participants were not anonymous, however the data was not recorded using names, and therefore their identities were confidential to myself. The data files which were stored both electronically and in hard copy format will be destroyed or deleted after ten years, in accordance with the University of Birmingham's policy. Any names of children, families, schools, other professionals, that were mentioned in the course of discussion were not included. The interviews took place in a private room; a notice on the door indicated that a confidential meeting was taking place. Participants were asked for permission to include anything in the data anything that they felt made them identifiable (British Psychological Society, ethical guidelines 1.2., 2009; BERA ethical guidelines 25, 12., 2011).
"Record, process, and store confidential information in a fashion designed to avoid inadvertent disclosure"	Detailed information regarding the participants (e.g., practice specialisms, role titles, experience or training in DVA) were not recorded or linked with their participant number (as given in the results chapters: e.g., Participant 1). This was due to the potential of the participant being identifiable to others within the EPS, or wider services/agencies. Details were not asked for, recorded or reported related to the cases that each participant was discussing. This was due to the potential that cases could be identifiable by those within the EPS, or wider services/agencies. It is possible that participants would discuss cases that had been reported within the news/court cases/discussed in peer supervision etc. Moreover, there was potential that individuals reading this report could identify participants and/or cases discussed from pertinent information.

"Ensure that clients… are given ample opportunity to understand the nature, purpose and anticipated consequences… of any research participation [and] seek to obtain informed consent"	British Psychological Society guidelines (Code of Human Research Ethics, 2010) were followed and consent was gained through supplying a detailed information sheet for all participants. Each participant was required to submit informed consent before any work began. EPs were asked to contribute to the study, from my current Local Authority Psychology Service, through explanation of the project via an email. Each EP received an information letter into their professional post tray, based at the Local Authority Psychology Service Office. All aspects of the study were described in the information letter, including explanation of the study, timeframes, expected commitments from the participants, as well as the consent form they were required to sign. It also included details of the confidentiality of taking part. (British Psychological Society, ethical guidelines 1.3., 2009; BERA ethical guidelines 11., 2011). EPs were informed of the nature of the topic of discussion and it was acknowledged that it may have personal implications for them. The risks of this included discomfort and/or distress. To manage this risk, the topic and process was made clear to each participant, during the initial email requesting potential participants. At the onset of the interviews, participants were reminded of their rights to: withdraw from the study; not answer a question or terminate the interview; and/or take a break from questioning.
"Engage in a process of ethical decision making that includes: identifying relevant issues; reflecting upon established principles, values, and standards… analysing the advantages and disadvantages of various courses of action for those likely to be affected, allowing for different perspectives and cultures; choosing a course of action; and evaluating the outcomes to inform future ethical decision making"	The use of the resource pack, within Phase Two of the study created potential risks that participants would prioritise the content over their usual standards and approaches to casework practice. Participants were explicitly informed that the resource pack should be used *within* the context of their practice, in a manner which complimented their approaches to working with children and families. They were informed (verbally and in writing in the resource pack) that they should exercise their judgement and ethical considerations throughout the process. Potential risks associated with discussing DVA with the families included discomfort and/or distress. The EPs were to use their judgement as to whether to continue the discussions, and were informed that they must act according to the ethical standards should this occur (e.g., adapt their intended course of action, and to fundamentally ensure that the clients were not left in a negative state). Signposting opportunities were discussed, should the participants feel further work was necessary with the clients. Debrief opportunities were offered to participants to discuss any implications of their practice, and to discuss ways to continue in supporting the family.
"Ensure from the first contact that clients are aware of their right to withdraw"	All participants were informed of the right to withdraw from the research, at any point in the initial process (pre or post interview/whilst using the resources) until the data began to be analysed (date was supplied in the information letter). They were offered the opportunity to meet with me, and discuss their concerns, should they wish. Participants were made aware of this prior to the data-gathering.
"Debrief participants at the conclusion of their participation". "Be honest and accurate in conveying professional conclusions, opinions, and research findings, and in acknowledging the potential limitations" (BPS: 10-22).	Professionals who took part interviews and used the resources received verbal thanks for their participation. Opportunities were offered to discuss any issues or comments which arose throughout this research, with respect to the EPs own life experiences, and/or the effects of this sensitive topic. The Psychology Service was given the opportunity to attend a summary presentation during a whole service meeting. Participants were also given the opportunity to meet with me before and/or after the data collection to discuss any concerns or findings.

Table 12: Ethical considerations and actions to address them.

4.9 Trustworthiness and steps to address potential threats

Key aspects of trustworthiness were explored within the context of this study, and they are summarised within the box below.

- Stenbacka (2001) has suggested there is no place for reliability discussions within qualitative research, as it does not concern itself with strict measurement tools.
  Although this view is extreme, it is noted that the use of a semi-structured interview cannot guarantee to provide the same results every time it is used. Within this study however, consistent questions were used for all participants;

- As this study does not fall within an empirical design, it is suggested that the traditional conceptualisations of validity are not appropriate here
  (see Table 11);

- Lincoln and Guba (1985) and Patton (2001), in which they state that reliability comes from the efforts to ensure good trustworthiness and validity in qualitative research;

- Authors such as Yardley (2000) have suggested that qualitative research requires different criteria by which to explore trustworthiness: sensitivity to context, commitment and rigour, coherence and transparency and impact and importance.
  Although these criteria are not disregarded here (and are in fact felt to be addressed within this study), there are further considerations made to address potential threats within a qualitative design (see Table 11);

- Case studies have often fallen foul of criticism related to the subjective nature of data gathering (see Yin, 2014), and suggestions have been made to address the threats to validity. These have included using multiple sources, and establishing a chain of evidence; building explanations and considering rival explanations; using theoretical underpinnings; and using rigorous case study protocol (Yin, 2014).
  It is acknowledged that multiple sources of data were not used within the confines of this study, yet future research could employ external perceptions and implications of EP practice from wider sources. However, multiple participants were employed; evidence was viewed within a chain (albeit limited to the singular published empirical study regarding EP practice when working with DVA: Gallagher, 2014); theory was used to explore the data deductively, yet inductive analysis allowed for alternative explanations to be included: all within a structured case study protocol.

Reflections on making qualitative research rigorous.

These reflections led me to adopt other criteria, in comparison to traditional positivist accounts, by which to measure the trustworthiness of this study. They are found in Table 13 below.

POSITIVIST EXPLANATIONS	WITHIN QUALITATIVE RESEARCH
Reliability How repeatable and consistent measures can be, within research.	**Dependability** Sharing the study with academic tutors and independent colleagues to 'audit' the methodology and results, and to investigate whether the findings are appropriately resulting from the data gathered.
Internal validity Whether observed changes can be attributed to the research intervention rather than other possible influences.	**Credibility** Congruence between the findings and reality (Merriam, 1998). Prolonged engagement and persistent observation: I have spent sufficient time in the organisation to understand the culture, and to develop rapport and trust with the participants. Detailed understanding of the characteristics of EP practice within this organisation. Triangulation (analyst): use of a colleague to review, confirm or reject the themes identified. Peer debriefing: Discussing the study with a colleague to expose any aspects that are implicit to me; check plausibility of the findings with a 'disinterested' colleague. Member checks: sharing preliminary findings with participants, in an informal manner.
External validity The approximate validity with which we can infer that the presumed causal relationship can be generalized to and across alternate measures of the cause and effect and across different types of persons, settings, and times.	**Transferability** The themes within this research are explored in terms of their application to other aspects of EP practice within this EPS, and to other EPS'. This relies on my acknowledgement of the subtleties of difference between services and between EPs.
Objectivity The assumption that a truly independent world exists outside of the research, which is investigated within the research. The researcher can investigate without impacting or influencing the reality.	**Confirmability** Reflexivity: "often understood as involving an ongoing self-awareness during the research process which aids in making visible the practice and construction of knowledge within research in order to produce more accurate analyses of our research" (Pillow, 2003: 178). This includes acceptance of the researcher as not objective, and makes explicit the subjectivity to the topic as being fundamental in research design. Moreover, the interpretivist orientation allows for the influences of the researcher on the study (and vice versa) to be acknowledged. Having a conscious awareness of my preconceived notions of EP practice when working with children and families who have experienced DVA. Continued acknowledgement of this throughout the research process, through using a reflection journal. Each TA was reviewed and documented to show a clear path to the reader, to clarify how the knowledge was constructed. This aimed to show how the data analysis of data reflected the data as a whole.

Table 13: Concepts of rigour and trustworthiness between a positivist account and a qualitative approach (Amalgamated from Pillow, 2003; Shenton, 2004; Cohen and Crabtree, 2006; and Smith and Johnstone, 2014).

CHAPTER FIVE: RESULTS AND DISCUSSION OF PHASE ONE

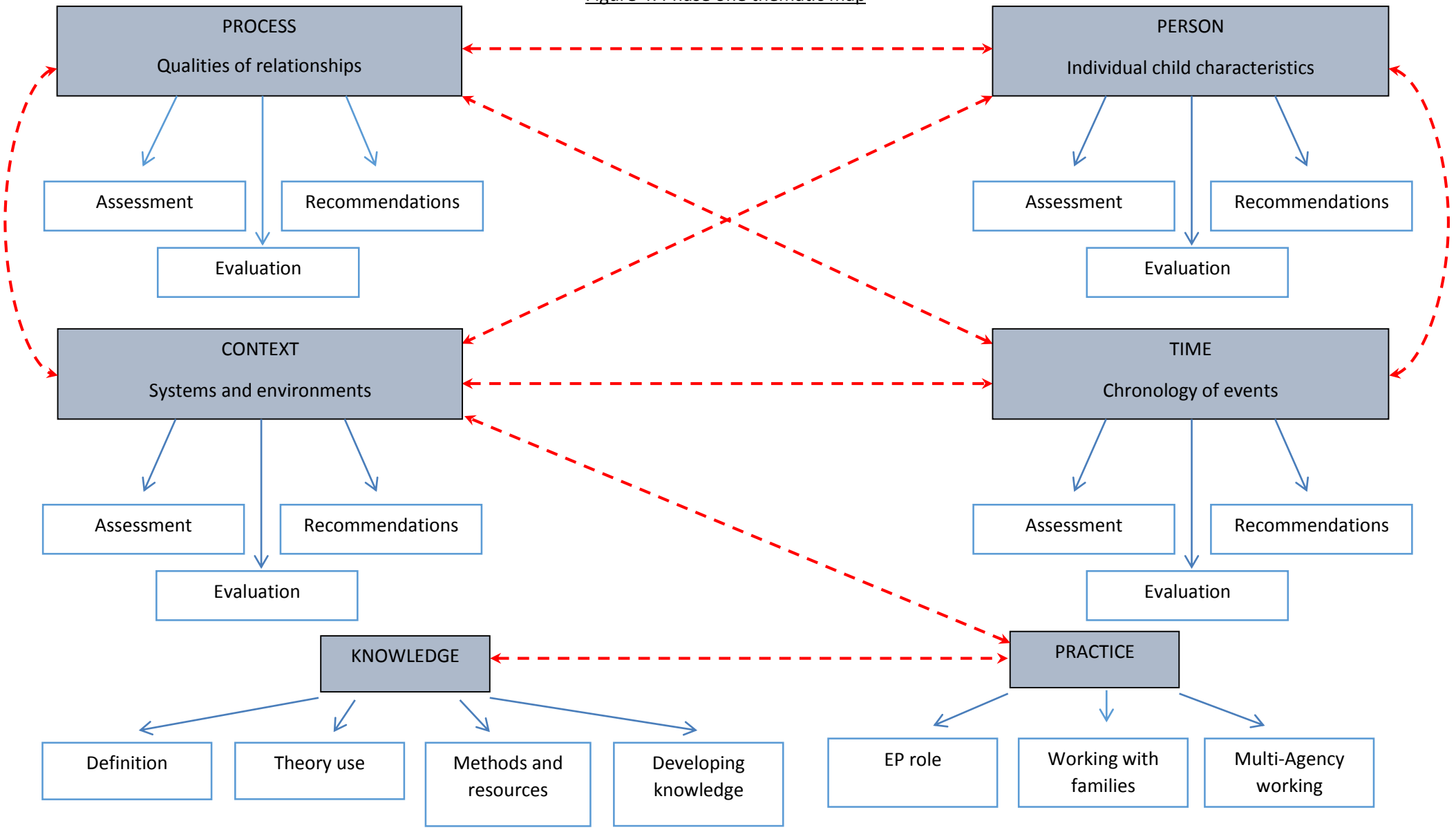
5.1 Presentation and discussion of the findings

The aims of this study are to explore whether the resource pack developed from the DVA evidence base and using the PPCT model was considered helpful in supporting the EP practice, from one [redacted] EPS, when working with children and families who have experienced DVA.

Thematic analysis (Braun and Clarke, 2006) was used to organise the reported views of the participants within the theory-driven and data-driven themes of Phase One. Stage 6 of the Braun and Clarke approach requires that the results section of this report provides "a concise, coherent, logical, nonrepetitive, and interesting account of the story the data tell – within and across themes" (2006: 23). Initial descriptions of the data are reported, and explored for the implications and significance of how each participant perceived their practice. Comparisons were made with the previous research, both in terms of the associated effects of DVA on children's development, and with wider comments about professional practice and the causal mechanisms that may give meaning and context to the descriptions the EPs gave.

This chapter reports the discussions prior to using the resource pack in Phase One. Chapter Six then reports the data from Phase Two, after the participants used the resource pack within their practice. The data from both phases was integrated, during Chapter Six, where conclusions were drawn for the implications to EP practice alongside reflections of the research process and critique of this study's methodology, and suggestions for future research in this field.

Figure 4: Phase one thematic map



Research question 1:

Do the EPs' perceptions of their current practice suggest that the created resource pack will be valuable in extending their assessment, recommendations and evaluations in line with the PPCT model?

As can be seen in the thematic map above (Figure 4), four deductive themes and two inductive themes were constructed. Details of each theme, and sub-themes, are discussed below, but first it is important to regard the portrayal of the themes as distinctive categories. With particular reference to the four PPCT themes, they are displayed as boundaried areas of investigation. However, the themes themselves are not distinct, and do allow for overlap. Bronfenbrenner himself noted how the rationale for maturing his model into the PPCT categories was to reinforce the importance of the processes, time and person areas in unison with the context (1989). It can be seen, therefore, that individual processes (or relationships) occur within contexts; with particular time durations; and will have impacts on the child's personal resources. This study has sought to separate the categories, in line with Bronfenbrenner's suggestions, but does acknowledge that there will be cohesion between them. Moreover, for ease of understanding, the thematic portrayal is a simplified version of the data from Phase One, with the most enduring and consistent links between themes identified by the red dashed arrows.

5.2 Process theme

This theme summarises the participants' perceptions of how they investigate and assess, make recommendations, and monitor and evaluate any progress in relation to the child's relationships. Relationships were defined as interactions between the child and individuals/groups. It was interesting to note that, although the PPCT model suggests processes can occur with objects in a child's life (how they interact with belongings/toys etc), no objects were mentioned by the participants. The key partners for child interactions were parents; family; school staff; and peers. This theme included acknowledgement of the nature or quality of relationships; the balance of power; the skills of the parent; the intensity of the DVA relationship; trauma in relationships; and the interactional skills of the child. Subthemes were created in relation to each stage of EP practice: assessment, recommendations and evaluation.

5.2.1 Process – Assessment subtheme

Table 14 shows a summary of the Process-Assessment subtheme. Initially I have reported the data according to the comments made by individual participants, to allow the reader to view the consistencies in responses, whilst acknowledging the variations in how they described aspects of their practice; the differing levels of homogeneity in responses was captured.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
Intensity of violent interactions			Intensity of violent relationship
		Exploring child's close relationships	Exploring child's close relationships
Quality of parent-child relationship	Quality of parent-child relationship	Quality of parent-child relationship	Quality of parent-child relationship
Power balance in relationships	Power balance in relationships	Power balance in relationship	
Peer relationships	Peer relationships not explored	Peer relationships	Peer relationships
Child-school staff relationship	Child-school staff relationship	Child-school staff relationship	Child-school staff relationship
	Parenting skills	Parenting skills	
Positive relationships		Positive relationships	
Parenting style		Parenting style	
	Relational trauma	Relational trauma	
		Outcomes-interactional skills	
		Child's responses to gender relationships	
		Child-perpetrator relationship	
Other family relationships			

Table 14: Process – Assessment subtheme, data by participant.

All participants discussed how they assessed the key relationships in a child's life. Although the interviews provided rich descriptions of practice in many areas, for the purpose of this report only the most salient aspects are reported in detail.

In exploring the child's relationship with the nonviolent parent.

Participant (P) 1: *how that person got on with the child and if there were any clues than I might try and unpick those further in terms of asking directly um if necessary about the quality of the relationship that was there*

you might observe them, so er seeing them together er you might ask other people about their observations of parent child er interactions. … a particular line might be about how do you spend quality time together? …See what that er throws up in terms of them both and separately talking about the nature of their relationships and with each other.

P3: , *um observing as well, it's such a powerful thing I think, looking at how people are interacting, it's only a snapshot though*.

It's not just about how responsive a carer is, is it? There's an added, you know a psychological control mechanism in there as well um which I think is really scary

P4*: I think sometimes um if I have done home visit, that's often a quite a a good way of finding out how the parent does relate to the child because sometimes there's a lot that can be gathered just from the way the chi, parent and the child respond to each other.*

In relation to the child's relationship with the violent parent.

P3: *I am thinking of other other cases I might have had, things like contact, concerns around contact, and sort of behaviours, emotional well-being before and after that. How's that's managed even and who manages that um.*

In relation to their local authority practice.

Researcher: So how would you explore a relationship between the parent or carer and the child and young person?

P2: *The difficulty is with a lot of my work here, is it's gone past that stage… Because they're now, now in the care of local authority so I wouldn't necessarily be wanting to explore that, or would need to explore that.*

P2: *I record the impressions of what I've seen around the four domains of engagement, challenge, nurture, and structure which are the four basic tenants of good parenting, so I will use that as a framework, an assessment framework to look at the quality of interaction between the child and the adults in that context.*

Most participants' assessments regarded the qualities of parent-child relationships. Although there were no explicit discussions about the likelihood of these relationships being of poor quality, the participants' comments were interpreted as making judgements of the parenting relationship, based on their own criteria for makes a 'good parent'. Only one participant discussed an explicit framework for these judgements. This may be significant in relation to the priority further support and intervention is given by the EP, with potential implications for casework formulation. Parenting skills

and style were mentioned by most participants, with acknowledgements of behaviour management; structure and nurture; the balance of power; and levels of authority. As McLanahan et al (2014) note, harsh parenting can increase negative behaviours in children, particularly when coupled with DVA and/or community violence, furthermore, non-oppressive close relationships can mediate the negative effects of DVA (Mihalic and Elliott, 1997). Several studies have identified negative views of their infant child from their abused mothers (Huth-Bocks et al, 2004); disorganised attachment patterns in infants (Zeanah et al, 1999); less maternal warmth (Levendosky and Graham-Bermann, 2000); and insecure attachment in adolescents (Levendosky et al, 2002). I suggest that the EPs' analysis of relationships are accepting of these potential difficulties. Conversely, some studies have also shown that DVA is not associated with poor attachment (Lamb et al, 1985; Levendosky et al, 2003). The implications of the participants' comments may suggest that there is a pre-conceived concern of poor parent-child relationships, rather than accepting of them as being a protective factor in the child's world. Moreover, although there were assessments of these areas, there were few explicit links to an evidence base in terms of what *impact* these variables may have on the child. One participant appeared to assume that, as the children were mostly within local authority care, there was no requirement for assessing carer-child relationship.

The participants' descriptions of assessing these relationships suggest the process is less formal and structured than the research suggests as helpful (Bolen, 2005). The majority of these interactions are explored through observations. Whilst one participant stated this was only a snapshot, three explicitly stated that this process often reveals interesting information. Although authors such as Gardner (2000) have commented on the difficulties surrounding the validity of parent-child observations (and suggested the need for systematic structures for observation to overcome this), the participants' felt this was a valuable use of their time in contributing to their overall assessment.

Interestingly, when discussing the child's relationships with school staff, there were no comments made regarding the teaching style, power balance, control or levels of authority. This is relevant if the

child perceives the relationship as perpetuating the lack of control at home. Participants referred to discussions and observations of these relationships yet the emphasis fell around the reactions of the child and perceptions of the adults. There were also limitations to discussions of availability and attunement within Phase One. The literature suggests that school can be seen as respite to the child who has experienced DVA (Holt et al, 2008) and, post-DVA, children have shared they can feel unsupported by their teachers (Buckley et al, 2007). I suggest these areas are within the EPs remit for supporting schools, and should be encouraged within practice.

Peer relationships were addressed by three participants in Phase One, in terms of the child's ability to interact with and react to their classmates. Research has suggested that levels of aggression with peers can increase for children who have experienced DVA (Ballif-Spanvill et al, 2004), as can incidents of bullying behaviours (Baldry, 2003). One participant referred to bullying explicitly, yet the peer relationship focus fell more within the realms of the child's ability to initiate and sustain friendships: a DVA risk factor summarised by Calder et al (2004). The implications of not including exploration of power and aggression in friendships may limit opportunities to support the promotion of more adaptive relational skills, for the developing child. The box below offers illustrations of the participants' views.

In relation to exploring the child's relationship with school staff.

P1: *observation, um file information , talking with staff, talking with different staff because obviously um a youngster can present quite differently in different relationships.*

P2: *if we were trying to explore the relationship between um a child and their um teach, particular teacher, I would explore that with the carers, I'd explore that with the social worker, and I'd also explore it with the child.*

P3: *In a obs, in a in a classroom observation it might be a little bit more structured in that I tend to record, I tend to have one column that's a narrative of events and then one that's specifically on social interaction and one that's on language so kind of trying to look at that and the pattern between what a child's saying, what a teacher's saying, and how they're interacting*.

P4: *a lot of these children might have one-to-one er time for interacting with a with an adult of having time to be together or calming time of whatever it might be called, but it might sometimes be worthwhile when I'm thinking about these youngsters to do that kind of observation.*

Further examples of assessing key relationships.

P1: *if I am looking at a hypothesis around um depression and one of the contributory factors to that, or communication issues, is that the child doesn't have any real relationships with other children in school.*

I guess issues about power um and the nature of the relationship.

You are looking at the whole child and er their family relationships, um as well as their school relationships.

P2: *I've got to prioritise the areas I focus and target in on and I would say that peer relationships, particularly with the client group that I work with is of a slightly lesser priority than many of the other issues that we're dealing with.*

DVA for me starts as soon as um an individual gets involved in a serious relationship and that could be from fourteen onwards, and ok it's about a power dynamic so and I think maybe that's a category that we've missed out on, young women who are being presently exposed to DVA, but not within the family context

P3: *I'll definitely look at the playground, definitely look out there, because it's interesting how children interact on a less formal basis.*

you know have you got hypothesis that someone's bullying someone or something, or this child is aggressive to everybody.

P4: *Just from observation how how they get on in the classroom, through a a general everyday classroom opportunity and perhaps sometimes in um the playground situation because that's more of an opportunity to actually engage willingly with others*.

Of interest is the perceived contradiction within Participant 2's comments: that peer relationships are not a priority for investigation, whilst acknowledging the potential for the child or young person to be experiencing DVA within their own social relationships. I suggest that the power dynamic they discuss should be an area for focused assessment, which may yield targets for discussion and intervention.

This may become increasingly relevant with the new Code of Practice, increasing the age range of EP work to 25 years (Department of Education and Department of Health, 2014).

5.2.2 Process – Recommendations subtheme

Table 15 shows a summary of the Process-Recommendations subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
Parent-child relationship intervention		Parent-child relationship intervention	
Peer relationship intervention		Peer relationship intervention	
Relationships intervention		Relationships intervention	
		Family relationships intervention	

Table 15: Process – Recommendations subtheme, data by participant.

Two participants specifically discussed how the parent-child relationship and peer relationships could be supported, through developing nurturing experiences within their microsystemic environments: an example of the connectivity between themes in this analysis. However, there was limited discussion regarding recommendations and interventions to support children's developing social skills, which is interpreted here as being related to the participants' commitment to working with the contexts around the child, rather than directly with the child themselves. Graham-Bermann and Hughes (2003) have reviewed intervention for children with DVA experience and made suggestions that successful approaches rely on both direct and indirect actions. More direct intervention is discussed within the Person theme.

Parenting skills were not given priority for intervention, although they were considered fundamental within the assessment stage by two participants. Interpretation of this is difficult, given that the case details are not available so I cannot reflect upon whether intervention is necessary or appropriate. It

could be questioned, however, whether this may relate to concerns the participants had with negatively affecting the relationship with the parent, as found by Gallagher (2010).

Interestingly, there was no mention of developing or supporting the child through their relationships with school staff, although research suggests it as a valuable approach (Mihalic and Elliott, 1997). This was despite there being consistent acknowledgement by the EPs to assess these aspects of a child's life. DVA is a relationship-based issue, yet it has also been acknowledged by some participants that there are limited interventions aimed to support this vulnerable group. Interventions for other traumatic experience and relational difficulties are documented in the literature (see Perry, 2002; Bomber, 2007; Hart, 2009), yet the participants' comments suggest these are not being explicitly transposed onto the DVA population. The brevity of intervention discussion (and the participants' explanations for this) implies limited awareness of appropriate actions, suggesting the EPs would value some further information here. The box below offers examples to illustrate the comments made.

In relation to peer relationship interventions.

P1: *So you've identified an issue, and you've identified peer support as being an appropriate intervention.*

P3: *I guess when there's been a real concern we've gone to peer group intervention like circles of friends.*

Supporting children with understanding expectations for social roles.

In relation to supporting parent-child relationships.

P1: *Now as part of that um formulation the er domestic violence may be a very important element erm to understand how the child is presenting as they are currently, and the arrangements around forming trusting relationships, um around nurture.*

P3: *I think in terms of intervention I think the Theraplay model was something that I used.*

We did some work with parents and their pre-school children who had all experienced domestic violence um and kind of used the dimensions of Theraplay to look at how they were in terms of their relationship with their little one.

We actually look at the nurturing children wheel and we kind of think about a few things that they could do at home.

5.2.3 Process – Evaluation subtheme.

Table 16 shows a summary of the Process-Evaluation subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
		Evaluation with parents	
			Evaluating child's relationships

Table 16: Summary of Process – Evaluation subtheme, data by participant.

Two participants discussed monitoring and evaluating children's relationships. For one, in the context of a piece of project work, they acknowledged that their maingrade EP work does not allow enough time for evaluation (discussed in further detail within the inductive Practice theme). The other participant discussed evaluating the child's relationships by making suggestions to the school staff as to what to look for. Whilst I acknowledge that there are still inherent difficulties in incorporating evaluation within EP practice, it is commonly accepted that it must occur in order to be confident in the appropriateness of intervention (Fox, 2003; Dunsmuir et al, 2009; Lowther, 2013). Comments are shown in the box below.

In relation to supporting the school to evaluate peer relationships.

P3: *With the Theraplay group work we did a three month follow up with all the families, so that was slightly different, um in that obviously that was pilot work and it was quite intensive therapeutic support so um I felt I had more time for that.*

P4: *I would expect them to sort of look at you know various different things based on what, they you know, been recommended, so if it was about building up a relationship with somebody, how is that changed from 3 weeks later to 3 months later?, that relationship should have changed and why's what's different about it now?*

Some aspects of the Bronfenbrenner Process category were not regarded by participants: the consistency and stability of relationships for the child with family members, school staff and peers. It has been suggested that too much variation in parental relationships can impact the child negatively (Levendosky and Graham-Bermann, 2000); consistency in friendships may ameliorate negative outcomes of DVA (Camacho et al, 2012); and stability in close relationships (including teachers) can mediate the effects of DVA exposure (Levendosky and Graham-Bermann, 2000). I suggest that the resource pack would be beneficial in supporting the EPs to become familiar with this literature, and to include these aspects and the other areas of limited discussion noted above, within their practice.

5.3 Person theme

This theme summarises the participants' perceptions of how they investigate, assess, suggest interventions and make recommendations, and monitor and evaluate any progress in relation to the child's abilities and characteristics. These abilities and characteristics were defined as 'within-child' personal resources. The key areas for consideration for EPs were emotional wellbeing/mental health; language and communication; learning; behaviours; control; medical needs; child's perceptions; and general impacts of DVA on children. This theme acknowledged both needs and some strengths in relation to these areas, whilst also making reference to assessing and intervening with the child directly. Evaluation of the child themselves was not in abundance.

5.3.1 Person – Assessment subtheme

Table 17 shows a summary of the Person-Assessment subtheme.

PARTICIPANT 1	**PARTICIPANT 2**	**PARTICIPANT 3**	**PARTICIPANT 4**
Negative behaviours		Negative behaviours	Negative behaviours
Learning needs	Learning needs	Learning needs	Learning needs
Emotional wellbeing	Emotional wellbeing	Emotional wellbeing	Emotional wellbeing
Language and communication needs		Language and communication needs	
Assessment of the child	Assessment of the child	Assessment of the child	
	Medical needs	Medical needs	Medical needs
	Control issues		
		Child's personal strengths	Child's personal strengths
Within-child needs			Within-child needs
	Presenting behaviours		Presenting behaviours
Child's perceptions			Child's perceptions
	Impacts of DVA	Impacts of DVA	Impacts of DVA
		Co-occurring needs	Co-occurring needs
Child's direct/indirect experiences	Child's direct/indirect experiences		
	Multiple impacts of DVA on child		
	Understanding individual child		

Table 17: Summary of Person- Assessment subtheme, data by participant.

Participants consistently referred to the child's behaviours, learning needs, and emotional wellbeing.

Most participants shared they considered the child's medical needs in their assessments, and some

considered language needs, and the child's own perceptions of experiences. Most participants also explicitly commented on how a child presented as a direct result of the DVA, which again highlights the intersection between experience, environment and personal characteristics in line with the PPCT model. The significance of these multiple areas of assessment lies with building a wide-ranging portrayal of the child's personal needs in order to develop appropriate ongoing support (Holt et al, 2008).

All participants investigated learning and attainment, in terms of both ability and attitude. Children may experience self-blame which can influence the child's motivation in the classroom (Harold et al, 2007) and DVA experience has been associated with reduced cognitive functioning (Rossman, 1998; Carlson, 2000). However, there is disparity in the research, with suggestions made in Chapter Two that there are many influencing factors on children's cognitive skills, therefore DVA cannot be assumed to be a singular implicating factor. I perceived the participants' comments as reflecting this (despite them not explicitly discussing the evidence base within this subtheme) as they considered the child's learning occurred within the context of their other needs.

Language and communication was considered by two participants, which again has incomplete evidence associated with DVA, but some suggestions of lower verbal ability for these children (Huth-Bocks et al, 2001). Of particular note are the potential explanations that may be purported by referrers, in relation to speech, language and social communication issues: one participant stated that they are often undertaking assessment of a child in relation to the potential of an autistic spectrum disorder. Family history and child experience is therefore crucial in order to view the child within this context; one participant also acknowledged that there is a risk of overlooking DVA during their assessment practice. I suggest it is fundamental for EPs to be aware of DVA and its literature and perceive the resource pack as beneficial in the formulation process.

Two participants stated they are concerned with identifying the child's strengths in their practice. Literature suggests this as crucial in identifying protective factors and ameliorating negative outcomes

(Osofsky, 1997). The EP's perception of the child may be impacted by limited consideration of positive skills: it should not be assumed that all children would experience poor life outcomes because of DVA (Warren Dodd, 2009). I suggest throughout this report that casework processes should seek protective factors to ensure skills are maximised and interventions are targeted: this continues to be the intention of the resource pack.

All participants discussed emotional wellbeing, with emphasis on assessing the child's mood, self-esteem and stress, often through discussions with the parents or school staff. As noted in Chapter Two, there is a complex interaction between poor emotional wellbeing, DVA experience, and behavioural-genetic links between parent and child, which suggests that thorough investigation of all of these aspects should occur (Downey and Coyne, 1990). Moreover, there could be potential implications regarding the parent's ability to identify the child's symptoms that might be suggestive of poor emotional wellbeing (Calder et al, 2004). Parents may not accurately reflect the child's emotional needs, by either under or over emphasising the difficulties.

Some comments from participants to illustrate these findings are found in the box below.

In relation to the child's learning

P1*: It's likely to have had an impact on various aspects of the child's learning so it could have affected their learning, their ability to take risks in their learning.*

So um exploring all sorts of issues around their thoughts and feelings about their learning, as well as their actual learning

P2: *They may have learning difficulties*

R: Would you look at um other things in the child's life that maybe aren't directly, obviously related to the domestic violence and abuse?

P3: *Yeah, yeah or if there's any medical difficulties or learning difficulties*

P4: *I think I'd address, um in terms of ability, cognitive ability I'd probably try and find out a bit more information from the school staff rather than definitely doing the direct direct piece of assessment.*

In relation to the child's emotional wellbeing or mental health.

P1: *You're aware that the main areas of concern are in relation to social emotional and/or mental health.*

I would be very much exploring er issues around self-esteem.

Sometimes with children I have got quite a nice graphic drawing a life chart and it is just simply er happiness over time.

P2: *I will do informal assessment, watch for eye contact, watch body language, look and see whether they're stressed.*

What I am trying to do is how, assess how stressed that child is.

P3: *You might be thinking about their perception of the world around them, so might do some PCP, um how they might feel about themselves, um I know it's used a lot, but sort of their self-esteem really, their emotional wellbeing.*

P4: *I think um with the um with the child it's about what they perceive to be happening around them, what their feelings are around that whole issue.*

The way that child copes with the situation as it is.

The main cited reason for referral to the EPS was due to externalising behaviours. The EPs consistently acknowledged that presenting behaviour was often the major cause for concern, when referrals were received from schools. Aggression, non-compliance, and use of violence by the child themselves has been associated with DVA in many studies (Graham-Bermann and Levendosky, 1998; Kitzmann et al, 2003; Kernic et al, 2003) and this was echoed in the participants' conversations about the effects of the children's DVA experiences. This finding is highly significant in terms of the literature of DVA and associated internalising behaviours (Graham-Bermann, 1996; Spaccarelli et al, 1994; Sternberg et al, 1993). If the referrers are not aware of the DVA links with poor emotional wellbeing, it is possible that some children are overlooked in terms of the severity of their needs. Moreover, whether the DVA is

known or hidden, it is possible that the teachers may misread withdrawn behaviours for quiet or calm children as there is no context in which to place the behaviour (Calder et al, 2004). Some studies have suggested that self-report measures can accurately capture emotional needs (Achenbach, 1991), and that children who have experienced DVA can often report their own needs effectively (Calder et al, 2004). There were limited comments from participants regarding assessing these things directly with the child yet two did briefly mention that they have previously used questionnaires for self-esteem and trauma symptoms. This provides further support for the argument that awareness of DVA is paramount with all those who work with children, and the child's voice is included.

5.3.2 Person – Recommendations subtheme

Table 18 shows a summary of the Person-Recommendations subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
Supporting emotional wellbeing		Supporting emotional wellbeing	Supporting emotional wellbeing
	Supporting learning		Supporting learning
	Supporting behaviour change		
Minimising negative outcomes			
Working therapeutically		Working therapeutically	
		Supporting through groupwork	
		Working directly with child	

Table 18: Summary of Person – Recommendations subtheme, data by participant.

Most participants discussed the requirement for making recommendations to support the child's emotional wellbeing, which is suggested as significant given the potential effects found in the DVA literature reiterated in the assessment subtheme above.

Two participants discussed recommendations for supporting learning, through increasing their engagement, rather than increasing their attainment. These comments are interpreted as showing a good understanding of these children: the capacity for engagement and accessing their learning environment (and their subsequent ability to achieve) may be reduced by DVA experience (Bloom, 1999). This approach to practice could lead to appropriate focus on the cause of the learning difficulties, rather than the product of the learning experience.

Therapeutic approaches, and working with the child directly were mentioned, albeit briefly across the whole data corpus. Perry (2002) and Hart (2009) have highlighted the importance of therapeutic intervention, yet the comments by participants do not consistently emphasise this. This may limit the efficacy of overall support for the child, therefore the resource pack could support the benefits of intervention in this area.

Only one participant discussed supporting changes in the child's behaviour, despite this being a priority for referral. This could be explained by the participants' view that behaviour is a 'symptom' of need, as opposed to the priority issue for support. This view is current within the conceptualisation of social, emotional and mental health as explaining behaviour, held within the Code of Practice for special educational needs and disability (Department of Education and Department of Health, 2014).

Comments from participants to illustrate these findings are found in the box below.

In relation to supporting emotional wellbeing.

