

School practitioners' perceptions of the impact of Intensive Interaction on the emotional wellbeing of pupils with severe intellectual disabilities and autism

By

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Abstract

Although, people with this dual diagnosis are more likely to have difficulty achieving emotional wellbeing, there is a paucity of research regarding the emotional wellbeing and mental health of this cohort. The study's four aims were to explore: educational practitioners' perceptions related to whether interactive style promoted the emotional wellbeing for pupils with autism and SID; how those perceptions are effected through training on recording changes in wellbeing; the practitioner's perceptions related to their professional responsibility to promote wellbeing; and, to influence policy and practice in the research setting. The eleven practitioners were active teachers and teaching assistants in one special school which was attended by pupils aged 7-19 with intellectual disabilities. This project used semi-structured interviews before and after training on wellbeing to enable the practitioners to create a narrative of their experiences working with their pupils. Reflexive Thematic Analysis was used to create themes which were linked and compared.

The practitioners perceived that using the principles of Intensive Interaction fostered child-centred practice based on a deep understanding of the pupils and developed both trusting relationships and emotional regulation. Amongst the study's significant findings is the prominent and novel place of relationships based on trust which was understood to be developed by the use of imitation in interactions and being available for the pupils. The study found that the practitioners viewed the promotion of wellbeing as their primary professional responsibility, over and above the promotion of academic progress. After the training, the practitioners' views had changed in a number of ways. The practitioners' conceptualisation of wellbeing became broader and included specific components such as safety and security. Additionally, the practitioners' understanding of regulation changed from seeing it as co-regulation using one-to-one interaction in the moment, to viewing it as self-regulation led by the child over a longer period of time.

The study has a number of implications for practice. Due to the central role of relationships in the findings, the school should ensure consistency of staff in classes and the maintenance of small class sizes. The school should ensure consistency in interactive style, by understanding pupils' attempts and communication and promoting wellbeing at home and in school. Staff would benefit from being given additional training on interactive strategies and recording levels of pupil wellbeing. The school should increase meaningful staff involvement in school-wide decision making on policy and practice, including teaching assistants.

Dedication

I would like to dedicate this thesis to the children and young people with whom I have worked over many years.

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List of abbreviations

Abbreviation	Full form
AHT	Assistant head teacher
ASC	Autism spectrum condition
ASD	Autism spectrum disorder
CA	Capabilities approach
CIA	Critical incident analysis
CoP	Code of Practice
CPD	Continued professional development
DfE	Department for Education
EHCP	Education health and care plan
EP	Educational Psychologist
FoC	Fundamentals of communication
FoC2	Fundamentals of communication (2)
GTA	Grounded theory analysis
HT	Head teacher
ID	Intellectual disabilities
II	Intensive Interaction
IPA	Interpretative phenomenological analysis
IPEW	Individual profile of emotional wellbeing
IQ	Intelligence quotient
MID	Mild intellectual disabilities
NC	National curriculum
PECS	Picture Exchange Communication System
PII	Principles of Intensive Interaction
PMID	Profound and multiple intellectual disabilities
PTSD	Post-traumatic stress disorder
QCA	Qualitative content analysis
RIO	Recording Intensive Interaction Outcomes
RTA	Reflexive Thematic Analysis
SCERTS	Social Communication Emotional Regulation and Transactional Support
SEND	Special educational needs and disabilities
SID	Severe intellectual disabilities
SLD	Severe learning difficulties
SLT	Senior leadership team
TA	Thematic analysis
TEACCH	Treatment and Education of Autistic and Related Communication Handicapped Children

Chapter 1: Introduction

1.1 Research aims

This study aims to explore the perceptions of practitioners working with people with the dual diagnosis of severe intellectual disabilities (SID) and autism. The study aims to explore their perceptions on the extent to which interacting in specific ways promotes emotional wellbeing for the pupils. The study intends to develop a sense of how training on wellbeing changes practitioner perceptions. An additional aim of the study is to use the results in decision making related to policy in the research setting. This chapter sets out the key terminology used in this study. The research rationale, political context and the research context of the study, including a statement of positionality is also presented.

1.2 Key terms and terminology

Autism is a neurological and developmental disorder currently defined as consisting of two elements (Happé, 2019, 45): first, “persistent deficits in social communication and social interaction across multiple contexts”; and, second, “restricted, repetitive patterns of behaviour, interests, or activities”. Various terms are used in relation to autism, such as autism, autism spectrum disorder (ASD) or autism spectrum condition (ASC). The Diagnostic Statistical Manual 5 (APA, 2013) and the International Classification of Diseases 11 (WHO, 2019) both use ‘autism spectrum disorder’ (ASD).

The inclusion of ‘disorder’ can be seen as offensive as it ignores the view that autism is a natural part of human variation (Happé, 2019). It has been suggested that ‘disorder’ should be replaced by condition (ASC) (Baron-Cohen, 2000). However, ‘condition’ suggests that people are disabled by their condition, and not by barriers that exist in society (Kenny *et al.*, 2016). There is no universally accepted terminology for autism in the UK (Kenny *et al.*, 2016). Self-

advocates often report preferring identity-first terminology such as ‘autistic’ or ‘autistic person’ because autism is seen to be an inextricable part of an individual's identity (Brown, 2011). This usage replicates language structures that are commonly used for other identity labels such as ethnicity, for example, ‘Sikh person’ rather than ‘person who is Sikh’ (Brown, 2011). In this way, it includes the person in a wider community by highlighting the community they belong first (Kenny *et al.*, 2016).

Alternatively, person-first terminology is sometimes preferred by people without autism, for example professionals, who see the person first and the condition second and therefore use terminology such as ‘person with autism’ (Bradshaw *et al.*, 2021). The terms ‘autism’ and ‘autism spectrum’ have been found to be the least polarising terms amongst autistic people (Botha *et al.*, 2021). The difficulty in relying on the reported preferences of lived experience is that people with autism and SID do not often participate in studies due to their intellectual and communication needs. The term that is used in this thesis is ‘autism’ or ‘person with autism’ because the term recognises the person first and autism second. These terms are also more inclusive as they recognise autism as normal variation in humans by excluding the words disorder and condition.

The terminology that researchers and practitioners use when discussing ‘disability’ is of significant importance. It denotes who a society thinks of as disabled and this changes over time (Cluley, 2017). Therefore, it also tells us about societal perceptions of what abilities people *should* have and the skills and tasks they *should* be able to perform (Brown, 2007). Intellectual disabilities are given meaning through social interpretation. The spectrum of intellectual disabilities is usually divided into three or four levels of severity, which are themselves ranges: mild and moderate (MID), severe (SID) and profound (PID) (Lee *et al.*, 2022). There are various definitions of these labels but they are generally accepted as useful ranges on a spectrum. Intelligence quotient (IQ) scores are sometimes used to define the ranges of ID. The precise definition of SID is contested shown by the fact that the scores that are used vary between countries. For example, Brown (2007) writes that an IQ score of less than 35 or lower indicates SID in the USA. In Australia, a score of 40 or below is used to define SID (Buckley *et al.*, 2020). In the UK education system, IQ is not used in the definition of SID. As the research setting is in the UK, in this study, only the UK definition will be used.

The definition of SID given by the Department for Education (DfE) shows how the intellectual disabilities can be seen as socially interpreted:

Pupils with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. Pupils with severe learning difficulties will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum) (DfE, 2003, online).

This definition is a good example of how the labelling of a certain group is guided by society's expectation of what a person should be able to do independently. Labelling can be seen as a positive thing for people with SID as it informs schools of their needs and directs them to areas requiring support. Using any term for a disability can be seen as exclusionary. However, there are benefits such as obtaining legal protection as a minority group and gaining assistance (Brown, 2007). For example, providing a child with a label such as SID makes it more likely that they will be given an education, health and care plan (EHCP) and therefore be given additional educational funding. The UK government report that less than 1% of children in the UK have SID, around 29,492, but that small percentage makes up 12% of children and young people with an EHCP (PHE, 2020). However, this may be an underestimate as the statistics are only based on those with a formal EHCP (CeDR, 2008).

The term 'learning difficulties' is used widely in the UK and is used by the UK government (PHE, 2020) and therefore in schools. The UK government began using the term 'learning difficulties' to denote intellectual disabilities in 2001 (Gates, 2001). The term 'learning disabilities' has also been widely used to mean learning difficulties in the UK for decades (Cluley, 2017). The term intellectual disability (ID) was first widely used in the USA (Brown, 2007) but has been used globally for some time (Mittler, 1995). The term ID is seen as progressive in that its use acknowledges social barriers but also takes into account the individual (Cluley, 2017). Additionally, it separates the idea of an ID from specific learning difficulties such as dyslexia, which is useful in the UK where terms are often used interchangeably (DfE, 2018). For these reasons, the term intellectual disability is used in this study.

In this study, the definition of emotional wellbeing includes two core components which are emotional regulation and the development of meaningful relationships. Throughout this study, emotional regulation is understood to include reflecting on one's own emotions, regulating one's own moods and states of arousal, expressing emotions, either voluntarily or involuntarily, understanding to and understanding others' emotions (Prizant *et al.*, 2006; Hewett, 2018). Meaningful relationships are understood to be based on attunement and secure attachment as well as feelings of safety and security (Fox *et al.*, 2020). There is a full conceptualisation of emotional wellbeing in Chapter 2.

The discussions in this study will centre around people of school age with a dual diagnosis of severe intellectual disabilities (SID) and autism. Throughout this thesis, these terms will be used consistently. There are some exceptions to this consistency, for example where another author's direct quote has been used. The terms used for both SID and autism are debated in the literature. As such, varying terms are used by different authors in the literature.

1.3 Rationale for the study

A recent study found that people with ID and autism are often excluded from research (Russell *et al.*, 2019). Around 50% of people with autism also have ID, but only 6% of 100,000 participants in autism research in 2016 had ID (Russell *et al.*, 2019). This provides a clear rationale for research including people with the dual diagnosis. Many studies have found an increased prevalence in mental ill health and negative emotional wellbeing for people with autism (Ghaziuddin, 2005; Karim *et al.*, 2014; Purkis *et al.*, 2016), ID (Soltau *et al.*, 2015) and the dual diagnosis (Bradley *et al.*, 2004; McCarthy, 2007; Bakken *et al.*, 2010; Underwood *et al.*, 2010; Bishop-Fitzpatrick and Rubenstein, 2019). These last five studies found increased likelihood of difficulties in this area for people with the dual diagnosis when compared with people with autism without ID and with the general population. The reasons given for this increased prevalence are common feature of the dual diagnosis, for example, social and communication difficulties (Enfeld *et al.*, 2006; Dossetor and Vannitamby, 2013). Additionally, there is a relative paucity of research regarding people with the dual diagnosis of autism and ID.

Throughout this study, the right to emotional wellbeing for people with the dual diagnosis is seen as a matter of justice. In this way, schools, as state institutions, are seen to have a responsibility for promoting emotional wellbeing. These philosophical assumptions are grounded in Nussbaum's capabilities approach (CA) (2006, 2011). Within CA (Nussbaum, 2006), all people have a claim to justice regarding the development of emotional wellbeing and the fostering of relationships for this purpose. Given these philosophical assumptions, the question of how schools can do this arises.

There are various pedagogies associated with people with the dual diagnosis. This study uses the transactional model (Prizant *et al.*, 2006; Sameroff, 2009) to frame discussions around interactive pedagogies which promote wellbeing. There are multiple studies which show that interactions between two people can impact on wellbeing (Gerstein and Poehlmann-Tynan, 2015; Shosha and Al-Kalaldehy, 2019). The transactional element of social communication has been used to promote emotional regulation for people with the dual diagnosis in schools through a programme called Social Communication Emotional Regulation and Transactional Support (SCERTS) (Prizant *et al.*, 2006a, 2006b).

Intensive Interaction (II) (Nind, 1996) is a commonly used interactive approach in schools. II is an appropriate focus for this study for the following reasons. II scholars assert that the intervention promotes wellbeing (Hewett, 2012; Nind, 2012). The development of relationships is key to II as well as being central to the conceptualisation of emotional wellbeing in this study. It is possible then, that elements of II as an interactive approach could enable access to claims of justice seen in CA for people with the dual diagnosis; which is the focus in the study. Additionally, II is an accessible strategy for schools as it requires only a communication partner to be successful. II was used in the research setting before this study took place but it was not used to promote positive wellbeing. The focus of II in the school was to develop early communication skills such as eye contact and turn taking.

1.3.1 Political context

The past two decades have seen wellbeing become more prominent in the areas of politics and policy. Key projects include *Every Child Matters* (DfES, 2003), *Healthy minds: promoting emotional health and well-being in schools* (Ofsted, 2005), *Promoting Emotional Health, Wellbeing and Resilience in Primary Schools* (Banerjee *et al.*, 2016) and mental health first aid

(Wise, 2019). Most recently, there is a cross-government initiative being planned called the *Mental Health and Wellbeing Plan* (DHSC, 2022).

Under the current legislative framework, schools must promote wellbeing, for example under the Education and Inspections Act 2006 (UK Parliament, 2006). Cowburn and Blow (2017) argue that this framework applies only to maintained schools which means that the majority of secondary schools are not included. This is not the case, as the schools' inspection framework also applies to non-association independent schools (Ofsted, 2019).

Within the specific context of education for children and young people with special educational needs and disabilities (SEND), all schools are held to account by the Code of Practice 2015 (DfE/DoH, 2015), whether they are maintained or otherwise. The Code of Practice requires that local authorities must enable links between healthcare, social care and education where it is believed that such links will benefit positively on the child's wellbeing (DfE/DoH, 2015). If a school is deemed to be neglecting SEND "pupils' personal development and wellbeing" (DfE/DoH, 2015, 267) then a complaint can be made to Ofsted who can use the complaint as grounds for an inspection. Furthermore, the Rochford Review (Rochford, 2016, 17) recommended that the four EHCP areas, including social, emotional and mental health, should be the "focus of statutory assessment for pupils with severe... learning difficulties". However, it is important to note that the definitions used by Rochford do not align with standard definitions that this research will use. Rochford (2016) refers to pupils who are not engaged in subject specific learning.

The DfE (2011, 25) report that "SEN status is the strongest predictor of a deterioration in wellbeing for boys and girls." More specifically, there are studies which suggest that there could be a greater prevalence of negative emotional wellbeing among children and young people with SID and autism than in the general population (Bradley *et al.*, 2004; McCarthy, 2007; Bakken *et al.*, 2010).

1.4 Research context

This study took place at a special needs school in the UK that catered for 250 pupils aged 7-19 with mild SID and MID as well as autism and physical disabilities. Around half of the pupils had a diagnosis of autism and ID. Through the course of the study, there were approximately seventy pupils with the dual diagnosis of SID and autism. Over fifty members of staff worked with pupils with this dual diagnosis.

The school employed a class-based primary model of education where pupils would spend the majority of their time with the same staff members. The school was split into three pathways. One pathway provided education for pupils with MID. Pupils in this pathway aimed for paid employment by the end of their schooling. The second pathway was designed to provide pupils with functional skills and the opportunity to access work-based learning. The third pathway included the majority of pupils with SID. Staff in this pathway were based in one class. Staff members working with pupils with SID worked with the same pupils for up to five years, and were familiar with pupils' routines, family context and learning profiles. Intensive Interaction was used in the third pathway only. All staff in this pathway had received accredited II training. Class teams had agency over when, how and with whom to use II. All staff members had a digital tool with which they were to record II sessions. The school's pupil population and staff body made it appropriate for this study. The pupil population included those with the dual diagnosis of autism and SID. The staff population were appropriate as they worked with the pupils and were experienced in interacting with them.

During this study, the head teacher and senior team changed, and so did the attitudes and practices present in the school. There was wide variety of pedagogical strategies used in the school before and after the change. After the change, there were low levels of accredited training on pedagogies that were delivered to school staff. Instead, staff members taught their peers specific strategies that they had learnt through accredited courses. After the change, the school placed greater importance on the emotional wellbeing of the pupils. As an example of how much importance the school placed on promoting wellbeing, the school employed two educational psychologists to train staff, support parents and pupils. Despite this, the school and its staff did not have a working definition of emotional wellbeing.

1.5 Statement of Positionality

I have worked with children, young people and adults with autism, SID and the dual diagnosis and their families for over ten years. After working with families, children and young people as a support worker in a charity, I learnt quickly that I viewed the education of people with SEND as a vocation. In this time I have developed close working relationships with them and been responsible for their wellbeing and learning. As such, I have experienced the pupils' moments of joy and crisis alongside them. I have experienced the frustration and upset that comes with seeing a person you care about become isolated and experience mental health difficulties. As an assistant head teacher (AHT), I had the responsibility and the privilege to meet regularly with parents and carers and observe dozens of teachers and teaching assistants in their practice. The way that I have understood the impact of education and life's challenges for people with the dual diagnosis has come through discussion with family members and professionals. These discussions have created a narrative and shared understanding of the pupils and their lives. This understanding could not be achieved through simply observing practice as it was lacking key contextual information and meaning. In turn, I have used this understanding to influence policy and practice on a school and local level. It was this experience that led me to this study.

During the study, I was employed in various capacities by the school in which this research took place. In the initial planning stages of the project I was employed as a middle-leader with responsibility for curriculum design for pupils with SID and had full responsibility for a class of pupils with autism and SID. When I began to refine the project and write substantive chapters, I was employed as a senior manager, with responsibility for staff members' day-to-day roles. During the participant recruitment and data collection stages, I was employed as an assistant head teacher and, therefore, was part of the senior leadership team (SLT) with responsibility for whole school strategy, policy creation, continued professional development and recruitment, but did not have a class of my own. I was no longer employed by the school during the writing up stage of the study as I wanted to change career and now work as a university lecturer.

When I led classes of pupils with autism and SID, I used a variety of pedagogical approaches in different combinations. I have taught using II and have seen that it can make a positive impact on a pupil's development. However, I have also seen that it is less effective for some pupils and

that some staff are less confident in implementing it than others, as with all classroom strategies. As AHT, I observed the practice of multiple teachers and teaching assistants and discussed their perceptions of pedagogical strategies on a one-to-one basis and in groups. Some of these discussions included their thoughts on II and they tended to be positive about its potential worth, although this perceptions was certainly not universal.

1.6 Research overview

As written above, discussions with staff members and families have framed my thinking over years of working with people with the dual diagnosis. People's perceptions of the world are valuable when they are shared in that they create knowledge and a foundation for action. Perceptions should therefore be included in research. To this end, phenomenology (Padilla-Diaz, 2015) as an underlying philosophy for research and as a methodology is appropriate for this study. I am aware, or at least I assume, that the peoples' perceptions are interpreted by those who receive them. In the context of research, this means that I consider the researcher as being inseparable from the research and the interpretation of data at the analysis stage. For this reason, hermeneutic phenomenology will be used in this study. Hermeneutic phenomenology studies human experience through their interpretation of the phenomena they experience (Padilla-Diaz, 2015). The participants in this research will be those people who know pupils with the dual diagnosis in an educational context. The intended object of phenomenological research is a written report (van Manen, 1990), this thesis. In this report, the data is presented thematically (Sloan and Bowe, 2014). These themes show shared concepts across the data, as interpreted by the researcher. As such, this study uses reflexive thematic analysis within a qualitative paradigm.

In the next chapter, the philosophical foundations for the study will be explored in further detail and key literature will be reviewed. Following this, the methodology chapter outlines philosophical assumptions and provides justifications for methodological choices, discusses credibility and trustworthiness and ethical considerations. The results and some initial discussion are then presented in six themes. This chapter is followed by more substantial discussion where the results are grounded in the existing literature. The final chapter concludes

the thesis and presents limitations, recommendations for future research and an outline of the study's contribution to knowledge.

Chapter 2: Literature review

2.1 Introduction

This chapter gives an overview of the relevant literature, highlighting gaps and trends which are used to construct the research questions for my study. This study assumes that people with SID and autism are owed an education that promotes their emotional wellbeing as a matter of justice and is grounded in Nussbaum's Capabilities Approach (CA) (Nussbaum, 2006) which gives the philosophical foundations for the study's assumptions regarding education. Emotional wellbeing is found to consist of emotional regulation and meaningful relationships. Within this review, it is identified that people with SID and autism are more likely than neurotypical people to have difficulties around emotional wellbeing, which provides a justification for the research topic. Following this, the trend in the literature that education can be used to provide support for wellbeing through pedagogical strategies is explored. It is found that interactive strategies can be framed by the transactional model and can promote wellbeing. The literature provides the justification for focusing on pedagogical strategies that involve one-to-one teaching based on interaction. The role of the adult is central to these strategies, providing justification for the adult's inclusion in the research questions. Finally, it is found that training has a generally positive impact on adult perceptions around mental health.

The chapter explains the literature search strategy for the study and provides the conceptualisation of wellbeing that will be referred to throughout this study. After this, the chapter is split into five sections where key literature relating to the topic is explored.

2.2 Search strategy

The literature search strategy for this study was iterative in that I repeated searches throughout the study. This was especially important given that the study lasted for four years. The searches

were done within the electronic databases available through the University of Birmingham. These databases included FindIt for general searches as well as databases specific to education as a subject, for example, EBSCO Education Databases, Educational Research Abstracts Online and PsychINFO. Search terms were developed based on the focus of the study. Key terms included “wellbeing” AND “learning disabilities”, “SLD” AND “mental health” AND “education”. Due to differences in terminology between cultures, searches were repeated with specific terms replaced, such as replacing ‘learning difficulties’ with ‘intellectual disabilities’, ‘ASD’ with ‘ASC’ or ‘mental health’ with ‘emotional wellbeing’. Other search terms included “perceptions” AND “training” AND “mental health” AND “intellectual disabilities”.

Papers were included in the review when they related directly to the research topic. The searches aimed to find papers related to mental health and wellbeing of people with autism. Searches initially aimed to find papers on ID and autism as a dual diagnosis but papers were kept where participants had either ID or autism. When there were limited relevant results, the searches were expanded. For example, a search for the transactional model, mental health and autism produced limited results. Therefore, papers on the transactional model and mental health related to other diagnoses were included, such as attachment disorders. Similarly, searches did not produce results on the impact of mental health training on people working with people with autism and ID. In this case, the search was widened to include mental health training in schools more generally. Additionally, where the most relevant work on a topic lay slightly outside of the research focus, it was included. For example, literature focused on people with ID but not necessarily SID was included when there were no papers including people with SID specifically. Additionally, papers were excluded when their focus was on adults.

Searches were contained from 1990 until 2022. When returning to the literature after the data collection, further studies were added to the review and more recent policies were added to the contextual information given in the introductory chapter. The research papers were critiqued and compared against each other.

2.3 Education for people with the dual diagnosis

There are various conceptions of education for people with SID and for people with the dual diagnosis of SID and autism. Some conceptions are grounded in the idea that people with SID

deserve access to the National Curriculum (NC) through personalised pedagogy (Farrell, 2006; Carpenter *et al.*, 2018). Others argue that people with SID require a revised curriculum centred on skills for life, communication and problem-solving (Imray and Colley, 2017). Elsewhere, it is suggested that the curriculum for people with the dual diagnosis should include personalised learning around key areas of autism, for example, communication skills, alongside academic skills (Perepa, 2019). Solely focusing on accessing the NC meets the minimum legal standard for education in the UK. However, it does not give space for attempts at promoting wellbeing. Demoting the place of academic skills for people with SID risks excluding them from a culture that values literacy and numeracy skills and requires those skills in order to access vital parts of the community. Therefore, it seems reasonable that education should provide all people with academic skills to some extent without excluding the promotion of wellbeing. This study is based on the philosophy that pupils with the dual diagnosis are owed an education which enables them to flourish as individuals and as part of a community at all stages of life (Nussbaum, 2006). In this way, education should develop independence and life skills, communication skills and processes, creativity, problem solving and emotional wellbeing.

This study is grounded in the belief, borne from my experience, that interactive pedagogies can enhance learning for people with the dual diagnosis. It is my view that emotional wellbeing includes regulation, a sense of self, meaningful relationships and a sense of security. Emotional wellbeing is conceptualised more fully below. There are a range of pedagogical interventions used in UK schools as well as internationally, they generally do not specifically aim to promote emotional wellbeing. The most prominent are, Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) (Mesivbov *et al.*, 2004), which provides structure and visuals for academic and social learning, and Social Communication, Emotional Regulation and Transactional Support (SCERTS) (Prizant *et al.*, 2006a; 2006b), which aims to develop functional communication alongside emotional regulation.

2.4 Philosophical considerations and the social contract

States are responsible for their citizens. As state institutions, schools hold some responsibility for this provision. Therefore, the question of what education is for can be situated in the debate concerning what societies and states owe their citizens. Included in this debate is who counts

as a citizen and is therefore owed rights or justice, what is the role of education in delivering justice and what this looks like for people with the dual diagnosis.

Rawls's 1971 Theory of Justice (1999) is regarded as one of the primary conceptualisations of justice in modern philosophical thinking (Maffetone, 2010). Rawls's Theory of Justice (1999, 2003) belongs to the social contract tradition. Rawls (1999) used the *original position*. In the original position, people with mature rational agency sit behind a *veil of ignorance* where they do not know their place in the world, i.e., they were ignorant of their gender, class, talents etc., and so, will create a conceptualisation of the world which was fair, just and did not favour any one type of person over another. In the original position, it is assumed that those behind the veil of ignorance would form a society based on reciprocity. The society would be based on mutual advantage through social cooperation, meaning that all *rational* adults would benefit from society as well as giving back economically to the same society (Rawls, 1999). It is this rationality clause that excludes people with intellectual disabilities because they are not considered to be rational in this sense in Rawls's theory.

Rawls argues that this would create a list of *primary social goods* that must be redistributed fairly in order to achieve a just society. Included in these goods are a choice of occupation and accessing positions of power and authority in the primary political and economic institutions (Rawls, 1999). Immediately, these goods raise questions regarding their appropriateness for people with severe and profound ID. Therefore, it is necessary to use an approach which critiques Rawls's theory.

2.5 Capabilities Approach

Nussbaum's (2006, 2009, 2011) CA offers a theoretical framework for justice and gives a clear idea of what all people, including those with disabilities, are owed as a matter of justice through education in order to flourish. Attaining positive wellbeing through the development of emotions and positive relationships is central to this conception of justice. In this way, CA helps us to understand what and why people with intellectual disabilities are owed by the state. CA should be viewed as a recent development in the debate around, and rejection of, social contract theory. This context is lacking from contemporary debate on the application of CA to education (Imray and Colley, 2017). It is important for CA itself to be grounded in theory as it has been

argued that it is an approach, rather than a fully-fledged theory (Vashti, 2010).

The question of why people with intellectual disabilities are owed education and of what that education should look like continues to be debated. In this section, I will explore the philosophical framework that explores what people with ID are owed as a matter of justice, and how that informs educational thinking in this area.

CA (Nussbaum, 2006) is based on a critique of Rawls's Theory of Justice (1999). In CA (Nussbaum, 2006) the *human capabilities* are a list of what is owed to all people by virtue of their existence as social creatures in order for them to flourish and achieve wellbeing. The capabilities are: "life; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; other species [living with respect towards plants and animals]; and, control over one's environment" (Nussbaum, 2006, 76-77). Nussbaum argues that if one was in receipt of these capabilities that one would have the best chance of flourishing. Not all interpretations of capability theory include a specific list. The inclusion of a list in CA presents a challenge for this study because it requires the assumption that people with severe ID agree that the capabilities are desirable. This argument has been made elsewhere in feminist subaltern studies where women have disagreed that the list represents their idea of flourishing (Vashti, 2010). The universalism of the list is a valid problem but the inclusion of *emotions* as a capability can be seen as relatively uncontroversial in this instance. Research building on this philosophical understanding should show how negative emotional wellbeing can be seen as a barrier to flourishing for people with SID and autism. Additionally, empirical research grounded in this philosophy should explore how flourishing can be achieved through the promotion of wellbeing. This would have to be shown to be possible in a low-cost way in order to counter the argument that CA is less relevant for areas with high levels of deprivation (Dean, 2009).

CA offers a conceptualisation of justice that is grounded in the inherent value of beings, rather than in what they offer society, capabilities to which we are all entitled and which, when achieved, enable us to flourish and attain wellbeing. Thus, CA gives us an inclusive philosophical basis of moral worth that pupils have. Based on which, CA gives a framework for what is owed to the pupils by society through their education that includes emotional

wellbeing for flourishing.

CA finds moral worth in each individual; each person is an end in themselves. Nussbaum (2006, 98) writes explicitly that “children and adults with mental impairments are citizens”. This idea finds its root in Buchanan’s (1990) work rejecting the need for economic reciprocity found in Rawlsian theory (1999) and instead ascribing moral worth to people by virtue of being human.

CA specifically rejects previous philosophical argument for the provision of free schooling as a matter of justice and replaces it with an inclusive argument. Rawls (1999,) justifies free education for all children by arguing that entitlement to education exists for those who will give back, economically and politically, to the state. As argued above, CA provides a framework where people are owed social goods, including education, because they have inherent worth rather than through economic reciprocity.

CA has been used recently by educational thinkers in SEND in the UK. CA has been adopted by Imray and Colley (2017) as the theoretical basis for introducing a semi-formal curriculum for pupils with SID. Imray and Colley (2017) argue is that the NC prevents pupils with SID from achieving, and therefore flourishing. Thus, preventing them from having a worthwhile education and from developing key skills linked to independence and therefore, prohibiting the promotion of their wellbeing. In educational practice, it is argued that CA is reflected in semi-formal curricula as both regard play skills, education for emotional development, gaining control over one’s environment, building and maintaining relationships (Imray and Colley, 2017; Nussbaum, 2006). This view point is not universally accepted. However, by building on this argument, it is possible to argue that emotional wellbeing should be seen as an essential part of educational provision for people with SID. As written above, in CA, the reciprocity that exists in relationships between people with SID and those without, strengthens the claims to justice for those with SID. It is a reciprocity based on sharing emotions and creating meaningful bonds (Nussbaum, 2006). The relationships and interactions between people with SID and those without are therefore relevant to any discussion around rights and claims to justice.

To flourish as individuals, people with the dual diagnosis require the promotion of emotional wellbeing. All people are owed this as a matter of justice but people with the dual diagnosis

have a greater need for the promotion of wellbeing than others. The increased prevalence of mental ill health and difficulties around emotional wellbeing for people with SID (Dossetor and Vannitamby, 2013), people with autism (Karim *et al.*, 2014) and people with the dual diagnosis (Bradley *et al.*, 2004) are explored below. It is vital that the development of wellbeing occurs in school as well as in the home context because of the time spent in schools. It is within the legal remit of UK schools' responsibilities to promote wellbeing for people with SEND (DfE and DoH, 2015). CA does not offer a substantial framework for these relationships and interactions. Therefore, it is necessary to explore a theoretical model which does do this.

2.6 The transactional model

The transactional model can be used as a framework for understanding interactions between neurotypical people and people with SID that promote wellbeing (Prizant *et al.*, 2006a). The transactional model gives this study a framework which shows that the process of these interactions is valuable and that the communicator's interactions and relationships create an environment which impacts on emotional development.

The transactional model and CA are connected by reciprocity and the development of emotions. CA argues that people with SID give to their community through these interactions and are therefore valuable members of society (Nussbaum, 2006). The transactional model gives a framework through which this reciprocity can be viewed as effecting change. CA offers that education should provide opportunities by which emotional development and reciprocity are fostered (Nussbaum, 2006). The transactional model offers the framework for how this might be achieved in practice.

In the transactional model, there is a multidirectional relationship in the interactions between two communicators who exist in separate environments (Sameroff, 2009). The transactional model can be seen as a link between communication and the development of emotional wellbeing. This relationship is acknowledged in the II literature by Adler and Rodman (2011) who write that engagement in, and the development of, communication is essential for our wellbeing.

The transactional model accounts for interactions between people who are verbal and those who are non-verbal. For any framework of communication to be relevant to this study, it must include those who do not use verbal language as this people with SID may have little or no verbal language. Inclusion of non-verbal, or pre-verbal, people in communication frameworks is an ongoing issue. Lester (2015, 443) writes that “historically, verbalness has been tightly coupled with one’s humanness.” This thought can be linked to Rawlsian theory (1999) on personhood where those who cannot or do not contribute to society, for example because of their disability, are not considered citizens of society in the same way that others are. Frameworks that exclude non-verbal people are not valid and are ethically dubious.

Transactional support means adults changing the way they behave in order to bring about changes in wellbeing and in social communication of the child (Kossyvaki, 2018) and all participants taking responsibility for the effects of the interaction (Dias *et al.*, 2020). In the transactional model, individuals exist in an environment that affects the process and outcomes of any communication. Goemans *et al.* (2017, 991) write:

“The transactional model concentrates both on single factors and on the dynamic interplay between factors. Core to the transactional model is the analytic emphasis placed on the bidirectional, interdependent effects of the child and the environment.”

