

VOLUME TWO

Four Professional Practice Reports

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## **Introduction**

This volume presents four professional practice reports (PPR) completed over years 2 and 3 of training towards the award of applied child and educational psychology doctorate. The PPRs all take place within my supervised professional practice placement at a geographically large local authority educational psychology service. The local authority contains a mixture of urban and rural areas comprising of five districts and containing six wards that fall within the most deprived nationally. Approximately 124,000 children and young people aged 0–19 years make up just under a quarter of the total population of the county.

Each PPR covers a different aspect of educational psychology work. The first, undertaken during year 2, focuses on raising the achievement of looked after children, a particularly complex and vulnerable group who are prioritised within the work of the local authority. The second PPR covers working in partnership with parents during the statutory assessment of a child with special educational needs. PPR3 considers reading failure in adolescents and critiques a particular intervention within a small study. These are all areas of practice which have since been highlighted by The Importance of Teaching (DfE, 2010). This directs local authorities to act as the champion for vulnerable pupils in their area, raising achievement of LAC whilst also making LAs more accountable to parents than ever before. The paper also promotes academic achievement for all and the need to narrow the gap between the achievement of different groups of children. The PPRs will therefore support

my practice to fulfil established and more recent requirements within the local authority.

PPR4 takes place across years 2 and 3 of my training. It is a longitudinal study, taking advantage of the reduced caseload of a trainee EP which gives a greater capacity to work with a long term case. It shows the complexity of long term school refusal and how educational psychologists can work to support this vulnerable group.

The PPRs will now briefly be described.

### **PPR1**

Since the 19<sup>th</sup> Century Looked After Children have been the focus of policies and rights to protect their needs, first physical and more recently educational. As a year 2 trainee educational psychologist just starting work in a local authority, this PPR enabled me to understand some of the difficulties faced by this group. A brief summary of the historical background leading to the development of current legislation is provided alongside a review of recent research. Interviewing a number of professionals who support LAC within the local authority supported my understanding of how other professionals work to develop academic attainment and what barriers they feel remain. This raised implications for my own practice and has highlighted the need for me to prioritise LAC in my everyday practice.

## **PPR2**

One of the first cases I worked with as a year 2 trainee educational psychologist was that of a young boy with autism. Difficulties around relationships between his mother and professionals involved in the case, were magnified during the process of statutory assessment of special educational needs. This made me realise the importance of working with parents when supporting children. As Local Authority professionals, it is imperative that Educational Psychologists (EPs) work in partnership with parents in their role to promote children's development and learning. Parents are a valuable resource to help professionals to understand and meet their child's needs.

This report therefore explores the process of statutory assessment as a time when parents and professionals must work together. The roles within this are explored and ways to promote partnership in order to improve my own practice are highlighted. The report concludes with personal reflections and implications for my future career as an EP.

## **PPR3**

Many interventions exist within the LA to improve reading attainment for primary age children. In the absence of a widespread secondary intervention in use, one of the senior educational psychologists within the LA wanted to investigate the use of the Pause Prompt Praise strategy in secondary schools. Already widely used within primary schools, this professional practice report considers use of the intervention with secondary age pupils. This led not only

to reflection on the use of this strategy but also enables issues for developing project work within schools to be raised, highlighting the importance of awareness of need and clarification of organisational issues.

#### **PPR4**

Within the local authority, schools have a restricted amount of educational psychology time available to them and therefore, casework must be prioritised. This often means that EPs are unable to become involved with long term interventions. With the increase in traded services leading to schools being able to buy in more EP time, long term interventions may become more common. However, this has not yet happened and therefore, as a trainee EP with less time constraints than other colleagues, I took the opportunity to work with this long term case.

This report discusses the case of a 14 year old girl who has not been to school for 3 months. Her family and school became increasingly concerned for her mental health and academic achievement when she stopped attending school completely following years of poor attendance. The use of functional analysis when supporting children who refuse to attend school is explored alongside the practice of educational psychologists when working with this complex and challenging problem.

#### **Conclusion**

These professional practice reports show a small example of the varied work that trainee educational psychologists may come across in their placements.

The PPRs also attempt to show the difficulties that can be faced when working within a service, for example, PPR2 shows how differences in required outcomes can make partnership working complex. PPR3 then raises awareness of the difficulties that can be experienced by trainees when faced with influence from senior colleagues within a service and the compromises that must be made due to the lower position held.

In a busy practice it can be difficult to find time to critically read research in order to continually develop practice and offer evidence based work. Writing these professional practice reports, has allowed me to reflect and learn, developing my own knowledge and skills. This is a practice I have found valuable and will continue to use in my ongoing employment.

The professional practice reports are now presented in the order they were completed.

### References

Department for Education (2010) **The Importance of Teaching**, Norwich, TSO

**PROFFESIONAL PRACTICE REPORT**

**ONE**

**Raising the academic achievement of Looked After Children  
in a Local Authority.**

## **Abstract**

Since the 19<sup>th</sup> Century Looked After Children have been the focus of policies and rights to protect their needs, first physical and more recently educational. This report provides a brief summary of the historical background leading to the development of current legislation to support the attainment of looked after children. A review of recent research is provided in the four principal areas of the 2007 government strategy for children and young people in care (DCSF 2007/2). A small scale interview study in Local Authority 'M' gathered the views of a number of professionals, aiming to discover how they contribute to raising the educational achievement of LAC and what barriers they feel remain. Their views are reported within the concluding discussion, reviewing the practice of Local Authority 'M' in implementing current legislation and research and reporting the implications for Educational Psychologists.

## **1. Introduction**

### **1.1 Definition**

Throughout this report, the term Looked After Children (LAC) will refer to the definition given in the Children Act (DCSF, 1989) of a child who is looked after by a local authority meaning a child who is:

(a) in their care; or

(b) provided with accommodation by the authority (for a continuous period of more than 24 hours) in the exercise of any functions (in particular those under this Act) which stand referred to their social services committee under the Local Authority Social Services Act (1970).

### **1.2 Historical Background**

During the late 19<sup>th</sup> Century, following a series of Poor Laws, Boards of Poor Law Guardians had the right to take on the powers and duties of parents for both abandoned children and those deemed to have 'unfit' parents. This parental right was taken over by Local Authorities after their introduction in 1929. During the 20<sup>th</sup> Century, ongoing developments such as The Curtis Report (Curtis, 1946), The Children Act (1948) and The Children and Young Persons Act (1969), introduced more compulsory measures to increase the role of the State and public sector services in provision for Looked After Children. Literature and policies of this time were however, concerned more with the protection of LAC (Jackson 1987; Cosstick undated; Children Act

1975; Local Authority Social Services Act 1970) and did not mention or promote the importance of education. In 1998, for the first time, the Quality Protects Programme (DoH, 1998) set targets for educational outcomes, placement stability and reduced time out of school for LAC (Jackson and McParlin 2006).

Legislation for LAC continued to develop and in 2005, under section 52 of the Children Act (DCSF, 2004), statutory guidance was published on the duty of local authorities to promote the educational achievement of looked after children. In 2006, the government launched Care Matters: Transforming the Lives of Children and Young People in Care (DCSF, 2006) as part of an extensive consultation with more than 2000 individuals and groups on proposals for improving the outcomes for children in care. The results of this consultation were summarised in: Care Matters: Consultation Responses (DCSF, 2007/3) in April 2007 from which the white paper Care Matters: Time for Change (DCSF, 2007/2) was published in June 2007. This outlines the government's strategy for children and young people in care. There are four central principles:

1. There should be high ambitions for children in care.
2. Good parenting should be available from everyone in the system.
3. There should be stability in every aspect of the child's experience.
4. The voice of the child should be central.

Care Matters: Time to deliver for children in care (DCSF, 2007/4) was also published in 2007 and sets out to improve outcomes for looked after children

and young people by addressing corporate parenting, health, education and social work practice as well as better commissioning of looked after children's services to improve placement choice and stability. Improving the Educational Attainment of Children in Care (Looked after Children) (DCSF 2009/2) then aimed to transform current levels of educational attainment for looked after children and set out the different elements that should be in place in a local authority to achieve this.

## **2. Context**

### **2.1 A National Picture**

In England there were 60,900 looked after children at 31 March 2009, 2 per cent more than the previous year's figure of 59,400 (DCSF 2009/1). Under section 22(3)(a) of the Children Act 1989, (as amended by section 52 of the Children Act 2004), it is the duty of a local authority to safeguard and promote the welfare of a child looked after by them which includes, in particular, a duty to promote the child's educational achievement.

According to new figures from the Department for Children, Schools and Families (DCSF 2007/1), 61.5% of pupils in England scored at least five A\* to C grades in their GCSE exams in the summer of 2007. In 2008, this figure was up to 65.5% (BBC 2008) yet in comparison, for each of the same years, just 7% of children in care achieved 5 A\*-C grade GCSEs, the level which is increasingly seen as the basic threshold for employability (DCSF 2009/2). Almost a third of previously looked-after children are also described as Not in

Education, Employment or Training (NEET), at age 19 (The poverty site, undated) compared to approximately one fifth of the general population (DCSF 2009/3). This, it may be argued, leaves LAC with less chance of enjoying and achieving in life, as well as a reduced chance of making a positive contribution to society, and achieving economic wellbeing, than their peers. In terms of the Every Child Matters outcomes (DCSF 2003) this means LAC are less likely than their peers to achieve the five outcomes which Local Authority Services are required to render a core entitlement to all children.

In 2003 the new Public Service Agreement from the DFES aimed to improve life chances for LAC children by:

substantially narrowing the gap between the educational attainment and participation of children in care and that of their peers by 2006. This target would have been achieved if, by 2006:

1. outcomes for 11-year-olds in English and Maths had been at least 60 per cent as good as those of their peers;
2. the proportion who became disengaged from education was reduced, so that no more than 10 per cent reached school leaving age without having sat a GCSE equivalent exam;
3. the proportion of those aged 16 who achieved qualifications equivalent to five GCSEs graded A\*–C had risen on average by 4 percentage points each year since 2002; and
4. in all authorities, at least 15 per cent of young people in care achieve this level of qualifications (DFES 2003).

The DCSF 2009 figures show that this was never achieved. By 2009 the poor outcome levels continued, with only 7% of looked after children in England achieving five or more A\* to C GCSEs and 56% leaving school with no qualifications (DCSF 2009/4).

In the DCSF document 'Care Matters: Time for change' (DCFS 2007/2), new initiatives were planned to add to those already attempting to address the low attainment of LAC. These are summarised alongside other approaches and statutory services in Table 1.

Table 1: Services and Interventions aimed at improving outcomes for Looked After Children

<b>Introduction / Reference</b>	<b>Service/Intervention</b>	<b>Description</b>
Education Act (1992)	Office for Standards in Education (OFSTED)	Inspectors will want to see evidence that schools know who their Looked After Children are and how school policies support the education of this group of children.
Quality Protects Transforming Children's Services Department of Health September (1998)	Corporate Parenting	This is the statutory and moral responsibility Local Authorities have towards the children they care for. It is about taking a strategic approach to the management of children's services to ensure the workforce has the best resources, skills and support to keep children safe and give them the best start in life. Just as if they were your own, biological, children. (Care matters partnership 2010)
Every Child Matters 2003	The Joint Area Review (J.A.R.)	The Joint Area Review (J.A.R.) reports on how far services, including education, are working effectively together to secure positive outcomes for all children. J.A.R.s take account of provision for Looked After Children in schools.
DfES, Consultation on Pupil Information 2004	Personal Education Plans	Reflects the needs and aspirations of each LAC. Highly personal, usually completed by child supported by LACES, Designated Teacher and Social worker. It should set high expectations of rapid progress and put in place the additional support the child or young person needs in order to succeed. (DCSF 2009/2)

British Psychological Society (2006) Report of the Working Group on Educational Psychology Service Practice with Looked After Children	Educational Psychology Service	Best practice suggests Educational Psychology Services (EPSs) should have a designated post for looked after/adopted children. The post holder should have at least three years' experience as an EP, knowledge of the circumstances which disrupt children's lives and trigger care/adoption placements, and skills in multiagency working. Such posts are most effective if established at Senior Psychologist grades and pay. (BPS 2006)
Care Matters: Time for Change, DCSF, 2007/2	Virtual School and Virtual School Head (VSH)	The aim is to provide challenge and support to raise the achievement of LAC as if they were in one school. The VSH should be looking to ensure continuity of schooling for every child in care, even where stability of placement cannot be achieved, using appropriate admissions powers and school transport where necessary. (DCSF 2009/2)
Care Matters: Time for Change, DCSF, 2007/2	Private Tutor	Provided in school or in care placement. 10 week block of after school or weekend teaching. Private tutors are fully qualified teachers who must meet at least once with child's teacher at school.
Care Matters: Time for Change, DCSF, 2007/2	Personal Education Allowance	Helps children to catch up with learning or prevent falling behind. £500 available at any age. Often used to fund private tutor.
Care Matters: Time for Change, DCSF, 2007/2	The Pledge	The Care Matters Green Paper (2007/2) proposed that every local authority should set out what children in care could expect to receive in the form of a 'Pledge'. The Consultation Response (2007/2) to this paper has now been published and one of the important factors that the children said they would like

		included in this Pledge is increased support for their education.
Department for Children Schools and Families (DCSF) (2009/2) Improving the Educational Attainment of Children in care (Looked after Children)	Designated Teacher	From September 2009 there is a statutory duty to have a qualified teacher in every school (DCSF 2009/2) who takes responsibility to ensure LAC needs are met and promote educational outcomes for each LAC.
Department for Children Schools and Families (DCSF) (2009/2) Improving the Educational Attainment of Children in care (Looked after Children)	Social Care and Health (Social Workers)	Give advice and support to LAC and their parents/carers. Work with other agencies to produce Personal Education Plans and ensure child's needs are met in relation to care and education. DCSF document (2009/2) suggests that social workers can help by prioritising the child's educational stability when placements have to change and ensuring that PEPs are in place.
Department for Children Schools and Families (DCSF) (2009/2) Improving the Educational Attainment of Children in care (Looked after Children)	Looked After Children Education Services (LACES)	A team of teachers with responsibility to support educational outcomes for LAC. Work closely with schools and the VSH to improve outcomes.

Care Matters: Time for change' (DCFS 2007/2) raised concerns that 'Too often, a child in care will possess innate talents or abilities that are squandered through system failures' and recommendations were made for 'building a modern workforce where education, social care, health and youth justice deliver integrated and multi-agency support to improve outcomes for children and young people'.

This quote from 2007 suggests a move towards multi-agency working, something already suggested by Lord Laming following the death of Victoria Climbié in 2002, and seen as a targeted response in the Social Exclusion Unit's report *A Better Education for Children in Care* (DFES 2003). So following these recommendations, papers, policies and reports, what has really happened within Local Authorities and how are Educational Psychologists involved?

## **2.2 Role of the Educational Psychologist (EP)**

According to the review by psychologists Jackson and McParlin (2006), Looked After Children make up a significant proportion of Educational Psychologists' workload, as the Social Exclusion Unit (2003) shows that LAC are 10 times more likely than their peers to be excluded from school. Jackson and Simon (2005) report that 27 per cent of LAC also have statements of special educational needs, and are therefore disproportionately more likely than the general population of children, to be seen by a psychologist at some point in their lives.

The British Psychological Society Division of Educational and Child Psychology gives an expectation that Local Authorities will have a Designated EP for Looked After Children (DECP 2004) but, according to Jackson and Parlin (2006), all EPs, with their unique position within Local Authorities, can be particularly strongly placed to bridge the care/education divide. EPs' psychological knowledge of both theory and research can help foster positive change and provide support. For example, in a study of Welsh foster care in 2005 (Sinclair et al 2005), EPs were generally rated by carers as the most useful providers of special help for LAC. EPs can therefore play a vital role in supporting the achievement of this section of children who are disproportionately represented in statistics relating to educational 'failure' (Dent and Cameron 2003).

### **3. Review of Research**

Each of the four principles which form the corner stones of the government strategy for LAC (see page 3) will be discussed below with reference to evidence from research.

#### **There should be high ambitions for children in care.**

Low expectations of children in public care have been highlighted by many studies as a significant barrier to educational attainment (Archer, 1999; Fletcher-Campbell, 1997; DCSF 2007/2).

A report by psychologists Jackson and McParlin (2006) suggests that young people frequently complain of the low expectations of teachers and social workers and the stigmatising effect of being in care. On changing schools, LAC often find themselves automatically allocated to low streams without any form of assessment. Following completion of questionnaires by 155 LAC children, Jackson (1998) concluded that low expectation was often viewed by LAC as the greatest barrier to success. Other research supports this view, producing evidence from LAC including the example of a girl who came into care at 14 who said 'I just believed I was stupid. Kids do, don't they, when they are told they are' (Jackson & Martin 1998).

In a study by Jackson (1998) social workers were particularly mentioned when LAC were asked for their views. The role of the social worker was stated as a concern as LAC felt that social workers often had low academic expectations. Jackson made recommendations that social workers should be aware that the intelligence of the majority of children looked after by local authorities falls within the normal range. The problems arise from their circumstances and not from lack of ability. Although as many as 27% of LAC do have statements of special educational needs (Haydon 2005), these are more often for emotional and behavioural problems than for difficulties with cognition and learning, suggesting it is access to the curriculum that is the problem rather than the ability to learn.

Do other professionals have higher expectations?

The government's evaluation of the Virtual School projects (Berridge et al 2009) found that although these were set up to promote academic achievement, some Virtual School Heads saw their role ending at Year 11, when the child had completed their GCSEs. This may show a limited ambition for LAC to proceed to A level and beyond; a cause for concern for the expectation this gives of LAC if their own Virtual School does not expect this ongoing progression.

A report by the British Psychological Society (2006) recommended that EPs help social workers, foster carers and Connexions workers to understand what levels children are expected to achieve at the differing key stages of the national curriculum and the consequences of low expectations. It encouraged use of the Personal Education Plan (Table 1) meeting to ensure that high expectations for looked after children are promoted through appropriate educational targets. As a multi-agency tool to set high expectations of rapid progress (DCSF 2009/2), the PEP was indeed shown to be a useful initiative in cases reviewed by Hayden (2005). Hayden's study however, also identified key problems, with not all children having a PEP, and difficulties with social workers taking on their expected role.

**Good parenting should be available from everyone in the system.**

The joint Department for Education and Employment and Department of Health Guidance (2000) provides direction for how local authorities might fulfil

their role as corporate parents to maximize looked after children's life chance benefits from education.

As part of an ongoing evaluation of services for LAC (Harker et al 2003), a sample of 80 LAC were interviewed. Though this study was limited to 3 local authorities, adopting a corporate parenting approach appeared to encourage effective liaison between education and social services departments alongside higher commitment to children's educational success, though there was little evidence to show the effect this had on the achievements of LAC.

As an Educational Psychologist, Bradbury (2006) described corporate parenting as placing demands on the local authority to work in a joined-up way. Joint working is something frequently mentioned in descriptions of corporate parenting and fits not only with the requirement for multi-agency working set out in Every Child Matters (DFES 2003) and Working Together to Safeguard Children (DoH 2006), but also with the need for parental consistency that has been seen to support academic achievement (Astone and McLanahan 1991). So surely LAs should now be working in multi-agency teams to fulfil legislative requirements?

Research is showing that multi-agency working is often difficult (Kelly et al 2008; Harker et al 2003; Francis 2000). Professionals may have diverse views of problems and solutions and work within a variety of rules and objectives. Kelly et al (2008 pg 144) had the view that 'in the professions of Social Care and Health there can be a tendency for the problem to be located in the child

or family and for the solution to be similarly focused' and this may differ from those such as Educational Psychologists who look for solutions in the systems around the child. In Harker et al (2003) when studying three Local Authorities, the predominant explanation for the lack of multi-agency work with LAC was conflicting priorities within the workload of teachers and social workers. In keeping with the observations of Francis (2000), Harker et al suggested that the workload of social workers could prevent them from viewing educational issues as a priority over urgent placement requirements and dealing with emotional and/or physical needs. Likewise, as noted by Jackson and Sachdev (2001), pressure on teaching staff to meet performance targets for whole school populations was not viewed as conducive to establishing and maintaining regular communication with social workers where looked after children were concerned. Could discrete, speciality posts for professionals working with LAC take the pressure of LAC being everyone's responsibility?

A discrete model was described by Fletcher et al (2003), where a dedicated team was responsible for the monitoring of and services to LAC. Local authorities supporting this approach reported that it provided an holistic focused support package. A distributed model was also studied by Fletcher et al when the needs of LAC were embedded into all services, and although LAC were prioritised, a multi-agency shared responsibility approach was used. Some Local Authorities worked between these two models, using elements from each, though one of the main difficulties seen in all models was which service budget was funding support for LAC.

So what strategies can support multi-agency corporate parenting? In 2009 the DCSF carried out research to evaluate the role of the Virtual Head Teacher (Berridge et al 2009), and concluded from the small pilot study, this intervention had played a vital role in improving communication and integration between agencies within Local Authorities and had helped to improve the educational outcomes for LAC by supporting multi-agency working. If this result is true of other Local Authorities, the Virtual School may be well placed to co-ordinate a discrete team of professionals in a consistent parenting approach with its own delegated funding.

One of the tools used by the Virtual School is that of the PEP. Statutory government requirements surrounding PEPs promote joint work at operational levels. Social workers and teachers are required to collaborate to complete PEPs, and this should ideally necessitate joint training sessions to discuss the requirements of compiling and maintaining PEPs.

So good corporate parents may need to work together, but what else does a good parent offer? According to a report by the Guardian newspaper (2006) a study by academics at University College London (UCL) and Kings College London has given statistical backbone to the view that the overwhelming factor in how well children do is social class. In parallel, Berridge (2006) found that middle class parents had high expectations and attitudes towards education, and by mixing with other high-achieving middle-class families, reinforced the expectation to succeed. Berridge believed that if society

genuinely wants looked-after children to do well at school, the state needs to match some of these middle-class strategies in its corporate parenting.

Harker et al (2004), whose argument re: the bases for low academic achievement emphasises pre-care deprivation and poor corporate parenting, identified difficulties such as large social work caseloads, and schools prioritising performance tables, leading to LAC being little more than an inconvenience. A parent who saw their child as little more than an inconvenience, would surely not be described as fulfilling their parental responsibility.

So perhaps in simple terms, corporate parents, like all parents, may be more successful when they work together, are interested in their children, and provide 'middle-class' values.

**There should be stability in every aspect of the child's experience.**

In 1994, Stein examined the career trajectories of 183 16-19 year old LAC using social worker-completed questionnaires and semi-structured interviews with LAC. Stein found an association between movement in care and poor attainment, with three quarters of those who had experienced four or more moves in care having no qualifications compared to only half of those who had made no moves. This was not an unexpected result and government initiatives including Care Matters: Time to deliver for children in care (DCSF 2007/4) have promoted a need for placement stability for LAC.

Ward and Skuse's longitudinal study (2001) however, expressed concern that a bid to meet criteria for minimal moves, would become an end in itself. Without knowledge of the quality of the placements, or what the data may actually mean, the children settled in long term care may mask the frequent moves of others.

Some LAC do achieve academically, and Jackson and Martin's study (1998) set out to find how some high achieving LAC survived the care system. Among the protective factors that were identified as most strongly associated with later educational success were stability and continuity. At the other extreme though, the study also interviewed a female graduate who now holds a research post, who told how she was moved 36 times in the course of her 15 years in care. It seems that while greater stability, or at least continuity of schooling, is a valuable protective factor, some movement between placements, if well managed, need not preclude educational success.

### **The voice of the child should be central.**

Children's rights include the right to participation in decisions made about them (Munro 2001). For looked after children, this right is enshrined in the Children Act, 1989. Rutter's research also emphasises the importance of

empowerment: children with positive feelings of self-esteem, mastery and control can more easily manage stressful experiences (Rutter 1990).

Research on the needs of looked after children however, has been limited by the difficulty of gaining permission to work with this group of children (Richards 2009). As a group seen as being particularly vulnerable, research may be biased towards easier to reach children, and Goddard (2000) found this group studied and looked upon as a whole group with little appreciation of its diversity. In an interview by Jackson and Martin (1998) a child declared that “No one ever asked...’

As has been seen frequently in the research above, the voice of LAC can tell much of their experience and give a guide to what works for them. Giving children a voice can also be empowering and this can, in itself, improve behaviour; according to the Parenting Puzzle Nurture Programme ‘it’s people who feel powerless who start revolutions’ (Hunt 2003 pg64), so maybe by giving this group of children more power and control in their lives, challenging behaviour would decrease.

Even though it is clear that LAC achieve poorly in education, the picture is not always bad. The study by Harker et al (2003) gave LAC a voice and found some children who actually thought their education had progressed and improved since they were in care as they were previously unhappy and could not concentrate. 45% of children who were interviewed believed things were better whereas 33% thought their education was worse than before. The

children who took part in this study were from the three counties taking part in the National Children's Bureau project 'Taking care of education'. Children and young people were given the choice of taking part and the sample was mainly classified as white (81%), with an equal male/female mix. It must be taken into account that this ethnic mix was not a reasonable approximation of the population of the counties and that those children who were less settled, had poorer English language or education skills, may have opted out as the request from the researcher was made initially in writing. This may significantly skew the results. But as statistics show that the majority of children in care have low attainment, it is also possible that they also have low ambition and expectations, so though happy with their attainment, it may still be low compared to their peers. Is this where high expectations and 'middle class' views of achievement and attainment may be needed?

Other studies have also interviewed previous LAC. Jackson (1998) interviewed 155 adults who had been in care; of these, 38 were now classed as high achievers. Many of their suggestions could be described as good parenting, the ordinary things that concerned parents do to encourage and support their children's learning.

Overall, the national picture has then shown that LAC are achieving less well academically than their peers. Research suggests that low expectations can constitute a barrier to achievement and that good quality corporate parenting encompassing a multi-agency approach, may constitute good practice. Challenges in promoting multi-professional practices have included the

diverse views of professionals who carry conflicting priorities. Providing placement stability and a voice for LAC, has also been shown to support academic attainment in some cases, but overall attainment of this group remains unacceptably low.

In order to explore the delivery of services to LAC, a small scale study was conducted as part of the author's role as a newly appointed trainee EP in Local Authority 'M'. This explored how policy for LAC was delivered in practice and what obstacles to effective service delivery and impact on LAC remain.

#### **4. Local Authority 'M'**

Local Authority 'M' covers 764 square miles (1,979 sq km) with an estimated population of 522,200. The authority has a diverse population with relatively high numbers of Asian Indian residents and, more recently, an increasing number of economic migrants from Eastern Europe. In terms of quality of life, the County has seen improvements against many indicators. Recorded crime levels are down, health levels continue to improve and educational attainment remains strong. The County boasts a proud mining and manufacturing tradition and healthy and fast growing economy (LA'M' web).

The authority has 36 secondary schools, 140 primary schools, 30 infant schools, 24 junior schools, 9 special schools and 4 pupil referral units. Ofsted inspected the whole range of local children's services under the Joint Area Review (JAR) in June 2008. The inspection looked at processes and services

in place for children and young people, ensuring those at risk or requiring safeguarding were effectively cared for, and looked after children and those with learning difficulties and disabilities achieve the best possible outcomes. 'M' was graded as 'good' in all areas of the inspection, placing the county amongst the top performing local authorities and indicating that the authority works well with partners to support children and young people. The report also praised a strong commitment to corporate parenting, with "outstanding services for looked after children and care leavers, a clear vision for provision of high quality services for those with learning difficulties and disabilities" and noted that the integrated working has a positive impact on children's enjoyment and achievement.

During 2007-2008 there were 329 Looked After Children within Local Authority 'M'. A study had recently been carried out by the authority's The Education of Looked After Children (TELAC) team, to learn whether school staff believed that the LA was making positive changes to the educational experiences of LAC. This involved questionnaires being sent to all schools within the authority, of which 20% were returned and of these 18/51 indicated that they had no LAC at the time. Conclusions drawn from the report advised a need for very specific help for the unique needs of some LAC, for example refugee and asylum seekers, and some schools also identified a need for expert 1:1 support with LAC in class. Concerns were raised by Designated Teachers with regards to the poor self esteem and self worth that they believed often stopped LAC from engaging in education. Lack of adequate funding for

support was also cited by schools as a major concern in meeting the needs of LAC.

#### **4.1 Local Authority 'M' statistics**

Table 2 Summarises LA and DCSF data for the Local Authority over a 5 year period from 2004-2009, showing the proportion of LAC attaining 'expected standards' in key stage tests and GCSE examinations compared with the national percentages of the child population as a whole in 2008/9.

Table 2 - Local Authority 'M' Figures (Only LAC who were looked after throughout the whole year are included)

	2004/5	2005/6	2006/7	2007/8	2008/9	2008/9
	%	%	%	%	%	All children
Key stage 1 Reading level 2	56	40	54	74	74	84%
Key stage 1 Writing level 2	33	50	46	63	70	80%
Key stage 1 Maths level 2	56	50	77	74	96	90%
Key stage 2 English	29	50	38	41	37	80%
Key stage 2 Maths	18	55	48	28	37	79%

Key stage 2 Science	47	50	57	52	63	86%
1 GCSE A-G	73	68	65	76	80	89%*
5GCSE A*-C	17	4	15	16	22	50%**

\*National figures for 5 A-G GCSE (DCSF results 2009)

\*\* National figures (DCSF results 2009/4)

In the academic year 2005/6 58.8% of LAC in the authority achieved at least 1 GCSE A-G with 4% achieving at least 5 GCSEs A-C (Corporate Parenting Action Plan 2007).

In 2007, many new initiatives were piloted including the Virtual School, Personal Education Plans and The Childcare Council. The figures for the year following the implementation of these new services (2007/08) were 76% achieving at least 1 GCSE A-G and 16% at least 5 GCSE's A-C, and by 2008/09, 80% achieving at least 1 GCSE A-G and 22% at least 5 GCSE's A-C (Figures provided by Commissioning Support Service LA'M'). Although these figures rose after the piloting of new interventions, it was still over 2 years before the attainment levels of 2004/5 were reached following a slump in 2005/6.

LAC attainment levels at Key Stage one are similar to, and in some cases higher, than their peers. There is also a large difference in numbers of children with a statement of special educational needs with 25.9% of LAC compared to 2.7% of the general population (Shepherd 2009).

## **5. Study**

### **5.1 Aim**

Information about which services and interventions are available for LAC in Local Authority 'M' is easily available through its own intranet. Evaluation of these is more difficult to find. The current small scale illuminative study was conducted as part of the author's role as a newly appointed trainee EP to complement the formal induction process. The aim was to explore how policy for this vulnerable population was delivered in practice and what obstacles to effective service delivery and impact on all LAC remain despite the positive JAR (2008). Conclusions and implications for EP practice are then drawn.