P1: *Um helping the child to normalise erm their experience erm to realise that they weren't at fault, it's is unfortunately it's not an uncommon experience, helping them understand that family life for everybody can be fractious and some families unfortunately step over the line er and get into this um whole arena of domestic violence.*

P3: *I guess more the advice is a bit more of a generic um social and emotional recommendations.*

P4: *In actual fact there might be other suggestions and strategies that might come about because of that in in piece of work, which leads to diverting their attention to meeting the needs of, the emotional needs of that child, through perhaps setting up mentors or other systems which perhaps aren't in place.*

In relation to supporting learning

P2: *Get them to engage, then focus and reduce the exclusion then you can focus on attainment levels.*

P4: S*o just finding out but starting at a point where their more likely to engage with something that they can engage with.*

5.3.3 Person – Evaluation subtheme

Table 19 shows a summary of the Person-Evaluation subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
Evaluating changes in child		Evaluating changes in child	
Evaluating emotional wellbeing			
	Evaluating learning		
	Child's perceptions of progress		
	Discussions with carers about child		
	Discussions with professionals about child		

Table 19: Summary of Person – Evaluation subtheme

Three participants discussed evaluating the child in some form. Participant 2 acknowledged the most evaluation, often through conversations with key adults and the child themselves. Casework was interpreted as an ongoing process which requires cycles similar to 'plan, do, review', often cited as important in EP practice (Dunsmuir et al, 2009). I suggest that this method of practice could be valuable to ensure the child's needs and ongoing intervention is appropriate. However, within the other participants' descriptions of their practice, it was not perceived to be practical. Some comments were made about asking school staff, parents and the child themselves about their views of the progress the child has made, yet it was more consistently noted that the EP role does not allow for time to undertake this stage of practice in great detail. These barriers will be discussed further within the inductive Practice theme. However, it is interesting that the level of child participation was made more explicit during evaluation discussions. Comments from participants to illustrate their evaluations are found in the box below.

In relation to evaluating changes for the child, including emotional wellbeing.

P1: *Target setting ensuring you have appropriate SMART targets, and targets that the child ideally signs up to… as well as a school targets, so that's the simplest way to evaluate whether planned interventions are enabling the child to achieve the hoped for outcomes which they enter, they've agreed to um as well um(pause). You might um go and observe the child, so as to see if their presenting behaviour is different from a previous observation, you might do a child interview er and ask them to do some scaling questions, you might even use an assessment like SIPS , which is more um indirect er but it could be an indicator, I mean SIPS is measure of self-image, um so there may be an indirect measure of um self-esteem.*

R: What are you looking for when you are at those meetings? (pause) in terms of evaluation and monitoring?

P2: *The, the most basic thing is are they attending school, attendance, engagement you know what, but all of them, if you go all of the annual reviews and you go to the out of city ones, they're all able to measure a level of engagement so whether pupils are engaging or not,*

It would be looking for the views of um carers, you know if the foster carers are there or social workers there.

I suppose monitoring yes I do um do quite a lot of interviews with the er looked after kids, just to get their views.

P4: *So if for example um one of the recommendations was to allow the child to have opportunities to to talk to a a key person, then it would be about, how is he progressing with that? Is he beginning to communicate in that session?*

5.4 Context theme

This theme summarises the participants' perceptions of how they investigate, assess, suggest interventions and make recommendations, and monitor and evaluate any progress in relation to the contexts and environments a child experiences. These contexts were subdivided into the systems suggested by Bronfenbrenner: Microsystem, mesosystem, exosystem, and macrosystem. If data was felt to span all systems, it was placed into a category for all. Within the microsystem areas of consideration were relationships between the parents and their multiple relationships; details on the DVA experience; home and housing environments; other negative experiences for the child; moving between environments; and the parent's ability to be responsive. Interventions were suggested at the home and school level, yet evaluation seemed to occur at a more within-child (see Person theme) rather than within the context of the environment. Within the mesosystem areas of consideration were professionals sharing information and the significant adults in a child's life working cohesively together. Within the exosystem areas of consideration were the parent's experiences; their understanding of the child; supporting parents and schools; acknowledging policy and resource issues; empowering adults; and working within systems. Within the macrosystem organisational priorities were briefly acknowledged.

5.4.1 Context – Assessment subtheme

Table 20 shows a summary of the Context-Assessment subtheme.

	PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
MICRO	Changing parental figures		Changing parental figures	
	Quality of relationship between parents	Quality of relationship between parents		
			Child's negative experiences	Child's negative experiences
	DVA experience	DVA experience	DVA experience	DVA experience
	Homes and housing	Homes and housing	Homes and housing	Homes and housing
		Negative school experiences	Negative school experiences	Negative school experiences
				Positive school experiences
	Multiple environments			Multiple environments
			Child within a family	
		Parental responsiveness		Parental responsiveness
		Traumatic experiences		
MESO	Professionals sharing information			
				Working together
EXO	Parent's negative experiences	Parent's negative experiences	Parent's negative experiences	Parent's negative experiences
				Parent's positive experiences
	Parent's understanding	Parent's understanding	Parent's understanding	Parent's understanding
			Parental request for support	
				Professionals' understanding
	Community experiences			
			Organisational priorities	
MACRO				
MULTIPLE SYSTEMS		Complex experiences		
				Holistic understanding

Table 20: Summary of the Context – Assessment subtheme, data by participant.

The largest theme in assessment was the Context. Homes and schools were the priority environments for investigation, with very limited acknowledgement of extra-curricular environments, wider family

homes, and accessing the community. Whilst physical environments and resources (such as toys, learning tools) were explored, there was also acknowledgement of the psychological resources on offer to the children, in terms of parental responsiveness. Staff in school environments, however, were assessed in terms of their understanding of the child's needs, rather than in terms of their availability to the child. Certain salient areas of assessment are discussed in more detail below.

Participants consistently explored the current home environment, with relation to potential safeguarding issues, and whether the environment was supportive to a developing child. This acknowledges potential child protection issues that may require immediate action, which has been closely linked with DVA experience (Moore and Pepler, 1998; Appel and Holden, 1998). However, as with assessment of the parent-child relationships, the comments could be interpreted as a perception of home as a potential source of negativity, rather than as a protective factor. This indicates potential negative judgement of the parent for not providing a suitable environment, with no explicit discussion of the financial and environmental implications of a move away from DVA. Moreover, only one participant discussed the family within the context of a refuge, and the negative environmental factors that may exist there are directly adding to the complexity of experiences and effects (Yates et al, 2010).

Participants made repeated comments regarding changes in environments, such as school and home moves, and there was great acknowledgement of the difficulties a child may experience from multiple contextual changes, mostly in terms of instability in relationships. This concurs with research from Ziol-Guest and McKenna (2013), in which they suggest that changing contexts can negatively affect the developing vulnerable child. This is a further instance of the intersections between the deductive themes. The participants' comments are significant, as they not only demonstrate good understanding of the child's experiences, but they also consider the effects of these contextual changes on the child's feelings of stability, safety and security.

An interesting omission from the participants' conversations during Phase One was the potential working relationship between home and school. Mesosystemic assessment was suggested in terms of

professionals sharing information and working together, which reflects the findings of Hague et al (1996) in which they suggest multi-agency working offers the most valuable means of supporting the family. However, there was no emphasis placed upon the benefits of home-school liaison. There are implications from this, as these are likely to be the two environments within which the child spends large proportions of their time. There is potential for the family to be left out of decision-making; difficulties sharing experiences between environments could lead to a lack of clarity regarding the child's holistic cf. situational needs; implications for creating unity and consistency in implementing and maintaining support; and difficulties evaluating ongoing progress. I suggest that this aspect of casework should be emphasised and further encouraged.

Comments from participants to illustrate some findings are found in the box below.

In relation to assessing within the microsystem.

P1: *I might even do a a genogram to try and understand the nature of relationships particularly if it has been a mother with several partners.*

So if um a parent has been through a difficult experience how this has impacted upon their parenting.

Their ability to access the community, such you know, does the child have any activities in, outside interests, er do they have the opportunity to go shopping, to use money, er do they have the experience of using the library, are they accessing books, um what else would be relevant to a child, you know, presenting with literacy, literacy difficulties, um, er so , talking about the context, um the quality of the family home, the quality of toys, quality of care, um ideally you'd have had the opportunity to have visited the house, to sort of see a little bit first hand, um something of of the house itself.

P2: *I've talked to some people who've been taken to hostels, and the trauma of children being taken to hostel in the middle of the night, er and er the experience they've had there about the isolation.*

That usually means that either been excluded, at risk of having exclusion or their just not attending.

Usually because of some form of abuse, neglect, the basis of, which is as a result of extremely poor parenting ah and as part of that mix includes possible DVA and high probability of at least ten children in the house.

P3: *Perhaps to do with the domestic violence, what what happened, how it may have affected them from their perception.*

So then it would also be so you had to move to a refuge… so it would be like the environmental factors.

P4: *I'd certainly look to see whether the environment is suited to that child's ability level so if the child is unable to attend and concentrate for a length of time and that's what the um school are suggesting. I'd certainly look to see whether the environment can address that particular need, whether the activities are appropriately matched, whether the child, whether the resources and the er tools that are being used are sympathetic to that particular child's situation.*

Just looking at um, well what what where the child is coming from, what kind of stimulation is there, what what kind of nurturing opportunities are there, what kind of lifestyle there is in their home, in terms of, do the family have time for the child? Is it chaotic? Is it um are the children fed and are physical, are the basic needs met. You know is it a planned orderly house in the sense that is there food available for those children.

The whole of the school environment, because I think if they're thinking about primary and secondary it maybe that you know certain parts of the school might be quite, areas that they might not like to go near because they feel vulnerable in those situations.

In relation to assessing within the mesosystem.

P1: S*ometimes through talking with professionals.*

P3: *It came from the children centre request and was directed back to me so yeah it came from a mother that one.*

I perceived the participants' discussions of the parent's experiences to be interesting, as all commented on the *mother as victim.* As noted in Chapter Two, the term victim was rejected in this report, in favour of acknowledging the non-violent parent as a survivor of DVA (Calder et al, 2004). It

is clear, however, that the language utilised by the participants retains that terminology. I have suggested that continuation of this term is not supportive of the discourse of survivors as resourceful and active, and perpetuates the disempowerment; risking less disclosure of DVA experience (Kelly and Radford cit. in Calder et al, 2004).

Participants discussed exploring parental emotional wellbeing: the non-violent parent not being able to leave the DVA, feelings of guilt or shame, and their capacity to meet their child's needs (Downey and Coyne, 1990; Graham-Bermann et al, 2009). With the participants' understanding and accepting of parental needs (and how they may subsequently affect the child), the risks of the survivor feeling disempowered may be lessened. Furthermore, the support that the non-violent parent may feel, in having a sensitive discussion with an EP, is highly valuable. Comments from participants to illustrate these findings are found in the box below.

In relation to assessing within the exosystem.

P1: *So if um a parent has been through a difficult experience.*

P2: *There is a myth about um the woman tends to want it to happen which concerns me a bit, I think there's a very complex dynamic in terms of interpersonal relationships where the woman in effect feels that she's a victim and can't get out of that cycle and that could be because she doesn't want to lose the kids or whatever the issue is.*

So rather than stress the family out, and obviously you've got to consider that the family may be secretive, may not want to disclose.

P3: *Occasionally a mother concerned about the impact it's had on their child, I have had that, in I think at least two cases which doesn't sound a lot but um definitely where they've actually asked for help.*

I think their perception of domestic violence can sometimes be that they're a victim or that they're they perceive themselves to be perceived as weak, or that they're in the wrong and they're already racked with guilt.

P4: *What happened, how long it had gone on for, er how mum felt about it at the time, how she felt and was she able to meet the needs of her child at the time as well.*

5.4.2 Context – Recommendations subtheme

Table 21 shows a summary of the Context-Recommendations subtheme.

	PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
MICRO			Intervention in classroom	Intervention in classroom
			Intervention in family	
			Parent's ability to support child	
			Supporting peers' needs	
			Strengths based intervention	Strengths based intervention
MESO			Multi-agency interventions	
EXO	Supporting school staff	Supporting school staff	Supporting school staff	
	Parental choice for advice			
		Signposting parents	Signposting parents	Signposting parents
			Alternative explanations	Alternative explanations
	Supporting parents	Supporting parents	Supporting parents	Supporting parents
	Supporting policy change	Supporting policy change	Supporting policy change	
		Difficulties accessing resources		
		Empowering adults involved	Empowering adults involved	Empowering adults involved
		Recommend school placement		
			Supporting school system	Supporting school system
		Supporting professionals		
			Raising DVA profile in LA	
			Raising DVA profile with professionals	
			Specialist EP role	
		Schools responsible for change		
		Casework supervision		
MACRO				
ALL	Hope for the future			
		Holistic interventions		
		Supporting stability in environments		
			Raising DVA profile with all	Raising DVA profile with all

Table 21: Summary of Context- Recommendations subtheme, data by participant.

Participants discussed many areas when making contextual recommendations. Some participants discussed interventions in the classroom and using the child's strengths to build upon, within the

microsystem: a view much supported within this report and contributory to the PPCT model's applied value of finding 'real-life' solutions to need (Cramer, 2013). This approach is supported by Holt et al (2008) and Graham-Bermann et al (2009) as highly successful routes for intervention.

All participants stated they would support parents. Most discussed supporting school staff directly, signposting parents, empowering adults, and suggesting policy change. Two participants stated they would offer alternative explanations and support schools systemically within the exosystem; this included consultation with staff to develop their own skills or knowledge, which could then impact the child indirectly (a valuable contribution of the EP: Fallon et al, 2010). As noted previously, referrals are most commonly received from schools, therefore this may explain why the commissioner of the casework receives the most recommendations. The emphasis of this, and other exosystemic suggestions, provides support for the EPs working within a holistic model, when making recommendations. It is interesting that during the assessment stage, the participants explored the exosystem less; the priority for assessment was the microsystem (yet two participants did not discuss any recommendations at the microsystemic level). It is noted that some of the interventions which may fall within the child's direct experience may have been noted within the Process and Person themes above (if they were targeting relationships and within-child characteristics). As Anderson (2004) states, there is great value in offering support to wider ecological levels of a child's life, yet this data suggests there may be neglected areas for intervention, due to the limited exosystem assessment.

Demands on parents' time; direct structured assessment of parental emotional wellbeing; exploring what support the parents' have received; community and cultural factors (SES, housing, crime rates etc.); cultural and faith support (and barriers); and policy and law effects were not discussed by participants during the first interview. The evidence throughout Chapter Two suggests that these issues may be influential in both the cause and effects of DVA. I propose that the resource pack can

support these areas of assessment, to ensure recommendations consider both needs and protective factors. Comments from participants to illustrate these findings are found in the box below.

In relation to making recommendations within the microsystem.

P3: *So it might be to the school, at school level, classroom level, family level…perhaps small groups, so the child group setting level I guess (pause)*

P4: *So in terms of my practice at the minute, I mean it's very much about supporting the the school, at the class level*

In relation to making recommendation within the mesosystem.

P3: *Possibly multi-agency co-ordination.*

In relation to making recommendations within the exosystem.

P1: *If the purpose was supporting staff in delivering interventions in relation to this area of need, er then I would probably do that through a consultation approach.*

I would have conversations with my secondary school for example , um about issues that I were aware of as a result of casework um and try and help them develop their systems and organisational, their their culture, could be culture, could be policies, practice and systems around that.

The parent er as well similarly… helping them to normalise their experience, helping them to realise that um that um (pause) the impacts can be minimised and addressed.

P2: *I have a set a guiding principles that um I give and work with staff, whether it's care staff or education staff and they're guiding principles like, "Don't use objective reasoning, Don't use problem solving questions, er behavioural management frameworks don't work, time out's don't work".*

Give advice to professionals about appropriate placement.

They have to take ownership of it cos if you just tell them what to do, they'll say, "oh we've already done that".

If I can do the profile then I'm recommending specialist setting, but the availability of schools will be determined by where, where the care setting is. So and we've got this young person if their placed in a children's home, we've then got to get them specialist setting in XXXX, the only school that we've got in XXXX for year 10 girls um is XXXX, otherwise um we're transporting them out to XXXX, out to XXXX, um so it's about the availability.

P3: *I would also say I'm I am asking things of a service level, so for example in my community time here I'm starting to ask if I can do more Theraplay, of if I can have more time, community time for DV casework or DV training, so that's coming out at more a whole school level if you're talking about training needs or at a children's centre.*

So it might be that you have to signpost those to some, you know support for them, the adults.

Because it might be that the first step is to support the adult who can than have a bit more capacity to support the child and then see if the educational setting could do a bit of that as well.

And then I think with schools, I do think the nurturing wheel has helped me shift them because teachers often want to know what do we do about it, and there is less evidence based interventions to draw on.

In relation to making recommendations in multiple systems.

P3: *It's something that everybody has to be part of, but that people are more aware of and perhaps some time to talk about cases and how people have practically assessed and intervened um and for the service providers to see it as something important and desirable and to request it more and for funding bodies to fund it because it's such a priority, because it really is.*

P4: *Perhaps sometimes shedding a bit more information about the impact of these experiences for a young child.*

Daro et al (2004) found evidence to suggest that negative home environments increase the risk of DVA, therefore again this supports the notion that EPs should be keeping DVA in mind when making home visits. However, in the context of this study, the EPs were already aware of the DVA, and assessments of the home did not result in targeted recommendations: they made no suggestions to support the parent to provide an enriched environment, should this be of concern. This is a potentially difficult conversation to have and could risk damaging the relationship with the parent (Gallagher, 2010), which may explain why it did not occur. There may also be limited support to action this recommendation: difficulties with accessing the services of other agencies, for example.

Although it was inconsistent across participants, there were some brief suggestions of strengths-based working. As suggested in Chapter Two, Gallagher (2010) found that the main areas in which EPs discussed protective factors were at the microsystemic, or within-child level. It seems this pattern has re-emerged within this study, as two participants discussed exploring the positives with parents and school staff. Research suggests that increased awareness by schools can support the implementation of appropriate interventions (Thompson, 2012), as well as offering supportive environments and removing the barriers for support that may exist in the home (Huth-Bocks, 2001). The resource pack could exaggerate these contextual strengths further: to not only support the process of empowering the adults and child, but also in terms of increasing those positive experiences to permeate wider in the child's life.

5.4.3 Context – Evaluation subtheme

Table 22 shows a summary of the Context-Evaluation subtheme.

	PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
MICRO	Monitoring family targets		Monitoring family targets	
		Attend review meetings	Attend review meetings	
		Discussions with child		
MESO				
EXO				School's systems for monitoring
MACRO				
ALL			Limited EP monitoring	
		Monitoring holistically		

Table 22: Summary of the Context – Evaluation subtheme, data by participant.

Some participants shared that monitoring occurs within the microsystem: through attending review meetings and monitoring family targets. These were suggested by one participant as being the simplest (and possibly most time-efficient) way to monitor how a child is progressing. Attendance at review meetings is suggested as a significant aspect of practice, as it allows for continued review of needs and intervention. However, as concerns were raised about the time available for these, this may imply that the responsibility for evaluation falls back to the school. Without ongoing EP support here, it may be that the priorities for child and family are altered and the psychological perspective is reduced. These questions were not asked directly of participants in this study, and further exploration here may be beneficial in the future.

Other evaluation discussions were brief and had limited acknowledgement of school systems, child's perceptions of progress, and monitoring holistically. Again, it is noted that some of the evaluations may have been noted within the Process and Person themes above (if they were targeting relationships and within-child characteristics). This highlights the connections and overlaps between themes. The data suggests that the key role for monitoring falls within the school's remit. Comments from participants to illustrate these findings are found in the box below.

In relation to evaluating within the microsystem.

P1: *the family ideally signs up to and there might be a joint family target er as well as a school targets, so that's the simplest way to evaluate whether planned interventions are enabling the child to achieve the hoped for outcomes.*

P2: *Well the attendance by myself at looked after reviews, PEPS um er I mean I'm quite, um, particularly with those children that are placed out of city, those looked after ones, I insist that I go to all of those meetings um because it's sometimes it's out of sight, out of mind.*

P3: *With the Theraplay group work we did a three month follow up with all the families.*

It tends to be along the lines of a school based review, early years review which I'd like to go to basically, um and then looking at sort of whether there are any other targets to set and reviewing them really.

In relation to evaluation within the exosystem.

P4: *In terms of monitoring that would be around setting up systems to allow for that.*

In relation to multiple systems.

P2: *It's a it's a holistic approach in terms of progress um and ah and that's where, I suppose monitoring yes I do um do quite a lot of interviews.*

P3: *I feel like in my generic role it's hard to have the follow up that you might want*

Within this theme, there is a persistent lack of consideration given to macrosystemic assessment, intervention and evaluation. I suggest that this may not a priority of casework, as it is not directly and explicitly within the realms of making change. However, this view is not compatible with the PPCT model, or in fact with the perceptions of practice provided within Section 3.4 (Fallon et al, 2010). The task of tackling how DVA is perceived within society is extensive, yet EPs' (and other professionals') views of the causes and effects of DVA should be reflected upon and made explicit, as this may filter into the direct experiences of children and families. Moreover, any implicit views the EP has (such as women-as-survivors: see Section 5.7, Knowledge subtheme) should be further uncovered. The resource pack aims to provide opportunities to consider how DVA can be conceptualised within all ecological systems.

5.5 Time theme

This theme summarises the participants' perceptions of how they investigate, assess, suggest interventions and make recommendations, and monitor and evaluate issues related to time, in the child's life. This can include the consistency of interactions and the developmental processes that occur dependant on the individual's age and historical societal events. The key areas for consideration for EPs were the child and family's history; the age of the child as impacting the outcomes; post-DVA experiences; and some mentions of duration and consistency of DVA.

5.5.1 Time – Assessment subtheme

Table 23 shows a summary of the Assessment subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
Understanding child and family history	Understanding child and family history	Understanding child and family history	Understanding child and family history
Age of child impacting outcomes	Age of child impacting outcomes	Age of child impacting outcomes	Age of child impacting outcomes
	Experiences after DVA occurred	Experiences after DVA occurred	Experiences after DVA occurred
		DVA duration	DVA duration
		DVA in past	DVA in past
	DVA consistency	DVA consistency	
Timeline of events	Timeline of events		
Duration of time in housing		Duration of time in housing	
		Child needing consistent stability	
	DVA history repeating		
	Outcomes change over time		

Table 23: Summary of Time – Assessment subtheme, data by participant.

All participants noted that there will likely be different impacts of DVA, depending on the child's age. However, no research evidence or qualifying statements were shared to state what those differences might be. Most also considered other time-based issues in relation to the DVA, such as duration and consistency. Importantly, there were explicit comments that it is important to be sure that the DVA

had ceased, and moreover, even though the experiences may be historical, the impacts can be ongoing.

In relation to the child's age.

P1: *if a youngster had a very difficult relationship with their father and um there were issues about that relationship coming in and out at key stages, particularly with the child as a very young child I might state that, and it's particularly important about early life history er as well. So um pre verbal children who've witnessed domestic violence and um being aware that that has a particular impact all of its own for example.*

P2: *As the child matures and grows up it's an increasing knowledge, and I think it's around about the, they mature around about eight, seven, eight, this concept of family and a wider understanding of the world again that's far too easy a generalisation, but once they have a greater understanding of the world and realise what's happening in their family isn't normal, then they begin to question what's happening, so and that has a different impact on the child.*

P3: *How long the domestic violence went on for, when it started, when it finished, um, how old they were, where they were in the family position, um also if if you can, their position in the abuse, um because I've had different experiences or different reports from families where perhaps the eldest sibling has been more part of the abuse than the than the younger sibling, my research showed that the parent, the mother's themselves talked about having a more positive interaction and relationship with their youngest child, than their eldest.*

P4: *It's really about how we engage with that child and initially and get them to to engage through discussion, thinking about a young person, a teenager. But certainly with a younger child um early years primary age child we engage through play and toys and try and find out a bit more.*

In relation to the child and family's history.

P1: *that involves a detailed scrutiny of the historic information in terms of trying to make sense of how the child is currently presenting.*

it might be quite useful to draw a timeline, um particularly if there is some complexity about the family and their movements and changes er within the family history and mapping that onto schooling history.

P2: *all the behaviours that you see, particularly around adults, particularly around children are human beings, are part of um a social construct, part of the social history.*

P3: *it'll be when you're doing a bit of a developmental history.*

I'd say with this case I've had to go to previous professionals as well actually, because there's been so much change, you know whether that's to do with being looked after I don't know, but I had to go to sort of the previous specialist teacher, the previous social worker to try and get a a better history um and looking at notes from the previous school.

In relation to post-DVA experiences.

P2: *there is an issue about not only the domestic violence itself it's following the post domestic violence period so and that has an impact because of all the turmoil that has an impact on the family and it is recognising that because it is no longer happening it doesn't mean the impact isn't happening any longer and that is a critical area because the trauma of, and I've talked to some people who've been taken to hostels, and the trauma of children being taken to hostel in the middle of the night.*

P3: *the majority of the cases I seem to come across it's reported as domestic violence is a historical thing, a thing that happened before and and we're at the point where it's a problem, but it was then that it happened but the problem is behaviour now.*

so that is the first thing because although people say it's historical, you've got to be careful that it's definite, you know, that you're not working with someone at risk.

P4: *depends on which parents are around at that time and which parents are involved in the domestic violence.*

In relation to the duration and consistency of DVA.

P3: *how long the domestic violence went on for, when it started, when it finished.*

it's often over a period of time, um although I believe one incident can be an abusive incident in itself, um but generally domestic violence is a is a sequence of events.

P4: *What happened, how long it had gone on.*

Assessment of time factors was broad, yet the focus was on general theories of child development. It is obviously useful to consider the child's development, when considering the impacts of experience, and their capacity for certain interventions, yet the age of child can influence the DVA outcomes more specifically. Age of child, gender and intensity of violence can interact to produce different likely outcomes (Hester et al, 2007); younger children experience more negative effects of DVA (Graham-Bermann, 2002); and male teenagers may experience more sadness and female teenagers may experience more anger (Spaccarelli et al, 1994). Direct consideration of this evidence base could present the EP with some context to work with, when considering how the child is developing and what the potential risks of their individual situations are.

These suggestions within the literature may not be as relevant to the EP, as an individual assessment of the child may be. Raising knowledge of DVA literature could be useful in supporting the EPs to work in an evidence-based way, yet the assessment of the *individual* child's presenting strengths and needs is of paramount importance. Generic risks of DVA outcomes may not be seen for all these children,

which again support the conclusions in Chapter Two: each child's uniqueness must be explored. As Warren Dodd (2009), an EP writing about domestic abuse comments, not all children will experience all the potential negative outcomes. The resource pack may emphasise the variations in experience and outcomes.

5.5.2 Time – Recommendations subtheme

Table 24 shows a summary of the Recommendations subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
	Supporting stability for the child	Supporting stability for the child	

Table 24: Summary of the Time- Recommendations subtheme, data by participant.

As can be seen, this subtheme was brief. Two participants commented that stability and consistency in the child's life were important aspects of their recommendations. Although all participants acknowledged that impacts can vary according to a child's age, there were no comments stating that recommendations would be different. Comments from participants to illustrate these findings are found in the box below.

In relation to recommendations for stability.

P2: *my role has been over time to give him a proper profile, give him proper advice about, who he, what his psychological profile is. And about what, how his needs could be best met and he is now in a good care home, now attending school, um there's still problems there but it's actually stabilised him. Er And I've been the only constant, apart from his mother, his social workers have changed a few times… so and it's about that consistency of approach, but it's being able to stabilise him, get him to engage and that's providing support… and that's what I meant about stability and consistency.*

P3: *I guess more the advice is a bit more of a generic um social and emotional recommendations with an emphasis on things like stability, security.*

The emphasis on stability within the child's experience is positive. It acknowledges that the EP recognises the significance of change and the potential deleterious effects of multiple changes in the child's life. It is noted that these issues were briefly touched upon, with regards to relational stability

within the Process theme, and environmental stability within the Context theme. However, not all the participants discussed these issues to the same extent, therefore the significance of stability may require further emphasis within EP practice. Moreover, there was no acknowledgement of the recommendations made as being related to the child's age (or developmental stage), or to support the child to understand their own historical experiences. Carlson (2000) discusses the requirement for children to be able to understand their role in the DVA, their perceptions of that experience, and how they continued to explain the situation (in terms of attribution, blame, responsibility, guilt etc.). A therapeutic approach is again suggested, and it may be that supporting the child to understand their own life story, in historical terms, is important to their ongoing development (Jaffe et al, 1990).

5.5.3 Time – Evaluation subtheme

Table 25 shows a summary of the Recommendations subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
			EP monitoring periodically
	EP as continuous		
			Schools monitor regularly

Table 25: Summary of Time – Evaluation subtheme, data by participant.

Again, this subtheme contains limited data. Two participants discussed time factors in their evaluations, yet there was no consistency in responses. It is noted that the comments here illustrate that time issues specifically relate to the participant's own practice, rather than evaluations of time-based factors for the children. Furthermore, the growing child was not explicitly discussed in terms of changing outcomes, neither was the time since DVA exposure. As the evidence states six months after exposure, responsive parenting can increase to appropriate levels (Holden et al, 1998), any ongoing reviews of needs should consider how time is impacted the experiences of the child. Time factors are emphasised within the resource pack, and could support the participants to include this in their

casework, with more explicit connection to the child. Comments from participants to illustrate these findings are found in the box below.

In relation to evaluating time-based factors.

P2: *continuity of psychologist is an absolutely critical issue.*

P4: *so if it was about building up a relationship with somebody, how is that changed from 3 weeks later to 3 months later?*
I find myself um in situations where, yes you've recommended suggestions and then you've suggested to, you've given them a timespan, and within that timespan they might review themselves, but after a period of time so it maybe a term or maybe even more than a term, two terms, I might find myself reviewing at that point, rather than every small steps.

5.6 Knowledge theme

The knowledge theme, and its' subthemes, will be shared below in Figure 5. This theme was inductive and will be described as a whole.

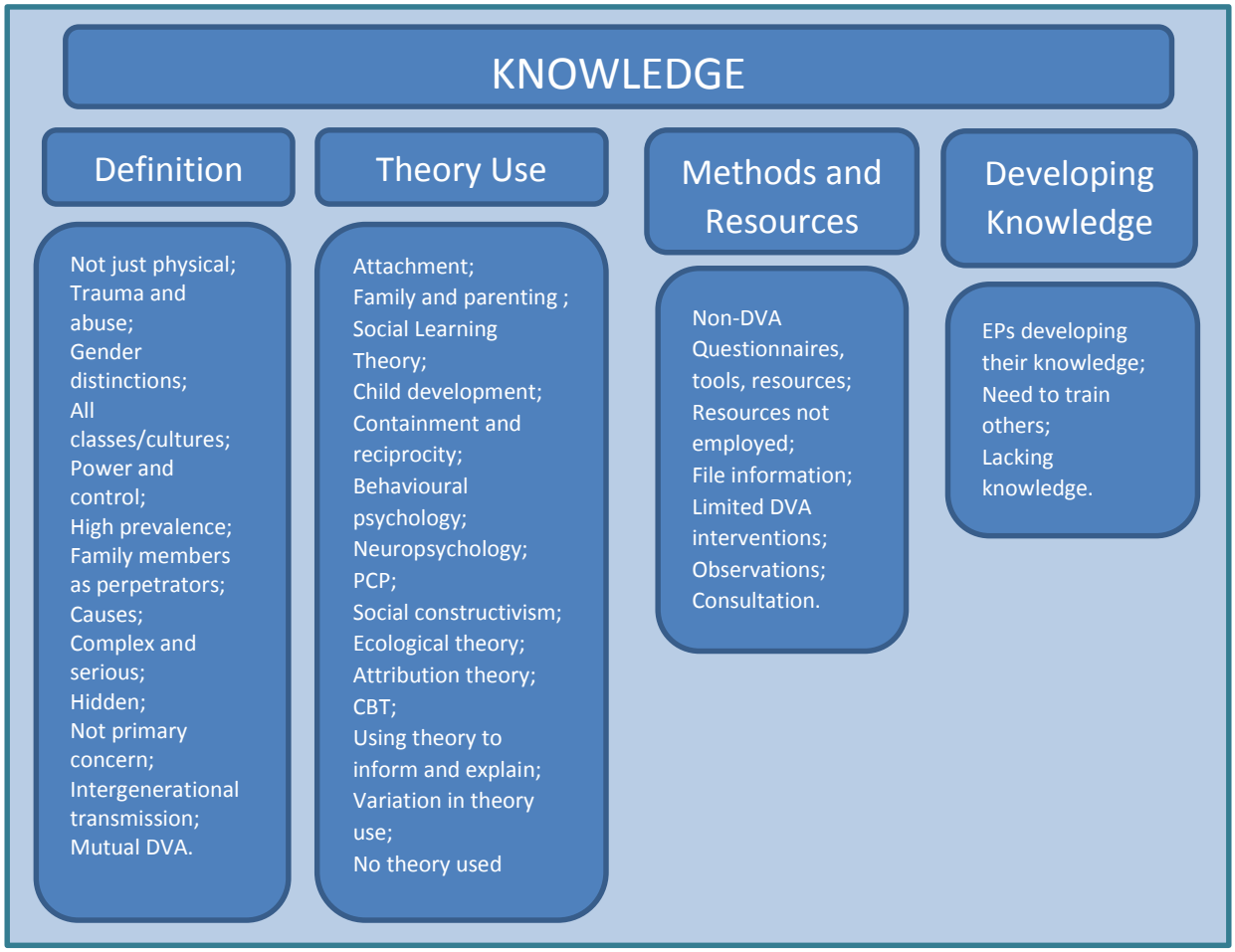


Figure 5: Knowledge Theme with subthemes.

It is noted that within the **definition** subtheme that all participants commented that DVA is not restricted to gender, with both male and female as perpetrators. Interestingly, all participants then continued in their discussions by referring to the mothers as the survivors, suggesting that there is an implicit distinction made between the genders (see quotations in the box below). This may purely be from the participants' experiences; the cases they have worked on to date may all have revealed fathers as perpetrators. However, Jouriles' (2001) suggests these views are often based on gender assumptions of violence in the home, and there could be risks of overlooking DVA within other (possibly female-dominated or same-sex) family relationships. Kelly and Radford (1991) have extended this discussion to state "[the survivors] may remain silent if they feel their experiences are not reflected in dominant understanding or definitions of what constitutes domestic violence" (cit. in Calder et al, 2004: 16). It is crucial for EPs not to hold assumptions of family life, and this should allow for other members of the family to explore their experiences- DVA should be held in mind in all, not just for mothers. Furthermore, the views here could be representative of the wider societal views, which may influence how other people perceive the child and family's needs, and the subsequent information the EP receives.

P1: *particularly if it has been a mother with several partners for example… in relation to the parent that I was talking to typically the mother and also how that person got on with the child and if there were any clues than I might try and unpick those further in terms of asking directly um if necessary about the quality of the relationship that was there um.*

P2: *there is a myth about um the woman tends to want it to happen which concerns me a bit, I think there's a very complex dynamic in terms of interpersonal relationships where the woman in effect feels that she's a victim and can't get out of that cycle.*

P3: *occasionally a mother concerned about the impact it's had on their child.*

P4: *What happened, how long it had gone on for, er how mum felt about it at the time, how she felt and was she able to meet the needs of her child at the time as well.*

Regarding definition, there was consistency regarding the non-physical aspects of DVA, with participants acknowledging the potential emotional dimensions of abuse. This is significant in relation to the research, which comments that non-violent abuse can have similar effects to violence (Jouriles

et al, 1996). Gallagher noted similar descriptions of DVA definition, within her doctoral thesis (2010). She comments that EPs were more likely to consider non-physical acts, like other community service providers. Interestingly, Gallagher cited research which indicated social workers and health visitors were less inclusive of the emotional abuse contained within DVA (Jones and Gross, 2000; Peckover, 2003). This could be linked with the training and self-study that EPs had undertaken. Although it is not within the capacity of this report to expand upon this further, it is pertinent as these differing views could have major implications for multi-agency working and the referrals the EPS receives from external agencies.

As with Gallagher's 2010 thesis, the participants here did not routinely discuss financial abuse as DVA. One participant did acknowledge it, yet it should be stated that this participant had already shared they had specific DVA knowledge. Financial aspects of DVA may have continued relevance to the family's life, and therefore should be sensitively discussed with the survivor to ensure no ongoing implications exist. This is particularly relevant, as ongoing parental stress has been linked with conduct difficulties in the children of DVA relationships (Huth-Bocks, 2008). Furthermore, DVA was considered by three out of four participants as being within a current or previous intimate adult relationship: only one mentioned that it could be perpetrated by family members or the young person themselves. Sharing the definition with the participants in the resource pack could increase understanding of the potential dynamics of DVA.

The **Theory Use** subtheme identified the main theories that underpinned the participants' practice. Although many theories were mentioned, they were acknowledged to be used in a general fashion, rather than being specifically employed within a DVA context (see quotations in the box below). Most participants shared that they did not employ DVA-specific research or evidence within their practice, with some suggestions that this may be an area for developing their practice. The implications of this are documented throughout these Phase One findings: explicit awareness of the DVA literature could scaffold the EPs' areas of consideration and focus of practice. Although it has been made clear that

the *individual* needs should be explored (cf. assuming the literature outcomes as factual), it could be suggested that the lack of DVA-specific evidence base could lead to variations in what the EP is investigating, and different criteria for what is concerning/without concern. The DVA context is suggested as highly relevant within EP practice, and should not be assumed as insignificant for child development, a view supported by Gallagher (2010). Moreover, there is a view from EPs that DVA work is not significantly different to other forms of casework (Gallagher, 2014). It is argued here that the prevalence and outcomes documented within the evidence base combine to reveal that this is not the case: this work is different, and requires understanding of the literature to ensure that practice is explicit in its DVA focus.

