A Content Analysis Evaluating the Emotional Literacy Support Assistants Program in Wales

Dissertation in Clinical Psychology

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A dissertation in partial fulfilment of the requirements of the University of South Wales
for the degree of Master of Science
2022

ABSTRACT

The aim of this qualitative study was two-pronged: to evaluate the delivery of the ELSA program in Wales and determine whether it shows fidelity to the ELSA program and to identify the measures used to evaluate the program and determine their robustness. Data was collected from four (4) educational psychologists, two (2) ELSAs and three (3) service level reports from 5 different local authorities across Wales. Quantitative and qualitative content analysis was used to analyse the data and it was found that the ELSA program delivered in the participating local authorities showed fidelity to the ELSA model. Training, supervision, the case types encountered, the length and frequency of the programs were predominantly consistent with the ELSA model, with variations expected in case types and the length and frequency of the program. Support outside of supervision, and additional responsibilities were factors identified that affected the delivery of the program in the participating local authorities. In relation to the evaluation methods used, the specific measures employed were not specified but the use of pre and post measures from multiple sources were identified. These evaluation methods are not without their limitations, but research suggests that they are advantageous in the assessment of social and emotional difficulties once their limitations are taken into consideration.

ACKNOWLEDGEMENTS

"No man is an island." - John Donne

Words cannot capture my appreciation for the people who have remained constant throughout this very trying period. I firmly believe that the completion of this dissertation would not have been possible without a strong support network. For this reason, I am thankful to my supervisors, Dr. Alexis Jones and Dr. Deborah Lancastle for their time and efforts in providing direction throughout this journey. I would also like to thank the other members of my team who helped to make the collaborative stages of this project smooth sailing.

Gratitude is also extended to the co-investigator of this project who facilitated the dissemination of invitations to participate in this study to the Educational Psychologists and Emotional Literacy Support Assistants across Wales. Appreciation is also extended to the participants without whom this project would not be possible.

Finally, I am also most grateful to my family and friends for their prayers, listening ears and encouragement throughout this academic year. They believed in me when I doubted myself.

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INTRODUCTION

Emotional Intelligence

The notion of 'non-intellective' intelligence being as essential as general intelligence has been traced back to Thorndike (1920) who delineated the term "social intelligence," as the perceptive ability to identify and act on the internal states, motives and behaviours of self and others. Weschler (1940) further highlighted the limited coverage of these non-intellective traits or "affective and conative abilities" (p.103) in intelligence tests that account predominantly for intellective factors, but do not comprehensively encapsulate intelligent behaviour. Gardner (1983) then articulated that a person's cognitive and non-cognitive abilities could not be reflected in a single test as an individual has several untapped abilities. His theory of multiple intelligences conceptualised the personal intelligences, where intrapersonal intelligence involves the ability to recognise one's personal emotions, and interpersonal intelligence involves the ability to understand the emotions of others (Salovey & Mayer, 1990; Mayer et al., 2004).

Today, it is evident from the many theories and models that exist, that scientists hold varying perceptions regarding the elements that comprise emotional intelligence (EI; Lobaskova, 2015; Ackley, 2016). This is further compounded by the terms "emotional intelligence" and "emotional literacy" (EL) which are often used interchangeably (Coskun & Oksuz, 2019), but are argued to have subtle differences (Tew, 2007). Additionally, EL is used more prevalently amongst educators in the UK (Coskun & Oksuz, 2019) as EI is pervasively associated with IQ and its corresponding criticisms as unchangeable, independent of the social context and objective (Matthews, 2006). On the contrary, EL is associated with the view that emotional competencies can be taught and developed (Nicholson-Roberts, 2019). However, despite EI being viewed as a pre-existing aptitude that varies from person to person (Mayer & Salovey, 2002), Mathews (2006) argues that the concept can be viewed through different lens, as changeable, since by measuring an individual's emotional quotient (EQ), steps can be taken to enable changes.

Claude Steiner (1979) developed the concept of EL and posited that to be emotionally literate, five primary skills must be mastered. These include knowledge of personally experienced emotions, a sense of empathy, the ability to manage emotions, and

repair emotional damage and then combining these skills to interact effectively. These skills enable an individual to manage their emotions and interact well with others (Nicholson-Roberts, 2019). Similar to Steiner's view, Goleman (1995), in his book, "*Emotional Intelligence: Why it can matter more than IQ,*" popularised the concept of EI, especially in the secular world (Bracket et al., 2011). Goleman (1995) emphasised the view that EI accounts for a substantial portion of an individual's success, as cognitive ability merely accounts for approximately 20%. According to Goleman (1998), EI is a set of learned skills involving the capacity to understand and manage personal feelings, as well as accurately identify and navigate those of others. Through mastery of these skills, individuals are placed in an advantageous position to succeed in all aspects of life. Without the ability to manage emotions effectively, even with intellectual aptitudes, the capacity for productivity and contentment decreases. While his theory has led to increased research into the concept (Neubauer & Freudenthaler, 2005), Goleman's theory itself has received heavy criticism, as it is deemed to be non-scientific and lacking empirical support (Ackley, 2016; Locke 2005; Eysenck, 2000). Eysenck (2000) further asserts that the components of EI proposed by Goleman are uncorrelated and therefore have no utility in the academic field.

Unlike Goleman, Salovey & Mayer (1990), who initially formulated the term EI, engaged in scientific research leading to the development and evolution of their theory (Salovey & Mayer, 1990; Mayer et al., 2002). Salovey & Mayer (1990) defined emotional intelligence as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and use this information to guide one's thinking and actions" (p. 189). Over the years, Mayer and colleagues have refined their conceptualisation of EI to portray a four-branch model comprising of perceiving emotion, using emotion to facilitate thought, understanding emotions, and managing emotions (Mayer & Salovey, 1997; Mayer et al. 2002). These authors argued that EI is derived from the relationship between cognition and affective states, which involves the influence of emotions on thoughts, decision making and the performance of tasks.

A third widely used model was developed by Bar-On (1997), who conceptualised emotional-social intelligence as "an array of non-cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures" (p. 16; Bar-On, 1997). Like Goleman (1995), Bar-On's (1997; 2000) model is

considered a mixed model, as it includes skills, competencies, and capabilities (Lobaskova, 2015) relating to personality, motivation, and affective dispositions (Zeidner et al. (2004), such as assertiveness, stress tolerance, problem solving, emotional self-awareness and reality testing (Bar-On, 2002). This differed from Salovey and Mayer's (1997) ability model which was refined to exclude social-emotional personality traits (Neubauer & Freudenthaler, 2005). However, unlike Goleman's model, Bar-On's mixed model of EI is reported to be more empirically supported (Neubauer & Freudenthaler, 2005). Nevertheless, Bar-On's model has also been illuminated as questionable, as components such as reality testing are considered indirectly related to emotional processes and the overlap with personality constructs, as opposed to abilities creates confusion surrounding the application of the term, 'intelligence.'

To measure the conceptualisations of EI, ability models use performance-based tests (eg. Mayer-Salovey-Caruso Emotional Intelligence Scale; MSCEIT) where a participant's theoretical understanding of EI is evaluated based on their responses to emotionally related scenarios that can either be right or wrong (Connor et al., 2019). Mixed models on the other hand, utilise self-report methodologies (eg. Emotional Quotient Inventory; EQI; Bar-On, 1997) in which individuals assess their own abilities. In addition to the diverse conceptualisations of EI, findings have shown a weak relationship between self-report questionnaires and objective tests of EI (Brackett et al., 2004), which Lobaskova (2015) asserts is indicative of the poor development of the EI construct and the ambiguity in its defined components. As such, both content and convergent validity are compromised, as theorists are unable to agree on the elements of the construct, and measures have failed to converge (Conte, 2005). However, it can be agreed that despite the variations in models, there is consensus among them that EI requires managing and understanding the emotions of self and others (Lobaskova, 2015; Cherniss, 2006). Furthermore, Cherniss et al. (2006) illustrates that while there is agreement that evidence exists in support of the overlap between EI, and other constructs, a considerable amount of research also exists supporting a distinction between these concepts. Ultimately, barring the criticisms and limitations of EI and its associated models, EI has been related to several outcomes including mental and physical health, decreased aggression and substance abuse, as well as, increased academic and job performance (Gutiérrez-Cobo et al., 2016).

Emotional Intelligence, Coping and Wellbeing in Children

Wellbeing, although a complex term, can be defined as the standard of an individual's life, relating to both objective measures such as household income and health, as well as subjective measures, like happiness and life satisfaction (Statham & Chase, 2010). The Good Childhood Report (2020) assesses the subjective wellbeing of children and highlights that since 2009, a percentage of children's mean happiness scores for life in general, school and friends has declined. Although mental illness and wellbeing are independent constructs and low wellbeing does not unequivocally indicate the presence of a mental illness, the possibility of developing a mental illness exists due to low wellbeing (Department of Health, 2014). Furthermore, childhood or adolescence are the stages at which mental disorders commonly initially commence (Kessler et al., 2007).

In 2021, approximately one in six children and young people between the ages of 6 and 23 years were identified with a probable mental disorder (NHS Digital, 2021). With knowledge of the age of onset, issues such as increased disorder severity and decreased response to treatment can be evaded with preventative or early intervention measures (Kessler et al., 2007). Similarly, programs aimed at facilitating the acquisition of social and emotional skills can improve children's wellbeing (Public Health England, 2014). Since children spend most of their developmental years in the education system, the adaptation of this system to incorporate such programs is a practical solution (Clarke, 2020; Public Health England, 2014; Education Wales, 2021), as the capacity for learning can be encumbered by the impact of negative emotional and psychological experiences (Goleman, 1995).

