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**Working with Children
with Social, Emotional
and Mental Health
Needs in a Nurture
Group setting:**

**The professional and
personal impact**

Tristan Middleton
International School Psychology Association Conference
Manchester Metropolitan University July 2017

Structure


- Why I carried out the research
- The theoretical framework
- Methodological information
- Emergent research questions
- Findings
- Implications for practice

Why do the research?



To understand the constructed meaning within the professional and personal lives of primary school Teaching Assistant practitioners in response to ‘critical events’ (Webster & Mertova 2007) during their work in a Nurture Group (Bennathan & Boxall 2003)

Theoretical Framework



An ontological framework of the narrative construction of reality (Bruner 1991)

A narrative inquiry approach can capture the qualitative elements of the practitioners' experiences across a passage of time through a connection between the researcher and practitioners. (Alleyne 2015)

What is personal is most general (Rogers 1967 p.26)


Theoretical Framework

The researcher's role is not that of a neutral listener and, as such, the identity and role of the researcher becomes an important and integral part of the research process (Hollway & Jefferson 2001).



If you don't acknowledge your influence, it is like holding a candle to the sun. (Tempest 2016 after William Blake)

The research arrangements




Data collected with two Teaching Assistants working as Nurture Group practitioners, within a single Primary School in a small town in the Cotswolds.

Data gathering over one academic year.

A collaborative, transformative narrative inquiry (Webster & Mertova 2007) approach

The research arrangements - Supervision

Not Clinical Supervision (Beddoe & Davys 2016, Noble, Gray & Johnston 2016)



Rather, a space providing a compassionate (Carroll 2007) and sympathetically aligned researcher, who personally and professionally validates and supports the practitioners, providing a space to explore and express distress related to their work experiences (Hawkins and Shohet 2006). This has an empowering nature (Chappell 1999) and can be used to develop the practitioners' reflective thinking.

Methodology 1



Three Data Collection sections consisting of three phases each, with additional supervision sessions.

Phase A: 45min Supervision Session

Phase B: Transcription shared with practitioners

Phase C: 45min Research Session

Methodology 2



Data Collection Section 1 – Trimester 1



Additional Supervision session – Trimester 1



Data Collection Section 2 – Trimester 2



Additional Supervision session – Trimester 2



Data Collection Section 3 – Trimester 3



Additional Supervision session – Trimester 3


Methodological implications

A narrative inquiry approach challenges a normative view of knowledge and experience (Townsend & Elliott-Maher 2016)

The importance of the interaction between the researcher and the practitioners (Creswell & Creswell 2013) led strongly towards a collaborative methodology (West 2010).

The meeting between researcher and practitioner represents a space for co-composition (Clandinin 2013), then implicates the practitioners as participants or co-researchers (May 1997).


Emergent Research Questions



How does the researcher's 'own story of experience' (Clandinin 2013 p.82) and the 'connection between the participants' (Alleyne 2015 p.40) impact on the practitioners' implicit beliefs and subsequent actions?


What do the practitioners see as key factors in managing their ability to support vulnerable learners?

Understanding the data



An holistic analysis was undertaken (Merrill and West, 2009) tracking the dance between us, and the meaning that made for me in my interpretation of the stories.

Findings



3 key elements of the narrative which illustrate the challenges of working with vulnerable learners linked to the practitioners' professional and personal lives:

- **Motivation**
- **Physiological impact**
- **Entering into personal life and relationships**

Data Findings

Motivation

“... A couple of hours just sat and thought about itthat was me trying to....gee myself up to get in, a come on, come on, we can do this...” (Kerry)

“I think it did affect my practice because I felt like I wasn’t giving all the children 100% what they needed “ (Lilly)

“So just personally I was sort of saying I don’t want to go to work. For the first time in my life, I do not want to go.” (Lilly)

In the context of the practitioner who, in the previous academic year, had been working alone with a ‘challenging child’ and walked the child back to another practitioner having broken her leg.