### **5.2 Methodology**

Using the Local Authority 'M' intranet, all documents resulting from a search for 'LAC' were downloaded. A content analysis of these documents was then completed, looking for data following the four ongoing themes of this study.

In order to gather information from professionals to triangulate data gathered from LA documents, semi-structured interviews (Appendix 2) were planned with professionals who work closely with LAC. These were:

- a teacher from TELAC;
- the Designated Educational Psychologist for LAC;
- the Head of the Virtual School;
- a Designated Teacher; and

- a Social Worker involved with LAC.

The TELAC member was chosen as being easily accessible and having time to talk; the designated teacher was also chosen because of accessibility. The time constraint on local authority professionals meant that their participation was necessarily limited. The views of the Head of the Virtual school were gathered by questionnaire due to other work taking priority (Appendix 3). The planned interview with a social worker did not take place due to priority afforded to other work, so this gap in information must be acknowledged. Sampling bias was taken into account (Robson 2002) and therefore views expressed by individuals cannot be taken as the views and experiences of whole services, professionals or the Local Authority.

Participants were interviewed separately and on separate dates, giving them anonymity in order to safeguard ethical standards and reduce risks of respondent bias (Cohen et al 2008). The purpose of this small scale interview-based survey was explained to interviewees and their names were not recorded at any time. Interviewees gave their oral consent to be interviewed and were told they could withdraw at any time during the interview. Permission will be sought before releasing copies of this report other than to the University.

Using an over-arching interpretivist/subjectivist paradigm, data from interviewees and the questionnaire respondent were interrogated alongside Local Authority documentation to explore the following four themes;

- high ambitions for children in care;
- availability of good parenting for LAC from everyone in the system;
- stability in every aspect of LA children's experience; and
- the voice of the child.

## **6. Summary of Findings**

### **High ambitions for children in care.**

The published research studied above shows high expectation as an important element for raising the attainment of LAC. Allocation to low streams in school and low expectation from professionals, and social workers in particular, can be a factor leading to low attainment.

In Local Authority 'M', figures for LAC achieving 5 A\*-C GCSEs showed achievement at over double the National rate for LAC, even before the piloting of new initiatives began in 2007. The LA TELAC service document (undated) states a commitment to continue raising expectations, broaden horizons and encourage LAC to remain in care until 25 in order to go to University. Unlike Virtual Schools in the government's VS evaluation (Berridge et al 2009) that support LAC until 16, LA 'M's Corporate Parenting Policy (2009) states that the Virtual School will 'support the educational achievements of young people leaving care into training, work experience and further and higher education'. This shows high expectations within Corporate Parenting; however, the VS

does not hold or collect any figures for LAC achieving 'A' levels or progressing to University. It appears that although LAC in LA 'M' do better at GCSE than those nationally, on reaching the age of 16, priority and expectation may drop and low participation and/or attainment in further education may result for these young people.

The TELAC professional interviewed considered raising awareness to be paramount to raising expectations, and TELAC therefore hold an annual raising awareness award ceremony to ensure all LAC will get a certificate, celebration and recognition of any achievement made. This ceremony however, is attended only by LAC, their carers and professionals from TELAC and the Virtual School. It seems a missed opportunity to fully celebrate and raise awareness among all professionals within the LA, particularly in their position as corporate parents.

### **Availability of good parenting for LAC from everyone in the system.**

In 2008, the JAR for LA 'M' described a clear vision and strong commitment to Corporate Parenting, but is that carried through in practice?

The Head of the Virtual School considered communication with other agencies to be 'wide ranging'. Other professionals interviewed however, did not consider this to be so, as illustrated by the two following responses: 'Social services should have the responsibility for PEPs, but they rarely get involved' (TELAC interview); "communication between services is poor" (DEP

Interview). The Virtual School is currently merging with TELAC and as part of that, according to the DEP, social workers will take over the PEP coordination role. Rather than this being seen as an opportunity for multi-agency working, the DEP and TELAC interviewees considered this to be causing unease within TELAC, and the EPS had currently ceased to allocate protected time to work with TELAC while things settled. Although at present there is no direct EPS work with TELAC or the VS, the DEP hopes to build a working relationship as the newly combined services emerge. As the greater integration of social workers approaches, it seems that other professionals are stepping back, rather than being supportive. Research has shown that social workers often have heavy workloads and therefore find it difficult to support educational attainment (Francis 2000), so if social workers are left in charge of PEPs without support from other agencies, will this important strategy become less useful? VSs were set up in part to support multi-agency working, so is it wise for them to step out as social workers move in?

Comments from the VSH supported research (Berridge et al 2009), that the VS could encourage the corporate parenting role, but viewed social workers as the direct corporate parents. This stance could prove to have a negative effect if social workers are viewed as the main parents, while also apparently viewed by all interviewees, as the least interested in education: the VSH even stated that social workers themselves would say they did not promote academic achievement. A proactive, preventative approach will be vital rather than waiting to see the effect this change in role has on attainment of LAC;

however, if professionals step out rather than work together, this is unlikely to happen.

The needs of Looked After Children do not seem to be embedded within the normal functioning of the authority. Designated teachers take the role in school with TELAC supporting education, but promotion of LAC's development does not seem to be accepted as everyone's responsibility. There are no data to show that EPs consistently enquire about LAC in their schools, and interviews suggest they often wait to be asked; the designated teacher suggested that TELAC could deal with LAC while EPs' services were best used elsewhere. Social workers were described in interviews as 'out of the loop' (TEALC, DEP), and, as noted above, there was rising concern about Social Workers taking over the responsibility of PEPs.

### **Stability in every aspect of LA children's experience.**

The DEP felt that barriers to LAC's learning included disruption to the child's education through moving schools, and that social workers did not always promote the need for continuity in school placement.

Research has shown us that personal education plans can go some way towards keeping children's placements stable (Hayden 2005), but interview data suggest a greater need for social worker involvement and understanding of the importance of stability in school (TELAC, DEP). If a looked after child does need a new placement within LA 'M', TELAC have links with local

schools and may be able to support carers and social workers in finding a suitable placement. In this county, looked after children are given priority in criteria for school admissions. TELAC workers however, each have their own patch of schools, and although this allows consistency within schools, it does mean that if children move around the authority, they change TELAC teacher. This inconsistency could be argued to add instability to the child's experience when there is a move of carer and school; however, from a practical point of view, the TELAC officers' time can be used more efficiently by working within a patch.

So is stability improving for LAC in 'M'? The VSH described LAC placements as "fairly stable at present", but thought it would be a difficult thing to assess and was unable to provide any figures.

### **The voice of the child.**

Local Authority 'M' has developed a Pledge to all of the children and young people in the county who are in or leaving care. The work on the Pledge began in August 2007, involving elected members, officers, children and young people. Particular consideration was given to how everyone could work together on an equal footing and without children and young people being disempowered by the process. Of particular importance to 'M's approach was the commitment to incorporating the Pledge as part of care and pathway planning for children and young people. It was planned that The Pledge (Appendix One) should be reflected in the plan for the child or young person

and should empower them and the person working most closely with them to be able to make decisions without recourse to others. In addition, a Children in Care Council has been created to monitor and evaluate in the long term both the Pledge and other aspects of services provided. This aims to ensure that the Pledge is a functional tool for the improvement of services and outcomes for children in care and care leavers, rather than simply a document to be framed and placed on a wall (DCSF 2008; 'M' intranet).

All interviewees were asked how LAC were given a voice within the LA. All could give strategies for this; for example newsletters and feedback forms (VSH), and PEPs (VSH; DEP; TELAC). There was however, no mention of 'The Pledge' even though it is intended to be a functional tool to give LAC a voice in order to improve services and outcomes for LAC. Though there are many ways to give LAC a voice in LA 'M', I was left to wonder who is listening to and heeding their voice, and attending to The Pledge specifically.

## **7. Conclusions and Implications for Educational Psychology Practice**

As a new Trainee EP working in LA 'M', viewing the VS and TELAC merge and pass some of their previous responsibility to social workers, brings to mind a family. There is the feel of a newly constituted family forming from VS and TELAC, passing partial custody of the children to the previously absent social worker parent. Other professionals appear to be stepping back to "wait for the dust to settle", and I wonder how this may feel to the LAC? I have been

unable to find any comments gathered from LAC in relation to the service merger.

EPs could support this corporate family in finding effective solutions to work together as a supportive family, rather than stepping back to “wait and see”. Within LA 'M' however, the DEP is not a senior post and at present carries no protected LAC time even though The British Psychological Society (2006) recommended that DEP posts are most effective if established at Senior Psychologist grades and pay (BPS 2006). This may make support for other professionals difficult, as the DEP lacks protected time. This low priority may also be reflected by other EPs who may be unaware of LAC in their schools as school staff prioritise other children.

I am aware that I have not met a social worker within this LA, and that although TELAC and VS are housed within the same offices as EPs, the social workers are in other premises: I wonder if this makes them harder to reach. Their views were not gathered within this study and this must be taken into account as it seems they are often the target for blame.

The EPs unique contribution could be hard to demonstrate if time is not protected for EPs to prioritise work with this vulnerable group. EPs have an overview of educational as a whole, with the psychological knowledge of critical periods in development and attachment, and this knowledge must surely be put to good use for LAC. The DEP felt it was of benefit to be removed from the situation where she could be objective and not emotionally

entangled, whereas the VS appeared enmeshed in clarifying their own role within the new VS/TELAC combined service.

As a Trainee EP, I agree with Bradbury (2006), that there is chance for a very valuable corporate parenting role for educational psychologists, who are well placed to use their psychological knowledge and skills to work with individual children in care, with the carers and professionals who have a more direct parenting role and in multi-agency teams to facilitate more joined-up care and education for one of the most vulnerable groups of children and young people in our modern society. For this to happen, social workers must be brought more fully into the co-ordinated implementation of the multi-agency strategy, or we risk leaving one parent out in the cold.

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## **APPENDIX ONE – INTERVIEW WITH TELAC**

### **TELAC Interview**

#### **High ambitions for children in care.**

Why do you think attainment is low?

Is attainment improving and could it improve further?

How are expectations determined?

What is the private tutoring project?

What other projects are there?

How do you celebrate LAC achievements?

Do you keep ongoing records of individual attainment?

How do you promote high expectation in schools?

#### **Availability of good parenting for LAC from everyone in the system.**

How are LAC supported by different agencies?

Do agencies work well together?

What is the Virtual School and how do you work together?

What is The Pledge?

Who do you think is the main corporate parent?

#### **Stability in every aspect of LA children's experience.**

##### **Are all staff teachers?**

Do you all have your own areas?

Do you move with the child?

Do you think LAC placements are stable?

Does a PEP help?

How could things be better?

##### **The voice of the child.**

The Pledge

How do you gather the voice of the child?

Do you think children have a voice?

## **APPENDIX TWO – INTERVIEW WITH HEAD OF VIRTUAL SCHOOL**

### **What is the role of the Head of the Virtual School?**

To lead on improving the achievements and outcomes of Children in Care through strategic work within the authority, partnership support and challenge with schools and wider partnership work with all those working with this group. The Virtual school staff includes all colleagues who have an impact on the education of children in care. Raising the awareness of improving outcomes for CiC

### **What is the Virtual School? Its targets?**

It is a community of learners who have something in common - in this case- being in care. The Virtual School is a team within the School Performance Section of The Children Young People & Families Directorate. It has recently integrated with TELAC under the leadership of the headteacher. Its targets are to:

- Raise the profile of the needs of Children in Care
- Encourage the ‘Corporate Parenting’ role
- Challenge schools to support students in care in the best possible way
- Improve educational outcomes – no of level 4s at KS2, % A\*-C including English and maths at KS4 as well as attendance, reducing exclusions etc.

### **What are the latest academic attainment figures for Looked After Children?**

2009 – KS4 16% 5 A\*-C including English and maths compared with 2% last year.  
22% 5 A\*-C compared with 16% last year – above the national target for 2010

### **How are these figures collected and tracked?**

The Virtual School Area Leads monitor the performance of pupils through regular meetings, PEPs, LAC reviews. School improvement partners (SIPs) collect data at their first meeting each year and the Head of VS sends for annual reports.

### **Is attainment improving?**

Yes – more LAC achieved 5 GCSEs this year than ever previously- see above

### **Why do you think that is?**

- Private tuition
- PEPs

### **How does Virtual School/TELAC work with other agencies? EPs? Social workers?**

Social workers are key to the worker as the direct corporate parents. Colleagues meet at reviews and at children’s panels

Regular contact with EPs – they are based at Lillington which is the main base for the VS workers

### **What is communication like with other agencies?**

Good and wide ranging, the Virtual School must communicate with other agencies in order to link the services offered to LAC

### **Do you think social workers understand and promote academic achievement?**

They would say no, but those who have been through the English system should be able to support their students well. The Virtual School Area Leads are always available to give support. Certainly they are taking education into account more than before.

**Is stability improving for LAC in Warwickshire?**

It is fairly stable – difficult to assess fully

How does your service support carers? Homework?

- Foster carers Conference
- Training
- Advice
- Provision of laptops
- SAM learning
- Tuition

**How is LAC mental health supported?**

CAMHS LAC through the social worker. Counselling and play therapy paid for by Virtual School.

**How does your service work with Designated Teachers?**

Of course, the service delivers training and works with EPs to deliver training on attachments issues etc.

**Who completes Personal Education Plans? Do all LAC have one? Do they work well?**

Time of change - at moment the Area Leads support these meetings in the authority but just piloting the idea of DTs doing these with social workers in low tariff cases. Area Leads will always be involved in high tariff cases and children new to care.

**How is your service involved in CAMHS/LAC?**

Attends meetings but referrals are done by social workers

**Can you tell me about?****Private tuition?**

HSBC 2 year pilot ended in September 2009. Very successful but has to be for through PEAs now.

**Personal Education Allowances?**

Guidance is attached – priorities this year – private tuition, support for schools, laptops for students placed out of authority

**Children in Care Council and The Pledge?**

Contact Moses Reid about this

**How are these three evaluated? Are there reports available?**

National evaluation of VSH report attached- includes aspects of private tuition

Final report of private tuition pilot attached

PEA – not evaluated as such but I provide report on the spending to the Care Matters Implementation funding group

**How are the achievements of LAC celebrated?**

- Newsletter
- Congratulations letter from Head
- Gifts

**How does the service collect children's voices?**

- Newsletter – competitions etc.
- Feedback forms (tuition)
- Young person rep on Governors
- Barnardos Education advocacy
- PEPs

## **APPENDIX THREE – THE PLEDGE**

### The (Local Authority) Pledge

#### Our Promise to Children and Young People in Care

- To care for you and about you and have the same hopes and aspirations and expectations of you that we have for our own children.
- To recognise the impact of change in your lives and commit to minimising further disruption and change.
- To ensure that we really listen to you.
- To stick with you...and continue to do what we think is right for you even when you do not agree with us.

#### Choice, Commitment, Trust, Communication and Improvement.

#### Ensuring that children and young people in care have;

- Choice and involvement in decisions about remaining in local schools and placements.
- A better understanding of the plans and decisions made.
- Opportunities to work for the County Council.
- Regular contact with social workers and significant others.
- Out of hours help.
- Opportunities to prepare better for independence.
- Support well-being through improved ways of working between schools and colleges.

**PROFFESIONAL PRACTICE REPORT**

**TWO**

**Parents and Educational Psychologists Working in Partnership in the  
Process of Statutory Assessment:  
A Trainee EPs Reflections on working with a challenging parent**

## **Abstract**

As Local Authority professionals, it is imperative that Educational Psychologists (EPs) work in partnership with parents in their role to promote children's development and learning. Parents are a valuable resource to help professionals to understand and meet their child's needs. The Code of Practice (DfES, 2001, p2.1) for Special Educational Needs (SEN) states that:

‘Partnership with parents plays a key role in promoting a culture of co-operation between parents, schools, LEAs and others. This is important in enabling children and young people with SEN to achieve their potential’.

Sometimes however, children's needs cannot be met within the resources of a school and a statutory assessment of special educational needs may be carried out.

This report explores the process of statutory assessment as a time when parents and EPs work together. The roles of both the EP and the parent are explored by examining research and government legislation. The discourse of partnership is discussed, and in order to reflect on personal practice, a challenging case is introduced. This is then explored in relation to a systems theory to support EP work with parents. The report concludes with personal reflections and implications for my future career as an EP.

## **1.Introduction**

The Warnock Report (1978) first brought attention to the requirement for parents to have rights to ensure their children's special needs were identified and met. A series of Education Acts with associated Codes of Practice have refined the procedures for undertaking what is known as 'statutory assessment and statementing procedures' (Appendix One) to fulfil this parental right and ensure children's educational needs are met.

The 1993 Education Act for England and Wales introduced new arrangements for children with SEN, with a view to extending the parents' rights further, giving information about choice of schools, reducing time taken by local education authorities (LEAs), now known as local authorities (LAs), to make assessments and draw up statements of SEN, and extending parents' right to appeal. Parents were encouraged to behave as 'critical consumers in the educational marketplace' (Riddel, Brown and Duffield, 1994) though it could be argued that this created the context for a battle ground where parents appeal against decisions rather than making decisions in partnership.

Now parents had these rights there was a need to provide them with the information and support to use them. To provide this, Excellence for All Children (DfEE, 1997) and the SEN Action Plan (DfEE, 1998) include as one of their themes, the expansion of parent partnerships (Appendix Two) and 'Named Person' schemes to support parents. Research has shown these initiatives to have had mixed results (Todd, 2003) and indeed, as directing the

need to 'support' parents, there is the suggestion that parents are weak and need support rather than being partners in the statutory process. Other themes highlighted are: empowerment, encouraging parents to collaborate with schools and local services with a view to identifying and meeting children's needs as early as possible, and entitlement to information about what is being provided in school (Roffey, 1999).

More recently, the concept of partnership is enshrined in the revision of the SEN Code of Practice (DfES, 2001). In the preface of the Code of Practice (p.2), the Secretary of State for Education and Skills, the Rt Hon Estelle Morris MP, writes that the Code:

'...provides a framework for developing the strong partnerships between parents, schools, Local Education Authorities, health and social services and voluntary organisations that are crucial to success in removing barriers to participation and learning'.

But the Code of Practice (p.16) also states that:

'These partnerships can be challenging, requiring positive attitudes by all, and in some circumstances additional support and encouragement for parents'.

Although the Code of Practice does provide a framework, it does not give a definition of what working in partnership with parents actually means, or would look like in practice.

This most recent Code of Practice also places greater emphasis on identifying and responding to children's need within schools using a graduated response, and only when each level is deemed insufficient should the more formal statutory assessment process commence, a time when partnership with parents can be vital.

During 2008-2009, the Lamb Inquiry (2009) looked at how parental confidence in the special educational needs system could be improved. Its findings showed a number of factors that their evidence suggests may improve parental confidence. Key amongst them is

‘...honest, open communication and a culture that values listening to parents...’ (paragraph 2.62)

Within this report, parents were seen to be satisfied with their Childs statement of special educational needs when specific detail about their child and the support they required were included. Parents were less satisfied by ‘cut and paste’ documents and basic mistakes. There was also a general need for parents to feel that professionals involved were genuinely seeking to provide appropriate support for their child rather than protecting resources, this was seen as ‘a massive conflict of interest’ (paragraph 6.2).

## **2.Aims**

In order to improve my own practice when working with parents during statutory assessment, this report will ask several questions. These are:

- What is the Educational Psychologists role in the process of statutory assessment?
- What is the parents' role in the process of statutory assessment?
- What does working in partnership mean?
- What psychological theories can inform EPs work with parents?
- How can I improve my future partnership with parents during statutory assessment?

### **3.The Statutory Assessment Process**

The term 'special educational needs' (SEN) is defined by The SEN Code of Practice (DfES, 2001) (Appendix One). In January 2009 some 221,670 (or 2.7 per cent of) pupils across all schools in England had statements of SEN (DCSF, 2009).

The 2001 Code of Practice for Special Educational Needs (4:10) states that:

‘Settings should adopt a graduated response so as to be able to provide specific help to individual young children. This approach recognises that there is a continuum of special educational needs and, where necessary, brings increasing specialist expertise to bear on the difficulties a child may be experiencing’.

Within the UK there is a legal duty placed on educational authorities to undertake an assessment of children who are deemed to have ‘special educational needs’ that cannot be met in previous stages of this graduated

response. However, although this gives time for schools and agencies to meet the needs of the child with the minimum intervention, this can also mean a time consuming delay before statutory assessment commences. This necessarily means that parents will have a history of waiting alongside their child's continued failure to make progress, before a statement can be produced. This could adversely affect the confidence a parent has that professionals will meet their child's needs.

Statutory assessment and Statements of Special Educational Needs (SEN) (Appendix Two) were introduced following the Warnock Report (DES, 1978). The assessment process involves reports being prepared by educational psychologists and specialist teachers on behalf of the education authority, along with assessments by community paediatricians, health therapists and social workers as appropriate. The point at which previous stages cannot be met is unspecific however, and may be debated between professionals from different backgrounds and parents. In order to make this position clear, most Local Authorities will have their own criteria for statutory assessment which may range from a very broad 'The child's needs are so great that it is clear that they may need more help than is usually available at School Action Plus' (Barnet LA) to a very specific description of needs for example 'an 8 year old (Year 3) who is working towards Level 1. This would be reflected in an end of Key Stage 1 assessment with subject results of working towards the attainment targets at this Level' (Williams and Mallon 1997).

### 3.1 The Educational Psychologists role in the statutory assessment process

According to the DfEE document published in 2000 identifying the role of the educational psychologist (DfEE, 2000 p.8)

‘Using knowledge and understanding of child development, it is the educational psychologists role to determine whether an assessment of a child’s needs is appropriate and/or to identify appropriate intervention strategies based on observed or reported patterns of learning or behaviour. The educational psychology service is also expected to contribute to a reduction in the number of statutory assessments, statements of SEN and parental appeals through effective early intervention strategies.’

The assessment of children may not necessarily be statutory, the decision to undertake statutory assessment would usually be taken by the local authority though the advice of the EP would usually be requested. If statutory assessment goes ahead, the Code of Practice (DfES 2001/7.82) states that the LEA must seek written psychological advice. Educational psychologists will therefore be required to write psychological advice which will contain information about the child’s background, strengths and difficulties as well as information gained from consultation with parents and other professionals. The advice should also contain recommendations to support areas of need.

The LEA can expect that all statutory assessment work is carried out within statutory timescales and this includes the writing of psychological advice.

### 3.2 Educational Psychologists as reluctant gatekeepers.

The 1981 and 1993 Education Acts have been seen by some as according status to EPs through legislation (Farrell et al., 2006; Maliphant, 1997; Norwich, 2000). Local authority statutory assessment processes have also been viewed as having constrained the range and development of EPs' other functions, such as intervention and research, and their work within different childcare, community and health-related settings (DfEE, 2000; Farrell et al., 2006; Maliphant, 1997; Norwich, 2000). Therefore, EPs may view statutory assessment as a time-consuming constraint on their work, however, this may contradict the views of parents and other professionals who view the EP statutory role as central to EP work.

It could be seen that the EP's place at the centre of a local education authority statutory assessment process not only restricts, but also distorts the EP role by effectively transforming their psychological assessment function, implicitly rather than explicitly, to that of a resources "gatekeeper" for special educational provision (Ashton, 1996; Frederickson & Reason, 1995; Miller & Frederickson, 2006; Woods, 1994). It has been argued that the combination of role restriction and distortion during the 1980s and 1990s underpins some of the negative evaluations of EPs' contributions (Fallon et al, 2010), who are seen as gatekeepers to resources and furthermore, as the pressure to reduce statements increases, as barriers to statutory assessment even though the decision to assess will actually come from the local authority.

### 3.3 Parental role in the statutory assessment process

Parents should be fully involved in the discussion leading up to a school's decision to request a statutory assessment. A parent may themselves request statutory assessment under section 328 or 329 of the Education Act 1996. The LEA must comply with such a request unless they have made a statutory assessment within six months of the date of the request or unless they conclude, upon examining all the evidence provided to them, that a statutory assessment is not necessary (DfES, 2001). However, requesting a statutory assessment may not be an easy option for parents and The Audit Commission's report on statutory assessment and Statements of Special Educational Needs gathered parents' voices and frequently found examples where parents had found request difficult. One parent said 'I found it difficult to start the process. I had to phone, I had to beg ... I asked myself if I was being a good parent ... it was frustrating and draining' (Pinney, 2002).

Parents will be asked to write their own report giving the child's background, strengths and needs, the Code of Practice gives guidelines and help for this report but parents may also be supported by professionals in its completion. Again, LAs will expect completion of this report within statutory time limits.

The statutory assessment process can be difficult and challenging for parents who may never have written a report before and may find concentrating on

their child's difficulties a stressful time. LAs must therefore ensure that parents are offered the full range of parent partnership services (Appendix Three). It has been argued by some (Todd, 2003) however, that this gives another level of professionals for parents to work through, and rather than being the supportive option it set out to be, it has become a further barrier to partnership.

## **4. Working in Partnership**

### **4.1 Defining partnership**

Parental involvement in decision-making and service delivery in the UK features in all recent legislation and guidance on special educational needs (SEN) (e.g. DfEE, 2000, Lamb Inquiry 2009). The Children Act 1989 also emphasizes maintaining parental responsibility and rights (Band et al, 2002).

Part of this parental involvement includes working in partnership with professionals and there is a large focus on this in the Code of Practice (DfES 2001). The Code of Practice however, fails to define what a successful partnership is, leaving an assumption that everyone knows what partnership means and has a shared understanding of this. Though the Lamb Inquiry (2009) makes recommendations for successful partnership, partnership with parents is not something easily defined.

Partnership is described as a process by Sheila Wolfendale (1984, p14). She describes this when:

- parents are active and central in decision-making generally and its implementation;
- parents are perceived as having equal strengths and equivalent expertise;
- parents are able to contribute to, as well as receive, services;
- parents share responsibility, thus they and professionals are mutually accountable.

Gillian Pugh and Erica De'ath (1989) consistently emphasized the process as shared purpose, mutual respect and the willingness to negotiate and similarly Cross (1989) defines partnership as exchange of knowledge, common purpose and joint decision making.

Some researchers however, have tried to identify satisfactory outcomes rather than processes within partnership. A parental survey of 100 families were satisfied with partnership with their Educational Psychologist involvement when the EP:

- listened to parents views;
- shared reports before they were sent;
- was available for follow up discussions; and
- the parent had confidence that the EP understood the child's difficulties.

(Gascoigne, 1995)

Though a small scale study, this points to partnerships where listening, sharing and confidence is central and sits easily with the previous definitions of partnerships and the recommendations of the Lamb Inquiry which also reports confidence and sharing as vital. It would be difficult however, to see one approach that would suit all partnerships with all parents.

A case study by (Hartas, 2008) promoted the need for a strengths based approach to partnership which is flexible to the needs of different parents.

‘The requirements of the parents vary; some may need advocacy, guidance or information about education and care, whereas others may have the capacity for advocacy and are ready to share power and responsibility with the professionals’.

This may point to the need to be aware of the systems within which a parent functions in order to understand the needs of the parents and therefore provide the most appropriate and flexible approach.

#### 4.2 Systemic approaches

Systems perspectives examine the way components of the system interact with one another to form a whole. Rather than focusing on each of the separate parts, systems perspectives focus on the connectedness and interdependence of each of the parts. This understands components of the

system in relation to each other rather than in isolation and views problems within the system rather than the individual.

A systems perspective can allow professionals to see how a change in one component of the system affects the other components of the system, which in turn affects the initial component. The application of the systems perspective has particular relevance to the study of the family as families are comprised of individual members who share a history, have some degree of emotional bonding, and develop strategies for meeting the needs of individual members and the family as a group (Anderson and Sabatelli, 1999). Family systems theory allows one to understand the organizational complexity of families, as well as the interactive patterns that guide family interactions. It uses a concept of circular causality where all parts of the system interact with and affect others, rather than a simple linear cause and effect model.

One of the central premises of family systems theory is that family systems organize themselves to carry out the daily challenges and tasks of life, as well as adjusting to the developmental needs of its members. Critical to this premise is the concept of holism. A family systems approach argues that in order to understand a family system we must look at the family as a whole.

#### 4.3 The Ecosystemic approach applied to partnership working

Bronfenbrenner's ecosystemic approach (1979) is one approach that can be used to understand the factors that interact during partnerships with parents.

The systems around the parents are divided to show the complex interactions between different systems at play within partnerships (Figure 2).

**Microsystem** – This includes relationships and interactions including the family and school environment. These relationships are bi-directional and can influence other layers of the system and include the family, child and professionals. Pugh (1989) pointed out that a power-sharing relationship between parents and educators can encourage greater empowerment and equality in decision-making, leading to the establishment of agreed parameters of mutual accountability and responsibility (O'Connor et al, 2005). Power-sharing however, cannot be seen as an easy option, and may take skill and trust on both sides of any partnership. Educational Psychologists may provide consultation in order to support working in partnership at this level.

**Mesosystem** – These are the structures that connect the Microsystems and may include reactions from family, community and professionals in both education and health. This is an area that research has argued, is where partnerships can break down (Gascoigne, 1995). Parents in Gascoignes study were seen to expect professionals to communicate with each other more than they did and were upset by the lack of communication between professionals and themselves. It could be argued that if the Educational Psychologist has built rapport in the microsystem, this could support communication within the mesosystem.