The relationship between EI and coping is crucial as emotions influence mental health and well-being (Fteiha & Awaad, 2020). Weare (2004) articulates that emotional wellbeing is a crucial element of emotional literacy, as it involves the development of emotional and social competencies. Zeidner et al. (2012) also advances that EI affects wellbeing through nurturing adaptive ways of coping with social challenges, stresses, and interpersonal conflict. Through fostering social skills, emotional awareness and internal self-regulation, positive emotions and the ability to develop positive relationships with others increase. On the contrary, the presence of dysfunctional emotions increases the development of mental ill

health and the incapacity to emotionally regulate can affect outcomes in mental disorders such as depression and anxiety (Zeidner, 2014).

Seligman et al. (2009) posits that apart from alleviating depression and improving life satisfaction, well-being should be taught, as it influences better learning and creative thinking. However, it has long been debated that a focus on wellbeing compromises advancement in academic achievement (Clarke, 2020). Nevertheless, arguments have also been made that wellbeing is just as important to a child's development and future as is academic achievement. For instance, Gutman & Vorhaus (n.d.) illustrate that children with high levels of wellbeing are more likely to progress academically throughout schooling and those who have developed positive relationships are far more engaged with their academics. When interviewed, students also acknowledged that wellbeing programs aid them in being a better student and facilitate improved relationships with peers and family (White & Kern, 2018). Moreover, wellbeing and academic data reveal that in comparison to their lower performing counterparts, higher performing students are predominantly satisfied with life, are determined, goal-oriented, high in perseverance, engaged with their academics and feel connected to their peers.

The Emergence of Teaching Emotional Intelligence in UK schools

Despite research illustrating the importance of social and emotional skills, the primary focus in the educational sector since the inception of the national curriculum in the United Kingdom (UK) was ensuring academic success in schools, with specific emphasis on literacy and numeracy (Burton, 2008). However, the government recognised the importance of a more holistic approach to academic success and with a renewed outlook geared towards catering to the social and emotional needs of children and young people, authorised a study in 2002 from which several recommendations were provided to aid in the development of these skills at the national and local levels (Weare and Gray, 2003). These recommendations included prioritising and promoting competence in social and emotional well-being by implementing a holistic approach, which would involve all students within the school, while also specifically targeting children with behavioural and emotional problems. Further, it was advised that the effectiveness of the program relied on teamwork across multiple agencies, involvement from parents and the community, early intervention, and long-term continuation.

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While statistics illuminate the existence of mental health and behavioural problems in children and young people, most emotional issues encountered do not require specialist interventions (Education Wales, 2021). Instead, what is ideal is providing support and the space to foster trusting relationships. A whole school approach helps to create resilience and provides support to young people, aiding in emotional development, as well as the achievement of their full academic and personal potentials (Education Wales, 2021; Children & Young People's Mental Health Coalition, 2021). The wellbeing of teachers and other school staff is also essential to nurturing emotional and mental wellbeing and is considered a key part of the whole school approach, as staff who are motivated, trained and supportive are better able to establish positive relationships with students.

Subsequent to the recommendations of Weare & Gray (2003), in addition to emerging evidence in support of the positive effects of social and emotional learning (SEL) from the USA (Bywater & Sharples, 2012), the Social and Emotional Aspects of Learning (SEAL) curriculum was devised and established initially in primary schools and later, in secondary schools (DfES, 2005; 2007). SEAL comprised of three waves of interventions (Lendrum et al., 2009). The initial wave focused on creating a comprehensive, whole-school philosophy on promoting social and emotional skills. The second wave aimed to deliver short, small group programs to children who were believed to require additional support, while the third wave was intended to provide one to one support for children who required further attention after exposure to programs in the first two waves. The program was based on the premise that the development of children's social and emotional skills would increase emotional intelligence and help them to better navigate interpersonal relationships, enhance academic performance and psychological well-being and reduce disruptive behaviours (Fernandez- Berrocal & Ruiz, 2008). The aim was to create an environment conducive to practicing these social and emotional skills through a whole-school approach that incorporated learning opportunities into the curriculum for students and provided continuing professional development for the staff (Department for Education & Skills, 2007).

SEAL differed from SEL interventions offered in the USA, as it assumed a more flexible structure, as opposed to a more prescriptive approach, wherein schools were encouraged to explore and identify approaches that suited respective priority areas, instead of

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following a particular model (Humphrey et al., 2013). Whereas this adaptability was well-intended to promote autonomy and sustainability, and was welcomed by participating stakeholders (Humphrey et al., 2010), the SEAL program was deemed to have overstated its potential effects and failed to achieve its objectives despite studies that have purported its success (Humphrey et al., 2013).

Although improvements in social and emotional wellbeing were observed by headteachers, teachers and other staff (Hallam, 2009) and small to medium effect sizes were illustrated and maintained at follow-up (Humphrey et al., 2010), findings are viewed with caution for several reasons. For instance, Humphrey et al. (2013) contends that the absence of control or comparison groups in most studies compromised the methodological soundness of studies. Furthermore, it has been highlighted that SEAL failed to evolve or become refined considering various research findings and was even launched nationally in both primary and secondary schools before respective pilot findings were reported. This illuminates the need for proper trialling using preferably randomised controlled trials to ascertain the efficacy of future school-based interventions. Moreover, due to variability in implementation and fidelity, quantitative and qualitative methods are also recommended to inform decision making relating to these processes. Humphrey and colleagues also contend that a framework of evidence-based interventions is recommended that provide a balance between the capacity for the approaches chosen to be well suited to a particular context and the need for the schools to use programs that have been evidenced as effective. Although the program is not actively endorsed by the current government, the resources and approach are still being employed by a number of schools (Humphrey et al., 2013)

The Emotional Literacy Support Assistants (ELSA) Program

The Emotional Literacy Support Assistant (ELSA) program is a targeted intervention involving individualised and sometimes small group programs, with the aim of assisting children to effectively express emotions (Bravery & Harris, 2009). It was developed by Sheila Burton, an educational psychologist, to aid schools in acquiring the competency to provide support to students with social and emotional deficiencies (ELSA Network, n.d.). To become an ELSA, teaching assistants undergo a five-day training program, trained by educational psychologists (EPs) to organise and implement programs to students who require support in areas such as anger management, self-esteem, emotional awareness and social

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skills (Burton, 2008). Other topics are discussed in subsequent sessions or conferences as the initial five-day training is not exhaustive (Burton et al., 2009).

As a part of their role, ELSAs are required to engage in routine supervision from qualified EPs (Burton et al., 2009). This expert support is crucial due to the challenging emotional and behavioural problems that ELSAs may experience while working with children and young people (Atkin, 2019). This differs from the "loose enabling framework" that constituted SEAL which suggested that school staff engage in supplementary opportunities for professional development after initial training to further develop social and emotional skills (p. 4; Wigelsworth et al., 2011). The proposed methods primarily involved utilising pre-existing systems of staff development such as coaching and shadowing or establishing programs within the school delivered by staff or other relevant personnel (DfES, 2007). Another recommended method advised joining a professional development group within the local authority. Whereas the ELSA program has an established model which involves mandatory supervision (Burton et al., 2009), SEAL encouraged schools to explore frameworks that were suited to their specific needs (DfES, 2007). Gedikoglu (2021) argues that high quality training and ongoing support is necessary for staff members to develop self-efficacy and confidence.

Research on ELSA

The ELSA intervention has had favourable outcomes in various studies and has utilised both quantitative and qualitative methods, respectively to observe changes in student behaviour (Nicholson-Roberts, 2019). A preponderance of ELSA research has aimed to quantify the effectiveness of the ELSA program using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the pupil and teacher Emotional Literacy Checklists (ELC; Faupel, 2003) to compare students pre and post-ELSA (Nicholson-Roberts, 2019). The child self-report SDQ for children aged 11-17 years, as well as the parent and teacher questionnaire for children aged 4-17 years allow researchers to examine emotional, behavioural, attentional and peer difficulties, along with pro-social factors. The ELCs on the other hand align with the concepts and aptitudes that the ELSA program aims to develop such as self-awareness, self-regulation, motivation, empathy, and social skills.

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Burton et al. (2009) employed the SDQ with a sample of 107 students and found significant improvement in emotional and peer problems, conduct-related issues and pro-social behaviours, as per teachers' ratings. The children's parents (n=52), on the other hand noted differences pre and post ELSA in the total SDQ score, as well as the hyperactivity scale. After methodological issues concerning comparison groups and generalisability were raised, Burton et al. (2010) reported significant improvements in ELSA students according to SDQ and ELC scores when compared to a waitlist. However, the self-reports from students did not illustrate significant differences post ELSA which was suggested could arguably reflect the lack of transference of ELSA related outcomes to other settings. Furthermore, studies have reported results which show no significant differences post ELSA in students after the intervention, compared to the waitlist using the SDQ and ELC (eg. Mann, 2014). As such, although researchers have made attempts to amend methodological issues, research still provides conflicting evidence, highlighting the need for further research. Moreover, identifying the specific students who benefit from the program and the processes within the program that facilitate positive change are also areas that require addressing (Nicholson-Roberts, 2019).