The transactional model, offers an understanding of communication that appreciates the importance of environment for each communicator and the relationship between different stages of development. Within the transactional model, each communicator occupies a separate place in the world and is impacted on by their environment. The two communicators interact and, over time, their separate fields of experience merge together which leads to the two communicators making meaning (Sameroff, 2009). Using this theory may limit the study to some extent. The transactional model may restrict the results to those relevant only to one-to-one development and communication, thereby excluding group work or whole class development. However, the communication profiles of people with the dual diagnosis mean that most meaningful communication is done on a one-to-one basis (Hewett, 2012).

Time is an important element in the transactional model. It is *diachronic*, in that each new interaction builds on the last. Within this model, interactions develop over time and each interaction builds on the last. Due to the acknowledgement of the communicators being in their

own space, it is argued that no interaction can be perfectly repeated (Dias *et al.*, 2020). It is not claimed that the results from the developing interactions are predictable.

The diachronic element can be illustrated using the Complex of Continuous Communication (CCC) (Dias *et al.* 2020), based on communicators deemed to be 'atypical'. CCC is a grounded theory that takes the dialogic element of the transactional model but provides a guide to the stages through which the communicators progress, in a linear way. In CCC, the communicators pass through the "sharing, interacting, communicating and 'languaging'" (Dias *et al.*, 2020, 786) stages which are progressively more complex. As in the transactional model, CCC understands that there is a relationship between the stages; each stage impacts on the previous and subsequent stage.

Whilst the diachronic element of the model is important, it must be remembered that this unpredictability means, in practice, communication skills will not necessarily be improved with each interaction. Rather, progress will be seen over time after multiple interactions. Within this model, interactions are framed as the social acts of the two people engaged in communication, not just the relationship between them (Dias *et al.*, 2020). The process of using PII is therefore of interest for study as well as the professional relationships that exist in schools between educators and pupils

The transactional model transcends the boundaries of communication studies and links interaction to the development of beings more generally. With relevance to this study, Prizant *et al.* (2006b) assert that transactional support links to the development of emotional regulation in ways that are myriad but undeterminable. Subsequent studies have used the transactional model as a framework to exploring indicators of emotional wellbeing, most commonly stress (see as examples Gerstein and Poehlmann-Tynan, 2015; Shosha and Al-Kalaldeh, 2019) and behaviours that challenge (Cheery *et al.*, 2019) in the context of children and their carers. Fanti *et al.* (2012) write that the transactional model can be used to explain how withdrawal in infants and depression in carers are exacerbated by a bidirectional relationship. These studies illustrate how the emotional state of each communicator impacts on the other's. While these studies do not link interactive style and emotional wellbeing explicitly, they do discuss how each communicator's behaviour impacts on the development of the other's emotional wellbeing. For example, Goemans *et al.*'s (2018) study included children who had difficulties with interaction

and communication. This is especially relevant to children with ID who are also at risk of having fewer opportunities for interaction in educational settings than their neurotypical counterparts (Hewett, 2012).

The transactional model offers a theoretical basis for how one-to-one interactions can be used over time to develop communication skills and promote wellbeing. However, it does not give guidance on how to interact with people with autism and ID. The next sections explore a way of interacting with people with the dual diagnosis that is framed by the transactional model.

2.7 Intensive Interaction

II is a pedagogy which is seen as “transactional by nature” (Nind *et al.*, 2001, 143). Here, the efficacy of II, II for wellbeing, practitioners’ perceptions and time are considered. II is an approach that aims to develop communication and social skills for children and adults with severe to profound intellectual disabilities and/or autism. It was designed based on the work of Augmented Mothering (Miller and Ephraim, 2009) which uses an interactive style based on infant-caregiver interactions to develop communication in a naturalistic way (Menzies, 2011). II uses techniques such as mirroring movements and vocalisations in order to show one’s communication partner that you are responding to what they have done (Nind, 1996). These techniques form part of the principles of Intensive Interaction (PII) which can be seen below in Table 1.

Table 1: The Principles of Intensive Interaction (Hewett, 2018a, 27-28)

<p>Quality one-to-one time: Like parent-infant interaction, Intensive Interaction usually takes place in situations where the two people have time to focus on each other.</p> <p>Tune-in: You sensitively tune in to all the feedback signals from the other person, voice, facial expression, body language, gesture. Everything you do will be based on reading the feedback from the other person.</p> <p>Tempo/speed: Go slowly, hold back your behaviour to allow the other person to take the lead.</p> <p>Responsiveness: Build the content and the flow of the activity by responding to things the other person does.</p> <p>Imitation: The most frequently seen way of responding. It is easy to do, and it helps your person to understand what you did was in response to what they did.</p> <p>Pauses: Be prepared at all times to pause, wait, allow the other person time to think and process the activity at a comfortable speed.</p> <p>Minimalism – do less: II technique is about leaving time and space for the learner; you do less, wait, pause, let the learner go first.</p>

Mutual enjoyment: The main motivation for taking part in the activities, for both people, is enjoyment. Expect to enjoy yourself.
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II is based on treating behaviours which may have been seen as meaningless as meaningful cues (Nind and Hewett, 2005). It is argued that it is important to treat all behaviours as interactions (Nind and Hewett, 2005). However, Kossyvaki (2018) disagrees, writing that according to autistic individuals responding to all behaviours as attempts at communication might be intrusive and deter further attempts at communication. Whilst this seems to be a valid point, it is worth remembering that II sessions finish as soon as the communication partner wants it to end (Hewett, 2018a).

The PII (Table 1, 20-21) ask the adult to respond to all behaviours as if they were genuine attempts at communication. It can be argued that universal understanding of communication attempts is the ultimate aim of teaching pupils with SID and that responding to idiosyncratic behaviours could undermine this effort (Kossyvaki, 2018). However, it is possible that communication should be rewarded and a universally understood mode of communication should be modelled.

The literature concerning II focuses on efficacy and pupil developments in sociability and communication (Berridge and Hutchinson, 2021). II aims to improve the fundamentals of communication (see Table 2 below). Nind's (1996, 61) key efficacy study concludes that II had an impact on the Fundamentals of Communication but that there were difficulties with "establishing that these developments were functionally related to the intervention". Zeedyk *et al.* (2009) similarly find that the introduction of II interventions bring about measurable changes in the Fundamentals of Communication. However, they were unable to attribute these changes to II asking, "might it be the case that any type of attentive social interaction would have yielded increases in engagement?" (Zeedyk *et al.*, 2009, 29). Other efficacy studies note that II brought about positive changes in the fundamentals of communication but did not compare II interventions with other modes of social interaction (Kellet, 2000; Elgie and Maguire, 2001; Samuel, 2003). Kellet (2000) writes that through knowledge of the participant they know that the previous interventions had not been successful, but did not include direct comparisons. Kellet (2004) later found that II was effective for an individual through a case study. For this individual, the fundamentals of communication were measured by researchers timing specific behaviours. During the baseline phase, the child spent 5% of the time looking at or towards the

face of their communication partner. In the intervention phase, the mean time spent doing this was 31% (Kellett, 2004). The researcher found that after time away from school, such as school holidays or illness, the time looking at the partners face decreased. This was attributed to the break in II sessions (Kellett, 2004). However, no alternative reasons for the decrease were given. For example, it may have been that the child was recovering from illness and was generally less sociable.

Table 2: Fundamentals of Communication (Nind and Hewett, 2001, 7)

Use and understanding of eye contact
Use of facial expressions
Learning to 'read' facial expressions
Learning to enjoy giving attention to another person
Taking turns in exchanges of behaviour
Use and understanding of physical contact
Use and understanding of gestures
Learning to 'read' body language
Learning about personal space
Learning to concentrate and attend

Hutchinson and Bodicoat (2015) presented a systematic literature review on the effectiveness of II. Regarding effectiveness, the review found a main theme of social interaction. The studies looking at social interaction were seen to have used slightly different criteria for measuring changes. However, most used the Pre-Verbal Communication Schedule (PVCS) (Kiernan and Reid, 1987). The review found that all fifteen quantitative studies were small and therefore lacked generalisability. Three qualitative studies were reviewed and Zeedyk's (2009) paper, referenced above, was found to be of the highest quality as it presented a justification for the methodological choices. There was a trend across qualitative and quantitative papers that authors failed to account for bias. There are examples in the literature beyond II of researchers accounting for bias by using inter-observer checks (Kellett, 2004). Nevertheless, there is a gap in the research around efficacy of II including detailed justification of methodological choices and transparency regarding bias and positionality.

Comparison with other interventions is essential for efficacy studies but rarely appears in II studies (Samuel, 2003). This might be because comparing it to other forms of interaction could highlight how similar II is to other ways of interacting, thereby undermining its position as a standalone intervention. In one study where comparison was mentioned, but not researched, Elgie and Maguire (2001) wrote that a previous intervention had involved an equal amount of one-to-one time as II, but no more detail was given and no evidence was included in the study.

Time is an important element to consider when exploring the promotion of wellbeing framed by the transactional model due to its diachronic element. In the literature, there is some debate as to the amount of time it takes for II to work. Although there is some consensus that it can work within minutes, inconsistent data has led researchers to conclude that it may take much longer with some individuals. Some scholars have found that the impact of II can be seen within minutes (Nind, 1996; Caldwell, 2006; Zeedyk *et al.*, 2009). Nind and Hewett (2005) write ineffectiveness of the intervention for one participant may have been due to the intervention not being delivered for long enough. Given the level of need that the participants in these studies have, it would be categorically wrong to say that any intervention would bring about change in a specific amount of time or even that the intervention would have the same effect of each individual. Due to the continued debate, more research would be helpful here.

The literature shows that practitioners can identify some ways in which II and emotional wellbeing are linked but that II as a fully-formed intervention is sometimes stifling. Therefore, further research in the field around practitioners' perceptions and the use of II as a fully-formed intervention could be used to fill this gap.

There is clear reference to emotional wellbeing in the II literature. The Fundamentals of Communication 2 (FoC2) which outline II's conceptualisation of wellbeing include emotional regulation and development (see Table 3, 25). The basis for wellbeing in II theory is strongly linked to attachment theory (Hewett, 2012). The interaction helps to develop a secure base and make the person feel safe. The literature is not clear on how II impacts on emotional wellbeing but perceptions of staff and family members have been explored in some studies. These studies show that there may be a link between relationship building (Clegg *et al.*, 2020), increased control over one's environment (McKim and Samuel, 2020) and increased sense of security

(Berridge and Hutchinson, 2021a). There are empirical studies that allude to the effectiveness of II on wellbeing but they discuss challenging behaviour as communication (Sharma and Firth, 2012) or tuning into a child's emotional state whilst recognising general improvements in their demeanour (McKim and Samuel, 2020). There is, then, a clear gap in the debate.

II provides a way of interacting with people with the dual diagnosis that is grounded in the transactional model. People using II perceive it as being useful in the promotion of wellbeing for children and young people with ID and autism. Although II and wellbeing are discussed in the literature, II does not provide a clear system of measurement of wellbeing. Therefore, it is necessary to look elsewhere in the literature.

2.8 Measuring wellbeing

Measuring wellbeing for people with ID is seen as important because it allows staff and family members to identify specific areas of wellbeing where the person is experiencing difficulties (Fox *et al.*, 2020). This identification enables useful, planned intervention (Prizant *et al.*, 2006a; Fox *et al.*, 2020). There are two current, relevant and commonly used approaches promoting and measuring emotional wellbeing for pupils with autism and/or ID in UK schools. The first is Social Communication, Emotional Regulation and Transactional Support- SCERTS (Prizant *et al.*, 2006a). The second is offered by Fox *et al.* (2020) and will be referred to by the name of their scale, the Individual Profile of Emotional Wellbeing (IPEW), for clarity.

Prizant *et al.* (2006a; 2006b) rely on the transactional model for their SCERTS model, Social Communication (SC) Emotional Regulation (ER) and Transactional Support (TS). SCERTS was developed by experienced professionals working with children and young people with autism and severe communication difficulties (Prizant *et al.*, 2006a). The SCERTS model was developed by practitioners working with pupils with autism including these with intellectual disabilities and because it recognises that there is a link between communication and emotional regulation. SCERTS is framed by the transactional model of development and therefore places the intentional behaviour of the adult, or neurotypical child, at the centre of the development of emotional regulation and communication. SCERTS, using the Transactional Model of Development, argues that all aspects of development are related, e.g., social communication and emotional regulation, and that both communicators are responsible for the process and outcome (Prizant *et al.*, 2006a).

IPEW is presented by Fox *et al.* (2020) as part of a whole school approach to emotional wellbeing for people with ID. The IPEW consists of three sets of criteria around wellbeing: relationships, engagement and feeling positive. Parents and education professionals then use a Likert Scale to indicate the level of emotional wellbeing for the child or young person with whom they work. They then use the level of wellbeing to focus interventions. Although SCERTS, IPEW and II are relevant for people with ID or people with autism or ID, they all consist of varying conceptualisations of wellbeing. Therefore, it is necessary to now present a conceptualisation on wellbeing.

2.9 Conceptualising wellbeing

There are general definitions of emotional wellbeing that exist. Some of which are vague, for example, the World Health Organisation (WHO, 2022, online) defines emotional wellbeing as:

“a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”

This definition does not provide sufficient depth. However, it does give a useful outline of emotional wellbeing. This definition includes notions of the self, for example, self-efficacy and self-awareness and ideas about relationships and emotional regulation. These components are found in the literature relating to emotional wellbeing and people with autism and people with ID, as explored below. One such example comes from II. II scholars refer to the Fundamentals of Communication 2 (FoC2) (Table 3) as their conceptualisation of wellbeing (Hewett, 2012).

Table 3 The Fundamentals of Communication (2) (Hewett, 2018, 27)

- Knowing that others care, learning to care
- Enjoying being with another person – connective, bonding, etc.
- Attachment, attunement
- Self-security, to feel safe, secure calm
- Self-esteem, sense of self
- To identify own feelings and see same in others
- Gradually to understand feelings
- Trust
- Empathy, knowing/caring how somebody else feels
- Right-hemisphere brain development (early emotional learning prepares areas of the brain for later, higher functions)

Although the FoC2 (Table 3) offer the beginnings of a conceptualisation of wellbeing, it requires more depth as it constitutes only an outline of a conceptualisation. In fact, the FoC2 are described by Hewett (2018, 26) as “somewhat vaguer than we would wish.”

II scholars developed a tool called Recording Intensive Interaction Outcomes (RIIO) (Calveley, 2018) to track progress against the FoC2. RIIO gives the user an outline of the FoC2 and expands each part down further. For example, ‘self-esteem’ is broken down into confidence, withdrawal and perseverance (see Appendix A for examples of RIIO). The user then notes down changes in behaviour that they perceive to be of relevance to each part of the FoC2. Whilst this gives practitioners more of an idea of what is meant by the FoC2, it still does not give a full conceptualisation of wellbeing. In order to develop the conceptualisation of wellbeing in II (Table 3), it can be conflated with other conceptualisations to achieve more depth.

This section attempts to combine the SCERTS model with FoC2 to achieve a fuller conceptualisation of this emotional regulation. The SCERTS model presents emotional wellbeing as emotional regulation and contains five parts: cognitive appraisal; psychological aspects of emotion; emotional expression; socialisation; and regulation of moods and states (Prizant *et al.*, 2006a, 50). First is *cognitive appraisal* which is the ability to reflect on one’s emotions. In II the fundamentals of communication that link to this aspect are “to identify own feelings” and “gradually to understand feelings” (Hewett, 2018, 27). Second is the *physiological aspects of emotion* which are neuro-chemical and neurophysiological changes linked to emotion. Hewett’s fundamental of communication that links to this is “right hemisphere brain development (early emotional learning prepares areas of the brain for later, higher functions)” (Hewett, 2018, 27). Third is *emotional expression* which is communication linked to emotion, both voluntary and involuntary. Nind (2012, 34) writes “Intensive Interaction is a practical route into understanding how an individual with idiosyncratic, perhaps pre-intentional communication is feeling”. Fourth is *socialisation* which is how one reacts to the emotions of others. The fundamentals of communication that relate to this are “knowing/caring about how somebody else feels” and “to identify own feelings and see the same in others” (Hewett, 2018, 27). Fifth is *regulation of mood and states* which is the ability to “modify one’s emotional response relative to constitutional variables” (Prizant *et al.*, 2006a, 50). The fundamental of communication that relates to this is “learning to regulate and control arousal levels” (Hewett, 2018, 26).

This aspect of wellbeing can be linked explicitly to the *emotions* capability in CA (Nussbaum, 2006). Using CA also encapsulates aspects of the FoC2 that cannot be achieved by the conflation with SCERTS. Having this capability means “being able to have attachment to things and people outside ourselves” (Nussbaum, 2006, 76). This links directly to these elements of FoC2: “enjoying being with another person – connective, bonding, etc” and “attachment, attunement” (Hewett, 2018, 27).

Another core component of emotional wellbeing is relationships. The link between relationships and wellbeing for children and young people with intellectual disabilities has been explicated by Fox *et al.* (2020) as part of the IPEW, in which relationships are of foundational importance. Within the IPEW, successful patterns of emotional regulation are at the core of developing and maintaining meaningful relationships (Fox *et al.*, 2020), linking directly to SCERTS and FoC2. The core principles of secure relationships in IPEW are attachment and attunement which lead to feelings of security, successful emotional regulation and the child giving and receiving love. In this way, meaningful relationships bring about emotional regulation. Attachment theory is used in the literature to provide a framework on the impact of safe, secure relationships on brain development (Cozolino, 2015). Although the FoC2 do not refer explicitly to relationships, they do provide what I consider to be constituent elements of relationships such as trust and bonding (Hewett, 2018). CA also gives us the idea that we should, as a matter of justice, be able to form “meaningful relationships” (Nussbaum, 2006, 78).

The terms mental health and emotional wellbeing are often used interchangeably in the literature (Fox *et al.*, 2020). In this way, they can be seen to exist on a spectrum with positive mental health and emotional wellbeing at one end and ill mental health at the other. On this spectrum, there are innumerable combinations of positive emotional wellbeing, medically diagnosable conditions and negative states of emotional wellbeing that do not require medical diagnosis or intervention. This understanding of mental health shows that positive mental health is not the absence of ill mental health or medically diagnosable conditions but that it is state of being in and of itself. The two main components of emotional wellbeing and mental health that are found in the literature are emotional regulation and relationships. However, to gain a full picture of mental health for people with autism and ID, the next sections look at a wider selection of literature including mental ill health.

2.10 Wellbeing, mental health and the dual diagnosis

Studies find that there is an increased prevalence of mental ill health for people with the dual diagnosis both in adults (Underwood *et al.*, 2010; Bishop-Fitzpatrick and Rubenstein, 2019) and children and adolescents (Bradley *et al.*, 2004; McCarthy, 2007; Bakken *et al.*, 2010). However, it is argued elsewhere that the prevalence rates vary for different areas of mental health for this group when compared people with either ID or autism (Bakken *et al.*, 2016). The variability of prevalence rates has been cited as a reason to use caution when exploring this topic (Malfa *et al.*, 2007). A review focusing on studies including adults with the dual diagnosis found that there was insufficient research to provide consensus through comparison (Underwood *et al.*, 2010). Where a link between ID and autism was found, the authors described difficulties around separating autism and mental health characteristics at the diagnosis stage, making any link less secure. These difficulties are also highlighted for children and adolescents with the dual diagnosis (Bakken *et al.*, 2010). The difficulties in achieving valid prevalence rates for people with the dual diagnosis are noted as being related to communication difficulties, an overlap of the characteristics of autism and psychiatric disorders and the atypical ways that people with the dual diagnosis show mental ill health (Tsakanikos *et al.*, 2007; Bakken *et al.* 2010). Despite this, the “prevalence of psychiatric disorders is clearly higher given an intellectual disability” (Bakken *et al.*, 2010, 1675) when compared to the general population or those with autism without ID.

The literature (Bradley *et al.*, 2004; McCarthy, 2007; Bakken *et al.*, 2010) provides sufficient evidence of increased prevalence rates concerning mental health and people with the dual diagnosis of autism and ID to justify researchers focusing on the topic (Malfa *et al.*, 2007). This is despite the concerns around the validity of the claims of increased prevalence due to the variability of the rates and the difficulties in identifying mental health concerns for this population. Due to the relative paucity of existing research, the next sections focus on mental health and autism and ID separately.

2.11 Wellbeing, mental health and autism

This section contains subsections relating to increased prevalence of mental health challenges for people with autism, the implications of the complexities relating to diagnosis of mental ill

health and an exploration of reasons for the increase in prevalence. The literature highlights social communication difficulties, ID and difficulties around relationships as potential reasons for the increased prevalence.

The literature surrounding autism and wellbeing is primarily concerned with those without intellectual disabilities (see as examples Ghaziuddin, 2005; Karim *et al.*, 2014; Purkis *et al.*, 2016). These studies recognise that communication difficulties impact on mental health for people with autism. Purkis *et al.* (2016, 113) write that communication difficulties can “exacerbate mental health issues”. It is important to consider that although it is clear that people with autism have high prevalence rates of co-morbidities, communication difficulties make it difficult to have accurate diagnoses (Ghaziuddin, 2005). Individuals with autism are three times more likely to have a concurrent psychiatric disorder than those without autism (Bradley *et al.*, 2007). A recent population-based study in Scotland (Rydzewska *et al.*, 2019) found that mental health difficulties were 15 times more common in those with autism than those in the general population, although this study used self-reported autism as the main inclusion criterion.

A major study that involved people with the dual diagnosis of autism and intellectual disabilities found no significant link between IQ and the prevalence of multiple difficulties regarding mental health (Colvert *et al.*, 2022). However, the authors comment that the absence of a link between IQ and other difficulties may result from a “lack of power to detect these owing to the small number of non-ASD twins who scored within the clinically significant range” (Colvert *et al.*, 2022, 1089). Ghaziuddin (2005) argues that individuals with ID are even less likely to be diagnosed or treated for mental ill health by experienced professionals than their peers without intellectual disabilities. This is partly because the “DSM and ICD systems are not meant for people with [... developmental disabilities” (Ghaziuddin, 2005, 102). This has led to researchers concluding overconfidently that “while those with comorbid ID are more susceptible to physical health issues, those without ID are at higher risk of mental health problems” (Sharpe *et al.*, 2019, 534). Rai *et al.* (2018) conducted a population-based cohort study of over 200,000 participants and found that young adults with autism, but without intellectual disabilities, were more likely to be clinically depressed than those with autism and intellectual disabilities.

Diagnosis also is an issue with people without ID. Roy (2021) asserts that this is due to a number of issues including reduced communication skills whilst experiencing stress, which is worsened

by waiting. Researchers exploring mental health difficulties with people with autism but without intellectual difficulties have found it less than straightforward. One study that used interviews and surveys with people with autism aged 16-25 found that “young autistic people find it difficult to evaluate their mental health” (Crane *et al.*, 2018, 477). This difficulty is present in adults as well as young people. Coleman-Fountain *et al.* (2020) found that adults with autism and their carers held incorrect beliefs about autism and mental health. Additionally, a significant proportion of their population had never sought out help from a mental health service (Crane *et al.*, 2018). A lack of communication with mental health professionals may have an impact on one’s ability to conceptualise, explain and explore one’s own mental health difficulties. Regardless, Ferenc *et al.* (2021) argue that this subjective understanding of mental health in autism should be respected and integrated into discussions. This inexperience works the other way too; where practitioners “lack of understanding about ASC presentation, contribute to mental health misdiagnoses in individuals with an existing autism diagnosis” (Au-Yeung *et al.*, 2019, 1509).

There is continued debated regarding the reasons for the increased prevalence. Karim *et al.* (2014, 51) write that “it is not entirely clear why children with ASD have a higher incidence of mental health problems”. It is argued that the causes include cognitive ability, teaching environment and self-esteem, all of which are relevant to school-based research (Karim *et al.*, 2014). Coleman-Fountain *et al.* (2020, 1) argue that increased mental health difficulties “may result from the challenges of growing up in a non-autistic world.” Mitchell *et al.* (2021) concur and add that self-reported data from people with autism suggests that people with autism want to be included in society but are excluded which results in the prevention of the development of meaningful relationships.

People with autism may be more susceptible to trauma than neurotypical people. One study found that people with autism are more likely to have post-traumatic stress disorder (PTSD) than their neurotypical peers because of the trauma they experience in day-to-day life (Brewin *et al.*, 2019). The current definition of PTSD requires one to have suffered real or threatened physical harm (NHS, 2022). Brewin *et al.* (2019) offer a theoretical assertion that people with autism may suffer real trauma from day to day activities. It is argued that this is because people with autism “show intense threat responses to apparently harmless situations” (Brewin *et al.*,

2019, 2) such as social situations or unexpected changes to routine. This is supported by Kupferstein (2018) who writes that people with autism might consider a benign situation threatening due to the way they perceive the environment. However, Kupferstein (2018) offers conclusions based on self-reported questionnaires gathered from social media, hence they are not representative of the population. The increased trauma may result from neurobiological dispositions linked to autism (Kerns *et al.*, 2015; Kupferstein, 2018; Peterson *et al.*, 2019). For example, social situations have been found to increase cortisol levels in people with autism due to the functioning of the neuroendocrine system (Corbett, 2010). This risk factor has been linked to emotional regulation which is said to have a bidirectional relationship with trauma; poor emotional regulation leads to the development of traumatic stress, which then leads to poor emotional regulation (Kerns *et al.*, 2015). In this way, emotional dysregulation may act as a gateway to the experience of trauma (Peterson *et al.*, 2019). Peterson *et al.*'s (2019) research, although limited in its scope, presents the idea that for people with autism social situations and play are more likely to be experienced as trauma. If poor emotional regulation in people with autism is also connected, then there is a gap in the research regarding social interaction and emotional regulation.

Social communication difficulties in early life link to social anxiety in later childhood and early adolescence (Pickard *et al.*, 2017). Van Steensel and Heeman's (2017) work supports the notion that children and adolescents with autism are more likely to develop social or generalised anxiety as their age increases. They add that although more research is needed to understand the exact nature of the link between social communication difficulties and anxiety, it is more likely to occur in those with higher IQs. Again, it is important to note that these studies relate to those without ID.

Gender has been offered as a contributing factor for increased mental health difficulties for people with autism. It has been suggested that females with autism camouflage by masking their autistic traits which leads to higher incidences of anxiety or withdrawal (Lai, 2017). However, this has recently been contested. Hull *et al.* (2021) used self-report questionnaires from adults with a diagnosis of autism without ID. They found that greater camouflaging scores predicted greater generalised anxiety and, to a lesser extent, depression. However, the study found that gender offered no mediation for the effects of camouflaging on mental health of people with autism. Again, this study did not include people with ID. It may be that people with

SID may not consider their behaviour to be socially different and therefore require masking.

This section has shown that there is evidence in the literature of increased prevalence of mental health difficulties for people with autism. This is despite the difficulties around diagnosing mental ill health in people with autism. Although wellbeing and mental health are not just the absence of mental illness (Carpenter *et al.*, 2015), the research surrounding mental illness highlights important areas for further study. Specifically, elements of ID or autism that may contribute to mental illness such as social communication difficulties or reduced likelihood of forming multiple meaningful relationships. Therefore, it can be seen that there is potentially a link between autism, social communication and wellbeing. Although some of the studies cited above included people with ID, the focus in the literature was usually on those without ID. The mental health of people with SID is addressed in the next section.

2.12 Wellbeing, mental health and severe ID

This section explores the literature regarding emotional wellbeing for people with SID but without autism. This section was deemed relevant because of the relative paucity of literature for people with the dual diagnosis. However, as seen above, there are studies which support the idea people with the dual diagnosis are more likely to have poor mental health. For example, Bradley *et al.* (2004, 159) found that “autism is associated with higher rates of mental health disorders in lower-functioning individuals”. This paucity in research may be due to difficulties surrounding the diagnosis of mental ill health for people with SID. These difficulties are associated with recognising, assessing and treating mental health difficulties in people with SID, including poor communication and social skills (Chadwick *et al.*, 2005).

There are multiple studies where SID is defined as the person having an IQ of less than 40 (Einfeld *et al.*, 2006; Dossetor and Vannitamby, 2013; Bowring *et al.*, 2019). For people with SID, it is argued that difficulties around communication (Dossetor and Vannitamby, 2013) and social skills (Einfeld *et al.*, 2006) may lead to an increase in mental health problems. It has been found that once people with SID leave the secure environment offered by schools, difficulties around mental health increase further (Einfeld *et al.*, 2006). It is useful, then, for research to build on these findings by exploring what schools do to protect the mental health of people with SID. Rose *et al.* (2012) offer that positive interactions between staff members and those with

ID contribute the health and wellbeing of both parties. This adds strength to the notion that schools protect the mental health of people with SID and that communication difficulties may be linked to increase in mental health difficulties.

More studies exist for those with ID in general than those with SID. In a meta-analysis and systematic review described as “largest to date combined sample of children and adolescents with ID” (Buckley *et al.*, 2020, 982), it is estimated that between 38% and 49% of children and adolescents with ID have a concurrent psychiatric disorder compared to 14% of their neurotypical counterparts. Buckley *et al.* (2020) write that severity of ID has no bearing on the prevalence of psychiatric disorders. Out of the 19 studies included in the meta-analysis, only 3 were judged to have used appropriate statistical analysis when the authors applied the Critical Appraisal Tool (Joanna Briggs Institute, 2014). Buckley *et al.* (2020, 981) state that people with ID may present differently to those without and therefore “could be better detected by a symptom phenotype than a psychiatric diagnostic phenotype.” Supporting this assertion, Bowring *et al.* (2019) suggest that behaviours that challenge may give an insight into mental health for people with ID and that the relationship may be bi-directional, but state the need for “theoretically informed research... needed in population samples” (178) in order to investigate this further. This is a clear gap in the research.

Individuals with ID are three-times more likely to have a mental illness than their neurotypical peers (Soltau *et al.*, 2015). Whilst this study included emotional regulation as an indicator of mental ill health, it also included poor social skills and a lack of attention, which are common features of SID and autism and are not necessarily indicative of mental ill health. Hackett *et al.* (2011) report a similar prevalence rate to Soltau *et al.* (2015). However, their sample was taken only from SID schools which could lead to an overestimation of prevalence rates in the general population.

The studies in this and the previous sections have discussed mental health and emotional wellbeing in varied terms. People with SID may be more likely to have mental health difficulties due to their social and communication needs (Chadwick *et al.*, 2005), although universal agreement throughout the literature is lacking. The significant risk of poor mental health for people with SID justifies the attention of educators and researchers. Schools offer a secure

environment for people with SID (Einfeld *et al.*, 2006). Interactions in this secure environment can promote positive emotional wellbeing for people with SID and staff members (Rose *et al.*, 2012). When people with SID leave these environments, their mental health difficulties increase. Therefore, there is a gap in the research regarding the development of social communication skills as they relate to mental health for people with SID in schools. This raises the question of what effective pedagogy in schools looks like when it addresses wellbeing.

2.13 Pedagogy for the dual diagnosis

Systematic reviews rarely focus on studies for pupils with autism and ID. Most recently, Hume *et al.* (2021) built on Wong *et al.*'s (2015) review of educational strategies for children with autism. However, only between 21% and 25% of the studies included in these reviews focused on those with autism and ID (Klefbeck, 2021). Klefbeck's (2021) integrative systematic review included only studies with the dual diagnosis of autism and ID. The review found that well-defined interventions appear to have a positive impact on pupils with the dual diagnosis. However, it was also found that teachers and teaching assistants also used skills they had learnt through their experience, indicating that educational professionals might develop or enhance interventions. More research is needed in the field. Klefbeck (2021) recommends that future research focuses on how educational professionals adapt interventions using their own experience and intuition. The review (Klefbeck, 2021) highlights that interventions were effective when they increased responsiveness in the learning environment. Further, it was found to be essential that educational practitioners learnt to read and understand pupils' attempts at communication rather than see them as meaningless behaviours. Therefore, there is a gap in the research around how practitioners adapt existing interventions to increase responsiveness and develop a greater understanding of pupils' behaviours.

Pedagogy for communication and for those with autism and SID are divided into two groups: "behavioural/naturalistic and developmental/relationship-based approaches" (Kossyvaki, 2018, 25). The former focuses on the functions of communication. For example, within the Picture Exchange Communication System (PECS) (Frost and Bondy, 2002) the user exchanges pictures or symbols to request what they want. The right to expression is enshrined in international law (UN, 1989) and the teaching of functional communication skills to children with disabilities is therefore owed to them as a matter of justice (Klefbeck, 2021). However, behavioural

approaches tend not to account for the complexity of social communication for learners with SID (Swinton, 2012). This is because the behavioural approaches apply only to functional communication (Smith, 2018).