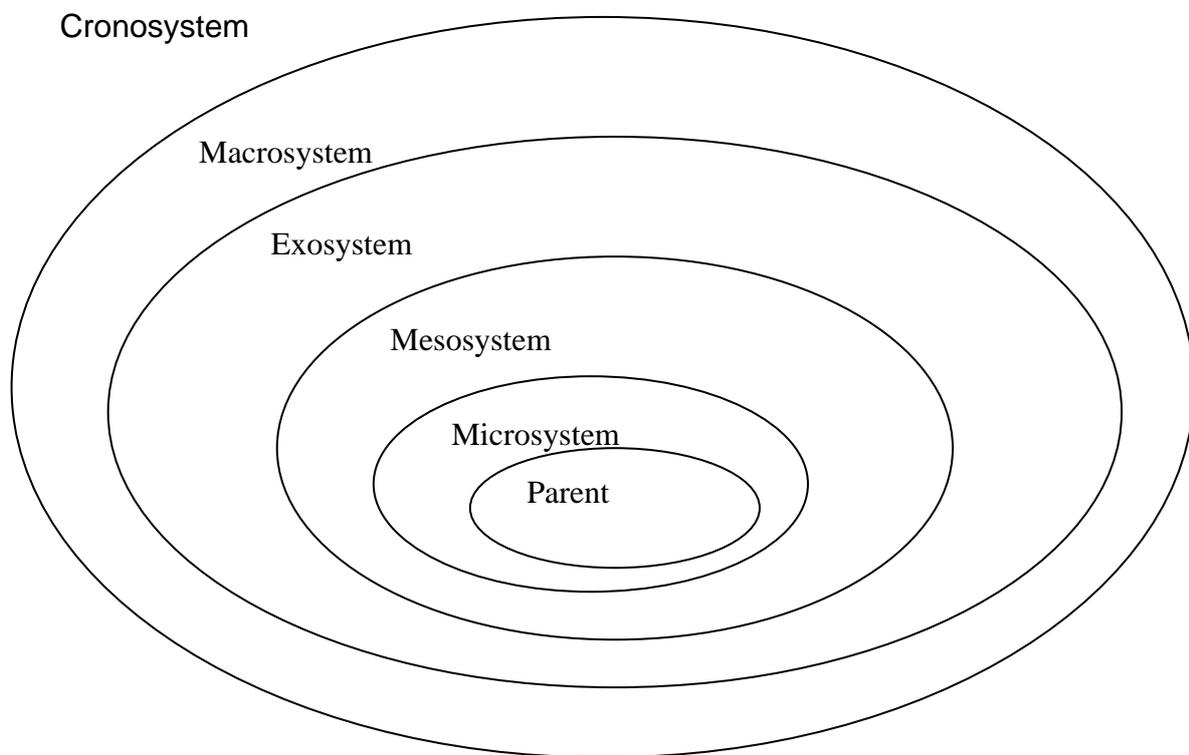
**Exosystem** – This is the larger social system that may not directly be in contact with the parent but the parent will feel the influence. This includes legislation and policies that set out to empower and encourage partnership working but lack specific views of how that can work in practice. Parental expectations and knowledge, if not given clearly, could be argued to foster power imbalance and distrust. The parent must therefore be given clear information about legislation and local policies.

**Macrosystem** – This is the outer most layer of the parent's environment and includes cultures, laws and customs. This system is one of which the EP must be aware in order to respect, understand and acknowledge the parenting and values involved with the child, family and community.

**Cronosystem** – This final layer encompasses the dimension of time. This may include the age of the child or parents as well as the age of onset of difficulty or statement process. Time is seen as an essential factor by parents in the study by O'Connor et al (2005). The time taken to issue a statement, the age of the child and how long they had been having a difficulty were all factors in parental satisfaction and outcomes of partnerships.

The use of this systemic approach may help professionals to recognise the complexities of the human situation and move away from the blame culture viewed by Todd and Higgins study (1998) as creating a barrier to partnership.

Figure 2. An ecosystemic approach



## **5. Example from practice**

In order to reflect on my own practice, this report draws from my experience of working with the parents of a 4 year old boy with Autism. Details of the boy's difficulties and family background are included alongside the historical context to provide a view of factors significant to the case and understanding of the parent. For ease of clarity and anonymity, the boy will be referred to as Ashley and parents will be Mr & Mrs. Smith throughout this report.

Ashley is a four year old boy and lives at home with both his parents and 6 year old sister. His sister attends a private school in a nearby town. Ashley's family could be described as affluent; living in a large detached house in a prosperous area of the local authority. Mr. Smith is a business man and Mrs. Smith was previously a lecturer in English but gave up work to care for their children.

Ashley has a diagnosis of Autism. The three main areas of difficulty which all people with autism share are sometimes known as the 'triad of impairments'.

They are:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination.

(Wing and Gould, 1979)

Sensory sensitivities are also common in children with Autism.

Ashley has particular difficulty with expressive and receptive language and has been seen by a speech and language therapist since attending the local Child Development Service (CDS) from the age of 3. Ashley also has a particular interest in Thomas the Tank Engine.

Ashley attended the nursery at the same school as his sister at the age of 3 years and 1 month, here he was soon described by his mother as distressed and aimless. Ashley received his diagnosis whilst at this nursery and involvement with the Local Authority Autism Team commenced. The Nursery

were offered funding from the Autism Team to support a part time assistant to maintain Ashley's placement. Interviews took place for this role but before an assistant could be employed, Mrs. Smith removed Ashley from the nursery because of his ongoing distress and complaints of disruption from the nursery staff. Mrs. Smith found a nursery which had recently opened and agreed with the head of the nursery, that Ashley could attend free of charge but mum would pay for full time 1:1 support by a teaching assistant (TA) who she employed herself.

Mrs. Smith attended an Early Bird course with Ashley's teaching assistant (TA). EarlyBird is a three-month programme for parents of preschool children with a diagnosis of Autism. It combines group training sessions for parents with individual home visits to help parents apply what they learn (The National Autistic Society). Mrs. Smith and Ashley's TA found the course unhelpful as they did not feel it added to their knowledge.

I became involved in the case following referral by the LA Autism Team in order to request statutory assessment. Mrs. Smith wanted Ashley to attend a local mainstream school, and I was the school's named EP. Before meeting with Mrs. Smith for the first time, a telephone call was received from a pre-school teacher attached to the Autism Team. She reported that relationships had broken down between Mrs. Smith and all professionals involved as Mrs. Smith had made numerous complaints about the services she was receiving and had been verbally aggressive to staff. This pre-empting by the ASD Team to new services becoming involved could show that professionals were

forming support for each other within the meso-system and therefore this negativity may have reinforced negative relationships.

During my initial meeting with Mrs. Smith, I explained my role, though she already had knowledge of this and the statementing process from information given by the Autism Team. Mrs Smith was concerned that Ashley would be bullied at school and be unable to access the curriculum because of his language difficulties. She also feared for his safety and stated that she would only let him attend school if he had full time 1:1 support.

### **5.1 Strengths of working through an ecosystemic approach**

In the case study reported, Mrs. Smith was described by professionals using the negative discourse of 'a difficult parent' or the equally un-useful sympathetic view of 'an anxious parent' because of what was seen as challenging behaviour. Social psychologists hold that behaviour is a function of the person and the situation (Lewin, 1936), moving away from individual blame to a more positive view of functional behaviour. Bronfenbrenner's ecosystemic perspective can support the knowledge and understanding of functional behaviour particular to situations and act as the possible key to change. Within this ecosystemic viewpoint, the problem changes from within the person to something that happens between people and their environment and in this way, more possibilities for change emerge. The view of behaviour as a function, may have usefully removed blame and negative labelling. A

look into the systems surrounding Mrs. Smith could show within the circular causality of the family systems, or the structured ecosystems, where EPs could step in to produce change.

In order to draw out unconscious information to view the systems within which a parent is placed, the EP could be seen to use a consultative approach. Wagner (2000) describes consultation as 'a voluntary, collaborative, non-supervisory approach, established to aid the functioning of a system and its inter-related systems' (p.4). Within psychological consultation, she suggests that systems can be explored without blame in a way that is transparent to parents and other professionals. Although it may not be conscious, the parent has expertise in the systems and how they work and consultation can help to draw out the systems and narrative involved and empowers the parent with having expert knowledge. Therefore consultation and systems perspectives could usefully be used together and as Beaver (1996) argued, different models can be used compatibly, and offer the best resource to the psychologist.

Using consultation with Mrs. Smith, allowed her knowledge of the systems involved to become apparent. This changed the view of Mrs. Smith from the previously seen negative labels, to one of a mother working hard to support her child. At the micro level, Mr. Smith did not attend meetings and Mrs. Smith was always seen to be alone, she also said that her husband was not understanding of her sons needs. As was suggested by Todd (2003) she viewed parent partnerships services as another line of professionals and

therefore chose not to have their support, leaving her once more feeling unsupported, this time within the mesosystem. This may have left Mrs. Smith feeling isolated as well as unsupported and she often told professionals they were not supportive. A view of the ecosystems may have shown where support was needed rather than professionals appearing to become defensive that Mrs. Smith did not value the support they offered.

It should be recognised that in interactions with the child or family, the EP will themselves become part of that microsystem, and as such, a positive rapport can be valuable. Rapport building could be seen to support the development of partnerships through interaction with parents. It is suggested by Beaver (1996) that the most important element that psychologists can bring to a situation is their ability to develop a rapport with those they work with. Beaver defines rapport as 'a congruent communication from one person to another that they appreciate the other's situation and thoughts and understand their point of view' (Beaver 1996 p12). The affects of a positive rapport may support the system and outcomes of partnerships such as those seen previously by Gascoigne (1995). Parents may feel they were listened to as the EP matches their communications and this may lead to confidence that the EP has understood the child's difficulties.

The mesosystem makes visible a difficult area in the systems within the case study. In this case, interactions between professionals may have sought to reinforce their own relationship with each other in the expectation of complaint from Mrs. Smith. This could have reinforced Mrs. Smith's distrust of

professionals, and her feeling of being unsupported, therefore she would be more likely to complain as professionals closed ranks. This interaction is made clear by Bronfenbrenner where the parent feels the influence of mesosystem structures connecting the microsystem. This unearths assumptions made by professionals that sought to reinforce negative expectations. A change could usefully have been made here by making the structures at play between systems, clear to other professionals.

The exosystem is a useful area to empower parental choice, but it could be argued that this is only helpful if both accurate and visible. This system was not accurate in the case study. Within Mrs. Smith's local authority, the criteria and process for statutory assessment is not clear, with EPs able to make decisions based on their own professional judgement. This led to confusion between professionals who work with different EPs in different settings and expectations became confused. Mrs. Smith was told by one professional that I was the lead in making the decision about statutory assessment and that I would write the statement. I explained my actual role in the process, although I had a statutory role, I would be one of many who would write advice, including the SENCo, a medical doctor, the teacher from the ASD support team, the speech therapist and Mrs. Smith herself. This initial incorrect information may have reinforced Mrs. Smith's view of poor communication between professionals as well as encouraging an expert gatekeeper view, previously seen negatively affecting partnership with parents. In order to support the exosystem, clarity of roles and rights could be seen as vital to encourage parental confidence.

The macro- and crono-systems also appear to play a valuable role in the development of partnerships here. The history of the case revealed the basis for negative judgements by professionals rather than highlighting functional behaviour. It could be hypothesised that the parents background may have changed from a professional, affluent parent whose children attend private school, to a house wife whose child had been excluded, who did no longer feel her husbands equal as she no longer worked and money may be tighter. This would need further discussion to justify though the perceived fight for provision may be seen as going some way to fulfilling Mrs.Smith's cultural need to succeed as she had done as a professional and support a positive image of her son in her local affluent community where most children attend private schooling. The dimension of time also appears to play a significant role in this case. Mrs.Smith would not allow Ashley to start school without a statement of SEN and full time 1:1 support. There was therefore a rush to produce reports in time to allow this to happen and this limited any time for discussion.

The ecosystemic approach is seen here to allow an understanding of the parents perspective. This could usefully remove blame and judgement and instead, allow the view of behaviour as serving a function within the ecosystems. When systems are made visible, the EP can promote positive change in one component which may lead to changes in other, providing empowerment and building positive partnership with parents.

## **5.2 Limitations of working through a systemic approach**

One of Mrs. Smith's repeated complaints, was that professionals did not know or understand her son. Sandow et al (1987) argued for parents wanting professionals to know their child above all else, which may be a barrier for an EP wanting to concentrate questioning around systems rather than their child. The Lamb inquiry also reveals parents wanting professionals to know their child alongside a need for transparency and listening. It could be argued that parents may feel the EP is not listening to them if questions are directed at systems rather than the child and may lead parents to view the EP as not understanding their child's needs, or hiding a different agenda.

For an EP working with parents during statutory assessment, meetings may be few and statutory time limits may make time for building rapport and uncovering systems difficult. Though Beaver suggests the importance of rapport within systems, he does not offer advice to suggest how you know when rapport has been built or whether this can happen over a single session or is a process built over regular meetings. EPs trying to understand systems may risk filling in gaps and making hypotheses where information is not available quickly enough. This was especially true in this case, where the case had been referred purely for statutory assessment, so the time that could have been spent building rapport and systemic information during a graduated response, was not available. Consultation was used however, in an attempt to gather information.

Within any kind of meeting though, even when the EP is actively listening, there are seen to be several points where information could be lost through interpretation or misinterpretation (Beaver 1996). Birdwhistle (1970 in Beaver 1996, p12) established that only 7% of communication happens through the actual words spoken, so whatever approach is used, it is crucial to be clear about what a parent is saying as discourse such as 'difficult parent' may lead to inaccurate and negative interpretation.

Though consultation may support systemic understanding, there is little evidence to show that consultation actually works and most research is based around working with teachers rather than parents (Dennis 2004; Wagner 2000; Redpath and Harker 1999; Stobie et al 2005). Parents may not want to reveal systems to the EP, to imagine a parent would unconsciously reveal all to an EP, may be to view a parent as a powerless agent within the consultation process.

Another difficulty when working with systems is that expressed by Beaver (1996). Beaver argued that an individual perspective can easily be shared with others within the system, systemic perspectives however, may lead to a hypothesis about the system which the psychologist may not wish to share openly. Though knowledge of the systems is beneficial, the hypotheses this creates could lead to covert interpretation by the EP and mistrust if the parent realises the EP is not being open and lacks the transparent communication requested by parents in interviews (Band et al 2002; O'Connor et al 2005). Viewing difficult family relationships within the microsystem may result in an

understanding of the parent that does not take into account individual strengths such as resilience, an explanation of individual ability to develop normally in the face of adverse conditions (Luthar, Cichetti 2000). This may lead to a negative or sympathetic view of the parent where as a view of a strong and resilient individual may be more accurate.

The systemic view of parents may also be one of parent as the victim, out of control within the surrounding systems. The parent may be viewed as not having the power to change systems and therefore a sympathetic view or disempowerment may result if the parent is not viewed as capable of individual change but rather that this is a job for professionals.

## **6. Conclusion**

In order to listen and respond appropriately to parents, the blame culture must be changed to one of the recognition of complexities of any human situation in terms of functional behaviour. In this way, I feel that a systems approach would be most useful in building positive partnerships with parents and be flexible to the needs of all families. This is an approach I plan to use in the future, however, in becoming involved in a case, I must also acknowledge my own part in the system and the role I can therefore play in facilitating change within the systems. Barriers to systemic working must also be minimised by being transparent in work and reporting facts rather than my own interpretation. Pilot projects carried out as part of the Lamb Inquiry (2009) confirm that honesty and openness can lead to parental confidence and positive partnerships.

As part of the exosystem, I feel it would be helpful if our Local Authority provided clear criteria for statutory assessment in order for parents and professionals to have consistent expectations. However, in the future, I would want to ensure that I not only explain my role to parents and professionals explicitly, but also explain the process of statementing even if the parent feels they have already been told. A practiced script may be useful, alongside a leaflet of information from which parents can refer as receiving conflicting information from professionals may lead to confusion.

In the future, I feel that during statutory assessment both parents and child's needs must be met. Gascoignes (1995) description of the parent did not seem to fit Mrs. Smith, who I viewed as a professional, as she had previously been a lecturer in English. However, on further examination of Gascoignes Parent/Professional differences, it raised the issue of her possible isolation and the continuous care she must provide which may work against her previous identity as a paid, experienced professional. However, at the time, I viewed her as a professional and as such did not offer a sympathetic view, though looking further into her systems this may have allowed me to offer further empathy. A previously successful professional who is flung into the unfamiliar arena of SEN may be left feeling disempowered and fight for recognition and it could be argued that this led to the independent gathering of information, and the rejection of professional advice from for example; Early Bird and Parent Partnership services.

Alongside child and parental support, I believe the EP also has a valid role as facilitator, supporting positive relationships between all professionals involved and the parents. This would be useful long term as in this case, all professionals working with Mrs. Smith have had a complaint from her and working relationships are now difficult. All professionals must take notice of evidence given in the Lamb Inquiry (2009) and become part of a culture that values listening to parents. For the future support of Ashley, it is crucial for bridges to be built, and a systems perspective alongside rapport building, has started to prove effective, initially through transparency and agreement of roles.

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## APPENDIX ONE - SEN

Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

Children have a learning difficulty if they:

- a) have a significantly greater difficulty in learning than the majority of children of the same age; or
- (b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
- (c) are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them.

SEN Code of Practice (DfES 2001)

## APPENDIX TWO - STATEMENT

A statement of special educational needs is a legal document drawn up following statutory assessment if it is not possible to meet the needs of the child within the resources of the school. This sets out the child's needs; the provision they are to receive to meet their needs; the learning objectives related to the child's needs; the school they are to attend and the relevant, non-educational needs, together with any related provision. The process is carried out in consultation with parents and must be completed within statutory timescales, with a final statement completed within 26 weeks of the decision to assess (O'Connor et al 2005; CofP 2001).

Table. 1. Timescale for statutory assessment

<b>Phase</b>	<b>Phase Time</b>	<b>Running Total</b>
LEA receives request for assessment		
LEA decides whether or not to assess	Six weeks	Six weeks
LEA seeks and receives advice LEA decides whether or not to issue a Statement	(Six weeks) Ten weeks	Sixteen weeks
LEA issues draft statement	Two weeks	Eighteen weeks
LEA finalises statement	Eight weeks	Twenty-six weeks

Adapted from Gascoigne (1995)

## APPENDIX THREE – PARENT PARTNERSHIP

### Parent Partnership services

All LEAs must make arrangements for parent partnership services. These should be run at 'arms length' to the LEA to ensure parent confidence. The parent partnership service should provide information about schools, explain the way the law operates and provide support for meetings with the LEA.

Code of Practice (DfES 2001)

## Reading Failure of Adolescents:

A report to examine the usefulness of a Pause Prompt Praise reading project with secondary age pupils.

### **Abstract**

This professional practice report considers reading failure in adolescents following a review of relevant literature. A small scale project using Pause Prompt Praise as an intervention with secondary age pupils allowed reflection of using this strategy to support reading development of failing readers within a secondary school. The report outlines issues for educational psychologists and concludes that professionals need to highlight to schools, the importance of teaching reading to secondary aged students in a way that is meaningful and motivating to them. It suggests that adolescents with a moderate reading delay who have broadly age-appropriate language skills, may benefit from using Pause, Prompt, Praise. The report also highlights the importance of awareness of need and clarification of organisational issues when carrying out project work in schools.

## 1. Introduction

The National Literacy Trust (Jama & Dugdale, 2010) highlights the importance of literacy and reading with their own research showing that men and women with poor literacy are least likely to be in full-time employment at the age of thirty.

According to a variety of publications (e.g. Brooks, 2007; Atkinson, 2006; DfES, 2003; Alvermann, 2001), developments in literacy teaching have tended to target the needs of primary, rather than secondary age pupils. Since the introduction of the National Literacy Strategy (NLS) in 1996, Atkinson (2006) noted numerous government publications addressing the development of reading skills amongst primary age children but notably less attention given to addressing the literacy attainments of secondary age students, particularly adolescents. This view is supported by the relative shortage of research focusing on reading interventions for the secondary age group seen by the DCSF publication 'What works for children with literacy difficulties?' that quoted 'much less evidence for secondary level than for primary' when searching for literacy intervention studies (Brooks, 2007. p25). Brooks found fourteen literacy schemes designed for use with secondary age pupils compared to forty one for primary age. Though some of the primary schemes had included secondary age pupils, their needs and outcomes were not highlighted separately so specific support for use with secondary age pupils could not be assessed. Of the studies presented, some had difficulty with evaluation: for example: Catch Up Literacy (Brooks 2007, p92) was left with a

very small sample group following frequent exclusion of pupils. One of the more promising interventions was that of the Autoskill Academy of Reading (Brooks 2007, p37), a computer based reading intervention designed to improve fluency in children with Dyslexia. The programme has since evolved to include mainstream secondary pupils with a reading delay and though only a few pilot studies have so far been carried out, results have shown modest to useful gains. Brooks found other IT based interventions supporting secondary aged pupils to make reading progress. Using IT based interventions also appeared to improve behaviour alongside reading. Conclusions to show what works for secondary age pupils are not made, but recommendations for future research set out the need to gather standardised data to inform future practice.

Merrett (1998) evidenced a number of discussions with SENCOs in West Midland secondary schools who reported as many as 37% of secondary age pupils at least 2 years behind their chronological age in reading skills. Though these figures are not specific enough, or from a large enough population to be considered as firm evidence, they do support the ongoing concern for the reading levels of some pupils in key stages 3 and 4. Carnine & Carnine (2004) saw secondary aged children going on to fail in a number of their subjects due to their inability to access information through text, which Merrett (1998) had also highlighted. Concern was raised that as poor readers in secondary schools became more frustrated with being unable to access specialist text books, they fell further behind their peers, lost motivation and developed behaviours that further impeded their own learning (Hasselbring & Goin,

2004), perhaps seen in the high exclusion rate that has caused difficulties in some research (Brooks, 2007). Researchers such as Denti (2004), show that after seven or more years of failed reading, adolescents present barriers to their own learning through the unproductive ways they cope with school failure. This suggests that this group of pupils may need specific and tailored strategies to support motivation and re-engagement with reading. As an Educational Psychologist (EP), Atkinson (2006) highlighted the importance of EPs' contribution to thinking about literacy interventions for secondary-aged pupils and argues for the specialist needs of adolescent learners.

### **1.1 Aim**

The aim of this report was to carry out a literature review to identify reasons why some children have difficulty learning to read and key issues contributing to the continued failure to learn to read experienced by some adolescents. The report reviews the Pause, Prompt, Praise (PPP) approach to accelerate reading development and its strengths and weaknesses in meeting the specific needs of adolescents. A small scale project implementing PPP in a secondary school serves to promote discussion of its appropriateness. The report concludes by making reflections and recommendations for my own working practice with readers in secondary schools.

## **2. Reading for secondary age pupils**

### **2.1 Context – The National Literacy Strategy**

According to National Curriculum tests in 1995 and 1996 only 48% and 57% respectively of 11 year-olds were reading at the level expected for their age group (i.e. National Curriculum Level 4) (Brooks, 1998). These pre-National Literacy Strategy figures highlighted concerns for the teaching of reading. The focus however, remained on proactive primary intervention rather than on intervention for those who were reading below expectation in secondary schools.

Beard (2000) showed evidence from inspection, surveys and research, all suggesting that, in the years prior to the National Literacy Strategy, early reading in English primary schools was largely taught by individualised methods, which consisted principally of the teacher listening to the child read (e.g. Cato et al, 1992), and that direct teaching of literacy skills was surprisingly rare. One could therefore conclude that until the introduction of the NLS in 1998, when schools were required specifically to teach a range of literacy skills, the teaching of reading in England was variable (Allington, 2000). During the 1990s, a wealth of research was produced to provide evidence for the effective teaching of literacy, which led to many different interventions and theories, and talk of ‘reading wars’ prevailed (Allington, 2000; Goodman, 1998; Boyd and Mitchell, 2000).

The National Literacy Strategy (NLS) was introduced to give evidence-based strategies to raise standards in literacy and offers a framework for teaching.

Its aims were:

- improvement of the quality of literacy teaching in the classroom; and
- improvement of the management of literacy at whole-school level.

(Reid et al, 2002)

In line with the NLS, teachers planned a daily Literacy Hour, which followed a pattern of 30 minutes whole class teaching, then group work and concluded with a plenary session. However, a significant minority of children continued to fail to master literacy learning within the NLS and doubts were raised about the evidence presented. The merits of using particular teaching methods without justification for the neglect of other methods that may produce higher gains, led to acknowledgement of major limitations within the NLS (Wyse, 2003). In 2006, The Rose Report recommended a move away from the 'searchlights' model of the original NLS that assumed that reading could best be taught by using a range of strategies simultaneously. This model included phonics; grammatical knowledge; word recognition and graphic knowledge; and knowledge of content, giving the impression that the techniques were each equally useful. The Rose Report promoted a simple view of reading where both word recognition processes and language comprehension processes were essential during reading development and in skilled reading.

After more than 10 years of promoting the NLS within primary schools, it is only recently that the government has extended the National Strategies to include the needs of pupils at Key Stage 3. Although a wealth of research for primary age reading intervention now exists, research on secondary reading intervention is still limited in contrast.

## 2.2 Why do some children struggle to read?

The fundamental purpose of reading must be seen as to derive meaning from print. In order to do this, the reader needs to understand what is being read (Lyon, 2003). Research has frequently shown that the key to comprehension starts with the rapid and accurate reading of words (e.g. Rasinski and Hoffman, 2003; Moats, 2001). In fact, difficulties in decoding unfamiliar words and learning to recognize words rapidly are seen by many to be at the core of most reading difficulties (e.g. Lyon, 2003; Hasselbring & Goin, 2004). These difficulties can be traced systematically to initial difficulties in understanding that the language that is heard by the ear is actually composed of smaller segments of sound (e.g., phonemic awareness) (Lyon, 2003).

Crystal (2003) states that in adults' perception, normal speech is so rapid and informally articulated that over half the words cannot be recognised in isolation, while Ashbrook (2010) suggests that words are necessary for reading and writing, rather than speaking. Some researchers argue that the majority of low-progress readers show deficits in their phonological processing skills and are unable adequately to 'detect, access, manipulate and relate the sounds and the codes (i.e. the letters and words) of language' (Stacey & Wheldall, 1999). It is argued therefore, that children need to learn to recognise sounds and words within the interconnected phrases they hear.

Some researchers have recommended direct instruction in the analysis of words at the phoneme and grapheme level as the most effective early reading

instruction (Adams, 1990; Chall, 1967). Others however, have argued that this detracts from the primary and natural purpose of reading to communicate meaning (Goodman, 1998). In response to this, questions arise re: how children could read for meaning if they have not first learned to recognise sounds and words. Continuous slow and inaccurate reading of words cannot be improved in any appreciable way by using the meaning of what is read to help pronounce the words correctly (Lyon, 2003).

Research has shown that children who fail to become readers lack fluency (Rasinski and Hoffman, 2003). Without fluency, reading is taxing, slow and frustrating and causes children to lose motivation and interest as they are unable to comprehend meaning (Moats, 2001).

Fluency is a vital part of the five level instructional hierarchy model posed by Haring and Eaton (1978) to describe the stages of learning. When applied to reading, it can be viewed as follows:

**Level 1: Acquisition** - The pupil has acquired a new skill i.e. they have learnt a new word during the teaching session, though they will not necessarily be able to read it accurately the next time it is presented.

**Level 2: Fluency** – With practice the pupil has become competent at the new skill, they have read the word on a number of occasions and at a suitable rate. When a pupil can read fluently they are able to read quickly enough to make sense of what they are reading.

**Level 3: Maintenance** – The new skill has been learned so that the pupil can read the word after a period of time.

**Level 4: Generalisation** – The pupil is now able to read the word in different contexts eg in reading book, on wall, in different typefaces.

**Level 5: Adaptation** – The pupil is now able to apply the skill to a new situation, they may transfer their knowledge of one word to a word that looks similar eg a word with the same beginning or a rhyming word.

According to this hierarchy, in order to move on from any initial acquisition of word reading, children must learn fluency.

‘For years reading fluency was the forgotten stepchild of the reading curriculum. Teachers and reading scholars were interested in readers’ ability to decode words accurately, not in readers’ ability to decode words automatically and quickly’ (Rasinski and Hoffman, 2003 p.193)

Rasinski and Padak (1998) found that among struggling elementary-grade readers referred for compensatory instruction in reading, reading fluency was a greater deficit than word recognition or comprehension. To read fluently however, does not always mean to read fast, and readers must develop an internalised model of what it means to read fluently. Reading fast can encourage children to ‘word call’, lacking in any form of comprehension (Hasselbring and Goin, 2004). Fluency, for Hasselbring and Goin, must include reading with meaningful expression and automaticity, and they recommend direct instruction and modelling of reading to students in a fluent manner. Indeed, a study by White (1986) showed that one child who had learned to read fast and accurately, failed to incorporate her new skills into her everyday reading as she was still more fluent in her old behaviour pattern that she had employed for many years. Though this was only one case, fluency may be a subjective term, and what is actually required, is fluency in appropriate reading skills that is greater than fluency in inappropriate reading strategies.

Interventions then must take into account the learning of parts of words (phonemes and graphemes) in order to read whole words. To comprehend

however, fluency must be learned, or risk the child 'word calling' and losing motivation as reading becomes taxing and the child fails to gain meaning from texts. Adolescent poor readers however, are likely to have failed for many years and may have specific needs compared to early learners.

### **2.3 Adolescent reading**

Moats (2001) suggested that the most challenging aspect of teaching older failing readers is that they cannot read so they do not like to read. Bintz (1993), challenges this view. Having searched for reasons for adolescent disinterest in reading, Bintz concluded that any loss of interest was within school and did not reflect the reading happening independently in other contexts. The reasons for this have been explored (Kos, 1991; Worthy and McKool, 1996).

Kos (1991) used a naturalistic case study approach with four students struggling to read. Kos found that all four students were critically aware of their problems and motivated to improve their reading; however, they felt hopeless to do so within school. Worthy and McKool (1996) however, suggested a lack of choice or personally interesting materials that students within secondary schools may value. Going back to the early work of Bandura, it is suggested that the motivation of adolescents may be poor; however 'they are more likely to adopt modelled behaviour if it results in outcomes that they value rather than if it has an unrewarding or punishing effect' (Bandura, 1977). So pupils who do not like to read and lack interest in the text offered, are unlikely to be motivated to learn to read. In research

carried out within a struggling secondary school (Brooks, 2007), secondary age students were given a wide range of material according to their interests to increase motivation: an approach which was seen as supporting successful reading development.

Alvermann (2001) saw many adolescents finding their own motivation and reasons for becoming literate, beyond reading to acquire school knowledge of academic texts. Effective literacy instruction for adolescents, she argues,

‘acknowledges that all uses of written language (e.g., studying a biology text, interpreting an online weather map, and reading an Appalachian Trail guide) occur in specific places and times as part of broader societal practices (e.g., formal schooling, searching the Internet, and hiking)’. Effective literacy instruction for adolescents must take into account a host of factors, including students’ perceptions of their competencies as readers and writers, their level of motivation and background knowledge, and their interests (Alvermann, 2001 p.4).

Rosemary Hopper (2005) studied the reading habits of adolescents as British society continued to move into an ever more technology-based culture. The project involved surveys of 707 students and 30 student teachers. She described anecdotal evidence indicating a drop in reading habits, with television, mobile phones and computer games distracting adolescents from reading books. Although 61% of students involved claimed to be reading a book at home during the week of the study, these data could be no more than espoused practice, with students giving what they thought was a socially appropriate answer. Additionally, only 93% said they had read something other than a book during that week. This questions what is meant by ‘reading’, as it seems unlikely that anyone within British society could escape for a week from the need to read, whether it be a McDonalds sign, a television

guide, mobile phone text or the familiar Google and error notices frequently on display on computer monitors. That 7% of students did not think they had read that week raises concern as to what is valued by teachers and what signals are given to students of valuable book reading versus less valued, or even noticed everyday literature. This research also fails to show whether adolescents ever spent their time reading in the days pre-technology, or whether there is a benefit to reading by the use of texts, emails and computer game instructions. Surely both teacher and student need to recognise the poor readers' ability to read and write text messages and make searches and choices on the internet: as Millard (2002) agrees, modern technology is part of a new developing literacy.