Due to the complexity of emotions, which could be missed with the use of solely quantitative measures (Nicholson-Roberts, 2019), qualitative data are necessary to provide more in-depth insights into the ELSA program. McEwen (2019) examined the experiences of ELSAs and the children they work with through interviews and found that student participants felt that the ELSA program aided with peer relationships, building self-confidence, speaking about and managing their emotions. In Grahamslaw (2010) which utilised a mixed methods approach, the head teachers expressed that although the outcomes were immediate for some and gradual for others, after receiving ELSA support, children developed confidence, increased self-esteem, and behaved more appropriately. For ELSAs, supervision was highlighted as crucial for the maintenance of the ELSA-student relationship as it gave ELSAs the opportunity to problem solve and discuss cases (McEwan, 2019; Nicholson-Roberts, 2019). The EP also provides insight to aid ELSAs to determine when the problems of a child are beyond their competency level (Atkin, 2019).

Nicholson-Roberts (2019) identified that the support provided by other members of staff within the school, such as the special education needs coordinator and school counsellor,

in respective cases helped ELSAs to feel better able to aid the students. Consistent communication with parents and other staff members was also deemed as crucial to the ELSA program so that progress or lack thereof could be closely monitored (McEwen, 2019). Consequently, a systemic approach in which the school values mental health is noted as crucial to the success of the ELSA program (Fairall, 2020). This allows for the protection of the time and resources needed by the ELSAs to perform their duties, and a comprehensive understanding of the intervention among staff members within the school, which can help to avoid complications relating to the intended application of the intervention.

Emotional Intelligence and Social Relationships

The ELSA program is underpinned by numerous psychological principles that advance the importance of emotional competence in learning environments. The general premise of Maslow's hierarchy of needs (1970), which constitutes ELSA's foundation, is the idea that humans are motivated based on the dominating deficit need. These needs exist in a pyramid and as lower needs such as physiological or basic needs are met, other needs such as psychological needs emerge, as the focus is no longer on fulfilling the previous needs. As it relates to children and education, feeling a sense of safety and belonging mitigates preoccupation with these concerns, thus allowing precedence to be given to learning and achieving (Dodds & Blake, 2015; Burleson & Thoron, 2014). Learning does not occur in isolation but within environments that include teachers, peers, and family members (Durlak et al., 2011).

Salovey and Mayer (1990), Goleman (1995) and Bar-On (1997), in their respective conceptualisations of emotional intelligence, emphasise the importance of both intrapersonal and interpersonal intelligence. Through attuning with the inner self, it is argued that an individual is better positioned to identify deeper feelings that help to inform relations with others (Petrovici & Dobrescu, 2014). Verbal and non-verbal communication skills, competency in collaboration, conflict management and respect are crucial components in interpersonal relations, as these skills contribute to constructive interactions. As such, EI is not independent of the social environment in which it functions (Metaj, 2017). In other words, the ability to adapt within a social context requires a level of emotional competency that promotes prosocial behaviour, empathy, emotional regulation, and quality interpersonal connections (Zeidner et al., 2011). Further, establishing effective connections is underpinned

by appropriate emotional responses (Metaj, 2017), and constitutes an understanding of people's thoughts and intentions (Lopes et al., 2004).

Petrides and colleagues (2006) argue the importance of EI in establishing peer relationships during childhood and proposes that difficulties in this area can result in difficulties with adjusting later in life. Their research found that students with higher levels of EI were characterised as having pro-social qualities such as leadership skills and co-operation, whereas those with lower levels of EI were characterised as displaying anti-social behaviours, such as aggression, dependence, and disruptiveness. In essence, EI is associated with positive social skills, as individuals who are socially competent are able to manoeuvre interpersonal relations by identifying and managing personal emotions and those of their peers, thus possessing the self-control to refrain from self-destructive behaviour (Trigueros et al., 2020).

Furthermore, within a resilience framework, where resilience may be defined as the capacity to adapt in the face of adversity (Masten & Reed, 2002), protective factors such as safe neighbourhoods, quality schools and parenting can aid in the establishment of stable relationships, which is a crucial element of social competence (Vanderbilt-Adriance & Shaw, 2008; Knight, 2007). Social competence, together with emotional competence are argued to be vital to creating resilience (Knight, 2007). Resilient children and young people have been shown to thrive academically, engage in more rule-abiding behaviour, are accepted by peers, and possess normative mental health (Masten & Reed, 2002).

Another theory by which the ELSA program is grounded is Bandura's social learning theory (1977) which advances the idea that behaviour is observed and modelled from social relationships; and the same is true for emotional literacy (Dodds & Blake, 2015). Bandura (1977) argues that learnt behaviours are adapted consciously or unconsciously and although some may be better imparted through reinforcement and punishment, others are more effectively taught through observing models. However, the likelihood of behaviour being imitated is dependent on the characteristics of the observer and the model, respectively (Hallenbeck & Kauffman, 1995).

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In emotion education, it is necessary for teachers to also be emotionally literate in order to effectively model emotions through their interactions with students and other adults (Sorin, 2009; Weare, 2000). A better understanding of personal emotional states, creates the space for exhibiting effective ways of handling emotions, detecting similar feelings in others, and providing students with an authentic experience of teachers as emotional beings (Tew, 2007). When teachers create an atmosphere that allows for the discussion of personal, social and emotional issues, as well as accounts for the ways in which students view success in school, i.e. through acceptance by peers, managing anger, communicating effectively and working as a team, respect and acceptance is fostered among peers and towards teachers, and teachers are able to relate to students in more valuable ways.

Emotional intelligence and Academic Performance

The ELSA program also has its roots in Goleman (1995) who positioned that EI should be included in the educational curriculum as social and emotional qualities increase the chances of a child's academic success (Pickering et al., 2019). Further, Goleman deemed EI to be more important than IQ and argues that the concept provides justification for different levels of academic success (Parker et al., 2008). According to Rode et al. (2007) academic performance and EI are associated due to the ambiguity involved and the level of self-management required. Academics require students to manage a heavy and diverse workload, deal with the various expectations of instructors and balance academic and non-academic related activities. Moreover, with an understanding of the meaning and consequences of emotions, positive emotions can be directed towards performance while negative emotions can be redirected constructively. As such, effectively managing emotions is crucial to academic performance.

Over the years, a preponderance of studies have illustrated a positive relationship between EI and academic achievement. For example, a study of 72 children between 7 and 12 years compared students' self-reports of EI to their academic records at the end of the academic year (Eastbrook et al., 2005). Findings concluded that students in the top of their class scored significantly higher on interpersonal, adaptability and stress management scales as well as total EI, when compared to below-average students. Similar findings were noted in another study by Parker et al. (2004) that also found a positive relationship between EI and academic success in a sample of 667 American students in grades 9-12. Gender or grade level had no effect on the results. In another example, Zahed-Babelan and Moenikia (2010)

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explored the effect of emotional intelligence in predicting academic performance in a distance learning setting and found a positive relationship. It was also concluded that the intrapersonal was a strong predictor of academic achievement in these settings, while interpersonal was the opposite, which was supported by the supposition that distance learning requires a high level of independence and being more in tune with self. Nonetheless, Sanchez-Alvarez et al. (2020) in a meta-analysis of 44 studies with a total sample of 19, 861 secondary school students, found that both intrapersonal and interpersonal influences of EI impact academic performance in aspects such as motivation and teamwork, respectively.

Nevertheless, despite research showing favour of EI's influence on academics, studies have also shown that EI has no effect on academic success. Petrides et al. (2004) explored the relationship between academic performance and EI and found that EI had no effect on academics. However, higher EI scores seemingly predicted better academic performance in students with lower IQs, but as IQ increased, the effects of EI were minimal. Furthermore, increased absences and exclusion from school were found to be associated with low levels of EI. Another study with German students used academic reports to measure the association between academic performance and EI and found that EI did not predict academic success (Amelan & Steinmayr, 2006).

With the inconsistencies in findings, the challenge of being conclusive about the effects of EI on academic performance is evident. However, it must be noted that inconsistencies also exist in the measures used which could account for the different outcomes; for example, the EQ-i (Bar-On & Parker, 2000) in Eastbrook et al., (2005) and the Trait Emotional Intelligence Questionnaire (Petrides et al., 2004) in the study by the same authors. Rode et al. (2007) argues that the wide variety of measurements of EI employed by the various theoretical models of EI and used across studies is a limitation to making conclusive arguments about EI and performance. This aligns with arguments by Conte (2005), who positions that EI measures fail to converge on the same construct and self-report EI measures do not seem to assess intelligence. Nevertheless, meta-analyses continue to illustrate a positive relationship between EI and academic performance (MacCann et al., 2020; Peera & DiGiacomo, 2013; Richardson et al., 2012; Van Rooy & Viswevaran, 2003). The most recent, MacCann et al. (2020) compared the effects of different models of EI and

found that ability EI showed a significantly stronger association with academic achievement.

The Flexibility of the ELSA Program

Although structure can exist, a contentious feature of the ELSA program is its flexibility (Pickering et al., 2019). However, this adaptability is posited as one of its strengths, as ELSA support can be adapted to accommodate the vast array of needs of individual students (Burton, 2008) and was developed to allow schools to utilise their own respective resources (ELSA Network, n.d.). For example, ELSA support was primarily developed to be implemented in primary schools but was subsequently offered in secondary schools (Nicholson-Roberts, 2019). Due to complex timetabling and CYP facing more pubescent-related challenges, the ELSA program requires a level of flexibility to accommodate these differences. Nicholson-Roberts reported that the ELSA projects within the two secondary schools evaluated, were to a large extent, consistent with the guidance provided by the ELSA model, but its flexibility allowed for a pupil-centred approach. On the contrary, Peters (2020) reported a flexible and informal approach provided by some ELSAs that involved ad hoc sessions that were not target-oriented and involved casual conversations, which deviates from the ELSA model.