Unsuccessful attempts have been made at combining behavioural and developmental approaches into a single intervention. For example, the developmental and sequenced one-to-one educational intervention (DS1-EI) designed for pupils with the dual diagnosis and combines structured aspects from TEACCH with intensive, one-to-one child led interaction (Tanet *et al.*, 2020). In this instance the trial was not predicted to have any educational benefit. Rather it was predicted that the intervention would alleviate “core autism symptoms” (Tanet *et al.*, 2020, 3) but it did not do this either.

The relevant difference between the two broad approaches is the adult’s behaviour. The role of the adult varies greatly between different pedagogies for people with the dual diagnosis. Pedagogical strategies that use systems and linear target-based assessment to improve pupils’ functional communication are important but process-based strategies that rely on an adult communication partner are argued to have a wider impact on the pupils, developing their communication skills and emotional wellbeing (Nind, 2012; Rose *et al.*, 2012; Smith, 2018). The role of the adult in the latter is more important as it is less mechanical and requires judgement, skill and understanding. Within developmental strategies, the practitioner accounts for much more than a facilitator of a communication system. The practitioner’s back-and-forth interactions with the pupils form part of the learning environment (Hewett, 2018b).

The adult’s interactive style has also been found to be of importance elsewhere in the literature. Adult interactive style intervention (AISI) (Kossyvaki *et al.*, 2014; Kossyvaki, 2018) places great emphasis on the role of the adult in effecting change for children with autism. In AISI, the adult changes their interactive style in order to increase the child’s spontaneous communication. In AISI the adult shows their availability, amends their tone of voice and imitates the child, amongst other ways of interacting (Kossyvaki, 2018). Kossyvaki *et al.* (2014) found that significant increases in children’s spontaneous communication as well as lasting change to the adult’s interactive style. However, Kossyvaki *et al.* (2014) note that their design meant that changes in interactive style could not be linked directly to the increase in spontaneous communication. Despite this, there were principles of interaction that were seen

as being particularly useful. For example, *responding to all communicative* attempts was found to be missing in the pre-intervention stage and effective in the post-intervention stage. Importantly, this principle is shared by II, showing that there are common features of developmental pedagogies that can be seen as effective.

The importance of the adult's role in creating a responsive learning environment has also been noted in the literature in relation to people with Profound and Multiple Intellectual Disabilities (PMID). Ware's (2003) work on the responsive environment suggests that responsiveness consists of three things: getting responses to one's actions, responding to others and being allowed to lead an interaction. The responsive environment is seen to be important because it develops communication, cognition and social interaction (Ware, 2003). Although the details of this work focus on people with PMLD, its implications can extend to other populations such as people with SID. More specifically, Ware (2003) found that developmentally early interactions require the adult to respond to around 80% of behaviours. Within the responsive environment, the adult must ensure that the person with ID can respond at their own pace. In this way, the responsive environment is similar to II. Additionally, the back-and-forth of the interactions are important as they develop a sense of control for the learner and bring a sense of equality to the interactions. The key to developing the responsive environment is making sense of children's behaviour (Ware, 2003). To do this, adults must make sense of the child's facial expressions and body language. Importantly, adults must interpret these behaviours in context, i.e., link behaviours to events that are happening at the time.

The link to adults' behaviour and wellbeing for school pupils has been made within and outside of the discourse concerning ID. The most pertinent example within the discourse is the inclusion of aspects of emotional wellbeing in the FoC2. The importance of the adult in promoting wellbeing is not limited to people with the dual diagnosis. In the context of mainstream schooling, Hascher (2008, 93) writes that "teacher behaviour is a relevant source of students' wellbeing". The dyadic element of interaction, grounded in the transactional model, links emotional wellbeing directly to some of the basic communication behaviours included in the Fundamentals of Communication. It has been found that anxiety and stress in children with autism and adults can impact on how the other behaves and feels (Gulsrud *et al.*, 2010). When children with autism are more active and display behaviours that challenge, stress levels in their

adult carer rises. This leads to more active strategies from the adult which are consistent with developmental approaches such as II, for example, following the child's lead. The result of which is increased regulation along with increased communication through eye contact and vocalisation.

The link between developmental approaches and emotional wellbeing highlights the role of the adult in holistic education for pupils with autism and SID, grounded in the transactional model. The perceptions of the adults who interact with the pupils are likely to enable an in-depth exploration of relationship between the communication approach and changes in emotional wellbeing for the pupils. Therefore, the next sections will focus on the perceptions of professionals.

2.14 Practitioners' perceptions

There is literature available which focuses on people's perceptions related II. However, there is less available for the impact of training for mental health for people working with people with autism and ID. For this reason, this section addresses perceptions and II specifically before exploring the literature related to training and mental health and wellbeing more generally. There are several studies that explore the experiences and perceptions of staff members using II. Berridge and Hutchinson (2021b) conducted a systematic review. The review reported that practitioners thought that using II introduced barriers to spontaneous communication due to the need for evidencing and scheduling interactions. Additionally, the review found that staff developed perceptions of self-competence over time, indicating that practitioners that are new to II perceive it as a skill that needs to be learnt and practised. This has been supported in the literature. II has been found to be most effective when the communication partners are well known to each other (Mouriere and McKim, 2018). This reflects other empirical work concerning people with SID where it was found that familiar practitioners build up an understanding of communication attempts over time (Martin *et al.*, 2022). The review (Berridge and Hutchinson, 2021b) also reported that staff sometimes found it difficult to be close to those they were working with as it lead to emotional overload. This suggests that any emotional development or change associated with II applies to staff as well as pupils. Empathy from staff to pupil was seen to alleviate the negative emotional effect of II.

Relationship building through II has also been perceived as important. Practitioners (Clegg *et al.*, 2020; Rayner *et al.*, 2016) and parents (Berridge and Hutchinson, 2021a) participating in studies have highlighted the importance of II to relationship building in their classrooms and at home. Rayner *et al.* (2016) interviewed three carers using II in a professional setting. The carers perceived that II led to the development of meaningful, personal bonds between themselves and the people they worked with. The development of relationships was also noted in Clegg *et al.*'s (2020) study where 54 staff working with people with PMID were interviewed. These staff represented half of the whole population of staff working in their role across an entire city. In this study the practitioners thought that the developed relationships increased the staff members' knowledge of the people they worked with. This knowledge allowed the staff members to identify changes in the service users' behaviours. Mothers were also found to link II and relationships (Berridge and Hutchinson, 2021a). For some mothers, II was perceived to develop a connection between them and their child that had never existed before. The mothers who did not identify the development of a new connection were found to already have interactive feedback with their child.

Staff feel more confident in their abilities as II practitioners as time progresses. Additionally, they also feel that they develop stronger relationships and a deeper understanding of the people they work with and how they interact. Some II practitioners perceive that the prescriptive and formal nature of II as an intervention can introduce barriers to interaction (Berridge and Hutchinson (2021b) which may be why practitioners feel more confident as time progresses. There is a gap in the research around staff perceptions of using II without those barriers. This may be because it would be difficult to compare projects including practitioners who followed II as they were trained, to projects where practitioners who eschewed the formalities attached to II as a developed intervention. Most of the studies above were conducted with staff working with adults. There is a gap in the research regarding the perceptions of staff working with schools. It is also relevant to consider the factors which impact on perceptions, for example, training. There is literature on training and mental health training which is explored below.

In general, practitioner perceptions are partially informed by formal training. There are a variety of views in the literature on the effects of training on staff perceptions. Whilst training is

generally seen to impact on perceptions in schools, there is no agreement regarding the extent or permanency of the changes (Bella-Awusah *et al.*, 2014). One study found that changes at an organisational level in perceptions related to pupil wellbeing and behaviour took hold either after three years or not at all (Bradshaw *et al.*, 2008). The length of time taken for change to take root may be linked to the need for discussion after the training. It is argued that the changes in perceptions can be embedded by creating discussion between practitioners across institutions who have had the same training (Gebbie *et al.*, 2011).

Training was found to affect changes in self-perceptions of teachers' roles in schools regarding mental health (Sharrocks, 2012; Shepard *et al.*, 2016; Gordon, 2019). It was found that training on mental health and wellbeing enabled staff members to view their place in school in a more holistic way. The staff members in the study were able to see promoting mental health as part of their role (Sharrocks, 2012). Training was found to lead to a wider acceptance of mental health and wellbeing as a school issue and therefore promote discussion of wellbeing amongst teaching staff (Sharrocks, 2012). In contrast, it is suggested that training, including on mental health, is perceived to have only instrumental value; training was seen to be important to advancing one's career (Gordon, 2019). Shepard *et al.* (2016) found that training for student teachers increased confidence to address mental health concerns in the classroom and developed confidence relating to their professional role. These changes diminished after qualification. This suggests that training impacts perceptions in a lasting way when linked to career progression and that training should be ongoing. Alternatively, it may be that networking and mentoring also have an impact. This links to the point made above by Gebbie *et al.* (2011) that discussion between members of different institutions help to embed change. However, it may be that when teachers qualify, their previous perceptions are diluted by the increase in professional responsibilities and numerous school-specific initiatives. Further, it has been suggested that training is perceived as useful when entered into voluntarily and not when it is mandatory (Tellers-Rogers, 2003). This finding may be why training linked to career progression is perceived as beneficial because staff would voluntarily engage in training that would enhance their prospects.

When training does impact on perceptions, there are a range of benefits reported in the literature. Practitioners were found to be able to articulate their practice at a higher level after engaging in accredited training (Powell *et al.*, 2003). Similarly in another study, training resulted in a perceived increase in the accurate use of specific terms showing increased

understanding of ID (Rae *et al.*, 2011). These changes were maintained over the medium term, around three months, but there were some concerns about longer term changes.

Training has been seen to make an impact on the perceptions of practitioners, although the extent of the change is disputed. Mental health training is seen to change perceptions of staff as they view their workplace in a more holistic way, accepting mental health as part of their organisation and not something which should be viewed separately. Alongside this, staff perceive their role differently, seeing the promotion of mental health as a personal responsibility (Sharrocks, 2012). Training allows professionals to articulate their practice in more sophisticated terms. Three of the cited works in this section are unpublished theses conducted by educational professionals (Tellers-Rogers, 2003; Sharrocks, 2012; Gordon, 2019). However, the inclusion of the impact of mental health training on the perceptions of educational professionals in research projects is valuable and should be extended.

In the literature search for training, perceptions and mental health, the terms ‘intellectual disabilities’, ‘learning difficulties’ and ‘disability/ies’ were added with no relevant results found. This highlights the need for further research is needed regarding changes in perceptions of practitioners related to training, mental health and emotional wellbeing for people with SID and autism.

2.15 Summary

In this chapter, it was shown that for people with the dual diagnosis, there is an increased potential for difficulties around mental health and emotional wellbeing. Interactive pedagogies framed by the transactional model were highlighted as appropriate strategies for people with the dual diagnosis. Training around mental health and disability was shown to be useful in terms of influencing perceptions of those working in schools. There are gaps in the research which need to be addressed. II scholars were seen to have understood II as beneficial for wellbeing but there is a gap in the research regarding empirical and theoretical studies. The research indicates that there is a link between elements of the dual diagnosis and negative emotional wellbeing. My research will build on the existing research by recognising that mental health and emotional wellbeing are also important issues amongst people with the dual diagnosis. It will build on the idea that communication, social development and positive interpersonal

experiences in the school are considered to be potential contributing factors to promoting wellbeing.

There is a good amount of research on pedagogies for people with the dual diagnosis. However, the link between interaction and wellbeing has not been researched extensively. This highlights the need for my research to ask the question: ‘what elements of Intensive Interaction promote positive wellbeing?’

2.16 Research questions

The existing research has provided the foundations for a study that explores II as a developmental pedagogy for wellbeing of pupils with the dual diagnosis. One of the aims of this study is to influence policy and practice within the research context. The research questions are as follows.

Main question:

How do educational practitioners perceive the impact of Intensive Interaction on the emotional wellbeing of pupils with autism and SID in a special school setting?

Sub questions:

1. What elements of their practice do practitioners believe bring about positive changes for children and young people with autism and SID?
2. What are practitioners’ perceptions of their role in relation to pupil wellbeing?
3. How does the introductory training on Recording Intensive Interactions Outcomes (RIIO) effect on practitioners’ perceptions of the impact of Intensive Interaction on the emotional wellbeing of pupils with autism and SID?

The ways in which answers to these questions will be given are addressed in the next chapter on methodology.

Chapter 3: Methodology

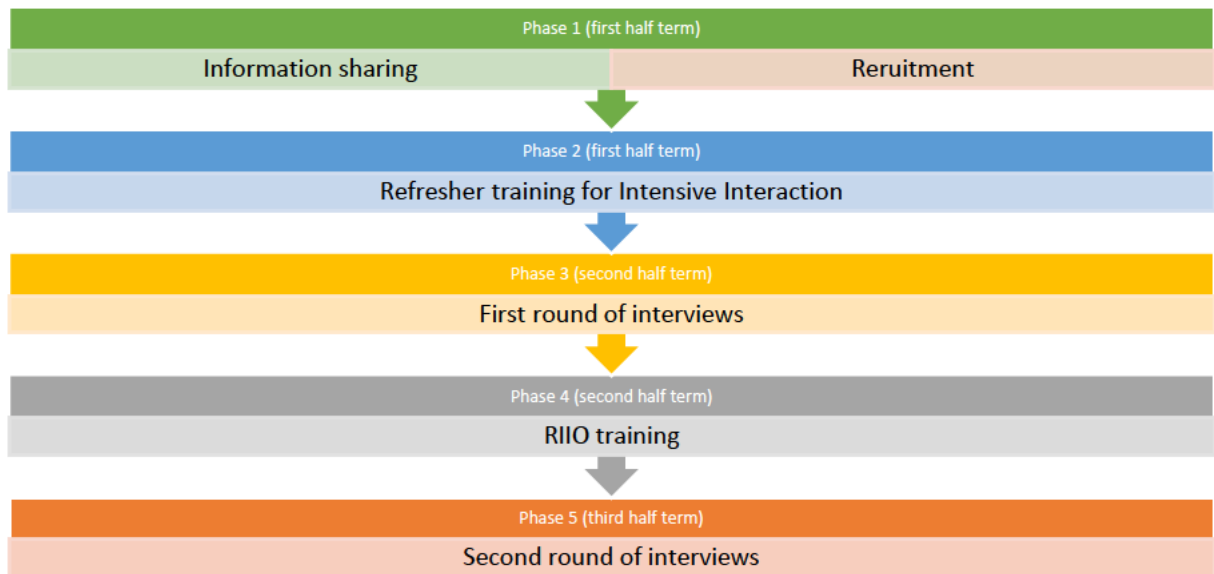
In this chapter, I will justify the choices made in the development and execution of the study. The chapter first covers ontological, epistemological and methodological assumptions which are the basis of the study. This study took place within the interpretivist paradigm. Constructionist ontological and hermeneutic phenomenological epistemological stances were taken throughout the study. Phenomenology was used as the research design. In this chapter, it is argued that using phenomenology as a methodology can influence policy and practice. Following the sections on philosophical assumptions and design, the inclusion criteria are set out. The participants in this study had all received initial II training and worked closely with pupils with the dual diagnosis. Purposive sampling was used as the foci of the research was exploring perceptions and influencing policy in the research setting. This chapter sets out the justification for using episodic interviews (Flick, 2000), a form of semi-structured interviews in order to co-create a narrative around the participants perceptions. Other potential methods of data collection are also explored and reasons are given for their rejection.

Following this, reflexive thematic analysis (RTA) (Braun and Clarke, 2022) is discussed as the most appropriate method for analysing the data. This is linked to phenomenology as a methodology which requires the research to produce a written report and using themes where necessary. RTA also gives space for the double hermeneutic as it accepts the researcher as inseparable from interpretation. The process of analysis is set out and alternative methods of analysis are explored and reasons are given for their rejection. Finally, ethical considerations are discussed. The phases of the study are given first for context.

3.1 Overview of phases

The data collection was split into five phases spread over four months. The first phase included obtaining gatekeeper consent, obtaining consent from staff participants and the delivery of training on the principles of Intensive Interaction. The training provided a refresh of knowledge on the principles for staff and was delivered by an experienced practitioner with no other links to this study. The second phase was the first round of interviews, focusing on interaction. The third phase was the RIIO training based on the FoC 2 (Table 3, page 25). The fourth phase was the second round of interviews, focusing on emotional wellbeing and mental health. The fifth phase consisted of analysing the data.

Figure 1. Phases of the study



3.2 Research paradigm and assumptions

My research took place within an interpretivist paradigm where social processes are interpreted by individuals and are understood in the context of people's understanding and ways of describing them (Miles and Huberman, 1994). This study collected descriptions and explorations of the participants' engagement in interaction and education. The data collected related to participants' perceptions and thoughts related to their experience of interactions with pupils with autism and SID. The meaning and understanding that this study has produced came

from the participants' perceptions of their social world, rather than through measurement of the social processes themselves.

3.2.1 Ontology

Ontology is the study of being. It is essential that educational researchers identify their place within ontological and epistemological thinking. There must be an alignment between the researcher's ontological and epistemological stances and the methods that they use (Keser and Koksal, 2017). I subscribe to a constructionist ontology where the world is created by social actors who exist within it. Levers (2013, 2) writes that "reality existing independent of human consciousness and experience, or reality existing within our consciousness and only through experience, is the eternal ontological debate." These ontological assumptions are present throughout this study. As I assume that the world is created by those who are in the world and know the world, this study focuses on the social actors who inhabit the research context.

I acknowledge that I have relied on categorisations of disability or additional need, specifically autism and SID, however, I argue that they exist as social constructions. For example, the DfE (2003) definition of SID, as set out in the previous chapter, consists of limitations of access to social tasks such as dressing, communicating and travelling. The world's autistic population is not thought to be homogenous but dimensional and on a spectrum (Happé and Fletcher-Watson, 2019). The pupils with this dual diagnosis have an infinite possible number of combinations of personality traits, behaviours and genetic predispositions, all of which are temporal and contextual. The categories that the pupils have been given gain their meaning through interpretation and will mean different things to all people, depending on their experiences.

3.2.2 Epistemology

Epistemology is the study of what we can know and how we can come to know it (Frankfort-Nachmias *et al.*, 2015). I align to the belief that meaning is constructed and that each person will experience phenomena in their own way, based on their own context and experience. Phenomenology finds its roots in Kant's (1998) *Critique of Pure Reason*, where he writes that all things must be constructed and represented if they are to be understood by others. In this way, the object is always represented through the interpretation of those who experience it:

The concept is always generated a priori... but their use and relation to supposed objects can in the end be sought nowhere but in experience, the possibility of which is contained in them a priori. (Kant, 1998, 356)

My research is based on collecting data about the participants' experience, which Kant describes as essential. However, Kant (1998) believed that there were objects that exist, in reality and fact, that can be seen and described. Hence, the concept being generated a priori (Kant, 1998.). This phenomenology is described as transcendental phenomenology, which Husserl is credited with as championing (Eddles-Hirsch, 2015). The key element of this form of phenomenology is that the researcher can, and should, be concerned with objectivity.

This research was not carried out in the Kantian tradition outlined above. The meaning that I was interested in finding was created through exploration of the participants' perceptions and thoughts. I was not attempting to find objectivity in relation to the social processes in the school. A researcher working in the transcendental phenomenological tradition, rooted in Husserl's philosophy, would find meaning by taking what others say as an object which can be observed and recorded. Husserl's transcendental phenomenology claimed to ensure objectivity through *epokhe*, or doubt, which required the researcher to suppress their judgement on the phenomena, and therefore retain objectivity (Padilla-Diaz, 2015). The researcher would record what another person said, and how they interpreted the object. The researcher would then put brackets around parts of their speech that they interpreted to be representative of the real world (Bradbury-Jones *et al.*, 2009). However, I do not align myself with this branch of phenomenology; I do not align with this retention of objectivity in interpretive research. Nor do I think that the real world can be described through bracketing parts of another's speech. Rather, I believe that the world is constructed through their interpretation and that, in turn, the researcher creates meaning through interpretation of their perceptions.

This study is grounded in the assumption that meaning and knowledge are created through interpretation. Instead of transcendental phenomenology, I align with hermeneutic phenomenology, rooted in Heidegger's philosophy, which studies human experience through their interpretation of the phenomena they experience (Padilla-Diaz, 2015). Hermeneutic phenomenology assumes that the researcher is not separate to the world (Bradbury-Jones *et al.*, 2009). Rather, it is founded in the ontological idea that humans are *in* the world, not *of* the world (Ray, 1994). The researcher is not separate to the world, therefore their experience and

knowledge is inseparable from their interpretation of the object as perceived by the participant. Therefore, Heidegger (2010, p. 4) writes “Every question is seeking. Every seeking takes its lead before hand from what is sought.” This is the double hermeneutic: I, as the researcher, was attempting to make sense of, and find meaning in, the participants making sense of their world. (Smith and Osborn, 2008).

3.3 Research design and assumptions: Phenomenology as design

The research design used in this study is hermeneutic phenomenology which is considered a research design as well as a philosophy (Sloan and Bowe, 2014). This study aims to understand the phenomena set out in the research questions by understanding the lived experience of the participants. As a research design, phenomenology is “uniquely placed” to give researchers the space to learn from the experiences of others (Neubauer *et al.*, 2019, 90). van Manen’s (1990) seminal text *Researching lived experience: human science for an action sensitive pedagogy* and further writing (van Manen, 2007, 2014) have been used as a foundation for discussion phenomenology as a design (Sloan and Bowe, 2014; Errasti-Ibarrondo *et al.*, 2018; Neubauer, 2019). This design is appropriate for the research questions as they are seeking meaning into what the lived experience is like for those involved (Errasti-Ibarrondo *et al.*, 2018). Phenomenology as a research approach calls for collecting data from multiple individuals in order discuss the common meaning of the lived experience regarding the phenomenon (Webb and Walsh, 2019).

Although hermeneutic phenomenology does not have set guidance on steps that should be taken when planning a research project (Neubauer *et al.*, 2019) there are elements in the literature regarding what constitutes hermeneutic phenomenology (Sloan and Bowe, 2014). The key components of this design are collecting data in the form of language directly from the participants and producing a written thematic report which gives meaning to their perceptions (Sloan and Bowe, 2014).

The methods used in this study had to obtain perceptions of lived experience from the participants. Language is the key element of hermeneutic phenomenological research as a design: “language is the only way by which we can bring pedagogic experience into a symbolic form” (van Manen, 1990, 111). The researcher must engage with language in a particular way. Hermeneutic phenomenology calls for *abstemious reflection* (van Mannen, 2014). This refers

to the state of the researcher who must abstain from injecting their own presuppositions or emotional connection into the interpretation (Errasti-Ibarrondo *et al.*, 2018). Reflexivity must therefore form part of the research design. This is discussed in more detail below. Reporting within this design framework is based on interpretation which sees past the immediate and obvious descriptions given by the participants (van Manen, 1990). The researcher is required to be sensitive to the nuance of language and engage with the undertones of what they are hearing (van Manen, 1990.).

It was necessary for the output of this study to be a written report. The creation of text through writing the report is the object of phenomenological research (van Manen, 1990). To produce the written report, the researcher must centre meaning in the participants' language around themes (Slone and Bowe, 2014). Therefore, the method of analysis used in this design had to result in the creation of written themes using language taken directly from the participants (Errasti-Ibarrondo *et al.*, 2018). The aim of the written report is not to achieve definite conclusions but to present the participants' lived experiences (van Manen, 2014).

One of the aims of this study is to influence policy and practice within the research context. It has been argued that the aim of phenomenological research is not to affect direct change on practice (van Mannen, 2007) rather, it is argued, this way of doing research can bring about change by "influencing thoughtful reflective attentive practice" (van der Zalm and Bergum, 2000). Additionally, hermeneutic phenomenology as a research design can and has been used by professionals in order to learn from the experiences of others and influence practice going forward (Anosike *et al.*, 2012; Neubauer *et al.*, 2019). Following these researchers, this study could explicate the essential foundations of practice within the research context as well as act as a base for future research (Anosike *et al.*, 2012).

This study's methodology uses a combination of authors' ideas due to the absence of clear guidance related to hermeneutic phenomenology of design. The key elements of the methodology, as noted above, are collecting data directly from the participants and producing a written, thematic report (Sloane and Bowe, 2014).

It has been argued to be the most appropriate for studies concerning social professions is van Manan's phenomenology of practice (van der Zalm and Bergum, 2000). Phenomenology of practice is based on *pathic knowing*, related to the "felt understanding" (van Manen, 2007, 21), that we have ourselves in all situations. This pathic understanding is seen as a corrective

opposition to the technological understanding we have of the professional world. Despite the intention of van Manan's phenomenology, it was not considered appropriate for this study as it does not present a clear framework. Additionally, van Manan's approach has been described as inaccessible to novice scholars as it is "abstruse and excessively complicated" (Zahavi, 2019, 1). For these reasons, van Manan's phenomenology of practice was rejected.

3.4 Participants inclusion criteria and sampling

In order to be included in this study, participants had to: 1. have had initial II training from the Institute of Intensive Interaction, 2. have worked closely with pupils with autism and SID and 3. have been employed by the school in which the research was done. This is because the research questions are focused only on pupils with the dual diagnosis and the study aimed to influence policy within the school. All participants would have had reasonably comparable foundation of knowledge of II before the start of the study. This foundation would have varied depending on how long ago they had their training. Therefore, refresher training on the PII was delivered to all participants. This training was delivered by an experienced member of staff who worked in the school. The member of staff delivering the training made no claim to be a qualified II trainer. They gave no advice on interaction with specific children. This member of staff had no influence on school policy and was not a direct line manager of any of the participants.

I used purposive sampling in order to identify potential participants. Purposive sampling is the deliberate choice of participants due to the specific qualities that they possess (Etikan *et al.*, 2016). As one aim of this study was to influence policy in the school that I worked in, I was only interested in the staff participants who existed within social context of the school. The staff members make sense of the school and of the interactions within it. Staff members at different levels within an institution's hierarchy perceive social processes that they experience in different ways (Magnusson and Marecek, 2015). Therefore, invitation to participate was given to all levels of staff from the head teacher (HT) to teaching assistants.

Working with staff in other schools within the local context in the early stages of the study could have been appropriate. This potential was explored and ruled out. The local specialist schools with pupils with the dual diagnosis of SID and autism provided a mainstream curriculum using task based education, rather than the process-based approach in II. There was

one school that could have been appropriate but this school had not provided any training to staff on II.

3.5 Possible data collection methods

This section explores the three main types of data collection related to words in qualitative research, which are focus groups, questionnaires and interviews (Gill *et al.*, 2008). I considered their usefulness and appropriateness for answering the research questions within an interpretivist paradigm and justify my choice of interviews as a method.

3.5.1 Questionnaires

Questionnaires have clear benefits for qualitative research but were inappropriate method for this study. Questionnaires are efficient and ensure total anonymity for the participant (Phellas *et al.*, 2012). However, they were inappropriate for this study because their use assumes that the participants will have the answers to the questions to hand (Gillham, 2007). Within the context of this study, it was likely that the participants may not have developed a conceptualisation of wellbeing and interactive style. Furthermore, the research questions aimed to explore the participants' individual perceptions and experiences, which were likely to have varied considerably from their peers. Using questionnaires prohibits the use of probes and follow up questions which are useful in digging deeper into the participants' experiences and clarifying responses (Phellas *et al.*, 2012). For these reasons, the use of questionnaires was not appropriate for this study.

3.5.2 Focus groups

Focus groups were also considered for this study and were more appropriate than questionnaires but were rejected. Interviewing as a focus group can be a useful method because they are efficient and participants who are usually reluctant to make contributions can be encouraged (Robson and McCartan, 2016). Focus groups consists of a group of people that were previously unacquainted (Gaskill, 2000). To an extent, the group is devoid of existing power structures because they do not know each other. In this way, no one member of the group, or their opinions, are prioritised. However, it would not have been possible for this study because the staff work closely together and the group would have included colleagues from all levels of the school's hierarchy. It could be argued that the impact of this familiarity could be moderated by

the facilitator. However, it is argued that the facilitator's role should be minimal (Powell and Single, 1996),

Focus groups have previously deemed to be at odds with research informed by phenomenology because the group must discuss a particular subject whose boundaries are determined by the researcher (Webb, 2003) and therefore an account of individual interpretation of experience is not what is sought (Chiu, 2007). However, Bradbury-Jones *et al.* (2009, 666) argue that focus groups can be appropriate for phenomenological research if the research is grounded in Heidegger's conception of interpretative phenomenology as it rely on collecting "uncontaminated' participant accounts."

In theory then, focus groups could have been used to answer the research questions if they formed part of a multi-methods design to study interactions between the participants. This was not appropriate given the research context. Challenge and discussion in focus groups is facilitated by the level of comfort that comes from the group's pre-existing relationships (Gaskell, 2000). However, as noted above, the pre-existing group would likely have consisted of people at all levels in the hierarchy in the school who work closely with each other. Participants may have felt uncomfortable sharing their experiences if they conflicted with others' or if they had previously had a negative experience with a colleague in the group.

3.5.3 Interviews

There are clear limitations to using interviews for this study. First, interviews are time consuming (Magnusson and Marecek, 2015). This study took place during the pandemic when the school was experiencing staff shortages. However, this time commitment was necessary in order to attain an in-depth discussion around participants' perceptions. All interviews were conducted in school time to reduce demands on staff members' personal time.

Additionally, there is no anonymity in interview research when the researcher uses unstructured or semi-structured interviews. There was a risk that staff members would not want to participate in the study as they would not be able to do so anonymously. This may have limited the pool of participants so severely that the study would have to have been redesigned.

Despite these limitations, interviews were deemed to be the appropriate method for exploring the perceptions of practitioners as they are designed for establishing that there are perceptions of the world that vary from those of the researcher (Farr, 1982). Qualitative interviews provide

fundamental data regarding understanding the perceived relationships between people and their contexts (Gerrick, 2000). As interviews are designed to explore the thoughts, beliefs and experiences of the participants (Gill *et al.*, 2008), it was decided that they were the most appropriate data collection method to answer research questions on practitioner perceptions.

3.5.4 Structured interviews

There are three types of interview which are structured, semi-structured and unstructured (Robson and McCartan, 2016). Structured interviews are questionnaires that are administered verbally with the same issues described above (Gill *et al.*, 2008). It would not have been possible to attain the level of depth needed for this study by using structured interviews. Importantly, interviews in interpretive research should “not merely be a one-way process of information passing from one to another” (Gaskell, 2000, 45). Using structured interviews would have ignored the co-construction of meaning that is central to this study as interpretive research.

3.5.5 Unstructured interviews

It was decided that unstructured interviews were inappropriate for this study as it is not possible to refocus the narrative onto the research topic within unstructured interviews. The interviewer asks one, non-directive, question at the beginning of the interview and then refrains from directing anymore (Corbin and Morse, 2003). In this way, research using unstructured narrative interviews can argue that they produce a ‘true’ account of narrative, rather than one co-constructed with the interviewer (Jovchelovitch and Bauer, 2000). However, as noted in the above, the co-construction of meaning in qualitative research is assumed in this study. Additionally, unstructured interviews would have produced a mass of unstructured data and so is not advised for novice researchers (Jovchelovitch and Bauer, 2000).

3.5.6 Semi-structured interviews

The aim of using semi-structured interviews was to allow the participants to create a co-constructed narrative. In the interviews, I aimed to create a space where the participants could create narratives related to their own experiences and thereby collect data on their perceptions and thoughts. Narrative is not a method but a process of making meaning through human experience (Hendry, 2009). Using interviews as a method allowed the participants to create

their narrative as narrative thinking gives temporary meaning to human experience (Flick, 2000). Experiences do not have an inherent narrative structure so it needs to be constructed (Flick, 2000). Semi-structured interviews were used in order to construct this narrative. Jovchelovitch and Bauer (2000) agree that narrative has a specific structure but argue that it can only be achieved through unstructured interviews because they best represent the participant's authentic perception of experience. However, semi-structured interviews allow for the co-construction of a narrative which is more closely related to the double-hermeneutic as set out in the philosophical assumptions in this study.

By using semi-structured interviews, I was to prepare an interview schedule in advance to ensure that the interviews remained on topic and had the best chance of answering the research question. The use of probes and prompts in semi-structured interviews allowed me to attain greater depth than using a structured interview. I was not able to predict all ideas that the participants might have discussed. The semi-structured nature of the interviews made me to respond to unexpected topics that the participants wished to explore (Gaskell, 2000).