P1: *I think that's going back into developmental psychology, attachment theory and er critical periods um and issues around recency and latency, um so um there all sort of dimly there in my sort of recollection of psychological theory and I might want to refer back to them if if they were pertinent to my case formulation.*

P2: *I don't I wouldn't say that I use it regarding DVA as such but um my psychological theory is that um it is about what is it? That's an interesting question, I don't think, I haven't a theory as such to explain why people behave in particular ways, there's not one theory that can cover it.*

P3: *Um I feel that that often often I draw on attachment theory, but I just, I do think we need to do more around domestic violence in its own right. Um, Because yes it does map on to that but I think there are, I think it can be a lot, I said the word devastating didn't I?, I really think it can be devastating.*

P4: *I suppose concepts around containment of the child's needs um and her availability to meet those needs of that child. I think I I generally quite like the Solihull Approach and focus quite a lot on that. In terms of other theories I'm not really sure I do, perhaps I should, I don't know.*

Theories discussed in Chapter Two, such as attachment and social learning theory, were mentioned in the first interview, alongside neuropsychology, personal construct psychology, behavioural psychology and child development. The compatibility of these with the PPCT model is good, and the created resource pack should allow these theories to be implemented successfully. Although causes of DVA were not discussed within this study, Gallagher suggested that her results highlighted limited consideration of ecological influences (2010). Only one participant explicitly discussed the child as within an ecological world, using this theoretical base as part of their formulation process. This is not

to say that the other EPs were not working ecologically- the results do show explorations within all PPCT categories- however, I suggest that this work is not occurring within a purposeful and explicit framework. This resource attempts to bring the PPCT model to the fore, whilst still allowing for the continuation of self-selected theory use.

Within the **Methods and Resources** subtheme there was some acknowledgement of the resources that are employed within their practice, with particularly emphasis on the assessment process (for example, questionnaires, observations, solution focused questioning). Comments were made that there were limited resources available that were DVA-specific (see the box below).

R: In terms of the interventions for domestic violence is there anything that you, is it something that you've come across that you are aware of some good interventions or is it that it you're…

P1: *No I am not, no no*

R: And is that something that you would appreciate having more knowledge and support?

P1: *Absolutely, yeah, absolutely.*

P3: *Um I mean like um I suppose self-image profiles and things like that, but nothing that's specific to domestic violence. We need more!*

and you know we've talked briefly about the fact that there aren't many specific assessment tools and evidence based interventions that we can really trust and deliver and I think there's a real need for that, and I think there's a market for it actually, I say market in this cruel financial driven world (laughter).

P4: *I suppose I've I've not used a huge amount of a a I've not used a range of different resources.*

All participants mentioned some ways of gathering information, but there was great variation depending on the focus of their practice. Although this is not suggested as unhelpful (the intention here is not to be prescriptive), it is suggested as fostering greater support for the requirement of resources EPs can use in there practice.

As noted within Section 2.5, I explored the research base in terms of the methods that many studies use. The Conflict Tactics Scale (Strauss, 1979) and the Child Behavior Checklist (Achenbach and Edlebrook, 1986) are often cited as the measurement tools to assess children's needs. Whilst these

have been critiqued in terms of their construct validity (in DVA scenarios), and their generalised approaches to functioning, it may be that other methods are valuable (such as image profiles/self-esteem scales etc.), so long as they are triangulated with others means of data capture. The participants' comments reveal consistent commitment to holistic working, and they often included interviews, observations, and tools within their practice, which are likely to reveal data on many aspects of a child's life and experiences. This approach is highly compatible with the PPCT model. However, further extension of the types of information sought, through making explicit the areas of consideration, could benefit practice. EPs should remain autonomous in *how* they gather this information, therefore the created resource pack is offered as a supportive guide. It is not intended to be so prescriptive that the EP should not have to consider which methods are most appropriate.

The requirement to further **Develop DVA Knowledge** for both EPs and other professionals was also a consistent subtheme in Phase One of this study. Although all participants had received DVA knowledge through either formal training or self-study, all recognised that increasing this further would be of benefit to their practice. Comments were also made supporting the development of other professionals' knowledge. This is particularly pertinent in relation to the concerns raised above within the Definition subtheme: that variations in how other professionals conceptualise DVA may impact on the referrals received, the information shared, and how the survivors engage with them and the EPs. This is supported by Carlson (2000) who indicates that DVA training and education for all those who work with children is paramount, in order to support them to help 'known' children; to develop their awareness of the DVA risks associated with their communities; and the possible DVA effects which could aid further identification within the 'hidden' population. These comments relate specifically to the work the EP could do, within the exosystem; raising the profile and knowledge of DVA could have potential implications for how socio-cultural beliefs associated with DVA could further influence the macrosystem, as discussed within Section 2.6. Some quotations to illustrate this are in the box below.

P1: *No no they are being referred because schools are having problems with them, er it might be about schools and or the family accessing resources for the child those would be the primary reasons for the referral. I can't think of a referral purely in relation to domestic violence.*

P2: *it I am not too sure what the evidence is about how, what's the difference between in terms of impact.*

P3: *but not really in through the EP journals, it's you know there's the interpersonal violence, the journal of interpersonal violence.*

Some requests came from um children centre workers who were concerned about, there they did some scoping and they felt one of the issues in their community was domestic violence, so they asked for some input from the EP service.

5.7 Practice theme

The practice theme, and its' subthemes, will be shared below in Figure 6. This theme was inductive and will be described as a whole.

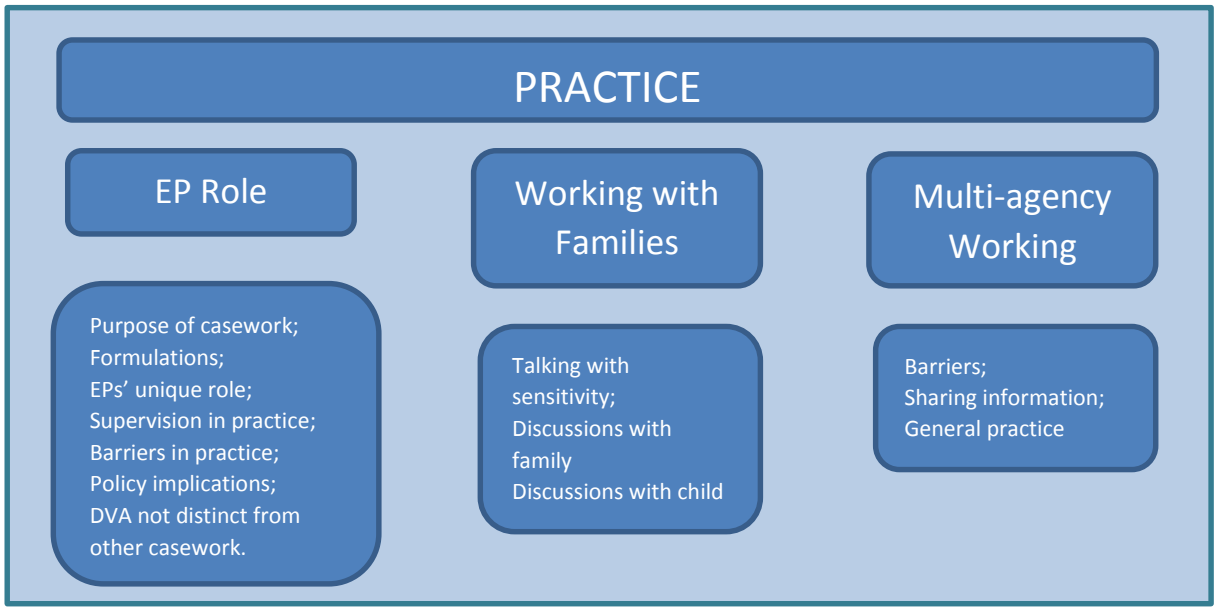


Figure 6: Practice theme with subthemes.

The interview transcripts offered rich personal accounts of the participants' practice, but for the purpose of this report the most salient are discussed, and illustrative examples given in the box below.

A barrier identified within the **EP Role** was the remit or agenda of the work. There was dissatisfaction with the capacity the EP had to work more thoroughly, when they have been requested to become

involved due to a specific focus or by a particular stakeholder (for example, a statutory assessment or to reduce negative behaviour). Also cited were time issues, and as Gallagher found, "EPs had a perception that DV work would be time consuming, particularly in relation to other EP work" (2010: 117). Whilst this report is emphasising the many variables which should be explored for a child who has experienced DVA and therefore could appear to be 'adding' to workload, the intention is for the resource pack to offer a structure which can support efficient information gathering as well as directing the EP to appropriate interventions.

If the EPs are struggling for time to undertake thorough assessments, then it may be that the true barrier lies within the EP's context: exosystemic change could positively influence how professionals conduct their work. Interestingly this work echoes a discussion within Gallagher's thesis (2010), in which she states that the time barriers are perceived as external to the EP, and therefore not within their control. She cites a study of GPs in which they have similar perceptions (Mckie et al, 2002): the author comments that the autonomy within a role should allow the professional to seize control of this issue and take responsibility for the time they suggest they need.

P1: *it's been where it's already known and there is heavy social work involvement and my input just relates to school.*

R: are there any other barriers then when you are trying to work?

P1: *Time, workload…* *um schools, not being able to be as inclusive as you'd like.*

P2: *But in terms of my practice um (pause) one of the issues that I I do find quite difficult is that when I come across an adult whose got mental health issues, is being able to provide appropriate support for them because a) it's not my area of expertise, and b) I have to be quite narrow in terms of my remit.*

P3: *I do as an EP have a sense of loss of that work because in my generic role I don't know where the service would be able to support me do that, although I'm trying.*

Just cos to do a really detailed home visit for example, when you can build trust with somebody, who then is able to talk about these things and when they do talk about these things it can take a long time, um and then you have an agenda which you also have to hit, which might be to do a statutory assessment for example, so um that's a barrier.

P4: *I think my worry is about overlooking something um because of our time constraints and not having enough time to go into a piece of work and and perhaps missing something that's my my worry most of the time.*

I'm just thinking if we , if we don't look at some of this stuff that's happened and we just go in and speak to the class teacher, we go in and speak to the paediatrician or one of two people, but not do the whole assessment, we might overlook and with time constraints now we are sort of cutting down to doing the bare minimum and that's that's just a a worry, perhaps for all cases but more so when there when there are reasons why a child might mis, might present themselves in a different way.

The **Working with Families** subtheme highlighted the participants' discussions with parents and the child, mostly as a means of information gathering. There were comments referring to the families not wanting to share information, and the absolute requirement to work with sensitivity.

Previous research found themes encompassing the "fear of damaging the relationship between the EP and the parent… [and] a lack of confidence in practice and the hidden nature of DV" (Gallagher, 2010: 119). The participants' comments were interpreted to echo this view. It is clear that the participants were aware of the implications of having conversations about DVA, yet citing different rationales: so as not to lead the conversation and allow them to share their experiences; as they felt they could not continue to support the survivor (as EPSs are not an adult service); to ensure that the survivor is empowered and feels trust; and to avoid the family disengaging from support. As has been previously suggested, families' privacy, their wish to avoid judgement, and the potential acceptance of family-based conflict within the culture or community can all cause hesitation in discussing DVA (Straus, 1977). Moreover, these exosystemic and macrosystemic concerns could contribute to hesitance of professionals (Tower, 2006; Wong, 2006; Byrne and Taylor, 2007; Gallagher, 2010). However, participants' reflections are valuable: whilst they are acknowledging the potential barriers in these sensitive conversations, there was no evidence to suggest they would retreat from them. Ultimately, whilst there is obvious value in identifying the potential barriers in this work, there is further merit in considering ways to help overcome them. By offering a structured guide, with clearly evidenced links to the importance of having these conversations, the confidence of the EPs could increase and emphasise the value of talking with the survivors.

P1: P*arents can indicate very clearly that they just don't want to talk about that particular area and so you get an immediate, you know just a flat no with very clear indication that they don't want to talk about that.*

I am sure I would try and find a word a form of wording um to do this but er to not to lead,or to donate, but to enable the parents er to say that there was a history of domestic violence but obviously trying to get the right wording is important.

P2: *I am happy to talk about to and sensitively interview a woman about um ah DVA, what I'm, I find challenging is my inability to do anything about supporting her.*

For me it's the issues about DVA are it's not recognised enough, but there are big issues about sensitivity, confidentiality, the fact that we're primarily a children service not an adult service, but we're exploring the concept of adult relationships ah and there's a tension between our ability um and desire and need to explore that, because of the impact on the child, yet when we expose it our inability to actually address those

P3: *I think I would be careful, if it was with the person who'd experienced it I would try and take their lead maybe. So try and be very sensitive to how they are feeling and um because I think their perception of domestic violence can sometimes be that they're a victim or that they're they perceive themselves to be perceived as weak, or that they're in the wrong and they're already racked with guilt um and that's some of the reading that I 've looked at that talks about how you know we need to try and empower these people who are able to talk out and seek help, so trying to be really sensitive that would be something I guess in the forefront of my mind*

Just cos to do a really detailed home visit for example, when you can build trust with somebody, who then is able to talk about these things and when they do talk about these things it can take a long time, um and then you have an agenda which you also have to hit, which might be to do a statutory assessment for example, so um that's a barrier.

P4: *I think the sensitivity of the topic I think that that it's such a sensitive area that you've got to really think very carefully before you sort of embark upon the questions that you embark upon and its and it's like if you get it wrong you could you could end up with the family putting up the barriers completely, so it's being very sensitive and and having time to take that, taking that time to just being available to prepare emotionally and mentally yourself.*

Within the **Multi-agency Working** subtheme, having conversations with other professionals was discussed as fundamental.

P1: *Typically it would be the class teacher, support staff er working with the child, it could be um a mentor, in in the school.*

P2: *I will ask for um request the chronology from the social worker ah and that usually is a good indication of social care involvement the nature or their involvement and usually they'll be indications if you've got police being called out, if you've got um violence in the home being mentioned in there and that's how I will then identify potential DVA.*

P3: *It's sort of talking to to other professionals I guess, and looking at information.*

P4: *And then obviously the social work worker is involved, they would be involved, and then sometimes there's family support workers um or early support key workers as they sometimes are.*

However, there are assumptions here that others will have the knowledge that is being requested

(particularly relevant if the DVA is initially unknown). Moreover, it appears there is the belief that Social Care are likely to be involved with a DVA case, however, there is often not a social worker unless there has been significant physical violence or child abuse (Jones and Gross, 2000). Whilst the intentions to work with other agencies are clear, the participants also acknowledged many practice barriers, including logistical difficulties in contacting professionals, staff turnover and lack of consistency within the team around the family. Hymans (2006) conducted research into the ways in which education, health and social care work together and revealed many difficulties with understanding each other's roles. Within this study, however, it was found some of the participants raised concerns more in line with the practicalities of communication. It is suggested that these issues may have huge implications for working together, and therefore suggested as a valuable way to extend future research, particularly in relation to DVA.

5.8 Summary of Phase One

Throughout this chapter, I have presented evidence detailing the nature of EP practice within the PPCT themes. Variables of practice reported by the participants have allowed for consideration of the extent to which they are working within a bioecological model, as supported by the DVA literature. Below, the original propositions found in Chapter Four, Table 9 are returned to, with comments as to whether the data revealed was similar to the hypotheses made (see Table 26). It could be argued that practitioners were being deliberately selective and prioritising the most significant areas as they perceived them, and this question was directly asked of the participants in the interview. Each participant gave a different answer to how priorities are formed: file information; commitment to holistic working; commitments to safety and sensitivity; the presenting behaviour is the priority. However, these (and the subsequent EP practice behaviours) all highlight the 'gaps' in practice when compared with the PPCT model. As this model is argued as a beneficial way to work, it is suggested that support is gained for the supportive resource to developing areas of investigation and action.

Proposition	Summary of data
It is proposed that not all these areas will be included by the EPs, and some categories and subcategories within the PPCT model will not be explored in their assessment.	As noted throughout this discussion, several areas of the PPCT model were not consistently regarded by the participants. These included exploring the parent's emotional wellbeing; their support networks (including cultural and faith factors); the impacts of the community (including SES, local policy and law); demands on parent's time; availability, attunement, teaching style of staff; consistency and stability of close relationships; protective factors in all categories; and the child's personal strengths. These findings suggest that the resource pack could extend these investigations during the assessment stage of practice, by highlighting the significant of the exploration, whilst providing an aide memoire of the key areas supported by the DVA evidence base.
It is proposed that the recommendations made will not fully encompass all areas of the PPCT model.	The recommendations made did not consistently fall into all areas of the PPCT model. Areas that may benefit from further consideration included increasing the school's awareness of the child's experiences; developing the home-school relationship; supporting the family to enhance enriched experiences; interventions for developing attachment relationships and supporting social competence through interactional partners; reducing power and control in relationships with adults; parenting skills/style; teaching skills/style; environmental changes to support behaviour change; and extending the child's strengths and the contextual strengths. This supports the implementation of the resource pack to allow recommendations to be extended throughout the PPCT categories, and to be directly related to the information gathered during assessment. Knowledge of suitable recommendations should also be increased.
It is proposed that the monitoring and evaluation will not be occurring in all areas of the PPCT model.	Limited descriptions of monitoring and evaluation occurred. Direct review of contextual changes were not discussed. Some comments suggested reviews of emotional wellbeing and learning, yet these occurred through talking with others, and the child, about their perceptions of progress. Systems and family targets were mentioned as being potentially appropriate. Overall evaluation was seen as difficult within the current EP role, due to limits with time. The resource could therefore support planning of evaluations. However, it is noted that time barriers for undertaking evaluation directly may impede this in being extended greatly.
It is proposed that there will be barriers to practice related to lack of time, limited knowledge/ training on DVA and lack of supportive resources.	There were barriers discussed regarding lack of time to work holistically, and in great detail. The resource is therefore suggested as supporting this, by prioritising areas of investigation and making suggestions for interventions. Training on DVA was found to have occurred across all participants, either formally, or through self-directed study, yet knowledge was felt to be incomplete. The resource pack will therefore support the relevant evidence base to be emphasised. The lack of methods and resources was found, therefore providing a pack based on DVA could support practice, according to the perceptions of the EPs Difficulties with talking with sensitivity was an unexpected barrier. This resource provides prompt sheets for conversations, therefore it is suggested that it is appropriate for developing the EPs confidence in these discussions.

Table 26: Summary of propositions in relation to the data found.

CHAPTER SIX: RESULTS AND DISCUSSION OF PHASE TWO

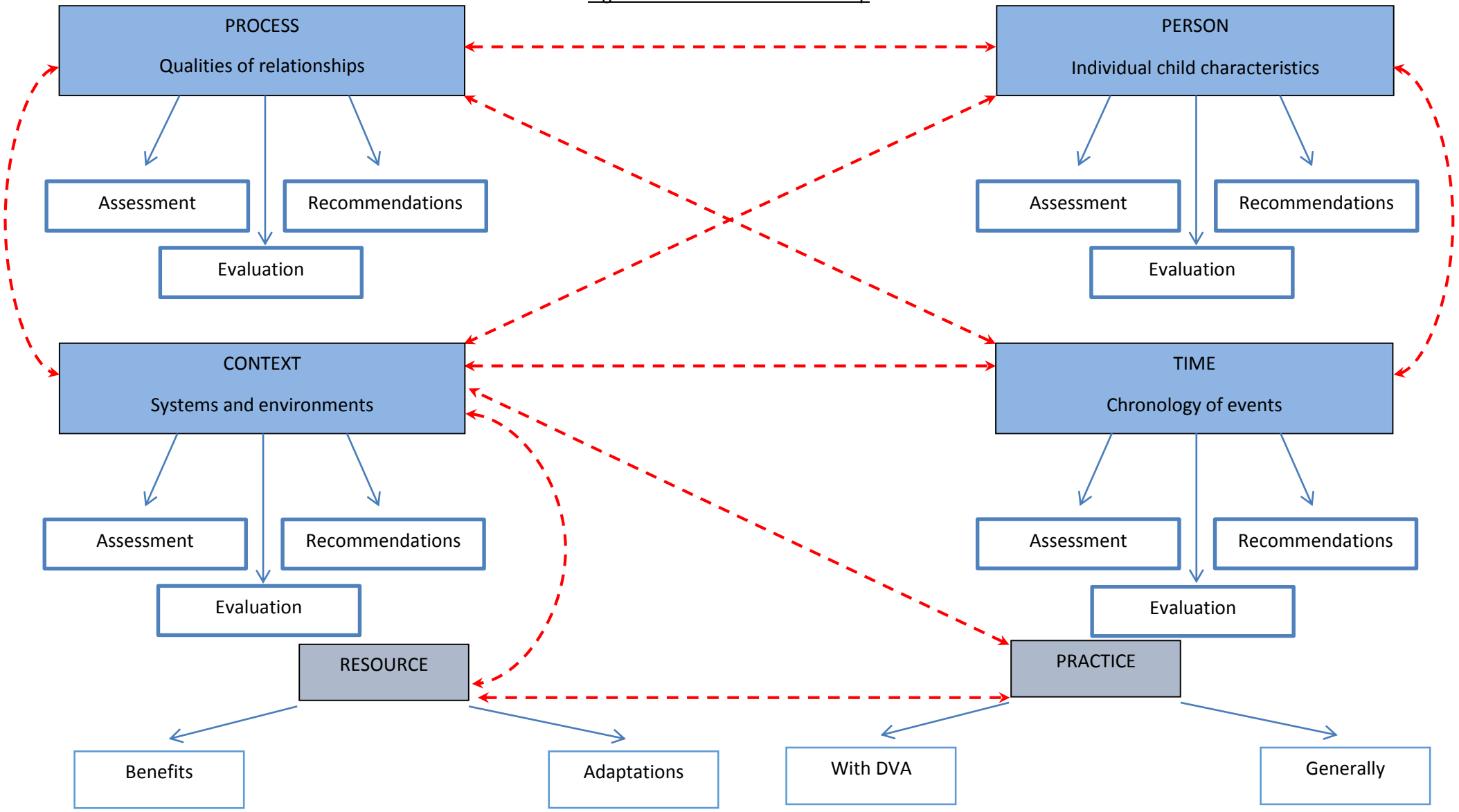
6.1 Presentation and discussion of the findings

This chapter provides an account of the data from Phase Two, after the participants used the resource pack within their practice. Initial descriptions of the data are reported, and explored for the implications and significance of how each participant perceived their practice. I have made comparisons with the previous research, both in terms of the associated effects of DVA on children's development, and with wider comments about professional practice and the causal mechanisms that may give meaning and context to the descriptions the EPs gave.

Thematic analysis (Braun and Clarke, 2006) was used to organise the reported views of the participants within the theory-driven and data-driven themes of Phase Two. A Thematic map is supplied to illustrate the distinct contributions of each theme, and the connections between them. Deductive analysis of the data was undertaken to support answering the second research question in line with the PPCT model, summarised by Figure 7. Inductive themes were created, to allow for non-expected results to be accounted for. This allowed for suggestions regarding future developments to the resource pack.

Data from both phases were integrated, and I report the implications to EP practice alongside reflections of the research process, a critique of this study's methodology, and suggestions for future research in this field.

Figure 7: Phase two thematic map



Research question 2:

To what extent does the resource pack support EP practice to develop in line with the PPCT model?

As can be seen in the Phase Two thematic map above, four deductive themes were constructed. Details of each theme, and sub-themes, will be discussed below. As with the Phase One themes, although they are displayed as boundaried areas of investigation, the themes themselves are not distinct, and do allow for overlap. This study has sought to separate the categories, in line with Bronfenbrenner's suggestions, but does acknowledge that there will be cohesion between them. Moreover, for ease of understanding, the thematic portrayal is a simplified version of the data from Phase two, with the most enduring and consistent links between themes identified by the red dashed arrows.

In order to address the second research question, the data reported below will focus on the developments in practice, to highlight the changes in the areas discussed by each participant.

6.2 Process theme

This theme summarises the participants' perceptions of how they investigated; assessed; suggested interventions and made recommendations; and monitored and evaluated any progress in relation to the child's relationships, whilst using the resource pack. Relationships were defined as interactions between the child and individuals/groups, however, one participant noted the child's relationship with classroom resources, namely using ICT as a means of control. As with Phase one, the key partners for child interactions were parents; family; school staff; and peers. This theme included acknowledgement of the nature of relationships; and the balance of power. Talking sensitively with the child, to build a relationship was discussed. Moreover, in Phase two, more emphasis was given to in depth understandings of relationship qualities. There was less focus on the parenting skills in relationships with the child. There were specific interventions discussed regarding building school staff and child relationships in Phase 2, moreover one participant explicitly discussed rebalancing power and responsibility, and the need to build trust.

6.2.1 Process – Assessment subtheme

Table 27 shows a summary of the Process-Assessment subtheme. In keeping with Chapter Five, I have reported the data according to the comments made by individual participants, to allow the reader to

view the consistencies in responses, whilst acknowledging the variations in how they described aspects of their practice; the differing levels of homogeneity in responses was captured. Analysis of the data will continue to be reported by participant, to emphasise the individual differences in practice whilst using the resource pack.

PARTICIPANT 1	**PARTICIPANT 2**	**PARTICIPANT 3**
Quality of parent-child relationship	Quality of parent-child relationship	Quality of parent/carer-child relationship
Deep understanding of child's relationships	Deep understanding of child's relationships	Deep understanding of child's relationships
Other family relationships		Other family relationships
Power balance in relationships		Power balance in relationships
	Child not engaging with relationships	
School staff-child relationship		School staff-child relationships
	DVA impacts on relationships	
		Positive parent/carer-child relationship
Talking sensitively with child	Talking sensitively with child	Talking sensitively with child
Collusive relationships		
Peer relationships		Peer relationships
		Social problem solving
		Positive relationships
		EP-child relationship
		Using resources as control
	Parenting skills	

Table 27: Process – Assessment subtheme, data by participant.

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

P1 discussed increasing their assessment to explore wider family relationships, which is pertinent as it has been suggested that positive caregiving relationships with children can mediate effects of exposure (Levendosky and Graham-Bermann, 2000). More of their assessment related to the parent-child relationship; the balance of power and independence were key areas of focus, in direct relation

to the family experiences. DVA is often perceived as an act of power and control (Keeling and Fisher, 2012), and is regarded as potentially intergenerational. As mediating factors can include having non-oppressive close relationships (Mihalic and Elliot, 1997), this focus was influential in the formulation process of this participant. Crucially this continued into the recommendations stage of practice, as will be seen within the subtheme below. They did not discuss parenting style within the second interview, as the nature of the relationship was perceived to be more bi-directional and mutually influential between parent and child. Research supports this view: variability in close relationships (particularly with nonviolent parent) could negatively affect more than the overall parenting style (Levendosky and Graham-Bermann, 2000). The participant's comments were indicative of being more cohesive with Bronfenbrenner's definition of proximal processes (Bronfenbrenner and Morris, 2006: see Chapter Two.).

P2 explored the child's relationships, explicitly acknowledging they were able to consider how DVA is associated with certain social and behavioural issues present for the child. This as significant as there is potential for alternative suggestions for support when DVA is an explicit part within the formulation of a child's needs (Gallagher, 2010). P2 also acknowledged the difficulties the child had in engaging in interactions (explored in research: Kernic et al, 2003), yet the focus was retained on child-adult relationships. Friendships were not discussed as an important part of the child's development, which indicated that the first interview's considerations of a young person's own relationship status was not a current priority in this case. It may be that this was not relevant, however it could be beneficial for more focused assessment here. Moreover, as consistent supportive friendships may mediate effects of exposure to violence (Camacho et al, 2012), this could reveal new areas for intervention. They did not explicitly refer to a power balance in relationships in the second interview; however, comments made regarding the child's intense reactions to being placed within a locked room by adults in a school could be interpreted as an awareness of this inappropriate course of action, in the light of the child's DVA experiences.

P3 discussed their explorations of the child's social problem solving skills: albeit maladaptive, P3 perceived the child as being an influential partner in interactions. This was related to issues of power and control and often resulted in aggressive interactions (Keeling and Fisher, 2012). P3's perceptions of this behaviour was interesting within the context of Holt's (2008) research, in which developing cognitive skills may be effected by DVA in terms of the child's ability to think, rationalise and predict, as well as prevent violence within themselves. This raises questions related to the social learning theory perspective: the levels of repetition in DVA experiences (which were very high in this case) may affect the instances of the child using violence (Bell and Jenkins, 1995) as well as the effects of childhood posttraumatic stress symptoms and subsequent externalising behaviours (Rossmann and Ho, 2000). This also has implications for understanding the sibling relationship of this child: the brother was also violent towards the family, and the relationship was subsequently strained.

Other developments in P3's descriptions of their practice included a focus on the EP-child relationship. It was noted in Chapter Two that insecure parental relationships can potentially affect the child's capacity "to successfully engage, negotiate and manage interactions" (Calder et al, 2004: 59); although the suggestion is not to do as previous research has and make assumptions that this interactional style is conclusive proof that this child has an insecure attachment. However, the outcomes of the described difficulties could directly influence the child's ability to work with the EP as an unfamiliar individual. Furthermore, Oden (1987), cited by Gewirtz and Edleson (2007), suggests that in vulnerable families, the amounts of social opportunities may be limited. The participant's descriptions of their assessment highlighted how those issues were explored with the parent and the social worker, and it is suggested that reflection of this alongside the child's difficulties in engaging directly contributed to how they would make suggestions for intervention.

Both P1 and P3 did not explicitly refer to the intensity of the child's interactions with the DVA as they had in the first interview. They did discuss exploring the nature of the DVA more generally and within time frames, therefore these codes were placed within the Context and Time themes as their

comments were not specific enough to the intensity of the interaction that would allow for placement within this theme. The box below offers examples to illustrate the key practice developments.

P1: *yes in relation to sort of the family relationships…Some questions about the extended family.*

to understand er their dependence and independence um (pause) and the impact that that had on the child's emotional wellbeing. (pause) So you could described it as a love-hate relationship, so a very over er over identified collusive relationship which is partly born out of the the family history story (cough) and the child in some ways having to be an adult er in the relationship, er looking out for mum er feeling that sort of responsibility.

R: do you feel that you were exploring the child's relationships with with their carer um and or their parents…

P2: *What this helped me to do is be more focused and reflective against in identifying what the potential implications of the DVA would have had on her behaviour pattern because previously I would have been aware of that but it may not have been as um evident, or or up in my radar as high it should have been, because obviously we attribute children's behaviours to certain factors and in the past, previously, before using this tool, I may have attributed it to purely, just, purely to poor parenting or not purely um primarily to poor parenting or abusive parenting or the implications of the sexual abuse, but DVA I just realised is part of that overall mix for the child.*

She had been referred through to CAMHS but was not engaging.

she gets very claustrophobic, emotionally claustrophobic, so when people crowd her, and they were locking her in rooms, not not by herself, with members of staff, and she was kicking off big time, and we were trying to encourage them to get her to go out into the community and they were worried about her running off and we got agreement with the social worker if they run off, they just keep an eye on her, but they don't chase her

P3: *Erm, but a lot of the concerns around sibling relationships and the interactions with the mother continued and he's only just gone into a kinship care placement, with her cousin.*

His social problem solving was fantastic, but just not er necessarily socially appropriate, erm, so his ability to kind of manipulate the situation.

I actually tried to do some assessment work with him, but I did end, end the assessment work because I didn't feel it was appropriate, erm, because he he struggled to respond to me, in a, on a one-to one basis because he doesn't know me very well because there's been so much change, so part of my report was actually he needs to build a relationship with somebody.

He could have also used the ICT in a kind of, I'm not doing it your way. There was potential for that, but that was quickly deescalated.

6.2.2 Process – Recommendations subtheme

Table 28 shows a summary of the Process-Recommendations subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Parent-child relationship intervention	Parent-child relationship intervention	Parent-child relationship intervention
School staff-child relationship intervention		School staff-child relationship intervention
Building trusting relationships		
Rebalancing control and responsibility		
		Building professional-child relationships

Table 28: Process – Recommendations subtheme, data by participant.

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

As noted in the assessment subtheme, P1's assessment and formulation of the parent-child relationship suggest a target for intervention, through offering advice and setting targets to achieve a more 'healthy' balance of responsivity and independence. Anderson, (cit. in Hart, 2009) discussed how supporting children to create and maintain appropriate levels of control can be of great benefit, whilst also supporting them to accept a nurturing and trusting relationship. The impact of DVA on relationships was explicitly shared with the parent and school, suggesting an increased knowledge of the significance of this, and stronger emphasis on a deeper understanding of how the child interacts with others. This extended to include the child and school staff relationship, with participant making specific recommendations to support the development of this relationship. As Buckley (2007) suggests, children can feel unsupported and misunderstood by their teachers, therefore these recommendations could help to ameliorate this difficulty. For the school staff, P1 recommended a trust-worthy 'key adult' to work with the child, assumed in order to develop strong, stable and nurturing relationships as a priority. Again, this echoes elements of the evidence base, with Mihalic and Elliott (1997), Levendosky et al (2003), Levendosky and Graham-Bermann (2000), and Osofsky (2003) all suggesting that these are fundamental areas to make beneficial changes to the developing child's life. Whilst there was assessment of the peer relationships of this child, P1 did not discuss

interventions to support peer relationships. Again, it cannot be assumed as to whether they were appropriate, due to limited case information. However, the developing adult relationships were prioritised by the EP, a view supported by much research (e.g., Carlson, 2000; Graham-Bermann and Hughes, 2003; Warren Dodd, 2009; Hart, 2010).

Within Phase One, P2 did not discuss any recommendations within this theme, yet they described their therapeutic work with a carer and the child during Phase Two. The initial premise of this work appeared to be to work with the child, yet the child was not confident to undertake this work alone. This is interpreted as a strong protective factor for the child: a secure base from which they can explore their experiences and emotions. This child appeared secure in their relationship with their carer, and a positive attachment style (despite the DVA experience) could be hypothesised, albeit with caution due to the lack of formal investigation of this (Lamb et al, 1985). The participant's ability to work from within the protective factors is compatible with, and encouraged within, the resource pack.

P3, like P1, referred to making recommendations regarding school staff's relationship with the child, as well as suggesting the need for professionals to build a relationship prior to further work. The participant clearly stated that the priority was building relationships, before other actions. Wider family intervention and peer intervention was not discussed in this case.

The box offers examples to illustrate the developments in practice discussed above.

P1: *So some of the suggestions of the school staff helping this young person er to establish a trust relationship, er a learning mentor opportunity er for the child and an opportunity for them to talk about home issues and to know that they had permission and er it was entirely appropriate for them to get to talk about home, offload, and that person would be er sympathetic um and available to talk through some of that material um, with the child.*

Helping mum er to think about the nature of her relationship with her son and um taking some small steps to build in some independence, both for herself and er for her son to be er more independent of her.

P2: *Now I'm directly working with with the young woman herself, doing it will be I imagine maybe five to fifteen, one to one sessions of about an hour… Interestingly I'm doing it with her and her carer.*

P3: *I think the stuff that stuck out more with this was his interpersonal skills with the boy, the non-confrontational approach and nature of it…And gave me some, some, some stuff to include in the advice, you know, that's a way that might work and staff should consider that approach.*

So part of my report was actually he needs to build a relationship with somebody and do more assessment work to get a good picture.

6.2.3 Process – Evaluation subtheme.

Table 29 shows a summary of the Process-Evaluation subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
		Reviewing carer-child relationship

Table 29: Summary of Process – Evaluation subtheme, data by participant.

There were no significant changes to this subtheme, with P3 still making comments regarding evaluating the ongoing relationship between the child and their carer. The box below shows this comment. The discussion of using community time relates directly to the barriers of time associated with maingrade EP work. I will discuss this further within the inductive Practice theme.

R: And was there anything that you recommended in terms of the par- well carer's relationship with the child?

P3*: One of the things I was thinking about was to try and use some community time to go back and see the carer, once he's in a setting to see how things are going*.

It must be noted that these cases were all relatively new to the participants, and would be expected to ongoing pieces of work. As will be seen below, some participants acknowledged that their priorities at this stage were to support the child's emotional wellbeing and developing relationships. It could be argued, following an attachment theory viewpoint, the child may need support to develop their internal working model of relationships through successful close interactions, before they will have the capacity for further development. Although one participant mentioned reviewing the parent/carer-child relationship, there were no other comments regarding evaluation within the process theme. This is suggested as being more related to the current EP role requirements and constraints, with two participants suggesting that that is not able to be a priority.

Within the process theme during Phase Two, there was less emphasis on assessing parenting skills, but more on the dynamics of the parent/carer-child relationship. The reduction in emphasis on exploring whether there are negatives in parenting could symbolise a shift from assuming that poor parenting is associated with DVA, to a view that the survivors can be effective parents in spite of DVA. However, an alternative view could suggest that this may relate more to the fact that two participants were working with carers, not parents: there may be an assumption that carers are fundamentally more competent, therefore in depth assessment of parenting skills is not relevant. This could be explored further in future studies. Interestingly, there were fewer comments surrounding interventions for the family during Phase Two, yet this could be related to the explorations not yielding concerns or requirements for focused support. There was continued assessment of the child's peer relationships, yet this phase did not reveal specific recommendations to support these to develop further. The focus of these cases was much more on supporting the child, and the adults around them.