In addition, while it is also recommended that sessions are planned, Nicholson-Roberts (2019) reported that session adaptations were crucial to accommodate students and their impending needs, as modifications were reported even during sessions. Moreover, whereas the recommended length of the ELSA intervention is weekly sessions for a half a term (Burton et al., 2009), research has found that the number of sessions often extended beyond the standard 6-8 weeks (Nicholson-Roberts, 2019) and could range from a single session to daily sessions for an entire academic year (Bradley, 2010; Balampanidou, 2019). Although extending programs was sometimes necessary due to absences and establishing trust (Nicholson-Roberts, (2019), Peters (2020) also highlights that the unstructured nature of the support that some ELSAs provide results in difficulties ending the intervention, as sessions with no set targets cannot be assessed.

Furthermore, researchers have noted that concerns have been raised regarding how outcomes in ELSA are evaluated (Pickering et al., 2013; Nicholson-Roberts, 2019), as

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comparing the likeness of experiences is challenging due to the bespoke nature of programs implemented (Pickering et al., 2013). Similarly, Nicholson-Roberts found that due to the tailor-made programs designed for individual students, it was difficult to account for changes using standardised measures. Consequently, changes were predominantly determined by the subjective interpretations of the ELSA's impact and arbitrarily decided upon improvement increments on checklists. Ura et al. (2019) argues that there is a dearth of uniformed standards for assessing the effectiveness of social and emotional learning (SEL) interventions and a disparity exists between the SEL skills being addressed and the outcomes measured. Furthermore, in a systematic review exploring the effectiveness of EL interventions, Roberston (2020) reported that self-report measures were deemed unreliable, as children may choose responses based on social desirability or a lack of self-awareness.

Another area of flexibility is that the ELSA program commonly caters to children dealing with a wide array of circumstances such as parental separation, bereavement, emotional outbursts, friendship difficulties, challenging behaviour and anxiety (Burton et al., 2009). As such, programs are tailored to include activities and resources that are appropriate to achieve the intended outcomes. Consequently, supervision and support are deemed important to ELSAs (McEwen, 2019; Nicholson-Roberts, 2019), as developing skills, confidence and competence are crucial to implementing programs, especially those that are flexible (Lendrum et al., 2012). Whereas ELSAs are more self-efficacious when working with children post ELSA training (Grahamslaw, 2010), many admitted that they lacked the confidence to effectively implement the program (McEwen, 2019; Nicholson-Roberts, 2019). Furthermore, due to the diversity of behavioural concerns that ELSAs can encounter and the freedom to design personalised programs, the program content may differ creating the challenge of determining the elements of the program that are successful (Pickering et al., 2013).

Treatment Fidelity and Flexibility

The established practices in the field of education have often been derived from anecdotal evidence, tradition and a collection of professional perspectives (Smith et al., 2007). However, these sources usually lack the scientific rigor required to produce accurate and objective evidence to inform the creation and implementation of effective practices. Research in education requires the application of both efficacy and effectiveness studies to

ensure that potential interventions are effectual in controlled conditions, as well as genuine education settings. To guarantee interventions are both efficacious and effective, it is argued that researchers must accurately deliver the intervention conforming to the implementation steps stipulated in the intervention model. This reflects the concept of treatment fidelity.

As a complex concept, treatment fidelity is widely accepted to be multidimensional encompassing three dimensions relating to content, quality, and process (Sanetti et al., 2021). The content dimension or adherence considers the accurate execution of intervention steps; the quantity dimension is two-fold and includes dosage, which involves the frequency and span of delivery, as well as exposure, which accounts for the frequency and span of time the individual receives the intervention for; finally, the process dimension delineates the quality of the steps implemented. None of the dimensions can capture treatment fidelity in isolation and must therefore be assessed collectively for treatment fidelity to be confirmed.

Assessing and reporting treatment fidelity is crucial for interpreting outcomes in intervention research, as it helps to illuminate whether changes are as a result of the intervention (Sanetti et al., 2020). Notwithstanding, studies still fail to account for treatment integrity within their investigations and consequently diminish the quality of their research. However, due to inconsistencies in the way in which treatment fidelity is defined, measured and analysed, perceived barriers are created and hinder its evaluation (Harn et al., 2013). Roberts (2017) posits that by specifying the key elements of a program model, the processes through which improvements are hypothesised to occur are illustrated. Through the delineation of the important activities that encompass the treatment, the program is better able to be implemented as it was intended, and researchers are provided with a benchmark by which the program can be compared, for the purpose of assessing treatment fidelity.

Dearing (2008) highlights that whereas proponents of treatment fidelity argue the need to make few modifications as possible to maintain success, proponents of adaptation propose that sustainability increases when a program is adapted to suit the needs of the implementers. Yet, to ensure successful implementation, communication of the aspects that are key to the program's observed effects and those that are secondary and can likely be changed without unfavourable effects is recommended. In education, interventions are complex and require consideration of the duration and quality of the intervention, as well as

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the context in which it is delivered (Harn et al., 2013). Furthermore, due to the unpredictable reality of the classroom or school settings, maintaining treatment fidelity is challenging and deciding on an acceptable level of fidelity is further compounded. However, it has been illuminated that fidelity and adaptation commonly coincide and can be valuable to outcomes (Durlak and DuPre, 2008), such as in instances where a program has components that are less specified (Harn et al., 2013). Ringwalt et al. (2003) argues that whereas replication of some parts of a program are necessary, adaptation is inevitable in school-based programs and can result in improved outcomes (Durlak & DuPree, 2008).

Aims of the Study

The ELSA model stipulates that training and supervision are necessary for ELSAs and provides guidelines in terms of the length and frequency of sessions, the types of cases that can be handled and the types of resources that can be used. However, given the flexibility of the ELSA program, ELSAs have the autonomy to create programs that are best suited for the respective cases that they encounter. Furthermore, arguments have been made that the way in which progress is evaluated is often unreliable, as measures are unable to capture the behaviours or skills being measured due to the unique cases encountered and the measures being administered. Also, in some instances changes noted by ELSAs are not generalisable, i.e., not noticed by teachers, parents and students alike. As such, this study aimed to add to the paucity of literature surrounding the ELSA program, specifically in Wales to determine whether the approaches used in the delivery of the intervention show fidelity to the ELSA model. Further this study also intended to identify the methods of evaluation used and to establish whether these methods are robust. The current study was therefore guided by the following research questions:

1) How is ELSA delivered in Wales and does this show fidelity to the ELSA model?
2) How is ELSA evaluated in Wales and are the methods of evaluation used robust?

METHODOLOGY

Overall Design of the Study

Both quantitative and qualitative content analysis were employed to adequately explore and fulfil the aims of the project. Content analysis is "a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (p. 18; Krippendorff, 2004). Kondracki et al. (2002) positions that content analysis involves formulating objective conclusions through a process of codifying and classifying raw data from communicated content, allowing the researcher to easily identify and categorise concepts, theories or other features relevant to the research being undertaken.

Quantitative content analysis took the form of a frequency count with the aim of conveying quantitative information through the enumeration of qualitative data (Neale et al., 2014). This clearly illustrated the patterns that existed in the data, which in turn aided in directing the focus of the study and elucidating the key findings. Directed content analysis, following the steps outlined by Hsieh & Shannon (2005), was then used for qualitative analysis, as a deductive approach was applied with the intention of validating a theoretical framework. In the current study, the aim was to explore the way in which the ELSA program was delivered in Wales to determine whether it showed fidelity to the ELSA model, as well as to identify measures used to determine robustness. The process of content analysis facilitates the possibility of discovering consistencies or contradictions in specific ideas or theories and aids in illustrating the extent to which certain topics are covered (Kondracki et al., 2002). Data was gathered for this study using service level reports and responses from online surveys.

Part One: Audit of Service Level Data

Participants

An opportunity sample was employed to recruit participants for the study. Invitations were sent to the EPs in charge of the ELSA programs in the 22 local authorities across Wales. Ten (10) EPs consented to participating, however service level data (SLD) was only received from three (3) local authorities. SLD-1 reported the evaluation of a research study assessing the effectiveness of the ELSA program in several types of schools (mainstream, specialist,

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through-schools) in the local authority (Appendix A). SLD-2 provided a monitoring and evaluation report which highlighted details relating to the scale, implementation, and impact of ELSA (Appendix B). SLD-3 highlighted the circumstances surrounding inactive ELSAs in the third local authority (Appendix C).

Procedure

Data collection was divided into two parts within this study. Part one entailed the collection of service level data from local authorities across Wales. The co-investigator of this project, a principal educational psychologist of one of the local authorities invited other principal educational psychologists across Wales, on behalf of the researchers, to participate in the study via email. The email invited the EPs to send anonymised service level data to the researchers between June 2022 and August 2022. Two follow-up emails were sent at different intervals during the period, as reminders. Initially, an audit of the service level data was to be conducted to inform the questions that were to be constructed for the ELSAs and EPs. However, due to time constraints, questions were drafted based on a review of the literature, and it was decided that the reports sent by the local authorities would be analysed together with the data collected in part two.

Materials

Within the emailed invitation, a link was provided that gave access to the information sheet (Appendix D) which provided a rationale for the study, information regarding rights as participants and contact information for the researchers so that willing participants could send the service level data. Participants were also encouraged to contact researchers with any questions or concerns. Once participants agreed to participate, their agreement was required via the consent form (Appendix E).