The research questions aim to find out the perceptions of practitioners and how they have experienced the wellbeing of pupils with SID and autism in a school context. Episodic interviews (Flick, 2000), a type of semi-structured interview, were chosen as the appropriate method of data collection for this study. Episodic interviews aim to enable the creation of meaning by enabling the interviewee to pair memories of concrete experiences with their pre-existing knowledge of the topic (Flick, 2000). Flick (2000, 88) argues that narrative can be constructed within semi-structured interviews: that "the episodic interview is more oriented towards small-scale situation-based narratives, and it is therefore easier to focus on the data collection." Semi-structured interviews can be used to construct narrative as the interviewer uses the method to map and understand the interviewee's world (Gaskell, 2000). Episodic interviewing acknowledges that the knowledge that exists in a given social group will be different to the knowledge of a different social group. It also acknowledges that changes occur in small "concrete situational contexts" (Flick, 2000, 76), for example, one interaction in a classroom, but that those changes add up over time so that change can be seen in day-to-day life.

By using episodic interviews, I was able to obtain the narrative perspectives related to concrete experiences within lives of the individuals in the social group by encouraging the participants

to shape their narratives using their episodic memory and semantic memory (Flick, 2000). Episodic memory is linked to concrete circumstances and includes space, time, people and events. Semantic memory is more general and related to rules, procedures and concepts (Flick, 2000).

Table 4: Phases of developing episodic interviews (developed from Flick, 2000)

Phase of episodic interview development	Description of phase
Phase 1	Writing the interview schedules
Phase 2	Introducing the interview principle
Phase 3	The interviewee's concept of the issue, and his/her biography in relation to it
Phase 4	The meaning of the issue for the interviewee's everyday life
Phase 5	Focusing on the central parts of the issue
Phase 6	General, relevant topics
Phase 7	Small talk and elevation
Phase 8	Documentation

To develop the interview schedules, I followed the phases set out in Flick's (2000) work (see Table 4). I changed the order of the phases only slightly by moving phase 6 nearer to the beginning. As I was the manager of the participants in the professional context, it seemed that asking participants to conceptualise ideas such as wellbeing could have appeared too judgemental. It was decided that phase 6's general topic questions were a more suitable introduction to the interview. The interview schedules are attached to this thesis for transparency (see Appendix B).

3.6 Recruitment process

The ideal size for a phenomenological study has been noted as being around 10 (Noon, 2018). It was decided that eight or more participants being interviewed twice would give sufficient depth and breadth to the study, given its scope (Braun and Clarke, 2021) without producing an overwhelming amount of data for this study.

All staff that work with the pupils and had previously had II training were gathered together in school meeting time. The pupils had gone home and the staff were paid as usual for their time. The staff were presented with the information document which explained the research aims, what was expected of participants if they chose to participate. The document also included an explanation that choosing to participate in the research or not would not lead to any professional benefits, or repercussions. The document included a slip which gave the potential participants the opportunity to express interest in participating. I verbally explained what was on the document and gave an opportunity for questions to be asked by the staff team. Staff were asked to return completed consent slips to my pigeonhole within a week of the information session. Staff members who did not return a consent slip were not asked to be involved in any more discussions about the study.

The number of staff who met the inclusion criteria and worked in the school was approximately fifty, which was above the researcher’s capacity to accommodate in this study. It was explained that if the number of people who consented to participate exceeded the maximum for the study, twenty, then participants would be selected to represent the full breadth of the staff population in terms of gender, age and job role. Twelve participants expressed interest to participate in the study. One participant left the school before the commencement of the study. so eleven formed the sample of this study. The participants possessed a range of experience related to this study; their details are presented in Table 5.

Table 5: Details of participants’ experience

Participant pseudonym	Job role	Years working with people with the dual diagnosis	Number of specialist schools worked at
Bobby	Head of Department	4	1
Danielle	Teacher	16	2

Elsa	Therapist	8	More than 10
Eva	Head of Department	5	1
Hannah	Teacher	11	2
Heather	Teaching Assistant	8	2
Jane	Teacher	12	3
Lynda	Higher Level Teaching Assistant	6	1
Mona	Teaching Assistant	1	1
Sandy	Teacher	2	2
Stephanie	Teaching Assistant	5	1

3.7 Collecting the data

The participants took part in two rounds of individual semi-structured interviews with me which lasted between 17-35 minutes with an average time of 25 minutes. The first round of interviews focused on the practitioners' perceptions of using the PII. At the beginning of the interview, I reiterated that I was present in my role as researcher, not as a member of SLT. It was important that the practitioners are able to create their own narrative and put their perceptions across in their own way. The practitioners led the discussion for the most part as their perceptions were the focus of the research question. I audio-recorded each interview using Dictaphones to ensure

greater security for the data than using smart phone or computer applications. I used two in case one failed to record.

The themes covered in the first round of interviews were the participants' interactive style, their significant experiences of using the principles of Intensive Interaction and their understanding of wellbeing for pupils with SID. The themes covered in the second round of interviews were the role of wellbeing in relationships, their role related to wellbeing as practitioners and regulation. The two rounds of interviews were split because the practitioners were given training after the first round. This enabled me to explore whether the training impacted on the practitioners' perceptions.

3.8 RIIO training

Between the interviews, the practitioners were trained in the use of RIIO (Calveley, 2018). This was done so that comparisons could be made between the data from the two rounds of interviews on any impact of the RIIO training. RIIO is split into two parts. The first uses the component parts of the FoC2 as section headings. The practitioners were shown that they could fill in these sections with specific information about the pupils with whom they worked. The sections allowed the practitioner to document each child's current levels of wellbeing by inputting information about the pupil's behaviour, their emotional strategies and relationships.

The second part of RIIO gives a more detailed view of what wellbeing is. This part allows the practitioner to document ongoing developments in wellbeing through time. Each section from the first part of RIIO is further divided into subheadings. The practitioners were shown that they can fill in these smaller sections in note-form when a development occurred for each pupil. Screenshots of parts of RIIO are included in this thesis (see Appendix A). This training was delivered by a member of school staff who was trained in RIIO's use by its creators. I was not in attendance. The training was recorded so that staff members could refer back to it. The second round of interviews took place one month after the training was delivered.

3.9 Ethical considerations

Ethical considerations are of fundamental importance when discussing qualitative research because the researcher is personally present at each stage and can therefore impact each participant (Orb *et al.*, 2000). In this section, I discuss informed consent, confidentiality,

deception, data storage, power dynamics in insider research and the potential emotional impact of the questions in the interview schedule. This study was granted ethical approval by the University's ethics committee (ethical approval number: ERN_20-1285).

Informed consent was gathered from the practitioners and from the gatekeeper, the head teacher. All potential participants were given verbal information during the session which covered every element of the study, the research aims and the information below regarding confidentiality and the right to withdraw. The practitioners were informed that they were able to withdraw at any point up until the start of data analysis (see Appendix C for information letter).

To preserve the confidentiality of the participants, pseudonyms were used throughout the study. Personal details which may enable a third party to identify a participant such as the participants' gender and age were not relevant to this study and therefore were not recorded as part of the research process. One potential issue was that the school is relatively small so other people connected to the school, for example parents, governors or external providers, may be able to correctly identify the participants. This was explained to potential participants in writing. Participants were informed that their identities would have to have been shared if they disclosed information regarding a safeguarding breach or a criminal act, as required for ethical practice in research (Robson and McCartan, 2015).

Given the nature of the research and the emotional investment involved in teaching pupils with this set of needs, it is possible that participants have felt distressed or uncomfortable talking about the wellbeing of the pupils. It was made clear at the outset of the study and at the beginning of the interviews that the practitioner did not have to answer any questions that they did not want to and that this decision would not impact negatively on them. The practitioners had access to the local authority's employee support scheme, the details of which were provided in the information letter before the beginning of the study. The scheme provides free counselling support for local authority staff members. The details for accessing the scheme were included in the participant information sheet.

There were two parties that gave informed consent for this study: the HT of the school, as gatekeeper and the staff participants. There were two copies of the gatekeeper consent signed, I kept one and the other was kept by the head teacher. A single document acted both as information sheet and the consent form. The head teacher was given written information

including what the research required of the staff in the school, of the pupils and parents and of the right to withdraw. The head teacher was informed that the study was to be presented in the form of a thesis and submitted as part of the EdD degree at the University of Birmingham. The head teacher was informed of the secure university data storage system which would be used to store all data collected. The study did not involve any level of deception. All elements of the research were made clear to the participants in the information sharing element of the study.

All data collected is anonymised and kept in the University's data storage system. Recordings were labelled with a code number for each participant. The data will be deleted after ten years as recommended by the University of Birmingham ethical committee. This further reduces the chances of the data being viewed by people other than those involved in the research.

The power dynamics that existed between myself and the participants were unequal. The primary issue regarding hierarchy in this study are the "asymmetrical formal power relationships in... schools" (Herscher, 2003, 32). There existed an unequal balance of power between the two parties because of my position in the school. In the school, the ultimate responsibility for all elements of school life falls on SLT. Therefore, as part of SLT, it was my role to direct staff, hold staff to account and conduct performance management reviews. Staff members in the school do not hold members of SLT to account in such a formal way. For this reason, it may have been that staff members felt obliged to consent. To balance this issue, potential participants were told verbally and in writing that they did not have to consent (see information letter Appendix C).

Given my professional place in the research context, it is important to consider issues related to insider research. This is discussed fully in the conclusion chapter. The "perception of implicit coercion" (Fleming, 2018, 314) in the participant recruitment stage is an ethical issue of insider research. I attempted to reduce the risk of this occurring by stressing the fact that participation was voluntary in the recruitment stage. Alternatively, staff members may have felt as though they would be rewarded for participating. It was also possible that staff members could misconstrue the invitation to participate as a direct instruction. I reiterated the difference in my role as researcher to my role in school at the beginning the study and before each interview to reinforce these points.

3.10 Analysis

In order to make sense of the data, I engaged in thematic development. The most common form of analysis of thematic development is thematic analysis (TA) (Herzog *et al.*, 2019). It is labelled as thematic amplification by Kidd and Kidd (1990, 4):

“In the movement of Thematic Amplification one finds a natural gathering in relational possibilities of meaning. It is the exploration and inclusion of as many aspects of meaning in a phenomenon as it has been experienced.”

Therefore, I argue that the use of thematic development is consistent with research undertaken within the interpretivist paradigm, grounded in hermeneutic phenomenology. I collected data on the participants’ perceptions of their experiences and created meaning through developing themes across the data set.

The thematic development in this study incorporates the double hermeneutic and therefore necessitates reflexivity throughout the study. Both the participants and I experience the world and the social processes within it (Shaw, 2010). It was necessary for me to be reflexive throughout the study as I worked in the same institution as the participants, many of whom were close colleagues, and worked with the same pupils. I already had preconceived ideas of the participants’ practice and the pupils’ experiences of their schooling.

This reflexivity was especially important in the analysis stage. For example, I was conscious that I did not want to ‘find’ themes in the data that I thought would exist. Finding themes, or willing them into existence, has been used as a criticism for this sort of research (Braun and Clarke, 2022). However, I was aware that my experiences and perceptions were involved in the creation of meaning. Reflexivity must be embedded in qualitative research because the interpretivist believes that the meaning is co-constructed, and reflexivity assumes this co-constructed nature of meaning. Individuals experience the world from a particular perspective and cannot ever fully escape this subjectivity (Shaw, 2010).

3.10.1 Reflexive Thematic Analysis

There is variation in how scholars use Thematic Analysis (TA). Boyatzis’s (1998) study offered the first guidance on how to do TA but Braun and Clarke’s (2006) guidance has become the most influential (Wiltshire and Ronkainen, 2021). Braun and Clarke (2006) originally

conceptualised TA as paradigmatically flexible but since their seminal paper other versions of TA have been developed. TA is still misunderstood by some scholars as lacking in theoretical or paradigmatic commitments (for example, Wiltshire and Ronkainen, 2021). Braun and Clarke (2019, 2022a, 2022b) have demarcated the position of RTA among the other forms of thematic analysis by differentiating between three principal approaches to TA: (1) coding reliability TA; (2) codebook approaches to TA, and; (3) the reflexive approach to TA.

Braun and Clarke (2006) offer clear guidance on how to do TA, but do not present the guidance as rules that must be followed. When deviation from the guidance occurs or when supplementary methods are used, Braun and Clarke (2019) argue that significant justifications for this must be included in the write up of the study. However, there were no substantial deviations from the guidelines taken in this study.

Once the data was collected, I used reflexive thematic analysis (RTA) to analyse the transcriptions because it is designed to identify patterns of meaning related to people's perceptions, thoughts and feelings (Clarke and Braun, 2017). The process of RTA set out by Braun and Clarke (2020) was followed for this analysis. The phases are "familiarisation; coding; generating initial themes; reviewing and developing themes; refining, defining and naming themes; and writing up" (Braun and Clarke, 2020, 39). RTA has recently been discussed in greater detail by its creators, setting out guidelines for quality, process and variation within RTA (Braun and Clarke, 2022b). RTA is described as being theoretically flexible but that good RTA research identifies the theoretical assumptions in which the study is grounded (Braun and Clarke, 2019; 2022). The theoretical assumptions for this study have been clearly set out in this chapter and the previous chapter. Although RTA is theoretically flexible, it is a purely qualitative approach and is not paradigmatically flexible (Braun and Clarke, 2022a).

RTA is defined by the variation which exists in it. This variation refers to coding, analysis and frameworks. The variations are set out by Braun and Clarke (2022a). For coding, the variation is between latent and semantic coding. Latent codes are used when the researcher interprets meaning behind the data and semantic codes take the data at face value (Braun and Clarke, 2022a). For the analysis, the variation is between inductive and deductive analysis. Inductive analysis is driven by the data as it appears. Deductive analysis is shaped by the researcher's understanding of the theoretical assumptions. For the qualitative frameworks, the variation is between experiential and critical frameworks. Experiential frameworks aims to explore

people's perceptions. The critical framework aims to explore meaning around a topic. The variation in the theoretical frameworks is between realist and constructionist frameworks. Realist frameworks assume that the data holds truths and realities which can be found. Constructionist frameworks aim to interrogate realities as they are expressed in the data (Braun and Clarke, 2022a).

In the next section I will set out the process by which I conducted the analysis and show how I used predominantly latent coding to do deductive analysis within a constructionist framework. Latent coding allowed me to code data with codes related to implicit meaning. As written above, phenomenology as a design requires the researcher to pay attention to the undertones of the participants' language (van Manen, 1990). Deductive analysis is where the researcher views the data through the lens of existing theory (Braun and Clarke, 2022a). Doing this type of analysis reflected my position as a reflexive hermeneutic phenomenological researcher where I acknowledged the impact of my understanding of existing theory on my style of analysis. The next sections outline the process of analysis in this study.

3.10.2 Familiarisation

After the interviews were completed, I uploaded the audio files from the Dictaphones to the computer. I transcribed the interviews in the same order that they were recorded so that they were as fresh in my mind as possible. I planned to do this to ensure that I was able to remember any words that were not clear in the recording. However, as the recordings were clear, there was no need for this in the end.

I transcribed the interviews verbatim. Transcribing the interviews from the audio files allowed me to immerse myself in the data, listening to each sentence more than once as I repeated parts of the interview to ensure that I had transcribed it correctly. As I transcribed the first round of interviews, I kept notes regarding potential codes on a separate document. Doing this allowed me to review the questions for the second round of interviews to ensure that I was able to focus on key perceptions that the practitioners were communicating. For example, in the first round of interviews, all practitioners talked about some aspect of relationships between them and their pupils with regard to interaction so I reviewed the second interview schedule to see that relationships featured explicitly and that the phrasing of the questions was appropriate. I followed the same process for the second round of interviews.

3.10.3 Coding

I used latent coding throughout the analysis but there were some instances of semantic coding. This is consistent with epistemological assumptions in this study because I did not take the practitioners' words at face value. Rather, I found meaning in it that was not explicitly stated. The meaning in this study was co-created by using a combination of coding approaches. There were semantic codes used that recognised what was said explicitly when this was appropriate but they were later refined as I immersed myself further in the data.

There were potential codes from both interviews that I noted down presumptively that were not relevant when it came to coding. There were some codes that stood out through the transcription process that I used throughout the analysis process, notably imitation. Initially, I began coding the interviews on the MS Word documents on which they were transcribed. I created a table with two columns; in the first was the data from the interview, and in the second was a list of codes for that paragraph. I kept a list of codes on a separate document. I fully coded one interview in this way and began a second. It was immediately clear when I started the second that the process would become unnecessarily complicated as I would have to jump between interviews and the code list.

I started the initial coding again by uploading all of the transcribed files from the first round of interviews into NVivo software. This stage of the analysis was done through deductive coding, i.e., I interpreted through the lens of existing theoretical constructs, such as the conceptualisation of emotional wellbeing set out in the literature review.

It could be argued that there is sufficient literature devoted to this topic to create a codebook in order to do deductive coding. It would have been possible to create a codebook based on the principles of Intensive Interaction and my conceptualisation of wellbeing. However, the research question I was aiming to answer was about the perceptions of staff members in this specific context, which often lay outside of the boundaries of previous research. For example, II theory is based on practice with firm boundaries as outlined in early efficacy studies (Nind, 1996). Whereas in this study, I did not specify that those boundaries had to be met within the experiences about which the practitioners spoke. In practice, this meant that practitioners spoke about using the Principles of Intensive Interaction alongside practice that would not be considered to be Intensive Interaction, understood as an intervention or fully-formed process-

based pedagogy. I did not think it was appropriate to create a codebook in order to carry out the coding because I did not want to limit the interpretive nature of the analysis. I assumed that my interpretation of practitioners' thoughts and perceptions would create meaning that was not part of the existing debate. This co-creation of meaning would lead to the development of the themes, rather than the development being led by a codebook. This is something that is characteristic of RTA where "themes cannot exist separately from the researcher" (Braun and Clarke, 2020, 39). Therefore, the final codes that were used can be seen to reinforce the theories in which this study is grounded. However, this came about through viewing the data through the lens of theory more loosely than by using a codebook derived from the theory. I uploaded the transcription files from the second round of interviews directly to the same NVivo project in order to code them.

I coded the data set myself and did not seek inter-rater reliability. This is consistent with the epistemological assumptions set out at the beginning of the chapter concerning the co-creation of knowledge and the double-hermeneutic. It was assumed that another researcher would code the data differently and create meaning in a different way to my analysis. Wiltshire and Ronkainen (2021) argue that checks on coding should be done for the sake of reliability and that those checks would not impact on reflexivity. However, I am aware that my existence within the research context as a professional would limit the effectiveness of any check on the reliability of my coding and undermine the depth of co-construction of meaning within the research context. The reliability checks on coding could have been done by another member of staff within the school. However, this would not have been appropriate given the epistemological assumptions set out at the beginning of this chapter and may have compromised confidentiality.

3.10.4 Generating initial themes

The list of potential codes that I noted down during transcription included some of the codes from the initial coding from the first round of interviews. During the initial coding of the second round of interviews, I began to understand that there were likely to be comparable themes across both interviews. The most obvious potential themes were around practitioners building relationships with the pupils.

After coding the second round of interviews, I separated the NVivo project into two. This allowed me to compare the two rounds and include any potential impact that the RIIO training had on the practitioners' perceptions.

The level of analysis was relatively equal between the themes. This ensured that all were fully developed but none were unbalanced or too fragmented which is considered a common flaw in TA studies (Braun and Clarke, 2021). If the themes were too fragmented, it would show that the theme needed more development. If the themes were not balanced it would show that some needed further refinement.

Some data extracts were assigned to more than one code. This is representative of the dimensional aspect of human experience and perception. In the analysis, the data extracts were not used for more than one theme. It is an important reflexive exercise to acknowledge that these extracts did inform the creation of the initial themes, and therefore had an impact on meaning making of more than one theme, even though they were not presented in the final thematic reports in this way.

I developed the themes for the first round of interviews first and then started the process again with the second round. In this way, I was able to immerse myself in the data and not draw conclusions based on another data set. It enabled me to compare the thoughts and perceptions of the practitioners before and after the RIIO training.

I read the data set as a whole, as in the guidance from Braun and Clarke (2006, 2020, 2022a). Magnusson and Marecek (2015) suggest that the researcher should identify which data extracts related to each question, thereby linking the data directly to each research question. However, by doing this, the researcher has predetermined the central-organising concept around which the themes are developed. It could be argued that this is just a recognition of the role of the researcher in interpretive research. Furthermore, it could be argued that without the researcher framing the analysis in such a structured way, the researcher was being led by the data rather, as in inductive analysis, instead of the researcher using the theory, as in deductive analysis. I am not advocating that I, as the researcher, should be finding themes that exist; however, writing sub-questions and then fitting the data around them risks the researcher simply selecting the data that proves their hypothesis. To work against this, researchers could include conflicting themes or focus on outlier cases but this would still mean potentially ignoring data themes that might bring an unexpected dimension to the analysis. Additionally, Braun and Clarke (2022a)

write that matching interview questions to sub-questions is an example of poor practice in RTA research. Instead, I had the research questions in mind and wrote the analysis in a way that showed how the developed themes answered different parts of the research questions, as in the guidance from Braun and Clarke (2022a).

3.10.5 Reviewing and developing themes

The analysis procedure can be illustrated by describing the development of two of the themes. Initially, two codes were promoted to themes: regulation and relationship building. The data coded to regulation and relationship building had the potential to be organised around a central theme. For each of these two themes, I took all of the data extracts from the codes by copying and pasting them one at a time from NVivo. I read each extract again and wrote notes on the document about the meaning behind the data. When I thought that there was overlapping meaning with another code, I copied- and -pasted the data from those codes onto the same document. At this stage, I included some data in more than one theme-development document, as I had coded some data more than once. I read all of the data in the documents, one document at a time, without taking notes and then re-read it, this time taking notes and thereby forming a narrative. At this stage, I restructured the data to show the narrative more clearly on the page. I then began to add quotes and ideas from the theory to show how the perceptions of the practitioners could be viewed through the lens of the theory.

Whilst creating a narrative, I was aware of theoretical assumptions driven by reading and my own practice. At times, I found myself thinking of similar experiences that I had had with pupils in my teaching career to those that the participants were communicating. At other times, I was aware that I had not seen or experienced similar interactions even when working with the practitioner in a professional context. Some data took me back to my own practice at first but veered swiftly away as the passage progressed. Certain elements of the data were familiar to me through practice but not the theory, or theory but not the practice. For example, *control* features heavily in parts of the theory (Nussbaum, 2006) but did not feature as much in professional conversations in the school environment.

Using the theory allowed me to develop the themes further. I promoted the code *regulation* to a theme in the initial theme development. Codes can be promoted to themes in RTA as part of this phase of analysis and the next phase (Braun and Clarke, 2022a). Whilst integrating the

meaning in the data with the theory that the study is grounded it appeared to me that the practitioners were talking about co-regulation in times of crisis more than they were talking about self-regulation. This became the name of the theme and other codes were then added to the theme development document. Regulation was then ‘demoted’ back to being a code which provided data extracts for the theme. For other themes, I made notes on potential themes in the initial theme development and wrote down which codes would contribute to their development. I copied them into a word document from NVivo and followed the same process as above.

3.10.6 Refining, defining and naming themes

When I had developed the themes, I read through them all again and found that some elements of the analysis were shared between different themes, for example, the temporal aspect; time was seen to be an active component across themes. This was because I had coded some data extracts to more than one code. It could be argued that this is a limitation of the analysis because it blurs the boundaries between themes, and themes should stand on their own. However, time proved to be relevant to the development of multiple themes, whilst not constituting a central organising feature in and of itself around which a separate theme could be developed. This information was included in my theme definition document.

3.10.7 Writing up

In the writing up stage, direct quotes were taken from various participants. This data was then presented alongside the interpretive analysis. It was necessary for the output of this study to be a written report. As discussed above, the creation of text through writing the thematic report presenting the participants’ lived experience is the object of phenomenological research (van Manen, 1990; van Manen, 2014). It has been advised in the literature that the data forms approximately half of the text in RTA when the results and discussion chapter are separate (Braun and Clarke, 2022a). However, in this study, the data takes up less than half of the text because there is some initial discussion alongside as well as presenting the results.

The writing up stage involved a small descriptive element but mainly featured reporting of my interpretation of the data alongside some discussion. The discussion was then expanded upon in the subsequent chapter. When writing, some links were drawn between the themes to show

connections in the practitioners' thinking. However, the aim was not to create strong links between all of the themes in order to develop one cohesive idea of theory, as would be the case in other forms of analysis, for example, grounded theory (Otkay, 2012).

My analysis was carried out within the interpretive paradigm but I also used description in the reporting of the themes. RTA rests exclusively within a qualitative paradigm but relies on description in the analysis (Braun and Clarke, 2022a). The rigidity of RTA's existence in the interpretivist paradigm has been the subject of recent debate. Wiltshire and Ronkainen (2021) argue that the binary choice between codebook TA and RTA is limiting and do not stand up to scrutiny. For example, where Braun and Clarke (2019, 593) contrast descriptive analysis of patterns in codebook TA with "deep reflection" in RTA. Wiltshire and Ronkainen (2021, 161-162) argue successfully that both descriptive and deep "analyses may be needed in building knowledge about a particular phenomenon of interest". Braun and Clarke (2022a, 204) do not deny this, however, arguing that description is a useful part of RTA as it identified patterns but that researchers should then ask "what are the implications of this pattern?" TA has been criticised in the literature as an underdeveloped method as there are published examples that rely too heavily on descriptive analysis (Drisko and Maschi, 2015). Braun and Clarke (2022b) agree, arguing that descriptive themes are underdeveloped and are examples of poorly executed attempts at thematic analysis. Therefore, description should not be avoided in its entirety, rather it should be used to ground the presentation of data before developing the theme further. As a result of this debate, the themes that I report in the subsequent chapters begin with some description but develop into a more robust discussion with references to the implications of the patterns. In the process, I considered other methods of analysis which were rejected. I have explained the main reasons below.

3.11 Rejection of other methods of analysis

3.11.1 Content analysis

Content analysis was considered for use in this study but was rejected. It has previously been argued that qualitative content analysis should be the analytic strategy that qualitative researchers employ (Sandelowski, 2000). Comparisons between content analysis and thematic analysis exist in the literature. For example, Drisko and Maschi (2015, 83) state that "what researchers vaguely label as "thematic analysis" may be most similar to contemporary

qualitative content analysis”. I argue that content analysis is not appropriate for this study for the following reasons.

Coding in basic content analysis is mostly semantic (Braun and Clarke, 2022b). Codebooks are created based on existing theory and empirical work before coding begins. Codes can be applied to data with interpretation by the coder. The data in this form of content analysis is quantitative and is understood through the use of statistical analysis (Drisko and Maschi, 2015). As my research questions focus on the perceptions and thoughts of practitioners, it is not appropriate to rely on analysis that finds frequencies with which words appear in the data because some meanings will not be captured in the analysis.

Qualitative content analysis (QCA) moves away from basic content analysis which aims to move away from only summarising and presenting data as quantitative and manifest towards describing latent content of the data. Although the latent coding in qualitative content analysis aligns more closely with an interpretive paradigm, the aim of QCA is still to produce descriptive analyses of text or speech. It is this descriptive aim that renders QCA inappropriate for this study. RTA recognises the importance of description but relies on the further creation of narrative (Braun and Clarke, 2021)

3.11.2 Grounded Theory

Grounded theory analysis (GTA) was another method of analysis which was considered for this study but was also rejected. In GTA, categories are developed which are similar to the themes created in RTA but the grounded theorist then links the themes together to develop a theory (Otkay, 2012). RTA does not require the researcher to relate themes to one another. I was not attempting to develop a new theory, therefore the linking of themes was not a necessary part of my analysis.

The difference between RTA and GTA lies in the aims; researchers doing grounded theory are aiming to create an abstract and generalisable theory” (Morse and Clark, 2019, 145). Whereas I, using RTA, am explicitly using existing theory as a lens through which data can be analysed because sufficient theoretical work exists within this area of study.

Coding can be used to illustrate this difference. The coding used in this study was latent, as noted above, but coding in GTA is semantic. In GTA, the data is not interpreted through the lens of existing theory using latent coding due to fears that the researcher’s insights will be

stunted by their existing notions of social phenomena (Otkay, 2012). By excluding the use of latent coding, the grounded theorist does not acknowledge the place of the double hermeneutic, as described above, and which is integral to meaning making in this study. For these reasons, the use of GTA would have been inappropriate for this study,

3.11.4 Interpretive phenomenological analysis

Finally, is it important to discuss why interpretive phenomenological analysis (IPA) was rejected for use in this study. It is especially important given the use of hermeneutic phenomenology as a methodology in this study. Critics of RTA often claim that IPA is the most appropriate design for any study concerning phenomenology (Braun and Clarke, 2021). RTA is an effective method for research projects that aim to analyse the perceptions and experiences of people (Byrne, 2021).

My alignment with hermeneutic phenomenology, as outlined above, suggests that IPA could be an appropriate method in this study. The analytic processes within TA and IPA are similar. There are some differences such as the development of themes. Within IPA the researcher develops themes for each data extract but within TA themes are developed across the data set (Braun and Clarke, 2021). Despite this, the analytical outcomes IPA and TA grounded in phenomenology are likely to be similar (Braun and Clarke, 2021). It is suggested that researchers use RTA instead of IPA when one of the aims of the research is to promote guidance for change in practice or policy (Braun and Clarke, 2021), which is the case for this study.

This study is grounded in constructionism, as set out earlier in the chapter. The ontological basis of IPA is traditionally critical realism (Fade, 2004). Critical realism assumes that there is a reality that exists independently of our observation of it (Haigh *et al.*, 2019). Critical realism's inclusion in IPA renders it inappropriate for use in this study. As written above, RTA is flexible in that it allows the researcher to base their analysis in different theoretical understandings (Byrne, 2021) whilst IPA does not give this flexibility (Fade, 2004).

Another difference between RTA and IPA rests in the idiographic criterion which requires IPA studies to have homogeneity in the participant group. Spiers and Riley (2019) successfully illustrate this key difference in their multi-method study by explaining the impact on their participant group. "This list of [47] transcripts was analysed to search for a demographically homogeneous group of GPs" (Spiers and Riley, 2018) with 11 meeting the criteria. The

reduction of the data set allowed for IPA to be conducted successfully but made the data too thin for effective TA to take place (Spiers and Riley, 2019). Employing this criterion to my participant group would have been inappropriate for this study because I wanted all roles in the school that met the inclusion criteria to be able to participate; the research questions do not ask about a specific group of people within the institution. It has also been noted that studies including this many participants may create an overwhelming amount of data which renders the researcher unable to analyse each individual participant in the depth needed for IPA (Noon, 2018).

3.12 Credibility and trustworthiness

As a reflexive qualitative researcher, I align with this notion of subjectivity when interpreting the perceptions of the research participants. Reflexive qualitative research acknowledges that two researchers will not produce the same analysis of the same data set because the analysis takes place at the intersection of the data, theoretical assumptions of the researcher and the researcher's skills (Byrne, 2021). This rendered processes by which studies can be validated, such as inter-rater reliability, inappropriate for this study because as it was assumed that another researcher would necessarily and unproblematically produce different analytical outcomes.

Trustworthiness is an important factor in qualitative research (Gunawan, 2015). Trustworthiness is seen by some as credibility and confirmability (Gunawan, 2015). To ensure trustworthiness, it is recommended that a detailed account of the methodology is given. This is referred to as developing and detailing a 'decision trail' (Cope, 2014; Noble and Smith, 2015). Within the detailed account, it is important to be transparent about philosophical assumptions regarding methods of collection and analysis (Gunawan, 2015; Noble and Smith, 2015). This thesis included a detailed account of assumptions related to all methods. The detail in the decision trail enhances transparency and therefore trustworthiness in a qualitative study (Noble and Smith, 2015). Transparency can also be enhanced by including a statement of positionality, as has been included in this study. In this way, open and honest statements of positionality can be used to acknowledge potential biases. This is especially relevant as insufficient attention to bias has been identified as a trend in qualitative II research specifically (Hutchinson and Bodicoat, 2015).

Thorough data collection is imperative to enhancing credibility and trustworthiness and is achieved by ‘prolonged engagement’ (Cope, 2014). To achieve this, the researcher must allow for adequate time in data collection to build a rapport with the participants. To support this, the interviews in this study were not given a time limit. They were conducted at a time when the participants did not have any other professional commitments to attend following the interviews, such as meetings or lessons. The data collection was followed by detailed transcription which is seen to ensure that the data represented the participants’ views (Gunawan, 2015). When the data were analysed, differences and similarities between participant perceptions were sought. This ensured that it was not just one participant’s views being presented, further supporting credibility (Noble and Smith, 2015). The emerging themes should be discussed with more experienced researchers (Noble and Smith, 2015). In this study, this was done as part of the doctoral supervision process.