6.3 Person theme

This theme summarises the participants' perceptions of how they investigated; assessed; suggested interventions and made recommendations; and monitored and evaluated any progress in relation to the child's abilities and characteristics. These abilities and characteristics were defined as 'within-child' personal resources. The key areas for consideration by EPs were emotional wellbeing/mental health; language and communication; learning; behaviours; control; medical needs; and child's perceptions. This theme acknowledged both needs and some strengths in relation to these areas, whilst also making reference to assessing and intervening with the child directly. The focus of intervention was mostly regarding supporting the child's emotional wellbeing. Evaluation of the child themselves was not in abundance, this may be due to the early stages of the participants' work with these cases, however concerns were raised again for a lack of time for monitoring in the current EP role.

6.3.1 Person – Assessment subtheme

Table 30 shows a summary of the Person-Assessment subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Learning skills		Learning skills
Learning needs	Learning needs	Learning needs
Emotional wellbeing/mental health needs	Emotional wellbeing/mental health needs	Emotional wellbeing/mental health needs
Child's cognitions		Child's cognitions
		Within-child strengths
Language and communication needs		Language and communication needs
Medical needs	Medical needs	Medical needs
Within-child needs	Within-child needs	Within-child needs
Within-child strengths		Within-child strengths
	Presenting behaviours	Presenting behaviours
Child's perceptions		
		Child's development
		Control issues
		Social skills
		Physical development
	Impact of DVA	
	Assessment of the child	

Table 30: Summary of Person- Assessment subtheme, data by participant.

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

P1 discussed exploring potential medical needs, suggested as valuable within the complex world of these children. They, along with P3, also referred to the child's learning skills as well as needs, and their within-child strengths during this phase: a positive development (Osofsky, 1997; Holt et al, 2008; Graham-Bermann et al, 2009). Overall there was an increase in the protective factors discussed. Intervention based upon the child's strengths is again highlighted as encouraged by the resource pack and supportive of the PPCT model's applied value of finding 'real-life' solutions to need (Cramer, 2013). This could be further extended in relation to developing the child's emotional wellbeing: providing opportunities to experience success and develop new competencies in safe situations (Gerwirtz and Edleson, 2007). This is suggested as crucial for not only understanding where success can be maximised, but also in terms of accepting that not all children who experience DVA will be faced with predestined adversity (Cummings, 1998; Edleson, 1999; Carlson, 2000; Overlien, 2010).

Interestingly, the discussions surrounding the child's behaviour were framed differently in Phase Two, for both P1 and P3. Language retained discussions of how the child was presenting, yet the behaviour was not explicitly referred to as negative. The resource pack (and the opportunities for reflecting on practice in the interviews) can be associated with the way in which EP's appear to be framing the child within their DVA experience, which may account for perceiving their behaviour as the expressions of their experience, rather than as the main focus of the casework. It is noted that this could be explored more within future research.

P2 discussed assessment of the within-child needs during the second interview, as additional to the comments made in the first interview, suggesting a shift into exploring multiple aspects of their personal characteristics. Whilst it is noted that the discussion of 'within-child' factors can be uncomfortable for some professionals working with DVA, and moves have been made to distance the discourse from the pathologising of individuals (Graham-Bermann and Hughes, 2003), it is a crucial aspect of the PPCT model to consider the individual's presentation. Whilst the protective factors have been documented within Chapter Two, it is not the intention to disregard the areas of difficulty.

P2 did not discuss undertaking direct assessment of the child (the information is assumed to have gathered through the conversations with adults). The implications of this may reveal potential inaccuracies in how the child is viewed by others. Moreover, direct versus indirect DVA experience, control issues, multiple impacts of DVA or understanding the individual child were not explicitly regarded. It is suggested that, within this participant's practice, there were not significant extensions to their assessment within the Person category.

P3 discussed many additional aspects of assessment including child development, physical development, social skills, and the child's cognitions. Comments were made regarding the behaviours as a result of the child's life experiences and whilst co-occurring needs were not made explicit, the ecological world and all of its complexity was referred to, within the context of Levendosky and Graham-Bermann's theory of parenting (2000b). During the 'member checking' stage of this research

(where preliminary results were discussed with participants to clarify if they felt the construction of the data was an accurate representation), this participant shared that the resource re-emphasised the ecological DVA world, which was seen to be a welcome and valuable reminder. Moreover, P3's comments regarding this theory were interpreted to show awareness of the systems within which the parenting behaviours occurred were as interesting as the systems in which the child was existing.

Comments from participants to illustrate these findings are found in the box below.

P1: *there weren't any relevant health er issues as such.*

Um, (coughs) (pause) Strengths, er resilience, um vulnerabilities, cognitions.

Issues around learning, er learning skills,

P2: *I mainly look at issues that relate to the young person.*

P3: *And yes he did respond to visuals and yes he did respond to ICT.*

What is his physical development like, what are his fine motor skills... he was operating a mouse, he was quite skilful in using some of the IT equipment so, some problem solving. His social problem solving was fantastic, but just not er necessarily socially appropriate.

i.e., what is this child good at?

Linking his previous experiences to some of his presenting behaviours.

In terms of "I am dominant, I am, I am stronger than you, I am tiny, you are double the size of me and you are older and you have the respect of your peer group but I am going to challenge you" and that's kind of how I perceived this boy.

Erm, so thinking about how the social experiences affected his, his presenting behaviours, thinking about attachment theory, erm. Thinking, erm, I've also thought about you know, the kind of different systems, I think it's Levendosky, I don't know how you pronounce that name, but he, or she? Mmm, don't know, I think they, we'll go for they, Graham-Bermann, talk about the ecosystemic model don't they, and that sort of a way of problem solving erm or the way of thinking about context as well as an individual child.

6.3.2 Person – Recommendations subtheme

Table 31 shows a summary of the Person-Recommendations subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Supporting emotional wellbeing	Supporting emotional wellbeing	Supporting emotional wellbeing
	Working directly with child	Working directly with the child
		Supporting learning
Supporting behaviour change		
	Increasing feelings of safety	
		Building on strengths
	Working therapeutically	

Table 31: Summary of Person – Recommendations subtheme, data by participant.

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

P1 retained the focus on supporting the child's emotional wellbeing and supporting behaviour change, as with the first interview. There was no mention of minimising negative outcomes and the increase in assessing strengths and protective factors could account for this. P1 also did not discuss working therapeutically for this case, yet the recommendations within the Process theme (for both parents and school staff) were focused on building trusting and power-balanced relationships, which has been indicated within the literature as a successful approach (Mihalic and Elliott, 1997; Levendosky and Graham-Bermann, 2000; Levendosky et al, 2003; Osofsky, 2003; Anderson, cit. in Hart, 2009).

P2 also continued to recommend support for emotional wellbeing and, as noted, in the Process Recommendations subtheme, also discussed working therapeutically with the child. Of particular pertinence here were the recommendations for increasing the child's feelings of safety. As Bloom states, "When we perceive we are in danger… we cannot consider the long-range consequences of our behaviour" (1999: 5), and it is suggested that the participant's comments are indicative of the need for focused support to address this. Although they did not discuss intervening with learning and behaviour explicitly, it could be suggested that implications of the support they did recommend will not only be beneficial for the child's emotional wellbeing, but it has potential to aid their self-regulation and capacity for managing their behaviour. Moreover, attitudes and approaches to learning

(Groves, 1999), developing reliable relationships and minimising perceived social threats (Gerwirtz and Edleson, 2007) could all be positively influenced.

Similarly to P1, P3 also discussed support for emotional wellbeing. They discussed supporting the child's learning and building on the child's strengths in addition to previous comments. They did not discuss group work, but this is perceived to be related the child not being ready to receive support in that social context as yet. Comments regarding the EP working directly with the child to develop a relationship before further assessment were significant as it supports the value of building rapport to increase the accuracy of assessment. These issues were discussed in Chapter Two, where it was argued that the process of assessment in itself could contribute confounding factors to results, particularly for cognitive and learning assessments. Ameliorating these difficulties, through developing trust and familiarity with the assessor, are supported by his participant's comments. These, and comments from other participants relating to this subtheme, are found in the box below.

P1: *helping them er understand their behaviour and (cough), the impulsive consequential nature of their behaviour and er to be able to better manage that in terms of understanding their emotions and thought patterns er around those behaviours and er through the reflective process to make better choices about those behaviours.*

P2: *she is in the right care setting, it's been stable for two years now ah and she feels safe there, but in the three schools she's been in, she's been kicking off big time um because she doesn't feel safe, I'm actually doing some therapeutic work with her now on a one to one basis*

P3: *So part of my report was actually he needs to build a relationship with somebody and do more assessment work to get a good picture because I don't think mine would have been an accurate reflection of what his abilities are.*

I guess access to programmes that might support his awareness of emotional literacy, gradually, but secondary to other stuff. You know, opportunities for further assessment work to see if he needs literacy support. He's been out of school anyway so perhaps some sense of a baseline of what he's feels confident in terms of learning so that anything he's presented with he can access and have a positive experience.

So opportunities to build on his strengths.

6.3.3 Person – Evaluation subtheme

Table 32 shows a summary of the Person-Evaluation subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Evaluating changes in child		

Table 32: Summary of Person – Evaluation subtheme

Only one participant acknowledged evaluating the child from a within-child perspective. This may be related to the ongoing nature of these cases, as assessment has only just taken place. No significant plan for ways to monitor were discussed, however. Lack of time, and it not being the EP's role were mentioned by the two participants that did not state they had made plans for evaluation within the person subtheme.

A comment from the participant to illustrate this finding is found below.

P1: *We set targets um which are um targets for the young person's behaviour.*

Within the person theme, there were further additions to the areas explored, and these included within-child needs generally, medical needs, learning needs and emotional wellbeing. It could be suggested that the overall limited recommendations within this theme are a result of reduced focus on within-child intervention. Moreover, there were isolated mentions of strengths-based intervention, supporting learning and behaviour, but consistency was not found here. Again, very limited evaluation was suggested.

6.4 Context theme

This theme summarises the participants' perceptions of how they investigated, assessed; suggested interventions and made recommendations; and monitored and evaluated any progress in relation to the contexts and environments the child experienced. These contexts were subdivided into the systems suggested by Bronfenbrenner: Microsystem, mesosystem, exosystem, and macrosystem. If data was felt to span all systems, it was placed into a category for all. Within the microsystem areas of consideration were details on the DVA experience; home and housing environments; wider family experiences that both affect the child directly and indirectly; changes or moves between environments. Interventions were suggested at the home and school level, however they were limited within the microsystem. Within the mesosystem there was greater consistency and consideration for professionals sharing information and links between the home and school environments, than during Phase 1. Within the exosystem areas of consideration were parental understanding of the child; and the family's and school's experiences of the child. Supporting parents and schools, to support both their and the child's emotional wellbeing was the focus of interventions. There was limited explicit acknowledgement of policy and resource issues, however there was consistency regarding the recommendations made to school systems. There was explicit regard given to the multiple and complex experiences a child has throughout the systems and environments of their life.

6.4.1 Context – Assessment subtheme

Table 33 shows a summary of the Context-Assessment subtheme.

	PARTICIPANT 1	**PARTICIPANT 2**	**PARTICIPANT 3**
MICRO	DVA experience	DVA experience	DVA experience
	Community experiences		
	Child's understanding of environments		
		Family's experiences*	Family's experiences*
	School environment		School environment
	Homes and housing		Homes and housing
	School attendance	School attendance	
		Experience at school	
		Child removed from home	Child removed from home
		Changes in parental figures	Changes in parental figures
			Changes in educational setting
			Positive school experiences
			School activities
			School resources
			Multiple changes for child
			Home environment
			Different behaviour in different environments
		Strengths in home	

MESO	School and home interaction	School and home interaction	
	Professionals sharing information	Professionals sharing information	Professionals sharing information
EXO	Talking sensitively with parents		
	Parental understanding	Parental understanding	Parental understanding
	School's experiences	School's experiences	School's experiences
		Family's experiences*	Family's experiences*
		Carer as expert of child	
			Others' understanding of child
			Mother as survivor, not victim
			DVA impact on family
			Parent's negative experiences
			Family's coping strategies
			Changes in professionals
			Parent's positive view of child
			Organisational priorities
			Parent's needs
			Relationships with parent
MACRO			
ALL SYSTEMS		Multiple, complex experiences	Multiple, complex experiences
	Increased acknowledgement of holistic working	Increased acknowledgement of holistic working	Increased acknowledgement of holistic working

Table 33: Summary of Context – Assessment subtheme, data by participant.

* Falls within two systems

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

P1 specifically explored the school environment and the child's understanding of it, their level of attendance, and their community experiences. As noted, positive systems (in terms of both relationships and physical environments) have been suggested to reduce negative outcomes, through familiarity and non-oppressive structure (Osofsky, 2003). Furthermore, authors have written regarding the sensory experiences within an environment, and the effects these can have on vulnerable children (Bomber, 2007); if should they be inappropriate to their needs they may risk causing or maintaining the child's hypervigilant state (Bloom, 2006). More specific assessment of environments may be beneficial to understanding the child's reactions, to allow recommendations to be made if necessary.

The relationships between parents, their own negative experiences, and changes in parent figures were not discussed in the second interview, possibly due to these not being relevant within this case. As theorised by the emotional security hypothesis (Davies and Cummings, 1994), emotional insecurity in the parental relationship can contribute to the child's difficulties in regulating and organising emotions, and ultimately leads to distress and symptoms of trauma. Cummings and Cummings (1988) suggest that these symptoms are mediated by whether a child has the cognitive capacity to explore their emotions and behaviours or whether their capacity is filled by the need to maintain their hypervigilant state, therefore the suggestion is made that this is an area worthy of consideration. Moreover, the interrelations between processes, contexts, and personal resources (as championed by the PPCT model) is suggested as occurring within this participant's formulation of need, and there was explicit regard given to holistic assessment. However, I reiterate here that theory choice was not directed within this study, and autonomy was encouraged.

The mesosystemic investigation continued in focus regarding professionals sharing information, but also specifically commented on links between home and school; some authors have highlighted the benefits of this cohesion (Hague et al, 1996; Huth-Bocks, 2001; Thompson, 2012). This was a very welcome finding, as the lack of this within Phase One was interpreted as influencing the engagement of the family with school leading to potential difficulties in planning and implementing consistent action and evaluating the child's development within the two environments within which they spend the majority of their time.

Within the exosystem, parental understanding continued in emphasis, yet talking sensitively was a new focus. This was particularly welcome as it was a barrier to practice found in Phase One, as well as within previous research (Gallagher, 2010). The participant expressed the resource pack was beneficial in supporting them to feel more confident in these discussions. Acknowledging the school's own experiences was discussed in addition to Phase One, which was again valuable in terms of exploring their perceptions of experience and the emotional impact of working with these children. Both are

these exosystemic areas will have implications for how the child is supported at school (Bomber, 2007).

P2's microsystem investigations only retained exploration of DVA experience from the first interview, yet added comments regarding their investigations of family experiences, school attendance and the child's removal from the family home. This was positive, due to the multiple complex factors within this child's personal and educational experiences requiring holistic conceptualisation (Coman and Devaney, 2011). Previously nothing was placed into the mesosystem here, yet during Phase Two they made comments regarding professionals sharing information and links between home and school. Within the exosystem comments regarding parental understanding continued, with discussions regarding the carer as the expert of the child, the wider family's experiences and the school's experiences in addition. As with P1, parent's negative experiences were not discussed, in this case likely due to the child being in care.

P3 also discussed the DVA experience, home environment and changes in parental figures, within the microsystem. In addition they discussed their explorations of family experiences, school environments and changes in schools, multiple changes in all environments due to being removed from the family home. The participant discussed the resource as being a useful structure to conceptualise these multiple contextual experiences as within a holistic profile of prior and current needs and strengths, providing using the PPCT within DVA practice.

Positive school experiences were also investigated, as well as activities and resources within the classroom. This not only referred to consideration of the context, but also could allow for analysis of how the child responded to the objects (as a proximal process) available to them (Bronfenbrenner and Morris, 2006). This is significant, not only in terms of adding information to the hypothesis of understanding the child's learning and interactional behaviours, but also in guiding intervention based on strengths (or indeed avoiding areas of difficulty).

Negative experiences in general were not discussed in the second interview. Mesosytemic assessment was stated in relation to professionals sharing information and this will be discussed further within the inductive Practice theme. Within the exosystem, many new areas of consideration were discussed alongside parent's negative experiences, parental understanding and organisational priorities that were found in the first interview. These new areas included school and family's experiences, the impact of DVA on the family, their coping strategies, the carer's needs, and the carer's relationships. Interestingly, viewing the mother as a survivor and not a victim was discussed explicitly, in line with discussion in Chapter Two (Kelly and Radford, cit. in Calder et al, 2004). This distinction is suggested as beneficial, in terms of engaging the parent and valuing their experiences without judgement. It is further supposed that, in the same way that positive relationships are beneficial to the child (Mihalic and Elliott, 1997; Levendosky et al, 2003; Osofsky, 2003), the survivor will benefit from support and understanding.

Comments from participants to illustrate some of these findings are found in the box below.

R: would you be able to give me um information about who was involved in your assessment and formulation process?

P1: *um a er a a boy aged 12 and his mother and er his teachers at school um an intensive support worker er from social services, and support staff from schools – a learning mentor for example, head of year SENCO***.**

Yep um a the school system and the interaction between the school and the family system sort of classic um overlay. Um, Some questions about the extended family and involvement within the community.

R: Do you think this resource pack has um has increased any of the benefits of you you being involved in this case, in particular?

P1: *Um, Yes er um greater attention er to that aspect of the case, er greater confidence er in being able to ask er questions*

P2: *Um I mean XXXX's profile is extremely complex, um she's had long periods out of education er and the defence mechanism she's got are very sophisticated, she actually comes out as um verging on MLD, but my worry is that I'm not prepared to say that she's fully MLD, because of all the things that have happened to here in her life that she maybe suppressing um any scores that you do with formal psychometric testing. Um So in terms of DVA, yes it's more of an awareness rather than seeing it as a a causal factor as such, in this case, it was part of that bundle.*

it should it be school staff and other professionals, could be maybe social worker, maybe a family support worker that you're interviewing, but um again it was focused um primarily the questions for the school staff are focused on education and around the school, but we're talking about domestic violence which is happening in the home and it'd be interesting to get the views on the school staff about ah, do the parents turn up for parents evening? How how approachable are, how contacTable they are.

P3: : *I used it to structure my advice much more… I referred to the contextual changes throughout, but I kind of used it as a bit of a tick list, in this instance, or a kind of a point of reference as I was writing my sections. Erm, I also used it in the provision and outcomes I was describing, so particular to the person erm but also the context and the time, because the nature of an advice is very much within child isn't it? Erm, but I think I tried throughout to use the contextual box as well. It made it a bit of a, kind of more rounder, complete advice. I would hope*

So has he got a PowerPoint that's going that seems to be engaging, so the learning type stuff at the same time, in a way.

So perhaps an antecedent, what happens before and after an event, but even the smaller details I would say, you know like in the classroom, the sitting.

Yeah, definitely, and I guess also from the point of view of the social worker who was perceiving the mother in that way, erm, perhaps as somebody who was struggling to respond to her child, but I guess that you could reframe it in thinking that perhaps that mother was doing extremely well to keep functioning, erm, based on some of the harrowing experiences that she was exposed to, erm, and the social worker did give me some concrete examples of trauma for the mother witnessed by the older siblings, so thinking about I suppose spill over in a different way, kind of how the family have coped with the domestic violence that they have experienced and what positive and potentially negative coping strategies they might have developed.

6.4.2 Context – Recommendations subtheme

Table 34 shows a summary of the Context-Recommendations subtheme.

	PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
MICRO	Supporting child to reflect		
	Supporting family*		
	Supporting school staff to support child directly	Supporting school staff to support child directly	
		Recommending care placement	
		Recommending community experiences	
			Recommending school placement
			Clear consistent boundaries
			Strengths-based working
MESO		Multi-agency support	
EXO	Supporting family*		
	Supporting parent's emotional wellbeing		
	Supporting parental understanding		
		School staff to support child's	
	Systemic work in school	Systemic work in school	Systemic work in school
	Offering alternative explanations		
	Supporting school's understanding		
		Raising DVA profile	
			Empowering adults involved
			Recommending teaching approaches
			Celebrating teaching strengths
			Supporting parents
MACRO			
ALL	DVA specific intervention	DVA specific intervention	DVA specific intervention

Table 34: Summary of Context – Recommendations subtheme, data by participant.

* Falls within two systems

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

P1 discussed the requirement to support school staff, in terms of supporting the child's needs, as with the first interview. Further recommendations were made within the microsystem, however, including supporting the child to reflect and supporting the family with the child directly, during the second interview. The mesosystem contained no recommendations, as with the first interview, which could

be indicative of there already being appropriate home-school liaison occurring found when it was explored during assessment. Within the exosystem they continued to emphasise supporting parents, but discussed supporting school and parent's understanding of the child. Offering alternative explanations of the child's behaviour within the DVA context has been suggested throughout this report as valuable. It is proposed that the sharing of literature within the resource pack has emphasised the potential effects of DVA, and allowed the participant to make explicit links. Consistent understanding of the child is likely to support consistency in approach when working with the child, however it is suggested that mesosystemic intervention could further support this.

P2 also retained the recommendation to support school staff to support the child, but in addition they discussed making recommendations about a specific care placement, and recommending community experiences for the child. The mesosytem recommendations were specific to multi-agency working, which was a new area of focus since the first interview. Within the exosystem, they made fewer recommendations than in the first interview, concentrating on supporting school staff to support the child's emotional wellbeing, indirectly. They also recommended systemic work with the school, and raising the profile of DVA. Direct support for parents was not discussed in the second interview, but they acknowledged that the child had been removed from home and therefore was having no contact with their birth family. This participant also acknowledged the carer as the expert of the child, suggesting that they did not require support in the home at this point.

P3 reduced many of the recommendations discussed, since the first interview. In the context of this case they discussed making recommendations regarding school placement, using strengths-based interventions, and using clear and consistent boundaries for the child. They acknowledged that, at this stage of their practice with this case, it was appropriate to be developing relationships before further support should be given regarding learning. Moreover, they felt the carer and school staff were working well with the child, therefore further recommendations were not needed at this stage. The mesosystem contained no recommendations. Within the exosystem, the focus was on potentially

supporting the carer and empowering the adults in the child's life, in line with the first interview. Additional recommendations were made, including highlighting the good teaching practice as needing to continue, and working systemically with the school. They did not mention offering alternative explanations, signposting, or raising the profile of DVA in the second interview.

All participants discussed how they resource was able to support them in focusing on the recommendations within their casework being within the context of the child's DVA experience.

Comments from participants to illustrate some of these findings are found in below.

P1: *Systemic change, um well it it hopefully it was er changing somewhat the nature of the support relationships in place for the child, er so the school hopefully were thinking, were rethinking this child's behaviour as not behaviour as being um something that had a much longer and deeper, er particular family history element er er to it, understanding it in that sort of context um and also helping the family systems to change as well.*

Secondly [for school staff] *to um do some work with the child in in helping them er understand their behaviour and (cough), the impulsive consequential nature of their behaviour and er to be able to better manage that in terms of understanding their emotions and thought patterns er around those behaviours and er through the reflective process.*

P2: *um er and my advice around er um working with her was to make sure she was in the right educational setting and giving advice to staff about how they can support her, because she's got a high degree of impulsivity ,she um because of the issues, she gets very claustrophobic, emotionally claustrophobic, so when people crowd her, and they were locking her in rooms, not not by herself, with members of staff, and she was kicking off big time, and we were trying to encourage them to get her to go out into the community.*

I'm part of a group that has made suggestions rather than me specifically, cos I'm of the the view that as psychologists we shouldn't be telling people how to teach young people or how interact with people but giving them prompts about, have you thought about this? Have you thought about that?

P3: *And gave me some, some, some stuff to include in the advice, you know, that's a way that might work and staff should consider that approach.*

I did actually email the mainstream setting where he may go back to, but it may not be that that happens, erm, because I felt that perhaps they needed to start thinking about it, they can prepare for the potential of him coming back to that school, because I think some staff training about that would have been really important.

I also used it in the provision and outcomes I was describing, so particular to the person erm but also the context and the time, because the nature of an advice is very much within child isn't it? Erm, but I think I tried throughout to use the contextual box as well. It made it a bit of a, kind of more rounder, complete advice.

6.4.3 Context – Evaluation subtheme

Table 35 shows a summary of the Context-Evaluation subtheme.

	PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
MICRO	Monitoring family targets*	Monitor child's readiness for full time school	
		Reviewing through therapeutic work	
MESO			Multi-agency monitoring
			Home-school links for monitoring
EXO	Monitoring family targets*		
MACRO			
ALL			Limited EP monitoring
		Monitoring not EPs role	

Table 35: Summary of Context – Evaluation subtheme, data by participant.

* Falls within two systems

P1 did not express any differences in responses within this subtheme. P2 discussed monitoring in terms of the child's readiness to increase their time at school, and reviewing their progress through therapeutic, both within the microsystem. In the second interview they commented that monitoring and evaluation was not part of their role. Both P2 and P3 did not discuss attending review meetings for these cases, yet this is felt to be related to the stage of practice they are currently undertaking, and that these meetings would not have occurred as yet. P3 did not discuss the family targets as in the first interview, within the microsystem. They did comment on evaluation being a multi-agency process and that is should occur based on links between home and school, which fell within the mesosystem. The returned to their previous comments, that the EP role left minimal time for monitoring. The potential causal mechanisms and implications of this will be discussed within the inductive Practice theme. Comments from participants to illustrate these findings are found in the box below.

P2: *So in terms of the the target is to get her into full time education cos um she's year 10 now so we haven't got long to work with her, um it's to get her into, she's only a part time programme three days a week, to get here in hopefully by January into full time education um so in terms of detailed um monitoring and targets.*

I don't' think it's my role.

P3: *I mentioned that there needs to be some multi-agency working ongoing and that school need to liaise with family members and monitor over time.*

I think historically in my role, I seem to feel like I had more of a role to play in terms of monitoring and reviews, you know when I started the job I used to definitely go to a review for pretty much every child and then that seemed to just drop when when there were cuts to services and I don't think it's ever come back.

Overall, explicit comments were made consistently with regards to the complexity of experiences surrounding the child, and the fundamental requirement for holistic assessment. As summarised by the vast DVA evidence base in Chapter Two, the argument within this report serves to highlight the child's experiences as entwined and interwoven with the significant figures in their lives; with their own resources and characteristics; with the environments they endure (of those of their close relationships); and across the time factors of their lives. I suggest that the resource pack based on the PPCT model of development has supported the EPs to consider these complexities. As noted in the results Section 6.4, there was a consistent increase in making assessment within the mesosystem, of the interrelations between home and school, and professionals sharing information with all involved: this is a very welcome finding. Moreover, there were some comments regarding the requirement for mesosytemic monitoring to occur, therefore it would be interesting to return to this discussion in the future, to reveal whether work occurred as casework further progressed. Adaptations to this resource pack are suggested, to emphasise this further.

A further note within this theme relates to the development of strengths-based working. There were increases in considering the strengths and protective factors that exist contextually, in both the microsystem and exosystem. Phase One of this study concurred with Gallagher's 2010 findings, that these things were more often found within the microsystem or within-child. Again, the development to find wider environmental strengths, during both assessment and recommendations stages of

practice is viewed as very positive.

As noted in Phase One, the majority of assessment occurred within the microsystem, and the recommendations were mostly exosystemic. During Phase Two these stages of practice became more balanced. I suggest this was supported by the deeper assessment of the child and family's holistic worlds. It was interesting to note that all participants commented that the resource pack had supported them to consider explicitly the recommendations they were making, with relation to the child's DVA experience. Moreover, this was in spite of there being limited DVA-specific interventions available. The participants were able to explore the DVA thoroughly, and tailor their recommendations with DVA knowledge at the forefront of their thinking. It could be argued that the participants may have wished to answer here (and throughout the interviews) in a socially desirable way- supporting the use of the resource pack in order to support the researcher. Moreover, desirability of working in this way was supported by the literature in the resource pack, therefore the participants may have felt compelled to emphasise their practice in line with this model. However, the data analysis sought to identify actual practice changes, by a case example, and I do not accept that the participants would have commented on things that did not occur. I accepted the narratives of the EPs as their 'truths'. Further research could occur to explore these issues further, and to triangulate the data received by the practitioners, with other sources.

6.5 Time theme

This theme summarises the participants' perceptions of how they investigated; assessed; suggested interventions and made recommendations; and monitored and evaluated issues related to time, in the child's life. This included the consistency of relationships and interactions, developmental processes that occur dependant on the individual's age and historical societal events. The key areas for consideration for EPs were the child and family's history; the age of the child as impacting the outcomes; post-DVA experiences; the duration of DVA; and some mentions of the schooling history, having a timeline of events and the consistency of events/interactions. It was explicitly noted by most participants the resource allowed for an increased clarity regarding the significance of time factors for a child who has experienced DVA.

6.5.1 Time –Assessment subtheme

Table 36 shows a summary of the Time-Assessment subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Understanding child and family history	Understanding child and family history	Understanding child and family history
Age of child impacting outcomes		Age of child impacting outcomes
DVA duration		DVA duration
Experiences after DVA occurred		Experiences after DVA occurred
Understanding school history		
Increases in clarity re: time factors		Increases in clarity re: time factors
	Timeline of events	
		Prenatal DVA as having impact
		Age of child within a school setting
		Assessment over time
		Time factors affect all family members
		DVA consistency
		Child needing consistent stability
	Reassessment of child after several years	

Table 36: Summary of Time – Assessment subtheme, data by participant.

All participants showed changes in the areas of investigation they discussed in Phase Two, whilst using the resource pack for this case.

P1 continued to acknowledge the child and family's history, but during the second interview they also discussed gathering information about the school history for the child. Perhaps of more significance are the comments the participant made about the emphasis on time-issues: they perceived the resource pack as providing structure to these investigations, and allowing deeper consideration of the implications. They continued to refer to the age of the child, and the associated effects. Post-DVA experiences were discussed during the second interview. I suggest this would provide a depth of understanding of the case, both in relation to the DVA effects, and other subsequent experiences.

P2 commented on the child and family's history and having a timeline of events, as with the first

interview. They did not discuss child age, consistency of DVA and post-DVA experiences in the second interview. It is noted in the literature that time-based issues potentially influence the developing child (for example, younger children may experience more difficulties: Graham-Bermann, 2003; the longer and more repetitive the DVA duration, the more likely the child will experience PTSD: Rossman, 2000). As the work was described as a case review, however, it may be that previous information was within the file and did not require further investigation. Moreover, the EP may not feel they required this level of information regarding the past and focused solely on the presenting needs at that time. The research mentioned above may be useful in supporting the EP to focus their assessment and build a clear profile of the child, yet it may be more relevant to focus on the individual's *actual* situation, rather than become preoccupied with the associated risks.

Co-occurring incidents were mentioned, such as other abuse and trauma. Moore and Pepler (1998) and McCloskey et al (1995) have both found DVA increases the risks of physical harm and sexual abuse respectively. The awareness of this is fundamental as there may be historical or ongoing safeguarding concerns that require focused support. This does lead to an interesting question here: should DVA be classed as child abuse in itself? Gallagher discussed this issue in more detail within her thesis (2010), but summarises that DVA occurs in abusive contexts and therefore it could be stated that the psychological implications for children are a child protection issue (Holt et al, 2008). The difficulties arise when the complexity of the child's DVA experience is considered: direct witnessing cf. hearing from another room cf. prenatal DVA cf. only aware of the repercussions in the parental relationship (Holden, 2003) – where is the line drawn for identification of child abuse? Whilst I do not intend to explore this further within this report, it does serve to emphasise the complexity of traumatic experience that may exist. Ultimately, the overlapping of child abuse and DVA should be extended further within the resource pack to ensure it is an issue of paramount importance when working with these vulnerable children.

P3 discussed additional areas for assessment within this theme. The acknowledgment of pre-natal

DVA was perceived as noteworthy, which has implications for practice. Jasinki undertook a review of the literature and stated that the "consequences of pregnancy-related violence include later entry into prenatal care, low birth weight babies, premature labor, fetal trauma, unhealthy maternal behaviors, and health issues for the mother" (2004: 48). Moreover, infant mental health can be affected by early trauma (Schore, 2001), as well as through the survivors own trauma symptoms Scheeringa and Zeanah, 2001; Bogat et al, 2006) and their capacity to be responsive and sensitive to the infant's needs (Zeanah et al, 1999; Ybarra, Wilkens et al, 2007). These issues were not directly referred to within the resource pack. The causal mechanism for this addition may be related to the participant's prior knowledge, which they stated had re-emerged from the discussions of DVA in practice during the interviews. Whilst this is beneficial, I do not expect that all EPs will have the depth of previous knowledge that P3 had. I suggest that more explicit consideration of time factors is necessary within the resource pack.

Comments from participants to illustrate these findings are found in the box below.

P1: *I would previously sort of ask questions about who were the main principle players er er in that? Um, But I wouldn't have explored, in this systematic way, issues about time, duration, onset, um so that that was quite useful to do that.*

It was still domestic violence and being aware that that was a principle issue we had to address er but it just I think helped me to be much clearer er about it and its impacts over time.

Um, the um, background information um to understand er the family history (cough), relationships, accommodation um, (pause) and then history about school.

P3: *Also when the child was in the early stages of development what was happening, when did this abuse start, how old was the child? Could it have been in utero for example, for this child, yes.*

How long it had been happening overall for the whole family. Erm, and this regularity, consistency of DV experience.

I did ask for assessment over time, specifically, based on the fact there were gaps in the assessment.

Perhaps commenting on my practice, since meeting, I don't know if that's relevant here but erm, it just reminded me of some references, you know, when I was looking through and sort of the names and reflecting on some of the literature.

6.5.2 Time – Recommendations subtheme

Table 37 shows a summary of the Time-Assessment subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Consistent adult available		
	Stability in school relationships	Stability in school relationships
		Stability in school setting
	Recommending fulltime education	

Table 37: Summary of Time – Recommendations subtheme, data by participant.

All participants showed changes in the areas of investigation they discussed in Phase Two, since using the resource pack for this case.

P1 previously did not make any time-based recommendations. In the second interview they discussed the child requiring consistency in their adult interactions. Within the context of the PPCT model, the proximal processes themselves are described as being enduring, in order to affect development (Bronfenbrenner and Morris, 2006). I have discussed the implications of this in terms of the negative relational experience a child has, yet it is also directly relevant to intervention. If positive relationships are to be ameliorative of negative DVA effects, they must be persistent and stable. This would also imply that the nature of that relationship should be without variation, be familiar, and reliable. Variability in close relationships may negatively affect the developing child (Levendosky and Graham-Bermann, 2000) therefore consistency is key.

P2 acknowledged the need for stability for the child in the first interview. They subsequently recommended stable school relationships and full-time education. The argument for consistent relationships above is directly applicable to both home and school. Moreover, the requirement for full-time education will support the staff to offer that.

P3 also discussed stability in the first interview. They then refined this to refer to the stability being necessary in school relationships and the educational placement. As noted previously, school moves can impact negatively on vulnerable children, particularly those within the care system, as this case was. Pre-care experiences (e.g., DVA) and care experience (duration and number of placements, environment etc.) can impact combine to impact on intellectual ability, play skills and self-regulation

in LAC (Coman and Devaney, 2011).

Comments from participants to illustrate these findings are found in the box below.

P1: *some of the suggestions of the school staff helping this young person er to establish a trust relationship…and that person would be er sympathetic um and available to talk through some of that material.*

P2: *They were primarily related to where this child was educated um because I'm a great believer in we need to profile these complex cases, um discuss that with relevant professionals, make sure that they've got her in the right care setting, and she is in the right care setting, it's been sTable for two years now ah and she feels safe there, but in the three schools she's been in, she's been kicking off big time um because she doesn't feel safe.*

So in terms of the the target is to get her into full time education.

P3: *But I think the first things I was thinking about were how staff are gonna interact with him, social relationships, erm and sort of continuity and stability. In terms of setting and person.*

6.5.3 Time – Evaluation subtheme

Table 38 shows a summary of the Time-Assessment subtheme.

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
		Monitoring over time
	Reviewing case after time	

Table 38: Summary of Time – Evaluation subtheme, data by participant.

P2 discussed how the function of the casework was to undertake a review, two years after the initial psychological assessment had taken place. Although they made comments in the first interview regarding the necessity for continuous EP monitoring, during this interview they felt it was not within the EP role. This will be discussed within the inductive Practice theme below.

P3 made comments regarding monitoring over time. It is accepted that as this casework was in the early stages, there may be value in returning to discuss evaluation at a later date. For the purpose of

this study, only the intention for evaluation can be shared.

Comments from the participants to illustrate this finding is found below.

> **P2:** *It was a case review, um the young woman has a statement of educational needs which was issued in 2000 and, no two years ago, um and I was reviewing the case.*
>
> **P3:** *I was thinking about was to try and use some community time to go back and see the carer, once he's in a setting to see how things are going.*

The final deductive theme of Phase two relates to the time-based factors within a child and family's life. Many aspects of assessment continued in focus, such as child and family history, age of child, duration of experience. New aspects of consideration including understanding the child's schooling history, and an increase in exploring the child's post-DVA experiences. Although acknowledgement of these comorbid experiences is valued, it is suggested as requiring further emphasis to ensure that these links are explicit to those working with children where DVA is known or suspected. Further adaptations to the resource pack are therefore suggested, to contribute to its overall value. Ultimately, however, it must be noted that all participants stated they perceived the resource pack to support them to consider the temporal aspects of a child's life, more explicitly.