Part Two: Online Survey

Participants

An opportunity sample was employed to recruit participants for the study. Participants included four (4) EPs involved in the ELSA program and two (2) ELSAs. The EPs who

participated in this study were from four (4) different local authorities, while the ELSAs both worked in the same local authority.

Materials

Questions were drafted and approved based on a review of literature for EPs and ELSAs, respectively. The EP survey (Appendix F) consisted of eleven (11) open-ended questions and one (1) close-ended question relating to their experiences in their roles within the ELSA program. Four (4) questions were posed regarding the professional characteristics of the EPs. An example of a question posed to EPs was, "Describe the model that ELSAs are trained to use within your local authority."

The survey for ELSAs (Appendix G) consisted of Fourteen (14) open-ended questions and two (2) close ended questions that inquired about their experiences in their roles as ELSAs. Four (4) questions were posed to gather information about their professional characteristics. One question posed to ELSAs was "In your experience, what are general reasons that children are referred to the ELSA program?" Both surveys inquired about the length of time each participant was working with the program.

The surveys were created using the online survey platform, Jisc. Prior to commencing the survey, participants were navigated to the information sheet (Appendix H) which provided an overview of the research being conducted and information regarding their rights as participants. Participants were then prompted to agree to participating via the consent form (Appendix I) and were then able to access the survey questions. A debrief form was presented to participants upon completion of the survey (Appendix J).

Procedure

The co-investigator emailed a subsequent invitation and links to the respective surveys to the same principal educational psychologists responsible for the ELSA program in their respective local authorities across Wales. The principal educational psychologists were asked to distribute the survey link to the ELSAs within their local authorities and were also invited to respond to the survey for EPs. Data was collected between June 2022 and August 2022, and two follow-up emails were sent as reminders. After the data collection period, survey responses, along with the service level reports were analysed.

Ethical Considerations

Ethical approval was granted by the ethics panel within the Faculty of Life Sciences and Education (Appendix K). The research did not have any major ethical implications, however the ethical considerations outlined by the British Psychological Society (BPS) Code of Human Ethics (BPS, 2021) were taken into account.

To facilitate making an informed decision, participants were provided with the details of the study via the Information Sheet, prior to providing consent. Participants were also notified that their participation was voluntary and that they were free to withdraw at any time during the data collection stage. The last date for withdrawal was clearly stated in the information sheet.

Additionally, subject to the Data Protection Act (2018), participants were informed that any identifying information provided would be anonymised in final reports. It was further indicated that only researchers had access to any identifying information provided, as the data collected was stored on a password protected computer.

Furthermore, it was noted that the experiences of the ELSAs or EPs with the ELSA program may have been distressful to recall. As such, information for services that could be accessed if concerns arose regarding wellbeing were provided. The contact information for the researchers and supervisors, in the event of queries or concerns were also given. Upon completion of the survey, participants were thanked and debriefed, reminding them of the objectives of the project, services they could access and relevant contact information.

Data Analysis

Data was collected through service level data and responses to the online surveys created for EPs and ELSAs respectively. The content of the service level data reports collected were diverse in nature and did not have the same structure as the online survey, therefore they were excluded from the quantitative analysis. Consequently, both service level data reports and survey responses were analysed using qualitative content analysis and only participant surveys were analysed using quantitative content analysis. The decision was also

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made to analyse the manifest content of the text, with the goal of describing what was explicit and easily observable (Kleinheksel et al., 2020).

The application of the quantitative approach aimed to enumerate the existence of words and phrases that illustrated the way in which the ELSA intervention was delivered in Wales, across the participating local authorities (Kleinheksel et al., 2020). A deductive approach was utilised, as the analysis was operationalised and guided by the pre-existing ELSA model. The elements of the model such as the number of training days and frequency of supervision were used only as a guide in the count, as the actual delivery approaches described by the participants needed to be considered. The intention of the project was to compare the general ELSA model to the model applied in the local authorities in Wales. Deductive content analysis is commonly used in instances where existing data is being evaluated in a new context (Elo & Kyngäs, 2008; Vears & Gillam, 2022), in this case, the local authorities in Wales. Table 1 illustrates the a priori codes and their operational definitions.

Stemler (2000) states that it is important that researchers employing frequency counts in content analysis are aware of the use of synonyms throughout the text being analysed. Further, based on context and the different meanings given to the same word, the use of a word may not reflect its intended categorisation. As such, context must be taken into consideration. In the current study, frequency counts were conducted manually across the respective data sets and words relating to the various elements of the ELSA model, such as "half term" along with synonyms or variations such as "half termly" were identified and counted to explore whether there was consistency across the data. The researcher also ensured that the words, numbers or phrases being counted related to the element that was being investigated. For example, the number "6" was identified as being associated with both intervention length and training, therefore the words, "days" and "weeks" were added to reflect the contexts.   Each transcript was re-read to ensure that all possibilities were exhausted. Frequency counts were tabulated for each participant type, i.e., ELSAs and EPs respectively and presented as descriptive statistics in the results section.

Subsequently, qualitative manifest content analysis was employed to further scrutinise the data and organise them into categories reflecting similar meaning (Kleinheksel et al., 2020). The initial coding categories and operational definitions that were applied in the

frequency count and produced using the ELSA model were also used to guide the directed content analysis as per the guidelines proposed by Hsieh & Shannon (2005). Data sets were read and any text that appeared to align with the ELSA model was highlighted. The highlighted text was then coded with the pre-determined codes. However, using an unconstrained coding scheme, which follows an inductive approach (Polit & Beck, 2004), data that could not be coded based on the initial coding scheme and was deemed relevant to answering the research question was given a new code/category (Hsieh & Shannon, 2005). Coding tables were created for each data set. Related codes were organised into respective categories and sub-categories were created using codes showing an association with a specific category (Table 2; Kleinheksel et al., 2020). A category reflects a descriptive level and expresses the manifest content (Vaismoradi et al., 2013). The existing research surrounding the ELSA model guided the discussion in relation to the findings.

Reflexive Account

The researcher's interest in the ELSA program stemmed from first-hand experience interacting with students as a teacher for four years. From personal experience, students who displayed active or passive problematic behaviours had challenging relationships with peers, teachers, administration, parents, and their academics. The way in which their behaviours were handled seemingly strengthened these negative manifestations. As such, the researcher commenced the research with the intention of developing an understanding of emotional literacy and how to approach students dealing with social and emotional difficulties.

However, through engaging with research on the ELSA program and treatment fidelity, as well as being present at a few ELSA training sessions, the researcher's position began to shift, developing a somewhat rigid mindset in terms of the ELSA model and the guidelines provided. As such, it was important to not allow the framework provided to totally bias perceptions and lead to any differences identified being seen as a deviation. The steps of the directed content analysis approach allowed the researcher to approach the data guided by the ELSA model, while remaining open to other codes that may be identified throughout. Rereading the transcript several times before coding also allowed familiarisation with delivery in Wales and the chance to consider nuances, such as the open-door policy. The pre-determined codes which were operationalised by the ELSA model then ensured that the

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researcher remained guided while engaging in the deductive analysis and also helped with identifying aspects that contrasted what was defined.

In an effort to facilitate the possible replication of this study, the coding tables, operationalised definitions, and the steps taken have been detailed to aid other researchers in understanding the approach that was taken. Although ELSAs and EPs experiences may be different, they do share similarities in their respective roles and in their involvement with the ELSA program, as such this further facilitates duplication of the study.

RESULTS

Findings

The data from six participants and two service level reports were analysed in this study. The demographic characteristics of the ELSAs and EPs are presented in Tables 3 and 4. The two ELSA participants worked in primary mainstream schools, one with 18 months of experience, while the other had 10 years of experience as an ELSA. Apart from the role of ELSA, one participant had additional roles as a cover supervisor and learning support officer. Four EPs also participated in the study, with between 6 and 15 years of experience with the ELSA program.

Table 3

ELSAs' Characteristics

ELSA	Type of School	Years of experience	Other roles
1	Primary Mainstream	10	Cover Supervisor and Learning Support Officer
2	Primary Mainstream	1.5	None

Table 4

Educational Psychologists' Characteristics

EP	Years of Experience	Number of ELSAs responsible for
1	14	1000s
2	15	~180
3	6	12
4	8	94

Table 5 illustrates the results of the frequency count of words and phrases identified in the responses to the online surveys. As it relates to training, two (2) participants specified a "5-day" program, while three (3) mentioned a "6-day" program. One participant could not recall whether training was "4 or 5 days." Supervision was referenced as taking place "once a term" or "half termly" by four (4) participants. One (1) participant mentioned that supervision

sessions were "ongoing," while another communicated that there were "4 per year." However, only two (2) participants specified that supervision involved "2-hour" sessions.

Case types varied, but both ELSAs communicated encountering, "bereavement and loss," "social and friendship related issues," "anxiety," "autism spectrum disorder (ASD) behaviours/ traits" and "anger issues." Three (3) EPs brought up ELSAs encountering "complex cases," but did not specify what these entailed.

Regarding the frequency of interventions, two (2) participants communicated that sessions were scheduled weekly, however only one (1) participant mentioned that sessions usually took place for "30 minutes to an hour." Finally, the length of the program was specified to occur for a minimum of "6 weeks" by three (3) participants, but two (2) participants provided a range of 6- 8 weeks and 8-10 weeks, respectively.