Another stage of ensuring credibility for a qualitative study is confirmability (Gunawan, 2015). Confirmability is the demonstration that the data represents the participants views and not the researcher’s bias (Cope, 2014). Therefore, confirmability is a matter of presentation (Gunawan, 2015). The inclusion of rich, verbatim accounts of participants’ perceptions were used when presenting the results which supports claims made in this study (Noble and Smith, 2015). This is because the reader is able to determine the credibility of the study by comparing the data and the researcher’s claims. The data were presented clearly in this study.

The role of the researcher is also an important factor for this study as I worked in the research setting. In some instances I had worked with the participants as their class teacher or as departmental peer. This familiarity may have led to a less formal feel in the interviews and allowed the conversation to flow more freely. Additionally, as an insider researcher, I may have possessed tacit knowledge founded in my familiarity with the participants which led to privileged access to information that would otherwise not be shared (Blythe *et al.*, 2013). However, the participants may have chosen to share less information with an insider research if they fear being judged by them (Fleming, 2018). This point is especially pertinent because of the position of power that I held in the school. I was promoted twice through the research study, which effected the power dynamics between myself, as the researcher, and the participants. This may have had an effect on respondent bias. This was acknowledged in the data collection and the participants were informed at key points that the questions were not designed as a

judgement on their practice. In spite of this, some information may well have been kept by the practitioners.

A criticism of insider researchers is that they may lack objectivity in the analysis (Rooney, 2005). To combat this, it has been suggested that researchers should seek review from ‘outsider’ researchers (Blythe et al., 2013). However, this was not appropriate for this research due to its phenomenological methodology based in a qualitative paradigm. In fact, it is argued that studies using external researchers to achieve objectivity and reliability are examples of poor RTA research (Braun and Clarke, 2020). This leaves RTA open to the criticism that researchers pick and choose data that suit their cause. However, I argue that when doing RTA, it is vital that there is sufficient data included in the analysis reporting to prove that the theme exists around the central organising concept.

Participant confidentiality is clearly imperative in any study. It could be argued that it is possible that the School could be identified through me as the researcher which would increase the risk of identifying a participant (Floyd & Arthur, 2012). As noted in the methodology chapter, I used pseudonyms for the participants and informed them of this in the recruitment stage. To reduce the risk further, researchers could change or hide certain characteristics of the participants to avoid their identification in future. However, this could, in turn, reduce the transferability or generalisation of the findings (Trowler, 2011) so was not done in this study.

3.13 Summary

In this chapter I set out how this study was underpinned by my ontological and epistemological assumptions. The social world finds meaning through the creation of narrative based on interpretation. That meaning is co-constructed between the person who describes their experience of the phenomenon and the person who listens to, and analyses, that description. In this study, I used episodic interviews to enable the participants to create their narrative.

The importance of including people’s perceptions in research lies in the way that meaning is constructed. Using interview-based research, this study creates a space for the creation of meaning related to the research population. By using RTA to interpret the perceptions and creating a written thematic report, the study is in line with the expectations around hermeneutic phenomenology.

The methodology used in this study presents some specific challenges related to credibility and trustworthiness. Some of these challenges are amplified by my professional position in the research setting. In this study, several approaches to strengthen credibility and trustworthiness have been used. These include using detailed, verbatim accounts of the practitioners' perceptions, including details about the research setting and being transparent about my own positionality. In the next chapter, I will present the themes that were developed in the analysis.

Chapter 4: Results and initial discussion

4.1 Overview

This chapter presents the results of the study with some initial discussion and engagement with the wider literature. This chapter is followed by a more in-depth discussion in the next chapter. A table giving details of the participants is presented first. After this, the results are presented in six themes: 1. *Pupils at the centre of practice*; 2. *Pupils at the centre of thinking and of practice*; 3. *Relationship building*; 4. *Relationships for wellbeing for pupils with the dual diagnosis*; 5. *Co-regulation using the principles of Intensive Interaction*; and, 6. *Self-regulation*. Table 6 gives a visual representation of the themes.

Table 6: How data is presented in the themes

Theme	Data presented in this theme is taken from:	Does the theme include comparison between the pre- and post-interview phases?	Conceptual links between themes
1. <i>Pupils at the centre of practice</i>	Pre-training interviews	No	Themes 1. <i>Pupils at the centre of practice</i> and 2. <i>Pupils at the centre of thinking and of practice</i> discuss pupil centred thinking
2. <i>Pupils at the centre of thinking and of practice</i>	Post-training interviews	Yes	
3. <i>Relationship building</i>	Pre-training interviews	No	Themes 3. <i>Relationship building</i> and 4. <i>Relationships for wellbeing for pupils with the dual diagnosis</i> discuss relationships
4. <i>Relationships for wellbeing for pupils with the dual diagnosis</i>	Post-training interviews	Yes	

5. <i>Co-regulation using the principles of Intensive Interaction</i>	Pre-training interviews	No	Themes 5. <i>Co-regulation using the principles of Intensive Interaction</i> and 6. <i>Self-regulation</i> discuss regulation
6. <i>Self-regulation</i>	Post-training interviews	Yes	

The themes were ordered based on their frequency, from most to least frequently used. Each theme is split into sub-themes. The sub-themes are ordered by the number of practitioners that held the views included in the sub-theme. The data for the themes was taken alternately from the pre-training interviews and the post-training interviews, as presented in Table 6 above. This allowed for clearer comparison between the practitioners' perceptions before and after their RIIO training. The pre-training and post-training interview data is compared briefly here as RTA requires the whole data set to be treated as one (Braun and Clarke, 2022b). The first two themes cover the practitioners' perception that the pupils should be at the centre of their thinking and practice. Their thinking changed from discussing child-led interactions in the first theme to seeing the pupils within a wider context in the second. The second two themes discuss the role of relationship building. The practitioners' perceptions developed broadly in line with the RIIO training by integrating ideas around security, predictability and discussing pupil needs related to their diagnoses. The third set of themes discusses regulation, changing from co-regulation in the moment to self-regulation over time. An in depth discussion chapter analysing the main findings follows this one.

4.2 Theme 1: Pupils at the centre of the practice

This theme presents the perception that the pupils had to be at the centre of the practitioners' thoughts and practice. The data presented in this theme came from the pre-training interviews. The theme is split into three sub-themes, i. *Pupils need to be understood as individuals*, ii. *Reading behaviours to understand pupils*, and iii. *Pupils can have more control when at the centre of practice*. The staff thought it was important to understand the pupils in order to promote wellbeing. The practitioners needed to understand what the pupils were communicating. This was both difficult and important because of their needs related to communication. The way the practitioners thought they could achieve this understanding was

through being able to read the pupils' behaviour; the practitioners thought that they had an innate ability to be able to do this. They had a belief in their own ability to interpret pupils' behaviour and amend their actions based on the interpretation. Once the pupils were understood, the practitioners thought they could enable a greater degree of control for the pupils.

4.2.1 Sub-theme 1: Pupils had to be understood as individuals

All eleven of the practitioners were clear that the pupils were at the heart of their practice. Reflecting a key element of II, the practitioners used child-led strategies. When comparing different pedagogical styles that they practice one practitioner said *"so you're following, like more sort of like child-led"* (Mona). The practitioners were clear that this was important because they thought of the pupils as individuals: *"like every single one of them is different"* (Elsa). It was this sense of individuality that influenced practitioners' decision making with regards to pedagogy and interaction. Importantly, child-led practice was seen in a specific way. It was not seen as a way of organising a class, as is the case in an early years foundation stage setting (Langston, 2014), but as a way of gaining an understanding into the individual in order to promote wellbeing. Jane summarises this perception:

"it's about us understanding what's right for each person. Not like, I don't see the class as a class I see my class as a class of individuals and that, that's how I think we, we promote their wellbeing."

This sense of needing to gain an understanding was central to the practitioners' perceptions of wellbeing *"because you can assess that child as they are and gradually meet their needs"* (Heather). The language of assessment was used only by teaching staff, Danielle, Hannah, Jane and Sandy. This framed wellbeing as central to the learning process in the school. Mona, an entry-level teaching assistant, put it more simply: *"it's like being able to know that child and know what they want"* (Mona). In both iterations, the staff thought that if they understood the children better, then they would be able to provide what the pupils needed, thereby supporting their wellbeing. Another member of teaching staff went further with this assertion. Sandy explains that if she perceived that the pupils' levels of wellbeing were low, then academic learning should not take place. Instead, *"the work needs to be about them understanding how they feel and having strategies to deal with that first"* (Sandy).

There was a clear sense of the practitioners being limited in their understanding of the pupils because of their communication needs: “so I just think maybe just understanding a little bit more ‘cause they can't communicate” (Hannah). This is also highlighted by Elsa who uses music in a therapeutic capacity in the school. As such, Elsa does not have a class but works across classes. Practically, this means that Elsa has less experience of how individual strategies are implemented for each pupil and how the pupils' communication needs.

“if I could have additional amounts of time to be further within the class environment, I could make more of a consensus of how things are tackled in terms of their communication needs and their social interaction needs” (Elsa).

Practitioners who spent more time in the classroom environment described moments where they were able to meet the needs of the pupils even though the pupils were not able to explicitly communicate that something had happened. The practitioners thought they used their understanding of their pupils to inform their decision making. For example:

“if that child is as come in not happy and you know that child inside out, you could probably pinpoint somewhere along the way that something's happened that morning” (Hannah).

Hannah goes on to say that a practitioner with less understanding of the specific pupil might not give them the space they needed and use too much verbal language: “if you didn't know that child might just need five minutes if you constantly might be like ‘come on, come on, it's okay’”. Here, Hannah indicates that there is an element of guess-work involved in her decision making. Hannah describes that her response to the pupils was affected by their behaviour, but does not explain how or why she thought the things she did. Whilst all of the practitioners thought that understanding the pupils helped, they were not always successful in knowing when to interact and when to give pupils space: “you should try and know when the time is for that and sometimes I get that wrong” (Jane). It was cited specifically as a way to limit this guess-work:

“Intensive Interaction allows them to show you who they really are and what they really like and enjoy rather than trying to guess all the time” (Heather).

It was thought to give the practitioners greater understanding of the pupils. This may have been because the practitioner learnt to read the pupils' behaviours more accurately through the interactions.

4.2.2 Sub-theme 2: Reading behaviours enabled practitioners to understand the pupils

In order to gain this understanding and refrain from relying on guessing, all eleven of the practitioners thought that they must learn to read the pupils' behaviours. In this way, the pupils' behaviours were treated as intentional attempts at communication. The practitioners could judge their actions based on what they had been 'told' by the pupils. Despite the fact that some behaviours in people with autism are idiosyncratic, treating all behaviours as attempts at communication is one of the PII (Hewett, 2012). The practitioners responded to the pupils' behaviours as they occurred rather than deciding how to interact with a particular pupil and sticking with that approach rigidly: Practitioners decoded: "*what it is that their behaviours telling us or what their communication is telling us or how they're acting on a day*" (Jane). This could be seen as a similar approach to asking somebody how they feel, listening to their response and acting accordingly. However, the practitioners did not treat the pupils' behaviours in the same way as they would treat spoken words. Rather, they attempted to gauge an overall feeling or mood: "*I think we should [...] just be really in tune with what it is they're trying to tell us*" (Lynda).

Some practitioners referred to specific behaviours and what they indicated for specific pupils but without discussing how they, as practitioners, would respond: "*when she was feeling anxious she doesn't give eye contact she looks into the corner of the room*" (Bobby). This is a clear example of how a behaviour could be read and interpreted for a specific pupil. It is easy to see how useful understanding that behaviour would be for a class team or the pupils' family.

Practitioners saw themselves as reading the pupils in order to influence their judgements: "*reading in terms of 'right, does this young person want to carry on' 'am I going to be intruding if I keep going with this now or shall I try again?'*" (Eva). The most common example of reading a behaviour and responding accordingly, given by four practitioners, was knowing "*when they want you to move away*" (Mona). The data showed a variety of ways in which the pupils signalled that they needed space. For example, by using movement, "*one girl will get up if she's had enough whereas another will just move back*" (Stephanie), or by using vocalisations, "*I know before a child's got upset and made a noise to said like go away*" (Mona). The perceived meaning of these behaviours tended to correspond well with the action, i.e., it seems reasonable to think that moving away from someone might mean that they need space. In this way the practitioners were able to "*get a firm idea of when it's a good time to back off*" (Eva),

eliminating the guesswork highlighted in the previous sub-theme. This decision making was specifically linked to wellbeing: *“I can see the child hasn't got good emotional wellbeing you think ‘what can I do’, ‘what does a child need’ at that specific time”* (Sandy).

There were other examples in the data that were less clear, such as eye contact and engagement. The practitioners were clear that they had to closely observe the pupils and were *“watching for subtle signs”* (Eva). Bobby gave the example of a pupil in her class where *“eye contact with her is like her sort of like ‘I want to talk to you’”*. In this example, Bobby has read the pupil’s behaviour. These subtle signs also included engagement *“I started to notice that there were certain times in the day when we came to things as a group was when she didn’t initiate Intensive Interaction”* (Bobby). Here, Bobby interpreted the change of behaviour as having meaning.

4.2.3 Sub-theme 3: Pupils can have more control when they are at the centre of practice

One important element of wellbeing that was highlighted by five of the practitioners’ behaviours based on reading and understanding the pupils was control. The practitioners thought that the pupils lacked control over their environment and that this had the potential to promote negative wellbeing.

“For the young people that we're talking about, so much is out of their control, that actually it's amazing that a lot of them have got the kind of wellbeing that they have I think because they are regularly done to, aren't they?” (Eva)

The perception that the pupils are ‘done to’ and lack control aligns with the DfE definition of SID (DfE, 2003) which states that the pupils must be helped with simple daily tasks such as getting dressed. The link between control and wellbeing links explicitly to the conceptualisation of wellbeing expressed in CA where all people are owed *“control over one’s environment”* (Nussbaum, 2006, 77).

It was deemed to give the pupils a sense of control: *“the word control... it must be a nice feeling that someone's of looking at your actions and imitating you or trying to be like you”* (Sandy). Imitation is core elements of the PII (Hewett, 2012) and the practitioners thought that it gave the pupils a sense of control, *“you're the one who tells them what to do, it kind of reverses that”* (Sandy). In this way, the pupils were able to have positive control over another person. Pupils who often have no control over their environment due to communication difficulties frequently

use behaviours that challenge to gain that control (Imray, 2017). It was perceived to enable the pupils to do this in a positive way.

In terms of interactions, this was done by letting the pupils start and end interactions. As seen above, this was done by gauging behaviours such as eye contact, vocalisations or movement. Practitioners were aware of their role in giving pupils control over their environment by “*waiting for them... letting them invite you in*” (Hannah). Once in an interaction, the practitioners thought it was their role to continue until the pupil wanted it to end: “*letting him take completely the lead and I wasn't going to stop until he, was satisfied that it was over*” (Eva). This idea is present in the PII and was outlined in the refresher training for II that the practitioners received as part of this study.

It was important for the practitioners that the pupils dictated when interactions could take place; the interactions needed to be “*on her terms*” (Lynda). Doing this consistently was important because the pupils needed to know that they were able to have control when they needed or wanted it: “*they trust that when they want to take control, that you're going to respond*” (Eva). The practitioners’ views here are congruent with the PII. The practitioners thought that behaving consistently engendered a sense of control for the pupils. The PII are important here because they call for responding to all attempts at communication. If these attempts at communication are ignored, then the pupils may learn that they cannot take control.

Linking back to the beginning of this theme, the practitioners thought it was possible to achieve this sense of control when they were working one-to-one: “*in the classroom, just me and him, it was like ‘well actually no this is my way of doing things’*” (Eva). So whilst this type of interaction can achieve a sense of control for the pupils, it was limited to times of the day when it was possible. To some extent, this perception contradicts the previous thought that all attempts at communication should be responded to in order for trust to be built. This cannot be done in a busy classroom, only when practitioners are working one-to-one.

4.3 Theme 2: Pupils at the centre of thinking and practice

This theme is centred around the thought that the practitioners are uniquely able to understand the pupils and must do so in order to facilitate wellbeing. The data presented in this theme was taken from the post-training interviews. Comparisons are made between the data taken from

the post-training interviews, presented in this theme, and the pre-training interviews that was presented in the previous theme. This theme contains three sub-themes: i. *Practitioners are uniquely able to understand the pupils*, ii. *Pupils in the family context*, and iii. *A balance of control*. Much like the first interviews, the practitioners thought that they must place the pupils at the centre of their thoughts and practices. In the post-training interviews, as well as discussing child-led practices, the practitioners expressed their perception that the pupils must be thought of in the context of their families, rather than just as individuals.

4.3.1 Sub-theme 1: Practitioners are uniquely able to understand the pupils

The practitioners returned to the idea of understanding the pupils being central to supporting them. In the post-training round of interviews seven of the practitioners added that their ability to gain an understanding of the pupils was limited by time: “*think wellbeing's kind of, it's having that time to get to know your pupils and understanding them*” (Sandy). This is an example of how the practitioners’ identified limitations of their practical abilities in this round of interviews. In the pre-training interviews, the practitioners were clear that understanding the pupils was crucial and that they were able to understand them through close observation. In the post-training interviews, the practitioners’ awareness that they need the time to be able to gain the desired level of understanding is evident. In the post-training interviews, the practitioners linked understanding explicitly with wellbeing. This was a change from the pre-training interviews where the practitioners identified how understanding the pupils allowed them to change the way they interacted. After the training, the practitioners began to talk about wellbeing more explicitly. Close observation, leading to detailed understanding of the pupils that is inextricably linked to their wellbeing was the basis of RIIO training that the practitioners undertook.

The RIIO training may have enabled the practitioners to start to see their role as an important one in supporting wellbeing: “*I think we play an absolutely massive role in encouraging their mental health and wellbeing*” (Elsa). The RIIO training was centred around how staff could record developments related to emotional wellbeing. This may have changed the way the staff saw their role. The practitioners did not only conceive of themselves as contributing to the wellbeing of the pupils, but they saw themselves as being the best people to support the pupils’ wellbeing: “*we're the people that know these children the best and that therefore can promote their mental health and wellbeing, erm, most coherently and effectively*” (Elsa). The

practitioners referred to their knowledge of the children as the basis for this perception; this had not changed from the pre-training interviews. The practitioners achieved this knowledge through observation of the pupils in a child-led environment, “*Observe and pay close attention... be alongside, what they are doing so they can choose whether they want to accept you*” (Bobby). This data extract contrasts with the participants’ previous thoughts around observation by suggesting that the practitioner observing should be ready to interact with the pupil during the observation. In this way, the practitioner creates a responsive classroom environment based on ‘being available’, a PII rather than fulfilling a narrow role as an observer. This supports the notion in the II literature that the classroom should be responsive in order to meet the needs of the pupils. It also rids the practitioner of a sense of being removed and scientific in their observations as espoused by educational psychologists (Aggarwal, 2014) and directed by the most recent guidance on assessment for SEND in The Engagement Model (STA, 2021).

Four practitioners went further in their self-appraisal as effective observers by claiming that they had an inherent ability to read and understand their pupils: “*I think you almost innately know*” (Elsa). Importantly, these practitioners did not reference any training or development which developed their skills. They did, however, note one key element that they thought they would look for in order to gauge wellbeing: “*I’m quite keyed into facial expressions... noticing someone’s wellbeing daily is about being tuned in*” (Jane). Jane noted what practitioners might look for and gave a sense that they have a skill for tuning in. Additionally, this data extract reinforces the perception discussed in the previous theme that practitioners feel they must assess levels of wellbeing by reading the pupils’ behaviour on a daily basis.

In the post-training interviews, the practitioners gave a wider sense of what they are looking for when they are observing. The RIIO training was designed to bring about that exact change in the practitioners. For example, “*what the pupils liked to do, and what they were interested in, what was holding their attention*” (Bobby) or more generally “*how people are feeling*” (Jane). This broader, more general aim of the observations contrasts with what was found in the pre-training interviews where practitioners were observing for specific behaviours which they could read, for example, avoiding eye contact. The broader idea of observation included tracking and making sense of “*patterns and changes in their behaviour*” (Bobby) in order to promote wellbeing: “*you need to really know if there’s a change in their behaviour... in order to establish whether or not they’re okay and they’ve got good wellbeing*” (Sandy). This gave a sense that the

practitioners thought it was important to be continually assessing and observing the pupils in all elements of their practice because: *“it's never constant”* (Bobby). What these perceptions give is a sense that the practitioners see their role as one with wellbeing at the centre. In order to fulfil that role, the practitioners need to balance observation of each of the pupils' behaviours in their class with being available for interactions when needed.

4.3.2 Sub-theme 2: A balance of control

Five of the practitioners returned to the idea of control that was discussed in the first interviews. The marked difference in the post-training interviews was that the pupils could have too much control which becomes detrimental to wellbeing. The similarities were the practitioners' perceptions that the pupils lack control because they have things done for them and to them: *“wellbeing is potentially a little bit harder to unlock and harder to maintain because they are so marginalised and done to”* (Eva). Here the practitioner explicitly links the idea of being 'done to' and wellbeing which was not done in the pre-training interviews, although it was implicit. In the post-training interviews, four practitioners shared the perception of control as framed by the relationship between the pupils' needs and *“an environment that is quite often constructed by neurotypical people”* (Lynda).

The practitioners also returned to the idea of the pupils using II to take positive control over an adult: *“they were in complete control of that interaction and we were... there to make it safe”* (Eva). Here, Eva discussed control within the interaction but takes it further by including the concept of safety. This is another example of the practitioners extending their thoughts around wellbeing. Elsa built on the idea of control within the interaction:

“And as soon as I mirror that noise... it tends to encourage him to make a different noise, you can see on his face that it is a sense of... ‘I've achieved that. I've made you do that.’ You know the sense of achievement and it encourages confidence”

The perceptions in this data extract refer to imitation, one of the PII and linking directly to data from the pre-training interviews. This shows how the practitioners perceived using imitation in II promoted elements of positive wellbeing, such as confidence, safety and control over the environment.

Contrastingly, three practitioners discussed what they perceived as the pupils having too much control. The practitioners were not claiming that pupils should not have control in interactions.

Rather, they claimed that pupils having too much control over their wider environment was a negative thing: *“we need to kind of push. If you're... choosing, what you want to do, with what pupils, when are you ever going to get out of that? And what's the incentive to go out of the room?”* (Sandy). This shows that the practitioners saw their role as sculpting the pupils' environments in order to balance the amount of control that the pupils had, implying that without the help of the practitioners, some pupils might control everything in their environment so that they limit their worlds to a harmful extent. Whilst this perception was shared by the three practitioners, one practitioner described the limits to their ability to achieve balance for their pupils: *“they're not only at school, there's other there, there's their home life, there's when they're out in public”* (Lynda). This perceived limit to the practitioners' reach lies in the recognition of their own lack of control. It also places the pupil at the centre of a much wider world than in the pre-training interviews.

4.3.3 Sub-theme 3: Pupils in the family context

The practitioners put the pupils at the centre of their thinking. This had not changed from the pre-training interviews. However, instead of seeing the pupils at the centre of their practice as pupils engaged in interactions with their teacher, three practitioners thought of the pupils as individuals within the context of their family environment:

“It's about looking at the world from their perspective and you know things like taking an interest in family members, or their world outside of what you see between 9:00 and 3:30” (Eva).

In this way, the pupils were still at the centre of the practitioners' thinking but the practitioners' role was expanded from one of interacting and observing to one which included the importance of working together with families to understand the pupils more fully. In fact, through this perception in the post-training interviews the practitioners addressed gaps in their practice which were discussed in the pre-training interviews. In the pre-training interviews, the practitioners discussed that reading and understanding pupil behaviour enables them to make better decisions in terms of interactions, e.g., when not to interact. In the post-training interviews, the practitioners identified that their understanding of and response to the pupils' behaviour needed to be informed by the pupils' families: *“They start like showing like really negative behaviours... but actually that stemmed because of something they've had to deal with at home”* (Hannah). In this way, the practitioners again put the understanding of the pupils at

the centre of their thinking, but it was less reactive and more proactive: “*I’m talking to families as well, and communicating with them to know what they’re like at home*” (Danielle). Although the practitioners gave a sense of communicating with families in order to support the pupils more effectively, they were still aware that they were limited in this function due to wider environmental factors.

The restrictions put in place due to the coronavirus pandemic brought these limitations into sharper focus for the practitioners. The interviews were conducted after the end of the second full lockdown (April 2021). The staff members had been working with families and pupils remotely and in the community throughout the period. “*what we’ve experienced as a global pandemic, they’re like sort of stuck in not knowing what’s coming in and what’s going*” (Stephanie). Despite these limitations, the practitioners thought of themselves as best placed to support the pupils.

4.4 Theme 3: Relationship building

This theme was developed from the data set for the pre-training interviews. The first theme outlined the conceptualisation of ‘relationships for wellbeing’ that the practitioners constructed and outlined the perception that relationships were prerequisite for learning. The central idea for this theme is that meaningful relationships are built with familiar adults through interactions that use the principles of II. This theme is split into three sub-themes. The first is called *Interactions fosters relationships* and discusses the perception of using PII to build relationships. The second is called *Bi-directionality of the transactional model*. Here, practitioners show that they think that interactions that use the principles of Intensive Interaction build deep relationships. The third sub-theme, *Relationship depth*, discusses the participants’ views that these relationships are built by familiar members of staff, indicating the importance of predictability and familiarity in forming relationships.

The use of PII to develop trusting relationships can be seen as protecting the *emotions* capability within CA. The *emotions* capability calls for “supporting all forms of human association” (Nussbaum, 2006, 77) that support the development of an emotional flourishing being. At this

stage, it is important to remember that *emotions* include forming attachments to people and things outside of the self (Nussbaum, 2006).

4.4.1 Sub-theme 1: Interaction fosters relationships

All eleven of the practitioners had a clear sense that II should be understood as a practice distinct from their usual way of interacting and that this led to the development of relationships. Immediately, this frames the discussion of relationships as one where the pupils exist in a professional context for the practitioners. Some practitioners found that the PII were present in previous EYFS settings in which they had worked, without being explicitly trained in the principles, reflecting the uncertainty in the literature regarding II as a distinct practice (Zeedyk, 2012). For the practitioners, this practice was linked directly back to mother-child dynamic, “*it makes me think of the very first interactions you have with a baby*” (Bobby). This reinforces the original theoretical assumptions of II that mother-child interactions are most effective at developing early communication skills (Hewett, 2012). One practitioner highlights that the development of relationships through interaction is seen as an active and ongoing process by saying “*for me, that’s where it starts*” (Bobby).

It could be argued that attending a specialist school is ‘where it starts’ because pupils in this school had previously only attended mainstream schools where II training was most likely not conducted. The staff in this school had been trained in this approach and therefore entering a special school classroom where practitioners used PII was seen as the beginning of the development of these relationships because the pupils had not experienced these interactions before; it was “*a form of communication that they haven’t experienced*” (Bobby). Staff were committed to using II despite being trained in various communication strategies because they viewed II as the “*best form of communication*” (Hannah) for pupils with autism and SID.

The practitioners consciously used the PII in order to build strong relationships. The staff members were aware that pupils with autism could be notoriously hard to reach: “*Children with autism do struggle*” (Elsa) socially. This informed their perceptions on their role as professionals, they viewed building relationships as part of their role: “*I think Intensive Interaction plays a big part in building relationships*” (Lynda). This reflection shows that the practitioners reflected on their interactive practice specifically in relation to the development of

relationships in their professional life. After being trained on the PII, practitioners were aware of a development in their ability to form relationships with the pupils: *“It just opened up a whole new world really in terms of our relationship”* (Eva). This idea of a new world existing reflects elements of the first theme in this overarching theme regarding sharing a world with the pupils and being let into the pupils’ worlds. Not only do the practitioners share a world with the pupils, but II is seen as a gateway to a world that did not exist previously. These relationships were seen to develop between two individuals. The practitioners highlighted the ‘intensive’ element of II:

“if you’ve got this type of interaction, you’re not typically, in the classroom trying to please all the students, you’re one on one with the pupil, and that’s really special for you and for them. They’ve got your time, they’ve got your attention so I think the bond starts to form then.” (Sandy)

The intensiveness of the central role of one-on-one time between adults and pupils with autism and/or intellectual disabilities has been highlighted in the literature around the transactional model (Prizant *et al.*, 2006a). The perceptions of the practitioners support these findings. However, the role of the adult was deemed to be relationship building with all pupils: *“That’s how we gained such a good relationship with pupils in my class, through Intensive Interaction”* (Bobby). The practitioners suggested that they went about this through one-to-one interaction. As the school was structured into classes, rather than structured as one-to-one work, it would seem reasonable to assume that staff would adopt a less time-intensive approach to building relationships. The fact that they use the PII to develop relationships shows their commitment to, and their confidence in, the use of the PII. Additionally, it suggests that group situations might not allow for such relationships to develop.

The relationships would not be seen to be a result of other communication strategies such as PECS (Frost and Bondy, 1998) or other pedagogies which focus on structure, such as TEACCH (Mesibov *et al.*, 2004). These behavioural pedagogies, as discussed in the literature review, serve a purpose for increasing functional communication, for example, requesting a drink or structuring tasks and the learning environment in order to allow pupils to complete their work independently. The use of PII is an example of a developmental pedagogy which can be framed by the transactional model. The perception outlined by the practitioners suggests that the bi-

directionality of the transactional model as seen in using PII leads to the development of relationships where other, behaviourist, pedagogies would not.

Importantly, the relationships developed through the use of PII were explicitly thought of as promoting positive mental health:

“I think the combination of a positive experience and the interactive experience has allowed us to build a relationship that then means that he wants to come. So, the of interaction and having a positive relationship and a positive attachment allows for progress and for, you know for, wellbeing.” (Elsa)

Not all practitioners made this link explicitly. However, all practitioners did make links between relationships and some element of positive emotional wellbeing as set out in the conceptualisation of wellbeing in the literature review and in the previous theme, for example, by linking relationships to trust. In the next section, I explore how this form of interaction was understood to promote relationships.

4.4.2 Sub-theme 2: Bi-directionality of the transactional model

The bi-directionality of the transactional model can be used to frame the way that four of the practitioners viewed the interactions, *“sort of informing them that communication is a two-way procedure and that both parties get pleasure from it”* (Heather). The bi-directionality of the transactional model was discussed in relation to using the imitation, one of the PII, to develop relationships. The pupils were awoken to the presence of another in their world as well as an increased awareness of the connection between them. One practitioner’s view illustrates that this back and forth resulted in an acknowledgement of the bi-directional element of the transactional model. *“And then you tend to imitate. I think that’s what helps her to realise that it’s a two-way and it’s between you and her. It’s what makes the links”* (Bobby).

Alongside imitation, the practitioners alluded again to the social isolation of the pupils and outlined using PII such as *tuning in* and *being on their level*. In this way the practitioners saw that the pupils as *“letting you in more”* (Stephanie) which links directly to the idea of sharing a world with the pupils as discussed in the previous theme. To do this, the practitioners had to recognise *“how we’re feeling as well with the pupils and just, just, try and be what they’re being at that time”* (Jane). In this way, the practitioner’s perceptions support the idea in the literature

of tuning in to how the pupils feel and responding in kind in order to build trusting relationships, labelled as “contingent responding and feedback” (Nind, 2012, 26).

To achieve this, the practitioners described situations where they employed specific PII, *being available* and *being on the pupil's level* (Hewett, 2018).

“My approach, initially, is always to kind of be within their space, to make myself very open erm and just make it very clear that you're there for them and you want to be with them. So, and that, you know that, that, in the past, that has taken weeks so it's just about being... Yeah, really open body language, facing the young person and just taking them in.” (Eva)

Eva describes this initial stage of relationship building as taking weeks. The element of time becomes especially important when paired with the perception that these relationships could be formed only with those people who were familiar to the pupils, which is discussed in the next sub-theme.

4.4.3 Sub-theme 3: Relationship depth

Three of the practitioners thought that the depth of these relationships was something that could only be attained through this sort of interaction: *“You can create really strong bond with a pupil or child or an adult. It definitely brings, yeah, a special kind of bond I think between people that are taking part”* (Stephanie).

The diachronic element of the transactional model (Dias *et al.*, 2020) was invoked by the practitioners in relation not just to communication skills but to the development of relationships where one has *“got to develop a relationship over a longer period of time”* (Danielle). Repetition is noted as being a key element of success when using II (Nind and Hewett, 2005). Building on this, the practitioners thought that *“the moments become more significant, like the more you work with the young person”* (Heather). Therefore, alongside the development of communication skills through repetition, the moments that built relationships increased in intensity and importance over time.