6.6 Summary of Phase Two, deductive themes

In summary of the deductive themes of Phase Two of this study, the original propositions found in Chapter Four, Table 9 are returned to, with comments as to whether the data revealed was similar to the hypotheses made.

Proposition	Summary of data
It is proposed that there will be developments in their assessments of: *the child's relationships and interactions;* *their personal characteristics and abilities;* *their environments and the environments of significant others in their life;* *the wider contextual factors which will impact their development (policy and community factors);* *and time-related factors such as age during, and duration/ consistency of, experience.*	Developments: There was some recognition of parental negative experiences and coping strategies; community experiences and wider family experiences were explored; parental needs and family experiences were considered; availability and teaching style of staff was more considered; other professional relationships were considered by some; consistency and stability of close relationships was considered; child skills, environmental strengths and protective factors were considered; some consideration of the child's relationships with objects/toys; home-school liaison and interactions between professionals was considered. No development: Less consistency for child's relationships with objects/toys; limited explicit exploration of parental mental health, or support networks (including cultural and faith factors); SES, local policy and law was not considered; Levels of physical and psychological protection were less considered.
It is proposed that there will be developments in how they make recommendations, in terms of: *where they fall, in relation to the contexts of a child's life, whether they will be in relation to supporting relationships, within-child needs, environmental/contextual changes, or related to time-based needs (consistency, stability etc.).*	Developments: Supporting and extending others' understanding of the child's experiences was stated, particularly with school; supporting the family within the environment was discussed by one; reducing power and control, and developing trusting, stable relationships were discussed;, yet family support was offered; therapeutic support was offered; teaching style was emphasised by one participant; suitable school and home environments were suggested; extending child strengths and protective factors were stated by most participants. No development: Home-school liaison as a recommendation (although some mention of multi-agency working); recommendations for developing social competence were not stated explicitly; recommendations for peer relationships were not found; no recommendations were made regarding parenting skills.
It is proposed that there will be developments in how EPs suggest ways to monitor and evaluate the child's progress, in terms of: *how should monitoring occur (by who, how often?)* *what should be undertaken to monitor effectively?*	Developments: Reviewing parent/carer-child relationship, monitoring over time, and multi-agency monitoring were discussed by one participant; evaluating within-child changes and monitoring family targets were discussed by one participant; readiness for school attendance and therapeutic monitoring, and stating the current casework was in the form of a case review, were discussed by one participant. No development: Evaluations of contextual changes were not discussed. No direct evaluation of the child was suggested; Overall evaluation was seen as difficult within the current EP role, due to limits with time. The resource did not greatly support planning of evaluations. However, it is noted that time barriers for undertaking evaluation directly may have impeded this.

Table 39: Summary of propositions, in relation to the data found.

6.7 Resource theme

The results of the two inductive themes will be shared in Figures 8 and 9. The first theme, Resource, focuses on the perceived benefits of the resource pack, and the adaptations that the participants suggested for future versions. For the purpose of this study, descriptive summaries are reported, with future actions shared.

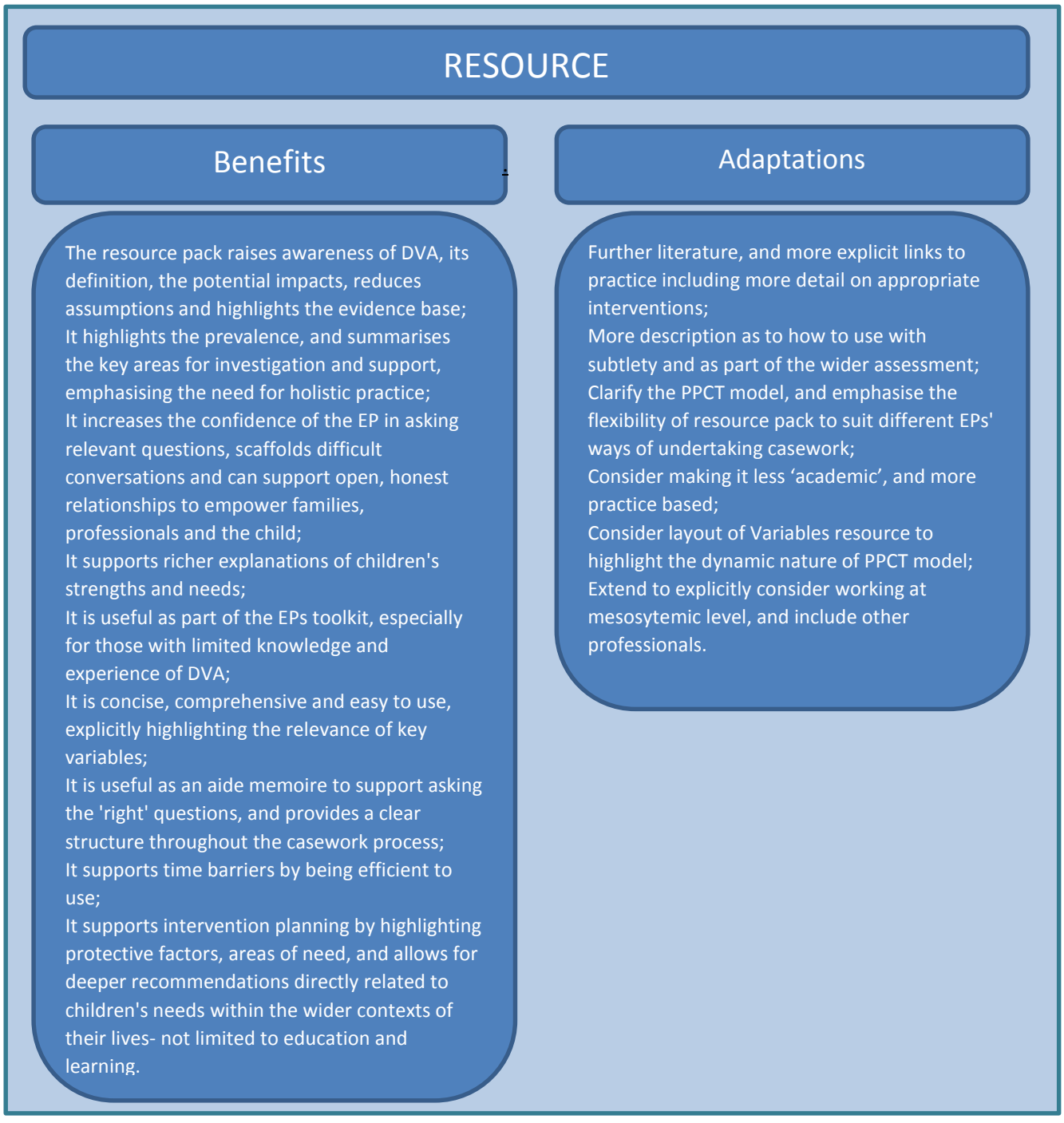


Figure 8: Resource theme, with a summary of comments made by participants

As Figure 8 summarises, the participants shared many perceived benefits from their use of the resource pack. It is noted that this summary was taken from comments made throughout the second interview, independently offered alongside their descriptions of practice, and in answer to direct questioning of its perceived effectiveness.

The risks of confirmation bias were discussed briefly within the Context Evaluation subtheme of Phase Two, yet this particularly pertinent when discussing the resource pack. Whilst it is not accepted that the participants would have made comments that did not reflect their experience within this study, it could be said that their commitment to the study, and to myself as a researcher, could have influenced the extent to which they described its usefulness. However, in accepting the epistemological paradigm, one must regard the narratives offered by the participants as credible. Moreover, trust and rapport were perceived to be strong between myself and the participants, and offering opportunities for member checking allowed for the initial findings to be reviewed with them. Ultimately, the participants' views of the resource pack, were checked for congruence with their described realities: the descriptions of what they did within the different stages of practice (Merriam, 1998).

An advantage from this phase of the study was to utilise the data found within the interviews, in combination with the literature and the PPCT model, to make suggestions for adaptations to the resource pack, to increase its efficacy in EP practice. As noted, the inductive themes from the second interview were constructed which addressed the EPs' perspectives on using the resource pack. The answers to the two Research Questions were then considered with respect to what adaptations could be made to increase the use of the PPCT categories in practice. Overall, it has been suggested that the resource pack has supported many practice developments, yet there are still areas that fail to be addressed. It is acknowledged here that not all of the barriers to practice will be overcome by a further refined resource pack and these will be discussed within the second inductive theme of Phase Two. However, as this resource pack is in its relative infancy, suggestions regarding its growth and development can be made, when working within the confines of current practice (see Table 40).

Suggested adaptations	Suitability of change
Add further literature	An Appendix of further expansions on the literature can be added.
Add more explicit links to practice, as part of the wider assessment, and including more detail on appropriate interventions	Emphasis on the content can focus on what might be seen within practice, in relation to the outcomes of DVA. Specific examples of useful methods to assess individual variables can be suggested, and explicit comments of the requirement for wider assessment methods overall. More detailed section on suitable interventions can be added.
Consider making it less 'academic'	Language in the summary of literature can be simplified to support this suggestion.
Clarify the PPCT model	The PPCT model's Appendix can be moved to the beginning of the document, to clarify the theoretical model at the outset of the pack.
Emphasise the flexibility of resource pack to suit different EPs' ways of undertaking casework	Descriptions of how to use the document can be added, including emphasis of its flexibility.
More description as to how to use with subtlety	Consider redesigning the resource pack to reduce the obvious wording of DVA. This resource should only be used with subtlety, however, if the families do not wish to disclose DVA further, to other professionals. Open and honest discussions will support the sensitive discussions, however, so the families should be aware of the likely questioning, and EPs should use their professional judgements as to the suitability of continuing the work/use of the pack.
Consider layout of Variables resource to highlight the dynamic nature of PPCT model	It is hoped that the dynamic nature of the PPCT model can be highlighted in the description, at the beginning of the pack.
Extend to explicitly consider working at mesosystemic level, and include other professionals.	Highlight the evidence base of mesosystemic working, and make suggestions as to how to include other professionals in the casework process.

Table 40: Summary of suggested adaptations.

The suggested adaptations by participants are accepted as beneficial, as they are based on direct experience of using it. It is noted that these changes are mostly based upon the practicality of use. In combination with this, other changes have been suggested as valuable in attempt to increase further the consideration of the evidence base (to highlight some variables further, within the context of the literature). A summary of these changes can be found in Table 41.

As can be seen, all the adaptations suggested here will be undertaken as future research. It is further suggested that the refined resource pack will be returned to the participants for their consideration.

Suggested area for change	**How change will be implemented**
Less consistency for child's relationships with objects/resources;	Summary of literature to include further reference to play behaviours that may be seen (Children can re-enact the DVA in their play, Knapp, 1998; trauma of experience can create difficulties concentrating, attending and becoming hyper vigilant, Carlson, 2000); suggestions for intervention to support play and encourage (e.g., sand tray activities, creating therapeutic board games, play therapies).
Limited explicit exploration of parental mental health, or support networks (including cultural and faith factors);	Emphasise the importance of sensitively asking parents about their emotional wellbeing (e.g., depression in parent increases risk of depression in child, Cummings and Cicchetti, 1990; Herring and Kaslow, 2002; potential behavioural-genetic link of depression in parent which can be found in child in a violent household, Downey and Coyne, 1990; maternal distress associated with risk of conduct problems in children, Clark et al, 2007). Discuss the support they have received in the past or currently (e.g., lack of social support for nonviolent parent can decrease their psychological functioning and availability to child, Levendosky and Graham-Bermann, 2000) Include prompts to ask if the parents wish to receive further support, and have clear paths for signposting parents to appropriate organisations e.g., GP/adult mental health services, adult social care, Women's Aid, the SAFE project).

Suggested area for change	How change will be implemented
SES, local policy and law was not considered;	Include aspects of local policy and law that are relevant to DVA in the local community. Emphasise the implications of community needs (SES, local crime e.g., risks of violence can increase during economic crisis, Manganara and Pind, 2013) within the summary of literature, to develop EP knowledge in this area.
Home-school liaison as a recommendation	Within the summary of literature, highlight the studies which detail school's awareness of home situation can lead to implementing successful interventions for children who experience DVA (Thompson, 2012); schools can remove the barriers to receiving support (e.g., accessibility, adaptability, scheduling) that may be found within the home (Huth-Bocks, 2001); multi-agency support is viewed as fundamental for the most positive outcomes (Hague et al, 1996).
Recommendations for developing social competence were not stated explicitly; recommendations for peer relationships were not found	Add specific interventions for developing social competence (e.g., Fun Time for Early Years children, interactional social skills practice, Circle Time activities, and Circle of Friends).
No recommendations were made regarding parenting skills.	Include details of where to signpost parents for parenting support, should they wish (e.g., Strengthening Families, Strengthening Communities groups, Children's Centres)
Evaluations of contextual changes were not discussed	Highlight, within the description of the resource pack, ways to evaluate and monitor aspects of the child's environment, and the affects they are having on the child (e.g., adaptations to functional behavioural analysis- environmental factors, to be used by school)
No direct evaluation of the child was suggested	Suggest options for continued monitoring of the child, to the school if time in practice will not allow it to occur via the EP directly. Suggest timescales and means of information sharing (e.g., review meetings, consultations, sharing paperwork)
Specific assessment of child's emotional wellbeing	Recommendations within resource pack for methods of information gathering (e.g., structured observations/ discussions with adults, questionnaires- Children's Depression Inventory, Beck Youth Inventory, Coping inventory for Stressful Situations)

Suggested area for change	How change will be implemented
Increase awareness of the significant of time factors	Within the summary of literature, emphasise the significant of the evidence base (e.g., Younger children experience more negative outcomes, Graham-Bermann, 2002; as teenagers, boys may experience more sadness and girls may experience more anger, post exposure, Spaccarelli et al, 1994; longer exposure increases risk of PTSD, Rossman et al, 2000; repeated exposure can increase child's own use of violence, Bell, 1995)
Requirement for more extensive consideration of strengths and protective factors	Increase the prominence of evidence surrounding protective factors (see Chapter two), with particular emphasis on relationship consistency and positivity; teaching and school support; within-child strengths. Make suggestions regarding development of these strengths in line with trauma, abuse and attachment literature (see Bomber and Hughes, 2013, for examples)
Levels of physical and psychological protection were less considered.	Ensure the primary area for investigation is the current safety of the child and family.
Highlight potential links with other abuse	Within the summary of literature, emphasise children remaining in physical/psychological danger can reduce consistency of positive care relationships (Levendosky and Graham-Bermann, 2000); exposure to violence strongly associated with physical harm to child (Moore and Pepler, 1998; Appel and Holden, 1998); increased risks of sexual abuse for children (McCloskey et al, 1995).

Table 41: Further adaptation to the resource pack, with accompanying evidence based rationale for their inclusion.

6.8 Practice theme

The second inductive theme, Practice, is summarised in Figure 9. This will then be discussed within the wider context of, and implications for, EP work.

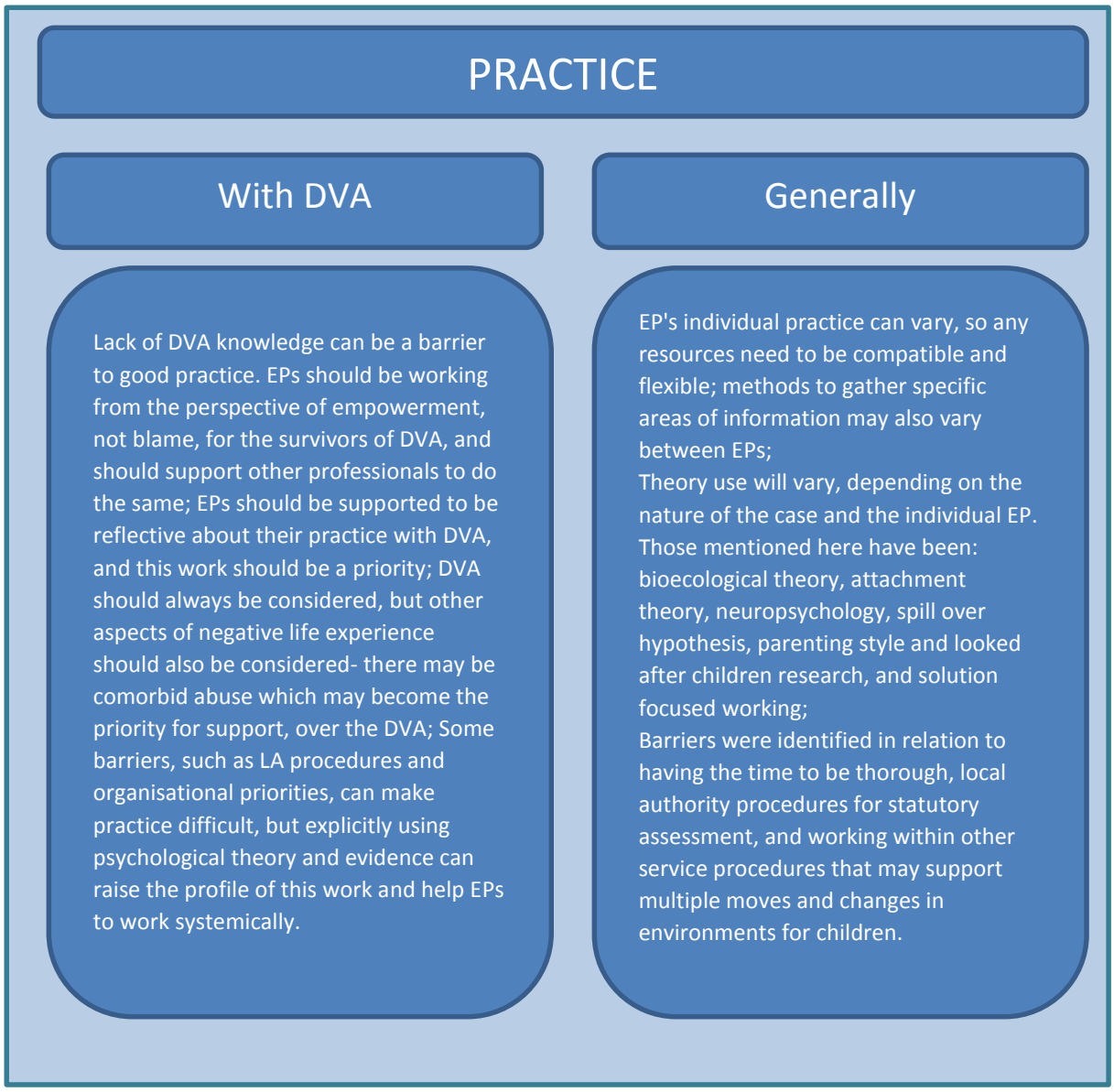


Figure 9: Practice theme, with a summary of comments made by participants.

In describing their DVA work and wider practice, the participants highlighted many areas of significance, in terms of the benefits, the barriers and solutions. Some salient patterns are discussed in more detail here.

Lack of knowledge, as identified in Phase One, was mentioned again, albeit with less intensity. It has been suggested, both through the development of areas considered in practice and through explicit comments by the participants themselves, that they felt the resource pack had begun to increase their

DVA knowledge. Of particular note is the knowledge of connections with other forms of abuse. Gallagher (2010) highlighted the debate for direct inclusion of the safeguarding issues here, and found her participants did not actively explore this. It is suggested that this study had a similar finding. Although safeguarding was consistently mentioned, with regard to the DVA, there was limited discussion of co-occurring abuse, which has been highlighted as a potential risk (McCloskey et al, 1995; Moore and Pepler, 1998; Holt et al, 2008). This must be emphasised within the resource pack, to further develop knowledge and increase the priority that a child may have been or be at further risk.

Discussing DVA was also a key aspect of practice discussions throughout this study, yet again, it was a reduced concern within Phase Two. The hesitation of the family, and the confidence of the professional were both predicted to influence the difficulties that can arise in conversations (Tower, 2006; Wong, 2006; Byrne and Taylor, 2007) and the EPs discussed this directly. However, their discussions showed reflection and awareness, but at no point were the difficulties described as negatively impacting: the EPs 'managed' those issues with sensitivity. Moffitt and Caspi (1998) discuss how they psychologist is uniquely placed to offer this work, as their skills not only lie within understanding and implementing the evidence base within their practice, but they also have good therapeutic skills for working with individuals who have experienced adversity. One participant in particular noted perceived the resource pack as building confidence in those conversations, which was viewed as a benefit of its implementation. Moreover, it is suggested that by explicitly sharing the evidence base, the EPs were made more aware of the significance of gathering the sensitive information, providing support and rationale to not be avoidant.

Raising the profile of DVA within the EPS and wider organisations was also a persistent theme, with the focus from one participant on empowering survivors and supporting other professionals to do the same. Holt (2003) suggests that this is crucial for improving outcomes for the whole family. Training and supporting professionals was discussed by all participants, either alongside individual casework or at a wider systemic level. It is explicitly noted that this falls within the field of this work, due its

inclusion within the macro and exosystemic world of the child. Moreover, it is suggested as a valuable role for EPs, with them uniquely placed to offer this successfully (Fallon et al, 2010). However, it is not anticipated that the resource pack can meet these needs; this requires ongoing reflection and planning.

The EPs in this study also made some comments which were constructed as related to general practice. The most significant and persistent reflection was in about having time to undertake bioecological casework, particularly when discussing evaluation and monitoring. It has been noted that this is not a concern specific to EPs, with many health services also viewing DVA as being time consuming (Mckie et al, 2009). However, the value of this work was never questioned by the EPs, therefore it is suggested that emphasising this work within organisations and commissioners must occur. There were also comments from all participants about the local authority procedures (for example, completing a statutory assessment), that can become barriers to undertaking thorough and detailed casework. Again, raising the profile and highlighting the importance of the evidence based was suggested by some participants as a way to begin this process. Moreover, it is advocated that increased use and sharing of this resource pack could contribute effectively to this.

Further systemic barriers have been identified within this study, which have also been confirmed in other local authorities. Some participants acknowledged difficulties in multi-agency working, particularly with social care services. As Gallagher concludes,

> Further, the barriers to practice identified at an institutional level indicate a need for greater role clarity, particularly in multi-agency teams. Gilligan (1998) notes there are difficulties in multi-agency work between education and social care and Byrne and Taylor (2007) also identify a "paucity of joined up initiatives" (p.197), between professionals in education and social care (2010: 137).

This study does not seek to provide solutions to this, however, it is hoped that it could provide a gateway for further deliberations to occur. As noted in Chapter Two, there is a distinct lack of literature regarding EP work with DVA, therefore this study aims to make additions to this, by encouraging these

conversations to occur, and ultimately supporting EPs within their uniquely placed role, to contribute to this developing area of working.

6.9 Responses to Research Questions

Table 42 summarises the responses to the research questions.

Do the EP's perceptions of their current practice suggest that the created resource pack will be valuable in extending their assessment, recommendations and evaluations in line with the PPCT model?	The key areas that suggested the resource pack would be of value in extending practice were in relation to parental needs and support networks; community impacts; teaching style and skills; consistency of close relationships; protective factors within a child's life; developing understanding of the child and family; develop home-school liaison; environmental experiences; developing social competence; balancing power in relationships; and developing evaluation and monitoring. Barriers to practice were identified in the form of lack of time for holistic working; limitations to DVA-specific knowledge for the EPs; a lack of appropriate resources and methods for practice; and difficulties with talking about DVA to parents and professionals. These findings suggest that the resource pack could extend practice further, within the PPCT model of development, whilst providing a time efficient resource supporting the incorporation of the evidence base, extending EP knowledge and building confidence in discussing DVA.
To what extent does the resource pack support EP practice to develop in line with the PPCT model?	Developments were found in practice, which are associated with the implementation of the resource pack. These included increases in exploring family and community experiences; teaching style and skills; consistency and stability in relationships; child and environmental strengths; home-school liaison; and extending understanding of the child. There were some individual increases in evaluative suggestions in casework, but this stage of practice was still limited in comparison to assessment and intervention. Although the resource pack is suggested as beneficial for developing practice, there were still areas that were not consistently changed. These included exploring children's play; supporting parental emotional wellbeing and parenting skills; supporting peer relationships; recommending home-school liaison; wider community implications; and ensuring current psychological and physical feelings of safety for the child.
Are there subsequent adaptations to the resource pack that will further support the EPs' practice with these children?	Overall, it has been suggested that the resource pack has supported many practice developments, yet there are still areas that fail to be addressed. It is acknowledged here that not all of the barriers to practice will be overcome by a further refined resource pack. However, as this resource pack is in its relative infancy, suggestions regarding its growth and development can be made. Adaptations include additions to the summary of literature from the DVA evidence base, and inclusion of more literary depth in an Appendix; emphasis of the key areas that were found to be omitted in practice, both in the summary of literature and within the Variable of Practice resource and Interview Prompt Sheets; addition of a descriptive section, to highlight how the resource pack can be used in (and directly linked to) EP practice; addition of examples of methods of data gathering, and suggested interventions which may be appropriate for certain variables.

Table 42: Summaries of how the research questions were addressed.

6.10 Implications for practice

There are significant implications for practice, as a result of this study. The focus here has been on the development, implementation and adaptation of the resource pack. It is clear that in order to explore this, EP practice was used as the means of measurement, yet the intentions have not been to make judgements of this practice. This study makes bold statements as to the suitability of the PPCT model in DVA practice for EPs, but it is noted that this may not be accepted by all. Further limitations and reflections will be discussed further below, but at this stage the use of this theory is suggested as having many practice implications. Firstly, it must be noted that discussions regarding practice does not mean we are discussing implications for the children and families explicitly. It is hoped that any developments would have impacts on the child, and that the work the EP does in this form will support their development and positive outcomes. However, this study has not explored what difference it makes to the child and family themselves. There are elements of 'so what?' here: if we develop practice and EPs value the resource pack, how do we know that it will make qualitative differences to the people within the casework? The suggestions here are that further research must occur in which the direct effects of the resource pack are investigated. However, as a result of this study only, there are implications for EP work. As all participants supported the resource pack, and found it to be of value, it is suggested that it should be disseminated wider within the current EPS, to support others in this work. Key messages have been about raising the profile of DVA, and its subsequent effects on the populations we work with. The potential of this resource to do that falls in line with many current local initiatives to support this vulnerable group. Furthermore, as the recent government policy changes have increased the age of the young people we work with to 25 years, it may be that the DVA work we do may also include children as perpetrators and survivors themselves, rather than them as the offspring of them. It may be that a dilemma is found here: this work is moving into the realms of early adult services, a role which EPs may find uncomfortable or unprepared for. Moreover, as this resource

itself does concern itself with parental needs, it could be suggested that this work falls outside of our remit. These questions require further exploration, and remain unanswered within the present study.

It is pertinent to note, that this study was focused on the views of a small sample of EPs from one local authority. The epistemological stance accepted this, and did not attempt to widen out the findings to all EPs. Moreover, individual differences between the participants were highlighted, as the expected practice variations were found. Implications, therefore, are treated here as relevant to the wider service, which may not be appropriately transferable to other services without further analysis of their unique experiences. However, there are likely to be similarities in views across EPSs, therefore it is for the reader to consider the wider implications within their own field of work. It was suggested in this study that there is the potential for EPs to feel working with DVA is not within their specialism. Without disregarding the EPs' feelings here, this view is not accepted (and was not found in the participants themselves). EPs may have responsibilities for cognition and learning, yet it is not possible to separate learning from development. Moreover, the implications of the child's previous experiences; their emotional wellbeing; their understanding of the world and relationships, will all have an impact on the child's classroom functioning. Again, raising the significance of DVA experiences, alongside the prevalence of it within children's lives, is suggested as helpful for EPs working to support their overall development. The Bronfenbrenner model is again supported as an appropriate, holistic, means of doing this: the child does not exist in isolation, from their relationships and interactions, personal characteristics, contexts and environments, and pervading time factors in their life. With regard to DVA specifically, it has been suggested in Government documents that all statutory organisations should have responsibility for this work (2009). It could be suggested that this resource could support EPs from many services to undertake this work, from an evidence-based perspective, providing a structured resource for developing confidence in this work, and highlighting the importance of it. More specifically to this service, however, it is suggested that the implications are of the resource being appropriately disseminated to more EPs, as it has been applied within this context already, and is viewed as beneficial to practice.

6.11 Reflections on the research process

From the beginnings of this study, many thoughts arose regarding the most appropriate methods to create a piece of research which could be offered as trustworthy, interesting and valuable for future practice. It was clear that working within the DVA topic could provide some difficulties, due to the paucity of literature within EP practice. Moreover, I was particularly focused on building a study which directly links the psychological theories surrounding this work, with the day-to-day practice. As noted, previous explorations took place investigating the DVA literature and the theoretical underpinnings related to outcomes for children, as well as exploring the potential barriers to implementing a bioecological model in practice. A reflective process occurred, during which it became clear I had to be very definite that I was investigating the resource pack as a useable tool, rather than directly discussing the practice that was occurring; which in turn required me to consistently return to the content of this report to ensure that there was clarity for the reader. Complexities in thinking did arise in this process, as I was asking the participants for their perceptions of their practice, which at times could have been analysed further for deeper meanings and explanations as to why they were practicing in the way they described. Yet, as it was decided that the analysis would be sematic, and the epistemology would be accepting of their constructions, it is suggested that the data that occurred was used as a means to identify practice changes, in relation to the resource pack.

Further deliberations occurred with relation to the methodology. The limited sample size was necessary in order to work qualitatively, within the confines of the research. It is acknowledged that reductions in number can lead to increased depth in content- an exchange that was accepted here. Furthermore, the intentions were never to make generalisations to all EPs, therefore the limitations that may arise from smaller sample sizes in other methodologies were not felt to be applicable. However, it is noted that the sample was gathered from EPs who not only chose to opt-in to the study, but also in terms of them having an available case within the short time frame. This potentially excluded others from taking part, which could have revealed some very different data. Perhaps more

crucially, however, this could have implications in terms of how aware the participants were of DVA occurring in their practice. The EPs that felt they did not have a case with which they could implement the resource pack could have given us further data about how aware they were of DVA more generally. This could have had repercussions in terms of their perceptions of prevalence; their knowledge of DVA definitions and outcomes; their views as to whether DVA was significant and related to their role. Two of the three final participants were clear about DVA being well within their thinking when undertaking casework, and felt they had specific DVA knowledge that could have exceeded other potential participants. It is suggested here that this requires further investigation, with a different group of participants, to explore if there are differences in perceptions with regards to role, practice and the resource pack itself.

The use of semi-structured interviewing was felt to be helpful in allowing for the interviews to be flexible, and supportive when discussing individual practice. This was particularly pertinent as the focus was not on practice: I did not wish to be seen as judgemental or 'expert' in implying there is a correct way that things should be done. The investigation was very much on the resource pack and its usefulness in extending practice according to a model that I believe to be helpful. I required the EPs to be able to suggest that this way of thinking was not beneficial to them, and this did occur with one participant, although they acknowledged that their own practice model was similar to the Bronfenbrenner model. Individual perspectives were crucial in this, therefore the epistemology was found to be appropriate. It could be suggested that the study could have relied on a quantitative approach: counting the number of Bronfenbrenner categories and variables used before and after the use of the resource pack. However, it was not felt that this would support any unanticipated discoveries in the data, or allow the opportunity for the participants to comment on the barriers to undertaking holistic working, both of which are thought to be crucial in considering whether the resource pack is of value within a real world context. Moreover, as has been acknowledged, it is not likely that a resource pack for practice will ameliorate all the potential barriers, therefore the methodology chosen has supported further reflections on where to go from here.

6.12 Future directions

Attempts have been made within this report to highlight the early stages of this area of interest, both in terms of EP practice with DVA, and regarding the resource pack itself. The exploratory nature has been employed as the beginning steps in the journey and there is a requirement for much more extensive investigation to occur. There are many pathways this journey could take: repetitions of this study across other services; replications with different timescales using different participants within the same service; shifts in methodologies to explore whether variations in responses are found. Ultimately, however, the intention for this study was always to use this process as a means of developing the resource pack further. As noted within this chapter, there are many changes which will be implemented. The developed resource pack will be returned to the original participants, to support the post-study exploratory chain of investigation. It is hoped that the resource pack will then be shared with the wider service, and further evaluations will occur. Ultimately, it is hoped that the finalised pack could be offered to other services, with investigation of how it can be implemented in other contexts.

Perhaps, more significantly, the wider impacts of the resource pack need to be explored. It is noted that this study did not intend to triangulate the data, yet future investigation should occur which not only explores how they resource can support practice developments for EPs, but also considers how this practice can better support the children and families themselves. It is recommended here that data should be gathered from the families, as to their perceptions of the contributions EPs can make. Moreover, other professional and voluntary organisations should be consulted as to how best to move forward with this work. There are many discussions to be had at a systemic level. Some barriers have been identified, both in this study and in Gallagher's work (2010; 2014), which cannot be overcome by resources alone. It is suggested that management of services must come together to reflect upon professionals roles when working with children and families who have experienced DVA. Studies have evidenced that outcomes improve when organisations work together, therefore attempts to raise the

profile of DVA must be further supported by transposing this awareness onto policy and procedure. Although a pervading theme of this study has been that EPs are uniquely placed to support children and families who have experienced DVA, and this resource aims to offer a means of doing that, this cannot be viewed as the answer to ameliorating negative outcomes. Just as the child does not exist in isolation, neither does the EP. The relational processes, individual person characteristics, multiple contexts and environments, and varying time factors are all deeply relevant to how we develop within our roles. We all exist in bioecological worlds.

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APPENDIX 1: Professional Practice Report documenting the Training Needs Analysis.

Exploring Training Needs in Educational Psychology Practice: What knowledge and skills do Educational Psychologists utilise when working with children who have experienced domestic violence and abuse, and how can we develop it?

ABSTRACT

This report documents a structured approach to exploring the knowledge and skills of Educational Psychologists (EPs) practice when making assessments of children who have experienced domestic violence and abuse (DVA). A Training Needs Analysis (TNA), based on aspects of the Integrative Framework (Taylor et al, 1998) was employed to explore whether EPs were considering all aspects of Bronfenbrenner's mature theory of bioecological development, and whether training would supply an effective route to remedy any discrepancies. The literature review identifies relevant research related to outcomes associated with DVA experience, which is then placed into Bronfenbrenner's Process, Person, Context Time theory, to support the use of this as the 'ideal' set of variables in practice. Discrepancies in the use of these variables, and some external explanatory factors for this, were identified. Participants each perceived between 4 and 15 variables to be unused in their assessment and formulation practice. The most responses showing discrepancies were found in the Context category, suggesting not all the systems of a child's life were consistently explored. Furthermore, not enough time and lack of knowledge were identified as the most consistent reasons for this, along with some suggestion that there were inadequate resources available to use. Training was therefore felt to be inadequate in addressing the discrepancies in practice. Some alternative suggestions are made to combat the discrepancies, in the form of creating a resource which allows timely consideration of the variables, in an explicit manner, alongside an accompanying review of the literature to support knowledge development. TNA is suggested here as a valuable approach to reduce the uncertainty that can arise during exploration of whether training is the best course of action.

INTRODUCTION

Educational Psychology Services (EPSs) are undergoing processes of change. The current climate is making financial demands on local authority EPSs, as with many council-based services, leading to adaptation and creativity in models of delivery across Britain (Booker, 2013). Models are varying from reducing services to the statutory-only level, to trading psychological services; yet there is also a shift away from local authorities with increasing numbers of Educational Psychologists (EPs) gravitating towards social enterprises and independent practice. Within the larger organisations themselves, the individual practice of EPs has always been varied: professional training content can vary between institutions (Evans et al, 2012); management requirements will differ between organisations (Booker, 2013); individual perspectives will influence practice (Boyle and Lauchlan, 2009). The diversity is nothing new, yet it seems the trend of differences in practice is continuing. With such variations in practice, it is suggested that this may lead to difficulties evaluating the overall impact of EPs' work, both at an individual and organisational level. Moreover, when do EPs know there is a need for change and development in their practice approaches? Likewise, how do researchers, policy makers, managers and psychologists themselves know if development is needed at a whole service level or whether it is individual practice that could benefit from adaptation?

As a Trainee Educational Psychologist I have spent time working in several local authority EPSs, as well as having previous experience working within the independent sector. The variety of approaches to casework has always been of interest to me; often wondering what are the influences, at what levels, that contribute to EPs' practice.

It is possible to identify individuals within a service with specific theoretical approaches or interests within their practice. Through the process of the professional training, my own pockets of interest are developing which vary greatly from my office-mates; this leads to questioning how we know if change is necessary if everyone approaches tasks in different ways. Although the focus of this report is not to find in-depth explanations behind why EPs work in the ways that they do, it is important to consider the potential factors that may be influencing the myriad ways in which practice is manifest. Moreover, as the intention here will be to explore the potential *need* for developments in EP practice, we must acknowledge that the growth from trainee EP to experienced practitioner will bring about such variety in practice approaches that any exploration must centre on the individual EP and what they are doing in the first instance. This will seek to ensure that any recommended changes are based on what the EPs themselves perceive to be areas of need, and whether there are general patterns to this; avoiding targeting all EPs should any needs be specific to individuals.