Table 5

Frequency count of words and phrases operationalised by the ELSA model

Codes	Frequency Count		
Training	EPs (n)	ELSAs (n)	Total (n)
4 days	-	1	1
5 days	1	2	3
6 days	3	-	3
Supervision			
half term; half termly; once per term	3	1	4
4 per year	-	1	1
Ongoing	1	-	1
2 hours	1	1	2
Case type			
Bereavement & loss	1	2	3
Complex cases	3	-	3
Self-harm	1	1	2
Mental health	1	-	1

Social/friendship skills	1	2	3
Transgender child	-	1	1
Anxiety	-	2	2
Self-esteem	-	1	1
Anger issues	-	2	2
ASD	-	2	2
Trauma	-	1	1
Attachment issues	-	1	1
OCD behaviours	-	1	1
Lack of emotional control	-	1	1
Behavioural problems	-	1	1
Frequency of intervention			
½ day per week	1	-	1
One a week	1	1	3
30 mins- 1 hr	-	1	1
Length of program			
6 weeks	1	1	3
6-8 weeks	1	-	1
8-10 weeks	-	1	1

Using directed content analysis as delineated by Hsieh and Shannon (2005), three (3) categories with associated sub-categories were constructed from the survey responses, as well as the service level data (SLD) reports. The overarching categories include: 1) elements of the intervention, 2) requirements for implementers and 3) other factors affecting deliver.

Category 1: Elements of the Intervention

Student case types

ELSAs encountered a diverse range of social and emotional difficulties when students were referred to them. The common case types between the two ELSAs included *"...anxiety... self-esteem.... anger issues and bereavement."* Both ELSAs also mentioned children who were directed to them with autism spectrum disorder (ASD) or traits thereof. ELSA-2

detailed that the underlying issues with the *"ASD behaviours"* encountered were their inability to *"recognise social queues and [the] struggle to get along and make friendships with their peers"* (L39-40; Appendix L). However, ELSA-1 particularly found these cases challenging:

> *I do have a number of ASD children referred to me too, which is something that I find incredibly difficult to approach. I am always very aware that I could say/do the wrong thing and then make a situation worse.* (L56-57; Appendix M)

In addition, ELSA-2 also encountered cases that were not mentioned by the ELSA-1 including, *"attachment issues,"* *"OCD behaviour"* and *"self-harm."* While the underlying issues of these cases may be related to the emotional literacy skills ELSAs are trained in, three of the four EP participants mentioned *"the ever-increasing complexity of needs of the children that [ELSAs] are working with"* (EP-4, L16-17; Appendix N) as one of the issues that is brought up frequently during supervision.

Evaluating changes in children

Both EPs and ELSAs highlighted the use of multiple sources to determine the child's needs pre-ELSA and evaluate whether there had been improvements in students post-ELSA. Before the intervention began, both ELSAs, described a system of referral in which individual students were identified by a class teacher, as well as possibly a parent or guardian, in one case, as needing support. Subsequently, ELSAs gained relevant *"background information"* from these individuals to develop a picture of the issues that the child was facing in order to determine the areas of focus for the child's program:

> *...I will give the class teacher a questionnaire for them to fill in looking at all aspects of the child's emotional wellbeing.... When the child comes to work with me, the first thing I ask them to do is to complete a pupil questionnaire, which, along with the teacher questionnaire, gives me the knowledge to know what areas we need to work on.* (ELSA-1, L69-70; L71-74)

ELSA-1, SLD-1 and all four EPs also mentioned the use of pupil and teacher questionnaires prior and subsequent to the programs. SLD-1 reported that the *"pre and post questionnaires... utilised a Likert scale to gather perspectives from... the pupils... the [class teacher]and ELSA"* (L34-36) with the aim of gathering quantitative evidence. Qualitative

evidence was also collected using "*case studies and pupil feedback forms.*" EP-3 and EP-4 also shared that ELSAs used these qualitative methods.

Despite the use of the identified methods, EP-4 noted that some ELSAs raised *"difficulties evaluating their work, so they know that they're making a difference"* as a concern during supervision sessions and EP-1 recommended the need for *"more standardised pre and post questionnaires"* (L35; Appendix O). Nevertheless, improvements were usually generalisable, as both ELSAs shared accounts of positive changes being observed by both teachers and parents. For example:

> *One child displayed frequent hand washing /going to the toilet constantly behaviours. Class teacher was concerned as behaviours were so extreme. After about 10 sessions, I spoke with mum and class teacher and the child had stopped these repetitive behaviours.* (ELSA-2, L62-65)

> *Another parent thanked me for helping her daughter to know how to cope with her anxiety problem. She had seen a marked improvement in her daughter, and obviously, whilst some things still made her anxious, she was much more relaxed and as a direct result a much happier child both at home and in school.* (ELSA-1, L96-100)

Additionally, the study reported by SLD-1 showed: *"a significant positive increase in CYP's wellbeing following the 6-week ELSA intervention from CYP, as well as the class teacher and ELSA perspective."* (L38-39)

Length and frequency of program

There was variability in the length of individual programs and the frequency at which ELSAs saw their students for. *"[Six] weeks"* was identified among five of the data sets, including SLD-1 and SLD-2, as the minimum number of weeks an intervention was conducted for. However, ELSA-2 communicated that children often required support for *"a lot longer."* Although it was unclear how much longer children usually received this support for, ELSA-1 specified a range of *"8-10 weeks"* and EP-3 specified a range of *"6-8 weeks"* (Appendix P).

As it relates to how often ELSAs see students, two participants, ELSA-1 and EP-3, indicated that children *"have one session a week.* However, both ELSAs also mentioned that all students in the ELSA program were given an *"open door policy where they can come and chat if they need to"* (ELSA-2, L59). ELSA-1 also described a case with a student who was seen *"2 or 3 times a day as I was the place he went [to]when he was struggling in class."* (L123-124)

Category 2: Requirements for Implementers

Training

The quality of the ELSA program was facilitated by the compulsory training of ELSAs; *"[t]he impact/success of the intervention is based on the skills of the individual ELSA"* (EP-4, L35-36). Similarities in most of the responses of both ELSAs and EPs confirmed that ELSAs engaged in a minimum of 5, maximum of 6 days of training to aid in the implementation of *"bespoke interventions."* In the same breath, ELSA-1, EP-1 and EP-4 also respectively agreed that there was a need for *"more in-depth training," "wider CPD opportunities for trained ELSAs"* and "*more opportunities for experiential learning."* ELSAs particularly mentioned that additional training was needed in *"trauma and attachment issues"* and LGBTQ+ related issues, respectively.

Supervision

Another mandatory element in the ELSA program was *"ongoing supervision with the link EPs."* EP-2, EP-3, EP-4 and ELSA-1 detailed that supervision occurred once a term or *"every half term."* However, two EPs expressed issues with ELSAs attending supervision, as "not all ELSAs turn up to supervision consistently" (EP-2, L33; Appendix Q). In addition, since the Covid-19 pandemic, ELSAs were reluctant to engage in online supervision.

SLD-2 described that supervision was used *"to ensure the needs of [the] most vulnerable pupils are being met appropriately and to provide support for ELSAs who are working with these vulnerable and demanding pupils"* (L20-22). ELSAs also acknowledged that supervision was used to *"ask questions,"* share *"best practices...ideas and new resources,"* as well as *"pick other ELSA's brains about any issues..."* that they faced.

Although both ELSAs agreed that supervision was *"effective"*, ELSA-2 expressed that, *"in an ideal world, new ELSAs may benefit from one-to-one sessions..."* (L31-32). EP-4 also agreed that "*higher levels of supervision"* are needed *"in the first few years as an ELSA"* (L50-51).

Category 3: Other Factors Affecting Delivery

Additional support outside of supervision

Outside of mandated supervision, ELSAs had concerns or issues that they required assistance with. In these instances, ELSA-1, EP-3 and EP-4 communicated that ELSAs had *"email access to their EP."* In addition to this, both ELSAs received support from other ELSAs. ELSA-1 was *"put... in contact with another ELSA who might have had to cope with a similar issue in the past"* by the link EP, while ELSA-2 sought the support of another ELSA that worked in the same school: *"I have another ELSA in the school so I can bounce ideas with her and share any issues. I have found this support invaluable"* (L34-35).

Furthermore, schools displayed a lack of adequate support for ELSAs which hindered the delivery of the program. "*Money for more resources [and] a dedicated quiet private space is vital for this work"* (ELSA-2, L81-83), however, three EPs confirmed *"not having a room to provide the ELSA intervention in"* was an issue that ELSAs commonly raised. In addition, it was communicated that ELSAs felt that *"more interest from management…"* was needed along with "*more respect from teaching staff"* (ELSA-1; L117-118). *"Other staff not [being] fully aware of what the ELSA role is and isn't"* placed a burden on ELSAs, as ELSA-1 articulated that *"sometimes I feel that I am being used as respite for the class teacher who is struggling with the child's behavior in class"* (L59-60).

Additional roles

ELSAs, EPs and SLD communicated that ELSAs sometimes had other roles apart from their role as an ELSA, which hindered their ability to perform their role as an ELSA. SLD-3 reported that one reason for inactive ELSAs in schools in a particular local authority was *"staff shortages due to covid"* which resulted in ELSAs having to cover for other staff members. Additionally, ELSAs were also *"delivering literacy interventions"* (L11; L24). ELSA-1 who reported being a cover supervisor and learning support officer," also disclosed having to substitute due to staff shortages causing programs with children to be extended to

"almost all year." EP-1 confirmed that these additional roles resulted in *"lack of time to plan and prepare and deliver"* (L19-20).