A key element of this time spent seems to be based in familiarity. The practitioners observed that unfamiliar members of staff struggled to create a bond: *“the new person found it hard to try and build a relationship”* (Bobby). Pupils with this dual diagnosis rely on predictability to

feel secure (Jenkinson, *et al.*, 2020), which they are likely to get from a familiar person. One of the Fundamentals of Communication included in II literature (Hewett, 2018) is reading other people's faces and body language. Spending more time engaged in interactions that use the principles would allow for this predictability to develop, allowing the pupils to feel safer and more comfortable in their new relationship. This safe relationship was grounded in building trust. The practitioners repeatedly alluded to the idea that using PII is "*how you get a child to trust you and that's how they learn to trust you*" (Bobby). The place of trust within emotional wellbeing is predicted by II scholars and is central Fundamentals of Communication 2 (Hewett, 2012; Calveley, 2018) which set out potential outcomes of II related to emotional wellbeing, as discussed in the literature review.

These relationships become so strong that the pupils can form a reliance on one person where the pupil "*only looks to me for reassurance*" (Hannah). When applied practically, this reliance on one person could be seen as a drawback; if pupils rely on only one person and that person is absent from work, then the pupil is again left isolated. However, this research study includes teachers, teaching assistants and whole class teams, so the pupils would be with familiar staff who are trained in PII and would have been developing relationships with all pupils in 1:1 situations.

The perceived reason that supports the thought that only familiar staff can connect with the pupils in this way is described by Heather:

"And I think it's also like a deeper level you get to know, kind of their, you get to know like their personality and their kind of, I don't know how to describe it, like the rhythm of them as a person. Like every single one of them is different and you know that because you've been there with them in a one-to-one moment, where you haven't been forcing anything, they've just been sharing something with you."

The intensiveness of the interactions over time led to knowledge of the pupils through an intangible, unobservable way. As it is unobservable on surface level, the literature relies on theoretical assertions as to why these deep, trusting relationships built over time promote positive wellbeing.

4.5 Theme 4: Relationships for wellbeing for pupils with the dual diagnosis

This theme gives a fuller account of what practitioners thought relationships were for pupils with autism. The data presented in this theme was taken from the post-training interviews. Comparisons are made between the data taken from the post-training interviews and the pre-training interviews that was presented in the previous theme. The theme is split into two sub-themes: i. *Building relationships for wellbeing based on trust* and ii. *The impact of pupil need on building relationships*. All practitioners returned to discussions around trust, but this time they did so in the context of other key features of wellbeing such as predictability, regulation, and security. All practitioners also discussed how the pupils' needs impact on relationship building but there was some disagreement about the ways in which this happened. For example, practitioners did not present a cohesive opinion on whether pupils with autism wanted to build relationships with practitioners.

4.5.1 Sub-theme 1: Building relationships for wellbeing based on trust

In the post-training interviews, the practitioners gave a fuller account of relationships than in pre-training interviews. Trust was the key element of this discussion for all eleven practitioners and linked to some of the same ideas as in the first interviews, for example imitation and time. However, in the post-training interviews they introduced new elements of relationships that mirrored the FoC2, such as empathy, security, and predictability. Relationships were again framed as an integral part of the practitioners' role: *"it's really about just building relationships"* (Jane). This was similar to the perceptions communicated in the pre-training interviews. Again, the practitioners framed relationships as prerequisite for positive wellbeing: *"you build that relationship, and I think that's when you can look at somebody's wellbeing"* (Stephanie).

Trust was revisited in the post-training interviews by all eleven of the practitioners as a significant element of building relationships. Trust was framed by all practitioners as fundamental to relationships: *"without the trust, uh, just don't think you can really build relationships with people really"* (Jane). In the previous round of interviews, the practitioners highlighted the importance of trust but only as an element of relationships. In this round of

interviews, the practitioners framed trust as pre-requisite to building meaningful relationships. Additionally, the practitioners linked trust to other elements of relationships and wellbeing, namely predictability, regulation and security.

Imitation was included in the discussions around trust. There was a change between the pre-training and post-training interviews. In the pre-training interviews, the practitioners perceived that imitation taught the pupils that their interactions were two-way. This changed in the post-training interviews, the practitioners explicitly linked imitation to trust: *“I’m trying to be like you so that you can trust me”* (Jane). Here, the practitioner built on the idea that imitation enabled the pupils to see communication as a two-way process. Additionally, Jane’s perception could be considered to link to attunement, where one communication partner matches the emotional state of the other (Cardenas *et al.*, 2020). However, this practitioner did not refer to emotions explicitly even though the RIIO training includes emotional understanding.

Empathy and the recognition of the pupils’ emotional state was referred to by Bobby: *“relationships aren’t going to be effective if you can’t be mindful and sensitive to how somebody’s feeling”*. This element of relationships was not discussed in the pre-training interviews which is significant because empathy and emotions feature in RIIO (see Appendix A), indicating that the RIIO training may be responsible for its inclusion in the post-training interviews. Trusting relationships were also seen to promote better emotional regulation for the pupils: *“he can trust the relationship... he doesn’t get as far as feeling angry and out of control”* (Bobby). Bobby placed trusting relationships within the context of the wider discussion of emotional regulation, as discussed in the self-regulation theme.

Potentially, this was the case because the pupils were better able to predict adults with whom they had trusting relationships: *“I think that it gives a sense of trust and you’re more predictable because they have a relationship with you”* (Bobby). There was no sense that the predictability came from using the PII. The absence of the PII in the discussion was not caused by a lack of reflection of their own practice. The practitioners did reflect: *“I felt you know if you are saying that you’re going to do something, you need to follow through”* (Eva). Reflections such as this are largely congruent with suggestions in the pedagogical literature for autism where practitioners are guided to create structured, predictable environments for the pupils (Mesibov *et al.*, 2004).

Although PII were not referenced explicitly, a key aim of II is reading people's facial expressions and body language (Hewett, 2012). The practitioners thought that predictability came from the pupils reading them: *"if they have a relationship with you they'll know how you're going to react, to respond"* (Lynda). If it was assumed that II developed the pupils' ability to read and understand the practitioners with whom they worked, then it could be seen that the sense of predictability would also increase.

There was a perception that predictability within relationships came from having familiar staff members, *"so people that they already know"* (Mona). Part of the reason that familiarity was deemed to be important was the staff's understanding of the pupils. This connects the practitioners' thoughts around relationships with those around Themes 1 and 2 which focused on putting children at the centre of their thinking and practice: *"it's people understanding them and finding a way for them to understand you... until then you're not going to build that relationship to help their wellbeing"* (Stephanie). In Theme 1, reading the pupils was seen to be important because it developed further understanding. Here, after the RIIO training, the practitioners have connected their understanding of the pupils to relationships and to wellbeing. One specific element of wellbeing that the practitioners connected this to was security: *"until she feels secure and safe with the people she's around, she's not going to be in a good place"* (Stephanie). Safety and security are core elements of wellbeing for individuals within the FoC2 and were presented to the practitioners in the RIIO training. That might explain why the practitioners discussed safety and security in the post-training interviews and not in the pre-training interviews. Security and safety also feature in the conceptualisation of wellbeing set out in the literature review within the context of relationships (Cozolino, 2015; Hewett, 2018; Fox *et al.*, 2020). Interestingly, the practitioners only mentioned security and safety in the context of relationships, rather than general feelings of security and safety for the pupils themselves.

The main way in which the practitioners thought they could bring about trust in their relationships with the pupils was by being there for them. Being available for the pupils made them believe that the practitioners were there to meet their needs. A key element of trust was the pupils' knowledge that the practitioners would meet their needs. *"So until he trusts and knows that, you're there for him, he's not going to sit there, and he's not going to communicate with you, and he's not going to let you join him"* (Jane). This perception was expressed by five practitioners in very similar ways. There was a clear feeling that the pupils could sense whether

or not one was there for them and would meet their needs and make a conscious decision about letting this person into their world. The RIIO training included the notion that pupils' wellbeing increases, they would start to favour individual staff members. The practitioners in the post-training interviews saw it as their job to get the pupils to believe that they understood them and could be trusted. One practitioner likened this process to "*showing them love, love and compassion*" (Sandy). Whilst others were much more practical, regarding the process as a necessity because pupils would access learning more effectively. In each iteration, the practitioners shared an understanding that the pupils would come to trust them as practitioners if they knew that their needs would be met.

4.5.2 Sub-theme 2: The impact of pupil need on relationship building

All eleven practitioners discussed the connection between the pupils' needs and their relationships. The practitioners identified specific pupil needs which made relationship building difficult and were clear that it was their job to develop them anyway. The practitioners explicitly linked autism and difficulties in developing relationships: "*Obviously, children with autism it's a little bit longer for them to open up to an adult*" (Mona). Whilst Mona linked autism with opening up at the beginning of developing a relationship, others were more specific. Within this context, the practitioners were clear that meaningful relationships were uncommon for the pupils in their school environments: "*I think that it was really important to build the relationship and that's what she hasn't had before with someone at another school*" (Sandy).

All practitioners thought that the pupils' needs complicated the process of developing meaningful relationships, although not all practitioners identified the same needs. Seven practitioners described social understanding as a contributing factor, such as pupils thinking that they can have all of an adult's time: "*the building relationships and then wanting more interaction and so she would always want me to be there, which you can't always do*" (Danielle). In this example, Danielle links the success of their interactions in building relationships to a pupil's misinterpretation of a social norm. It is well documented that pupils with autism (Happé and Fletcher-Watson, 2019) and pupils with intellectual difficulties (Mafra, 2015) can misinterpret social rules.

The pupils' difficulties in understanding and expressing emotions were thought to complicate the process of building relationships.

“And sometimes you might think they're sad and actually they're happy. And then what you do for them makes them sad and you're like fighting a bit of a battle... it helps you to build a relationship by getting to know a bit more about them and how they are when they feel how they are, when they are sad or angry upset.” (Lynda)

This links directly to the Themes 1 and 2, *Pupils at the centre of practice* and *Pupils at the centre of thinking and of practice*, which discuss the idea that the pupils' needs were best met when practitioners understood the pupils as individuals. Here the practitioners develop the idea further by identifying that meaningful relationships are built on their understanding of the pupils. Just as in all other themes, the practitioners made decisions based on their reading of the pupils' behaviour.

Practitioners also highlighted change as a contributing factor: *“change isn't good for autistic children, if they've had that same member of staff for a long time, they're gonna trust them more”* (Hannah). Difficulties around change are widely accepted as being part of autism and structure and predictability are built into key approaches such as TEACCH (Mesibov *et al.*, 2004). This data extract also gives an indication as to the reason that time is important for developing relationships. Importantly, this extract shows how familiarity leads to predictability for the pupils.

Only one practitioner highlighted a strength amongst the pupils' needs that may complicate the development of relationships: *“They are more hyper aware of the feeling than typically developing children. I think they've got this sixth sense about ‘I can trust you or just not feeling it’”* (Eva). Eva thought that the pupils' needs made them more discerning in who they trusted than their neurotypical peers. This should certainly be considered a strength and therefore this data extract stands out amongst all of the other practitioner responses which highlighted 'deficits' amongst the pupils' needs.

Interestingly, another practitioner took the idea further with their perception that their pupil's needs meant that they did not want to form a relationship: *“it's very hard to like, develop a relationship with someone like that because he didn't want, he didn't want to”* (Jane). Whilst there is literature that supports the notion that pupils with autism do not want to form relationships, it is contradicted by researchers exploring the perceptions of children with autism (Daniel and Billingsley, 2010). Additionally, those with the dual diagnosis may find it difficult to build relationships not because of a lack of desire to build relationships but because they

often fail social situations (Jordan, 2014). The RIIO training that was delivered to the practitioners indicated that pupils with the dual diagnosis would develop relationships when their capabilities increased. At no point were practitioners trained on the idea that pupils do not want to develop relationships. This may be why only one practitioner shared this perception.

In direct contrast with Jane, Eva was clear that the pupils want meaningful relationships in a way that all people do: *“I don't think it's any different in that we want to connect, we want to, they want, you know they want to connect, they want to be loved. They want to be cared for”*. This data extract identifies the pupils' desire to form relationships, or connections. This view was shared by all practitioners other than Jane, as discussed above. It also illustrates the power dynamics that exist within the practitioners' perceptions; it is the practitioners the ones who will care, and the pupils will be cared for. Regardless, the practitioners thought the pupils' needs related to their diagnoses and the complications that came with those needs were of less importance than their human needs which were shared with all people. Bobby's view of this ties in with Eva's view of the pupils being able to sense who they can trust: *“they're inevitably going to want to connect with people who get them”* (Bobby). Far from not wanting relationships with others, these practitioners thought that the pupils would want meaningful relationships and decide with whom to make them.

4.6 Theme 5: Co-regulation using the principles of Intensive Interaction

This theme is formed around the idea that the practitioners' interactions and behaviours enabled the pupils to regulate in the short term. The data presented in this theme is taken from the pre-training interviews.

There are three sub-themes. The first sub-theme, *Using the principles of Intensive Interaction bring about changes*, shows how practitioners perceived using specific principles of II in the moment. The second sub-theme, *Practitioners rely on instinct rather than on measurement*, discusses practitioners using their instincts to assess a pupil's wellbeing. The third sub-theme, *Co-regulation in the short term*, presents the idea that the practitioners' aims were not self-

regulation but co-regulation. Interestingly, co-regulation forms an integral part of the RIIO training but the practitioners' discussed ideas of co-regulation in the pre-training interviews and not the post-training interviews.

There was a shared perception amongst the practitioners that pupils with the dual diagnosis of autism and SID were sometimes dysregulated and had difficulty self-regulating. Regulation difficulties for people with autism and intellectual disabilities is apparent throughout the literature as well as in theories of wellbeing (Fox *et al.*, 2020; Nind, 2012; Prizant *et al.*, 2006). As such, self-regulation is identified as a key component in conceptualisation of wellbeing, as set out in the literature review. The practitioners identified elements of their practice which give examples of co-regulation. The practitioners used the PII in-the-moment in order to aid the children's self-regulation.

4.6.1 Sub-theme 1: Using the principles of Intensive Interaction bring about changes

There was a common perception amongst all eleven of the practitioners' views that their interactive style impacted on their pupils' ability to regulate in the moment. III was identified by some practitioners specifically as the interactive style that allowed for supported self-regulation. *"You start with Intensive Interaction then it just brings them right down and calms them"* (Hannah). However, there was acknowledgement from the practitioners that enabling self-regulation was a challenge *"it's really, really hard to bring him down from there. And erm, kind of sometimes exhaust all avenues"* (Lynda). However, the practitioners described co-regulation between them and the pupils and not self-regulation. Where practitioners did think II specifically helped pupils to self-regulate, the importance of safety and accessing school provision was highlighted.

"Sometimes she would have quite big moments of distress and using Intensive Interaction was a way to bring her back down and enable her to come back into the class and be with the others and actually be safe." (Lynda)

This does not suggest that practitioners see II as a way of managing behaviour, but it does highlight that the practitioners see regulation holistically, as part of the children's school day where there are priorities other than regulation and wellbeing.

The practitioners did not specifically identify using II in the moment to support the pupils' regulation. Rather, they described using the principles of Intensive Interaction in order to enable regulation. These principles described by the practitioners included imitation, getting down to the child's level, being available and using touch.

Sandy describes using imitation, being on the child's level and following their lead:

“He just sat on the floor, arms crossed just staring really angrily. So I just did the same to him and imitate him. And then slowly he loved it. And he then started to see if I would still copy him, and moving his arm out. And then we ended up crawling around the floor, round in circles and giggling like mad.”

Lynda describes using touch:

“she was upset about something the other day in class and just like gave her some space and some time and then I just sat with her and then she did like fingers in the ears and just like blowing and that helped her regulate I think in that moment.”

These extracts support Nind's (2012, 31) assertion in outlining that practitioners “*attuning to their communication partner's state of arousal, tempo, modal preferences and emotional state*” contributes to positive emotional wellbeing.

Being there for the children, described in II theory as “being available”, was the key principle of interaction throughout the data set.

“ So he knows I'm still there just waiting for him to calm down basically, and feel happy. And then still, even still just staying with him so he's got that interaction, until he decides to move on and do something else.” (Mona)

“It was a difficult day for him, and he needed this and it was really good that I was there and I've got the time to be with him.” (Eva)

Not only does this show the importance of using the principles of Intensive Interaction in enabling self-regulation, a key component of emotional wellbeing, but it supports the notion in the theory that interaction enables positive emotional wellbeing through co-regulation.

The practitioners shared an awareness of the power of their decisions: *“we’ve shown how powerful it can be for keeping somebody in the right state of wellbeing”* (Elsa). Interactive style was recognised as a potential force for escalation of behaviours that challenge, a threat to feeling safe and moving away from regulation. Elsa describes how using PII, such as taking the lead from the pupil and going at their pace, can mean not interacting at all:

“I couldn't have gone in and been completely overwhelming and over the top and really push for these activities on session one because it just wouldn't have met his needs. It would have been a complete sensory and social overload.”

This in-the-moment judgement was integral to the practitioners’ ability to enable regulation for the pupils. However, no participant described playing games and things like that when they were already calm in order to enhance self-regulation.

This does not mean that practitioners relied only on interaction for promoting regulation. There were other strategies, such as Emotion Coaching, where adults label and validate pupils’ emotions before co-constructing an appropriate response, and the use of augmentative and alternative communication (AAC), in the data:

“validating with a bit of emotion coaching is very well needed... or other kinds of devices that he might use so maybe by looking in his communication book and trying to understand how he is feeling and why he is feeling that way.”
(Sandy)

Importantly, the use of these strategies was not timetabled but were also part of the fabric of the contingent, responsive classroom environment as one of the many strategies used by practitioners. The implications of this theme are that practitioners internalise the principles of Intensive Interaction and employ them in a variety of ways in order to co-regulate with the pupils.

4.6.2 Sub-theme 2: Practitioners reliance on instinct rather than on measurement

Nine of the practitioners expressed the view that dysregulation could be seen and understood; none of the practitioners explicitly discussed measurement. The practitioners gave various examples of pupils having difficulty self-regulating, such as freezing and self-stimulatory behaviour:

“His behaviour can really, really escalate and he can get really, really, angry and really, upset, and when he does that, he’s very stubborn, and doesn’t want to move.” (Sandy)

“He was rocking up backwards and forwards quite a lot, swinging his sleeves.”
(Eva)

Although stimming is not necessarily a sign that a pupil is dysregulated (Carpio de los Pinos and Barriso Lopez, 2022), these observable behaviours were seen as indicators of how the pupils were regulating and what might come next. For the practitioners, the pupils’ regulation and dysregulation was shown in their observable behaviours. It was seen as especially important for the practitioners to notice these signs as there could be rapid changes in behaviours which could lead to an unsafe environment:

“Some of the challenges with behaviour are a bit more and they kind of happen quicker and they’re a bit more like an outburst of it can go from one to like quite high really quick.” (Jane)

Practitioners observed changes in behaviours in order to gauge levels of wellbeing: *“the noises get less and less and then it turns into a smile, like she’s done this afternoon, so, it is lovely”* (Hannah). This observation of behaviours to assess regulation is widely used in practice generally and can be seen in SCERTS scales (Prizant *et al.*, 2006) as well as the IPEW scales (Fox *et al.*, 2020) as discussed in the literature review. Within these approaches, behaviours are plotted on a spectrum and used to assess progress over time. However, practitioners in this study did not use formal record keeping to assess whether pupils were regulating well or better. They did keep records on progress regarding communication skills, as suggested widely in the literature but they had not yet had RIIO training.

Practitioners make these judgements based on their understanding of the child’s mood *“I’ll try and either be a little bit funny or work out what kind of mood he is in and then try and get in that way”* (Danielle). There is a clear link between the practitioners noticing something is not quite right and acting on it in the moment. *“I can see when he’s becoming distressed and I’ll try and sit with him”* (Jane). This was true for dysregulation as well as change to a positive mood. *“He just started to his demeanour changed like he wasn’t, I could tell he wasn’t like grumpy and then and then he looked at me again and he just kept giving me these little smiles”* (Jane). This reading of the children was a key element of the interactions. Phrases such as *“I could tell”*

(Danielle) are indicative of the practitioner's personal feelings of confidence in "learning to read the extremely subtle" (Hankin, 2018, 62) cues that are involved in these interactions.

The practitioners were clear that they reflected in the moment based on the pupils' behaviour and their own knowledge of the children. Usually, the interactive practice was not planned. Rather, it is described by the practitioners as being reactionary. This supports Nind's (2012) theory of emotional development in II that successful interaction that promotes positive emotional wellbeing is based on being responsive (Nind, 2012).

4.6.3 Sub-theme 3: Co-regulation in the short term

Co-regulation was discussed by six of the practitioners. The practitioners' interactions were devised in the moment and decisions were taken on some of the principles of Intensive Interaction such as proximity and being on the child's level. Some practitioners described this process as happening quickly:

"when she is upset she can go over and sit with her and like within seconds like she stops with the loud noises and calms that little bit." (Hannah)

Whilst some practitioners described the effects as taking hold almost immediately, others stressed that it took time and patience, whilst constantly assessing aspects such as proximity.

"So I just kept going over slowly, slowly then he kept giving me these smiles".
(Jane)

"I'd wait for him to calm down but make sure I'm still stood there like interacting with him, not all the time, but maybe say a few words, leave him a minute, say something else, so he knows I'm still there just wait for him to calm down basically, and feel happy. And then still, even still just staying with him so he's got that interaction, until he decides to move on and do something else".
(Mona)

Practitioners thought the role of the adult was to promote self-regulation. It was about "*giving them the tools to support their own emotional wellbeing*" (Elsa). It was unclear as to whether the effect was evident only in the short term or whether it helps in the long run. Practitioners did not give examples of long term impact of teaching strategies through using the principles of Intensive Interaction. The practitioners were clear that interaction helps to regulate in the short term and that they think it could help in the long run:

“it definitely had an impact on him but it didn’t quite bring him all the way down but I’m sure if you repeated that it probably could.” (Sandy)

In all examples given of pupils self-regulating, the practitioners played a part. What the practitioners discussed was their experiences of co-regulation. Co-regulation in II has been acknowledged theoretically (Garvey and Fogel, 2007). The practitioners did not discuss II as therapeutic intervention (Caldwell, 2006) where the goal is for the pupils to achieve self-regulation, as seen in the Fundamentals of Communication 2 (Hewett, 2012).

The perceptions of the practitioners build on findings that the adults’ behaviour changes in response to perceived dysregulation in the child with whom they are communicating. Gulsrud *et al.* (2012) found that mothers would change the tone of their voice, use contingent touch and come down to the level of the child when they perceived a change. However, what the practitioners in this study expressed is that they did these things intentionally and with reference to the II framework on which they had been trained.

This theme demonstrated how the practitioners’ perception of co-regulation in the moment can be seen through the frame of PII and the transactional model of development. The practitioners referred to building the pupils’ ability for self-regulation but did not describe self-regulation in their interviews. Rather, the practitioners put themselves at the centre of co-regulation in the moment with the pupils.

4.7 Theme 6: Self-regulation

This theme presents the practitioners’ idea that self-regulation was central to wellbeing. The data presented in this theme is taken from the post-training interviews. Comparisons are drawn between the post-training data and pre-training data presented in the previous theme. It is split into three sub-themes: i. *Self-regulation can be understood through changes in behaviour*, ii. *Self-regulation develops over time*, and iii. *Self-regulation can and should be taught*. These thoughts around regulation differ considerably from those in the first interviews because of the focus on self-regulation in the post-training interviews as opposed to co-regulation in the pre-training interviews. The practitioners thought that attempts at self-regulation were often unsuccessful. Practitioners thought that they understood regulation by reading changes in pupils’ behaviours such as movement and through behaviours that challenge. Practitioners

thought that using the PII could help to bring about improved self-regulation over time but that it needed to be used as part of a broader set of strategies.

4.7.1 Sub-theme 1: Self-regulation can be understood through changes in behaviour

In the post-training interviews, all eleven of the practitioners explicitly linked regulation and wellbeing, stating that it was important to know “*how to regulate and how to remain in a state of wellbeing that's positive*” (Bobby). There was a change in perceptions from the pre-training, presented in the previous theme, to the post-training interviews. In the pre-training interviews, the practitioners discussed co-regulation between them and the pupils, whereas in post-training interviews they discussed self-regulation for the pupils: “*each child is different in terms of how they self-regulate*” (Stephanie). The practitioners recognised that pupils regulate in their own ways. Much like the perception in the themes relating to putting the pupils at the centre, the practitioners learnt what the pupils were thinking and feeling by observing them and reading their behaviours. In the RIIO training, the practitioners were guided to think of self-regulation as changes in behaviours and to note down these changes as they related to each individual pupil.

The way that the practitioners viewed the behaviours informed their understanding of that regulation is an inconsistent, ever changing presence for the pupils rather than something stable. Effective self-regulation enables people to remain relatively stable in response to environmental factors, such as unexpected changes and internal factors, such as emotions and pain (Prizant *et al.*, 2006a). This idea was shared with the practitioners in the RIIO training. At best, the practitioners viewed the pupils’ self-regulation as inconsistent “*so she would have like hit that peak and then coming back down*” (Sandy). These peaks and troughs do not represent stable regulation over time. The practitioners viewed the inconsistency as the norm which supports the discussion in the previous theme around co-regulation. If the practitioners see regulation for the pupils as peaks and troughs, then it is reasonable for them to view their role as one of a responsive partner in co-regulation at times of dysregulation.

The practitioners were clear that the pupils regulated in different ways and varying degrees of effectiveness. Through their observations of the pupils, the practitioners were able to describe different behaviours which they viewed as relevant to regulation. In some cases, these behaviours were positive, but others were harmful. In both situations, the practitioners observed

“*changes in body language*” (Elsa). The practitioners were looking for ways in which the pupils changed in order to understand decisions about the pupils’ self-regulation.

The practitioners identified self-regulatory behaviours which they viewed as positive or neutral. Touch, movement and self-stimulation were identified as behaviours which pupils used to self-regulate. For example, “*somebody like Jasdip (pseudonym), he’ll run across the room and back and forth and try and self-regulate in that way*” (Stephanie). Others would “*rock on the floor or hold somebody shoulders*” (Eva). Self-stimulation for regulation and movement are common themes in the literature (Carpio de los Pinos and Barriso Lopez, 2022). One practitioner also noted “*slowing down of breathing*” (Sandy) as a sign of self-regulation for the pupils. Again, the data here supports findings in the literature that breathing patterns are linked to regulation (Radhakrishna *et al.*, 2010).

The practitioners were also clear about what dysregulation looked like for their pupils. Where movement was used to self-regulate, a lack of movement was understood to denote dysregulation. One pupil who was struggling to transition sat in a door way and was described as “*really stubborn, not moving*” (Sandy). Another pupil would create a physical boundary in their classroom and sit behind it not moving, the practitioner who recalled this linked the behaviour to the pupil feeling unsafe: “*she needs us to secure her and make her safe. Putting barriers... and she think that’s enough to keep her safe*” (Stephanie). Safety and security are fundamental elements of wellbeing and this pupil attempted to find that in moments of dysregulation by implementing physical structure and staying still. Physical structure is used widely too in pedagogies for people with autism, for example in TEACCH (Mesibov *et al.*, 2004). However, in TEACCH the staff members structure the environment rather than the pupils as in Stephanie’s example.

The practitioners also cited behaviours that challenge as identifiers of dysregulation. For example, by “*pulling people’s hair*” (Eva). Another pupil used self-injurious behaviours and vocalisations when they were dysregulated: “*he used to bite his hand a lot and he’d make like really loud noises of like distress*” (Jane). The literature suggests that behaviours that challenge are linked to stresses in the environment for people the dual diagnosis (Jordan, 2014).

It could be argued that this view of regulation can be conflated with other elements of wellbeing found in accessible guidance such as ‘resilience’ (PHE/UCL, 2014). It could appear that the pupils had low levels of resilience because they demonstrated harmful behaviours when they

experienced negative emotions. However, the practitioners' perceptions were more complex than that. There was a clear perception that difficulties with regulation occurred when the pupils felt positive emotions as well as negative emotions. When describing a situation where their pupil was engaged in a musical activity linked to their special interest, Elsa commented that *"he'd get very, very overexcited about it, he couldn't cope."* This illustrates further that the practitioners understood systems of self-regulation as being internal to the pupils. Another practitioner linked this to the peaks and troughs discussed earlier *"it could go that high that he just drops then and he doesn't quite know how to deal with being up here"* (Stephanie). This data extract demonstrates the perception that the peaks and troughs of regulation did not refer to 'good' and 'bad' regulation. Rather they referred to the instability of regulation for the pupils.

4.7.2 Sub-theme 2: Self-regulation develops over time

Six of the eleven practitioners were clear that self-regulation could improve over time. This links to the perceptions around instability of regulation as they are both centred around the temporal aspect. This sub-theme shows that the instability and peaks and troughs can be changed over time. The development of self-regulation over time was central to the RIIO training. One section of the training, 'Regulation and control of level of arousal', is reflected in the practitioners' perceptions. Specifically, the ability to regulate without adult intervention, managing one's own breaks and accepting situations which were previously unwelcome.

Sandy shared an example of a pupil who would enter the school building in the morning but break down in tears and was unable to move off the spot. Sandy recalled that *"he started crying less, and then I remember suddenly noticing one day we were sitting around in circle time and when he was in the classroom."* Here, the pupil's self-regulation seemed to develop without adult intervention. The teacher's approach here seemed to be to not change the physical environment or the social environment at all, but just to allow the pupil to develop internal methods of regulating on their own.

Two practitioners discussed the idea of building tolerance to social situations with which the pupils struggled. In these discussions, the practitioners were clear that the social situations did not need to be changed, rather the pupils' regulation in response to the situations needed to change:

“there were other times where he'd get very, very overexcited... it was about building his tolerance that these positive experiences are okay and they're safe and they're healthy and he will now tolerate them for much longer.” (Elsa)

The data extract illustrates that the pupil's self-regulation is perceived to have improved over time in response to the same social experience. In this case, the practitioner was aware of the difficulties the pupil was experiencing in a one-to-one setting and deliberately attempted to enable self-regulation to develop. Another example of 'toleration' was given but in a class setting. In this example, Lynda had noticed improvements in the pupil's wellbeing because he *“wasn't biting his hands as much”*. When the pupil's regulation had developed, he was able to function in the classroom environment: *“he'd tolerate other things [computers] being on in the background without getting really cross and angry”* (Lynda). Here, the pupil had learnt to tolerate something which he had previously been unable to regulate. Interestingly, the practitioner still did not reflect on whether the computers being on was a good or a bad thing. The practitioners did not meet the pupil at the point of need, i.e., construct the environment to suit the pupil's needs.

4.7.3 Sub-theme 3: Self-regulation can and should be taught

This sub-theme explores the perception that self-regulation can and should be taught by the school practitioners. This view was shared by five of the practitioners. Regulation can be taught through interaction, but this is limited. A broader range of strategies are needed in order to develop regulation, and this must happen over time. The practitioners saw developing regulation as their role as educational professionals: *“like I said, it's our job, isn't it, to try and get that back to where it was”* (Mona). This supports the notion that regulation should form part of the school curriculum for pupils with SID and autism (Prizant *et al.*, 2006a). The practitioners took responsibility for including this teaching in their classrooms. The importance of academic learning was not diminished, rather, the practitioners viewed regulation as a pre-requisite for learning, asking, without it *“how do you get the children to learn? It's knowing what you can do to regulate yourself”* (Hannah). In order to achieve this, the practitioners thought that the pupils needed help from the adults in their life: *“they'll just need a bit more support with it”* (Sandy). Importantly, there was a consensus across the practitioners that the pupils wanted to learn these strategies: *“They want to have those strategies when things are not right”* (Danielle). There was a perception amongst all of the practitioners that some of the PII contribute to this support. Various practitioners discussed other elements of support which were needed to

develop regulation for the pupils, such as functional communication strategies and sensory diets.

Imitation was discussed by all practitioners in the post-training interviews. The practitioners returned to the idea of co-regulation in the moment using interaction that was discussed in the pre-training interviews: *“I’ve spent time even copying them and then all of a sudden it’s like a completely different mood change”* (Mona). However, in post-training interviews, their thought process had progressed to consider the role of imitation in developing self-regulation. Jane discusses using imitation as part of her interactions with a pupil and gradually watching instances of behaviours that challenge reduce:

“he started to make sounds with his own body like (imitating the child’s behaviour) so we do a lot of that, and then he actually started to do it himself, so he’d like go’ uhhhhhh’... then when he would get excited, he’d go like ‘uhhhh’... then he stopped biting as much he didn’t try to bite us and we actually got to the point where he didn’t have to keep wearing his helmet as much because he wasn’t hitting his head.” (Jane)

This example shows the perceived link between imitation in II and the development of self-regulation over time. The practitioner and their team used imitation, a PII, by repeating vocalisations. This taught the pupil that using the vocalisations was a functional act. The practitioner thought this developed the pupil’s regulation.