My career to date has included a specific area of interest: the effects of domestic violence and abuse (DVA) on children and young people's development. I have studied the potential outcomes within the context of an EP's work, as well as at a wider systemic level. Furthermore, I have considered the pockets of resilience within a child's life which may prove protective to them (see NSW Government presentation, 2002). This line of enquiry has led me to critique current theoretical explanations of life outcomes for these children, in the context of the wide range of research available. Theories of child development, such as Social Learning Theory (see Mihalic and Elliott, 1997), and Attachment Theory (see Bolen, 2005), have attempted to explain the negative outcomes of experiencing DVA. However, I have felt that each theoretical explanation has fallen short when exploring why some children achieve more positive outcomes than others, in similar adverse situations. From this perspective, I suggest that a more appropriate overarching theory by which to explore the complexities of this discourse, would be Bronfenbrenner's bioecological model of development, moreover his mature *Process, Person, Context, Time* (PPCT) theory (Bronfenbrenner, 1989). This report will provide summaries of this argument, and explore EPs work with this vulnerable population, particularly during the initial psychological formulation. Consideration will be given to the use of Training Needs Analyses to inform and direct how organisations tackle the requirements for developments in professional practice. An integrative framework for Training Needs Analysis (TNA) will be employed (Taylor et al, 1998) to explore whether there is a need for EPs to receive further training in the DVA domain, or whether other aspects of working in an EPS are influencing how they approach individual work with these children and families. Finally, a case will be made for a results-focused TNA, that is, an evaluation of practice approaches and how they contribute to the results that are required and valued by the organisation.

LITERATURE REVIEW

Domestic Violence and Abuse and the effects on families and children

A thorough literature search was undertaken (using findit@bham: including Cambridge Journals Online, EBSCO, ERIC, IngentaConnect, JSTOR, OVID, PubMed, Swetswise, Wiley, etc.; and Google Scholar), using the key words *domestic abuse/violence;* OR *interpersonal violence/conflict* OR *marital violence/conflict* AND *children/families*).

A ‘snowballing’ technique, in which references of interest cited in those papers were then searched for, allowed further exploration. Papers were included from both UK and international research to increase the depth of the review.

Walby and Allen (2004) suggest that 45% of women and 26% of men have been victims of DVA at some point in their lives. Research into the effects of DVA is rapidly expanding. Beginning with effects on the adult survivors, studies have explored the psychological consequences of being in a violent relationship. Higher rates of depression and distress (Cascardi and O’Leary, 1992; Sato and Heiby, 1992); reduced psychological functioning (Levendosky and Graham-Bermann, 2001); and increased risk of post-traumatic stress disorder (Herman, 1992) have all been suggested as outcomes of DVA. Although there is academic acknowledgement that being victim to DVA is not confined to gender or sexuality (Calder et al, 2004), it is suggested that when the frequency and severity of the violence and abuse is accounted for, women are still perceived to be the most likely sufferers (Walby and Allen, 2004). Mirrlees-Black (1999) has suggested that in 50 percent of reported DVA cases there are children within the family; therefore it is not unreasonable to suggest that the negative outcomes above may influence the survivor’s parenting style. Bowlby (1969) proposed that through proximity seeking behaviours, sensitivity and responsive parenting, an infant can gain a successful attachment to their primary caregiver. Through internalising this relationship pattern, children gain internal working models of relationships, which they use to represent future interactions in their lives. It can therefore be seen that less sensitive caregiving may result in internal working models of insecurity and unpredictability in relationships, leading to insecure attachment styles. Associations have been proposed between the levels of maternal warmth and instances of DVA (Levendosky and Graham-Bermann, 2000), and negative causal relationships have been found between abused mothers and the secure attachment style of their babies (Huth-Bocks et al, 2004), and their adolescents (Levendosky et al, 2002). Within the expanding discourse, emphasis has moved towards exploring the effects on not only those that experience the DVA directly, but also towards the children in these households; whether their experience is of direct witnessing/involvement or of indirect, multi-sensory exposure.

Kitzmann et al (2003) conducted a meta-analysis of DVA research, identifying a plethora of potential negative outcomes for a child’s social, emotional, mental health and cognitive development. Vulnerable behaviours, both internalising and externalising, have been identified as associated with DVA (Fantuzzo et al, 1991; Holden and Ritchie, 1991; Kernic et al, 2003); as has lower social competence and bullying behaviours (Kernic et al, 2003; Baldry et al, 2003). The Cycle of Violence hypothesis, borne from Social Learning Theory, is explained as learned behaviour from violent adults in the child’s life, which is internalised into a mechanism of response to certain contexts or interactions. Many authors have found favour with this explanation of why these children resort to externalising childhood behaviours and later violence (Browne, 1980; Burgess et al, 1987; McCord, 1988). However, the association between exposure to violence as a child and later becoming victim to, or performing, violent acts is a very simplistic one. The nature of violent (and nonviolent) interactions is not considered (for example, supportive and non-oppressive relationships outside of the DVA may mediate the likelihood of further violent experiences: for example, Camacho et al, 2012). The individual’s psychological, emotional, and biological characteristics are not considered. Moreover, Social Learning Theory in general does not reflect on the variety

of contexts in which all the individuals exist and the potential risks and protective factors within them. Bevan and Higgins (2002) suggest that Social Learning Theory does not provide deep understanding of the complex issues surrounding DV, finding issues such as neglect a more consistent predictor of later violence.

Depression and anxiety rates are also suggested as higher in this population (Graham-Bermann, 1996). Reduced cognitive functioning has been associated (Rossman, 1998), as have maladaptive thinking skills in terms of reasoning and problem solving, rationalising and predicting abilities (Holt et al, 2008). However, it is suggested that these patterns are not consistent and generalisable across all children who have experienced DVA, with many other researchers offering alternative protective factors which may mediate the negative outcomes.

Osofsky (2003) has identified that the nonviolent parent can offer responsive and sensitive relationships to their children, alleviating some negative social and emotional outcomes. Lamb et al, as early as 1985, identified that there are often successful attachment relationships occurring, as the nonviolent parent can attempt to compensate for the DVA. In support of this, Levendosky et al (2003) offered evidence to suggest that many pre-schoolers in violent homes have secure attachment styles. Further social mediating factors against the negative outcomes have been proposed in the form of consistent and enjoyable friendships (Camacho et al, 2012); and non-oppressive interactions (Mihalic and Elliott, 1997). Furthermore, Graham-Bermann et al (2009) continue to suggest that although the risks of psychopathology may be higher in this vulnerable group than in those children who have not experienced DVA, 60 percent of the children exposed to DVA, studied by the likes of Edleson (2001), are not hugely affected. Within the DVA literature, acknowledgement of a child's resiliency is coming to the fore (O'Brien et al, 2013). The complex interactions of risk and protective factors is not suggested here as successfully explained by the most often cited theoretical underpinnings, namely Attachment Theory and Social Learning Theory. Research has provided support to the wider ecological experiences a child has, when considering the impact on their development. This is not to say that these psychological theories are without merit. It is suggested here that they may be useful in explaining 'pockets' of a child's development, and they should not be disregarded completely. However, it is further suggested that these theories may be compatible with an ecological model of child development; an overarching approach could allow for individual theories to be placed within a wider context of a child's life. Bronfenbrenner's Process, Person, Context, Time model will be discussed below as useful for providing this holistic framework.

Bronfenbrenner's PPCT model and the developing child

Bronfenbrenner (1979), argued a need to consider the contexts in which human's develop. From an individual's direct contact with objects and people to the wider political and cultural contexts, the differing systems require attention, particularly when making formulations about a child's experiences and the subsequent outcomes. Having revised his initial work in the late 1980s, Bronfenbrenner increased the importance of the interrelation between the child's contributions to and from the systems in which they live, highlighting *proximal processes* as the central tenet in the PPCT model (Tudge et al, 2009). These processes therefore provide explanations for the individual differences in reactions to similar events.

Within the **Process** dimension, the consistency of any interactions is crucial to shaping development. This will extend to the DVA itself, as well as the precursory events and aftermath, and the effects of the interactions with and between the 'players'. Examples of relevant literature here are the suggestion that the levels of consistency of DVA experience for children will affect their risk of post-traumatic stress symptoms (Rossman, 2000), and the frequency of exposure will correlate with the child's later use of violence (Bell, 1995). It can be seen that exploring the child's individual interactional violent experiences may prove more insightful than making the link from witnessing to performing violence, as Social Learning Theory suggests. Moreover, the inconsistency in parenting style is suggested as more harmful to a developing child than the overall parenting style (Levendosky and Graham-Bermann, 2000). It is suggested that exploring attachment in a singular way (secure versus insecure) is not enough to explain outcomes, rather we must investigate the "form, power, content and direction of the proximal processes" (Bronfenbrenner and Morris, 1998: 996). It is not the attachment relationship that is crucial, but the effects of it on the developing child.

This model also recognises the individual characteristics that a **Person** holds, within the context of their environments (Bronfenbrenner and Morris, 1998). Gender, although contentiously, has been explored in literature with some claims that boys develop more externalising behaviours than girls as a result of DVA (Yates et al, 2003); cognitive resources are said to be associated with DVA (Rossman, 1998; Holt et al, 2008); and positive aspects of a child's temperament can mediate negative outcomes (Osofsky, 1997). Overall, as stated previously, there are suggestions that an individual child's resilience is associated with better outcomes, with their personal characteristics contributing to this (Holden et al, 1998).

The systems of **Context** are interrelated within a child's life, as they were in Bronfenbrenner's original theory (see Figure 1). Issues affecting family violence, such as parenting skills, stress in the family, socioeconomic status, and unemployment, fall within varying ecological systems (Little and Kaufman Kantor, 2002). Further community issues, such as high local crime rate, times of war and conflict; and major football events have also shown positive correlations with DVA (Andrews, 1996; Walker, 1999; Kirby et al, 2014).

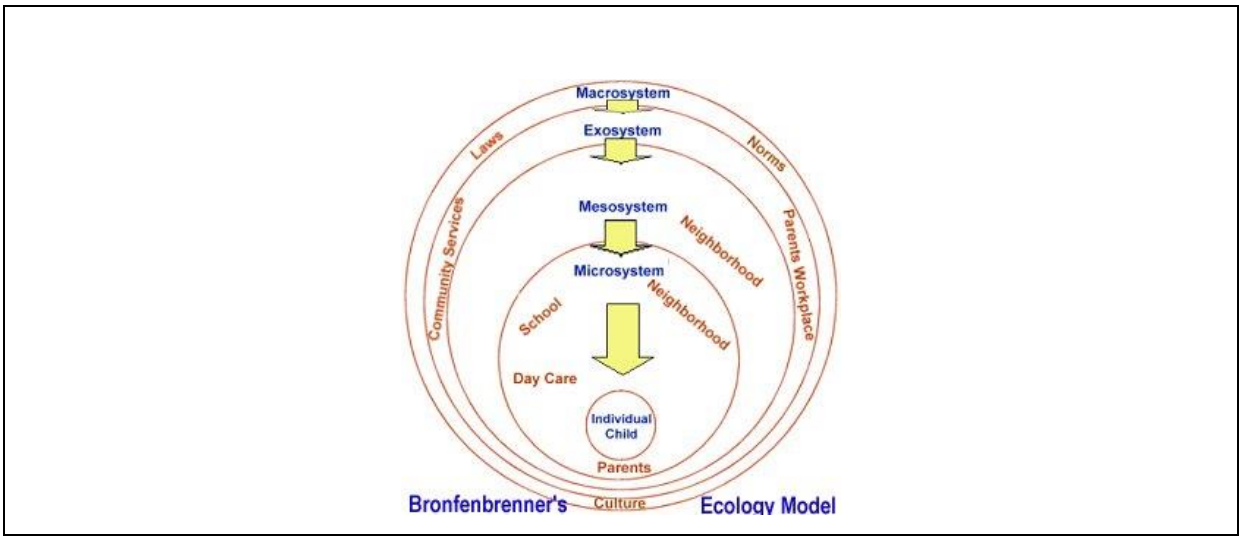


Figure 1: Bronfenbrenner's ecological systems of development (Eisenmann et al, 2008)

Age at the **Time** of DVA has been suggested as altering the child's outcomes, for example, younger children can exhibit more instances of externalising behaviours (Hughes, 1988). Discrepancies arise, however, with some suggestions that older children experience more negative outcomes (Holden and Ritchie, 1991), and some that younger children do (Graham-Bermann, 2002). It is proposed that the PPCT model will allow for deeper exploration of these factors and the inconsistencies in the literature, by providing a model to explore the variables in combination with one another. Overall, it can be seen that children will not experience the same combinations of interactions; contexts; personal characteristics; or temporal factors. PPCT allows children's experiences, needs and potential outcomes to be formulated in a holistic and individualised manner, and allows the consideration of the literary evidence base without relying on "simplified explanatory short cuts" (Little and Kaufman Kantor, 2002: 143).

Educational Psychologists' work with these families

As noted, the use of the PPCT model lends itself well to investigations of how a child develops in the light of their multi-level experiences. The focus of this report is to use this model in an investigation of EPs' casework practice when working with this vulnerable group, and to explore whether there is a requirement for further training to support EPs to utilise these dimensions of child development when making formulations.

There is a dearth of research surrounding EPs work with children and families who have or are experiencing DVA. A thorough literature search (using *findit@bham* and *google scholar*) revealed only one published article within the field of Educational Psychology (Warren-Dodd, 2009: *Therapeutic groupwork with young children and mothers who have experienced domestic abuse*). Gallagher, in her unpublished thesis (2010), sought to rectify this by undertaking a detailed examination of EPs' perceptions of working with children exposed to domestic violence. Her findings revealed that although EPs' knowledge of definition, causes and outcomes of DVA was fairly broad, there were inconsistencies between participants. Moreover, there was limited evidence found for EPs considering DVA at ecological levels. The EPs were able to identify some risk and protective factors yet these also did not extend to a thorough knowledge of DVA from its inner to outer systems. Perhaps most interestingly, Gallagher states,

> although most EPs reported having had experience of DV in their practice, it was generally not explicitly considered in case formulation. This has implications for EP practice because if DV is not considered in formulation, the impact of DV is not going to be recognised and appropriate intervention strategies are not going to be devised (2010: 111).

Gallagher's work supports the rationale for this study. There is evidence that EPs have gaps in their knowledge regarding working with DVA. These gaps permeate through the prevalence; the causes; the outcomes; the interventions; to the consistent application of ecological knowledge in case formulation. This study aims to continue exploring EPs' work in this field, but the focus will be placed upon EP considerations in the formulation process. This is due in part to the scope of this study, as there is not capacity to extend it to wider processes of casework practice. Moreover, as highlighted above, case formulation is the basis for all actions and

conceptualisations within casework. If this area of work is thorough and broad, it could be said that the results of our practice will increase the benefits for these children. This report serves to document and unearth the consistent patterns in the gaps of variables which the DVA literature and the PPCT model supports as fundamental in explaining individual children and families' experiences.

Training Needs Analyses

> [There are] difficulties experienced, both by outside support agencies and staff within organisations, in introducing and sustaining new approaches and materials on a lasting basis (Myers et al, 1989: 91).

Training Needs Analysis (TNA) is a process of investigating requirements for changes to learning and educational strategies at an individual, group and/or organisational level (Gould et al, 2004). The aim is to enable the successful transfer of training into day to day working practice, suggested as difficult by Myers, above. The approach has been implemented widely in human resources and personnel management (Bee and Bee, 1994; Brown, 2002; Desimone et al, 2002) business and industry (Pearson, 1987; Bowman and Wilson, 2008); and in nursing and healthcare (Hicks et al, 1996; Pedder, 1998; Gould et al, 2004). Limited application has been found within social care, with some exploration of social care managers' practice approaches in assessment (Clarke, 2003) and of social care workers' use of evidence-based practice (Booth et al, 2003). Within education, there is also limited use, with assessments of education professionals' generic training needs (Walklin, 1991; Sherry and Morse, 1995). Within Educational Psychology, there were no published articles related to a formal use of a TNA. As there is a lack of literature surrounding the implementation of TNA in this field, we must explore the benefits of the process, in relation to our practice.

Why explore training needs?

It can be said that exploring needs when looking at implementing change is a logical step in the planning process (Robson, 2011). Assessing need can ensure that uncertainty is reduced and that the planned change is based on the systematic investigation of the specific environment and current performance of individuals, rather than on 'sensed' or implied need (McKillip, 1987; Lewis, 2006). Furthermore, we can analyse the areas in which we could benefit from training to improve job performance, in the light of these competing demands; we can ensure that the training *will* lead to supporting the organisationally-valued results, and we can acknowledge where it is not training that is required, but changes to how we work within the system.

What is a training need?

Training needs are the identified aspects of professional practice that are unearthed in the exploration of discrepancies between what is expected of the worker, and what they are actually doing (Kaufman, 1994).

Tracey continues the explanation further by commenting that a TNA is "the first step in the training process. Designed to identify performance gaps that can be remedied by training" (2004: 678).

Processes and models of TNA

It is noted that TNA is a process, in which it is decided "where training should be directed in the organisation, who should receive training and what the content of such training should be" (Clarke, 2003). Yet, Taylor et al (1998) comment that although there is usually consideration given to what the training needs are, of individuals or organisations, this consideration can often fall in an unsystematic and *ad hoc* manifestation. The author's concerns with this fall within the realm of difficulties in integrating research theory and practice, and often TNA do not embrace the new developments in theoretical models. It has been noted that the majority of TNA that occur are derived from earlier models with limited conceptualisation of the complex influences that affect how people perform their jobs (Goldstein, 1993). These models, (such as McGehee and Thayer's Organisation-Task-Person/ O-T-P model, 1961) have relied heavily on examinations of the organisation's objectives, knowledge and skills required to perform tasks, and the individual's ability to perform those tasks successfully. This model, and developments of it have been widely used in research (Latham, 1988; Goldstein and Ford, 2002), and it has been suggested this model has proven more useful to academic researchers than practitioners themselves (Ghufli, 2010). This may be due to the criticism that they lack consideration of external factors which may mediate the benefits of training (such as time issues, financial constraints, organisational culture and politics), in implementing change (Taylor et al, 1998). Moreover, more crucially in the context of this report, these models does not allow for decisions to be made that result in training *not* being the answer to the 'problems' (Clarke, 2003). A response to the O-T-P model has been the Performance Analysis Model (Mager and Pipe, 1984). Seeking to acknowledge the causes of discrepancies between ideal and actual job performance, proponents of this approach (and subsequent developments to it: Rummler and Brach, 1990; Sleezer, 1993) discuss how training should only be implemented when it can be directly shown that the workers require additional knowledge and skills to improve performance. If, as the authors suggest, changes in the work environment will have more beneficial impact, then training itself is not required. However there is no allowance within this model for a combination of work environment influences *combined* with a need to develop knowledge and skills (Taylor et al, 1998). Furthermore, it does not explore whether the training itself, and subsequent improvements in job performance, will explicitly contribute to what the organisation itself values as good results.

Taylor et al offer a further model, which combines the organisation, tasks and person analysis alongside the performance analysis and potential mediating factors to effective training. The Integrative Framework "illustrates how the specific linkages between training and results are mediated by knowledge/skills and job behaviour, as well as the competing influences on each endogenous variable" (1998: 31). Figure 2 shows the framework and the directions of causality between the different components. Table 1 summarises the components and gives examples of the key factors within the context of EP practice. Clarke (2003) has explored this integrated approach, suggesting it offers "a far more comprehensive framework for guiding the decision-

making process", than previous attempts (2003: 142). It is noted that although TNA may be well-discussed in the literature, there are still concerns as to their empirical use (O'Driscoll and Taylor, 1992). As Clarke (2003) comments, there is still no consensus regarding the influences on the TNA process, or on the successful implementation of training itself, based on 'real world' research. From this perspective, this report serves to document part of a developmental, ongoing, explorative TNA process. As this professional practice report is limited in its size, only an aspect of the Integrative Framework is henceforth adopted as the TNA model. This will allow some consideration of the external forces, alongside the knowledge and skills, which influence the individual's job behaviours (processes 3 and 4 in Figure 2).

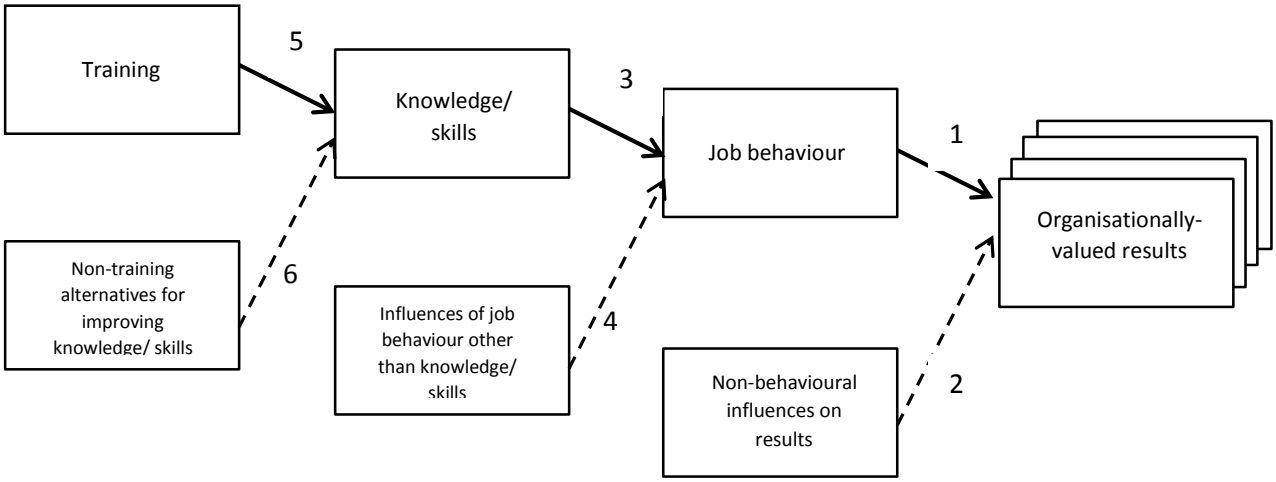


Figure 2: Integrative Framework for Training Needs Analysis (Taylor et al, 1998).

It can be seen that this model in its full form allows for exploration, from steps 1 to 6 ascending:

(1) whether the individual's practice leads to the ideal results of the organisation, or
(2) whether there are external influences which may lead to those results;
(3) whether the individual holds the appropriate knowledge and skills that influence that practice, or
(4) whether there are external influences that affect that practice;
(5) whether training is required to develop those knowledge and skills, or
(6) whether there are alternative actions that could be taken.

The approach is therefore results-focused, that is, its core value lies in attempting to achieve the desired results through training (or other means if the analysis suggests it) (Taylor et al, 1998).

Level	Description	Mediating factor	Description
Organisationally-valued results	Requires identification of the optimum results of the EPs practice.		
1. Job behaviour	What the EPs are doing to achieve the organisationally-valued results, and how they are doing it.	2. Non-behavioural influences on results	Other agency intervention, social/ community/ legal support, policy/legislation, etc.
3. Knowledge/ skills	The knowledge and skills the EPs are utilising to complete the job behaviour.	4. Influences of job behaviour other than knowledge/skills	Local authority procedures/ directives/ finances, staffing, time constraints, etc.
5. Training	Training activity/ies that will increase or expand the knowledge/skills of the EPs.	6. Non-training alternatives for improving knowledge/ skills	Time management, Resources, 'On-the-job' learning, etc.

Table 1: Explanations of the components.

Optimal job behaviours and ideal knowledge and skills

Discussing needs analyses in general, McKillip states,

> During the goal-setting phase performance expectations are derived. Typically, an expert group is surveyed concerning dimensions of desirable performance (McKillip, 1987: 20).

Therefore, we must consider, during our task analysis, what the ideal job behaviours and knowledge/skill set that the current practice is being assessed against. McGehee and Thayer (1961) suggest that the individual undertaking a TNA should be from within the profession that is being analysed, and should have access to a subject matter expert (SME). The SME should provide information regarding what the ideals are, and what the training content should be to rectify any discrepancies: "SMEs are likely to have valuable implicit knowledge about how the new and modified tasks might be performed, as well as their underlying knowledge, skill, and ability requirements" (Dachner et al, 2013: 241). Use of an SME has also been described as allowing for appropriate data collection methods to be chosen for the TNA, in acknowledgement of the wider organisational context (Brannick, Levine, and Morgeson, 2007).

As the person undertaking the TNA, it is acknowledged that I work within the organisation as a practitioner, as well as undertaking research from within. This study attempts to make explicit use of the theoretical evidence base, in terms of the outcomes associated with children exposed to DVA, therefore the SME role has been fulfilled during my process of becoming familiar with this literature. There are potential complications with my scientist-practitioner role here: there is potential for bias towards the literature; a lack of objectivity and opportunity for collaborative discussion; limitations with the amount of practical experience working in this profession. It is acknowledged that there is potential for confirmation bias (the propensity for viewing all information gathered in a way that is only favourable for the chosen theory-base). It is hoped an awareness of

any potential bias will allow for a considered view of the data collected, with attempts to be objective regarding the usefulness of both the PPCT model in practice, but also in terms of the practicalities of the TNA. It is also suggested that the benefits of being able to 'straddle' both areas of the process will enable a grounded and understanding approach, whilst being a 'critical friend'. As Fox states, "EPs need to become much more actively involved in different types of research to justify professional practice" (2011: 327). More specifically, it is hoped that this combination of roles will serve to be helpful in determining an efficient choice of data collection methods that are both revealing and relevant to the service environment.

Summary

It has been suggested that 45% of women and 26% of men have been victims of DVA at some point in their lives (Walby and Allen, 2004). The estimation is that approximately one million British children are affected (UNICEF, 2006). It is reasonable to suggest that EPs *will* be working with some of these children and families, probably at multiple points in their careers. Although, the purpose of this report is not to explore and critique the individual DVA literature in detail, it does provide the rationale for the ideal knowledge that an EP should hold when working with these families. The practice of EPs is of particular interest here: informal discussion and literature reviews have previously identified DVA is a neglected area of priority (see Gallagher, 2010 for a review), suggesting justification for further investigation, particularly to explore whether EPs feel there is a need for developing their practice in this area. An evidence-based TNA, based on Bronfenbrenner's PPCT model (1989) will be used, with appropriate variables suggested as important in the psychologists' formulation process (see table 2). There is already suggestion that the PPCT model is a valuable theory for exploring DVA (Little and Kaufman Kantor, 2002), and an extensive review of the literature, regarding outcomes for children and families, is layered over the PPCT categories. The areas in which a child lives: the directions, qualities, intensities and durations of relationships with people, objects and environments; the individual child characteristics; and the historical and temporal issues that will influence how they grow and learn will be measured. The aims of this study will be to identify whether there are discrepancies between these ideal areas of consideration in the EPs formulation process, and their actual practice. The potential mediating factors of EPs accessing training to make developments in knowledge and skills will then be explored. As well as considering the results of the TNA itself, reflections on the process will be given. As this use of TNA is currently unique within the field of Educational Psychology, the process is acknowledged as developmental and exploratory, and is likely to require further refinement in future research.

The research questions are as follows:

1. What is the range of knowledge and skills that EPs currently bring to their casework with children who have been exposed to DVA?
2. What potential external influences (such as lack of time; resources; value) do EPs acknowledge as limiting their application of the PPCT variables?

DESIGN AND METHODOLOGY

Conceptual orientation

Conceptually, this project falls within a Critical Realist paradigm, thus it is accepted that the world experienced by the children and families, and consequently the EPs, is a real and truly-existing place as opposed to being based purely on social constructions. The experiences, however, *are* social ones: they are perceived, rationalised and discussed using constructions that each individual holds. Bhaskar (1975) partitions the world into three sections, summarised below:

> The domain of *the empirical* is made up of human sensory experiences and perceptions, while *the actual* refers to the events occurring in the world… *the real* consists of those mechanisms and structures that have causal powers and whose generative capacity creates the order we see in the world (Warner, 1993: 312).

This view purports that we can never hold a wholly objective view of the world: we live, breathe and perceive from our experiences and interactions (Maxwell, 2012). Olsen discusses that an empiricist view can acknowledge only the experiences (that is, the empirical), yet "experiences can be misleading" (2010: 6). Whereas a positivist might claim that these experiences can be measured objectively to reveal the truth about the world, an interpretivist might suggest that each individual's experience is subjective and true, but only within their social constructions. Within this report I am rejecting those notions, as ontological fact, in favour of the view that what we know about the world as 'real' is based on considering the mechanisms that cause the events, which lead to our empirical experiences. However, as this critical realist ontology relates to how we conceptualise knowledge, this is not to say that our investigations of the content of that knowledge (the data we uncover) may not be gleaned through an interpretivist approach: "the integration of ontological realism and epistemological constructivism or interpretivism has also been given explicit philosophical defences (Maxwell, 2012: 6). Here I acknowledge that the socially constructed data that is unearthed is also 'real', to the participants. We may explore the mechanisms which result in the descriptions of the data, and we are accepting of them as truthful and valid. The empirical experiences here are as true as the realist world with which they align.

Tool development

McKillip (1987) discusses how surveying needs can prove fruitful in deciphering the discrepancies between actual and ideal practice in needs analyses, namely because they directly include the people who will be affected by the results. However, we must acknowledge the potential for socially desirable responses that may be given; participants may overestimate their descriptions of positive job-based behaviours and underestimate negative ones (Mckillip, 1987). More specifically, Fox highlights how professionals with extensive knowledge of a subject tend to underestimate their competencies, and those with limited knowledge tend to overestimate it (2011). The tool here attempted to remove the requirement for EPs to estimate their knowledge, but rather to focus on what knowledge is gathered and used in practice. Furthermore, to reduce social desirability bias, the tool needed to be able to be used anonymously.

Questionnaires were rejected in favour of a 'card sort' activity with the aim of participants being able to consider each variable in isolation, provoking an instant response. This was to support the ease and speed of completing the activity, which would be favourable to time-harassed EPs.

Taylor et al (1998) describe 'job behaviour' as the actions the worker undertakes to achieve the organisationally-valued results (see table 1). It has previously been mentioned that the ideal job behaviour in this report was to be derived from the literature surrounding DVA. The PPCT categories were subdivided, as suggested by Bronfenbrenner (1989: see Table 2). A literature review was then conducted around the effects of children and young people witnessing DVA. These findings were identified by their key message (for example, mothers exposed to DVA can show less maternal warmth to their infants, Levendosky and Graham-Bermann, 2000). Research with similar key messages were then amalgamated into common themes (for example, *Warmth, security, attunement and attachment from both violent and non-violent parents*). These themes were overlaid on to the PPCT categories and sub-categories to ensure all aspects of a child's bioecological world were explored within the evidence base. These themes became the *variables of practice*, which were then made into cards. Each card was coded with the PPCT category and a numerical value which identified which sub-category is fell within (see Table 2). Although the variable cards detailed the areas in which information gathering and assessment could occur, the research findings were not included, so as not to bias the responses into socially desirable answers.

PPCT Category	PPCT Subcategory	Description	Variable Card
Process	Form	What form the relationships takes	Pr1** Pr7 Pr2 Pr8 Pr3 Pr9 Pr4 Pr10 Pr5 Pr11 Pr6
	Content	What the content of the relationship is	
	Power	The strength and intensity of the relationship	
	Direction	The direction of the relationship processes, coming from or to the child.	
Person	Demand Characteristics	Immediate stimuli available to others (gender, appearance etc.)	Pe1 Pe2
	Resource Characteristics	Mental, emotional, social and material resources available to the child	Pe3 Pe7 Pe4 Pe8 Pe5 Pe9 Pe6
	Force Characteristics	Temperament, motivation, persistence of the child	Pe10
Context	Microsystem	The multiple environments in which a child spends their time	Co1 Co7 Co2 Co11 Co3 Co14
	Mesosystem	The interactions between the microsystems	Co4

	Exosystem	Systems in which the child does not directly live, but which indirectly affect them	Co5 Co6 Co12 Co13
	Macrosystem	Culture, social belief systems, opportunities, social policies, laws.	Co8 Co9 Co10
Time	Micro-time	What is occurring at the time of the experiences: age of child at start and end of DVA	Ti1 Ti2 Ti7*
	Macro-time	The consistency of the experience	Ti3 Ti4 Ti7*
	Meso-time	Historical events that may influence rates of DVA	Ti5 Ti6

* Variable occurs in more than one subcategory.
** All variables span all subcategories.

Table 2: PPCT categories and sub-categories, as created by Bronfenbrenner (1989), with the associated variable cards, created by the researcher.

Participants

Participants were taken from an opportunity sample, requested to contribute from my placement local authority psychology service. 20 qualified EPs were approached, including maingrade, senior, principal and locum roles. The EPs had varying levels of post-qualification experience, ranging from being newly qualified to those having been in the role for multiple decades. A 50% return rate was found, with 10 EPs agreeing to participate. Data was appropriately returned, allowing all 10 EPs to be included in this study.

Procedure

Job behaviours were identified through the data collection from the EPs themselves. An initial request was made in a whole service meeting, explaining the TNA, the rationale for undertaking it, and the expectations of contributions. As the process would be based on professional goodwill from an already-stretched service, the speed of the card sort method (discussed below) was highlighted to encourage participation. The participants were also explicitly informed of how the data would be used: as an opportunity to directly contribute to identifying needs for development in practice (Pitz and McKillip, 1984). Card packs were left in all 20 EPs post trays, along with accompanying information letter and instructions to participants.

The instruction sheet asked the participants to review the cards in terms of whether the variable was considered in their psychological formulation of a child or young person, where DVA was known or suspected to have occurred. Variable cards that were considered were to be placed into the YES envelope. The participants were then asked to sort the remaining cards into reasons as to why they were not considered: not enough TIME in

their work; not felt to add VALUE/USEFULNESS to the formulation process; limited or lack of KNOWLEDGE/TRAINING as to the potential impact of the variable; or there is not a RESOURCE/TOOL available to support this information to be considered. The results of this data collection were entered into an Excel spreadsheet, where the data was initially informally explored to view emerging patterns in responses (see section below for further data analysis information). The results allowed for consideration of whether developments in those areas would lead to changes in job behaviour (that is, by using the variables in their practice). This further allowed for consideration of whether training to increase knowledge was beneficial, or whether there were non-training alternatives. The results were communicated to the participants through the sharing of this report.

Data analysis for the TNA tool

Responses were formally analysed in terms of frequency of response. Number of YES responses, and the variable cards in this set were identified according to individual participants. The discrepancy variables and where they were placed were then identified, according to individual participant. Patterns across participants were then explored, and consistencies were identified. Data will be presented according to the discrepancies from the ideal conditions, within the PPCT categories and subcategories to explore where the discrepancies most commonly fell. Explanatory responses, for why the discrepancy variables were not considered, are reported.

Ethical considerations

Ethical guidelines were adhered to, as recommended by the British Psychological Society (BPS, 2009; 2011) and the British Educational Research Association (BERA, 2011). As external participants were involved, particular focus was given to the areas in Figure 3.

- "Respect knowledge, insight, experience and expertise of clients"
- "Keep appropriate records… record, process and store information appropriately"
- "Ensure that clients… are given ample opportunity to understand the nature, purpose and anticipated consequences… of any research participation [and] seek to obtain consent"
- "Ensure from the first contact that clients are aware of their right to withdraw"
- "Debrief participants at the conclusion of their participation"
- "Be honest and accurate in conveying professional conclusions, opinions, and research findings, and in acknowledging the potential limitations" (BPS: 10-22).

Figure 3: Areas of ethical consideration.

It is highlighted that participants were made aware that by returning the cards packs, they were acknowledging their consent in the research. Informed consent (that the participants understood the requirements of the study and how the data would be used) was therefore obtained through action rather than in written form. This was due to being able to make the process completely anonymous, rather than just confidential. Furthermore the participants were aware that, as their data was anonymous, they would not be able to withdraw their data.

RESULTS

What knowledge are EPs using: Discrepancy variables between ideal and actual practice

42 variables were identified, and offered to the participants as the 'ideal condition'. This TNA requires that there must be an ideal level of knowledge to positively influence the job behaviours. The ideal knowledge variables were identified by structured review of the evidence base surrounding this area of work. Discrepancies between the ideal and the actual conditions were identified by participants responding 'no' to whether the variable was considered in their practice.

Table 3 summarises the 'no' responses, according to PPCT model. The overall **use** of variables (indicated by cells left blank), across all participants, was 81%. These were found to be *non-discrepancy variables*, that is variables that were found to match with the purported ideal condition.

Individual participant data ranged from 4 variables **not used** to 15 variables not used (mean: 7.9; SD: 4.1). According to individual variables, the highest scoring negative responses are shown in Table 4. These were found to be *discrepancy variables*, that is variables that were found to be 'gaps' in practice from the purported ideal condition.