In secondary schools, there can be a reliance on common subject-specific text books for meeting the information and study needs of all students, despite their possible inaccessibility to poor readers (Ivey and Fisher, 2006). This has been seen to leave pupils to struggle and fall further behind (Brooks, 2007) and to do so in front of their peers. Despite the shortage of secondary reading studies, we may be able to gain something from dyslexia interventions, which suggest building confidence by avoiding exposure of weakness in front of peers (DfE, 2005). This was also valued by Brooks (2007) who described a successful secondary intervention where 'every effort was made to build up students' self-esteem by giving praise and encouragement, and by being placed only in situations where they were likely to succeed' (Brooks, 2007, p.96). Dyslexia strategies also encourage confidence by the use of specific praise (DfE, 2005).

Returning to the need for fluency, Rasinski and Hoffman (2003) recommended the use of repeated readings, finding that when students orally practised a piece of text they improved their fluency, as might be expected. However, it was also found that when students moved to new texts, these were decoded with greater fluency than the initial readings of the previous passage. Rasinski and Hoffman measured fluency in terms of rate, accuracy, expression and comprehension. In relation to adolescents, repetitive reading of texts, it could be argued, would lead to poor motivation from the best of readers, but Rasinski and Hoffman recommended the use of poetry, songs and play scripts that lend themselves readily to repetitive reading and expression.

One of the most motivational techniques for building fluency according to Carnine and Carnine (2004) is to have students chart their own progress as they reread passages. The use of graphs is also described as motivating by White (1986), who argues that students are motivated by being able to see their own progress clearly. For a pupil who was being asked frequently to reread passages of text, it could be argued that some sort of motivation enhancement would indeed be needed and daily graphs completed as part of Precision Teaching (PT) may contribute to engaging pupils' motivation.

Precision Teaching is an assessment-through-teaching approach. It involves the systematic evaluation of whatever instructional tactics a teacher might use (White, 1986) and includes daily recording and charting of the student's

progress (Roberts & Norwich, 2010). Although there is much research on the effectiveness of PT, this has more often been aimed at the primary sector according to Roberts & Norwich (2010). PT, originally pioneered by Ogden Lindsley in the 1960s, is based largely on Skinner's operant conditioning (Lindsley, 1991). PT has been seen to work well alongside direct instruction (DI) (Roberts and Norwich, 2010). In the DI approach, the teacher clearly leads the teaching–learning process and teachers directly and explicitly teach students what they need to know (Rupley et al, 2009). It is unclear, however, whether adolescents would be motivated, especially if they were already 'turned off' from learning. Bandura (1997) suggested that perceived efficacy is the most important factor when predicting performance; more important than phonic or language ability, in the case of reading. He reported self-concept largely reflects people's belief in their own effectiveness and argued for the need for confidence and motivation, discussed earlier. This may make DI less suitable for adolescents who, it could be argued, would be un-motivated and stuck in a state of instructional dependence by direct teacher instruction.

Several models of DI have been developed however, (Rupley et al, 2009; Hunter, 1982; Carnine and Carnine, 2004) which claim to elicit student interest, for example, by explaining why the new skill or cognitive strategy is important and useful. Further reviews of literature would be needed to determine if adolescents are suitably engaged and motivated by this and whether their independence is developed by using this approach. Use of DI alongside PT however, could afford a suitable motivational and instructional technique and quick speed drills, conducted as challenge games to achieve a goal, are seen as a motivating way to build automatic recognition of syllables

and morphemes according to Moats (2001), who also viewed pupils motivated by graphs of progress.

An adolescent reading intervention, it could be argued, would ideally need to provide motivation, independence, interest and value to the reader, providing strategies to acquire skills of word recognition, fluency and comprehension.

Using DI and PT in combination is therefore, both theoretically and empirically, a contender for further development to support low progress readers in secondary schools. However, the decision to explore the viability of using the Pause, Prompt Praise approach within secondary schools was made by the local authority within which this project takes place. This approach shares many theoretical and methodological features with both PT and DI strategies, its strengths and weaknesses are discussed in the following section with regard to its use with secondary age pupils.

### **3. Pause Prompt Praise (PPP)**

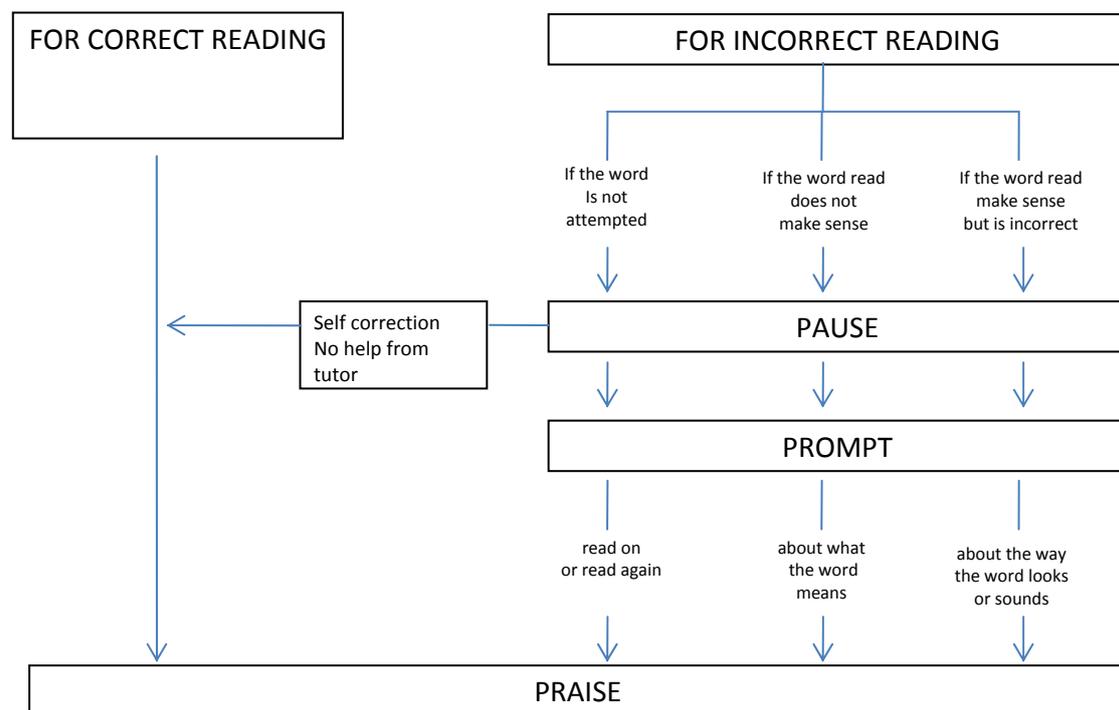
The PPP strategy was developed from reading research conducted by McNaughton et al (1981) having been inspired by the earlier work of Marie Clay (1969; 1979). Clay argued that in learning to read, children learn various strategies for predicting and solving the problem of decoding unknown vocabulary. McNaughton et al built on this by developing a set of procedures based on the oral reading of simple text. The focus was on children whose reading skills were two or more years below that expected for their chronological age.

Glynn and McNaughton (1985) suggested that proficient reading was dependent on learning to use all available sources of information available within a text. Rather than success in identifying letter and letter-sound combinations, the difference between high-progress and low-progress readers within Glynn's work, was seen to be in the flexibility and fluency with which they use letter and sound combination information together with contextual information (Glynn, 2002). Once again, as seen in the earlier literature review, fluency is identified as an important factor in reading.

McNaughton et al (1981) claimed that to become proficient readers, pupils must acquire skills of using contextual information and word patterns (syntactical and semantic), discrimination of words and sounds (grapho-phonetic), and self-monitoring and self-correction. These sets of skills were seen to develop in the reading of meaningful text and were supportive of each other; for example, a reader may notice that a word generated on the basis of one source of information (grapho-phonetic cues) may not match with a word generated using contextual cues; the reader may therefore self-correct. Clay (1979) associated high rates of self-correction with high progress in reading. For low-progress readers, there may be fewer opportunities for meaningful reading and teacher assistance may prevent self-correction, leaving the learner in a state of 'instructional dependence' (McNaughton et al, 1981). Pause, Prompt, Praise, was therefore developed in a one-to-one context, where low achievers could have the opportunity to self-correct, practise problem solving strategies, and receive praise for using specific strategies.

PPP is predicated upon the assumption that children learn to read by reading, not by learning a large number of separate words, letters or sub-skills. The procedure displays a three-part paradigm that is based on behaviourist theory which states that learning a language is just like learning any other skill involving habit formation (Burns, 2006)

**The PPP intervention** (adapted from Glynn, 2002)



**Preparation**

The reading material used must firstly be at an appropriate level. The ability to read a high enough percentage of the words was seen as important by Clay (1979) to achieve a level between ‘frustration level’ and ‘independence level’. Wheldall, Merrett and Colmar (1987) suggested 90-95% reading accuracy to ensure enough words are known to enable prediction of unknown words.

## **Pause**

Before attention is given to errors, the tutor waits for at least 5 seconds or until the end of the sentence to allow time for the reader's independent problem solving and self-correction. This pause prevents the tutor from interrupting too soon and may allow the reader time to notice that what they have read may not make sense and therefore encourage self-correction. The pause also allows the tutor time to decide what type of error has occurred and therefore prepare a prompt, should one be needed.

## **Prompt**

If the child has not self-corrected the mistake, prompting takes place with four strategies available.

- Story meaning – Discussion of the story's meaning in order to give a semantic clue to what the correct word may be.
- Background reading – Relating to the child's experience of what they might have seen or experienced that could help them to find the correct word.
- Making use of everyday language – Does the incorrect word make sense, and fit with what would we normally say?
- Letters and sounds – Looking for initial sounds etc.

The reader is praised for using the prompt if they then find the correct word. Tutors give no more than two prompts; after a second prompt, the correct word is given.

## **Praise**

Praise within this intervention should clearly describe the behaviour that earned the positive consequence; for example, "Well done, you used your own experience to work out what word would fit".

When teachers praise children, they are applying the theory that praise is reinforcing and that reinforcement will lead to repetition of that act (Smith and Elley, 1998). A study by Merrett and Thorpe (1996) showed that although pupils can make progress using the pause and prompt elements of PPP, more progress is made if praise is given. This positive reinforcement is an essential part of the behaviourist theory on which PPP rests.

### **3.1 Strengths**

Stanovich (1986) described a rich-get-richer and poor-get-poorer pattern of reading achievement caused by students who do not read well, reading less and therefore not getting any better at reading. As a reading intervention, PPP can involve the support of peers and parents as well as teaching staff, and therefore enables not only more frequent reading opportunities for the student, but also reading in different contexts where young people may not be viewed

as a struggling reader or feel as hopeless as Kos's readers previously discussed (Kos, 1991). A further strength is that PPP is carried out in a 1:1 situation, removing adolescents from situations of failure and weakness in front of peers. Where resources are limited, Brooks (2007) suggests reading partnerships deserve close consideration, and PPP has been successfully used with both parents and peers, as well as school staff, giving flexibility for its use with a variety of reading partners.

Though Cassell (1982) argued for a need for phonic support for those with poor language skills, a National Reading Panel report (2000) suggested that adolescents had typically had intense instruction in phonics and decoding at primary level. They may therefore not need further instruction of this kind, but instead, authentic reading experiences were advised. For poor readers with good language skills in secondary schools, the ability to predict words on the basis of meaning and grammatical structure seen in PPP may be more useful than pure phonics and decoding.

In Carrine and Carrine (2004), the repetitive rereading of science texts, was seen as a way to increase understanding, though arguably un-motivating. PPP's ability to provide a variety of strategies for reading makes it a flexible intervention, teaching students different ways to access text as well as improving comprehension through its use of context and meaning. PPP promotes the use of appropriate levels of books as described in the earlier section 'preparation', to achieve a level between 'frustration and independence (Clay, 1979; Wheldall et al, 1987) and may therefore offer

support for schools choosing a range of suitable subject specific texts as well as the more re-readable poems and play scripts. Burns used this method of choosing text during typical food technology lessons. All the reading materials used were subject-based and relevant to the scheme of work at that particular time but at an accessible level to poor readers (Burns, 2006). This may render rereading unnecessary as the text will already be at a level at which the reader is fluent enough to comprehend meaning and is therefore able to move forward in the instructional hierarchy (Haring and Eaton, 1978), to maintenance and generalisation.

As well as the appropriate differentiation of reading material, Ivey and Fisher (2006) suggest a need to supplement the subject-specific text generally on offer, with newspapers, magazines and internet sites to ensure high interest and motivation for secondary school students. Reading material from a selection of media can be used within PPP interventions and the possibility of using IT may add to motivation and the benefits of IT seen as promising by Brookes (2007). PPP fits easily with use by teachers and peers as well as parents to access texts in different situations. This may also enable interest and motivation to be developed where the student is accessing text in social contexts as well as in areas of specific interest.

Winter (1985) suggested that the positive reinforcement of correct reading within PPP is why it is so successful, and advised that praise was singularly more important than precise error correction or prompting. He argued that the positive effect seen was because of motivation, confidence and self-esteem

produced by praise. This benefit fits with the need for specific praise which was earlier seen to develop confidence and self-esteem in adolescents (Brooks, 2007; DfE, 2005). The pause strategy however, also enables the student to continue reading without constant interruption. This allows for failure reduction, greater fluency, self correction, and independence in reading. The perceptions held by young people themselves about their own academic prowess, as it was earlier argued (Kos, 1991), then leading to further engagement, and as Stanovich (1986) described it, the rich get richer. Self efficacy for example, is seen as a key construct of motivational theory, in terms of promoting students' engagement and learning (Linnenbrink & Pintrich, 2003). Dyslexia strategies (DfE, 2005) have found that when pupils feel successful, many of the secondary difficulties such as off task behaviour or lack of motivation are reduced, perhaps showing that where previous research has blamed exclusions for disrupting their research (Brooks, 2007), this was actually a failure of the intervention to develop confidence in the participant. PPP could therefore, support adolescent behaviour in its development of confidence and self-esteem.

### **3.2 Limitations**

There is limited recent research for PPP; most research was carried out during the 1980s and 1990s and more often used with parents, peers and primary schools (Burns, 2006). Brooks (2007) found only one study with low-attaining British readers of relevant age using PPP, but with only 10 participants, considered it too small for inclusion. While he found 20 other

studies of PPP (Brooks, 2007), these had inadequate sample sizes, used unstandardised instruments for measurement or failed to provide sufficient data to measure impact.

In 1985, Wheldall and Mettem carried out one of the most important studies of PPP (Wheldall and Mettem, 1985; Merrett, Wheldall and Colmar, 1987). Ten projects were set up in Birmingham following training of teachers. The teachers were then solely responsible for carrying out the PPP project within their school (Merrett, 1998). Most of the pupils involved began to catch up with their reading; however, long term follow up was not carried out and the projects were not observed to ensure fidelity to PPP. The pupils involved were mainly 9-12 years old, the only study of older pupils being 14 year olds acting as peer tutors for 14 year olds for whom English was a second language.

Wheldall and Mettem (1985) showed improvement with 12 year olds (on average, three to four years behind their chronological age in terms of reading) being tutored by 16 year olds using PPP. Other research focuses on 6-9 year old pupils who, it could be argued, learn and react differently from their older peers. One study by Tulley (1985) did study adolescents with a mean 5.7 year reading delay. The students made little progress using PPP but Tulley concluded that the teaching assistant administering the intervention may have been resistant to the intervention strategy itself, though did not appear to have any evidence for this. Tulley also suggested that the children may not have had the strategies required to make use of prompts given to them as they were so far behind age expectation in reading and language

skills. Tulley interprets the basis for poor progress to the tutor and children's poor skill but it could be argued that it may actually show a doubt as to the usefulness of PPP with adolescents or children who are severely delayed in language skills.

Some children whose language is limited in structure and vocabulary may be less able to predict words on the basis of meaning and grammatical structure or preceding words and may, it has been argued, need to rely heavily on phonic cues (Cassell, 1982). Though PPP uses letter and sound prompts, the use of context and meaning may not support those with limited vocabulary who would then have restricted prompt strategies to benefit from.

Though Burns previously agreed that PPP allowed accessible subject text to be provided, some weaknesses were also seen. A great deal of the practitioner-researcher's time was required to re-plan the lessons so that peer tutored reading could take place without interfering with the pace of the concurrent teacher-led lesson. It was also extremely time-consuming to modify the subject-based reading materials to make them suitable for the participants to use and to ensure that they would meet the requirements of the PPP procedures (Burns, 2006). With many adolescents possibly requiring reading intervention, the 1:1 nature of PPP alongside Burns' argument of preparation time, may make subject based PPP difficult to promote with regard to schools' possibly limited resources in terms of time and money.

### **3.3 Suitable conditions for the use of PPP**

PPP is not meant for those starting out on learning to read, but is for those who have failed to make suitable progress in their reading (Merrett, 1998). The focus, according to McNaughton et al (1981), should be on children whose reading skills are two or more years below that expected for their chronological age. PPP recommends the use of context and meaning to read text, as well as phonics, so may not support those with limited vocabulary who would have limited prompt strategies to use. Tulley (1985) also doubted the usefulness of PPP with adolescents who are severely delayed in their language skills. In secondary schools PPP is more likely to benefit poor readers with age appropriate language skills.

## **4. Project**

### **4.1 Aim**

Pause Prompt Praise is already popular within the local authority (LA'M') where this project takes place. It is often used within primary schools where it is taught to parents and peer mentors as well as teachers, but PPP has not been introduced into secondary schools. The aim of this project was to carry out a small initial study to explore whether PPP could be useful for failing readers within a LA secondary school and whether it was worthy of further research within secondary schools.

## **4.2 Project Negotiation**

A senior educational psychologist was the named EP for the school where the project took place. During a consultation with the school's SENCo, the SENCo raised concerns regarding a group of pupils with poor reading skills. The senior EP suggested the use of Pause Prompt Praise with a group of pupils with reading difficulties as a strategy which she had heard was used successfully within local primary schools. Due to the lack of experience using PPP within LA'M' secondary schools, the Senior EP set up the intervention as a project in order to gather evidence for its efficacy. The project was carried out by myself and another Year Two trainee educational psychologist (TEP) under supervision of the senior EP.

During an initial meeting with the school SENCo and teaching assistant, senior EP and trainee EPs, concerns were raised by the SENCo that the PPP intervention would be seen as 'childish' and rejected by their adolescents. The SENCo therefore requested that the project followed the use of PPP by only 2 pupils as a pilot, in order to gauge its initial appropriateness, before extending its use to other pupils. The SENCo chose two pupils whom she believed would not see the intervention as 'childish' and who were identified by the SENCo as failing readers. Ideally, the pupils would have been chosen as fitting the profile of pupils that research has shown to be most helped by the PPP intervention. The Senior EP and SENCo, as stakeholders in the project, agreed to identify pupils who were likely to continue with and enjoy the project, rather than those who may fit a particular profile.

### **4.3 Project questions**

- Would PPP be a suitable intervention for use in secondary schools?
- Would there be value in carrying out a larger project to judge the usefulness of PPP to support secondary age poor readers?

### **4.4 Methodology**

The project focused on both quantitative and qualitative methods. Quantitative evaluation of reading used a traditional method of assessing and measuring reading performance, namely standardised tests. This empirical evidence was then used to evaluate the use of PPP by two pupils within a secondary school. Standardised tests were used as recommended by Brooks (2007) who saw the major deficiency of educational evaluations being the use of un-standardised tests and recommended that 'All evaluations should be based on the gathering of quantitative attainment data, and the data should come from the use of standardised tests' (Brooks, 2007. p 111). Progress measures were not taken prior to the baseline phase. These measures would have allowed for comparison of progress through 'normal' reading support and intervention. Suitable data for comparison was not already available and the intervention could not be delayed in order to gather this due to restrictions of time and funding by the school and service.

Qualitative data was gathered from staff and pupils through verbal feedback. Staff were briefly interviewed by trainee EPs, the pupils however, were not

available due to work experience commitments and their views were therefore gathered by school staff.

The project was negotiated by a senior EP and the school SENCo at the start of the Summer term, 2010. Trainee EPs were then asked to carry out the project over 6 weeks in the Summer term. The school's SENCo carried out initial testing with the pupils and supplied this pre-intervention data to trainees during the initial PPP training. The trainees collected post-intervention data from the SENCo at the end of the 6 week intervention period.

#### **4.5 School context**

The project took place within a local authority secondary school which shall be called Smith School. Smith School is a specialist technology and music college taking 650 pupils from year 7 to sixth form. According to the school's website, it is described as 'good' by OFSTED. The school is situated in a small town at the far south of the Local Authority and admits children from surrounding villages as well as from within its own town. The area could be described as affluent in comparison to much of the authority in terms of the percentage of pupils eligible for free school meals.

#### **4.6 Participants**

The pupils who took part in the project, one boy and one girl, will be given the pseudonyms Janet and John for ease of discussion. Janet had a statement of special educational needs and was described as having poor language skills

whereas John was supported at school action plus and described as having age appropriate language skills. Both pupils were described by the SENCo as at least 2 years behind in their reading, and were in fact 4-5 years behind expectation according to National Curriculum levels reported by the SENCo. This reading delay would fit the profile of the PPP intervention.

#### **4.7 Ethical considerations**

The project was led and controlled by a Senior EP, however, Trainee EPs did attempt to ensure conformity to the four ethical principles of The British Psychological Society Code of Conduct, Ethical Principles & Guidelines (2006). This Code provides the parameters within which professional judgements should be made. However, 'it cannot, and does not aim to, provide the answer to every ethical dilemma a psychologist may face' (BPS, 2006, p.23). The trainees within this study found it difficult to make changes to the project considering their identity and place within the service. Trainees faced enforced compromises when directed by senior professionals to carry out the intervention, however, if risk of harm to participants had been identified within this study, this would have been raised by trainees to their line managers.

The following tables show how the four principles of the BPS Code of Ethics (2006) were followed.

## 1:Respect

1.1 Standard of General Respect.	The knowledge and experience of the school staff was respected and therefore the Senior EP agreed that school staff could carry out the testing of the participants.
1.2 Standard of Privacy and Confidentiality	Participants were identified by the SENCo and were not met by Trainees at any time. Assessment sheets were anonymous and therefore no confidential information was held and participants remained anonymous.
1.3 Standard of Informed Consent	The SENCo explained the project to the participants and asked if they would like to take part. The intervention was felt by the SENCo to be equal to what the students would reasonably be expected to take part in as part of their usual school day.
1.4 Standards of Self-Determination	The participants were informed by the SENCo that they could withdraw from the project at any time. This was confirmed when the pupils withdrew during a work experience task but then asked to continue.

## 2:Competence

2.1 Standard of Awareness of Professional Ethics	Ethics were discussed with the Senior EP who felt that considerations had been made and standards met.
2.2 Standard of Ethical Decision Making	A potential ethical dilemma was considered. That of one of the participants not fitting the exact profile of a pupil who may benefit from PPP. The school however, planned to trial PPP with the pupils even without the project, as a normal part of school interventions. Although the participants poor language skills would reduce her ability to use semantic and syntactic prompt strategies, she may have made use of other strategies within PPP. Janet was already being withdrawn for 1:1 literacy intervention and PPP has not been identified as causing any risk or detriment to pupils not ideally suited

	to its use. In identifying that no adverse effects were likely to be caused, the possibility of some good effect and with the SENCo expecting Janet to enjoy the intervention, Janet was confirmed by the Senior EP and SENCo as a participant in the project.
2.3 Standard of Recognising Limits of Competence	During this project, supervision was given by the Senior EP to the two trainees carrying out the project.
2.4 Standard of Recognising Impairment	No impairment was recognised in psychologists carrying out the project.

### 3:Responsibility

3.1 Standard of General Responsibility	No risk of harm was identified in taking part in this project.
3.2 Standard of Termination and Continuity of Care	It was agreed by the SENCo and Senior EP that if participants did not show benefit from using PPP, this intervention would be terminated and other interventions sought. Trainee EPs were not involved with this.
3.3 Standard of Protection of Research Participants	The Senior EP was available to offer advice if concerns were raised by participants.
3.4 Standard of Debriefing of Research Participants	Participants gave brief quotes to school staff about how they felt about the intervention. The SENCo fed back to participants about the project as part of their usual target setting meetings.

### 4:Integrity

<b>4.1 Standard of Honesty and Accuracy</b>	All participants were made aware that this project was overseen by a Senior Educational Psychologist and carried out by two trainee EPs. The trainee status was made clear at the beginning and end of the project.
<b>4.2 Standard of Avoiding Exploitation and Conflicts of Interest</b>	There were no personal relationships or conflicts of interest in those involved in the project.
<b>4.3 Standard of Maintaining Personal Boundaries</b>	Personal boundaries were maintained throughout the project. The trainees worked in pairs with staff and at no time met with student participants.

<b>4.4 Standard of Addressing Ethical Misconduct</b>	Had there been any serious concern for the participants' welfare or psychological well being, this would have been identified to the Senior EP or line manager.
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#### **4.8 Training**

The SENCo and teaching assistant were trained in the use of PPP by myself and a colleague in one 45 minute session (Appendix One). Tutor training has been seen to be a crucial factor in successful tutoring programmes (Barron & Foot, 1991). The staff were offered two follow up sessions to support the use of PPP and to ensure fidelity of implementation. According to Smith et al (2007) follow-up sessions are vital to allow monitoring and enhancement of the accuracy and consistency of the intervention to ensure it is implemented as planned.

‘Fidelity of treatment delivery consists of monitoring the implementation of the intervention and reporting the methods used to do so. This step is crucial in helping to establish internal validity’. (Smith et al, 2007. p 126)

Gersten et al (2005) viewed this knowledge of accurate implementation as a quality indicator of research and indeed, not ensuring fidelity of implementation was earlier identified as a weakness in research by Tulley (1985). The SENCo in this study however, was happy with how to proceed and did not feel the need for any support in using the intervention after the initial session. The SENCo reported that follow up sessions, other than a final data collection, were not only imposing on time, but suggested an inability by the school to implement the intervention. The senior EP therefore arranged for the SENCo to collect pre- and post-intervention data, with trainee EPs delivering only initial training. The intervention ran daily in school for 6 weeks.

The training consisted of a 45 minute session run by both trainee educational psychologists for the TA and SENCo involved in the project. Trainees had been previously trained by colleagues using materials already developed within the service but amended by trainees (Appendix One) to adhere to the structure offered by Glynn (2002) and described in section 3.1.

Future training would ideally include follow up sessions to ensure reliability and adherence to the PPP structure and allow for modifications if needed. A program's efficacy can be compromised by failing to follow directions (Watson and Hempenstall, 2008). During this project, follow up sessions were not negotiated with the stakeholders. The difficulty in negotiating the framework for the project may have come from an initial lack of clarity of organisational and cultural issues, where threats relating to the project could have been discussed. The threats were known by stakeholders, but were not shared with Trainee EPs carrying out the project until post evaluation and are discussed in the later section which identifies limitations to the study.

#### **4.9 Data collection**

Data were collected during both the initial meeting and follow-up meeting with the SENCo 6 weeks later (Appendix Three). Both pupils were tested at the start and end of the intervention by the SENCo using the Wide Range Achievement Test 4 (WRAT4) (Wilkinson, 2006) word reading subtest. The WRAT4 is intended to measure the basic skills of reading, spelling and arithmetic (Wilkinson, 2002). The literacy section directly assesses the skills

required in reading, (i.e., decoding sounds, making sound/symbol relationships and sight recognition) and is intended to be administered and interpreted by any education professional (Wilkinson, 2002). This was therefore appropriate for use by the SENCo.

Only the word reading test was recorded for this project although the comprehension test was used pre intervention and showed that both pupils had comprehension abilities in line with their word reading scores. There are two parallel forms of the WRAT4 (Green and Blue) which give comparable results, allowing for repeated measures to be taken without compromising reliability as a result of practice effects (Wilkinson, 2006).

Comments were gathered by the SENCo from the member of staff involved in running the intervention and both pupils (Appendix Two). An interview with the SENCo also gathered information on the interventions use (Appendix Two).

## 4.10 Results

Table One: Janet Pre and Post Intervention data

Age	Word reading raw score	Standard Score	Percentile rank pre intervention	Age equivalent
14 years 11 months	29	73	4	9-10 years
15 years 1 month	35	76	5	9-10 years
Increase	6	3	1	0

Table Two: John Pre and Post Intervention data

Age	Word reading raw score	Standard Score	Percentile rank post intervention	Age equivalent
15 years 1 month	38	83	13	11-12 years
15 years 3 months	50	95	37	14 years
Increase	12	12	24	>2 years

Table Three: Interview data

### **Quote from John**

I did enjoy it and I have learnt to read better. I found it easier to break up the words than having a go at the whole word.

### **Quote from Janet**

I have really enjoyed my reading with you over these last few weeks and I would really like to do it with you so thank you for reading with me.

### **Quote from Teaching Assistant**

I have worked with 2 students since our last meeting. They enjoyed the short sessions we had and by doing a WRAT test it seems that the students have benefited greatly. I feel by giving the students the opportunity to do this course they will benefit greatly.

### **Brief interview with SENCo**

We used articles as well as interesting books within the appropriate level of understanding for the students to keep them motivated by personal interests. John is more able anyway, Janet has probably reached the limit of her ability. She has poor language skills.

We already use interventions such as Launch the Lifeboat and Rising stars but we will continue to use PPP.

All staff take responsibility for reading although myself and the English department take the lead and work closely together.

All staff will use key words and writing frames to support the poorer readers. All staff see it as their role.

#### **4.11 Reliability and Validity of the Study**

Reliability is the stability or consistency with which we measure something, whilst validity is concerned with whether findings are really about what they appear to be about (Robson, 2002). There are many different types of reliability and validity within both qualitative and quantitative research. Threats to these can never be completely eradicated but attention to reliability and validity is an important key to the worthiness of research (Cohen et al, 2008). The areas of reliability and validity most pertinent within the context of this study, and attempts to maximise these are discussed below.

Within quantitative research, stability and internal consistency can support reliability. Stability is measured through consistency of tests over time and test-retest methods (Cohen et al, 2008). Within this research, using the WRAT4 for pre and post-intervention data supported reliability. Evidence for the WRAT4 is shown to be strong and includes information based on classical test reliability theory, such as internal consistency and alternate-form (immediate and delayed retest stability) (Wilkinson, 2006). Sources of unreliability within this study, may have come from errors in marking, the motivation of students on the day of testing, or the conditions during testing. As testing was carried out by the SENCo, these sources of unreliability cannot be ruled out and therefore must be acknowledged as a threat to reliability. Further threats may also come from interview data, where participants may have reported what staff wanted to hear.