Other practitioners were clear that a broader range of approaches than just II was needed in order to develop self-regulation over time. The approaches that they discussed are all well documented in the literature. Two examples are the use of sensory diets and teaching functional communication strategies. For example, one practitioner thought that their pupil knew when they were dysregulated because they would be *“craving the things in her sensory diet”* (Stephanie). Another practitioner described teaching functional communication skills in order to avoid needing to regulate intense feelings: *“He is able to ask for help, whereas before he would have been overwhelmed by the big emotions”* (Bobby). An example of this could be PECS, as discussed in the literature review. PECS involves exchanging symbols in order to express a need or to request an item or activity (Frost and Bondy, 1998). Elsa suggests that *“To have across the board communication in terms of the child needs. So just for an example, they may use a lot of PECS in sessions and in class.”* (Elsa). PECS is an example of a behavioural approach to communication, in contrast to II which is a developmental approach (Kossyvaki,

2018). In spite of this, PECS was still used in the setting as part of the practitioners' approach to teaching pupils to self-regulate.

4.8 Summary

This study found that practitioners perceived the pupils with autism and SID as having difficulties with emotional wellbeing, especially emotional regulation. Practitioners perceived that promoting wellbeing was their primary professional role. The practitioners did this by using the principles of Intensive Interaction and putting the pupils at the centre of their thinking and practice in order to develop trusting relationships.

The practitioners highlighted regulation as a particular challenge for their pupils. Regulation is one of the most significant features of the conceptualisation of wellbeing discussed in the literature review (Prizant *et al.*, 2006a). It was thought that access to strategies which promote positive wellbeing was a challenge for the pupils and that the social world provided challenges to their wellbeing.

While the practitioners saw wellbeing as a pre-requisite to learning, wellbeing was considered to have intrinsic value. As such, the practitioners saw the facilitation of positive wellbeing as their primary role as professionals. They perceived themselves as uniquely able to do this as they had an in-depth knowledge of the pupils and had instincts for effective practice.

Interaction was found to be an effective way of promoting positive wellbeing for the pupils. The practitioners identified specific areas of their interaction practice that promoted positive wellbeing for the pupils. Importantly, the PII and II were referred to throughout but II *sessions* were not described. II was seen by the practitioners as a set of principles with imitation and being available for the pupils considered to be the most valuable elements of the interaction. Interaction led to the development of trusting relationships which promoted positive wellbeing.

In terms of the RIIO training, there were significant changes in the depth and specificity included in the practitioners' perceptions. After the RIIO training, the practitioners discussed specific areas of wellbeing in more depth, rather than using 'wellbeing' as a general term. For example, the practitioners referred to constituent elements of wellbeing such as predictability and security after the RIIO training. After the RIIO training, the practitioners were more explicit about promoting wellbeing being their key role as professionals. More broadly, after the training, the practitioners had a broader sense of what wellbeing meant, including concepts such

as security and safety. The RIIO training did not change the central ideas of the practitioners, who still focused on relationships, regulation and placing the child at the centre of practice. RIIO was developed within the Institute of Intensive Interaction by Calveley (2018). The RIIO training was built around the Fundamentals of Communication 2 (FoC2) that are presented in Table 3 (on page 25). In the next chapter, I will discuss in detail the main findings of this study within the wider context of the literature.

Chapter 5: Detailed Discussion

5.1 Overview

The first part of this chapter relates to the main research question and gives an overview of the practitioners' perceptions that interaction promotes wellbeing. Sections 5.4-5.8 relate to the first sub-question and discuss the principles of Intensive Interaction and how they improved emotional wellbeing. Although interaction was found to improve wellbeing, this study found that interaction alone was insufficient, and practitioners also relied on functional communication strategies. Sections 5.9-5.12 relate to the second sub-question and outline the finding that the practitioners thought promoting wellbeing was their primary role as educators. They saw wellbeing as the development of trusting relationships and the ability to regulate. The finding related to the primary role of an educator contrasts with the wider literature and national policy. The changes in practitioner perceptions after the RIIO training (i.e., third sub-question) are discussed throughout this chapter, in relation to the first two sub-questions. For example, the practitioners' perceptions of their role related to regulation is discussed within the sections on the second sub-question.

The aims for this research study were to explore the perceptions of educational practitioners regarding their interactions and the promotion of emotional wellbeing for pupils with autism and SID. The study aimed to highlight areas of interaction which impact on the promotion of wellbeing. An additional aim was to find any impact of Recording Intensive Interactions Outcomes (RIIO) training on the practitioners' perceptions. Some initial discussion has been provided in the previous chapter. The research questions are presented below.

5.2 Research questions

Main question:

How do educational practitioners perceive the impact of Intensive Interaction on the emotional wellbeing of pupils with autism and severe ID in a school setting?

Sub questions:

1. What elements of their practice do practitioners believe bring about positive changes for children and young people with autism and SID?
2. What are practitioner's perceptions of their role in relation to pupil wellbeing?
3. How does the introductory training on Recording Intensive Interactions Outcomes (RIIO) effect on practitioners' perceptions of the impact of Intensive Interaction on the emotional wellbeing of pupils with autism and SID?

5.3 Interactions support wellbeing

This section relates to the main research question: *How do educational practitioners perceive the impact of Intensive Interaction on the emotional wellbeing of pupils with autism and severe ID in a school setting?* The main finding of the study was that practitioners thought their interactions promoted positive emotional wellbeing. This happened by using interaction in the moment supporting regulation and using interaction to build trusting relationships. The principles are presented in Table 1 (pp. 20-21).

The PII found to be most important by the practitioners were imitation and responsiveness, tune-in, tempo and one-to-one time. This study found that the practitioners perceived that interactions enabled the pupils to co-regulate in the moment and to self-regulate more effectively over time. The practitioners thought they were able to do this because they had a deep understanding of the pupils and were able to judge when and how to interact. The interactions were considered effective because they took place in the context of meaningful relationships. For the practitioners, the relationships aided regulation and wellbeing because the pupils felt safe and secure when they trusted the practitioners.

This study's findings link directly to those in the literature. The theoretical assumption that tuning-in and responsiveness aids wellbeing was previously set out by Nind (2012). In a

practitioner reflection study, it was found that one-to-one time, imitation and repetition in II enabled one pupil to regulate more successfully over time (Hankin, 2018). This change was attributed to the practitioners' ability to read the pupils behaviours and judge when to act (Hankin, 2018). Although this related only to one pupil, it does reflect the practitioners' perceptions in this study. It can be said, then, that perceptions around regulation and reading behaviours as a result of using the PII may be reflective of the wider population of practitioners.

The following sections relate to the first sub-question: *What elements of their practice do practitioners believe bring about positive changes for children and young people with autism and SID?* Where it is appropriate, the discussion includes differences in perceptions before and after the RIIO training.

5.4 One-to-one time

This study found that the practitioners thought quality one-to-one time promoted emotional wellbeing for the pupils as it gave the practitioners chance to build relationships and to understand the pupils more deeply. This principle is central to II and is therefore present throughout the literature. The parent-child dynamic informed by augmented mothering on which II is based is centred around one-to-one time (Nind, 1996), making it distinct from a classroom environment where an educator interacts with a whole class. All but one of the practitioners in this study worked in whole classes. Therefore, their decision to work one-to-one with specific pupils was an active choice.

Although the interactions in this study were mainly one-to-one, the findings showed that the practitioners understood the interactions in the context of their environment. The classroom environment was noted as impacting on the quality of interactions as well as on levels of wellbeing. Within the transactional model, the context in which the communications take place impact on how messages are sent and received (Sameroff, 2010). This acknowledgement of the environmental context supports the notion that the transactional model can be used to frame these interactions.

5.5 Tune-in

Tuning-in was understood by the practitioners to promote wellbeing because it allowed the practitioners to read the pupils' behaviours; it gave them an insight into the pupils' thoughts,

feelings and state of arousal that was unmatched by others in the pupils' lives. The finding that practitioners attributed meaning to the pupils' behaviours is not new and is found in the literature (Kellett, 2005). The increased awareness of states of arousal and pupil behaviour found in this study is also found in the literature where practitioners felt that II enabled them to have an increased awareness of "changes in mood" (Clegg *et al.*, 2020, 206). This study found that the practitioners understood changes in mood linked by reading behaviours.

Before the RIIO training, the practitioners perceived that they understood when the pupils displayed certain behaviours, they needed to engage in co-regulation. Here, the practitioners gave the pupils one-to-one time, another PII, and judged when to interact and when not to, another which is also included in the list of PII (see Table 1, 20-21) as tempo/speed (Hewett, 2018). However, in this case, the practitioners were not judging the speed of interactions, but whether or not to interact at all, which is also an element of PII (Hewett, 2018). However, the practitioners in this study thought that just being present when the pupils were dysregulated was needed in order to achieve co-regulation. This reflects the assertion in the transactional model that the adults' unintentional and intentional communications impact on elements of regulation for the pupils. In this case, it can be argued that the practitioners thought that being calm and still would bring about a similar feeling of calm for the pupils. This finding differs from the literature on co-regulation in that adults were found to change their tone, to make soothing noises and use reassuring phrases when co-regulating (Gulsrud *et al.*, 2009) rather than only being present.

5.6 Trust and imitation

Imitation as a PII was found to be understood by the practitioners as important to the development of meaningful relationships based on trust. Whilst connection and bonding are present throughout the literature, the central focus on trust in this study is novel. Trust was seen by the practitioners as having foundational importance for relationships and for wellbeing. The practitioners thought that if there was no trust, they could not perform as professionals. Trust is part of the FoC2 (Hewett, 2018) and has been offered as a result of II by other authors (Zeedyk, 2012; Clegg *et al.*, 2020) and was included in the interview schedule. This may be why trust featured heavily in the data.

Trust was present in the practitioners' perceptions both before and after the RIIO training. Before the RIIO training, the practitioners perceived that relationships built through interaction could lead to pupils' trusting them. After the training, the practitioners had a broader view of the trust, linking it to feelings of security and safety. These added concepts showed the practitioners had developed a deeper understanding of what trust meant for their pupils. The concepts that were linked to trust after the training, e.g. security, featured in the RIIO training. Therefore, RIIO may have had an impact on this change in the practitioners' perceptions.

Connection and bonding are often missing from relationships between practitioners and pupils with ID as their interactions can focus only on tasks (Berridge and Hutchinson, 2019). II has been found to create a connection between those interacting, even when no connection had been formed before (McKim and Samuel, 2020). The bi-directional nature of communication was highlighted by the practitioners. This study found that the practitioners perceived imitation as important to developing a sense of self for the pupils as they began to realise that it was their actions that were causing the practitioners to move or vocalise in a certain way. This sense of self and the bi-directional nature of the interactions has been given as a reason for increased connection in II (Barber, 2012; Hankin, 2018). This study therefore reflects previous practitioner views.

In this way, this study reinforces findings in the literature that connection that is felt may come from the pupils feeling understood. The tracking of emotional states shown through imitation is a form of attunement and can lead to pupils with SID feeling uniquely understood (Murphy, 2018). The practitioners in this study thought that trust and connection were developed when the pupils thought that their needs would be met. This finding reflected in the literature where pupils who felt understood developed trusting relationships with practitioners (Clegg *et al.*, 2020).

After the RIIO training, the practitioners perceived that the trusting relationships increased a sense of security for the pupils. In the literature, this is framed by attachment theory and the development of a secure base (Murphy, 2018). The findings in this study are supported by that assertion as the practitioners found that pupils would develop strong attachments to them and not general attachments with other staff in the class team. It is possible that there exists a more complex relationship within staff teams but the interview questions in this study did not explore

them. The questions focused on the practitioners' experiences as individuals rather than as one part of a team.

This study found that the practitioners perceived that time spent one-to-one with the pupils promoted positive wellbeing and trust. Time spent increased predictability for the pupils to read the facial expressions of the staff with whom they spent time. The increased ability for both practitioners and pupils to read, understand and trust each other over time is an example of the diachronic element of the transactional model (Dias *et al.*, 2020). With relevance to communication skills, II is known to increase communication skills over time with each interaction building on the last (Nind, 1996; Hewett, 2018). This is not to be confused with linear progression through tasks. Rather, the interactions act as a base for the next by developing a broad range of skills. The transactional model suggests a similar progression over time where interactions build on each other in a non-linear way (Dias *et al.*, 2020).

Development over time was seen more explicitly after the RIIO training. Before the training, the practitioners' discussions were more focused on in-the-moment changes and interactions. After the training, the practitioners' perceptions had changed to include developments over time related to multiple factors, including family life, self-regulation and the importance of consistency and familiarity. The role of the RIIO tool is to track development in wellbeing over time which may explain the difference in perceptions before and after the training. This role was shared with the practitioners in the training.

Imitation and responsiveness were also found to give control for the pupils, promoting positive wellbeing. As seen in the results, the practitioners understood that pupils with the dual diagnosis lacked control over their environment because of the influence of neurotypical people on their lives. This is not a new idea. People with autism are said to use behaviours that challenge to control their environment (Kirst *et al.*, 2021), especially when they have communication difficulties (Jordan, 2014). Imitation gives pupils with the dual diagnosis the opportunity to control adults in a positive way (Swinton, 2012). A responsive environment not only gives the pupils control over their environment, but it creates a parity of power between the pupils and their teaching staff (Ware, 2003). Additionally, in II, the time that interactions end as well as the pace of interactions are controlled by the pupil (Hewett, 2018). It is also reflected in the theoretical foundations of this study; control is included in CA as integral to flourishing and wellbeing (Nussbaum, 2006). However, the findings in this study differ from others (Swinton,

2012; Kirst *et al.*, 2021) in one way, the practitioners thought that it was important that the pupils did not gain too much control over their environment because it would be bad for their wellbeing. It was found that the practitioners thought too much control resulted in obsessive behaviours for the pupils and misunderstanding of social rules such as how much time one can spend with their teacher.

5.7 Interaction alone is insufficient

The study found that the promotion of wellbeing in classes for pupils with the dual diagnosis relied on more than just interaction. Whilst this study found that the developmental aspects of II as a pedagogy were effective at promoting wellbeing, there were other findings in the data that showed that the practitioners viewed the use of developmental pedagogies as limited. These findings appeared only after the RIIO training. Before the training, the practitioners only discussed developmental pedagogies. After the training, the practitioners included other approaches to communication, such as AAC.

The significant changes in wellbeing that the practitioners perceived when they used the PII are outlined above and are examples of the developmental approach based on interaction, relationships and responsiveness; as opposed to behavioural approaches aimed at teaching learners functional communication skills. It could be interpreted that only developmental pedagogies impact on wellbeing. However, the study found that a broader range of pedagogies were understood to be necessary in order to promote wellbeing. For example, the practitioners thought that being able to ask for help in an understandable way would promote emotional wellbeing. To achieve this, behavioural pedagogies are often used for pupils with the dual diagnosis. For example, in PECS (Frost and Bondy, 1998), used in the school in which the research took place, pupils exchange a 'help' symbol with an adult. This functional communication is offered as a way of reducing challenging behaviour (Klefbeck, 2021), seen by the practitioners in this study as a sign of negative wellbeing. In the school, II and functional communication strategies are used simultaneously, rather than the FoC being developed through II before functional strategies are used. This may be the reason that practitioners see a blended approach as more effective.

For the pupils to use systems like PECS effectively, they need to initiate communication. To use the system to access strategies linked to wellbeing, such as sensory diet, where pupils

engage in planned physical activities which make them calmer or more alert (Wilbarger, 1995), it would help to gain an awareness of their own emotional state. Initiating communication and developing an awareness of emotions are often outcomes for developmental approaches. It may be that developmental and behavioural approaches can be effectively used together. However, the practitioners in this study did not link them explicitly even though the differences between interactive approaches and functional approaches are made explicit in II training. There are examples of educational studies including people with the dual diagnosis which combine the two approaches into one, although this was done unsuccessfully (for example, Tanet *et al.*, 2020) and are not linked to wellbeing. Whereas in this study the practitioners gave examples of successful amalgamation to improve wellbeing. The practitioners in this study were not required to employ one type of teaching strategy in their professional practice. Additionally, the interview schedule was designed to include general questions alongside specific questions related to II which may have led to the inclusion of these additional views in the interviews.

5.8 Principles of II not II itself

The practitioners did not discuss the link between II as a fully formed concept of wellbeing. In fact, the interactive activities which II is built around were not included in the practitioners' views. This study found that the PII were thought to promote wellbeing but the practitioners never discussed II sessions. The absence of discussion around II sessions places this study outside of the main body of literature on II and wellbeing. Studies that show II being beneficial for relationship building (Rayner *et al.*, 2016; Nagra *et al.* 2017; Clegg *et al.*, 2018; Berridge and Hutchinson, 2021) also rely on following II guidance closely by scheduling interactions and tracking progress. It is suggested that the rigidity of using the II approach in full and as advised creates a barrier to spontaneous interactions (Berridge and Hutchinson, 2021). This suggests that a truly responsive learning environment cannot be created when practitioners must abide by rigid rules. Unlike this study, the studies above did not give space to interactions that used the PII but not II in full. The difficulty for II studies is that their validity comes from the research base which emphasises these rules. In these studies, the quality of the II sessions are monitored, practitioners are expected to track progress, undergo accredited training. The sessions in these studies look like II sessions in that practitioners take part in interactive, back and forth games. If studies focus on how people use the principles of II in their day-to-day interactions, rather than on II as a fully formed and researchable approach, then they risk their

study being invalidated to some extent. This study was likely to include spontaneous interactions because the practitioners were allowed to discuss the use of the PII throughout the day rather than just II sessions. However, that is not an explanation for why the interactive activities were not discussed, only for why PII were included.

The practitioners in this study received refresher training on the PII before they participated in interviews. All of the practitioners had previously received training from the Institute of Intensive Interaction but the time between that training and this study varied for each practitioner. Furthermore, since their official training, the practitioners had not been guided, assessed or observed by a licensed trainer from the Institute of Intensive Interaction. In II studies where the participants are less familiar with the practice it is sometimes noted that they would be guided by experts in order to guarantee the practice is true to the original design (Berridge and Hutchinson, 2021). Whilst this suggests that this study does not reflect the views of II practitioners, it could suggest that it is more reflective of general practitioners who are less involved with or committed to a single way of practicing.

The absence of II activities in this study, such as interactive, back and forth games, does not place the study outside of the body of work on interaction for pupils with SID or autism or of interaction and wellbeing. The transactional model has also been used in other studies to frame the impact of bi-directional interaction on emotional wellbeing (Prizant *et al.*, 2006a; Fanti *et al.*, 2012; Gerstein and Poehlmann-Tynan, 2015; Shosha and Al-Kalaldehy, 2019 Cheery *et al.*, 2019). These studies show that the intentional and unintentional messages sent from carers and practitioners to young people can impact on behaviours that indicate levels of wellbeing. For example, behaviours linked to depression in adults increasing withdrawal in children (Fanti, 2012). It is important to note that the child participants in most of the above studies did not have the dual diagnosis. Regardless, they reflect the findings in this study that interaction impacts wellbeing. In this way, the findings are placed in the wider context of human interaction, rather than the narrower context of II research.

In transactional studies where participants have autism but not SID, some of the findings in this study are reflected but the level of language is too complex. For example, parents co-regulating with their children with autism were found to follow their children's lead and reflect their emotional state (Ting and Weiss, 2012). This study found that the practitioners did the same. However, with neurotypical children, the parents used phrases such as "It seemed like you were

feeling... when that happened” (Ting and Weiss, 2012, 683). Whereas in this study, the practitioners would use non-verbal methods of communication such as imitating facial expressions, vocalisations and posture in order to reflect the emotional state of their pupils. The use of simple language has been used successfully within the transactional model for promoting emotional regulation for pupils with autism and ID, notably in SCERTS (Prizant *et al.*, 2006a) when appropriate for the pupil’s level of language.

The following sections relate to the second sub-question: *What are practitioner’s perceptions of their role in relation to pupil wellbeing?* Where it is appropriate, the discussion includes differences in perceptions before and after the RIIO training.

5.9 Promoting wellbeing as the primary role of the practitioners

The study found that all of the practitioners thought of promoting wellbeing as their primary role, over and above the teaching of life skills or academic learning. The RIIO training does not seem to have had an impact on this perception as the practitioners held this view both before and after the RIIO training. In the post-training interviews, the practitioners highlighted this element of their role more explicitly. The RIIO training may have created a sense of professional purpose within the practitioners. RIIO creates an informal duty on practitioners to reflect on elements of the pupils’ wellbeing in a professional space. The practitioners may have perceived their role in this way because the School’s curriculum has a ‘My Wellbeing’ area of learning which has equal weighting to other areas including communication and creativity, in terms of timetabled sessions and formal continued professional development (CPD) opportunities.

The practitioners saw wellbeing as having intrinsic value. Additionally, some practitioners were explicitly aware that positive wellbeing was a pre-requisite to learning other skills. Viewing the pupils in this way directly reflects the view of education introduced at the beginning of this study as framed by Nussbaum’s (2006) CA. As reported in detail in the Literature Review, within a CA framework, education is owed to the pupils in order to allow them to flourish as individuals at all stages of life rather than to teach the pupils skills which will enable them to give back to society, unlike in Rawls’s theoretical framework (Rawls, 1999) where education

is related to economic productivity. Emotional wellbeing is specifically included in CA as a core capability owed to each individual (Nussbaum, 2006). However, this study found that emotional wellbeing was prioritised for the pupils as well as being included in the curriculum. Within CA, no capability should be prioritised over another. As academic skills are also included in the basic human capabilities, emotional wellbeing should not be prioritised. Instead, both should be attained to a minimum threshold (Nussbaum, 2009).

The practitioners' view that wellbeing was their professional priority also contrasts with the relevant policy governing their professions. For example, the Teacher Standards (DfE, 2021) and Teaching Assistant Standards (NEU, 2014), which set out the roles of professionals in the UK, focus on teaching and learning in academic subjects, whilst giving a fleeting mention to wellbeing. However, the SEND Code of Practice (CoP) does place a duty on schools to promote health and wellbeing for each pupil with SEND (DoE/DoH, 2015). In spite of this, the duty is rather limited. The strongest duty that CoP puts on schools is to build and maintain strong links with health services in order to meet pupil wellbeing not on practitioners to do it themselves.

The practitioners' prioritisation of wellbeing contrasts with literature on wellbeing in education. Education for flourishing was introduced in the literature review as relevant for wellbeing, or eudaimonia in mainstream education (Kristjansson, 2016) and education for people with SID (Imray and Colley, 2017). The practitioners in this study were clear that their pupils need positive wellbeing in order to thrive and achieve. However, the practitioners thought it was their primary role which contrasts with the literature. This might be the case because of the existence of care as a constituent part of the practitioners' role in the school. By definition, people with SID rely on others, in this case the practitioners, for care. As is the case in other specialist schools, in the school which was the site of this research, educators were expected to perform care tasks for the pupils. As shown in the results, the practitioners saw themselves as integral part of co-regulation. Their experience of caring for the pupils in their moments of dysregulation may well have influenced their perceptions. Additionally, the practitioners' viewed wellbeing as prerequisite for learning. This may have meant that even if they saw their primary role as facilitating academic progress, they would have seen promoting wellbeing as a necessary place to begin their practice. Here, the practitioners' views reflected CA's assertion that care is a primary social right, owed to people partly through state institutions (Nussbaum, 2006).

If the primary role of educators was promoting emotional wellbeing, then wellbeing would need to be included in the curriculum as a priority. This would constitute a radical redesign of the curriculum. The findings from this study indicate that the practitioners have taken it on themselves to prioritise wellbeing.

Scholars discussing mainstream education (Kristjansson, 2016; White, 2011) maintain that developing education for flourishing means keeping the NC in place and tweaking it, rather than redesigning it. For people with SID, redesigning the curriculum is advocated by some (Imray and Colley, 2017). The redesigned curriculum prioritises flourishing but not specifically emotional wellbeing. Instead, it advocates for the inclusion of life skills, communication and creativity at the heart of the curriculum (Imray and Colley, 2017). There are varying conceptions related to curricula for pupils with SID and with dual diagnosis. SCERTS (*Prizant et al.*, 2006a, 2006b) is highly personalised and puts communication and emotional regulation at the heart of the curriculum. A curriculum which prioritises communication but retains academic skills has been advocated elsewhere (Perepa, 2019). Here, (Perepa, 2019), wellbeing is alluded to by identifying that pupils with the dual diagnosis find it harder to identify others as a source of comfort. The practitioners in this study reflected this in their thinking. The practitioners thought of themselves as an important source of comfort for the pupils and highlighted that they would approach the pupils when they were dysregulated, rather than the other way around.

The practitioners in this study were practicing within a redesigned curriculum that was different to the NC. Therefore, it is quite possible that they felt able to express the view that the curriculum should be changed because they had experienced it themselves and so saw it is a viable option. If they had been in a school where the NC was seen as unchangeable, their views may well have been different.

Despite this, the practitioners' views in this study differed considerably from Imray and Colley's (2017) argument. The practitioners prioritised emotional wellbeing and perceived its promotion as their primary role as educators. In Imray and Colley's (2017) work, the range of areas of learning must all be met, without one prioritising the other, reflecting the theoretical foundation of CA in which it sits (Nussbaum, 2006). The practitioners in this study took the view that emotional wellbeing must first be achieved to a certain level in order to enable the pupils to access any other education. Nussbaum (2006) argues that all capabilities must be met

to a minimum threshold and one cannot take priority. As discussed in the literature review, Imray and Colley's (2017) work made no mention of the minimum threshold that must be attained for each capability. The practitioners in this study gave a sense of a threshold needing to be met for emotional wellbeing. This was because they thought of the pupils of having challenges with wellbeing that must be met in order to progress in any other way. The view of emotional wellbeing being a prerequisite to learning supports findings in the literature for people with complex learning needs (Carpenter *et al.*, 2015).

The practitioners' perceptions related to this idea did not change after the RIIO training. The practitioners' views on this remained unchanged throughout the study. The concept of wellbeing being prerequisite to learning was not present in the RIIO training. This may mean that the view was instinctive or based on experience, rather than on training. All of the practitioners may have agreed on this point because wellbeing was embedded in the culture of the school. For example, all staff were given a target centred around wellbeing for their appraisals. Additionally, the school employed two full-time educational psychologists to work with staff and parents. All of the staff had attended at least three sessions delivered by the educational psychologists before the data collection began for this study. The psychologists' sessions focused on developing the learning environment and on promoting wellbeing of pupils with ID. The sessions did not include RIIO.

5.10 Wellbeing as a challenge for people with the dual diagnosis

This study found that the practitioners thought the pupils had significant challenges with their wellbeing that brought with them consequences for learning, and behaviour. The two main elements of wellbeing that the practitioners thought pupils had challenges with were emotional regulation and relationships. It was thought that these challenges brought with them further risk of negative wellbeing and quality of life. This view is congruent with other findings in the literature. For example, it is argued that pupils who have challenges related to regulation are more likely to display behaviours that challenge (Jahromi, 2012). Emotional regulation has also been linked to quality of life for people with autism (Ting and Weiss, 2017). Relationships have been identified as an area of difficulty for people with the dual diagnosis (Jordan, 2014) and are essential to the development of positive wellbeing and feelings of security and safety (Cozolino, 2015). The practitioners in this study presented various ideas related to wellbeing rather than a full conceptualisation. Potentially, this is because they had not been trained on one specific idea

of wellbeing. Additionally, defining wellbeing is notoriously difficult and definitions are often vague (Dodge *et al.*, 2012). The next two sections discuss regulation and relationships.

5.11 Practitioners' professional role to support emotional regulation

The practitioners saw it as their role to support emotional regulation for the pupils. This study found that the practitioners' perceptions were largely in-line with the conceptualisation of wellbeing set out at the beginning of this study. Emotional regulation was set out as a core element of emotional wellbeing by combining the SCERTS approach (Prizant *et al.*, 2006a) with specific components of the FoC2. The practitioners had a narrower view of regulation than in the literature. Of the five components of emotional regulation set out in this study, only two were discussed with any significance by the practitioners. They were *emotional expression* which is communication linked to emotion, both voluntary and involuntary and *regulation of mood and states* which is the ability to “modify one’s emotional response relative to constitutional variables” (Prizant *et al.*, 2006a, 50). The other three factors, *cognitive appraisal*, *physiological aspects of emotion*, and *socialisation*, were not raised by the practitioners.

The *regulation of mood and states* element of emotional regulation was discussed by all participants. This study found that the practitioners perceived the pupils to experience their mood and states in peaks and troughs that were not appropriate to the context. They perceived that the pupils were often unable to bring themselves out of a state of dysregulation. This correlates with findings in the literature concerning people with autism where difficulties with this element of emotional regulation can be present in childhood, adolescence and adulthood (Ting and Weiss, 2017). When in a state of dysregulation, practitioners found that pupils would present behaviours that challenge, for example, self-injurious behaviour such as biting or headbutting, and shouting. These behaviours are found to be common for people with autism and SID as a response to stressors found in the environment (Jordan, 2014). However, behaviours that challenge are also understood as attempts at communication for people with autism (Rispoli *et al.*, 2014), people with SID (Imray and Hewett, 2015) and the dual diagnosis (Chiang, 2008). It is suggested elsewhere that these behaviours exist for people with SID not because they are dysregulated but simply by virtue of having SID (Imray, 2017). This view was not shared by the practitioners in this study, who saw that behaviours that challenge were representative of something other than solely a diagnosis. It may be that all of these views are correct and that behaviours that challenge and regulation may have a bi-directional relationship,

where dysregulation increased behaviours that challenge and vice versa (Bowring *et al.*, 2019). For people with the dual diagnosis, it may also be that communication difficulties lead to ritualistic behaviours which then develop into behaviours that challenge (Perepa, 2019). However, this was not a perception that the practitioners raised at the interviews.

Regarding emotional expression, this study found that the practitioners interpreted the pupils' behaviours as intentional and unintentional attempts at expressing emotions. For example, practitioners shared their experiences of successfully interpreting behaviours as showing a particular emotion. In this way, practitioners' view of these behaviours aligns with the view in the conceptualisation of wellbeing set out in the literature review. This element of regulation is not present in the FoC2 so it is unlikely that the perception came from the RIIO training. However, it is a widely shared interpretation (Chiang, 2008; Rispoli *et al.*, 2014) In addition, II literature does state explicitly that idiosyncratic behaviours can be read as attempts at expressing emotions (Nind, 2012; Swinton, 2012). While this concept may have been broached in II training, it was not covered in the refresher training as part of this study. It is possible then that the practitioners did this instinctively or because they had undergone separate training where reading behaviours, especially those that challenge, as communication attempts is a common approach for people with SID (Sharma and Firth, 2012)

The RIIO training had a considerable impact on how the practitioners' perceived regulation. As seen in the themes, before the training the practitioners discussed co-regulation and after the training they discussed self-regulation. The relevant RIIO section for regulation is *Arousal* and contains statements mostly related to the development of self-regulation over time, rather than of co-regulation in the moment. The questions in the interview schedule referred to regulation without either prefix so it is unlikely that the practitioners' views were influenced by the interviewer's question. The RIIO training contained ideas on both self-regulation and co-regulation. In spite of this, after the training, none of the practitioners discussed co-regulation. This may have been due to the practitioners' broader understanding of wellbeing after the RIIO training. The absence of co-regulation in the post-training interviews may have been a result of practitioners' unwillingness to repeat what they had discussed in the pre-training interviews. However, this was not alluded to by any practitioner. Alternatively, it may have been that the practitioners' thinking had been reframed by the training. If the RIIO training introduced a clear conception of self-regulation to the practitioners, then this new conception may have been more present in their thinking than their existing ideas around regulation, i.e., co-regulation.

5.12 A professional responsibility to build relationships

This study found that the practitioners' thought that building relationships with the pupils was an integral part of their job. In terms of the theoretical grounding of the study, this supports the assertion in CA around relationships where pupils are owed a world where they can develop and maintain secure attachments to other people (Nussbaum 2006). The professional responsibility to build relationships with pupils is also reflected in the Teacher Standards (DfE, 2012) where this is stated explicitly. In the literature, mainstream practitioners frame their views on relationships as a means to an end; strong relationships lead to meaningful learning (McKay and Macomber, 2021). This study found that the practitioners framed their views as a means to an end as well, but the end was positive wellbeing. The view was that without strong relationships, practitioners would be rendered unable to support the wellbeing of their pupils.