EPs had mixed views about the additional roles of ELSAs. EP-3 communicated that some roles could be advantageous to the ELSA role, for example, *"some [ELSAs] are family liaison officers which is helpful to gain family trust."* (L21). However, some roles could also be disadvantageous as *"ELSAs are most effective when they only see their child in the context of the ELSA session"* (L22-23). EP-1 also felt that the fidelity of the program could be compromised since ELSAs sometimes incorporated their other roles into the ELSA intervention.

Inclusivity

In one of the participating local authorities, SLD-2 reported that, *"five ELSAs from four welsh medium schools have been trained as ELSAs, four of which are still in post"* (L28-29). As one of the languages spoken in Wales is Welsh, the same local authority reported establishing a Welsh-medium network for ELSAs to facilitate the program being delivered to schools that teach in Welsh:

> *A South Wales Welsh-medium ELSA network was set up on the Hwb by Newport EPS, where ELSAs can share resources in Welsh. Resources which have been translated into Welsh have been put onto the Hwb. To date, 16 ELSAs have joined this network.* (SLD-2; L31-32)

However, one school in another local authority reported a desire for *"Welsh language resources"* (SLD-3; L63).

Discussion

The aim of this project was two-fold: 1) to evaluate the delivery of the ELSA program in Wales and determine if it shows fidelity to the ELSA model and 2) to identify the ways in which the program is evaluated to determine whether the measures used are robust. As for the first research question, although all data sets were not comprehensive in providing a picture of the way in which the ELSA program was delivered in the respective local authorities across Wales, the information that was provided shows that there is fidelity to the ELSA model. The case types, length, and frequency of the program in the current study illustrated

the variations that can be encountered during the delivery of the ELSA program. Yet, the social and emotional difficulties that ELSAs encountered were predominantly areas that ELSAs were trained in, and program lengths specified were within the standard number of weeks set in ELSA guidelines. Further, the number of training days and frequency of supervision were also for the most part consistent with the model. Nevertheless, participants also highlighted aspects such as support, additional responsibilities and a lack of adequate resources that affected the delivery of the program in the participating local authorities.

Moncher and Prinz (1991), the first psychologists to propose guidelines to enhance treatment fidelity, recommended that implementers are adequately trained for treatment delivery and are provided with ongoing supervision. Guidance for introducing the ELSA program in local authorities stipulates that the five to six days of training and subsequent ongoing supervision by qualified EPs is non-negotiable (The ELSA Network, n.d.). Like the ELSA model, five to six days of training and supervision every half-term were consistent elements for ELSAs in the local authorities in Wales included in this report. Borelli (2012) argues that training should be regulated to ensure the same amount of training is provided to all interventionists. This is crucial as competency in delivering the intervention facilitates adherence, an important element of treatment fidelity. Moreover, continuous support post-training should involve constructive feedback through supervision and continuing education to increase implementer competency (Borelli, 2012), which was also evidenced through the responses of some participants. However, a few participants further communicated the need for supplemental supervision for new ELSAs, which Borelli (2012) advises should occur immediately after training and decrease with time as implementers show competency in delivering treatment.

Training should also promote flexibility through imparting the theoretical underpinnings and justifications for a treatment's components, so that an implementer has the capacity to make adaptations with different patients and simultaneously adhere to the underlying theory (Borelli, 2012). This is crucial to the ELSA program as Burton (2019) encourages the adaptation of interventions to ensure appropriate and relevant resources are applied to meet the needs of the students. Although participants did not communicate the topics or areas provided in training, the variety of cases encountered by participating ELSAs illustrated the need for this flexibility. Nevertheless, the social and emotional difficulties that

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ELSAs managed in the local authorities in Wales, such as problems with regulating temper and children who had difficulties recognising social queues or developing peer relationships, were congruent with the areas that ELSAs are trained to implement interventions for (Shotton & Burton, 2019). However, it is noteworthy that ELSAs highlighted several areas in which they felt they needed training in. Although The ELSA Network (n.d.) does not compromise on training that covers important psychological theories, as well as good practices, local EP services have the autonomy to modify training content to suit the local demands. The areas of need identified by the ELSAs could reflect areas that may have been overlooked or newly emerging issues. This could mean that research is needed locally to determine the areas that should be covered in training and that the training content may require updating to address these problems. On the contrary, the student cases that ELSAs desire training for, such as dealing with LGBTQ+ children may very well be cases that ELSAs are trained to manage, as the underlying issues these children may be facing may pertain to social and emotional difficulties, such as anxiety and rejection by peers (Olson et al., 2016; Coulter et al., 2021). However, training to sensitise ELSAs on these areas can facilitate the development of positive attitudes, self-efficacy and skills such as active-empathetic listening when working with these children (Coulter et al., 2021).

As it relates to exposure, i.e., the length of the program and the amount of instruction provided (Capin et al., 2017), programs were predominantly planned for a minimum of six weeks but could be extended for a longer period (eg. 8-10 weeks). Although only one participant specified that students usually received approximately 30 minutes to an hour, both ELSAs referred to providing all their students with an open-door policy. Burton (2019) provides the advisement that the ELSA program should be seen as time-limited to facilitate the development of specific skills. However, informal support can be maintained temporarily after the acquisition of these skills for students who require a gradual withdrawal of support. Furthermore, schools are discouraged from setting a specific time period as pupils' needs may require varying program lengths and limiting time may hinder outcome achievements.

While there is leniency in the amount of exposure students can receive, it creates questions in relation to fidelity, as ELSA programs are generally expected to last from a half term to a term (ELSA Network, n.d.). Sanetti et al. (2021) posit the importance of differentiating between program drift and program adaptation. Whereas adaptation involves

purposeful amendments to the features of the intervention, i.e., its content or processes, program drift involves unarranged deviations from the intervention model. Cook et al. (2022) suggests that this drift often occurs within patient-centred interventions that require great attention to detail. The open-door policy provided to students, places ELSAs at risk of ignoring subtle nuances in these unplanned sessions, thus affecting the integrity of the program. This in turn could have the potential of negatively affecting outcomes. Additionally, the open-door policy means that children are allowed to access the ELSAs whenever they want to, which in essence increases the number of sessions they are exposed to. Although there is still uncertainty, it has been found that interventions targeting individual outcomes such as self-esteem were neither more or less effective in short or long-term programs (Mertens et al., 2020). As such, it is argued that short term programs may be better suited.

In addition to the aforementioned features that constitute their roles as an ELSA, there were other aspects noted by the ELSAs and EPs that affected the delivery of the ELSA intervention in the participating local authorities. For example, outside of the stipulated supervision, ELSAs required additional support. To ameliorate this, both ELSAs relied on the insight of other ELSAs. Although only one ELSA specified that there was another ELSA presence in the same school, Burton (2009) outlines peer support as a blatant advantage to having more than one ELSA working in the same school. This provides the opportunity for collaborative problem solving, the exchange of ideas and discussion of programs. To improve implementation within educational institutions, Sharples et al. (2018) recommends complementing professional support with peer-to-peer collaboration. ELSAs access to other ELSAs in the present study was communicated as being very useful.

Furthermore, ELSAs in the participating local authorities were observed to sometimes have additional responsibilities which influenced the delivery of the ELSA program. The decreased amount of time that ELSAs had to prepare and implement the ELSA program due to the added responsibilities was corroborated by Bradley (2010) in findings that illustrated that the average amount of time that ELSAs worked in their role per week varied and was complicated by additional roles that they were employed in, within their schools. Similarly, schools in the current study failed in some instances to provide the resources necessary for ELSAs to fulfil their roles. van Geel et al. (2017) advances that change in a schooling system is often inhibited by a lack of resources, and teachers being expected to accomplish other

duties while executing new tasks. However, desired changes necessitate time and other relevant resources to incorporate new programs into a pre-established system. Guidance provided by the ELSA Network (n.d.) stipulates that besides agreeing to release ELSAs for supervision every half-term and providing a specific amount of time weekly for ELSAs to fulfil their roles, schools are also contractually obligated prior to the training of ELSAs to create a budget for resources and provide an appropriate space for intervention delivery. However, ELSAs and EPs in the current study stated that this was a shortcoming that they encountered. Consequently, dialogue between all stakeholders is crucial in order to facilitate commitment and responsibility to eliciting change and the involvement of senior leadership is key to allocate the required resources (Belli, 2016).

In reference to the second research question, identifying the measures used to evaluate the ELSA program and determining their robustness, most participants referred to the use of pre and post questionnaires from multiple sources. However, the specific measures were not widely identified. This may be due to the vast array of social and emotional difficulties that are primarily complex and compounded by different manifestations in individual students, requiring the possible use of different measures (Ura et al., 2020; Belli, 2016). Further, there is a paucity of suitable measures in social and emotional learning due to a lack of consensus in the field regarding which measurements and constructs are appropriate for use when assessing children's social and emotional skills (Halle & Darling-Churchill, 2016; Ura et al., 2020; Humphrey et al., 2011).

Barblett & Maloney (2011) highlights the complex nature of this domain, as social and emotional skills include elements relating to personality, feelings, temperament and behaviour. Disputes arise from attempting to determine which aspects to assess and the criteria that should be employed when assessing these skills. Furthermore, Jones & Doolittle (2017) argue that the commonly broad focus of social and emotional learning (SEL) measures that look at mental health and behavioural outcomes, as opposed to the specific SEL skills illustrate a lack of correspondence between the skills being targeted by the intervention and the outcomes being measured. As such, using measures that are commensurate with the skills being taught in the intervention provides a better picture of the effects of the intervention. This could account for the challenges reported by an EP that ELSAs face in making attempts to evaluate the outcomes of the program and not being able

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to conclude whether there were improvements. However, it is not clear whether the issue with evaluation lies with the measures employed or identifying observable changes in pupils.