	PARTICIPANTS									
	1	2	3	4	5	6	7	8	9	10
PROCESS			PR1					PR1		
			PR2					PR2		
			PR5			PR5				
			PR8	PR8				PR8		
			PR9		PR9		PR9	PR9		
			PR10	PR10			PR10	PR10		
PERSON										
						PE2				
					PE7	PE7		PE7		
CONTEXT	CO1				CO1	CO1	CO1	CO1		CO1
	CO2			CO2			CO2			CO2
			CO3			CO3		CO3		CO3
										CO4
	CO5							CO5		
		CO6	CO6	CO6	CO6	CO6	CO6	CO6		
			CO7							
		CO8	CO8		CO8	CO8		CO8		
	CO10	CO10	CO10		CO10	CO10		CO10	CO10	
						CO11				
			CO12			CO12				
		CO13	CO13	CO13				CO13		
TIME										
						TI2			TI2	
			TI3	TI3		TI3			TI3	
			TI4	TI4		TI4	TI4		TI4	TI4
									TI5	

Table 3: Variables identified as 'not used' by the participants

Code	Description	No. of negative responses
CO6	Parental workplace (and other consistent context) and any subsequent effects on the parent	7/10
CO10	Policy and law effects on the community, on the family, on the individuals	7/10
CO1	The school environment: classrooms, toilets, corridors etc.	6/10
CO8	Specific community factors: Unemployment rates, crime rates, socioeconomic status, opportunities for residents	5/10
TI4	Regularity and consistency of DVA experience	6/10
PR9	Consistency of positive or negative relationships experiences	4/10
PR10	Balance of power in close relationships	4/10
CO2	Home environment(s): bedrooms, living rooms, bathrooms, outside space	4/10
CO3	Child's relationship(s) with school staff: style of interactions, attuned to needs, availability/reliability	4/10
CO13	Support for violent and nonviolent parent: professional (therapy/support groups) or social (family/friends)	4/10
TI3	Duration of DVA experience	4/10

Table 4: Highest negative response rates according to individual variables

Any discrepancy variables that were given by 3 or less participants are felt to not to provide a strong enough pattern and therefore not reported here as noteworthy. It is accepted that this is a subjective view; therefore the full response breakdowns are available in appendices 6 and 7. A summary can be seen in figure 4.

- 2 variables within the Process category are suggested as discrepancies (PR9 and PR10)
- No variables within the Person category are suggested as discrepancies
- 7 variables within the Context category are suggested as discrepancies (CO1, CO2, CO3, CO6, CO8, CO10, CO13)
- 2 variables within the Time category are suggested as discrepancies (TI3, TI4).

Figure 4: Summary of responses by PPCT category

As can be seen, the most responses showing discrepancies were found in the Context category. The discrepancies according to Bronfenbrenner's contextual systems (1989) can be seen in Figure 5.

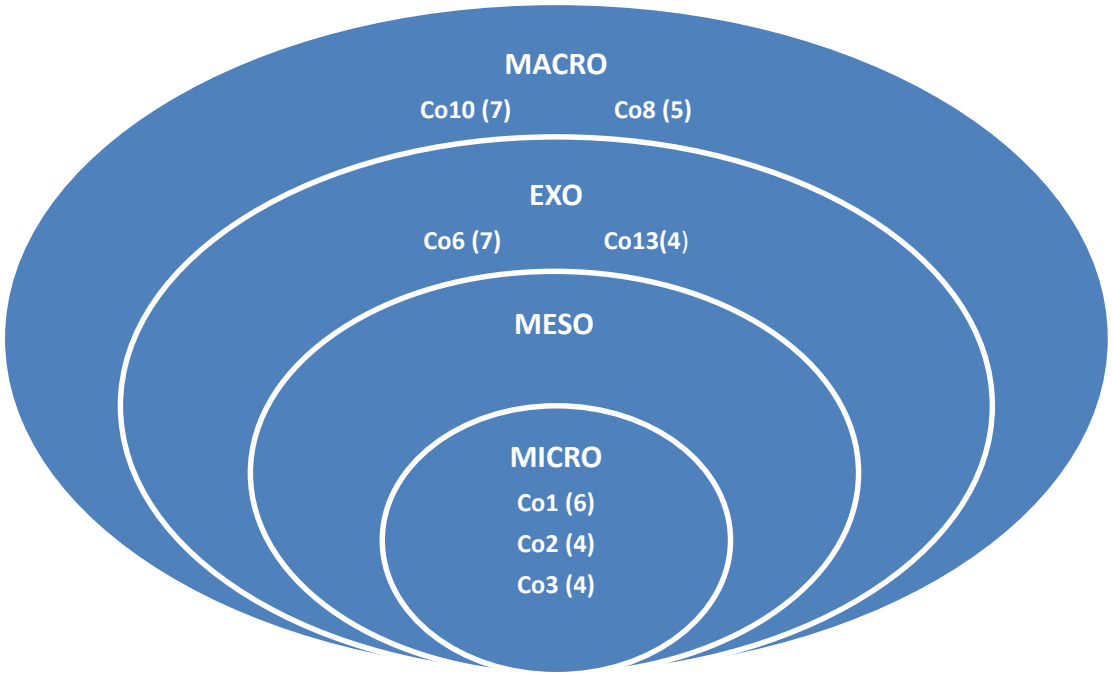


Figure 5: Discrepancy context variables (numbers of participants who identified its non-use in parentheses).

Explanatory responses for discrepancies: some external influences on the use of the PPCT variables

When exploring the cards according to the explanatory responses (Time/Resources/Knowledge/No value), the following descriptions were found:

- 70% of participants identified with not having enough time to consider all variables
- 50% of participants identified with not having appropriate resources or tools to consider all variables
- 70% of participants identified with not having the appropriate knowledge or incomplete training to consider all variables
- 40% of participants identified with not perceiving all variables as adding value or usefulness.

Figure 6: Discrepancy variables by explanatory responses.

Patterns were found (pattern here refers to three or more participants) for some variables that were not used, for the same reasons. No clear patterns were found for there not being appropriate resources or there not being any value in using particular variables. These are highlighted in table 5 below.

Table 5: Most commonly cited discrepancy variables by explanations.

Variables that were not used	**Explanations as to why not used (if given by 3+ participants)**
Duration of DVA; regularity of DVA; the school environment; the parental workplace; policy and law effects on DVA.	Not enough knowledge/ training experiences
School environment; Other environments the child attends; Parental workplace; Support for violent and nonviolent parents	Not enough time

DISCUSSION

The placement local authority, and the subsequent TNA, served as an example of a structured approach to identifying the requirements for developments in EP practice. It is recognised here that this report has identified the limited use of TNA in educational psychology, when identifying areas for practice development. Within this discussion, the results from the TNA will be used within the context of the literature to provide support for TNA process. It is suggested that using a TNA can help to limit the uncertainty associated with implementing change. Moreover, the EPs themselves identified aspects of their formulation practice which they acknowledged as of value, yet unfulfilled due to issues with knowledge, resources or time.

The results showed there were areas of a child's bioecological world that were not consistently considered by EPs in their practice. These areas have been suggested as valuable to EP knowledge and practice, by reviewing the DVA literature and including them within the PPCT model. As Fox (2002) states, EPs should be working from a strong evidential base, to ensure informed and rigorous practice to benefit children and young people. The DVA literature is wide and varied, yet previous foci on underlying psychological paradigms did not consistently explain the variations in outcomes for children. It is suggested that working at a bioecological level, namely applying Bronfenbrenner's PPCT model (1989), can provide a model of approaching psychological formulations that can supply explanations of varying outcomes (see Little and Kaufman Kantor, 2002).

The results of this TNA did show that EPs report that they consider variables at wider levels, including many within all of the PPCT categories, therefore within the 'real world' EPs are finding this exploration useful.

However, when variables were analysed by category and sub-category, patterns emerged regarding the most common discrepancies from the ideal. It is noted here that the most consistent non-discrepancy variables fall within the Person category. Aspects of the child's own resources, or 'within-child' characteristics, were consistently considered by the EPs. It is interesting to note that within the domain of education, it is often cited that that we should have moved away from this approach to a more social model (see Lindsay, 2003 for a discussion). Further holistic factors were not considered as consistently. Areas specific to the impact of DVA (policy and law effects, community factors such as unemployment and crime, consistency and duration of DVA, power balances in relationships, support for violent and nonviolent parents) have all been evidenced as associated with outcomes for children and families. The EPs in this research identified these discrepancies as affected by limited knowledge and/or training. Further contextual discrepancies found were affected by a lack of time within the current mode of practice. Aspects of investigations into relationship processes were mediated by knowledge and resources, albeit with inconsistent responses by EPs as to the priority cause of the discrepancies.

To further support this TNA process, in terms of value and importance of making change (Foster and Southard, 1988), there were no consistent patterns found regarding lack of value in investigating the PPCT variables. Some participants found limited value with individual variables (2x- investigating policy and law impacts on the developing child; 1x investigating material resources available to children; 1x investigating the physical home environment; 1x other environments a child experiences). If strong patterns had emerged, it could lead us to question the usefulness of the PPCT model for this work; however, these individual views are not suggestive of this. Moreover there is evidence that unemployment, socioeconomic status and higher crime rates are associated with the frequency of DVA (Andrews, 1996: Little and Kaufman Kantor, 2002). It can be seen how these factors will influence a child's material resources and opportunities, suggesting that EPs should consider these variables to explore the potential risk and protective factors. It is suggested that there is evidential basis for their inclusion in the formulation process; therefore increasing EP knowledge of this is important.

The explanatory responses for discrepancy variables allowed for 70 percent of the participants to identify they do not have the complete set of ideal knowledge or training experience at this current stage. 3 or more participants identified limited knowledge or training experiences for the variables related to duration and regularity or DVA; knowledge of the impact of school environment and parental workplace; and the policy and law effects on DVA. It is also noted that 3 of the participants did not identify any concerns regarding the breadth of their knowledge, suggesting they feel it is adequate when working with these children and families. However, in line with Taylor et al's Integrative Framework (2009), this suggests that increasing the majority of these EPs knowledge and skills may result in changes in their job behaviour, that is, their formulation practice. It is therefore suggested that ways to develop this could be found through training opportunities. However, it must be clear that there are external influences which further impact on their job behaviour; requiring exploration.

The participants identified other factors which affected their use of all the variables in their case formulations. Issues with time were identified by 70 percent of the participants. Most of the time concerns fell within the context categories of the PPCT model, and particularly within the exo and macro systems. Therefore it is

suggested that EPs feel considering the lives of children within their wider indirect experiences does not fall easily into current practice. Issues with resources were identified by 50 percent of the participants. There was limited consistency with which variables were associated with inadequate resources, however. As noted, the participants did not reveal any consistent patterns when identifying any variables which were not thought of as valuable in their formulations.

The solution that is suggested here is borne of the mediating external factors identified by participants. As Ross (2008) comments, these should be explicitly considered to support commitment to change, and likelihood of training actually being transferred to the job behaviours of the participants. Limitations with solely implementing a training approach are therefore suggested. Furthermore, it is also suggested that there are ways to impart this knowledge in ways, other than training, that also support the participants' requirements for new resources in a timely manner.

It is suggested here an appropriate solution must address the reported issues with knowledge, time and resources. As the ideal conditions were identified by literature, the solution could be created from evidence also. As briefly mentioned in the introduction, there is a current political climate of accountability and streamlining of resources (Robson, 2011) and many services are experiencing financial demands (Booker, 2013). It is suggested that it is appropriate to share the significance of the DVA evidence base and there may be value in creating a summary of literature as a reference guide. It is further suggested here that an appropriate solution should involve the creation of a resource which allows for focused assessment in all relevant areas. Within Volume 1 of this thesis, development of a tool to support practice will be documented, and subsequently implemented. The tool will serve as a guide to inform practice, to encourage data gathering in all of the PPCT areas, and to allow for explicit investigation of the protective and risk factors that a child may experience in their overall development. Furthermore, it will endeavour to extend the thorough investigation of the 'within-child' factors that are occurring currently in relation to other contexts, processes and time areas.

TNA is suggested here as a valuable approach to reduce the uncertainty that can arise during practice development. It is felt that the process allowed for identifying some mechanisms which may be acting on the environment of an EP service, generating the outcomes associated with how EPs formulate the needs of children and young people who are known or suspected to have experienced DVA. Although the empirical world has been explored, that is the experiences of the EPs, we are suggesting that there is a 'real world' underlying it. It is believed that this process has allowed for consideration of how EPs construct their own practice, and we are beginning to understand what is 'actually' happening. This structured approach has enabled possible solutions to be formed in order to support development; not only by identifying expert/literature-derived discrepancies, but also by incorporating perceptions of whether all Bronfenbrenner's areas of child development can add value to EP's work. There are limitations within this TNA, however. It is thought that by undertaking all steps in the Taylor et al (2009) framework, further external influences could be discovered that would require alternative solutions.

Furthermore, only a singular source of data was used in this research (the card sort activity); future work could consider extensions to gathering information about the actual conditions of practice, such as observations and document/report analysis. It is also recognised that as the data was anonymous, there is no way of knowing what stage the EPs were at in their careers, their professional training content/post qualification training or whether EPs with specialisms in trauma and abuse were taking part.

As this report began by acknowledging the many differences in EP practice that occur, it may be interesting to consider whether there are further mediating factors, in relation to EP experiences and interests. Ultimately, however, it is felt that this process not only served to begin the journey into investigating EP practice and the issues associated with developing it, it also served to highlight the many discrepancies between what is proposed here as the ideal areas of assessment and formulation, and what is happening in this local authority. Nevertheless, many aspects of the ideal knowledge were identified which is hopeful for supporting these families. Any extensions to supporting practice development in this domain can increase this work's prominence and support our striving for excellence.

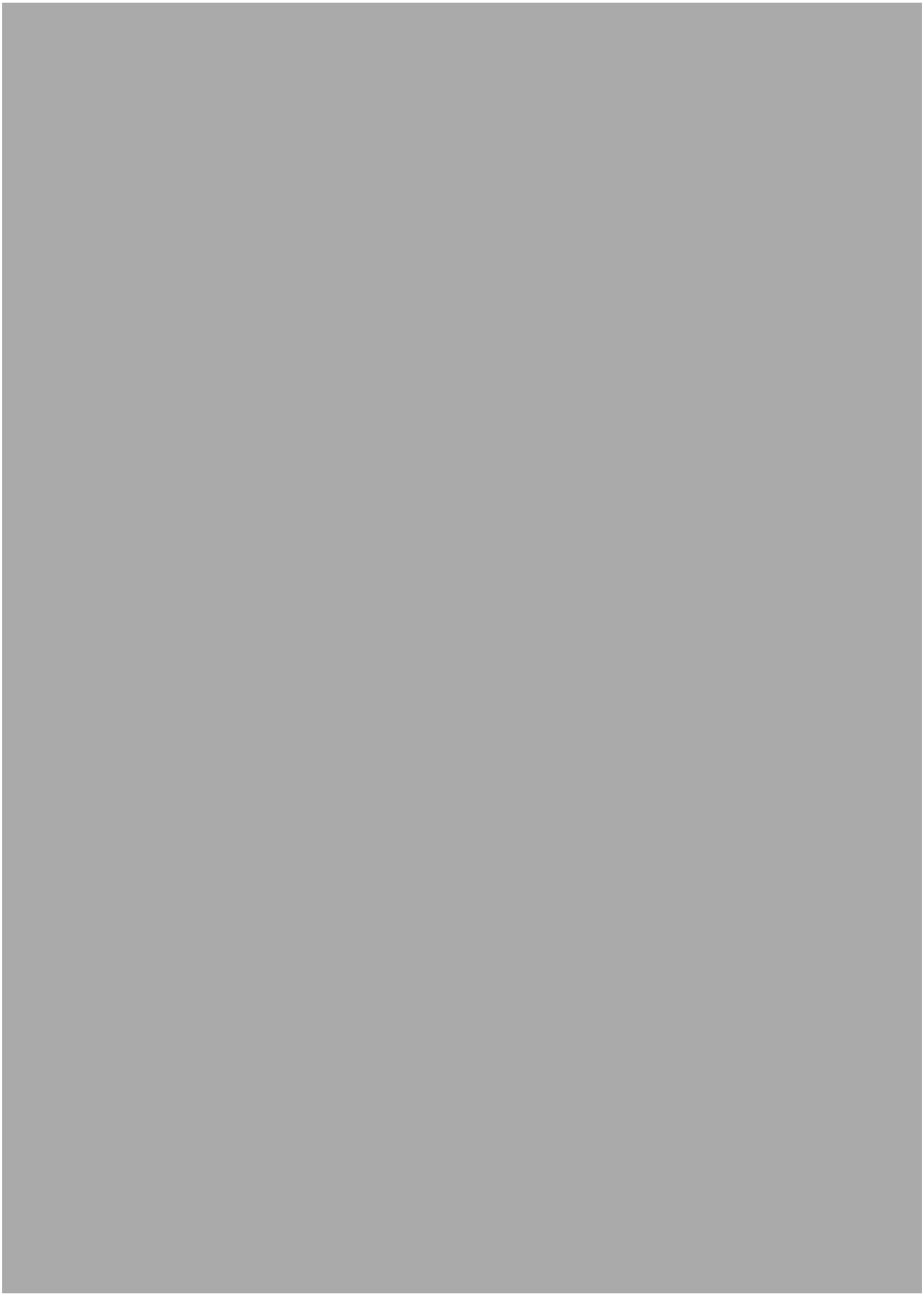
APPENDIX 2: Summary of research reporting Posttraumatic Stress Disorder (PTSD) symptoms in children, followed by diagnostic criteria for PTSD.

Study	Ages	% who would meet PTSD diagnostic criteria
Lehman, 1997	School-age	56%
Devoe and Graham-Bermann, 1997	7-12 years	51%
Graham-Bermann and Levendosky, 1998	7-12 years	13%
Rossman and Ho, 2000 (cited as *in press,* research subsequently published)	School-age	24%

Summary of DVA research reporting PTSD figures, taken from Rossman et al, 1999.

Information below taken from DSM-5 Factsheet, found at:

http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf



APPENDIX 3: Evidence-based Guide.

VARIABLES OF PRACTICE	RISK FACTORS	PROTECTIVE FACTORS
Parenting style: Use of boundaries/ rules/ levels of strictness, warmth, security, attunement, attachment from both violent and nonviolent parents or carers if LAC. **Consistency of positive or negative experiences**	Harsh parenting can lead to poor developmental outcomes for children. Mother as victim- less maternal warmth (Levendosky and Graham-Bermann, 2000); secure attachment with child (Lamb et al, 1985) Father as perpetrator- insecure attachment with child (Lamb et al, 1985); - more likely to be neglectful (Bancroft and Silverman, 2002) Variability in close relationships (particularly with nonviolent parent) can negatively impact more than the overall parenting style (Levendosky and Graham-Bermann, 2000) negative views of their infant child from abused mothers (Huth-Bocks, Levendosky et al, 2004) less maternal warmth from abused mothers for school aged children (Levendosky and Graham-Bermann, 2000); DVA experience resulting in negative associations with secure attachment in adolescents (Levendosky et al, 2002); Disorganised attachment patterns in infants with physically abused mothers (Zeanah et al, 1999); The severity and consistency of DVA experience will be associated with the severity of the symptoms (Kitzmann et al, 2003)	Positive romantic parental relationships can reduce this, yet these are not often observed in violent households (Conger et al, 2013). Responsive parenting decreases negative outcomes in children (Osofsky, 2003) pre-school children's attachment was not associated with DVA (Levendosky et al, 2003), children often develop successful attachments with the non-abusive parent (Lamb et al, 1985).
CYPs relationship(s) with school staff: **-style of interactions, - attuned to needs,** **-availability/reliability**	Children can feel unsupported by teachers, emotionally and academically (Buckley et al, 2007); Children can feel teachers do not understand the impact of exposure to violence (Buckley et al, 2007)	School can be seen as respite from violence (Holt et al, 2008); Positive experiences can mediate the posttraumatic stress responses of children (Grych and Fincham, 1990).
CYPs relationship(s) with peers: **-style and consistency of interactions** **- characteristics of chosen peers**	Poor social competence in children (Kernic et al, 2003); Increased bullying behaviours in children (Baldry, 2003);	Consistent supportive friendships can mediate effects of exposure to violence (Camacho et al, 2012)
Relationships with other family members (siblings, grandparents etc.) **Predictability, intensity, enduring?** **Consistency of positive or negative experiences**	Variability in close relationships (particularly with nonviolent parent) can negatively impact more than the overall parenting style (Levendosky and Graham-Bermann, 2000)	Positive caregiving relationships with children can mediate effects of exposure (Levendosky et al, 2003).
Balance of power in close relationships	DVA is perceived as an act of power and control (Keeling and Fisher (2012), and is regarded as potentially intergenerational.	Mediating factors include having non-oppressive close relationships (Mihalic and Elliot, 1997).
Levels of protection from physical and psychological harm, and basic physical care needs	Children remaining in physical/psychological danger can reduce consistency of positive care relationships (Levendosky and Graham-Bermann, 2000); Exposure to violence strongly associated with physical harm to child (Moore and Pepler, 1998; Appel and Holden, 1998) Increased risks of sexual abuse for children (McCloskey et al, 1995)	Positive experiences can actually mediate the posttraumatic stress responses of children Grych and Fincham (1990).
Activities (play, learning etc.) regularly undertaken	Children can re-enact the DVA in their play (Knapp, 1998); trauma of experience can create difficulties concentrating, attending and becoming hyper vigilant (Carlson, 2000); Lower social competence can occur for children (Kernic et al, 2003; Gerwirtz and Edleson, 2007) Self-blaming can result from DVA experience, which can impact the child's approach to learning (Harold et al, 2007)	

CYPs Gender	Girls more likely to bully and be bullied (Baldry, 2003); Boys may exhibit more externalising behaviours, girls may exhibit more internalising behaviours (Yates et al, 2003); The use of violence by teenage girls was associated with their experience of DVA as children (Mihalic and Elliott, 1997)	No link between boy's experience of DVA and subsequent DVA as an adult (Mihalic and Elliott, 1997)
CYPs physical attributes: appearance/physical health/sensory impairments	Children with disabilities may be at higher risk of exposure to violence (Sullivan, 2009)	
CYPs cognitive abilities	Cognitive ability may be influenced by exposure to violence (Carlson, 2000), cognitive functioning has been shown to reduce (Rossman, 1998); Developing cognitive skills, at different stages will influence the child's thinking: rationalising, predicting, preventing violence, guilt, self-blame may occur (Holt et al, 2008. In Gallagher, 2010). Children with disabilities may be at higher risk of exposure to violence (Sullivan, 2009)	
CYPs emotional wellbeing/mental health	Child as witness- insecure attachment as teenager (Levendosky and Graham-Bermann, 2000) Trauma symptoms in children from 1yr (Bogart et al, 2006); Girls are more likely to experience internalising difficulties (Yates et al, 2003; Moffitt and Caspi, 1998); Behavioural-genetic link between depressive symptoms in parents and in children, which may come to fruition upon the experience of negative home environments containing violence (Downey and Coyne, 1990).	Less internalising effects for boys who experience DVA (Yates et al, 2003; Moffitt and Caspi, 1998).
CYPs language skills, social skills and understanding	Reductions in language skills can occur as a result of exposure (Huth-Bocks et al, 2001) Lower social competence can occur for children (Kernic et al, 2003; Gerwirtz and Edleson, 2007) Increased bullying behaviours in children (Baldry, 2003)	
CYPs material resources (financial, clothing, toys, books etc.)	Unemployment and socioeconomic status are associated with the frequency of DVA (Andrews, 1996: Little and Kaufman Kantor, 2002).	
CYPs levels of motivation and persistence, and temperament	Self-blaming can result from DVA experience, which can impact the child's approach to learning (Harold et al, 2007) Emotionally intense children; aggressive characteristics (Adamson and Thompson, 1998); Aggression, non-compliance, and use of violence by the child themselves has been associated with DVA in many studies (Graham-Bermann and Levendosky, 1998; Kitzmann et al, 2003; Kernic et al, 2003); Boys more likely to hold an attitude of violence as a means of improving reputation and self-image, than boys without history of family violence (Spaccarelli et al, 1995).	Child's temperament can mediate risks of trauma symptoms (Osofsky, 1997)
The school environment: classrooms, toilets, corridors, etc. **Other environments where CYP may attend (extended family homes, clubs/groups etc.)**		Positive alternative environments can reduce negative outcomes for children (Osofsky, 2003) Positive experiences can actually mediate the posttraumatic stress responses of children Grych and Fincham (1990).

APPENDIX 4: Variables of Practice Resource (N.B original resource produced on A3 paper, therefore formatting has reduced blank spaces for making notes)

PROCESSES		PERSON	
Areas to consider: Parenting/ carer style (boundaries; balance of power; warmth; attunement; predicTable?) CYP's relationships with family members (siblings; parents not in household; grandparents) CYP's relationships with school staff (style of interactions; available and predicTable?) CYP's relationships with peers (style of interactions; balance of power; peer characteristics) Physical and psychological safety/ basic care needs How does the CYP approach activities/ toys?		**Areas to consider:** CYP's Gender Appearance; physical attributes; physical health Disabilities CYP's cognitive abilities CYP's language skills CYP's social skills CYP's emotional wellbeing/mental health CYP's levels of motivation and persistence CYP's temperament CYPs material resources (financial, clothing, toys, books)	
CONTEXTS		**TIME**	
Areas to consider: Nature of the CYP's regular physical environments (home/s, school, faith venues, clubs) Interrelations between them Environments (and their demands) experienced by parent/ carer (work; caring for others) Parental emotional wellbeing/ mental health; support received DVA experience for CYP: direct witnessing/ hearing/ never present Previous home/ school placements Community factors (levels of unemployment; crime; SES; opportunities for residents) Cultural/ faith factors (values, beliefs, expectations) Policy and law effecting the family		**Areas to consider:** Age at onset of DVA experience Age at end of DVA experience Duration of DVA experience Regularity of consistency of DVA experience Time since DVA occurred or still occurring Any significant historical events occurring which impact development directly/indirectly (war/ economic crisis) LAC: Age when became LAC, how long with LAC status, duration of current placement	

APPENDIX 5: Description of Resource Pack, and Summary of Literature

WORKING WITH CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE AND ABUSE (DVA)

This resource pack is intended to provide guidance and resources to support Educational Psychologists (EPs) when working with children and young people (CYP), and families who have experienced domestic violence and abuse (DVA).

The resources emphasise the evidence base for the outcomes related to DVA experience. They are intended as a heuristic tool (to guide and inform practice, not to prescribe and direct it), with the aim to support EPs to ensure that all bioecological levels are considered when working with CYP and families exposed to DVA, at an assessment level. Risk and protective factors should be considered to explore when things go well, as well as where input is needed. The tool can also be used to ensure a wraparound approach to intervention and support planning, as well as to ensure monitoring and evaluation continues in all bioecological levels, rather than reverting to 'within-child' evaluation.

This resource pack contains for following items:

- A **Summary of Literature**, providing the rationale for why these areas of consideration are deemed to be of value in a psychologist's assessment, formulation, planning and evaluation.

- A **Variables of Practice** resource, for documenting the information gathered during assessment (including risk and protective factors). When completed, this resource should be used to consider addressing the information gathered within your intervention planning and ways to evaluate and monitor progress. This documents sections the information gathered into Bronfenbrenner's Process-Person-Context-Time Bioecological model of child development. A brief description of this model can be found in the Appendices.

- Three **Interview Prompt Sheets** which can be used to support information gathering, when working with parents and carers, CYP, and school staff.

SUMMARY OF LITERATURE

Domestic Violence and Abuse and the effects on families and children

Definition:

> 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 (Home Office, 2013).

Prevalence:

- Up to 45% of women and 26% of have experienced DVA at some point in their lives (Walby and Allen, 2004)
- 50% of reported DVA in households with children (Mirrlees-Black, 1999)
- Estimated that 1,000,000 British children have DVA experience (UNICEF, 2006)
- Estimated that 2/3 of DVA is not reported (Pryke and Thomas, 1998)

Negative outcomes:

- **For adult survivors:** higher rates of depression and distress (Cascardi and O'Leary, 1992; Sato and Heiby, 1992);
- reduced psychological functioning (Levendosky and Graham-Bermann, 2001);
- increased risk of post-traumatic stress disorder (Herman, 1992); and
- associations between reduced maternal warmth and instances of DVA (Levendosky and Graham-Bermann, 2000).

- **For child survivors:** increased risk of insecure attachment styles (Huth-Bocks et al, 2004; Levendosky et al, 2002);
- increased internalising and externalising behaviours (Fantuzzo et al, 1991; Holden and Ritchie, 1991; Kernic et al, 2003);
- lower social competence and more bullying behaviours (Kernic et al, 2003; Baldry et al, 2003);
- increased hypervigilance in social situations, difficulties perceiving and understanding interactions (Rossman 2001);
- Higher levels of violence as adolescents and adults (Browne, 1980; Burgess et al, 1987; McCord, 1988);
- increased depression and anxiety rates (Graham-Bermann, 1996);
- reduced cognitive functioning (Rossman, 1998); and
- maladaptive thinking skills in terms of reasoning and problem solving, rationalising and predicting abilities (Holt et al, 2008).

Protective factors:

- 6 months post exposure, responsive parenting can increase (Holden et al, 1998);
- responsive and sensitive parenting can alleviate negative social and emotional outcomes in children (Osofsky, 2003);
- many successful attachment relationships do occur (Levendosky et al, 2003), and can compensate for the DVA experience (Lamb et al, 1985);
- Further social mediating factors against the negative outcomes are consistent and enjoyable friendships (Camacho et al, 2012); and non-oppressive interactions (Mihalic and Elliott, 1997);
- positive school experiences offer a respite from the violence and abuse (Holt et al, 2008); as can
- other supportive environments available to the child (e.g., clubs, groups, extended family homes: Osofsky, 2003);
- increased school awareness of the home situation can increase understanding of the child's behaviours (Thompson, 2012);
- school's can offer venues and coordination of support for the parent and child (Huth-Bocks, 2001);
- children's positive temperament characteristics can mediate risks of trauma symptoms (Osofsky, 1997);
- although the risks of mental health difficulties are still higher for children with DVA experience, up to 60% do not experience clinical levels (Graham-Berman et al, 2009)
- faith and spirituality can support trauma recovery in parents (Bryant-Davis and Wong, 2013); and
- positive outcomes for children can increase if their voice is heard during family court proceedings (Eriksson and Nasman, 2008).

Intervention Planning:

There is a paucity of literature and research surrounding EP practice when working with DVA. However, other aspects of trauma have been considered, in terms of how interventions are selected to support children's development.

- For PTSD, therapeutic support (such as play/art therapy; cognitive-behavioural therapy; eye movement desensitisation and reprocessing) can alleviate negative outcomes (Hart, 2009);
- psychotropic medications are sometimes used (Perry, 2002);
- developing resilience at various ecological levels is suggested as beneficial (Hart, 2009); e.g., "ensuring a caring adult is available and there is a nurturing environment; programmes to develop self-esteem, social skills and internal locus of control;…ensuring counsellors and teachers are aware of children's needs; using group processes in class to facilitate development of friendships; (cited in Hart, 2009: 365).
- Both direct (with the child) and indirect intervention (with others) is suggested as necessary (Graham-Berman and Hughes, 2003). Psychologists are uniquely placed to prioritise the areas for intervention, according to the risk and protective factors in a child's life.

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APPENDIX 6a: Interview prompt sheet for parent/ carer

Areas to explore with parents and/or carers

Developmental history

- Including physical development/ health needs/ language development/ play behaviours/ social skills
- Any significant events in the child's life that might have impacted upon them? (DVA/ bereavements/ relationship breakdowns etc.)

DVA specific information

- Age at onset of DVA, duration, consistency and age at end of DVA
- Current physical and psychological safety for CYP and parent/ carer (DVA ongoing?)
- CYP's experiences (physically involved/ seeing/ hearing/ never present)
- Social care involvement?
- Support for the parent/ carer (inc. interventions, from family/friends/ faith community)?
- Support for the CYP?

Behaviour

- Any concerns with the CYP's behaviour? (inc. responses to boundaries, control issues etc.)
- Behaviour management approaches used.

Attunement, Attachment, Emotional Development

- Can the parent be 'in tune' with the CYP, emotionally? (e.g., can the parent tell what mood their child is in? Does the parent do anything different if the CYP is angry, sad, happy?)
- Does the parent have a good bond with the CYP? Did this happen straight away or did it take time to develop?
- How would they describe their CYP? (emotional, aggressive, calm, helpful, blame themselves, blame others?)

Other family relationships

- How does the CYP get on with other family members (including the perpetrator of DVA)?
- Do they see them regularly?

Education

- How is the CYP getting on at nursery/ school/ college/ training?
- Do they get on well with their teachers?
- Are they getting all the help they need with their learning, social skills and emotional needs?
- How do they get on with their classmates? Can they make friends easily?

Games/ Activities/ Hobbies

- Does the CYP go to any clubs? How do they get on there?
- What do they do in their spare time? Do they have any hobbies?
- What are their favourite games/ toys (if appropriate)?
- Do they like to do things with other people or do they prefer to be on their own?

Parent's Emotional Wellbeing

- Any specific worries (inc. housing, financial concerns, work, community issues)?
- How do they cope?
- Previous history of mental health difficulties?

APPENDIX 6b: Interview prompt sheet for child

**Other techniques/questions should be used if you prefer (e.g., PCP, solution focused questioning, motivational interviewing, elicitation through drawing etc.).*

Family setup

- Who lives with the child, who do they get on/not get on with, who do they see outside of family home?

Education

- Their feelings about school/college
- Things they like/don't like? What is easy/hard?
- How do they get on with classmates? Do they like to be around people or prefer to be on their own?
- How do they get on with teachers? Is there someone they can talk to?
- Do they get help in school?

Games/ Activities/ Hobbies

- What do they do outside of school?
- Attend clubs or groups? Preferred activities/ hobbies? Favourite games/ toys?

Feelings*

- What makes them happiest?
- What makes them sad?
- What can help them to calm down?
- What makes them cross?
- Who do they talk to about their feelings?

* For CYP who have experienced DVA, self-reported scaling measures for low mood and internalising behaviours has been suggested as an accurate method.

APPENDIX 6c: Interview prompt sheet for school staff

**All information should be supported by other documents such as pupil passports, previous IEPs or similar, tracking of national curriculum levels etc.*

Main concerns about the CYP

- Current and historical
- Have they made progress in these areas?
- Any safety concerns (physical and psychological)

Diagnoses/ Medical Needs

- Inc. physical, sensory, social communication etc.

Language

- Any concerns or skills with language use?
- Understanding? Social language, following instructions etc.

Relationships

- How do they get on better with adults or peers?
- Do they have a familiar adult to talk to?
- Friendships: who are they drawn to? Are they consistent? Play behaviours (if appropriate)?

Behaviour in school

- Internalising (low mood, withdrawn, shy, low self-esteem)
- Externalising (defiant, aggressive, bullying behaviours, blaming others

Approaches to Learning and Academic Progress

- Motivation, persistence, fear of failure etc.
- Memory and attention, problem solving
- Current attainment. On target?

Support/ Interventions

- Receiving currently
- Received previously
- What has worked, what is not working well

Strengths

- Including academic, skills for learning, social skills etc.

APPENDIX 7a: Interview schedule one

- Introduce study and purpose: Exploring EP practice when working with CYP and families who have experienced DVA; requesting the EPs to use a newly created resource to support practice (barriers identified in previous Training Needs Analysis); taking part in a second interview to explore whether they found the resources useful, and whether they support any developments in practice.
- Reassure confidentiality. Interview data will be transcribed and saved using the ID code (give code to EP now). Their name and linked ID code will be saved onto a password protected document, only available to myself).
- Right to withdraw, any time, without questions or repercussions, before the second interview data begins to be analysed. The date will be supplied nearer the time.
- Exploratory study – your opinion, your experiences, your values, your practice.
- Please be conscious of not using any identifying information (names, locations, schools, backgrounds etc.) if you discuss any specific cases.
- If you don't want to answer something, please say. If you'd like to take a break, or stop, please say.
- The interview should only take approximately 45 minutes. Are you happy for me to use a voice recorder?
- Do you have any questions?
- Are you happy to continue?

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1. Have you received any formal training on DVA? If yes, please tell me more.

2. Have you undertaken any informal actions to increase your knowledge? If yes, please tell me more.

3. Can you tell me about your work with CYP who are known to have experienced DVA, in your role as an EP
   - How are you made aware of the DVA?
   - How often do these cases arise?
   - What concerns lead to the referrals in the first place?

4. Do you ever work with CYP and families and suspect DVA has occurred or is occurring?
   - Do you ask about this directly?
   - Do you explore this possibility with other professionals?
   - Do you raise concerns with anyone else? Who?

5. Do you approach casework within this area any differently to other casework?
   - Do you ask DVA specific questions?
   - Do you prioritise areas for information gathering?

6. What psychological theory/ies influence your casework with these families?
   - Do they vary between cases?

7. Who is involved in your assessment and formulation processes in these cases? (CYP, parents/carers, school staff, social workers etc.)
   - What information do you seek from these people?
   - What methods do you use to gather this information?

8. How do you explore the child's relationships and interactions with people and things in their life?
    - Tell me about how you explore the interactions between parent/carer and CYP.
    - Tell me about how you explore the interactions between school staff and CYP.
    - Tell me about how you explore the interactions between peergroup/friend and CYP.

9. If we think about the child themselves, their characteristics and abilities, can you tell me about what you explore during your assessment and formulation process?

10. If we think about the many systems within which the child exists, can you tell me about what you explore about those environments?
    - What are your experiences of looking outside of the child's direct experiences, and into the wider systems that may have effects that filter down?
    - Are there barriers to this in your practice?

11. What aspects of the child's chronology do you explore? Things like age, durations of experiences, consistency of experiences, etc.
    - Are you able to use theoretical evidence bases for these explorations?

12. When making recommendations and planning interventions, what ecological levels/systems do these interventions fall within?
    - Are they things which directly involve the CYP? (prompt areas for examples if necessary)
    - Are they things which involve the school staff?
    - Are they things which involve the parent/ carer?
    - Are they things which involve organisational and systemic change?
    - Are they things which involve wider community/ policy development?