Findings

Physiological impact: simile

“I started to feel alright about him not being here and now it feels like the band aid has just been ripped off and I’ve started hurting all over again” (Kerry)


“When he left it felt like losing an arm” (Kerry)

Physiological impact

“Even though I was on my knees, I had nothing else to give at the end of the year and I was physically crying, it was my best year” (Lilly)

Findings

Entering into personal life and relationships



*“I mean, I’ve even dreamt of it before I was worried about him the whole time thinking, oh my God, what’s happening to him at home and what’s he doing, is he okay, and yes, even dreamt about being in this room.”
(Kerry)*

*“Quite often I’ll say to my husband, ‘what have you been doing today?’ and he’ll start telling me and I kind of glaze over and then I barrage him with everything.”
(Lilly)*

Findings

Entering into personal life and relationships

“one of my friends said to me ‘God, is that all you do?’ I said ‘What do you mean?’ She said ‘All you’ve done is talk about work.’ ‘What?’ She said ‘That’s all you do, isn’t it?’ ” (Kerry)

“It just makes you negative about all aspects, at home and at school...” (Lilly)

“I said to my son...it’s quite funny, most mornings sort of last term it was quite stressful, I was, ‘come on, hurry up, go...’but actually I feel quite relaxed. We sort of talk to each other in the mornings and we have a bit of a giggle on the way to school now rather than me shouting at him and bellowing” (Lilly)

Emergent findings

1. Critical incidents:

a) Child related

b) Management related

2. Evidence of sessions empowering the practitioners (Chappell 1999)

3. Some key factors which impact on the practitioners' resilience to continue to support the children

Emergent findings

1. Critical incidents:

a) Child related

a) Challenging behaviour was challenging because;

- It evidenced very difficult emotional states for the individual children
- Because it challenged the practitioners' sense of making a positive impact

“I feel like that’s where we’re really coming short with it, whereas we can do the Nurture.... ” (Kerry)

- Because it raised questions about their practice with the school leadership and other staff

“He wasn’t like that until he started coming to you for full-time nurture’.” (Kerry)

Emergent findings

1. Critical incidents:

b) Management related

Management issues were challenging because;

- Practitioners can feel listened to but not heard


“‘nodding dog syndrome’, everything will be ‘Yes I agreethat’s what we need to do next.’ But it won’t get followed through” (Kerry)

- Management demands conflict with the ethos which they have committed to

“Do you want me to build his resilience so he can sit in that classroom unsupported or do you just want me to contain him?”(Kerry)

Emergent findings

2. Evidence of sessions empowering the practitioners (Chappell 1999)




“And I feel happy and I just feel being able to talk and being able... I felt more confident after our chat actually and after reading through some things I said I thought, yes, I am going to say that, in a constructive way.” (Lilly)

““It was almost like I spoke to you about it and then I gave myself a good talking to and I thought, no, don’t go along with things.” ” (Lilly)

Was this as a result of the practitioners feeling deeply heard (Rogers 1967)?

Emergent findings


3. Some key factors which impact on the practitioners' resilience to continue to support the children
 - a) Values / commitment to 'nurture'
 - b) Colleague friendship
 - c) Leadership



"And, actually, feeling undervalued for what you're doing. You know, the occasional 'Yeah, you've done a great job and we really appreciate it' – that doesn't cut it." (Kerry)

"but I don't feel supported. And I think the biggest thing I don't feel supported with is the fact that our head of school used to be our deputy andwe worked together so closely and we had a really good relationship..... Now she's got that thing where you just know she's not really listening.... that really just makes you feel undervalued " (Lilly)

Implications for practice- In order to address the needs of practitioners supporting vulnerable children & young people



A motivation based upon values – a vocation
(Huebner 1996 in Schwarz, 1999, Buijs, 2005) –
may be desirable

Interpersonal relationships between
practitioners need to be considered

A leadership approach which is based upon
listening and honesty needs to be considered

Providing a forum for practitioners working
with vulnerable children & young people in
which to be ‘heard’ needs to be considered

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