Questions of internal validity wonder whether data accurately describes the research topic (Cohen et al, 2008). Although word reading accuracy increased after the intervention compared to before, this does not mean accuracy increased because of the intervention. The TA reported using the methods as she was directed to in the PPP training session but this cannot be taken for granted without observation. The extra 1:1 support alone may have improved reading attainment and use of a control group may have verified this though was not available for this study. External validity, the degree to which results can be generalised, was not attainable with such a small study sample. However, this was a pilot project to assess the worthiness of further research and therefore, the need to generalise results to a larger population was not paramount. These matters however, caused a serious flaw in the project affecting the validity of results and need to be addressed within future research.

## **5. Discussion**

When first developed, the focus of PPP was on children whose reading skills were two or more years below that expected for their chronological age. In this brief study, John's reading was approximately 3 years below age expectation pre-intervention, and Janet's approximately 5 years below age expectation. Following the intervention, John was within the average range for his age group, but Janet remained 5 years below, although her word reading score had increased. Use of the WRAT4 to show improvement in reading, failed to show change in fluency as it does not include a measure of reading rate. There is therefore a danger that the improvements seen were not generalised

into reading practice in order to improve fluency and comprehension. Using precision teaching alongside PPP may have helped to show if an improvement in fluency had also taken place and could perhaps be negotiated within future projects.

In the research previously reviewed within this report (Tulley, 1985), it was suggested that poor readers with broadly age-appropriate language skills would be the most appropriate targets for PPP intervention in secondary schools. For these readers, the ability to predict words on the basis of meaning and grammatical structure seen in PPP was seen to be useful. This may explain Janet's lack of progress compared to John's, and support Tulley's conclusions that appropriate language skills allow greater access to prompt strategies.

Though described by staff as having age appropriate language skills, and therefore arguably able to make use of all prompts, John reportedly said that he particularly liked the use of breaking up words into letters and sounds. Although the feedback from just one pupil, this suggests that for at least some pupils, the decoding approach thought to be somewhat redundant in secondary schools (National Reading Panel, 2000), is still useful. An observation of John during a PPP session may have shown whether the member of staff supporting the strategy was promoting experience and language-based prompts, or relying on the more well know structural decoding. This could have meant that John, who could reasonably be

expected to make use of other prompts, would not have had full exposure to these.

The TA suggested that Janet's poor language skills (as identified by the SENCo) meant that she did not have the skills necessary to use prediction on the basis of language or topic knowledge and may have needed to rely more heavily on phonic cues. It is possible to use phonics as part of the prompt strategy and, therefore, help to develop phonic awareness where children are unable to make use of other prompts. One of the benefits of PPP however, is its ability to teach various strategies for predicting the problem of unknown vocabulary. Janet's poor language may mean she could not fully benefit from prompting, and was not a suitable participant for PPP and may benefit from a direct instruction technique. This helps to answer one of the initial project questions that asked if PPP could be a suitable intervention for use in secondary school. It would seem that it may indeed be useful to a particular group of students with broadly age-appropriate language skills, but may be less useful to those with language delay.

In the technology-based culture that Hopper (2005) and Millard (2002) described, modern technology was part of a new developing literacy. Smith school however, had not thought to use any form of technology within its reading interventions. This is an idea that had not been used in the initial training and could warrant promotion within schools. Worthy and McKool (1996) suggested that a lack of choice of personally interesting materials for students within secondary schools led to a lack of interest and motivation.

They suggested that the use of technology could increase the availability of such motivational material. In Smith School, newspaper and magazine articles referring to personal interests were used within the PPP intervention, and may have aided the motivation of the students who both reported enjoyment of using PPP. One could argue that this may also have enabled further interest and motivation to be developed. Increased confidence in their ability to access magazine articles of relevant interest, could lead to further experiences of reading in social contexts as well as school, though this would need to be confirmed through observation or interview.

Both pupils said they wanted to continue with PPP (Appendix Two). Without the option to question the pupils further, one could only hypothesise reasons for the enjoyment expressed. Motivational reading resources that the pupils may not usually have had access to, or the ability to read from, may have increased enjoyment. There is however, the possibility that the students wanted to please the member of staff and therefore said they had enjoyed the work, even if they had not. John also said that he found it useful to break the words down, suggesting that he may have had specific praise or teaching of that particular skill. Winter's (1985) suggestion that it is positive reinforcement more than anything else, that makes the intervention so successful, does not fit with data gathered. One may wonder why only one of the two pupils would make great gains in reading if both were similarly praised and why John thought to mention a specific strategy that he had found particularly useful. It could be argued that enjoyment and progression would come from any daily 1:1 session and a control subject may be needed in order to assess this. It

could also be that a different relationship was held between each pupil and the TA and therefore praise and expectation may have varied.

In answer to the questions initially posed, the use of PPP by teachers in secondary schools may certainly warrant further investigation, but initial results show that it could be worthwhile for students who specifically have reading difficulties but broadly age-appropriate language skills like John. It would be useful to see if there are any long term effects on Johns reading. Will he continue to improve and 'get richer' and will Janet, still poor in language, get poorer in relative terms or continue to make slow but steady progress?

## **5.1 Reflections**

Following identification of the needs of the school, a process to enable clarification of roles, practical aspects of actions and a rationale for work would have benefitted the validity of the project. The research and development in organisations (RADIO) model (Timmins et al, 2006) provides a structured framework for action planning within a 'real world' context. Within this project, the awareness of need, agreement of the focus of concern, and the gathering of information stages of the RADIO model, would have been useful for facilitating suitable implementation of the project. Clarifying organisational and cultural issues as a stage of the RADIO framework, may have led to an early awareness of past difficulties encountered between the senior EP and the SENCo. This could have supported the needs and

interests of participants and others involved in the study through a greater awareness of the perceptions of the SENCo with regard to EP work.

## **6. Conclusions and implications for practice**

The PPP intervention would appear to have strengths and weaknesses for addressing the specific needs of adolescent poor readers. The small project carried out as part of this report has serious short-comings in terms of methodology however, and rigorous research is needed to gather evidence for the usefulness of PPP within secondary schools before it is promoted as an evidence-based intervention. In response to initial research questions, PPP would seem to be worthy of further investigation to support secondary age reading development. Research could usefully look at what profile students should have in order to get the most out of the intervention. In response to the second research question, it seems likely that some secondary age students may benefit from using PPP. Students who may benefit the most appear to be those with a moderate reading difficulty, for example 2-3 years below age expectation, with broadly age appropriate language skills. A control group of similar students would also be helpful to see whether 1:1 support alone would improve reading skills.

Working to master grapheme-phoneme correspondence and skills of synthesis and analysis may continue to be relevant once pupils reach secondary age; however, fluency must also be promoted to ensure the development of confident, motivated readers who can comprehend text. Adolescents may be at risk of failure across subjects if their specific

motivational and independence needs are not met and adolescents who may be already fluent in avoidance tactics, must achieve a greater fluency in appropriate reading strategies in order to succeed.

Literacy skills need to be promoted throughout secondary schools and this is something I will embed into my practice in future. Modern technology can be used to motivate adolescents but also to provide them with a variety of personally interesting materials. With schools having access to the internet within classrooms, libraries and ICT suites, there should be no shortage of reading level and age appropriate materials. Finding these materials, and promoting their use, may need a professional within school to take responsibility for reading. This however, should not deflect from the responsibility that must be accepted by subject teachers. Training around interventions such as PPP can often include only SEN departments and teaching assistants. In my role as a Trainee Educational Psychologist, I shall promote the need for teachers to use suitable reading materials in all subjects for all levels of reading to ensure success, especially in front of peers. Working with school staff over time to deliver quality interventions gives the opportunity for EP involvement to not only raise staff skills and knowledge, but also exercise a sustainable influence over the lives of many children and young people (Roberts and Norwich, 2010).

In this report, Smith School taught one teaching assistant to use PPP. To develop further research and access for other pupils, more staff could be trained to use this as a positive and consistent approach that may enable poor readers to benefit from subject specific texts. This could develop alongside a

positive view of learners who are exploring different methods and ways to access reading, rather than the more oppressive view of some adolescents as poor or slow readers.

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## **Appendices**

Appendix One      Pause, Prompt, Praise training

Appendix Two      Quotes from pupils and staff

Appendix Three    WRAT 4 test forms

## **Appendix One**

### **Pause, Prompt, Praise Training**

# Pause

# Prompt

# Praise



## Getting Ready

- Make Sessions short and frequent
- Choose a time that does not miss a favoured activity
- Avoid interruptions
- Sit side by side and avoid eye contact.
- Look at the page not the reader, we want the child to get into a habit of looking at the book and not the adult.
- Get most of the mistakes but don't worry if you do not pick up all of them.
- Stop while the young person is still enjoying the activity
- Be positive and make the experience pleasurable.



According to a research at Cambridge University, it doesn't matter in what order the letters in a word are, the only important thing is that the first and last letter be in the right place. This is because the human mind does not read every letter by itself, but the word as a whole.

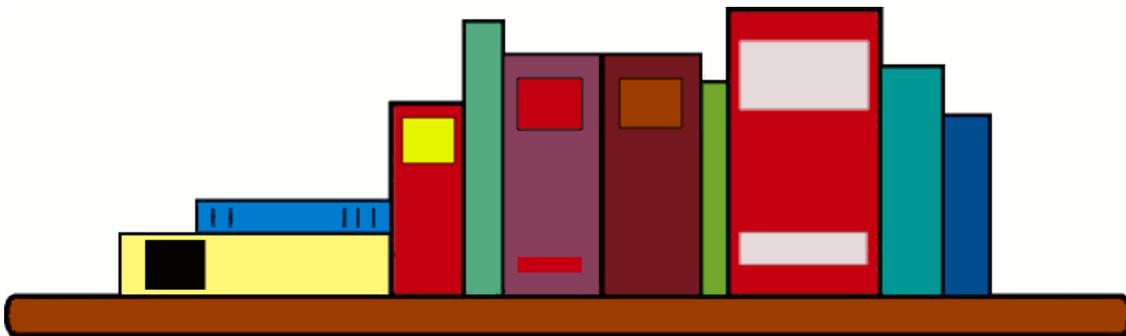


The ball got stuck up the tree.

## Book Level

- Count off 100 words
- Hear the child read
- Below 85% accuracy is too hard
- Above 95% accuracy is too easy

**About 90-95% Accuracy is about right.**



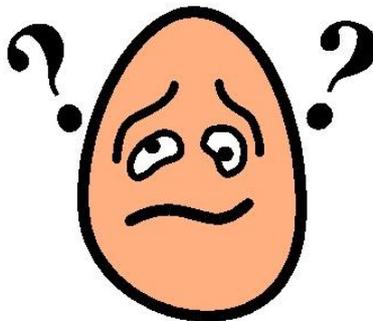
**Reading Level**

**80% Accuracy**

The sled dog race was about to begin. Jane's team of dogs was lined up at the starting gate. Jane stood behind them. The air was so cold that she could see her breath. All the teams were lined up, too, and the dogs were excited. Jane kept her eyes on the clock.

**90% Accuracy**

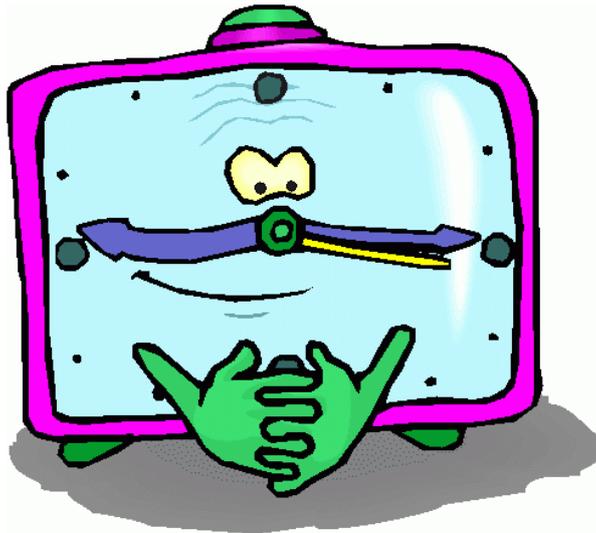
The dogsled race was about to begin. Jane's team of dogs was lined up at the starting gate. Jane stood behind them. The air was so cold that she could see her breath. All the teams were lined up, too, and the dogs were excited. Jane kept her eyes on the clock.



## Pause

If the child is stuck on a word PAUSE.

Always wait for at least 5 seconds before prompting.



## Prompt

### Story meaning

Talk about the story/passage before reading it to get the child thinking about the meaning of the story. Use the pictures.

**Prompt** – What is happening in the story?

What can you see happening? Where do you think the ball is? What might have happened to the ball? Would that fit? What other word could describe that?

### **Background meaning**

Relates to experience of the reader.

**Prompt-** Have you ever been in this situation? Seen this happen?

Have you ever played with a ball? What might happen if you played near a tree?

### **Making use of everyday language**

Knowing the word will not be Stut, just because they know what makes sense.

**Prompt** – Read on and then come back.

### **Letters/sounds**

Prompted by initial letters

The ball got st\_\_ up the tree.

**Prompt** – What letters, sounds can you see?

The child will become a more able and independent reader by learning to use all four strategies.

- If a mistake does NOT make sense then a clue should be given about the meaning of the story.

Example “If the ball was in the tree and would not come down what might we say the ball is?”

- If a mistake DOES make sense then ask the child how the word looks.

Example “Yes, the ball could be balancing, but this word begins with ‘S’ so what do you think it could be?”

If the word is not correct after TWO prompts, say ‘Good try, the word is....’

### **Praise**

**It is important that the child knows what they are being praised for.**

Praise for

- Reading a sentence correctly.
- Self corrected mistakes.
- Getting a difficult word correct – without help.
- Remembering a difficult word.

- Getting a word right after prompting.
- A good try.

Tell them what is good about their reading and point out what strategy they used. For example “ Well done, you used the picture to give you a clue” or “Very good reading, I like the way you read to the end of that sentence to help you read the difficult word”.

Praise straight away, don't wait until the end of the session.

**ALWAYS** be positive! Reading should be fun!



## **Appendix Two**

### **Quotes from pupils and staff**

### **Quote from John**

I did enjoy it and I have learnt to read better. I found it easier to break up the words than having a go at the whole word.

### **Quote from Janet**

I have really enjoyed my reading with you over these last few weeks and I would really like to do it with you so thank you for reading with me.

### **Quote from Teaching Assistant**

I have worked with 2 students since our last meeting.

They enjoyed the short sessions we had and by doing a WRAT test it seems that the students have benefited greatly.

I feel by giving the students the opportunity to do this course they will benefit greatly.

### **Brief interview with SENCo**

We used articles as well as interesting books within the appropriate level of understanding for the students to keep them motivated by personal interests. John is more able anyway, Janet has probably reached the limit of her ability. She has poor language skills.

We already use interventions such as Launch the Lifeboat and Rising stars but we will continue to use PPP.

All staff take responsibility for reading although myself and the English department take the lead and work closely together.

All staff will use key words and writing frames to support the poorer readers.

All staff see it as their role.

## Appendix Three

### WRAT 4 Forms

# WRAT4

## GREEN TEST FORM

Name Girl Gender F  
 Grade 10 Examiner

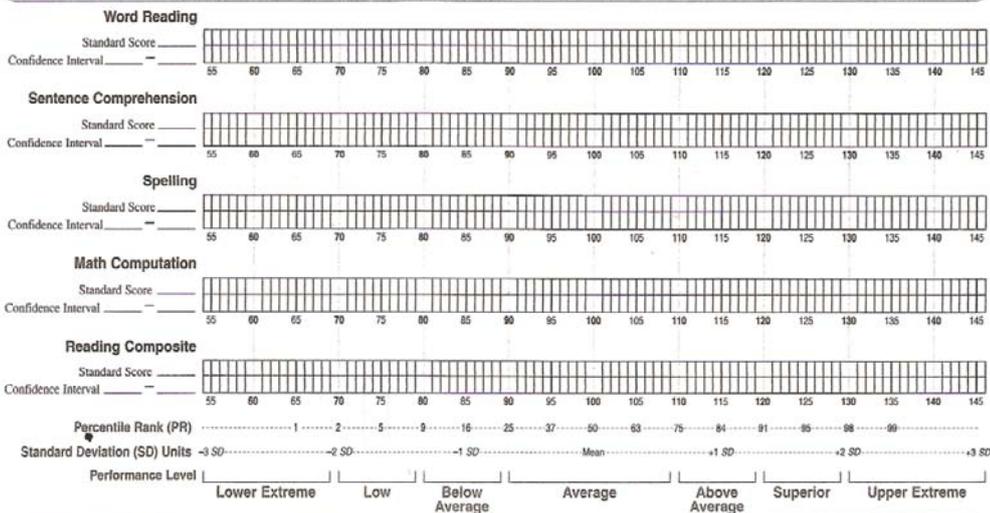
Year Month Day  
 Date of Test 10 05 07  
 Date of Birth 15 06 15  
 Age 14 11

### Score Summary Table

Subtest/Composite	Raw Score	Standard Score Norms: <input type="checkbox"/> Age <input type="checkbox"/> Grade ( <input type="checkbox"/> Fall <input type="checkbox"/> Spring )	Confidence Interval <input type="checkbox"/> 85% <input type="checkbox"/> 90% <input type="checkbox"/> 95%	%ile Rank	Optional Scores
					<input type="checkbox"/> Grade Equivalent <input type="checkbox"/> NCE <input type="checkbox"/> Stanine
Word Reading	29	73	---	4	
Sentence Comprehension	21	76	---	5	
Spelling	25	75	---	5	
Math Computation			---		
Reading Composite*			---		

\*Reading Composite Raw Score = Word Reading Standard Score + Sentence Comprehension Standard Score.

### Standard Score Profile



### Standard Score Comparison Table

Score Comparisons > = < (circle one)	Score Difference	Significance Level	Prevalence in Standardization Sample
Word Reading <input type="checkbox"/> > = < <input type="checkbox"/> Sentence Comprehension		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Word Reading <input type="checkbox"/> > = < <input type="checkbox"/> Spelling		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Word Reading <input type="checkbox"/> > = < <input type="checkbox"/> Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Sentence Comprehension <input type="checkbox"/> > = < <input type="checkbox"/> Spelling		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Sentence Comprehension <input type="checkbox"/> > = < <input type="checkbox"/> Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Spelling <input type="checkbox"/> > = < <input type="checkbox"/> Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%

## WORD READING SUBTEST

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Reading first, followed by Part 2: Word Reading. Discontinue testing if a Participant has responded incorrectly to 10 consecutive items (*10 RULE*).

**AGES 8 OR OLDER:** Administer Part 2: Word Reading first. Discontinue the Word Reading section if the Participant has answered 10 consecutive items incorrectly (*10 RULE*). If the Participant has correctly answered 5 or more items on the Word Reading section before meeting the discontinue criterion, do not administer the preliminary Letter Reading section. If the Participant did not answer at least 5 items correctly on the Word Reading section, then administer Part 1: Letter Reading (*5 RULE*).

### Part 1: Letter Reading Administration Instructions

After handing the Participant the Green Word Reading List, say, **I want you to look at the letters on this line.** (Point to the row of letters at the top of the card) **Read to me the letters one-by-one across the line.** After the Participant has finished, say, **That's all. Now let's do something different.**

A   B   O   S   E   R   T   H   U   P   I   V   Z   J   Q   ✓  
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)

### Part 2: Word Reading Administration Instructions

After handing the Participant the Green Word Reading List, say, **Look at each of these words carefully.** (Point to the words) **Read the words across the page so I can hear you.** When you finish the first line, go right on to the second line, and so on down the page until you finish or I tell you to stop. Read slowly and say the words clearly. Allow 10 seconds for the Participant to respond to each word. If there is no response after 10 seconds, say, **OK, try the next one.** If you did not hear a word clearly, say, **I could not hear you clearly. Please say the word again just as you did the first time.** When the Participant has finished the Word Reading section, say, **That's all. Good job. Thanks. Now we are going to do something else.**

- |              |                            |                   |                      |                           |
|--------------|----------------------------|-------------------|----------------------|---------------------------|
| 1. see ✓     | 13. plot ✓                 | 25. rancid        | 37. novice           | 49. puerile               |
| see ✓        | plot ✓                     | ran-sid           | nov-is               | pyoo-ē-rīl                |
| 2. red ✓     | 14. grunt ✓                | 26. suspicion     | 38. longevity        | 50. internecine           |
| red ✓        | grunt ✓                    | sū-spish-ōn       | lon-jev-i-tee        | in-tēr-nee-seen, -nes-ēen |
| 3. milk      | 15. sour <i>soar</i>       | 27. conspiracy    | 39. rescinded        | 51. ubiquitous            |
| milk         | sowr                       | kōn-spir-ā-see    | ri-sind-ed           | yoo-bik-wi-tūs            |
| 4. was ✓     | 16. huge <i>hugy</i>       | 28. deny          | 40. audacious        | 52. regicidal             |
| wuz, woz ✓   | hyooj                      | di-nī             | aw-day-shūs          | rej-i-sī-dāl              |
| 5. then ✓    | 17. privilege <i>preew</i> | 29. miscellaneous | 41. extemporaneous   | 53. inefficacious         |
| then ✓       | priv-i-lij                 | mis-ē-lay-ni-ūs   | ik-stem-po-ray-ni-ūs | in-ef-i-kay-shūs          |
| 6. jar ✓     | 18. license                | 30. quarantine    | 42. protuberance     | 54. epithalamion          |
| jahr ✓       | li-sēns                    | kwor-ān-teen      | proh-too-bē-rāns     | ep-i-thā-lay-mi-ōn        |
| 7. letter ✓  | 19. humidity               | 31. deteriorate   | 43. diminutive       | 55. synecdoche            |
| let-ēr ✓     | hyoo-mid-i-tee             | di-teer-i-ō-rayt  | di-min-yū-tiv        | si-nek-dō-kce             |
| 8. city ✓    | 20. gadget <i>gaj-it</i>   | 32. concoct       | 44. factitious       |                           |
| sit-ee ✓     | gaj-it                     | kōn-kokt          | fak-tish-ūs          |                           |
| 9. between ✓ | 21. tough <i>tuwefn</i>    | 33. coincide      | 45. regime           |                           |
| bi-tween ✓   | tuf                        | ko-in-sid         | rē-zheem             |                           |
| 10. cliff ✓  | 22. residence              | 34. mosaic        | 46. predilection     |                           |
| klif ✓       | rez-i-dēns                 | moh-zay-ik        | pred-i-lek-shōn      |                           |
| 11. listen ✓ | 23. urge                   | 35. debris        | 47. lucubration      |                           |
| lis-ēn ✓     | urj                        | dē-bree           | loo-kyuu-bray-shōn   |                           |
| 12. wrap ✓   | 24. clarify                | 36. rudimentary   | 48. sanguine         |                           |
| rap ✓        | klar-i-fī                  | roo-di-men-te-ree | sang-gwin            |                           |

Letter Reading Raw Score	15 / 15
Word Reading Raw Score*	4 / 55
<b>Word Reading Total Raw Score</b>	<b>29 / 70</b>

Next administer the Sentence Comprehension subtest, if applicable.  
 \*Use this value for determining starting point on Sentence Comprehension subtest.

## SPELLING SUBTEST

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Writing first, followed by Part 2: Spelling. The Spelling section must be administered individually for participants ages 7 and younger. On the Spelling section, the test should be discontinued after the Participant spells 10 consecutive words incorrectly (*10 RULE*).

**AGES 8 OR OLDER:** Administer Part 2: Spelling first. Discontinue if 10 consecutive errors have been made (*10 RULE*). If the Participant has correctly spelled 5 or more items on the Spelling section before meeting the discontinue criterion, the preliminary Letter Writing section should not be administered. If the Participant does not spell at least 5 words correctly on the Spelling section, then administer Part 1: Letter Writing (*5 RULE*).

-900 Age: 15 yrs 1 mth

**WORD READING SUBTEST**

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Reading first, followed by Part 2: Word Reading. Discontinue testing if a Participant has responded incorrectly to 10 consecutive items (10 RULE).

**AGES 8 OR OLDER:** Administer Part 2: Word Reading first. Discontinue the Word Reading section if the Participant has answered 10 consecutive items incorrectly (10 RULE). If the Participant has correctly answered 5 or more items on the Word Reading section before meeting the discontinue criterion, do not administer the preliminary Letter Reading section. If the Participant did not answer at least 5 items correctly on the Word Reading section, then administer Part 1: Letter Reading (5 RULE).

**Part 1: Letter Reading Administration Instructions**

After handing the Participant the Blue Word Reading List, say, **I want you to look at the letters on this line.** (Point to the row of letters at the top of the card) **Read to me the letters one-by-one across the line.** After the Participant has finished, say, **That's all. Now let's do something different.**

A (1) B (2) O (3) S (4) E (5) R (6) T (7) H (8) U (9) P (10) I (11) V (12) Z (13) J (14) Q (15)

**Part 2: Word Reading Administration Instructions**

After handing the Participant the Blue Word Reading List, say, **Look at each of these words carefully.** (Point to the words) **Read the words across the page so I can hear you. When you finish the first line, go right on to the second line, and so on down the page until you finish or I tell you to stop. Read slowly and say the words clearly.** Allow 10 seconds for the Participant to respond to each word. If there is no response after 10 seconds, say, **OK, try the next one.** If you did not hear a word clearly, say, **I could not hear you clearly. Please say the word again just as you did the first time.** When the Participant has finished the Word Reading section, say, **That's all. Good job. Thanks. Now we are going to do something else.**

- |                          |                                |   |   |  |
|--------------------------|--------------------------------|---|---|--|
| 1. cat<br>kat ✓          | 13. laugh<br>laf ✓             | 25. gigantic<br>ji-gan-tic ✓            | 37. unanimous<br>you-nan-i-mūs ✓          | 49. disingenuous<br>dis-in-jen-yoo-ūs ✓  |
| 2. in<br>in ✓            | 14. straight<br>strayt ✗       | 26. contemporary<br>kōn-tem-pō-rer-ee ✗ | 38. discretionary<br>di-skresh-ō-ner-ee ✓ | 50. covetousness<br>kuv-ē-tūs-nes ✓      |
| 3. book<br>buuk ✓        | 15. stretch<br>strech ✗        | 27. contagious<br>kōn-tay-jūs ✗         | 39. seismograph<br>sīz-mō-graf ✓          | 51. omniscient<br>om-nish-ēnt ✓          |
| 4. tree<br>tree ✓        | 16. split<br>split ✓           | 28. exterior<br>ik-steer-i-ōr ✗         | 40. benign<br>bi-nīn ✓                    | 52. oligarchy<br>ol-i-gahr-kee ✓         |
| 5. how<br>how ✓          | 17. lame<br>laym ✓             | 29. horizon<br>hō-rī-zōn ✓              | 41. itinerary<br>ī-tin-ē-rer-ee ✓         | 53. egregious<br>i-gree-jūs ✓            |
| 6. animal<br>an-i-mal ✓  | 18. bulk<br>bulk ✗             | 30. triumph<br>trī-ūmf ✓                | 42. heresy<br>her-ē-see ✓                 | 54. assuage<br>ā-swayj ✓                 |
| 7. hair<br>hair ✓        | 19. knowledge<br>nol-ij ✗      | 31. alcove<br>al-kohv ✓                 | 43. usurp<br>yoo-surp, -zurp ✓            | 55. terpsichorean<br>turp-si-kō-ree-an ✓ |
| 8. spell<br>spel ✓       | 20. abuse<br>ā-byoos, -byooz ✓ | 32. tranquility<br>trang-kwil-i-tee ✓   | 44. stratagem<br>strat-ā-jēm ✓            |  |
| 9. even<br>ee-vēn ✓      | 21. ceiling<br>see-ling ✓      | 33. efficiency<br>i-fish-ēnt-see ✓      | 45. pseudonym<br>soo-dō-nim ✓             |  |
| 10. size<br>sīz ✓        | 22. diagram<br>di-ā-gram ✓     | 34. inquisitive<br>in-kwiz-i-tiv ✓      | 46. irascible<br>i-ras-i-bēl ✓            |  |
| 11. finger<br>fing-ger ✓ | 23. doubt<br>dowt ✗            | 35. bibliography<br>bib-li-og-rā-fee ✓  | 47. heinous<br>hay-nūs ✓                  |  |
| 12. felt<br>felt ✗       | 24. collapse<br>kō-laps ✗      | 36. municipal<br>myoo-nis-i-pal ✓       | 48. poignant<br>poin-yānt ✓               |  |

Letter Reading Raw Score	15 / 15
Word Reading Raw Score*	20 / 55
<b>Word Reading Total Raw Score</b>	<b>35 / 70</b>

Next administer the Sentence Comprehension subtest, if applicable. \*Use this value for determining starting point on Sentence Comprehension subtest.

**SPELLING SUBTEST**

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Writing first, followed by Part 2: Spelling. The Spelling section must be administered individually for participants ages 7 and younger. On the Spelling section, the test should be discontinued after the Participant spells 10 consecutive words incorrectly (10 RULE).

**AGES 8 OR OLDER:** Administer Part 2: Spelling first. Discontinue if 10 consecutive errors have been made (10 RULE). If the Participant has correctly spelled 5 or more items on the Spelling section before meeting the discontinue criterion, the preliminary Letter Writing section should not be administered. If the Participant does not spell at least 5 words correctly on the Spelling section, then administer Part 1: Letter Writing (5 RULE).