Nevertheless, like in the current study, before a child receives support, it is crucial to obtain baseline data to facilitate goal setting and comparing changes that may have ensued during the intervention (Belli, 2016). Burton (2019) underscores the importance of collaboration with others who have knowledge of the student to aid in the planning of the outcomes or aims of the intervention, which is evident in the current study as ELSAs gained insight from the students, teachers and parents, in some instances. This is corroborated by Child Trends (2014) who recommended a measurement approach involving teacher and student surveys in a review of measures that assess social and emotional skills of pupils in elementary school. However, it was advised that student surveys are not administered to children who are in grade levels lower than 3rd, as these younger students may not have the capacity to understand the motivations behind their behaviours and report accurately. This is an important consideration for the ELSAs in this study as they work in primary schools.

As it relates to self-reports or pupil surveys, policy developments have emphasised the importance of accounting for the child's perspective (DfES, 2003). However, as reported in Burton (2010) and Mann (2014) significant differences are not identified in student self-reports, which gives rise to the question of the effectiveness of the program. One disadvantage of the pre and post-test evaluation is that due to the implicit nature of an intervention, which is to elicit improvement, an effect thereof is that the individual develops a different perception of the issue being targeted throughout the intervention period (Karltun, 2006). This change in schema in turn affects the individual's personal assessment of self, using pre and post measures with the same standardised questions. Golembiewski (1976) referred to this as a "beta change" and Howard et al. (1979) first ascribed the term "response shift bias," which involves the recalibration of the individual's conceptualisation of the variable being measured. Consequently, the possible overestimation of pre-test information produces difficulties in evidencing actual changes in self-report measures.

Unwin et al. (2018) consider both self and informant reports as unreliable as they rely on an individual's judgement to report typical behaviour, which is subject to bias and social desirability. However, Humphrey et al. (2011) argues that it is advantageous to triangulate

measures of social and emotional skills from multiple informants to overcome self-reporting challenges. The Strength and Difficulties Questionnaire (SDQ; Goodman, 1997) was identified as one of the measures that ELSAs had received training on. This measure has been administered in both clinical and community samples and has been evidenced as having the sensitivity and specificity to identify the presence of social and emotional difficulties (White et al., 2013; Theunissen et al., 2019). Although there is no specific mention of its application by ELSAs in the current study, the SDQ has been evidenced as showing significant improvements in ELSA students in most areas at follow-up through teacher reports (Burton et al., 2010). However, despite its pervasive use, and its satisfactory psychometric properties, such as internal consistency, test-retest reliability and construct validity (Muris et al., 2003), the SDQ has been found to be less accurate in its ability to discriminate mental health problems in community populations, as opposed to clinical populations (Vaz et al., 2016; Stone et al., 2010). Due to the fewer number of people in a community population with psychosocial problems, this is concerning as the SDQ should be attuned to differentiating between individuals at risk and those who are not (Stone et al., 2010), as in the ELSA program. Further, studies have illustrated the sole use of the teacher's version when assessing ELSA students (Bravery & Harris, 2010; Burton et al., 2010), which according to Vaz et al. (2016) may be suboptimal, as the SDQ may demonstrate clinical utility best when there is agreement between teachers and parents on specific items. This implies that it could be more effective to use a multi-informant approach.

When assessing social and emotional skills in children, it is important to note that due to the differences in the contexts within and across the families and schools, the needs of the child may differ contextually (Mudarra et al., 2022). Despite the discrepancies often noted in the ratings provided by these different informants, i.e., teachers, parents and pupils, variances reflect different experiences and perceptions of the child's needs. Meta-analytic research by Achenbach et al. (1987) and De Los Reyes et al. (2015) corroborates this and reports that discrepancies are not necessarily indicative of psychometric weaknesses. Low to moderate correlations between the various sources of reports on children's mental health differed due to higher comparability between sources observing from the same context, as opposed to informants who reported from different contexts. Additionally, less agreement between informants was found when reporting on younger children versus older children and reporting on internalising behaviours as opposed to externalising behaviours. As such, these

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considerations should be taken into account when analysing the data from multiple sources. Despite this, multiple sources are seen as appropriate for the evaluation of social and emotional competencies, as the comprehensiveness of data provided by the different informants facilitate the tracking of the child's needs across contexts and aids in formulating optimal interventions (Mudarra et al., 2022). This is evident in anecdotes provided by ELSAs who noted that the improvements in the children they worked with were evident at home, as well as school.

Implications

Due to the small-scale nature of the current study, the implications that follow are only based on the findings herein. Further research is required to determine if these findings are pervasive across Wales and the resulting implications relevant. As it relates to the delivery of the ELSA program, it seemed that additional support was required outside of mandated supervision especially in the case of new ELSAs. Sharples et al. (2018) advises that research shows the most effective approach may be structured peer to peer collaboration, with a clear focus on positively influencing student outcomes. As such, the ELSA program may benefit from establishing such a group with clear objectives, content, and processes to provide continuous support to ELSAs, especially outside of half-termly supervision.

Additionally, between the ELSAs and EPs, it was noted that schools failed to comply with obligations to provide the resources necessary to facilitate the effective delivery of the program. Though the aim is not to penalise schools and in turn hinder students from receiving support, schools should be made to comply with these expectations as they are buying into the program, illustrating some level of need, or understanding of the value of the program. A lack of resources and uncooperative leadership can inhibit implementation (Ramussen et al., 2020). As a result, inspections should be scheduled, a few months after ELSAs are trained for schools new to the ELSA program and at regular intervals thereafter (eg. annually) to ensure that schools have created the capacity to support the continued implementation of the ELSA program. Alternatively, the Educational Psychology Services may stipulate that schools construct annual reports to show how they have allocated resources to the program. With checks and balances established to ensure ELSAs have access to the recourses they need, fidelity to the program is more likely to be maintained.

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Finally, to mitigate the issues of self-reports, ELSAs may consider the pre-post and then-measurement model, which involves a retrospective measurement that is provided at the same time as the post-measurement, to determine whether the individual's views of self are recalled similarly to before the intervention (Terborg et al., 1980). This can aid in conclusions being made about the effects of the intervention that are based on differences between the pre- and-post measures. Although there are still disadvantages such as reliance on recall, as well as the fact that self-reports rely on subjective estimations, retrospective measurements provide a better assessment of the individual's perception of change as it is provided from a more informed frame of reference due to the knowledge gained from the intervention (O'Leary & Israel, 2013).

Limitations and Future Research

The current study is not without its limitations therefore, findings should be considered accordingly. For example, as a result of time constraints, the capacity to solicit further participation was hindered which resulted in a small number of participants. Additionally, the two participating ELSAs worked in primary mainstream schools and the same local authority, thus their approaches may not reflect approaches in other types of schools (eg. secondary, specialist schools, etc) and other local authorities. Consequently, generalisations cannot be made to all local authorities in Wales.

Further, the use of an online survey as the data collection method hindered the researcher from asking follow-up questions or clarifying questions that may have been unclear, resulting in inconsistencies in the depth of responses and participants articulating their uncertainty in relation to the meaning of some questions. Additionally, as this was a retrospective study, ELSAs and EPs had to rely on their memory to respond to questions which could have affected the validity of responses (Hipp et al., 2020). Some participants seemed unsure or could not recall certain aspects of the ELSA model/program. This could be interpreted to mean that omission of certain areas in participant responses were not reflective of the absence of that element in practice, but the opposite may also be true.

In light of these limitations, future studies should attempt to recruit more participants and may benefit from employing the use of semi-structured interviews to capture more in-depth data, such as the specific types of measures used, the issues that ELSAs may have

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faced with the measures, and whether the measures capture the skills being taught. Furthermore, the use of an observational study involving the use of recorded ELSA sessions could also aid researchers to assess the fidelity of delivery in practice and "real time," thus providing a more accurate reflection of the delivery of the program. A longitudinal study may also be employed to determine whether students who take advantage of the "open-door policy" show more improvement than those who do not access ELSAs or access ELSAs less outside of scheduled sessions.

Conclusion

Participants' accounts in this research study illustrate that the delivery of the ELSA program in the participating local authorities in Wales were reflective of the ELSA model in terms of crucial, non-negotiable elements, and its adaptable features. There was predominant consensus among participants regarding training and supervision, while the types of problems ELSAs had to manage, as well as the length and frequency of programs conformed to the model and guidelines provided, with several variations. Nevertheless, delivery of the program showed fidelity to the ELSA model but was sometimes hindered by other responsibilities held by ELSAs within their schools, and the unfulfilled obligations of the schools to allocate the necessary resources. Additionally, support outside of supervision was a communicated need and the help of other ELSAs was seen as instrumental.

Finally, it is unclear what specific measures were employed by the ELSAs in this study to evaluate their interventions, and therefore it is difficult to conclude whether they are specifically robust. However, multi-informant pre and post questionnaires were identified. These types of evaluations are not without their limitations and ELSAs should therefore be mindful when administering them. However, pre and post questionnaires allow ELSAs the ability to track changes in children at different intervals and the multi-informant approach provides ELSAs with a comprehensive picture of the child's behavioural manifestations in various contexts, thus providing useful information for the implementation of interventions and about changes or improvements that were made.

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 (Children & Young People's Mental Health Coalition , 2021)