13. When planning ways to monitor and evaluate outcomes related to the child, how and what do you suggest is done?

14. Are there aspects of the practice you have described throughout this interview which you feel are the most beneficial to the CYP and family?

15. What are there aspects of the practice you have described which you find more difficult to do?

16. What are the barriers to working with CYP who have experienced DVA?

17. Is there anything specific you would suggest to overcome some or all of these barriers?

18. As my final question, is there anything about this work that I haven't asked about, or that you would like to comment upon?

Thank you so much for taking part in this first interview. I will now give you the Resource Pack, to use in your practice over the next six weeks. This pack is intended to be used at any stage of your casework practice. It is intended to be used as guidance, and is not directive in nature. This study hopes to identify if these resources can be useful within the 'real world' practice of an EP, so I'm asking you to use it in a way which is complementary to the way you practice. If you could spend a few minutes looking over the Resource Pack, and you can ask any questions about it, that you feel necessary. We will then look to booking a suiTable date and time for the second interview.

APPENDIX 7b: Interview schedule two

- Remind of study and purpose: Exploring EP practice when working with CYP and families who have experienced DVA; requesting the EPs to use a newly created resource to support practice (barriers identified in previous Training Needs Analysis); taking part in a second interview to explore whether they found the resources useful, and whether they support any developments in practice.
- Reassure confidentiality. Interview data will be transcribed and saved using the ID code (give code to EP now). Their name and linked ID code will be saved onto a password protected document, only available to myself).
- Right to withdraw, any time, without questions or repercussions, before the second interview data begins to be analysed. The date will be supplied nearer the time.
- Exploratory study – your opinion, your experiences, your values, your practice.
- Please be conscious of not using any identifying information (names, locations, schools, backgrounds etc.) if you discuss any specific cases.
- If you don't want to answer something, please say. If you'd like to take a break, or stop, please say.
- The interview should only take approximately 45 minutes. Are you happy for me to use a voice recorder?
- Do you have any questions?
- Are you happy to continue?

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19. Have there been any general changes to your work with CYP who are known or suspected to have experienced DVA? For example, any increases in 'known'cases; any direct investigation in suspected questions; any increases in conversations with other professionals or raising of concerns?

20. Have you approached this casework any differently to other casework?
    - Have you ask DVA specific questions?
    - Have you prioritised areas for information gathering?

21. What psychological theory/ies influenced your casework with this family?

22. Regarding the case you have used these resources for, were you undertaking an assessment/formulation process? If so, who has been involved in your assessment and formulation processes in this cases? (CYP, parents/carers, school staff, social workers etc.)
    - What information did you seek from these people?
    - What methods did you use to gather this information?

23. If you did not undertake an assessment/formulation process with this case, what work were you doing?

24. Were you able to use these resources to explore the child's relationships and interactions with people and things in their life?
    - Tell me about how you explored the interactions between parent/carer and CYP.
    - Tell me about how you explored the interactions between school staff and CYP.
    - Tell me about how you explored the interactions between peergroup/friend and CYP.

25. Were you able to use these resources to think about the child themselves, their characteristics and abilities?
    - Can you tell me about what 'child factors' you explored?

26. Were you able to use these resources to think about the many systems within which the child exists, and to explore those environments?
    - What were your experiences of looking outside of the child's direct experiences, and into the wider systems that may have effects that filter down?
    - Were there barriers to this in your practice?

27. Were you able to use this resource to consider what aspects of the child's chronology may have been important? Things like age, durations of experiences, consistency of experiences, etc.
    - Were you able to use theoretical evidence bases for these explorations?

28. Did you make recommendations and plan interventions for this case? If so, what ecological levels/systems did those interventions fall within?
    - Were they things which directly involved the CYP?
    - Were they things which involved the school staff?
    - Were they things which involved the parent/ carer?
    - Were they things which involved organisational and systemic change?
    - Were they things which involved wider community/ policy development?

29. Did you plan ways to monitor and evaluate outcomes related to this child? If so, how and what did you suggest was done?

30. Were there aspects of the practice you have described throughout this interview which you felt were the most beneficial to the CYP and family?

31. What are there aspects of the practice you have described which you found more difficult to do?

32. What are the barriers to working with CYP who have experienced DVA?

33. Is there anything specific you would suggest to overcome some or all of these barriers?

34. Is there anything about this work that I haven't asked about, or that you would like to comment upon, either about your practice, the systems in which you have to practice, or about the resource pack itself?

35. Finally, would you use this resource pack again with or without specific changes?

Thank you so much for taking part in this second interview. You are still able to withdraw your data, without questions or repercussions, up until _____ (add date). Do you have any questions?

Once the data has been analysed, and I have completed writing up this study, I will share the results with the service. In the meantime if you have any further questions, comments or would like to talk further about this, or your work, please contact me.

APPENDIX 8: Email to participants

To: All EP staff

From: Emily Heath (Trainee Educational Psychologist)

Subject: Information regarding an upcoming study

Dear all,

I'm writing to give you advanced notice of a request I will soon be making.

Shortly I will soon be formally requesting participants for my doctoral study, and would like to share a little bit about it with you, before you decide whether you would like to participate.

I will be investigating how EPs work with children and families who have experienced domestic violence and abuse (DVA). My interest lies in exploring whether a supportive resource pack is valued and beneficial, when undertaking casework.

I will be asking participants to take part in two semi-structured interviews, approximately six weeks apart. Before the 2nd interview I will be asking you to use the resource pack provided, in any aspect of casework that is occurring in your practice. We will then explore your use of the pack.

Your contributions will be confidential, as your data will be given an identification number.

If you have any queries about this study, or would like to express an interest in taking part, please let me know. A reply now will not mean you are obligated to take part!

You will receive a detailed information pack and consent form in due course, in your post tray.

Thank you for taking the time to read this.

Emily

APPENDIX 9a: Information sheet for participants

29/09/2014

Dear Colleague,

I am writing to invite you to participate in a study which will form the basis on my thesis, as part of my professional doctoral training in Educational Psychology. As you may be aware, members of the service were recently invited to take part in a training needs assessment with regards to their practice in working with children and young people who have experienced domestic violence and abuse (DVA). As a result, EPs identified aspects of practice which they felt were not ideal, suggesting they would welcome further support. This study aims to address this need, by creating guidance resources and pilot their use, and to investigate whether it impacts on your practice during assessment and formulation, planning intervention and evaluating outcomes for these children.

For this study you will need to be:

1. about to work or be working with a child and/or family who have experienced DVA (historically or currently);
2. working in any capacity (consultation, assessment, intervention, monitoring), through any type of work (early years, school age, post-16, community or project work);
3. within the next six weeks.

If you agree to participate, you will be asked to take part in an initial interview. This will explore your perceptions of DVA, and your current practice. You will then be asked to use the provided resources in your practice, when working with a child or young person who has experienced DVA. A period of four to six weeks will be given to use the resources. I will then ask you to take part in a second interview, in which we will explore your experiences of the resources, and whether you felt they were of benefit.

The interviews will take place within the Psychology Service building, in a private room at a day and time convenient to you. Each interview should take no more than one hour each, and will need to be audio recorded, to allow for transcription of the data. As a participant, you will be given a numerical code as an identifier. You identity and code will be saved onto an electronic file that will be password protected and only available to myself as the researcher. No name will be stored alongside any transcription data, therefore your responses will be confidential. Should you wish to withdraw from the study, you may do so easily and without questions, until the second set of interview data is being analysed (date to be advised to all participants).

From the beginning of the research process, I will be available to confidentially discuss any questions or concerns you may have. Further discussions can occur with my university supervisor, should you feel it is necessary (contact information below). There will be a debrief session after the data is gathered. The findings of the research will be shared in a whole service meeting, where there will be a further opportunity for discussion. This will not be anonymous however, but will remain confidential to the Psychology Service.

Attached is the consent form I would like to you to sign, if you agree to take part in this study. Please return this to my post tray as soon as you are able and I will contact you to arrange an interview date.

It is recognised that my ability to undertake this study requires a significant amount of professional goodwill. Your participation is requested with the understanding of the pressures your working life brings. I will endeavour to be as accommodating to this as possible. Your consideration of whether you feel you are able to take part is most gratefully received.

Many thanks,

Emily Heath
Trainee Educational Psychologist
University of Birmingham
[redacted]

Nick Bozic
Supervisor
University of Birmingham
[redacted]

APPENDIX 9b: Consent form for participants

Identification code _____

Consent form: EP Practice when working with children and young people who have experienced domestic violence and abuse.

I consent to taking part in this study. This will involve an initial interview lasting no more than one hour, reading and using the guidance provided, and a second interview lasting no more than one hour. Should a suiTable case not be available in my practice within the six week timeframe, I will be withdrawn from the study.

I understand my right to withdraw from the study, up until the data has begun to be supplied).

I understand the levels of confidentiality at all stages of the study, with respect to myself and the data I provide.

Signed _____ **Date** _____/_____/_____

Print _____

Gender MALE / FEMALE

Delete as appropriate (or leave blank if you prefer not to comment)

Years since qualification _____

Trainee EPs please state: TEP

APPENDIX 10: Stages 1 and 2 of Thematic Analysis (Braun and Clarke, 2006)
Example Transcript with codes

R: Um, So just a couple of initial questions then about whether you um have received any formal training on domestic violence or abuse?	CODES:
P: Yes I did, I came here actually I came to XXXX, um it when I was in XXXX and I was supervised by a fantastic senior education psychologist (laughter) XXXX Yeah we had, I think our whole team had a day away and we came to listened to some people who were developing a project here in XXXX City, um and they just talked about some of the work that they were doing, they helped kind of define domestic violence, was the term they were using, they talked about it being much broader than that um they talked a bit about the project work that they did with families and how they had a helpline and supported, um so it's just real early identification, kind of what is it? What do we do? Um, But it did get our team interested in it, in the topic so that's definitely one bit of formal training. Um I guess I 've also kind of had some input from the refuges but that might be more because of my mental health work that I was doing, so whether that would be, that's perhaps come out of that role or that time that I had.	Practice-based training Practice-based training
R: Ok, thank you. Have you undertaken any, I will say informal actions to increase your knowledge, but it doesn't necessarily mean informal, P Oh, ok. R: in your practice? P: Um, so just anything to R: Yeah any reading around it, or	Self-study
P: Oh yeah lots, (laughter) yeah um I am just trying to think where the start of the journey came though really because that might be more interesting than thinking about generic EP type stuff. Um I think it was definitely I had a few cases that came up, um one of a very complex situation, where the mum was very anxious and she only talked about history of domestic violence at the end of a series of work that we'd all been doing, multi-agency working um so that kind of sparked my thinking about sort of some reading around attachment, but more specifically to domestic violence as a topic in itself, but not really in through the EP. journals, it's you know there's the interpersonal violence, the journal of interpersonal violence, that one. Um, And I think that's when I sort of started contacting refuges a bit more and finding out what was happening locally um and then some of the off the shelf books, like there is that Sterne and Poole book that I really like um, I think it's assessing children but it's for schools cos I was thinking, you know I was using a bit of the attachment stuff but thinking yes it is to do with attachment, but what else? Is there other stuff going on? So sort of just dipping into a few things, but that I guess then led me to do it for a topic for my research anyway, so then I did a lot more reading.	Interest derived from practice Attachment theory Attachment theory not enough EP research not covering DVA Self-study Attachment not enough DVA as research topic
R: Fabulous, thank you? Could you just give me a brief explanation of what your understanding of domestic violence and abuse is?	
P: Yeah, wow, gosh how long have you got? (Laughter) um, Well it's a lot broader than people think I guess, so it's sexual, financial, psychological, emotional, um it's between um two people who have a relationship or had a relationship so that might be partners or it could be family members um and it's often over a period of time, um although I believe one incident can be an abusive incident in itself, um but generally domestic violence is a is a sequence of events um and it can go in any direction really, um you know same sex relationships, child to parent or carer um or siblings and it can have devastating effects on relationships and psychological well-being, um I'm just trying to think how else. Am I going on a bit too much?	DVA definition broad Not just physical Partners/family members Consistency of DVA Multiple relationships containing DVA Negative outcomes

R: No no, P: OK R: Well that's ok stop there. OK, I I'm going to ask you a bit about your practice um with children that you know have experienced domestic violence and abuse, so how are you made aware of the domestic violence initially in a piece of casework?	
P: Sometimes it will come from the paperwork, so sometimes in the file they'll be reference to it um and I think that's happening more, I'm finding that more than previously I don't think it'd be mentioned, whether that's to do with the CAF Form, must remember the CAF form actually specifically talks about that issue, there's a few cases I've had in the past where it's been written on a CAF. Um, Or it will perhaps come through, like the case I 'm working on at the moment, the social worker is very involved, it's a looked after child, so it's very much at the forefront of their thinking with this family, um but I would say sometime there's no reference to it at all and it'll be when you're doing a bit of a developmental history, you know when you're perhaps thinking is there anything that might have affected the family, or relationship any change, things like that and then um it's perhaps come up in that way, trying to be quite sensitive when you're exploring because you never know what people are going to say do you, when you're doing a developmental history or a sort of life story, if you like of a child um yeah. So I would say sometimes in the file, the majority of the time it perhaps comes up in actual discussion with the parent. Or carer.	Previous file information DVA info shared more Working with social workers Safeguarding No previous DVA info Understanding child's history Exploring experiences Exploring relationships Talking sensitively Understanding child's history Previous file information Talking with parents
R: Ok, thank you. In your experience how often are these cases arising for you?	
P: Oh, um (pause) it's difficult because I'm so, I am interested in it, the more you think about it then the kind of, you know more perhaps you notice it I guess, but I would say particularly where there's concerns around social emotional behavioural difficulty cases there's generally likely to be some sort of pattern of domestic violence, not not all the time but I would say 70% of a SEBD cases.	EP awareness increases identification Negative outcomes SEBD High prevalence
R: OK thank you, with those those cases that come up then, what are the initial concerns that lead to those referrals?	
P: Often I I feel that it's to do with a child demonstrating externalising behaviour. (pause)	Externalising behaviour as presenting need
R: Are there any, are the other things that you have seen coming up in terms of the referrals as well? P: That I would see, or that come from referral? R: Well yeah the referral is it?	
P: Yeah, ok I would say in the CBII work it may have come from a family member so there might be a concern about the flip side where it might be a child being aggressive towards a parent, that has come up as an issue. Again it's the behaviour the child's showing which you know I feel is often a symptom of the violence isn't it, underlying, but I feel it's often to do with that, or a child at risk of permanent exclusion coming from a school concerned about their behaviour at home, um occasionally a mother concerned about the impact it's had on their child, I have had that, in I think at least two cases which doesn't sound a lot but um definitely where they've actually asked for help, R: In relation to the domestic violence and abuse? P: Yes R: Oh thank you.	Child as perpetrator Negative outcomes, behaviour Risk of permanent exclusion Mother concerned about impact on child
P: Again whether that's linked to my mental health role because I was actually doing that work, but no actually the children's centre one it came from the	Mother requesting support

children centre request and was directed back to me so yeah it came from a mother that one.	Working with children centres
R: Thank you, um so do you think your your work or do you work with children and families where you suspect domestic violence is happening, has that happened	Asking DVA questions
P: Yeah	
R: Do you ask about it directly?	
P: Yes, I do. It's not on my um not on my list of things I'll always come up with but I will always ask about relationships and so I'll skirt around it, not skirt around it, because I will ask the question, so, but I'll guess I'll ask about relationships and change and any loss in that way um and and if I have a thought that there may be an issue then I will ask has there been any domestic violence um. And it's help, you know how you always have this kind of gain for the participant in the research you're doing I am thinking why? Why do I do that? Why not ask it every time now? So yeah ok.	Talking with parents about relationships Change and loss
R: If you get that um idea that that might be happening	
P: Yeah	
R: do you, do you explore it with other professionals that might be involved with the family?	Talking with professionals Working systemically
P: (pause) Sometimes, yeah, so for example some requests came from um children centre workers who were concerned about, there they did some scoping and they felt one of the issues in their community was domestic violence, so they asked for some input from the EP service um and obviously we talk to them about domestic violence and what it was and kind of their thinking as the um children's centre worker, spoke to social workers um family support workers obviously bearing in mind confidentiality so not, um school staff, done training in schools, so talked to them about it, but perhaps again unless it was about a case that they're involved with, more on a gener, general level.	Training other professionals
P: Ok thank you, um (pause) if you were fairly sure it was happening would you be raising it as an issue with with somebody else?	
R: Yeah	
P: in terms of the concerns?	
R: Yeah, definitely, definitely,	
R: Who would you?	
P: particularly if it was actually happening at the time, in the majority of the cases, perhaps I should have said, the majority of the cases I seem to come across it's reported as domestic violence is a historical thing, a thing that happened before and and we're at the point where it's a problem, but it was then that it happened but the problem is behaviour now if that makes sense um and I think I would share it either way, you know, but but definitely, if it was happening in the moment then I'd be on the phone.	DVA often historic Ongoing impact of DVA Safeguarding

APPENDIX 11: Stage 3 of Thematic Analysis (Braun and Clarke, 2006) – Codes moved into themes, and reduced into cohesive groups

	PROCESS		
ASSESSMENT	Scale of violence/abuse	Intensity of violent interactions	
	Relationship-based violence/abuse		
	Mother-child relationship qualities	Quality of parent-child relationship	
	Parent-child relationship qualities		
	Observations of parent-child interactions		
	Talking with the child about relationship with parent		
	Positive interactions. Protective factors	Positive relationships	
	Behaviour management. Parenting style	Parenting style	
	Limited peer relationships	Peer relationships	
	Siblings/other family-child relationships	Other family relationships	
	Talking with staff about relationship with child	School staff-child relationship	
	Power balance in DVA	Power balance in relationships	
	Power balance in DVA	Power balance in relationships	
	Assessing peer relationships (none)	Peer relationships	
	Assessing peer relationships if child isolated		
	Assessing peer relationships as not so important		
	Relational trauma for child	Relational trauma	
	Parent/carer-child interactions	Quality of parent-child relationship	
	Parents understanding of good parenting	Parenting skills	
	Poor parenting		
	Assess according to good parenting		
	Framework for assessing parenting		

	Parents as giving structure		
	Parents as giving nurture		
	DVA affects parenting		
	Attachment difficulties		
	Child-staff relationship	staff-child relationship	
	Exploring relationships	Exploring child's close relationships	
	Nature of close relationships		
	Others reactions to the child		
	Effects of DVA on relationships		
	Quality of interactions		
	Assessing family relationships		
	Understanding child's relationships	Parenting skills	
	Effects on parenting		
	Peer relationships	Peer relationships	
	Bullying		
	Negative outcomes. Child's interactions	Outcomes-interactional skills	
	Parenting styles	Parenting style	
	Psychological control in parent-child relationship	Power balance in relationship	
	Protective factors. Parent-child relationship	Positive relationships	
	Observing parent-child relationship	Quality of parent-child relationship	
	Child-teacher relationship	Child-school staff relationship	
	Child-authority relationships		
	Child-gender relationships	Child's responses to gender relationships	
	Contact with perpetrator	Child-perpetrator relationship	
	Change and loss	Relational trauma	
	Scale of violence	Intensity of violent relationship	
	Play to assess relationships	Exploring child's close relationships	
	Parent-child relationships	Quality of parent-child relationship	
	Observations of parent-child interactions		
	Nurturing relationship in home		
	Observation in home	Child-school staff relationship	
	Observing staff-child relationship		
	TA=child relationship		

	Staff sensitivity to child		
	Observing peer relationships	Peer relationships	
PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4
Intensity of violent interactions			Intensity of violent relationship
		Exploring child's close relationships	Exploring child's close relationships
Quality of parent-child relationship	Quality of parent-child relationship	Quality of parent-child relationship	Quality of parent-child relationship
Power balance in relationships	Power balance in relationships	Power balance in relationship	
Peer relationships	Peer relationships not explored	Peer relationships	Peer relationships
Child-school staff relationship	Child-school staff relationship	Child-school staff relationship	Child-school staff relationship
	Parenting skills	Parenting skills	
Positive relationships		Positive relationships	
Parenting style		Parenting style	
	Relational trauma	Relational trauma	
		Outcomes-interactional skills	
		Child's responses to gender relationships	
		Child-perpetrator relationship	

APPENDIX 12: Stage 4 of Thematic Analysis (Braun and Clarke, 2006) - Phase one- Initial codes, by participant (colour coded), placed into PPCT themes

	PROCESS	PERSON	CONTEXT	TIME
Assessment	Scale of violence/abuse	Impacts of DVA on current behaviours	Mothers having several partners.	Understanding child/family history
	Relationship-based violence/abuse	Testing hypothesis about presenting behaviour	Parent-parent relationship qualities	Age impact what EP does
	Power balance in DVA	Child as witness links with current externalising behaviour	Parents' difficult experiences and impact on parenting	Housing moves. Duration
	Mother-child relationship qualities	Child's learning affected	Parent's understanding of child	Timeline of events
	Parent-child relationship qualities	Observations of the child	Professionals sharing information	Age of child affecting outcomes
	Observations of parent-child interactions	Negative outcomes. depression	Difference environments = different behaviours	Consistency of DVA. One-off or multiple
	Talking with the child about relationship with parent	Negative outcomes. Communication issues	Details of child's DVA experience. Witness v non-witness	Impact of post-DVA experiences
	Positive interactions. Protective factors	Outcomes of DVA. Self-esteem	Housing moves	Post-DVA threats
	Behaviour management. Parenting style	Child's understanding of the DVA	Accessing the community	Chronology of child
	Limited peer relationships	Child's happiness	Home environment	Understanding child/family history
	Siblings/other family-child relationships	Witness v non-witness	Housing (co-occurring homes)	Understanding mother's history
	Talking with staff about relationship with child	Focus often 'within-child'	Complexity of parent-parent relationship	Early family history
	Power balance in DVA	Impact of DVA	Women as helpless	Older children realise DVA not normal
	Assessing peer relationships (none)	Witness v non-witness	Parents fear of social care	DVA as cyclical
	Assessing peer relationships if child isolated	DVA impacts multiple areas	Isolation of hostels	Ages of child affects impacts of DVA
	Assessing peer relationships as not so important	Child fear of being taken back to home	Families in hostels	Outcomes change over time
	Relational trauma for child	Externalising behaviours	Relationship breakdown	Consistency of DVA
	Parent/carer-child interactions	Not engaging with education	Dysfunctional families	Understanding child's history
	Assess according to good parenting	Profiling child	Exclusions and non-attendance	DVA often historic
	Framework for assessing parenting	Acknowledge medical diagnoses	Avoid stressing family out	Ongoing impact of DVA

	PROCESS	PERSON	CONTEXT	TIME
	Parents as giving structure	Observations of social skills, signs of stress	Parents not wanting to talk	Ongoing nature of DVA
	Parents as giving nurture	Informal assessment of child	Poor parenting	Needs stability/ consistency
	Parents understanding of good parenting	Child as individual	Multiple trauma	DVA duration
	DVA affects parenting	Observations of child (none)	Observations of home	DVA start
	Poor parenting	Understanding the child's stress	Comorbidity of experiences and outcomes	DVA ended
	Attachment difficulties	Assessing child's behaviour	Understanding impacts of mothers experiences/behaviours	Age of child during DVA
	Exploring relationships	Assessing impulsivity	Not telling mother impact on foetus	Duration of refuge stay
	Understanding child's relationships	Child as in control	DVA always traumatic for survivor	Stability in child's life
	Effects on parenting	Child as without control	EYs child affected via mother	Environmental consistency
	Peer relationships	Link to later behavioural issues	Scale of DVA	School history
	Assessing family relationships	Child stress	Mother's health	Relationship history
	Negative outcomes. Child's interactions	Criminal behaviour	Cases getting more complex	Understanding child's history
	Parenting styles	Negative outcomes	Parents needs impacting child	Duration of DVA
	Psychological control in parent-child relationship	Negative outcomes SEBD	Multiple relationships containing DVA	DVA as historical
	Protective factors. Parent-child relationship	Externalising behaviour as presenting behaviour	Exploring experiences	Violent partner as having left the home
	Effects of DVA on relationships	DVA informs current outcomes	Risk of exclusion	Discussions with older children
	Observing parent-child relationship	Exploring DVA impacts on child	Mother concerned about impact on child	Time since DVA
	Child-teacher relationship	Impacts of DVA	Mother requesting support	DVA as historical
	Child-authority relationships	Negative outcomes. Internalising behaviours	Involving police	Ongoing affects of DVA
	Child-gender relationships	Protective factors. Child's strengths (within child)	Exploring DVA experience	
	Quality of interactions	Medical needs	Survivors feelings of weakness and guilt	
	Others reactions to the child	Learning difficulties	Nature of DVA experience	
	Bullying	Comorbidity	System's needs affecting child	
	Contact with perpetrator	SAL needs	Multiple homes	
	Nature of close relationships	Communication and interaction	Family position affecting experience of DVA	
	Change and loss	School observations	Housed in refuge	

	PROCESS	PERSON	CONTEXT	TIME
	Scale of violence	School observation unstructured times	Understanding child's experiences	
	Play to assess relationships	Understanding current needs	Triggers for behaviour	
	Parent-child relationships	Child's strengths	Child as witness	
	Observations of parent-child interactions	Child's emotional wellbeing	Child non-witnessing experiences	
	Observation in home	Child not wanting to talk	Details of experience	
	Observing staff-child relationship	Negative outcomes. Behaviour	Mothers experiences of DVA	
	TA=child relationship	Externalising behaviours	Mother meeting child's needs	
	Observing peer relationships	Diagnosis for autism	Understanding child holistically	
	Staff sensitivity to child	Child's emotional wellbeing	How parents coped	
	Nurturing relationship in home	Child's learning	Parental support for child	
		Child's coping	Staff understanding of impact	
		Within child explanations of behaviour	Staff understanding of child's experiences	
		Within child explanations	Staff attributions of behaviour	
		Within-child versus experiences	Play based assessment	
		Understanding child's interests	Parent not meeting child's needs	
		Understanding child's strengths	Observed child in structured environment	
		Child's perception of weaknesses	Observing in unstructured environment	
		Assessing learning	Environment matches ability	
		Protective factors in learning	School resources appropriate	
		Child's weaknesses	School environment appropriate for needs	
		Understanding child's perceptions	Assessing whole school environment	
		Talking to staff about learning	School environment uncomforTable	
		Gathering child's views	Environment causes fear	
		Child's perceptions of DVA	Stimulation in home environment	
		Child's views of triggers	All staff as positive	
		School focused on learning	Parent having time	
		Presenting behaviour can vary	Home chaos	
		Comorbidity	Basic care needs	

	PROCESS	PERSON	CONTEXT	TIME
		Misdiagnosis	Meeting child's needs at home Joined up thinking Home-school relationship Social workers talking with family Parents not understanding impact Parents understanding of impact Parents underestimating impact Social workers as involved if DVA present Attributions of behaviour	
Inter-vention	Intervention. Circle of friends Intervention. Peer support Intervention. Help child to build relationships Giving parent advice on relationship with child Intervention. Theraplay Intervention. Parent-child relationship Intervention. Peer relationships. Circle of Friends Intervention. Increasing social competence Intervention. Family relationships	Staff as making a difference to the child's behaviour Value as EP helping child to understand their experience Value as EP. Minimising impacts of DVA Therapeutic approaches. Responding to child's stress EP as helping the child to engage Explanations of behaviour lead to identifying support Interventions to reduce exclusions Intervention. Raise attainment Interventions to get child to engage Intervention. Group work. SEMH recommendations Intervention. Increasing belonging trust Supporting the child beneficial Meeting emotional needs	Interventions. Working with school staff in consultation Parents decision re: advice Intervention. Working with schools to change policy Value of EP, systemic working Value as EP views of parents and empowering them Value as EP. Helping parent to understand their experiences Value as EP. Giving hope for future Overcome barrier by helping to change culture in schools. Overcome barrier. Helping schools to understand DVA Advice on educational placement Policies hindering access to resources Policy affecting resources Recommending available resources Policy affecting resources Battle for available resources	Stability and consistency for child Stability and consistency for child

	PROCESS	PERSON	CONTEXT	TIME
		Supporting child to engage School systems to support emotional wellbeing Intervention for emotional wellbeing Intervention. Mentor	Intervention. School placement Intervention. Holistic Intervention. Guiding principles EPs as empowering others Intervention. Support others Intervention. Changing procedure Raising profile of DVA EPs giving advice Intervention. Change policy by case precedent Other EPs' role to change policy Transfer to adult services Schools responsible for change Intervention. Advice to stabilise child Increasing awareness of DVA impacts Parent mental health needs Signposting for parent Casework supervision to consider solutions for DVA EP responsibility to support parents Signposting for adults Empowering survivors Parents ready to support child Parents capacity to support child Setting supporting child Mother seeing child's difficulties Sequence of DVA Blame from professionals Responding to other children's needs Intervention to school	

	PROCESS	PERSON	CONTEXT	TIME
			Intervention. classroom Intervention. family Intervention. Systemic multi-agency Intervention DVA training EP role as DVA specialist New EP role created Producing documentation Project work Increased LA funding Multi agency working CAMHS Interventions. Talking with parents Supporting parents beneficial Strengths based work with parents Changing teacher perceptions Enhancing teachers' nurturing Increasing DVA knowledge Raising DVA profile with service providers Making DVA a priority Parents requesting more knowledge Interventions. Class level Supporting school systemically Intervention for parents Signposting parents Sharing alternative explanations EP support positivity Empowering parents Raising awareness of impacts	

Evaluation	**PROCESS** Talking with parents about relationships Theraplay follow up Monitoring relationships with child	**PERSON** Monitoring. Family targets Monitoring. Child targets Monitoring. Reassessing child to identify change Monitoring. Self-esteem Monitoring engagement and attendance Child's voice Monitoring. Talking to carers Monitoring. Talking to social workers Monitoring within-child Monitoring small differences	**CONTEXT** Monitoring. Attend reviews Monitoring. EPs as continuing input Monitoring holistically Monitoring. Talking with child Working systemically Limited monitoring Monitoring. Attending reviews Time for follow up in project work Systems for monitoring School's responsibility for monitoring School's asking for help to review	**TIME** Continuity of EP Monitoring. Requires continuity Monitoring at different timescales EP reviewing periodically Schools monitoring regularly

APPENDIX 13a: Stage 4 of Thematic Analysis (Braun and Clarke, 2006) - Phase one- Initial codes, by participant (colour coded), Knowledge theme

DEFINITION	THEORY USE	METHODS AND RESOURCES	DEVELOPING KNOWLEDGE
		Proformas to gather information	
Not just physical, verbal psychological definition	Attachment theory	Childhood trauma questionnaire	Practice-based training
Not just physical, sexual and psychological definition	Attachment theory. Not Bowlby's	Bene-Anthony relationship test	Self-directed study
Not just physical, sexual and psychological definition	Attachment theory and neuropsychology	Parenting Stress index	Self-directed study (none)
Not just physical, psychological	Attachment theory	Self image profile	Practice-based training (none)
DVA definition broad	Attachment theory	Self-image profile	Practice-based training
Not just physical, sexual, financial, psychological, emotional	Attachment not enough	Solution focused questioning	Self-study
Different types of DVA	Theraplay	Solution focussed approaches	Practice-based training
DVA is abuse	Systemic family therapy	Limited assessment tools	Peer to peer sharing
Threat to safety definition	Post traumatic stress theory	No DVA assessment tools	Self-study
DVA as trauma	Family dynamics theory	Not using resources for assessment	General training info
Children as victims	Baumrind	Need for more DVA resources	Training supporting definition of DVA
Men as perpetrators	Social learning theory	Previous file information	Interest derived from practice
Not always men as perpetrators	Child development theory	Previous file information for assessment	EP awareness increases identification
Men as survivors	Containment	Previous file information	Increasing EP skills, knowledge
Women as perpetrators	Solihull Approach	Previous file information	DVA not understood as being a strong cause of negative outcomes
Men as perpetrator	Behavioural psychology	Limited DVA evidence based interventions	Training other professionals
Men as perpetrators, women as survivors	Neuropsychology	Request for more support re: interventions for DVA	Professionals' lack of DVA awareness
Women as survivors	PCP	EPs as overusing observations	
Woman as survivor	PCP	Observations non valid	Not aware of current DVA literature
DVA not class or culture-restricted	Social constructivism	Observations as artificial	EP research not covering DVA
Not class or culture restricted	Ecosystemic	Observations valuable	DVA as research topic
Psychological control in DVA	Attribution theory	Consultation	
Method of control	Attribution theory	Limited interventions	

DEFINITION	THEORY USE	METHODS AND RESOURCES	DEVELOPING KNOWLEDGE
Prevalence as high. 1/3 Prevalence as high. 60% High prevalence Special schools higher prevalence DVA in adolescent relationships Partners/family members Child as perpetrator Jealousy as cause of DVA Choosing to be violent DVA impacts multiple areas Multiple areas of stress for child DVA as complex issue DVA devastating DVA is everybody's concern Putting DVA in perspective DVA as serious issue Covert DVA Some DVA unknown DVA not primary concern. DVA not the priority Intergenerational transmission Two-way DVA	Cognitive behavioural approaches. Thoughts, feelings, behaviours Psychology as explanation of child's behaviour Theory to understand current behaviour Refer back to psych knowledge if relevant No one theory used No one theory No clear psych theories Not aware of theoretical approaches No time theories No theoretical base for chronology		

APPENDIX 13b: Stage 4 of Thematic Analysis (Braun and Clarke, 2006) - Phase one- Initial codes, by participant (colour coded), Practice theme

EP ROLE	WORKING WITH FAMILIES	MULTI-AGENCY WORKING
Statutory focus of EP work	Sensitivity required in conversations	Professionals intimidating parents
Purpose of the casework	Talking sensitively	Talking Negatively with staff
Statutory assessment agenda	Sensitivity when talking with child	Staff turnover
Purpose of casework	Talking sensitively	Difficulties contacting professionals
Purpose of EP work	Talking sensitively	Barrier. Talking with professionals
Hypothesis testing	Getting the conversations 'wrong'	Barrier. Difficulties in infosharing
Hypothesising	Enabling disclosure	Turbulent workforce
Info gathering	Sensitivity required in conversations	Other professionals work pressures
Multiple hypotheses	Parent sharing information re: DVA	Pressure to exclude
EP role changing	Talking with parents about relationship with child	Barrier. Schools not being inclusive regarding the child
EPs as super teachers	Talking to parents/family about DVA	Barrier. Difficulties working with social workers
EPs are without value		Barrier. Lack of skill sharing with social workers
EPs not teacher	Talking to parents about home life	Competing multi-professional agendas
EP as gatekeeper	Talking to the parents (assessment)	Working with social workers (barrier)
EP monitoring role important	Discussion and explanation of the DVA	DVA not well recorded
Supporting holistically	Talking with both parents	DVA info shared more
Understanding child holistically	Asking DVA questions	Working with social workers
Understanding the child holistically	Families don't want to share	Working with social workers
Prioritising concerns	Talking with family	Multi-agency meetings for assessment
Supporting holistically	Families want to share	Reports from professionals
Understanding the child holistically	Talking with parents	Working with social workers
EP not focused on learning skills/abilities	EP confidence to talk about DVA	Sharing experiences with other professionals
Supervision for DVA		Working with social workers
Casework supervision crucial	DVA specific questions	Triangulate information
Casework supervision lacking	Talking with parents	Talking to school staff (assessment)
Confidence in supervisor	Talking with mother	Talking with professionals for assessment
Peer supervision sharing interests	Talking about DVA	Talking to school staff
EPs sharing and supporting each other	Parents not engaging as too rushed	Talking to professionals as priority
EP role. Just about school	Parents decision re: talking	Talking with school staff
Barrier. EPs with narrow focus	Parents not wanting to talk	Talking with CAMHS for assessment
Balance other's opinions and your own	Barrier. Establishing relationship with parent.	Talking with therapeutic staff for assessment
Tensions between working for child and with adult	Barrier. EPs for child, not adult	Talking with professionals
Developing new skills/procedures to work with adults	Barrier. EPs not experts with adults	Talking with school staff

EP ROLE	WORKING WITH FAMILIES	MULTI-AGENCY WORKING
Develop practice with young women.	Barrier. Addressing adult needs	Talking with professionals
Time limitations to monitor	Not talking to families	Talking with school staff
Financial restraints	Barrier. Not supporting adults, not holistic	Talking with professionals
EP role no time for this work	Barrier. Supporting women	Talking with medical staff for assessment
Limited time for monitoring	Having time to be sensitive	Talking with staff about relationship with child
Changing EP role. Less time	Talking to the child (assessment)	Multi-agency sharing
EP role focused on behaviour	Talking with child sometimes	Professionals sharing information
Limited time for detailed work	Talking with child	Supervision with other professionals
Barrier. Traded work	Talking with child	Working with children's centres
Barrier. Not enough time for this work	Talking with the child	Talking to professionals about DVA
Barrier. Workload too extensive	Not always talking to child	
Overlooking DVA		
Barrier. Time for checking info		
Not enough time		
Time barriers to holistic working		
Barrier. Time to work in detail		
Time constraints of EP practice		
Not independently picking up DVA		
Trying to not let policy hinder good practice		
Reflections on practice		
Policy does guide practice		
EP in marketing world		
Policy doesn't affect EP views		
Approaching casework the same		
Approaching casework the same		