2

standard score = 76

5 percentile

12/7/10

Name Boy Gender M  
 Grade 10 Examiner \_\_\_\_\_

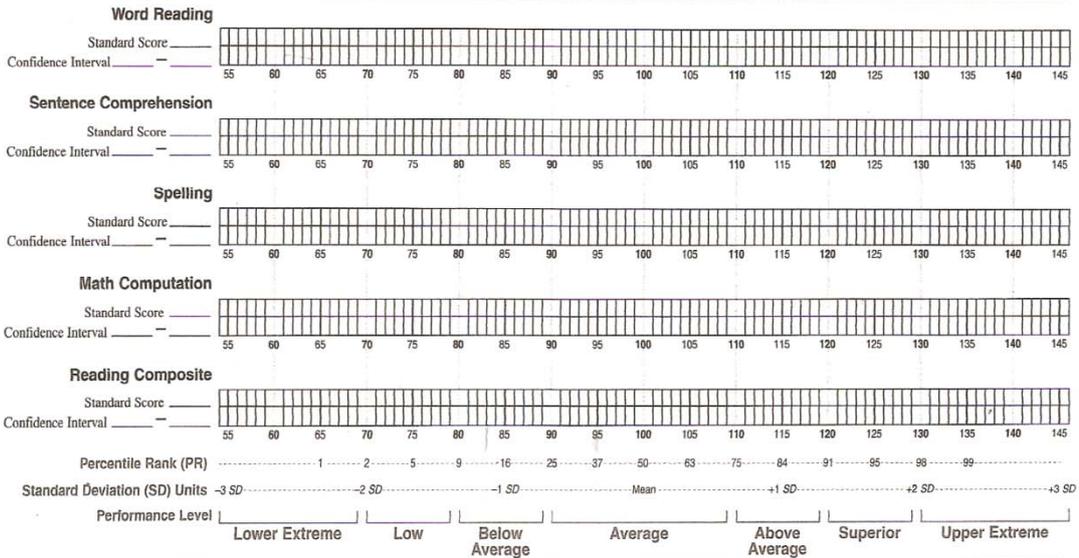
Year Month Day  
 Date of Test 10 05 07  
 Date of Birth 95 04 09  
 Age 15 1

### Score Summary Table

Subtest/Composite	Raw Score	Standard Score		Confidence Interval	%ile Rank	Optional Scores	
		Norms: <input type="checkbox"/> Age	<input type="checkbox"/> Grade ( <input type="checkbox"/> Fall, <input type="checkbox"/> Spring)			<input type="checkbox"/> Grade Equivalent	<input type="checkbox"/> NCE <input type="checkbox"/> Stanine
* Word Reading	38		83	— —	13		
Sentence Comprehension	19		72	— —	11		
Spelling	29		82	— —	12		
Math Computation				— —			
Reading Composite*				— —			

\*Reading Composite Raw Score = Word Reading Standard Score + Sentence Comprehension Standard Score.

### Standard Score Profile



### Standard Score Comparison Table

Score Comparisons > = < (circle one)	Score Difference	Significance Level	Prevalence in Standardization Sample
Word Reading <input type="checkbox"/> > = < <input type="checkbox"/> Sentence Comprehension		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Word Reading <input type="checkbox"/> > = < <input type="checkbox"/> Spelling		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Word Reading <input type="checkbox"/> > = < <input type="checkbox"/> Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Sentence Comprehension <input type="checkbox"/> > = < <input type="checkbox"/> Spelling		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Sentence Comprehension <input type="checkbox"/> > = < <input type="checkbox"/> Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Spelling <input type="checkbox"/> > = < <input type="checkbox"/> Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%

## WORD READING SUBTEST

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Reading first, followed by Part 2: Word Reading. Discontinue testing if a Participant has responded incorrectly to 10 consecutive items (*10 RULE*).

**AGES 8 OR OLDER:** Administer Part 2: Word Reading first. Discontinue the Word Reading section if the Participant has answered 10 consecutive items incorrectly (*10 RULE*). If the Participant has correctly answered 5 or more items on the Word Reading section before meeting the discontinue criterion, do not administer the preliminary Letter Reading section. If the Participant did not answer at least 5 items correctly on the Word Reading section, then administer Part 1: Letter Reading (*5 RULE*).

### Part 1: Letter Reading Administration Instructions

After handing the Participant the Green Word Reading List, say, I want you to look at the letters on this line. (Point to the row of letters at the top of the card) Read to me the letters one-by-one across the line. After the Participant has finished, say, That's all. Now let's do something different.

A (1)
B (2)
O (3)
S (4)
E (5)
R (6)
T (7)
H (8)
U (9)
P (10)
I (11)
V (12)
Z (13)
J (14)
Q (15)

### Part 2: Word Reading Administration Instructions

After handing the Participant the Green Word Reading List, say, Look at each of these words carefully. (Point to the words) Read the words across the page so I can hear you. When you finish the first line, go right on to the second line, and so on down the page until you finish or I tell you to stop. Read slowly and say the words clearly. Allow 10 seconds for the Participant to respond to each word. If there is no response after 10 seconds, say, OK, try the next one. If you did not hear a word clearly, say, I could not hear you clearly. Please say the word again just as you did the first time. When the Participant has finished the Word Reading section, say, That's all. Good job. Thanks. Now we are going to do something else.

- |   |   |   |   |   |
|---|---|---|---|---|
| <p>1. see ✓<br/>see ✓</p> <p>2. red ✓<br/>red ✓</p> <p>3. milk ✓<br/>milk ✓</p> <p>4. was ✓<br/>wuz, woz ✓</p> <p>5. then ✓<br/>then ✓</p> <p>6. jar ✓<br/>jahr ✓</p> <p>7. letter ✓<br/>let-ēr ✓</p> <p>8. city ✓<br/>sit-ee ✓</p> <p>9. between ✓<br/>bi-tween ✓</p> <p>10. cliff ✓<br/>klif ✓</p> <p>11. listen ✓<br/>lis-ēn ✓</p> <p>12. wrap ✓<br/>rap ✓</p> | <p>13. plot ✓<br/>plot ✓</p> <p>14. grunt ✓<br/>grunt ✓</p> <p>15. sour ✓<br/>sowr ✓</p> <p>16. huge ✓<br/>hyooj ✓</p> <p>17. privilege ✓<br/>priv-i-lij ✓</p> <p>18. license ✓<br/>li-sens ✓</p> <p>19. humidity ✓<br/>hyoo-mid-i-tee ✓</p> <p>20. gadget ✓<br/>gaj-it ✓</p> <p>21. tough ✓<br/>tuf ✓</p> <p>22. residence ✓<br/>rez-i-dēns ✓</p> <p>23. urge ✓<br/>urj ✓</p> <p>24. clarify ✓<br/>klar-i-fi ✓</p> | <p>25. rancid ✓<br/>ran-sid ✓</p> <p>26. suspicion ✓<br/>sū-spish-ōn ✓</p> <p>27. conspiracy ✓<br/>kōn-spir-ā-see ✓</p> <p>28. deny ✓<br/>di-nī ✓</p> <p>29. miscellaneous ✓<br/>mis-ē-lay-ni-ūs ✓</p> <p>30. quarantine ✓<br/>kvor-ān-teen ✓</p> <p>31. deteriorate ✓<br/>di-teer-i-ō-rayt ✓</p> <p>32. concoct ✓<br/>kōn-kokt ✓</p> <p>33. coincide ✓<br/>ko-in-sid ✓</p> <p>34. mosaic ✓<br/>moh-zay-ik ✓</p> <p>35. debris ✓<br/>dē-bree ✓</p> <p>36. rudimentary ✓<br/>roo-di-men-tē-ree ✓</p> | <p>37. novice ✓<br/>nov-is ✓</p> <p>38. longevity ✓<br/>lon-jev-i-tee ✓</p> <p>39. rescinded ✓<br/>ri-sind-ed ✓</p> <p>40. audacious ✓<br/>aw-day-shūs ✓</p> <p>41. extemporaneous ✓<br/>ik-stem-po-ray-ni-ūs ✓</p> <p>42. protuberance ✓<br/>proh-too-bē-rāns ✓</p> <p>43. diminutive ✓<br/>di-min-yū-tiv ✓</p> <p>44. factitious ✓<br/>fak-tish-ūs ✓</p> <p>45. regime ✓<br/>rē-zheem ✓</p> <p>46. predilection ✓<br/>pred-i-lek-shōn ✓</p> <p>47. lucubration ✓<br/>loo-kyuu-bray-shōn ✓</p> <p>48. sanguine ✓<br/>sang-gwin ✓</p> | <p>49. puerile ✓<br/>pyoo-e-nī ✓</p> <p>50. internecine ✓<br/>in-tēr-nee-scen, -nes-čen ✓</p> <p>51. ubiquitous ✓<br/>yoo-bik-wi-tūs ✓</p> <p>52. regicidal ✓<br/>rej-i-sī-dāl ✓</p> <p>53. inefficacious ✓<br/>in-ef-i-kay-shūs ✓</p> <p>54. epithalamion ✓<br/>ep-i-thā-lay-mi-ōn ✓</p> <p>55. synecdoche ✓<br/>si-nek-dō-kee ✓</p> |
|---|---|---|---|---|

Letter Reading Raw Score	15 /15
Word Reading Raw Score*	23 /55
<b>Word Reading Total Raw Score</b>	<b>38 /70</b>

Next administer the Sentence Comprehension subtest, if applicable.  
\*Use this value for determining starting point on Sentence Comprehension subtest.

## SPELLING SUBTEST

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Writing first, followed by Part 2: Spelling. The Spelling section must be administered individually for participants ages 7 and younger. On the Spelling section, the test should be discontinued after the Participant spells 10 consecutive words incorrectly (*10 RULE*).

**AGES 8 OR OLDER:** Administer Part 2: Spelling first. Discontinue if 10 consecutive errors have been made (*10 RULE*). If the Participant has correctly spelled 5 or more items on the Spelling section before meeting the discontinue criterion, the preliminary Letter Writing section should not be administered. If the Participant does not spell at least 5 words correctly on the Spelling section, then administer Part 1: Letter Writing (*5 RULE*).

Boy Age: 15 yrs 3 mths

**WORD READING SUBTEST**

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Reading first, followed by Part 2: Word Reading. Discontinue testing if a Participant has responded incorrectly to 10 consecutive items (10 RULE).

**AGES 8 OR OLDER:** Administer Part 2: Word Reading first. Discontinue the Word Reading section if the Participant has answered 10 consecutive items incorrectly (10 RULE). If the Participant has correctly answered 5 or more items on the Word Reading section before meeting the discontinue criterion, do not administer the preliminary Letter Reading section. If the Participant did not answer at least 5 items correctly on the Word Reading section, then administer Part 1: Letter Reading (5 RULE).

**Part 1: Letter Reading Administration Instructions**

After handing the Participant the Blue Word Reading List, say, **I want you to look at the letters on this line.** (Point to the row of letters at the top of the card) **Read to me the letters one-by-one across the line.** After the Participant has finished, say, **That's all. Now let's do something different.**

A (1) B (2) O (3) S (4) E (5) R (6) T (7) H (8) U (9) P (10) I (11) V (12) Z (13) J (14) Q (15)

**Part 2: Word Reading Administration Instructions**

After handing the Participant the Blue Word Reading List, say, **Look at each of these words carefully.** (Point to the words) **Read the words across the page so I can hear you. When you finish the first line, go right on to the second line, and so on down the page until you finish or I tell you to stop. Read slowly and say the words clearly.** Allow 10 seconds for the Participant to respond to each word. If there is no response after 10 seconds, say, **OK, try the next one.** If you did not hear a word clearly, say, **I could not hear you clearly. Please say the word again just as you did the first time.** When the Participant has finished the Word Reading section, say, **That's all. Good job. Thanks. Now we are going to do something else.**

- |                          |                                |   |   |  |
|--------------------------|--------------------------------|---|---|--|
| 1. cat<br>kat ✓          | 13. laugh<br>laf ✓             | 25. gigantic<br>ji-gan-tic ✓            | 37. unanimous<br>you-nan-i-mus ✓          | 49. disingenuous<br>dis-in-jen-yoo-us  |
| 2. in<br>in ✓            | 14. straight<br>strayt ✓       | 26. contemporary<br>kon-tem-pō-rer-ee ✓ | 38. discretionary<br>di-skresh-ō-ner-ee ✓ | 50. covetousness<br>kuv-ē-tūs-nes      |
| 3. book<br>buuk ✓        | 15. stretch<br>streach ✓       | 27. contagious<br>kon-tay-jūs ✓         | 39. seismograph<br>siz-mō-graf ✓          | 51. omniscient<br>om-nish-ent          |
| 4. tree<br>tree ✓        | 16. split<br>split ✓           | 28. exterior<br>ik-steer-i-ōr ✓         | 40. benign<br>bi-nin ✓                    | 52. oligarchy<br>ol-i-gahr-kee         |
| 5. how<br>how ✓          | 17. lame<br>laym ✓             | 29. horizon<br>hō-ri-zōn ✓              | 41. itinerary<br>i-fin-ē-rer-ee ✓         | 53. egregious<br>i-gree-jūs            |
| 6. animal<br>an-i-mal ✓  | 18. bulk<br>bulk ✓             | 30. triumph<br>tri-ūmf ✓                | 42. heresy<br>her-ē-see ✓                 | 54. assuage<br>ā-swayj                 |
| 7. hair<br>hair ✓        | 19. knowledge<br>nol-ij ✓      | 31. alcove<br>al-kohv ✓                 | 43. usurp<br>yoo-surp, -zurp ✓            | 55. terpsichorean<br>turp-si-kō-ree-an |
| 8. spell<br>spel ✓       | 20. abuse<br>ā-byoos, -byooz ✓ | 32. tranquility<br>trang-kwil-i-tee ✓   | 44. stratagem<br>strat-ā-jēm ✓            |  |
| 9. even<br>ee-vēn ✓      | 21. ceiling<br>see-ling ✓      | 33. efficiency<br>i-fish-ēnt-see ✓      | 45. pseudonym<br>soo-dō-nim ✓             |  |
| 10. size<br>siz ✓        | 22. diagram<br>di-ā-gram ✓     | 34. inquisitive<br>in-kwiz-i-tiv ✓      | 46. irascible<br>i-ras-i-bel ✓            |  |
| 11. finger<br>fing-ger ✓ | 23. doubt<br>dowt ✓            | 35. bibliography<br>bib-li-og-rā-fee ✓  | 47. heinous<br>hay-nūs ✓                  |  |
| 12. felt<br>felt ✓       | 24. collapse<br>kō-laps ✓      | 36. municipal<br>myoo-nis-i-pal ✓       | 48. poignant<br>poin-yant ✓               |  |

Letter Reading Raw Score	15 / 15
Word Reading Raw Score*	35 / 55
<b>Word Reading Total Raw Score</b>	<b>50 / 70</b>

Next administer the Sentence Comprehension subtest, if applicable. \*Use this value for determining starting point on Sentence Comprehension subtest.

**SPELLING SUBTEST**

**AGES 7 OR YOUNGER:** Administer Part 1: Letter Writing first, followed by Part 2: Spelling. The Spelling section must be administered individually for participants ages 7 and younger. On the Spelling section, the test should be discontinued after the Participant spells 10 consecutive words incorrectly (10 RULE).

**AGES 8 OR OLDER:** Administer Part 2: Spelling first. Discontinue if 10 consecutive errors have been made (10 RULE). If the Participant has correctly spelled 5 or more items on the Spelling section before meeting the discontinue criterion, the preliminary Letter Writing section should not be administered. If the Participant does not spell at least 5 words correctly on the Spelling section, then administer Part 1: Letter Writing (5 RULE).

2 Standard score = 95 = 37 percentile

127/110

**“I’m not going to school!” – Chronic absence and the role of an Educational Psychologist in a case of long term school refusal.**

**Abstract**

Chronic absence from school can cause serious concern for educators, mental health professionals and families. The construct of school refusal has been widely debated and explanations that have been suggested range from mental health problems in the child to poor family functioning. Children who refuse to attend school are often referred to educational psychologists for support as the effects of being absent can be a complex and challenging problem. This professional practice report is written in the context of a move from the diagnostic medical approach to a functional behavioural paradigm of school refusal. A long term intervention is followed using a problem analysis framework of assessment, intervention, outcome, evaluation and re-assessment. The report concludes that a functional approach to school refusal can support a return to school but recommends that practitioners not only explore the function of chronic school refusal behaviour but also identify and support underlying causes such as family functioning.

**1. Introduction**

Pupils who do not attend school have caused concern since the earliest days of compulsory education (Broadwin, 1932). The characteristics of this population have been studied for many decades but this has not led to a unified recognised description. With the lack of an established universal definition it is impossible to know accurately how many children refuse to attend school, estimated numbers have ranged from 35% of all pupils (Pina et al, 2009); 5-28% of pupils (Kearney 2001) to 1-5% of pupils (King et al, 1995).

Many short and long term consequences of non attendance have been identified following numerous studies (Kearney, 2003; 2007; Kearney and Albino, 2004; Heyne et al, 1986) and can include declining academic performance, social alienation, family conflict and delinquency. In the absence of a universal definition and with a range of causes, consequences, and desired outcomes, clear assessments and interventions to return these pupils to school are needed. In the next section, I will explore the difficulty in defining school refusal and explore how a functional definition may allow for categories of school refusal to be defined by what maintains the behaviour.

## **1.1 Definition**

School refusal has traditionally been classified under broad categories to include truancy, phobia and the behaviour of skipping school practised by the majority of students at least once in their life (Evans, 2000). These terms are often used interchangeably and without precision (Thambirajah et al, 2008). In 2003, with an increasing statutory requirement for schools to publish

attendance figures and record non-authorised absence, research was commissioned by the Local Government Association (Archer et al, 2003) to explore reasons for non-attendance. Using case studies and questionnaires to over 600 schools, the research revealed no clear definitions of school refusers and school phobics among practitioners in LAs and schools. Some have attempted to describe differences between the refuser who is invariably a good student who wishes they could attend, and the truant, a poor student who does not want to attend (Thambirajah, 2008).

Truancy often conjures up a view of problematic children. The word itself defined by the Oxford English Dictionary as idle, lazy or neglectful, shirking duty or work, and comes from the old French word meaning vagrant, used in England to describe people who beg out of choice rather than necessity (Oxford Dictionaries). This element of choice is one description that has put truancy in a category aside from absence due, for example, to chronic illness. Chronic refusal seems undeserved of such a negative label as truancy which some say may in fact describe symptoms of conduct disorder (Witts et al, 2007). According to DSM-IV criteria (American Psychiatric Association, 1994) Conduct Disorder has as one of its symptoms 'often truants from school', alongside an array of other antisocial and aggressive behaviours.

Children included within generic titles of school refusers, are not just those who are always completely absent however, but also include those who make pleas for non attendance and misbehave in order to be kept from school or leave school early during the day (Kearney, 2002). Many decades ago, these

children were viewed as a clinical or medical problem (Kahn and Nursten, 1968), dealt with by family doctors and psychiatrists.

### **Medical definition**

Attempts to use empirical evidence to medically categorise school refusal have largely consisted of diagnostic, statistical approaches (Bernstein and Garfinkel, 1986), with research samples consisting of pupils who meet diagnostic criteria for mental health problems. According to DSM-IV (American Psychiatric Association, 2000), school refusal is not in itself a formal diagnosis, though many of these children are diagnosed with one or a number of disorders (Heyne, 2006; Bernstein and Garfinkel, 1986). The most common diagnoses are thought to be separation anxiety disorder (Witts et al, 2007), phobic disorders or depression, however, a sizeable number meet no psychiatric disorder (Kearney 2007) and figures for the number of school refusers diagnosed often go unreported. Categorisation by clinical criteria alone would therefore seem unrealistic and unhelpful.

### **Psychoanalytic definition**

Alternative approaches to medical diagnosis have included a psychoanalytic approach, which views repressed anxiety expressed as school refusal (Paige, 1997). Not all children who refuse to go to school could be described as anxious however, for example those described as being in pursuance of tangible reinforcement (Kearney, 2007) for example staying at home to play games, so this label may apply to only one group of pupils. In 1932, school

refusal was seen by some theorists to be psychodynamic in nature (Broadwin, 1932), relying on the child's development and how he or she dealt with each psychosexual stage, seeing dysfunctional relationships as key to refusal behaviour (Paige, 1997). Coledge et al (1957) described a group of children refusing to attend school as neurotic, developing non attendance through an evaded oedipal complex in which the child remains infantile and asexual. Psychodynamic methods underpin treatment in mother-child separation and have fallen out of favour because of their neglect of a focus on a return to school with some researchers claiming they may even have inadvertently caused regression (Thambirajah, 2008).

### **The problem of a single definition**

Psychoanalysts, along with medical researchers, have frequently failed to provide successful intervention. Some argue this is because they failed to focus on a return to school and instead offered a focus on problems (Thambirajah et al, 2008). More recently, research has shown a functional behaviour analysis to be beneficial when intervention and positive outcomes are sought for school refusal behaviours (Kearney, 2002; Evans 2000). Absence from school can also be due to a myriad of medical problems and as such, Kearney (2003) proposed a distinction between non-problematic and problematic absenteeism to relieve children with physical illness from labels of school refusal.

### **Behavioural definition**

Behaviourists offer functional definitions of school refusal, distinguishing subtypes according to factors maintaining refusal to attend school (e.g., Lee and Miltenberger, 1996; Pritchard et al, 1998; Evans 2000). Evans (2000) disputes school refusal as a phobia but sees pupils more commonly as having anxieties. In viewing maintenance factors, Evans describes being able to make a functional analysis to allow a wider array of diagnostic and treatment information to support the return to school. Evans gives three classifications based on a behaviourist foundation. Functional subtypes include children who attempt to reduce anxiety (Anxiety subtype), avoidance of undesirable events (avoidance subtype), and engagement in more desirable activities (Malingering subtype). Each subtype has a description of typical behaviours described by a survey of clinical psychologists treating school refusal (Table One). It could be argued however, that using information from only a clinical population draws on a particular presentation of school refusal behaviour as typical. Children who do not fulfil criteria for support by the clinical profession, may therefore present different behaviours.

Table One - Behaviours and treatments associated with subtypes of school refusal. Adapted from Evans (2000)

<b>Anxiety behaviour</b>	<b>Avoidance behaviour</b>	<b>Malingering behaviour</b>
<p>Persists over extended period of time  Out of proportion to the situation's demands  Not under students control  Anxiety cannot be explained or reasoned away  Perceived consequences of separation, social or school situation  Clingy, demanding, eager to please  Aggressive  Panic, morbid fears  Withdrawal, impaired concentration  Headache, stomach ache  Induced vomiting</p>	<p>Persists over extended period of time  Perceived negative aspect of school  Shun activities in which they do poorly  Headache, stomach ache  Parental dependency or depression  Reaction under voluntary control  Parents over protective and defensive  Parents perceive medical problem  Grades unaffected  Avoids being controlled by others  Feelings of incompetence</p>	<p>Attraction to non-school activities  Headache, stomach ache  Reaction under voluntary control  Behavioural rather than emotional</p>
<b>Anxiety treatment</b>	<b>Avoidance treatment</b>	<b>Malingering treatment</b>
<p>Rapid treatment approach  Physical presence of parents followed by gradual reduction  Reduce anxiety provoking situations  Temporary reduction in time spent in school  Excuse missed work  Relaxation techniques  CBT  Medication  Parent education</p>	<p>Rapid treatment approach  Reassurance  Decrease negative reinforcement 'The Rule' (Paige 1996)  Not allowed to avoid non preferred activities  Physical complaints acknowledged but insufficient to avoid activity  Positive reinforcement for attendance and effort  Role play  CBT  Family therapy</p>	<p>Rapid treatment approach  Eliminate access to preferred activity  Use of 'The Rule' (Paige 1996)  School activities made more rewarding  Physical complaints briefly acknowledged  Court order  Family counselling</p>

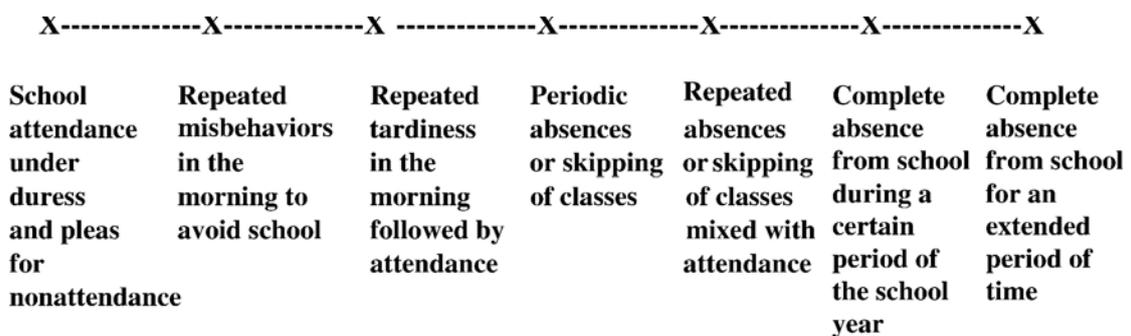
A more commonly used criterion of subtypes is that of Kearney (2002).

Kearney, (2007) assessed 222 children aged 5-17 years as he believed that

only a subset of pupils were covered by terms such as school phobia, truancy and school refusal. He developed a more functional model, stipulating reasons for school absence. In developing functional categories of school refusal behaviour, Kearney, developed the school refusal assessment scale, described and used later in this report.

Kearney's categories involve maintenance of children's behaviour by positive or negative reinforcement. Children who refuse school because of fear or avoidance are seen to be negatively reinforced. Those who avoid school to seek attention or closeness to caregivers or for tangible reward are maintained by positive reinforcement. Not all children studied by Kearney have been absent from school however, his categories fit within a continuum of behaviour seen in school pupils (Figure One) ranging from those who attend school under duress, to those who are completely absent from school.

Figure One. (Kearney 2008 p. 453)



Children, he believes, generally refuse to attend school for one or more of the following reasons: (1) to avoid school related stimuli that provoke a sense of general negative affectivity; (2) to escape from aversive social and/or evaluative situations at school; (3) to pursue attention from significant others; (4) to pursue tangible reinforcement outside the school setting (Kearney

2002). He uses these four categories as conditions for assessing the function of refusal behaviour and therefore, a basis for understanding and intervention (Table Two).

Evans (2000) has criticised Kearney's assessment, believing that only three factors exist, and that the first two of Kearney's categories should be put into one negative reinforcement category of avoidance behaviour. Evans himself uses this in his own three category model, however, this leads to less specificity in treatment approach and the effects of this would need to be seen though Evans himself does admit his approach has '...as yet has not been shown to be superior to other classification methods in understanding or treating chronic school refusal.' (Evans, 2000 p 190)

Functional definitions of school refusal are now most commonly used for assessment and to recommend interventions depending on the function of the behaviour (Thambirajah et al, 2008). This method will be the focus of the case described within this report.

## **1.2 Assessments**

School refusal can be a highly complex behaviour covering a wide range of problems (Thambirajah et al, 2008) and therefore it is important to carry out assessment to ensure an understanding of the behaviour before attempting intervention. Assessments widely appear to include several people, perhaps because chronic school refusal affects not just children, but families, schools

and society (Blagg and Yule, 1984). Blagg and Yule (1984) suggest that the child, parents and teachers are involved in voicing concerns and this seems to be a common theme when assessing school refusal (Evans, 2000; Thambirajah et al, 2008) and in understanding the function of the behaviour.

When using a functional approach, interviews are often carried out with children, parents and school staff to obtain information. Information gathered from different sources can be compared to understand more fully, what is reinforcing the behaviour. Parents and teachers are frequently offered checklists to gather ratings of child behaviour (Achenbach, 1991). These are usually carried out alongside interview as it has been seen that the best understanding of the factors associated with a child's school refusal is achieved using a multi-informant approach and various methods to assessment (Ollendick and King, 1998; Heyne, 2006; King et al 2001). This allows the development and testing of a hypothesis which may then lead to the planning of appropriate treatment.

As already seen in definition, it has been argued that 'School refusal is not a psychiatric diagnosis; rather it is a description of a constellation of behaviours' (Thambirajah et al, 2008. p.133). It would therefore seem possible to make assessment based on observable behaviour in different contexts, perhaps for example, observed fear within a particular situation, such as playtime.

To this end, Kearney developed the School Refusal Assessment Scale (SRAS) (Kearney, 2002) which is based on functional behaviour and identifies

the specific factors responsible for the child's school refusal behaviour (King and Bernstein, 2001). Kearney's assessment alone does not include parent and family factors or the school and community environment. However, the model has been seen as theoretically sound and deserved of use by those in education (Thambirajah et al, 2008) as part of a multimodal approach. The test has been criticised for not being standardised (Thambirajah et al, 2008), but it does have strong validity and reliability (Kearney, 2002) and in its defence, standardisation of such a diverse population would be problematic. Kearney suggests a hypothesis testing approach following use of the SRAS. For example, a child who is suspected of refusing school for parental attention could be asked to attend school with a parent. If the child is better able to attend school with a parent than without, then support is obtained for the attention-seeking hypothesis (Kearney, 2007).

The SRAS identifies the primary function of the child's behaviour and maps this onto recommended treatment. Results show whether a secondary function of behaviour is present for example; the child who refuses school to avoid a specific phobia, may enjoy the chance to watch TV at home during the day and this may provide secondary reinforcement of behaviour. The SRAS is recommended for use as part of a comprehensive assessment, for example, if a child is identified as high on a negative reinforcement function, this should be confirmed through interview and compilation of multiple data sources (Kearney 2000). Reinforcers are identified by child and parents completion of the SRAS. Each item is given a score, with the highest score showing the

primary reinforcer, and the next or other high scores showing secondary reinforcement.

Evans (2000) offers a structured assessment covering four components. The first component covers completion of a physical examination to rule out illness, and gathering history from child and parents separately. The second component involves gathering information about behaviour and attendance from the school staff. A functional analysis is then carried out from the information gathered in order to assess precipitating, maintaining and outcome factors. A tentative plan is then developed as the fourth component of assessment and includes initial hypothesis of primary subtype and secondary overlap leading to treatment plans and monitoring procedures.

As a trainee educational psychologist, the problem-analysis cycle developed by Monsen et al (Kelly et al, 2008) can be a useful framework when working with complex cases. Using 6 problem analysis stages, it includes identification of problem dimensions (stage 3), intervention planning (stage 5) and evaluation (stage 6). This may help to add structure to functional approaches such as those used by Evans (2000) and Kearney (2007) and was therefore used with the case described within this report as part of the process of a Common Assessment Framework (CAF).

## **Common Assessment Framework**

The Common Assessment Framework (CAF) was established in 2006 to support the implementation of integrated working in order to offer earlier and more effective services as well as to support a common understanding of needs and how to meet them (Children's Workforce Development Council, 2009). The CAF is aimed at children and young people who have needs that are not being met by their current service provision. There are four main stages in completing a common assessment: identifying needs early, assessing those needs, delivering integrated services and reviewing progress. The assessment covers the child, young person, parents, family and environment. A lead professional is responsible for co-ordinating actions identified within the process and acts as a single point of access for all involved.

As non attendance at school was thought to be affecting the social and academic development of the young person described within this case, and additional services were sought, the CAF process was employed by school professionals.

### **1.3 Intervention**

Interventions may vary due to the complex nature of school refusal. Research into successful treatment however, is often based on clinical populations (Thambirajah et al, 2008) as they are more easily identified and accessible, and therefore, as previously seen, evidence may not be true of the whole school refusal population as they may present with different behaviours.