The practitioners' views around relationships may have been altered by the RIIO training. The depth of the relationships and the importance of relationship building was discussed by the practitioners before the training. However, after the training their views changed and they discussed the view that trust brought with it feelings of safety, security, predictability; all of which are present in the RIIO training. The more developed view of relationships aligned more closely with the literature. For example, the IPEW (Fox *et al.*, 2020) suggests that secure relationships lead to feelings of security and successful emotional regulation. Whilst the practitioners did not explicitly make the link between relationships and emotional regulation, it was found that the practitioners saw relationships as fundamental to supporting wellbeing. The reason that they did not link relationships directly to regulation may have been because of the difficulties faced in defining wellbeing. The practitioners used the word 'wellbeing' generally at times without referring to its specific components.

The practitioners thought that their interactions brought about these secure relationships, reflecting the theoretical assumption in II that communication promotes wellbeing (Hewett, 2012). The mother-child dynamic on which II was based (Nind, 1996) highlights the interconnectedness of interaction and relationships. A primary caregiver interactions with her child takes place within the context of a deep and foundational human relationship. This is one way in which developmental pedagogies like II differ from behavioural communication pedagogies which primarily aim at developing functional skills (Kossyvaki, 2018). This view is supported in the literature where II has been labelled as being "like any loving relationship"

(Berridge and Hutchinson, 2021, 8) by parents aiming to develop a stronger relationship with their child with the dual diagnosis.

5.13 Summary

The practitioners thought that using the PII has promoted the emotional wellbeing of the pupils. However, II itself, as an intervention, was not discussed by the practitioners. The PII which were found to be most important by the practitioners were imitation and responsiveness, tune-in, tempo and one-to-one time. The practitioners thought that one-to-one time promoted wellbeing because it fostered the development of meaningful relationships where the pupils trusted the practitioners. Interacting in this way also enabled the practitioners to develop a deeper understanding of the pupils as individuals. It helped the practitioners to read the pupils' behaviours more accurately and to learn about patterns and fluctuations related to levels of wellbeing. The practitioners felt that using this PII in their practice gave them an insight into the pupils that was unmatched by anybody else. Imitation was also seen to develop meaningful relationships based on trusting relationships. Although relationships for wellbeing are found in the literature, the focus on trust in this study is novel. The practitioners in this study linked imitation with connection and bonding. For some pupils, imitation led to the development of connection and bonding for the first time in their school lives.

The practitioners saw their primary professional role as promoting emotional wellbeing both before and after the RIIO training. Promoting wellbeing was seen by all practitioners as more important than supporting the development of academic skills. The practitioners acknowledged that part of their role was to facilitate learning related to academic study and independent living. However, they saw emotional wellbeing as prerequisite to learning. Importantly, wellbeing was seen as having an innate importance, not solely instrumental value related to subsequent academic learning.

After the RIIO training, the practitioners' views changed in a number of ways. The training changed how they saw their role. Post RIIO training, the practitioners had a broader conceptualisation of wellbeing and of the pupils themselves. The practitioners used their post-training interviews to discuss the pupils in a wider context than the one-to-one interactions. The practitioners relayed their understanding of the importance of the family context in their pupils' lives in relation to wellbeing. In terms of wellbeing, the training enabled the practitioners to

include a wider variety of components into their thinking, for example, security and safety. The training also led to the practitioners identifying the limits of PII on wellbeing, instead, they offered that functional communication interventions were also important for the promotion of wellbeing.

The practitioners' broader understanding of wellbeing was accompanied by the use of more detailed observations in their practice. The practitioners discussed using observation to assess wellbeing before and after the training. However, the practitioners' views post-training appeared to have been influenced by RIIO. After the training, they referred to more detailed observations where they were looking for specific behaviours linked to wellbeing. This shows that RIIO training could be used for this in practice. The RIIO training seemed to impact the practitioners' understanding of emotional regulation. Regulation was discussed by all practitioners before and after the RIIO training. After the RIIO training, none of the practitioners discussed co-regulation. Rather, they discussed self-regulation, incorporating ideas found in the RIIO training.

Chapter 6: Conclusion

This study aimed to explore the perceptions of practitioners working with people with the dual diagnosis of SID and autism. It also aimed to explore the extent to which interacting in specific ways was perceived to promote emotional wellbeing for the pupils. The study aimed to develop a sense of how the RIIO training affected practitioner perceptions. An additional aim of the study was to provide a framework for thinking and practice for practitioners working in similar settings to the research setting.

6.1 Research contribution

This study makes an original contribution to knowledge in a variety of ways. It included perceptions on people with SID and autism while studies concerning people with the dual diagnosis are limited.

The prominent place of trust in this study is novel. The study highlighted that the development of trust through interaction can promote emotional wellbeing. Relationships should be seen as an important element of wellbeing for people with the dual diagnosis. The role of practitioners in developing relationships based on trust through specific elements of their interaction

It contributes to research on the impact of the adult's interactive style on the pupil with whom they work. This study extends the discussion by including the impact on pupil wellbeing and not just on communication skills.

This study supports theoretical assertions in the II debate that using the PII can promote emotional wellbeing. However, this study did not rely on the use of planned and assessed II sessions as a formal intervention. In this way, the study also adds to the debate around limitations of II that question whether interactive approaches are separate from each other or are based on similar premises.

This study was rooted in CA which advocates for the innate importance of emotional wellbeing and the responsibility of society to facilitate its development. It presents an empirical support

of the theoretical perceptions in CA. There is a distinct perception in this study that emotional wellbeing is a core part of the role for the professionals working with people with the dual diagnosis in a state institution. This perception is aligned with the view that wellbeing has innate importance rather than instrumental value.

This is the first study to present the perceptions educational professionals working with pupils with SID and autism related to training on emotional wellbeing. The training was seen to have some impact on practitioner perceptions. By presenting the themes according to data taken before and after the training, the changes can be seen more clearly. Hopefully, this study can act as the beginning of the debate around the impact of training related to wellbeing and mental health training for professionals working with people with the dual diagnosis.

6.2 Reflections as a researcher

Although this study focused on the thoughts and perceptions of practitioners, it also included elements of practitioner research in that the participants and I worked within the same school. As such, it is important to consider my role as a staff member in relation to the research. During the data collection and analysis phases of the research, I was an AHT. In practice, this meant that compared to a teacher or a teaching assistant I had significant influence over practices within the school. It also meant that I had frequent access to the HT and other senior leaders and had developed strong working relationships with them. This enabled me to conduct the research unhindered in a time of staff shortages and shifting priorities due to the implications of the coronavirus pandemic. I do not believe that a teaching assistant conducting a research project on the same scale would have been able to complete it within the same time frame that this study was completed and this has to be acknowledged.

My position in the school meant that I was able to discuss my study in any SLT meeting. It was usual at this time for scheduled presentations from staff members to SLT to be cancelled due to the implications of the pandemic. This may have raised the profile of the study in the school, making it more likely that the research was allowed to continue despite competing agendas. Although the study never took precedence over the school's educational priorities, I was able to discuss the best times to conduct my research with the other AHTs throughout the day. This enabled me to plan more effectively and resulted in a low number of rescheduled interviews.

As the research was carried out in the same school in which I worked, it is necessary to explore the notion of insider research which has also been covered in the ethics section of this thesis and alluded to in the statement of positionality. Insider research can bring benefits to a study but also specific issues; it has been labelled a “double-edged sword” (Mercer, 2007, 5). Insider researchers are adept at understanding the research context but are prone to miss patterns in the data or conclude too early (Mercer, 2007). In this section, the idea of insider research is explored alongside my own reflections.

During the study, I reflected on my place as a researcher and as a member of staff. Although it seems obvious that I was an ‘insider researcher’, my position was fluid. The debate surrounding ‘insider/outside research’ is sometimes presented as a dichotomy (Humphrey, 2012; Ross, 2017; Fleming, 2018). However, the dichotomy has long been rejected (Merton, 1972; Christensen and Dahl, 1997) in favour of a continuum of which insider and outside lie at opposite ends. Within the dichotomy there is an acknowledged fluidity where the research can be more or less of an insider through the study or even in individual interviews (Kelleher & Hillier, 1996). It seems obvious that I was what is described as an insider in this research as I was a member of staff and had worked with the same pupils that the practitioners had. At least, I am closer to the ‘insider-end’ of the continuum.

The insider/outsider dynamic is fluid and can change during a study. When I began planning my study I had management responsibilities as but I also had my own class. This made me much more of an insider as I interacted with pupils, parents and other staff members in very similar ways to all other practitioners in the school. I was part of that community; the body of staff that carried out the daily functioning of the school. I was promoted to the SLT before the recruitment of the participants and no longer had a class. Leaving that community within the school did not make me an outsider per se because I was still part of the school and had once been part of that specific community. However, as a researcher, it did lead me to have more of a focus on the practitioners of staff across the school.

6.3 Limitations and recommendations for further research

As this was a phenomenological study, it might be appropriate for further research to use IPA in similar research projects to this. The homogeneity in the inclusion criteria in IPA would allow researchers to attain depth on a more specific group of practitioners and allow researchers to produce more specific findings, for example, related to a particular level of qualification or age group.

A common limitation of qualitative research is the lack of generalisability. The sample size and purposive nature of the sample means that this study is not representative of the general population of school practitioners working with pupils with the dual diagnosis. Generalisability was not one of this study's aims. Rather the study aimed to achieve a deep understanding of the practitioners' experiences and to influence policy and practice in the school. However, there are various forms of generalisability associated with qualitative research which are potentially applicable to RTA studies (Braun and Clarke, 2022b). The most appropriate form here is *transferability*, where readers who are in settings similar to this research setting might find potential for applying the findings (Lewis *et al.*, 2014). Future research may include schools nationally but this was beyond the scope of this study. This would equip scholars with data that is more representative of the workforce in schools, including those in mainstream schools with provision for pupils with autism and ID.

It is important for the voices of children and young people with disabilities to be included in research related to them (McLaughlin and Coleman-Fountain, 2019). It was not appropriate for this study due to the focus on the adults' perspectives. Further research is needed in order to explore a potential correlation between the practitioners' perceptions and measurable change for the pupils. Future studies could include mixed methods in order to triangulate practitioners' perceptions with observable changes in pupils' wellbeing. Mixed methods designs would allow researchers to compare the practitioners' perceptions with quantitative data which was the intention for this study but it was not practicable due to COVID restrictions. Future research could include interviews alongside a diary that practitioners have kept through the process. The pupils could be assessed using amended RIIO criteria (appendix A) where a numerical scale is attached to each criterion. This would allow practitioners to track developments related to wellbeing in the short and long term. Tracking over these two time spans would enable the study to be grounded in dynamic systems theory (DST) (Thelen, 2005) thereby testing a theoretical hypothesis offered by II that developments in wellbeing can be explained by DST (Nind, 2012).

It could be argued that this study does not build on the body of research dedicated to II as an intervention as the practitioners in this study only discussed part of II, the PII. II studies include II sessions under the guidance of a qualified II trainer when the participants are relatively inexperienced. Thus, they build directly on previous research and test the hypotheses born out of II. This was not performed in this study; the practitioners' perceptions in this study were seen as valuable because they reflected their experience of using the PII in their context. Their context was one without the barriers associated with II as a formal approach, such as planned sessions and meticulous record keeping (Berridge and Hutchinson, 2021b). Further research could align more closely with II as an intervention by setting out inclusion criteria for practice that can be included in discussions. The researchers could then conduct quality assurance observations of the participants' practice before beginning data collection. This limitation could also be seen as a strength as it shows how some practitioners interpret interventions that they are trained on and implement it in loose ways using their intuition. To build on this study, further research could examine the presence of PII in practice in other settings, including both trained and untrained practitioners.

As written above, it is possible that the practitioners' views that were shared in this study were impacted by my position in the school. It might have been the case that the practitioners held information because they feared being judged. I could have asked the staff members for reflections on whether this was the case, for example, by using an anonymous survey after the interviews. However, this may have created an air of distrust by implying that I did not believe that they were being honest. Future research could avoid this limitation by using people without a position of power to interview the participants or conduct the interviews with staff from a different setting.

The analysis was limited as it did not take into account potential impact of the different amount of data taken from each participant. The length of the interviews varied significantly, from 17 to 35 minutes with an average of 25 minutes. The differences in the lengths of the interviews may have been a result of their confidence, the variation in the practitioners' lack of training or, most likely, their experience of working with pupils with the dual diagnosis. The findings may be skewed towards the views of a particular subgroup, for example, qualified teachers or more experienced practitioners as these interviews tended to be longer. Due to these differences in the amount of data taken from each interview, it might be that I knew less about the practice of some practitioners.

6.4 Implications for practice

Based on the results of this study, the school might benefit from introducing additional training for its staff members related to interactive pedagogies and to tracking the mental health of its pupils. Ongoing accredited II training might not be feasible for the school due to cost and time implications. However, training on other interactive strategies might develop staff understanding and practice. It might not be appropriate to extend RIIO throughout the whole school as its population includes pupils with MID and RIIO was not designed with these pupils in mind. It might be that the school must find a less specific approach if a uniform approach is needed. Regardless of the approach, the school could offer the training to parents as well as all staff members. In this way, the pupils' wellbeing would be seen in a more holistic way and staff would have a more accurate understanding of it.

Educational psychologists (EP) should have an important role supporting the implementations of these suggestions for practice, such as guiding practitioners' interactive style and their management of classroom environments for the promotion of wellbeing. EPs could support the development of a profile for each pupil, the contents of which could be based on the findings of this study. The profile could contain the staff members' understanding of the meaning of the pupils' communication attempts and how they link to the pupils' wellbeing. This might reduce the impact of staff changes, for example, at the start of a new school year as new staff would have an indication of the meaning of the pupils' behaviours. EPs could also be instrumental in bridging the gap between school and home, both in terms of recording changes in wellbeing and in consistency of interactive style. EPs have a unique role within the school as they work with staff and pupils on a long-term basis as well as supporting parents and carers through training and home visits. Thus, they can ensure consistency in the individualised advice given to all adults interacting with the pupils.

This study highlighted the perceived importance of one-to-one interactions. These interactions are possible in special schools due to the lower staff: pupil ratios compared to mainstream schools as staff have the time to spend with pupils on a one-to-one basis. An implication for practice could be a commitment to one-to-one teaching for pupils with the dual diagnosis. This could come alongside a commitment to smaller class sizes or smaller staff to pupil ratios for teaching pupils with the dual diagnosis. However, this is a practical consideration and a school's

ability to do this depends on a multitude of factors, including budget constraints and staff absence. Another barrier to the school committing to smaller class sizes is the number of pupils with the dual diagnosis that the local authority direct them to take. The results of this study could be used in discussions with the local authority when the school's SLT discuss the number of places available in the school as staff experience is used in these discussions.

Based on the process and the results of this study, the school might benefit from increasing staff involvement in decision making. The perceptions of the staff members in this study were grounded in their personal experience related to working with the pupils. This knowledge can only be useful to the school by including the staff in discussions around policy and practice. The results of this study should act as a visual reminder of the depth of knowledge that the practitioners possess. If staff are included in decision making then the decisions will be partly based on this knowledge. This study can also be used to determine the process by which all staff should be included in decision making. The staff should not be asked to contribute to decision only by sending emails or filling in a survey. Due to the methodology of this study, this knowledge was co-created. For the school to achieve similar results, all staff should be included in direct discussions with SLT if possible where knowledge can be co-created. I felt fortunate to complete this study in the school in which I worked. The participants in the study were passionate about, and committed to, the pupils with whom they worked. This research study has shown that their experiences and perceptions are valuable. Hopefully, the study can serve as a basis for their increased involvement in making decisions for the pupils in their school.

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Appendices

Appendix A: Examples of RIIO sections To be completed before the intervention begins:

Attachment, attunement, connecting, bonding

Knowing that others care and trusting others

Regulation and control of level of arousal

Identifying own feelings and feelings of others

Empathy and caring about how someone else feels

Self-security: feeling safe, secure, calm

Sense of self

Self-esteem

To be completed after the interventions begin:

Attachment Care/trust Arousal Feelings Empathy Self-security Self Self-esteem Notes

Attachment, attunement, connecting, bonding

Edit Previous 2/2 Next

Recorder: Created 16-08-2020 Modified _____

Increased sense of emotional and psychological connection when interacting <input type="text"/>	Shows preference for particular people more <input type="text"/>
Interacts differently with different people <input type="text"/>	Shows a developing awareness of relationships <input type="text"/>
More able to seek comfort when needed <input type="text"/>	More affectionate <input type="text"/>
Other comments <input type="text"/>	

Attachment Care/trust Arousal Feelings Empathy Self-security Self Self-esteem Notes

Knowing that others care and trusting others

Edit Previous 2/2 Next

Recorder: Created 16-08-2020 Modified _____

More able to use another person to help manage feelings or behaviour <input type="text"/>	Calms at familiar voice more <input type="text"/>
Looks for reassurance more <input type="text"/>	Seeks assistance more <input type="text"/>
Other comments <input type="text"/>	

Appendix B: Interview schedules

Pre-training interview schedule

Introducing the interview and concept: Thank you for participating in the project. Firstly, I'd like to remind you that I am present in my capacity as researcher not as a member of staff. Therefore, data which will be collected via this interview will be treated in this capacity and no one else from the school will have access to the information you will provide. I will be recording the audio from this interview using a Dictaphone, so that I can transcribe it later and make sure that I capture your words exactly.

In this interview, I will ask you to recount situations in which you have had certain experiences with promoting wellbeing for pupils with ASD and SLD. The aim of the interview is to gather your thoughts and perceptions on using the principles of Intensive Interaction. There are no right and wrong answers, I am only interested in your views.

General topics

- In your opinion, what are the most effective ways of interacting with pupils with ASD and SLD?
- In your opinion, what role do practitioners play in promoting positive mental health for pupils with ASD SLD?

I'd like to move on now and ask about your understanding of Intensive Interaction and your experiences related to it. I'd like to be clear that I am only interested in your opinion and your experiences, I'm in no way judging your understanding of Intensive Interaction or child-led communication.

- What is your understanding of Intensive Interaction? What does it make you think of?
- How effective do you think Intensive Interaction is for pupils with ASD and SLD? Can you tell me about it?
- What was your most significant experience with using principles of Intensive Interaction? Please can you tell me about that situation? Tell me what happened and which II principles you used.

- **Now I'd like to talk about your experiences of Intensive Interaction in your day-to-day life.** Can you tell me about a recent time that you did Intensive Interaction?
- If you think of building relationships with pupils at school, what role do the principles of Intensive Interaction play, if any?
- If you think of promoting positive wellbeing of pupils' at the school what role do the principles of Intensive Interaction play, if any?

- **Now I'd like to ask some more specific questions about your experiences with Intensive Interaction. Again, I'd like to be clear that I'm only interested in your opinions and experiences, not judging your understanding.**
- If you look back, what were the elements of your communication practice which you feel need developing?
- Please recount a situation in the last school term where you observed improvements related to your interactions with pupils? What did this look like?

I'd like to move on to your understanding of wellbeing. Again, I am only interested in your understanding and experiences.

- What does wellbeing mean to you?

- What do you associate with wellbeing for pupils with ASD and SLD?
- In what ways, if any, does your interaction practice impact on wellbeing for your pupils?
- **Thank you for the discussion so far. I have a couple of questions to finish just to make sure we haven't missed anything that you would like to mention.** Was there anything missing from the interview that could have given you an opportunity to mention your point of view?'; 'Was there anything bothering you during the interview?'

Post-training interview schedule

Introducing the interview and concept: Thank you for participating in the project. Firstly, I'd like to remind you that I am present in my capacity as researcher not as a member of staff. As mentioned in the previous interview, data which will be collected via this interview will be treated in this capacity and no one else from the school will have access to the information you will provide. As we did in the previous interview I will be recording the audio from this interview using a Dictaphone, so that I can transcribe it later and make sure that I capture your words exactly.

In this interview, I will ask you to recount situations in which you have had certain experiences with promoting wellbeing for pupils with ASD and SLD. The aim of the interview is to gather your thoughts and perceptions on pupil wellbeing and using the principles of Intensive Interaction.

To begin, I'm going to ask a couple of general questions about your thoughts on mental health and wellbeing

- In your opinion, what role do practitioners play in promoting positive mental health for the pupils?
- Which developments do you expect in the area of mental health for your pupils in the near future? Please imagine these developments and describe for me a situation that shows them.

I'd like to move on now and ask about your understanding of pupil wellbeing and your experiences related to it. I'd like to be clear that I am only interested in your opinion and your experiences, I'm in no way judging your understanding of Intensive Interaction or child-led communication.

- What is wellbeing for you? What is related to it for you? What do you associate with the word wellbeing?
- What is your understanding of wellbeing for pupils with ASD and SLD? Can you tell me about it?
- Have you ever seen any improvement of a pupil's wellbeing? Please can you tell me about that situation?

- Has pupil wellbeing ever been an issue for you? When was that?

Now I'd like to talk about your experiences of wellbeing in your day-to-day life. Again, I'd like to be clear that I'm only interested in your opinions and experiences, not judging your understanding.

- 'Can you tell me about a time you felt that wellbeing and mental health played an important role for a pupil with ASD and SLD?
- If you think of building relationships with pupils at school, what role does wellbeing play, if any?
- If you think of your pupil learning new skills what role does wellbeing play, if any?

Now I'd like to ask some more specific questions about your experiences with pupil wellbeing. Again, I am only interested in your understanding and experiences.

- If you look back, when was the first time you noticed a pupil become more trusting?
- Please recount a situation where you noticed a change in one of your pupils' ability to manage their emotions during an exciting interaction? What did this look like?
- What elements of your interaction, if any, do you think have affected change for your pupils' wellbeing? Can you give me an example?
-

Thank you for the discussion so far. I have a couple of questions to finish just to make sure we haven't missed anything that you would like to mention

- What was missing from the interview that could have given you an opportunity to mention your point of view?'; 'Was there anything bothering you during the interview?'

Appendix C: Practitioner information letter

Title of the study

The effects of Intensive Interaction on the emotional wellbeing of pupils with severe learning difficulties and autism spectrum disorder

I would like to invite you to participate in my research. Before you decide, you need to understand why the research is being done and what it would involve for you as a participant. Please take time to read the following information carefully. Please ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not to participate in this research. To be clear, I will be conducting this project as a student of the University of Birmingham and not in my capacity as a senior leader at the School. There is no obligation at all for you to participate and your role at the school will not be affected if you decide not to participate in the study. This letter should not be viewed as an instruction from the senior leadership team.

What this project is about

This study aims to understand the perceptions of school practitioners regarding the impact of Intensive Interaction on pupils' emotional wellbeing. Through the project, I hope to gain insight into your understanding of how using the principles of Intensive Interaction affects the development of your pupils' emotional wellbeing and mental health. The research project is being undertaken as part of my Doctorate in Education (EdD) at the University of Birmingham.

What will taking part in the research involve?

If you decide to take part, your ideas and understanding of the pupils that you have worked with will be at the centre of the research project.

You will participate in two interviews with me and one training session, led by another member of staff, over the course of the project. The first interview will focus mainly on your perceptions of the principles of Intensive Interaction. This will be followed by a training session on Recording Intensive Interaction Outcomes (RIIO). RIIO provides statements related to wellbeing for your pupils. The second interview will take place three weeks after the RIIO training and will focus mainly on your perceptions of wellbeing for your pupils. Both the interviews will last for approximately thirty minutes each and will be recorded.

The first interview will take place in the first half of the summer term. The RIIO training will take place a week after the first interview and the second interviews will take place three weeks after the RIIO training. All interviews and training will take place during your usual work hours and will take place in school. The interviews will be largely led by you as the aim of the interviews is to gather your perceptions on the topics.

If too many participants come forward to take part in the project, I will decide on which members of staff will take part. In this case, I will aim to include a variety of staff in the project who represent the school in terms of their job roles, age and gender.

Who will have access to the data from the research?

CONSENT FORM

Title of Project: **The effects of Intensive Interaction on the emotional wellbeing of pupils with severe learning difficulties and autism spectrum disorder**

Name of Researcher: **Karam Bhogal**

Please initial all
boxes

1. I confirm that I have read and understand the information sheet dated 19/04/2021 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw without giving any reason, up until one week after the second interview.

3. I understand that Dr Prtihvi Perepa and Dr Lila Kossyvaki of the University of Birmingham will have access to my data, in a confidential form.

4. I agree to being audio recorded during the interview phase of the research and quoted verbatim

5. I am aware that the data will be used for a thesis submitted as part of Karam Bhogal's
Doctorate in Education at the University of Birmingham and may be presented in future
publications.

6. I understand that my data will be kept securely and will be anonymised before being
used.

7. I agree to take part in the above study.

Name of Participant	Date	Signature
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Name of Person taking consent.	Date	Signature
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Appendix D: Sample transcript from the interviews

Karam: Thanks for agreeing to participate just a reminder that I'm here as a researcher and not as part of the leadership team and it's not a school initiative, because of that nobody will have access to this data from school. I'm recording so that I can use your words verbatim because the aim of the research is to gather and analyse your perceptions as a staff member. In this first interview, I'm going to ask you to recount situations where you've used the principles of Intensive Interaction and a couple of questions around wellbeing.

Bobby: Yep.

Karam: There aren't any right or wrong answers, it's just your perceptions I'm interested in. Okay, so I'm going to start with a couple of general questions and then they get a bit more specific.

Bobby: Okey doke.

Karam: So in your opinion what are the most effective ways of interacting with pupils with severe intellectual disabilities and autism?

Bobby: The ways that promote a relationship. So the ways that identify what that child wants and likes. So by observing them and watching what they're interested in and, facilitating that communication by imitating what they're doing, so erm like Intensive Interaction and to allow the communication to sort of develop and to grow and to be led by them.

Karam: Okay, and is that over a short period of time or a long period of time or mixture?

Bobby: A mixture but normally you've got to develop a relationship over a longer period of time.

Karam: If any, what role do you think your interactions have on relationships? What impact does the way you interact as a practitioner have on building relationships?

Bobby: It's the key to everything unless you can build a relationship as a practitioner I think that that has to come first. They've, they've got to, I mean communication is particularly for those pupils so unless you can build a relationship, you can't get any kind of meaningful communication and therefore you can't then build on any of the skills they've got to want to spend time with you and you've got to want to spend time with them.

Karam: In general, not necessarily about interaction. In your opinion what role do practitioners play in promoting the mental health of pupils with learning difficulties and autism?

Bobby: I think it should be right at the top of the list. Erm, I think we, I think our main role as a practitioner is to make sure that the people we have in our care are happy and their needs are met before we do anything else so yeah their wellbeing is paramount.

Karam: Great I'm going to move on now a little bit and ask some questions about your understanding of Intensive Interaction and your experiences related to it. Just as a reminder that it's not checking any understanding it's not seeing whether you agree with anybody else, it's just your perceptions and understanding. So what is your understanding of Intensive Interaction and what does it make you think of?

Bobby: It makes me think of the very first interactions you have with a baby it, to me it's that it's that imitation, it's the mirroring its building relationship but it's teaching that communication partner to respond and sort of informing them that communication is a two-way procedure and that both parties get pleasure from it. For me, that's where it starts. Before I even knew Intensive Interaction as a practice, I think, being an early years practitioner and working with very, very young children and, well I trained as a nursery nurse initially, so it's that, it is, it's that days weeks months old, that's how you get a child to trust you and that's how they learn to trust you. You're looking for those really tiny early signs. When they're hungry, when they're, all those basic needs. And then I think for, a lot of our pupils that's, it is their basic needs, it's their wellbeing, it's that that you're looking out for first.

Karam: Great. I'm going to ask you to think now about, not just at this school but anywhere that you've used these principles. What do you think was your most significant experience using this form of interaction?

Bobby: I think, the person I see it have the biggest impact on is a girl in my class. I think recently as well, we've shown how powerful it can be for keeping somebody in the right state of wellbeing. Just picking the right moment and observing and just watching, what she's trying to communicate and then using Intensive Interaction to make those interactions positive and increase her wellbeing and her ability to just take part and be part of a group.

Karam: So can you tell me about a specific moment in which this took place?

Bobby: I think, watching, we were watching her recently and looking for how she looked and what she did at different times and I think for me I started to notice that there were certain times in the day when we came to things as a group was when she didn't initiate Intensive Interaction with us, we didn't do it with her so when we put it in at that time, it really changed how she was able to take part.

Karam: So what did that look like with that change?

Bobby: Smiles, her happy phrases, taking part, yeah. And what it didn't look like was staring into space and looking on edge and sort of deliberately looking away from where the group was. A lot of it was eye contact.

Karam: Okay, increased or decreased?

Bobby: Decreased. And when she was feeling anxious she doesn't give eye contact she looks into the corner of the room. So actually if you can get it, and use Intensive Interaction strategies together with things that she likes, then she will happily come back and be part of the group again.

Karam: Tell me more about that then, what do you do?

Bobby: Erm, she loves rollercoasters, so quite often it might be a noise or a phrase she uses. Like she likes to say 'hold tightly' and go 'weee' and then she'll, that might start a stream then of repeated communication between the both of us. Erm, and, yeah that might look like jumping up out of the chair, that might look like doing a bit of a funny dance. And then that'll be led then by what she does next. And then you tend to imitate.

Karam: What does the imitation do for the interaction?

Bobby: I think that's what helps her to realise that it's a two-way and it's between you and her. It's what makes the links.

Karam: And why is that important for her to know that it's two-way?

Bobby: Erm, because that's part of, part of where her communication needs are really significant. And, she, she will seek interactions spontaneously, but when the demands on her increase, that's when she opts out and she stops any interactions, she stops communicating.

Karam: Great. Erm, so I'm going to ask you a question now and it is not a judgement at all, just about your perceptions. If you look back at your practice over the past year, what are the elements of your communication practice which you think need developing?

Bobby: Erm, I feel like there is lots of ideas and strategies that are used, and if you think of it as a bit of a toolkit, I feel like I'm adding things to the box but there's still lots of other strategies and things that might be out there that I'm not aware of or would like to use better.

Karam: Okay great. Right so we're near the end now. We're going to talk briefly about wellbeing. Again, I'm only interested in your understanding and your perceptions. So what does wellbeing mean to you?

Bobby: Er, it's an emotional state where you're, none of your emotions are so overwhelming where you can't do what you need to be able to do. So, to have positive wellbeing means that you experience different emotions. It's not necessarily about feeling happy all the time, because we don't feel happy all the time but it's, you can experience your emotions in small ways and they don't overwhelm you. And how you get to that place where you don't feel overwhelmed.

Karam: And do you feel like you can read this in the pupils?

Bobby: Hopefully. That's what I like to try to do. That feels like the thing, as a practitioner, that should be the most important. And knowing when, if they're in a good place with their wellbeing, that's the ideal time for learning that's when you can get in it. If then that isn't established, that's when the work needs to be about them understanding how they feel and having strategies to deal with that first because we don't learn when we're in that place.

Karam: So, think of the pupils that you work with autism and severe learning difficulties, do you associate anything specific with their wellbeing, as separate to people without those needs?

Bobby: Erm, I think sensory input can be far more significant. Erm so the environment and their, the sensory needs that need meeting which you or I maybe not as sensitive too.

Karam: Thank you for everything so far. Just to finish off, was there anything missing from the interview that you wanted to get across?

Bobby: Erm, not missing but erm, this might be going off on a tangent but we've been looking at the *Identiplay* work which is teaching by mirroring and having a double set of resources, so that idea that you imitate and copy is very present in Intensive Interaction. So when I was

looking at it, actually Intensive Interaction comes up in there. Then it talks about something called 'special time' which is very similar, but by somebody else's idea. Erm, and it talks about Identiplay moving them from play into learning and it's made me kind of wonder actually when we're kind of teaching life skills and things, rather than being the support physically maybe what we ought to be doing is imitating the whole process and having sort of a double set of everything. So actually, if that's a way we can communicate successfully, then maybe that's what we ought to be teaching in that way too.

Karam: Yes, so what do you think it is about imitation that works?

Bobby: Well, I've been watching a few videos about other people and actually, when you imitate something, actually, if the other person needs more support, you just tend to do it again. Whereas actually when you're sharing the same set of resources that's when you tend to get involved and physically take over, which actually then gives the vibe 'I've done something wrong' if you're not careful because you're saying 'no, no, no like this' and actually all you're proving is 'I can do it better than you'. So I am quite excited to carry on with that idea of imitation.

Karam: It's interesting that that the key element of your practice that you picked up on with your pupil earlier on in the interview and that you've seen it in other places as well and picked up on it and that the principles of Intensive Interaction can pop-up anywhere. Great. And was there anything bothering you during the interview?

Bobby: No, just hopefully you can hear it.

Karam: Okay, thank you so much.