Though Evans (2000) and Kearney (2007) divide school refusal into subtypes, treatment by some researchers is generic and this has been seen in many studies (Evans, 2000; King and Ollendick, 1989). An example of generic treatment is 'some form of return to school as quickly as possible, pardon for missed work, reassurance and reinforcement, brief acknowledgment or ignoring of physical complaints, and a follow-up contingency plan' (Evans, 2000 p. 188). Evans' rationale for this is that the core behaviour is the same regardless of subtype and is the primary target for intervention. He also describes behavioural treatment, as a 'broad-spectrum antibiotic', targeting behaviours that may not be specific to subtype. This brings into question why assessment is needed to discover subtype of refusal, if all children are then treated the same. Lauchlan (2003) disagrees with broad spectrum interventions, suggesting that intervention will depend upon the nature of the factors that maintain the non-attendance behaviour for each individual, rather than categories. For example, there is not any one strategy that has been proven to be effective or appropriate for all school refusers (Elliott & Place, 1998 in Lauchlan, 2003).

In the past, a behavioural approach used in assessments has been seen as relating itself to particular interventions and was shown to have positive effects (e.g. Blagg and Yule, 1984). Blagg and Yule carried out a study to compare behavioural interventions with clinical approaches and though now a relatively old study, it is one still much quoted, perhaps for its useful

comparisons of intervention. Blagg and Yule studied 66 children assessed as school refusers. Within their definition, they excluded children with gross physical illness, anorexia and psychotic conditions. With no explanation of why these particular children were excluded from the study, it can perhaps be presumed that the researchers saw these children as presenting with different needs to the participants who were included, suggesting subtype classification. The study followed the “additive stress” model, described where vulnerable children experience worries at home and school. The stress of one environment adds to the stress in the other and the child then refuses to attend school. This behaviour then leads to secondary factors which add further stress and maintain the problem (Yule et al 1980). One group used a behavioural treatment approach. Precipitating and maintaining factors of school refusal behaviour were identified and a range of behavioural principles used. Parents were targeted for intervention which included encouragement not to get distressed or to ask how the child felt in school, instead, parents praised the child for attendance and rewarding experiences were focused on. If parents found positive reinforcement of attendance difficult to achieve, grandparents were called on for support. Teachers were also included in this group, with instruction to ignore physical symptoms, but to welcome the child back without questioning their absence.

Hospital in-patient treatment was used for a second group, physical separation from parents whilst in hospital being used to help the child master separation anxiety. These children stayed in a psychiatric unit and travelled to school from there, not returning home or contacting parents until treatment

was considered complete. This raises some ethical concerns with forced separation and the distress this may cause parents and child. Could this in fact make matters worse? Attendance at a hospital school, it was claimed, may have a therapeutic effect by offering an emotionally neutral environment whilst supporting the child with re-establishing routine and learning. Drug treatment was also used with this group of children who were prescribed tranquillizers at the start of treatment. A third group were treated using home tutors and psychotherapy. This group were allowed to remain at home most of the time but were taught by tutors within the tutors own home in order to remove the child from home for a few hours per week. Psychotherapy was provided fortnightly in a clinic setting to the child and parents separately. Results are discussed within the later outcomes section of this report.

More recently, behaviour based studies often focus on the use of Kearney's SRAS model (Tolin et al, 2009) and have continued to show success. For example, Tolin et al (2009), though a small study, returned 3 out of 4 adolescents to school based on assessment and intervention based on Kearney's work.

Kearney and Silverman (1993), using their four categories, recommend a range of interventions dependent on maintenance variables. Though the rationale for their use is unclear (Lauchlan, 2003), results from studies have been promising (Kearney and Silverman, 1990; Tolin et al, 2009). As with many studies however, interventions were trialled with a small number of students and then evaluated and investigated by those who not only promote

them, but also carry them out (Lauchlan, 2003) and this has brought results into question. The interventions primarily focus on reducing symptoms and are described in Table Two, adapted from the work of Kearney and Silverman (1993). Evans also offers intervention based on his sub-types (Table One).

Table Two – Adapted from Kearney and Silverman (1993).

<p><b>Avoidance of fear/ anxiety producing situations at school</b>          Specific phobia for example – teachers, playgrounds, school buses.          If school refusal behaviour is related to fearfulness or anxiety of an aspect of the school setting, a child-based treatment approach is employed using graded exposure/desensitization to the school setting. This is negotiated with the child and involves a step-by-step return to school and confrontation of the anxiety provoking aspect.</p> <ul style="list-style-type: none"> <li>• Relaxation and imaginal systematic desensitization</li> <li>• Relaxation training interventions involving progressive muscle relaxation and imagery/games.</li> <li>• Systematic desensitization entailing the presentation of anxiety-provoking stimuli in imagination, ranging from least anxiety-provoking to maximum anxiety-provoking, while the child uses his/her relaxation skills to control arousal.</li> <li>• Desensitization through story format (known as ‘emotive imagery’) in which the child joins forces with his/her hero figures (e.g. Batman) and successfully overcomes fears related to school return.</li> <li>• Desensitisation, walking the school halls with the therapist, spending time in school with the therapist including lunch time, until the therapist gradually withdraws.</li> </ul>
<p><b>Avoidance of aversive social or evaluative situations at school</b>          Social phobia – avoiding situations including interaction with peers, school officials and taking tests.          When school refusal behaviour seeks to avoid social situations, a child-based treatment approach is recommended using behaviour rehearsal/exposure and cognitive restructuring.</p> <ul style="list-style-type: none"> <li>• Exposure to interaction with different people in different situations: starting conversations, asking questions in class, joining a group of peers for playtime, and saying ‘no’ to unreasonable requests.</li> <li>• Having the child analyse their own unhelpful and anxiety-provoking self-statements in feared social situations.</li> <li>• Illustrative material (e.g. cartoons) to help the child differentiate anxiety-producing thoughts and anxiety-reducing thoughts.</li> </ul>
<p><b>Attention seeking</b>          Separation anxiety disorder – Exaggerated stomach ache and headaches. Clingy, screaming to stay at home with mother.          Some children are identified as refusing school to obtain verbal or physical</p>

attention and a parent-based treatment approach is then needed

- Parental skills including giving instructions, household rules/routines, withdrawal of privileges for school refusal, and giving rewards for school attendance.
- Parent training in child behaviour management skills to empower caregivers to better handle school refusal behaviour and facilitate school attendance on their own.
- 'The Rule', (Paige, 1996) described later in this section.

#### **Pursuance of positive tangible reinforcement**

Truants. Miss school because it is more fun to be out of school for example watching TV, playing games, shopping.

For children who refuse school to pursue positive tangible reinforcement a family based treatment approach is taken.

- Assertiveness training for the child.
- Contingency contracting in which parents and child negotiate specific goals, rewards and punishments. Professionals can offer support in the design and implementation of the contingency contract. The aim is to increase incentives for attending school and to reduce the reinforcement of absence, this provides a back up plan.

Kearney and Evans differ in their interventions as well as their categories. Different categories lead to different interventions but there is much overlap. Behaviourist interventions broadly fall into four categories, contingency planning (explained earlier within Kearney's categories), exposure, relaxation training and cognitive restructuring (Lauchlan, 2003; Blagg and Yule, 1984; Kearney and Silverman, 1993).

As part of exposure to the school environment, or moving away from the home environment, both Kearney and Evans recommend use of 'The Rule', (Paige, 1996) which states that the student must either be in school or in the doctor's office. This rule is seen to be as much for parents as for the child and allows for the removal of negative reinforcement. Where the approaches differ, is that Evans recommends use of The Rule for all except anxious children, Kearney however, uses the Rule only for children who are attention

seeking due to separation anxiety. Though previous clinical studies have enforced such rules through hospitalisation (Blagg and Yule, 1984), there is little to show that parents would be able to enforce such a rule without training, something which Kearney suggests although Evans proposes a family therapy route of support when using The Rule.

Evans recommends rapid return to school for all categories through 'The Rapid Treatment approach' devised by King and Ollendick (1989). This combines reassurance and reinforcement with a return to school as quickly as possible, though often with initial reduction in time spent in school. From early studies, a quick and full time return to school was encouraged, with the use of escorts to ensure compliance (Warren, 1948). The ethics of this have however been questioned, and one can only begin to imagine the distress this may cause all involved and possible reinforcement of anxiety. A distressed child forcibly attending school full time cannot surely be a targeted outcome and such a step obviously depends on the parents' influence over the child, which was slight or ineffective in all cases studied by Warren (1948). Lauchlan (2003) states that parents and teachers often prefer to circumvent such a confronting situation as this. Careful discussion and negotiation may therefore be required before implementing this strategy. Gradual exposure to school is often the preferred route;

'The pupil can undergo a gradual return to school. This may begin with merely driving the young person to the school gates and waiting outside, but not entering the school. The next visit may entail going into

the school, but not the pupil's usual classes (e.g. perhaps a quiet or secluded part of the school), followed by attending school normally for an agreed number of mornings or afternoons per week, culminating in a full return to school over time'.

(Lauchlan, 2003 p. 140).

Relaxation training involves progressive muscle relaxation and imagery/games (Kearney, 2000). The pupil is taught how to relax their bodies, based on principles of classical conditioning; the intention is to develop the pupil's calm and relaxed response when confronted with the feared stimulus (Lauchlan, 2003). The effectiveness of the approach is yet to be substantiated by research studies (Kratowill & Morris, 1991).

Cognitive restructuring or self-statement training involves the pupil analysing his/her own thoughts. Strategies are discussed about how to reduce anxiety and more appropriate thoughts are practised (Lauchlan, 2003). Research has been inconclusive about the merits of using cognitive restructuring approaches such as cognitive behavioural therapy. Some have reported excellent results, for example King and Burnstein (2001), who reported a return to school by 90% of children having CBT input, who were better able to cope with anxiety-provoking situations, such as parental separation or being teased by peers. Others have seen little difference when comparing cognitive restructuring to general educational support involving a combination of educational presentations, supportive psychotherapy, and a daily diary for

recording of thoughts and fears. Unlike CBT, therapists refrained from encouraging children to confront their fears or teaching them how to modify their thoughts. Last et al. (1998) concluded that the structured CBT approach may not be superior to the less structured education and support therapy approach. This type of intervention however, can vary between therapists though it has been suggested (Pina et al, 2009) that the main reason for differing results, is whether parents are involved in the therapy. Pina et al also suspected that another reason for little difference being viewed resulted because what she termed 'educationally supportive' interventions other than CBT, possibly led participants to engage in self-directed exposures to aversive school based stimuli, rather than the direct exposure used by CBT. This may account for reports of CBT being effective (King and Burnstein, 2001), but no more effective than general educational support (Pina et al, 2009).

With such a complex problem as school refusal, interventions focused at functional behaviour are wide ranging and though behavioural techniques boast a host of successful outcomes (e.g. Blagg and Yule, 1984; Kearney, 2008), no single approach has shown global success. At present, it seems that the most effective intervention programme should be individualised and include all significant parties (i.e. schools, parents, child, psychologist) (Lauchlan, 2003).

#### **1.4 Outcomes**

Kearney (2008), using his own framework, found that satisfactory outcomes were found for 70–76% of adolescents, these results mirroring earlier findings that about one-third of youth treated for school attendance difficulties continued to have serious adjustment problems later in life (Kearney, 2001). Other researchers have also found, over a 10-year follow-up period, that 30% of youths with school refusal continued to meet criteria for a psychiatric disorder (McCune & Hynes, 2005).

The desirable outcome of intervention will be affected by the definition, assessment and intervention used. Clearly, the criterion for successful outcome of school refusal has to include, at least in part, school attendance. Other criteria in evaluating treatment has included psychological adjustment (Blagg and Yule, 1984), as a child attending school in a distressed and poorly adapted state could hardly be described as a successful outcome. A child attending full time but pleading for removal from school, would still fit the criteria for school refusal (Kearney, 2008) and therefore, although this could easily be seen as an improvement, would not be a suitable targeted outcome. 100% attendance should not be a mark of success however, as many peers with no school refusal problems would not achieve this and this may be impossible to reach.

Though the research by Blagg and Yule could now be considered out of date (Blagg and Yule, 1984) it is still frequently cited within research (Lauchlan, 2003; Pellegrini, 2007) perhaps in the absence of another such in depth study. Though areas of Blagg and Yules research are perhaps not as relevant

in today's context, outcome measures used are still useful. Within the LA where this study takes place, a referral to an Educational Social Worker is made when attendance drops near 80% although data has shown that achievement in school can be affected once attendance drops to 90% (Teachernet, 2005). Blagg and Yule used 81% attendance as a marker for outcome measurement and found that in the year following treatment, 83% of their behaviour treatment group were achieving 81% attendance or more. This was true for only 31% of the hospital treatment group though they had the greater improvement in self esteem of the three groups. This questions whether change in the child's attitude necessarily brings about change in behaviour or whether interventions targeted at the primary need, have missed secondary reinforcement that can continue to maintain the behaviour. None of Blagg and Yule's home tutored group returned to school and it was questioned whether home tuition actually hindered spontaneous return to school. The researchers saw home tutoring as failing to resolve problems and it appeared that once school refuser's were given home tutoring, it was very difficult to return them to school. Some children within the hospitalised group actually failed to return home and instead attended a boarding school or remained in hospital. Behavioural treatment was seen as the only treatment having success in this area of need.

A more recent study by Tolin et al (2009), described using Kearney's approach as achieving successful outcomes for 3 out of 4 cases. The success criteria of a return to school, was however, marred by continued social difficulties and at a 3 year follow up, all had moved to alternative

educational programmes. For example, one student, although seen as a successful return to school, had stopped attending school 3 weeks after the treatment ended, and had then enrolled in night school, though attendance there had continued to be sporadic.

Despite their obvious importance, few studies follow up children with school refusal to reveal what long term outcomes may be (King and Bernstein, 2001). However, some children do return to school, and long term positive outcomes have been seen by some (Evans, 2000) to be affected by how quickly the child regularly attended at least a portion of the school day. Other factors include a decrease in family stress, participation and agreement between family and professionals and the presence of contingency plans. Early identification and intervention then, is warranted, especially in the treatment of separation anxieties. Targeted outcomes may vary with each individual case, but it would seem that 81% attendance by a reasonable well adjusted child would be that favoured.

### **1.5 The Role of Educational Psychology**

When children refuse to attend school, school professionals may request the involvement of professionals including educational welfare officer (EWO), Educational Psychologist (EP) and in some cases child and adolescent mental health services (CAMHS) (Thambirajah et al, 2008) though this may vary within local authorities . Thambirajah et al (2008) recommend that the

approach to school refusal should consist of 4 stages:

1. Confirm school refusal.
2. Assess extent and severity.
3. Gather information.
4. Arrive at working hypothesis to plan intervention.

It is suggested that as well as being involved in assessment, the EP is able to devise and support implementation programmes (Thambirajah et al, 2008). However, school refusal is unlikely to be a quickly resolved problem and some have suggested that longer term therapy is the role of the Child and Adolescent Mental Health Service (CAMHS) (Birmingham EPS, 2008). The role of individual casework is defended by others in the profession such as Gersch (2009) who argues that practising professionals should not underestimate the importance of individual casework, assessment and therapeutic intervention.

Boyle and Lauchlan (2009) view the importance of EP's carrying out casework based interventions for influencing systems, finding the highest level of user satisfaction when individual casework is carried out as a crucial part of a more systemic approach. Lauchlan (2003) views the EP role as aiming to link the assessment of chronic non-attendance (via a functional analysis) to an intervention programme designed to tackle the presenting problems. With counselling and school interventions also becoming more popular, EPs would seem to be one possible provider of these services.

As the name suggests, school refusal will necessarily require the input of educational professionals, and the EP would seem well placed to provide that support, with their commitment to evidence based practice (Cameron, 2006) and knowledge of education. The research already described would seem to fit well with EP practice and some studies were in fact carried out within the profession, for example, school support reported in the study by Blagg and Yule (1984), the literature review by Lauchlan (2003), and the co-author of Thambirajah et al (2008).

Kearney and Beasley (1994) reported 38.5% of psychologists using a cognitive behavioural approach to school refusal and this would seem to sit comfortably alongside the developing and testing of hypothesis often used by EPs (Heyne, 2006). The EP will usually bring a good knowledge of attachment and separation anxiety and by using an interactive rather than single factor view, may support the view of the child as more than a truant.

In the 1990 study, (Kearney and Silverman) the children were presented to professionals quickly, for example, after 6 days refusal and in fact, one child had only expressed a wish to refuse school but had not been absent. Although this study showed that greater success can be achieved with early intervention, it would be unlikely that most children would be brought to the attention of professionals after such a short time. With the EP already working within the school, often on a priority rather than waiting list basis, they would seem well placed to offer a fast response to concerns of attendance.

Others have seen a different role for EPs. Pellegrini (2007) described EPs working alongside ESW colleagues to promote awareness within schools by offering training about some of the maintaining factors associated with school refusal, encouraging understanding and early intervention. An evaluation of this input has yet to be done and therefore the effect is unknown, but it would seem that EPs can work at many levels with school refusal. For example, at the systemic level, training staff and encouraging inclusion of school refusers, becoming involved with families to support good behaviour management and working individually with children using for example, CBT.

## **2. Case work**

### **2.1 Structure**

This case was a piece of work involving myself as Trainee Educational Psychologist, with my involvement lasting almost a year. The case has been anonymised and therefore the pupil will be given the pseudonym of Sally for ease of reading. The year of EP involvement is divided up into 6 sections, each section carried out over approximately half a term of a school year. This division was carried out retrospectively to facilitate a cohesive description of changing areas of need, focus and intervention. At the end of each half term section, approximately 6 weeks, a CAF facilitated evaluation through sharing of information and outcomes between family, Sally and professionals. Each CAF meeting is numbered for ease of reading. An actual visit plan including

dates is included in Appendix One. The case is reported here in terms of initial referral information, followed by 6 sections, titled retrospectively according to the main focus at the time. A table is then produced to show the longitudinal aspect of the case, showing development, focus and outcomes (Table Nine).

1. Child focus
2. Family Focus
3. School focus
4. Positive reinforcement
5. Dependence on professionals
6. Independence

Alongside use of the CAF, and in order to support my thinking and reflection of such a complex case, my work was structured using Monsen et al (Kelly et al, 2008) problem-analysis framework.

### **Problem-analysis framework**

The problem-analysis framework was initially developed to assist trainee educational psychologists to understand and manage the complexity of real life problems. The model progresses through a set of clearly defined steps to support reflective thinking and information processing in order to achieve effective applied problem solving (Kelly et al, 2008).

The six phases are described as follows (adapted from Kelly et al, 2008):

**Phase 1** – Background information, role and expectations.

This involves clarifying the request and negotiating the need for involvement by discovering what the issues are and through discussion with the problem owner or client. Negotiating the role the psychologist will play and what outcomes are hoped to be achieved are also negotiated at this time.

**Phase 2** – Initial guiding hypothesis.

Tentative initial hypothesis are generated with the development of the problem map called the Interactive Factors Framework (IFF) whereby assessment techniques are then drawn upon to triangulate information. Interactive factors tables provide a 'problem map' with arrows linking influencing factors including biological, environmental and behavioural factors. These are altered as new information is identified (Kelly et al, 2008). The first Interactive factors table is completed as part of phase two 'initial guiding hypothesis' in each section, and shows the development of the problem map, this is marked 'a'. The second interactive factors framework 'b' is completed as part of phase four 'Integrated conceptualisation' in each section and will display problem dimensions along with recommended interventions predicted to impact upon the priority problem dimensions (Kelly et al, 2008).

**Phase 3** – Identified problem dimensions.

Information gathered at phase 2 is sorted in order to identify what aspects in the situation are currently problematic.

**Phase 4** – Integrated conceptualisation.

Causal relationships and dimensions are then selected for priority and a second IFF completed showing these relationships alongside interventions, clearly indicating how interventions predict impact.

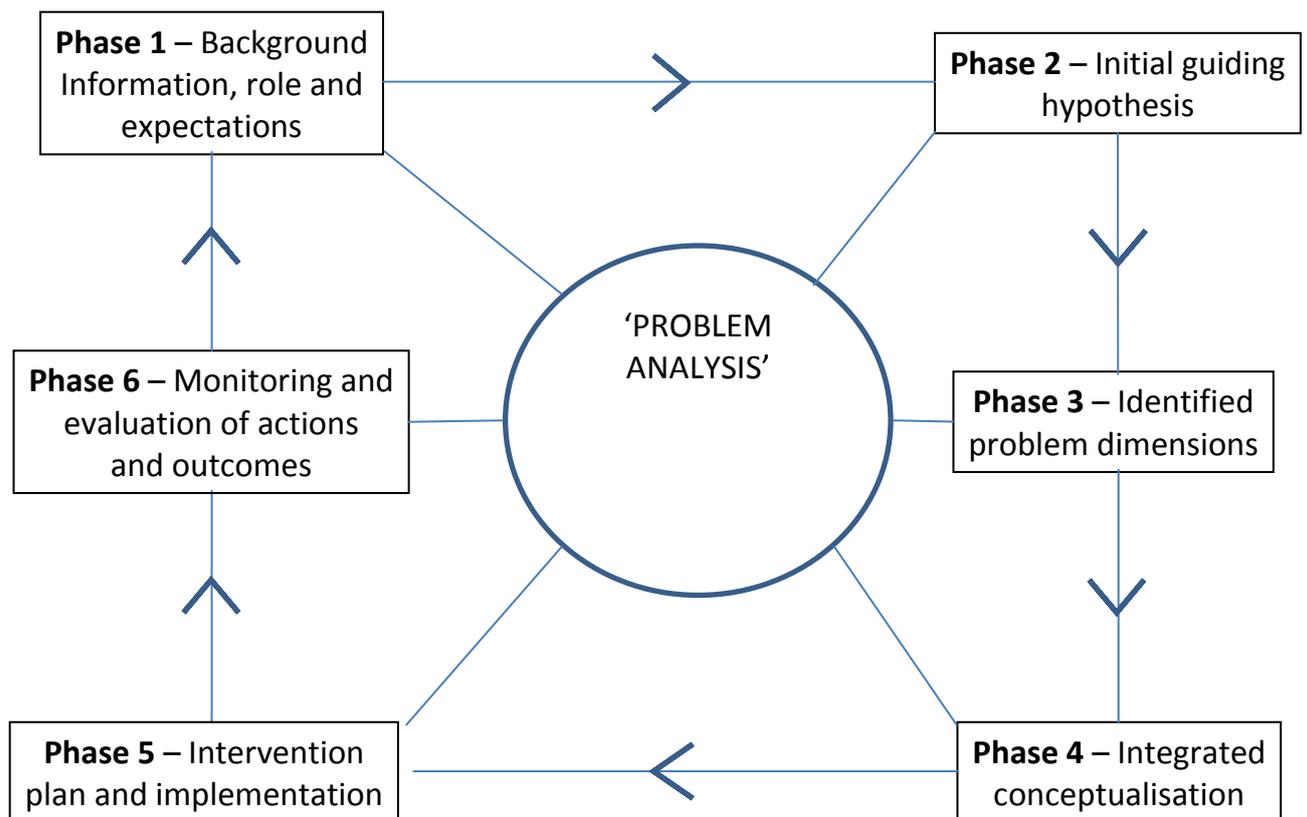
**Phase 5** – Intervention plan and implementation.

A menu of intervention is then agreed with the problem owner and implementation takes place.

**Phase 6** – Monitoring and evaluation of actions and outcomes.

This phase involves joint evaluation with all those who have been involved in trying to improve the problem situation. The participants decide whether satisfactory outcomes have been achieved and consider further action.

Figure Two – Problem-analysis cycle developed by Monsen et al (Kelly et al, 2008)



Each section will be reported using the problem analysis framework (Figure Two). Two interactive factors tables are used for each section and can be seen in Appendix Seven.

## 2.2 Initial Referral Information

Sally was a 13 year old girl in year 8, her second year at High School, when she was first referred to the educational psychology service. Since starting nursery at the age of 4, she had often asked her parents to take her home and said she disliked both nursery and school. Between the ages of 4 and 7, her parents would sometimes take her to school in her pyjamas, carried under

her Dad's arm as she refused to get changed or go to school. Her refusal continued throughout her school career at varying degrees. Sally has an older brother who lives locally with grandparents. Parents have now lived apart for over 9 years, and both have entered into new relationships. Sally was referred to the educational psychology service during year 8. She had been given home tutoring due to her poor attendance but this had then progressed to the point where she had not come into school for more than 2 months. She had recently started to limit her eating and lose weight so the Child and Adolescent Mental Health Service (CAMHS) were offering support through family therapy. Sally stopped socialising with her friends during year 7 and therefore rarely left the house unless she was with her family so a Common Assessment Framework (CAF) was initialised by the SENCo of her school. The CAF followed national guidelines by naming a lead professional, in this case the school SENCo, and following the stages of identifying need, assessing those needs, delivering integrated services and reviewing progress. The problem analysis framework (PAF) ran neatly within the CAF process. Both CAF and PAF offer identification, assessment, implementation and evaluation, however, CAF adds a multi-agency co-ordinated service and the PAF brings clear steps to define thinking and problem solving.

A home visit to meet Sally and her family before attending the first CAF meeting was my initial contact.

### **Stage One – Child focus**

In the first stage of this case, clarification of school refusal was sought through an initial meeting with Sally and her family. Sally had already been taken to the doctors by her parents at the school's request to rule out physical illness. At the initial CAF 1 meeting, the SRAS was completed (Appendix Two) and history gathered from family and professionals to ensure an understanding of behaviour before attempting intervention. This led to knowledge of Sally's anxiety, her mother's own anxiety-related problems and the difficulty she finds giving her attention to Sally.

Sally and her parents both completed the SRAS which showed a comparable order of category, namely;

Primary: to avoid school related stimuli that provoke a sense of general negative affectivity;

Secondary: to pursue attention from significant others;

Additionally: to escape from aversive social and/or evaluative situations at school.

Interventions planned included family therapy through CAMHS to support the family system with understanding the need for Sally's attention seeking behaviour. Kearney recommends parent training to reduce attention seeking behaviour, rather than therapy, and this may result from looking purely at the function of the behaviour and therefore support the symptom rather than the underlying cause. Looking at the history behind the behaviour however, showed maternal mental health problems and possible attachment difficulties;

therefore family therapy (Crittenden and Dallos, 2009) was the intervention of choice.

EP interventions used included relaxation techniques and exploring anxiety reducing thoughts and analysis of Sally's anxiety-provoking self-statements as she spent much time concentrating on her anxieties. The Personal Construct Psychology laddering technique and completion of a genogram gathered information about how Sally constructed and understood the world around her and her family.

The work over this first section was evaluated at the CAF 2 meeting which gathered information to inform stage 2 – family focus.

Table Three – Stage One Problem-analysis Cycle

<p><b>Phase 1</b> – Background information, role and expectations</p>	<p><b>Phase 4</b> – Integrated conceptualisation</p>
<p>Clarification of refusal to attend school through information gathered from parents and school staff. Attendance at initial CAF 1 meeting. EP role to help find ways to return Sally to school. To be reviewed at next CAF meeting. Expectation – to find out why Sally is refusing to attend school.</p>	<p>Sally is anxious about school and therefore refuses to attend. Sally has previously observed Mum staying at home because of her own anxiety and therefore sees this as a strategy for avoiding anxiety producing situations. Sally also exhibits attention seeking behaviour in order to get attention from her Mum. IFF 1b completed</p>
<p><b>Phase 2</b> – Initial guiding hypothesis</p>	<p><b>Phase 5</b> – Intervention plan and implementation</p>
<p>Sally has school phobia/anxiety IFF 1a Information needed for triangulation - Complete SRAS with Sally and parents (Appendix Two), Explore multi-agency information from CAF Gather past history from school Use PCP laddering with Sally</p>	<p>EP to work weekly at home with Sally on anxiety-reducing thoughts Family therapy to be supplied by CAMHS All parties agreed during CAF</p>
<p><b>Phase 3</b> – Identified problem dimensions</p>	<p><b>Phase 6</b> – Monitoring and evaluation of actions and outcomes</p>
<p>SRAS shows that Sally is anxious and avoiding aversive social or evaluative situations at school. She is also displaying some attention seeking behaviour. Information gathered from school and CAF shows that Sally’s Mum has had agoraphobia and previously kept Sally at home to be with her. Sally’s parents separated when she was four. PCP showed Sally wants her family to stop shouting and swearing. She wants to be cared for but doesn’t trust adults.</p>	<p>All professionals involved, parents, Sally and EP will meet in 6 weeks for CAF 2. If successful ie Sally is attending school, TA in school will take over support for anxieties. If unsuccessful further problem analysis will take place at CAF 2.</p>

## **Stage Two – Family focus**

The work over this first section was evaluated at the CAF 3 meeting which gathered information to inform stage 3 – school focus.

At the CAF 2 meeting information from the first stage was shared. This included knowledge of domestic violence, the usefulness of Sally's anxiety to keep the family together and the inconsistencies of parental strategies. Sally had begun to practice positive thinking. Using Personal Construct Psychology had revealed that Sally felt unloved and uncared for, she was not eating much and had begun to lose weight. CAMHS had not provided family therapy as agreed and did not attend the meeting. The focus of intervention was shifted from Sally to the whole family as professionals involved within the CAF hypothesised that Sally's behaviour was serving a function within the family, namely, keeping the family dependant on each other. Outcomes sought were attendance at school, reduced anxiety and supportive parenting.

The family were referred to a family support worker to help them support Sally's behaviour and needs at home; they were also offered a Triple P parenting course. Professionals from the Child and Adolescent Mental Health Service (CAMHS) confirmed by telephone that they would offer family therapy.

EP support continued weekly within the home on anxiety reducing thoughts and relaxation. The PCP ideal self approach was used (Appendix Four) to support Sally in gaining a better understanding of herself (Moran, 2001) which

also allowed others to understand her behaviour and how she was using her past experiences to provoke anxiety related thoughts. It was whilst using PCP that Sally revealed not trusting her family to care for her. Sally had anxiety-provoking self-statements in feared situations and therefore this was targeted for intervention using cognitive restructuring and anxiety reducing thoughts. Kearney's interventions for a primary need of anxious and avoiding aversive social or evaluative situations at school, focus on de-sensitisation of the school situation. However, at that time, Sally had not been able to think about or approach school due to anxiety provoking self-statements so this needed to be addressed first. Teaching Sally how to overcome her anxiety-provoking thoughts by replacing them with positive thoughts was useful at first. She said it helped her to feel better and not to imagine bad things happening (Appendix Five). Parents were encouraged to remind Sally of positive thoughts, however, as parents became anxious, they returned to using anxiety-provoking self-statements, which may confirm Pina et al's (2009) thoughts that the family should work together when using this approach.

Table Four – Stage Two Problem-analysis Cycle

<p><b>Phase 1</b> – Background information, role and expectations</p>	<p><b>Phase 4</b> – Integrated conceptualisation</p>
<p>Work with Sally has revealed further information about the family history and her personal constructs. EP fed back to CAF 2 meeting. CAMHS did not attend meeting and had not seen family. EP to continue to support return to school and problem formulation. Outcomes sought - Attendance at school. Reduced anxiety. Parents to attend Triple P. Parents to support and understand Sally.</p>	<p>Sally's Mum is anxious and depends on Sally for support. Sally's anxiety means that Dad also supports Sally and Mum. Their anxiety therefore fulfils a need within the family and keeps the family together with a common problem. Sally refuses to attend school or eat in order to keep her family together. IFF 2b completed to show where interventions plan to impact</p>
<p><b>Phase 2</b> – Initial guiding hypothesis</p>	<p><b>Phase 5</b> – Intervention plan and implementation</p>
<p>Sally is anxious because she does not trust adults to look after her. Sally's anxiety is fulfilling a need within the family. Assessment techniques- PCP , observation, discussion around anxious thoughts IFF2a completed</p>	<p>Family support worker referral to support parents at home with behaviour and understanding Sally's needs. EP to continue 1:1 support at home to prepare Sally for returning to school. Parents to attend Triple P parenting course</p>
<p><b>Phase 3</b> – Identified problem dimensions</p>	<p><b>Phase 6</b> – Monitoring and evaluation of actions and outcomes</p>
<p>Sally's Mum is anxious and depends on Sally for support. Sally's anxiety means that Dad also supports Sally and Mum. Family history shows complex difficulties including domestic violence and relationship breakdown. Sally refuses to attend school and is anxious. Sally is refusing to eat and losing weight. Sally has a poor self image and feels unloved.</p>	<p>All professionals involved, parents, Sally and EP will meet in 6 weeks for CAF 3. Outcome-Mum attended Triple P parenting If successful ie Sally is attending school, TA in school will take over support. If unsuccessful further problem analysis will take place at CAF 3.</p>

### **Stage Three – School focused**

Information from the CAF 3 meeting was that Sally's mum had attended a parenting course but her dad did not attend so inconsistency at home continued. Sally had started to say she felt ready to return to school so a desensitisation plan was completed (Appendix Six) and the focus of intervention moved to school in order to build staff capacity to support and understand Sally. Dad did not appear ready for change to happen, refusing to attend the parenting course and not taking Sally to drive past school as part of her de-sensitisation as he thought she was too anxious. Sally blamed her parents for her problems, her difficulties continue to keep family reliant on each other. Mum cries regularly and Sally shouts at her when this happens.

Interventions planned were that the family support worker and CAMHS were to continue to work with family on consistent strategies and the need for change. The school nurse was to continue monitoring Sally's weight.

As Sally moved back into school relaxation, desensitisation and exposure were used by myself as EP to support her return. Evans recommends rapid return to school for all categories through 'The Rapid Treatment approach' but this was not used here as it was thought unethical during discussion at the CAF meeting and may have caused too much distress to Sally and her family. Parents were already finding it difficult to bring Sally into the school car park even without leaving her in school. Desensitisation worked well for Sally who used her relaxation techniques to be driven first into the school car park, followed by a small step return supported by known professionals (Appendix

Six). A graph helped Sally to report on her progress in a visual way and reinforced her success. Educational psychology input also focused on building capacity within school to support Sally and contain her anxiety.

The work over this first section was evaluated at the CAF 4 meeting which gathered information to inform stage 4 – positive reinforcement.

Table Five – Stage Three Problem-analysis Cycle

<p><b>Phase 1</b> – Background information, role and expectations</p>	<p><b>Phase 4</b> – Integrated conceptualisation</p>
<p>CAF 3 -Sally’s Mum has attended Triple P parenting course but Dad chose not to attend. Sally says she feels ready to return to school Sally thinks her parents have spoiled her life EP to feedback to CAF meeting and support school to plan return. Outcomes sought – Attendance at school Consistent approach between parents Reduced anxiety Capacity building within school</p>	<p>Dad did not feel ready for change. Mum is finding it difficult to support change as Dad disagrees with her and they are therefore unable to show a consistent approach. Sally feels angry because parents are not consistent and there is still a need within the family for Sally’s problems, she therefore continues not to attend school and refuses food. IFF 3b completed</p>
<p><b>Phase 2</b> – Initial guiding hypothesis</p>	<p><b>Phase 5</b> – Intervention plan and implementation</p>
<p>Dad did not feel ready for change. Mum is finding it difficult to support change as Dad disagrees and they are unable to show a consistent approach. Dad’s refusal to attend a parenting course and inability to support desensitisation reinforces this hypothesis. Mum reports feeling Dad is against her and unsupporting. IFF 3a completed</p>	<p>Gradual return to school to desensitise supported by TA, SENCo and EP. TA to work 1:1 with Sally. SENCo and EP to speak to other staff in school. EP to support TA and Sally with relaxation techniques, positive thinking and progress recording. Both parents to meet with family support worker and CAMHS to discuss a consistent approach and to move towards accepting the need for change. School nurse to speak to monitor weight loss.</p>
<p><b>Phase 3</b> – Identified problem dimensions</p>	<p><b>Phase 6</b> – Monitoring and evaluation of actions and outcomes</p>
<p>Mum is finding it difficult to support change. inconsistencies between parents approaches is causing conflict. Dad is unable to move on and this is causing the situation to become stuck. Sally feels angry and is not attending school or eating appropriately.</p>	<p>All professionals involved, parents, Sally and EP will meet in 6 weeks for CAF 4. If successful -increase time and access to lessons. If unsuccessful further problem analysis will take place at CAF 4. Outcomes achieved – Some attendance at school, school staff confident to support Sally,</p>

#### **Stage four – Positive reinforcement**

Information from CAF 4 - During this stage, Sally started to drive past school and progressed to attending school most days for up to 20 minutes supported by a teaching assistant. Sally would sit and colour with the assistant and Dad would sit in the car outside, waiting. Sally still ate very little and refused to see her friends. This upset mum who frequently cried and Sally shouted at her for this. School and family found it difficult to move Sally past attending for 20 minutes and felt they were stuck. SRAS completed (Appendix Three). This showed that anxiety was no longer the primary reinforcement of Sally's school refusal, pursuance of positive tangible reward was now the primary focus and interventions therefore needed to reflect this. Parents refused to complete a further SRAS as they did not feel that anything had changed. Outcomes sought now included the need to be completing school work during school hours even if not in school.

The problem-analysis cycle proved to be a practical framework. This fitted with Kearney's hypothesis testing approach when working with complex cases. It allowed an understanding of changing family dynamics and showed the need for continuous assessment of a case. When the case became difficult to move forward,, re-assessment showed that Sally was now in pursuance of positive tangible reward. This had previously not been present or had gone unnoticed. Identifying this reinforcement allowed changes in intervention to take place in order to once again make progress.

Family support and school professionals worked to establish boundaries with parents and Sally, set up contingency plans and provided school work to do at home. Contingency plans were helpful here to allow parents a back up plan if initial plans failed. One example of this was when Sally refused to wear her school uniform, her uniform was brought to school with her by parents. This appeared to stop Sally feeling she had full control of the situation and parents were empowered with back up plans rather than defeat.

The SENCo agreed to provide Sally with work to do at home. Dad agreed to access a parenting programme and it was planned that CAMHS would continue family therapy. Myself as Educational psychologist, agreed to be available for consultation if it was needed but I did not have a further role during this section.

The work over this section was evaluated at the CAF 5 meeting which gathered information to inform stage 5 – Dependence on professionals.

Table Six – Stage Four Problem-analysis Cycle

<p><b>Phase 1</b> – Background information, role and expectations</p>	<p><b>Phase 4</b> – Integrated conceptualisation</p>
<p>CAF 4 - Sally attends school for 20 minutes everyday but has not been able to progress past this. She spends her time watching TV at home with Mum. She no longer displays anxiety but can become aggressive. Outcomes sought – Remove positive reinforcement by completing schoolwork during school time even if not at school.</p>	<p>SRAS shows that Sally wants to stay at home and watch TV with Mum, doing nice things rather than coming to school. Parents are upset by Sally’s anger and distressed when she says she doesn’t love them, they find it easier to back down so that she is happy.</p>
<p><b>Phase 2</b> – Initial guiding hypothesis</p>	<p><b>Phase 5</b> – Intervention plan and implementation</p>
<p>Sally is enjoying being at home and watching TV with Mum. Her school refusal is now positively reinforced and her aggression is a way of staying at home. SRAR completed by parents and Sally. Sally admits within meeting that she enjoys watching TV during the day. IFF 4a completed</p>	<p>FSW and ESW to support parents in not allowing Sally to take part in rewarding activities when she should be at school. SENCo to provide Sally with work to do at home. Dad to access Triple P parenting programme.</p>
<p><b>Phase 3</b> – Identified problem dimensions</p>	<p><b>Phase 6</b> – Monitoring and evaluation of actions and outcomes</p>
<p>SRAS (Appendix Three) and interview confirm that Sally wants to stay at home and complete enjoyable activities with Mum eg watch TV rather than coming to school. Parents declined to complete SRAR as they did not feel anything had changed. Consultation with parents shows that parents are upset by her anger and find it easier to back down so that she is happy.</p>	<p>All professionals involved, parents, Sally and EP will meet in 6 weeks for CAF 5. If successful ie Sally is attending school for increased amounts of time and has access to lessons/peers. If unsuccessful further problem analysis will take place at CAF 5. Parents to be consistent in reinforcing Sally’s return to school.</p>

### **Stage five – Dependence on professionals**

CAF 5 - Sally had been completing school work successfully at home and was continuing to attend school for 20 minutes on most days. Dad had now attended the parenting programme. The family continued to attend family therapy.

Parents were appearing distressed, crying easily when meeting professionals. School staff were sending Sally home after 20 minutes in case she got upset, staff appeared worried about extending the time in school. Dad had taken Sally home early at times and she has missed some days in school because Dad thought she looked worried. Parents appeared to have become dependant on the professionals working with them, frequently phoning them and wanting to sit and talk. Professionals said they were now feeling anxious. It appeared that although parents had previous told Sally all about their problems and she had become anxious, parents were now telling professionals all about their problems, and professionals were becoming anxious. It was questioned by those involved, whether parents needs which were once fulfilled by Sally were now being fulfilled by professionals who were trying to relieve parents of their concerns rather than building capacity in parents to become independent problem solvers.

School refusal can be a highly complex behaviour covering a wide range of problems (Thambirajah et al, 2008) and therefore, as Blagg and Yule (1984) suggested, the child, parents and teachers need to be involved in voicing concerns and in understanding the function of the behaviour. Using a circular

framework such as Monsen et al in this case, means frequently returning to assessment, allowing for knowledge of change within the case as shown here for example, how professionals had become part of the problem, becoming anxious themselves as parents become dependant on their support.

In order for parents to become independent and confident in their ability to support Sally, professionals planned a gradual withdrawal of high level support for example reducing the frequency and length of meetings and phone calls and encouraging parents to find solutions rather than staff giving them solutions. Parents were given encouragement and professionals were trained in solution focused thinking to support parents by building on competence (O'Hanlon, 2007). Solution focused consultation was used to support parents and professionals. Focusing on positives and growing competence to change the situation encouraged independence and confidence in both parents and school professionals who were encouraged to look at what was already working. Family were also encouraged to support each other in a positive way and work together through enjoyable activities rather than dependency through anxiety.

The work carried out during this section was evaluated at the CAF 5 meeting which gathered information to inform stage 6 – Independence.

Table Seven – Stage Five Problem-analysis Cycle

<p><b>Phase 1</b> – Background information, role and expectations</p>	<p><b>Phase 4</b> – Integrated conceptualisation</p>
<p>CAF 5 - Sally is continuing to attend school on most days for 20 minutes but is not accessing lessons or meeting peers. Parents are appearing distressed, crying easily when meeting professionals. Sally met a peer at the local shops and chatted happily, her Mum cried in front of the girls. School staff are sending Sally home after 20 minutes in case she gets upset, staff appear worried about extending the time in school. Dad has taken Sally home and she has missed some days in school because Dad thought she looked worried. Outcomes sought – Increased attendance, consistent confident parenting</p>	<p>Discussion between CAMHS, EP and FSW agree that parents now have the skills to support Sally. School professionals confirm they are upset by parents demands and distress so they are sending Sally home after 20 minutes so she does not become upset and then upset parents.</p>
<p><b>Phase 2</b> – Initial guiding hypothesis</p>	<p><b>Phase 5</b> – Intervention plan and implementation</p>
<p>Adults around Sally have taken on the anxiety role she once felt. When Sally was anxious it had fulfilled a need within the systems surrounding her, this need for anxiety is now being fulfilled by other adults. Evidence gathered from school staff who feel anxious and parents who feel the need for daily contact with staff. IFF5a completed</p>	<p>Professionals to gradually withdraw support which appears to be fulfilling the needs of parents and encouraging dependency. EP to use solution focused consultation to support parents and teach this approach to school staff.</p>
<p><b>Phase 3</b> – Identified problem dimensions</p>	<p><b>Phase 6</b> – Monitoring and evaluation of actions and outcomes</p>
<p>Parents and Sally have the skills to allow a return to school. Parents have now become dependant on the professionals working with them. The needs once fulfilled by Sally are now being fulfilled by professionals who are now feeling anxious.</p>	<p>All professionals involved, parents, Sally and EP will meet in 6 weeks for CAF 6. If successful ie Sally is attending school for increased periods of time and access to lessons/peers. If unsuccessful further problem analysis will take place at CAF 6. Parents to become independent in supporting Sally's return to school. Parents and professionals feeling confident.</p>

## **Stage six – Independence**

CAF 6 - Professionals had gradually withdrawn the high level of support from the family. School staff had been trained in using solution focused support and the family were now using positive reinforcement for attendance as a reason for spending time together. For example, if Sally attended school for a set amount of time through the week, she was rewarded with a horse riding lesson which was attended by all the family. Other rewards included family trips to the cinema or a family meal.

Continued work was planned to be evaluated at the CAF 7. No further ongoing EP support was requested at this time as school and parents were empowered with the knowledge of skills to enable school attendance. As the schools EP, I remained aware of the case through planning meetings and have taken on a consultation role.

Table Eight – Stage Six Problem-analysis Cycle

<p><b>Phase 1</b> – Background information, role and expectations</p>	<p><b>Phase 4</b> – Integrated conceptualisation</p>
<p>CAF 6 – Parents are able to speak more positively about Sally attending school. EP has encouraged family outings and rewards and family are now spending positive time together. Sally now attending morning in school every day.</p>	<p>Parents are now rewarding Sally with horse riding lessons for school attendance and the whole family attends and looks forward to this.</p>
<p><b>Phase 2</b> – Initial guiding hypothesis</p>	<p><b>Phase 5</b> – Intervention plan and implementation</p>
<p>Family are now learning to enjoy attention from each other for positive reasons. IFF6a completed</p>	<p>School staff to continue supporting family and Sally. Other professionals can be called if needed.</p>
<p><b>Phase 3</b> – Identified problem dimensions</p>	<p><b>Phase 6</b> – Monitoring and evaluation of actions and outcomes</p>
<p>Parents need to continue with positive reinforcement of school attendance.</p>	<p>School staff, parents and Sally will meet in 6 weeks for CAF 7. If successful ie Sally is attending school for increased periods of time and access to lessons/peers. If unsuccessful further problem analysis will take place at CAF 7 and other professionals can be re-engaged.</p>

**Table Nine – Longitudinal view of case development**

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Focus	Child	Family	School	Positive reinforcement	Dependence on professionals	Independence
Outcome sought	To explore reasons for school refusal	Attendance at school. Reduced anxiety. Parents to attend Triple P. Parents to support and understand Sally.	Attendance at school Consistent approach between parents Reduced anxiety Build capacity for support within school	Completion of school work during school hours Increased attendance	Increase attendance Consistent parenting	Increased confidence of parents and Sally Increased attendance
Attendance at start	Complete absence	Complete absence	Complete absence	4/5 days pw up to 20 mins	20 mins most days	20 mins daily
SRAS Results	<b>Primary</b> Seeking to avoid fear or anxiety producing situations. <b>Secondary</b> To gain attention from her mother.			<b>Primary</b> Positive tangible reward <b>Secondary</b> Attention seeking		
Techniques used by EP	Relaxation, Anxiety reducing thoughts PCP laddering Genogram	PCP ideal self Relaxation Externalising anxiety Anxiety reducing thoughts	Relaxation Desensitisation Progress reporting Positive thinking All supported by TA in school	Consultation	Solution focused CAF	Consultation

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Attendance at end	Complete absence	Complete absence	4 out of 5 days pw 20 mins per day	Most days 20 min per day	20 mins daily	Mornings daily
Outcome achieved	Reasons for school refusal explored	Mum attended Triple P parenting	Some attendance at school School staff confident in supporting Sally	Increased attendance School work done during school hours	Increased attendance Both parents have attended Triple P	Increased attendance and confidence of Sally and parents
Sally's feelings	Uncared for Anxious Adults can't be trusted .	Blaming parents Angry Practicing positive thinking Ready to start return to school	Anxious around parents but does not want them to leave	Irritated by adult inadequacies	Increased confidence Enjoying some caring from adults	Increased confidence

### **3. Discussion**

This professional practice report reviewed the use of a functional definition of school refusal behaviour. Its use within a specific case, carried out by a trainee educational psychologist, appeared to be helpful as part of an ongoing assessment and intervention process. School refusal behaviour was seen to be maintained by both positive and negative reinforcement at different stages in the case and reassessment using the SRAS helped to define changes in function. The results of the SRAS were easily gathered when participants were willing; however, as with parents on the second occasion, this may not always be the case.

#### **3.1 Definition and Assessment**

The SRAS is intended to be part of a comprehensive assessment and use within this case, would confirm this as important. Scores were evaluated by gathering other relevant information and only then was a functional definition determined. In the case reported in this paper, a failure to move forward led to further use of the SRAS which showed a change in primary function. Kearney (2002) confirms the scale may be re-administered periodically to see whether a child's motivation for school refusal behaviour has shifted. A multi-informant approach and various methods to assessment as recommended in previous studies (Ollendick and King, 1998; Heyne, 2006; King et al 2001) were necessary in this case where SRAS, multi-informant interviews and meetings as well as PCP and observation were used to test hypotheses and triangulate information.

When the SRAS was used for assessment, the results appeared to reflect the reinforcement happening, for example, the positive reinforcement of watching TV with mum. On this occasion, parents refused to complete the SRAS but it could be imagined that parents may have given a different picture. If results between parents and child did not match, which it could be hypothesised was the reason for parental refusal to complete, interpretation would need to take place. Such interpretation may depend on the interpreter's ontological point of view as well as personal experience and may render the SRAS less accurate and useful.

Gaps identified in the use of functional definition, would appear to be largely psychodynamic in nature. There was a feeling that the function of behaviour went beyond fear of separation and attention seeking. In fact, when naming stages according to focus of need, stage 5 was originally named 'counter transference', rather than 'dependence on professionals'. This was as parents appeared to project anxieties onto professionals. This need in parents is not addressed by a functional analysis of behaviour and would appear worthy of further investigation. The role of the family cannot be underplayed as children may be caught within family conflicts, fearful that, in their absence, the family will fall to pieces.

The definition and assessment of behaviour function was more complex than at first thought. This case included many factors within child, family and school and reinforces King et al's (2001) view that assessment and treatment practices are 'not always straightforward ... a myriad of obstacles and complexities must be addressed in school-refusal cases such as socioeconomic disadvantage, parental psychopathology, family dysfunction, single parent households, and ethno-cultural diversity' (p.358).

Though Evans (2000) confirms dynamic interactions between refusal behaviours, attempts to categorise functions of behaviour felt in this case to reduce the richness of information and focus on one or two areas without appreciating the complex, dynamic and changing nature of the behaviour. Kearney does suggest a hypothesis testing approach, however, it would seem that the function of the behaviour, at least in this case, was fluid and covered at least 3 of Kearney's categories at first, later changing to the fourth. Multiple hypotheses would therefore be needed, and assessment and intervention need to continue to evolve and change.

### **3.2 Intervention**

The interventions that Kearney (2002) and Evans (2000) produced in relation to primary function were reviewed at each stage of this case. Sally fitted with categories across both Kearney and Evans' work but never fitted within just one or two and therefore, interventions needed to be taken on their own merits rather than the categories recommended.

Interactive factors frameworks were found to be of more use in directing intervention in this case than particular functional categories. Using interactive factor analysis at each stage allowed interventions to be dynamic and to focus on main areas of need. This meant that at times, interventions recommended from Kearney or Evans work were not chosen as they did not fit with identified need.

Behavioural interventions primarily focused on the reduction of symptoms but in this case, intervention also targeted underlying cause, (recommended by Evans though not seen in

Kearney's work), and the school system in an effort to promote long terms outcomes. At times, intervention focused more on family therapy and school professionals and less on direct work with Sally. Although behavioural approaches do include work with families, work with schools is not directed. As the problem behaviour is school refusal, it would seem to be a mistake to not include intervention within the school system to return the child.

Prescriptive interventions rising from functional categories of behaviour cannot be recommended as the only focus for intervention, although they may provide a useful menu from which to choose strategies based on identified need.

### **3.3 Outcomes**

It was suggested earlier in this report, that 81% attendance by a reasonably well adjusted child would be the most desirable outcome of intervention. This may be a long term target but in Sally's case, small achievable targets were set at each meeting, for example, increased periods of time in school and parents feeling confident to support behaviour. This allowed progression to be celebrated along the route to the long-term outcome. With such a complex need however, it would seem unreasonable to focus purely on the child for outcomes. The ability of parents to support behaviour would also seem to be not only desirable, but in fact essential to success. Less obvious outcomes may be the confidence of school staff to support school refusal in future, not only for Sally, but in order to offer early intervention to other pupils if needed.

#### **4. Conclusions and implications for practice**

Functional categories produced by Kearney (2001) and Evans (2000) proved useful only as part of a multi-modal approach. In this case, a 'broad spectrum antibiotic' approach would have been unsupportive, but use of other approaches such as a psychodynamic perspective, may have proved useful. It appears that the most appropriate and effective method of dealing with school refusal is an individualised intervention programme, according to a pupil's particular needs, but involving a multi-systems approach (i.e. school, parents, and educational psychologist) (Lauchlan, 2003).

Research appears to have been focused far more at description and assessment than it has at intervention. There may be a need for more systemic and early interventions, including the training of school staff and promotion of school attendance before cases get to the point of complete non-attendance.

#### **EP involvement and limitations**

In future work, I would continue to use the school refusal assessment scale and functional behaviour categories though only as part of an assessment.

Further partnership working may have supported this case, such as working closely with CAMHS and agreeing in advance that all involved should attend the CAF meetings or send ongoing information. Sharing information, redefining the problem and agreeing outcomes at the CAF meetings were all vital and using the problem analysis framework was a huge benefit, in particular, the ability of the IFF to focus intervention appropriately.

Using the PAF at times felt repetitive, and it could be that areas such as 'background information' would not need to be repeated as frequently. Instead the IFF could perhaps be used alone, especially within a CAF where there is already structure for repeated planning and evaluation.

In the research by Blagg and Yule (1984), the EP took approximately 3 weeks to return the children to school. Sally's case has taken almost a year and brings into questions the amount of time an EP may have to spend on one case. Although the importance of individual casework for EPs was seen here in the distinctive contribution delivered, multi-agency working must be promoted to ensure comprehensive assessment and intervention whilst easing professional time constraints. Providing training to schools would also seem to be a way to provide vital early intervention as well as proactive support and in providing this, EPs may be able to reduce the need for high level and time consuming intervention.

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## **APPENDICES**

Appendix One	EP contact with Sally
Appendix Two	First School Refusal Assessment Scales Sally and Parents
Appendix Three	Second School Refusal Assessment Scale Sally
Appendix Four	PCP – Ideal self
Appendix Five	Changing thoughts
Appendix Six	De-sensitisation plan
Appendix Seven	Interactive Factors Frameworks

## Appendix One

## EP contact with Sally

Date	Place	Activity	Hypothesis, results.
07.02.10	Home	Initial meeting with Sally and both parents to gather history	
23.02.10	School	Initial multi-agency CAF 1 meeting . SRAS completed.	Decision for EP to give 6 weekly home sessions, CP to give family therapy
02.03.10	Home	No one home	
08.03.10	Home	PCP laddering	Trying to control family because they don't get on, poor self image
17.03.10	Home	Anxiety reducing thoughts, helpful v unhelpful thoughts	Realises anxieties may be unfounded and everyone including Sally would be happier if she could go to school and not be anxious but not ready for change
22.03.10	Home	Geno-gram, family roles Relaxation	Angry with Mum because she is needy and unable to support Sophie
30.03.10	School	CAF 2 meeting	Unable to contact CAMHS, arguments within meeting, Sally DNA but has positive relationship with EP. Sally not ready to attend school, CAMHS support requested. Triple P parenting programme offered.
16.04.10	Home	Talking/listening PCP ideal self	Sees self as carer for Mum, doesn't trust adult to look after her. Feels parents should pay for all the things they have done wrong, they have ruined everything.
21.04.10	Home	Externalising anxiety, good and bad thoughts	Feels ready for change. Made plan to return to school.
28.04.10	Home	Social story about returning to school. Good thoughts discussed.	School now prepared for her return.
10.05.10	Home	Relaxation, timetable for return confirmed	Gradual return planned.
19.05.10	School Home	Met Sally at school CAF 3 return to school confirmed with other professionals	De-sensitisation to school started.
14.06.10	School	Chat in school. Made chart of progress. Relaxation and positive thinking	Now attending 4 out of 5 days per week for up to 20 minutes per day with TA support
28.06.10	School	Relaxation and positive thinking	

18.07.10	School	CAF meeting 4. Sally attended for reward. SRAS completed with Sally.	Up to 20 minutes per day most days with TA support
22.09.10	School	CAF 5 meeting. Solution focused approach Sally attended for reward	20 minutes per day continuing in school
01.12.10	School	CAF 6 meeting.	Attending mornings. EP will be contacted if further support needed.

Appendix Two

First School Refusal Assessment Scales Sally and Parents

SCHOOL REFUSAL ASSESSMENT SCALE-REVISED (C)

Name: CHILD (SALLY)

Age: 13

Date: 23-02-10

Please circle the answer that best fits the following questions:

1. How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

2. How often do you stay away from school because it is hard to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

3. How often do you feel you would rather be with your parents than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

5. How often do you stay away from school because you will feel sad or depressed if you go?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

6. How often do you stay away from school because you feel embarrassed in front of other people at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

SCHOOL REFUSAL ASSESSMENT SCALE-REVISED (C)

Name: CHILD (SALLY)

Age: 13

Date: 23-02-10

Please circle the answer that best fits the following questions:

1. How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

2. How often do you stay away from school because it is hard to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

3. How often do you feel you would rather be with your parents than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

5. How often do you stay away from school because you will feel sad or depressed if you go?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

6. How often do you stay away from school because you feel embarrassed in front of other people at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

7. How often do you think about your parents or family when in school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

8. When you are not in school during the week (Monday to Friday), how often do you talk to or see other people (other than your family)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

9. How often do you feel worse at school (for example, scared, nervous, or sad) compared to how you feel at home with friends?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

10. How often do you stay away from school because you do not have many friends there?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

11. How much would you rather be with your family than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

12. When you are not in school during the week (Monday to Friday), how much do you enjoy doing different things (for example, being with friends, going places)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

13. How often do you have bad feelings about school (for example, scared, nervous, or sad) when you think about school on Saturday and Sunday?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

14. How often do you stay away from certain places in school (e.g., hallways, places where certain groups of people are) where you would have to talk to someone?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

15. How much would you rather be taught by your parents at home than by your teacher at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

16. How often do you refuse to go to school because you want to have fun outside of school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

17. If you had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for you to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

18. If it were easier for you to make new friends, would it be easier for you to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

19. Would it be easier for you to go to school if your parents went with you?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

20. Would it be easier for you to go to school if you could do more things you like to do after school hours (for example, being with friends)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

21. How much more do you have bad feelings about school (for example, scared, nervous, or sad) compared to other kids your age?

Never 0      Seldom 1      Sometimes 2      Half the Time 3      Usually 4      Almost Always 5      Always 6

22. How often do you stay away from people at school compared to other kids your age?

Never 0      Seldom 1      Sometimes 2      Half the Time 3      Usually 4      Almost Always 5      Always 6

23. Would you like to be home with your parents more than other kids your age would?

Never 0      Seldom 1      Sometimes 2      Half the Time 3      Usually 4      Almost Always 5      Always 6

24. Would you rather be doing fun things outside of school more than most kids your age?

Never 0      Seldom 1      Sometimes 2      Half the Time 3      Usually 4      Almost Always 5      Always 6

Do not write below this line

1. <u>3</u>	2. <u>2</u>	3. <u>4</u>	4. <u>1</u>
5. <u>6</u>	6. <u>1</u>	7. <u>5</u>	8. <u>0</u>
9. <u>5</u>	10. <u>1</u>	11. <u>4</u>	12. <u>0</u>
13. <u>6</u>	14. <u>5</u>	15. <u>4</u>	16. <u>0</u>
17. <u>4</u>	18. <u>0</u>	19. <u>2</u>	20. <u>0</u>
21. <u>6</u>	22. <u>5</u>	23. <u>4</u>	24. <u>0</u>

Total Score = 30      14      23      1

Mean Score = 5      2.3      3.8      0

Relative Ranking = 1      3      2      4

## SCHOOL REFUSAL ASSESSMENT SCALE-REVISED (P)

Name: Parents (Sally)Age: 13Date: 23-02-10

Please circle the answer that best fits the following questions:

1. How often does your child have bad feelings about going to school because he/she is afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

2. How often does your child stay away from school because it is hard for him/her to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

3. How often does your child feel he/she would rather be with you or your spouse than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

4. When your child is not in school during the week (Monday to Friday), how often does he/she leave the house and do something fun?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

5. How often does your child stay away from school because he/she will feel sad or depressed if he/she goes?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

6. How often does your child stay away from school because he/she feels embarrassed in front of other people at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

7. How often does your child think about you or your spouse or family when in school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

8. When your child is not in school during the week (Monday to Friday), how often does he/she talk to or see other people (other than his/her family)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

9. How often does your child feel worse at school (for example, scared, nervous, or sad) compared to how he/she feels at home with friends?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

10. How often does your child stay away from school because he/she does not have many friends there?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

11. How much would your child rather be with his/her family than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

12. When your child is not in school during the week (Monday to Friday), how much does he/she enjoy doing different things (for example, being with friends, going places)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

20. Would it be easier for your child to go to school if he/she could do more things he/she likes to do after school hours (for example, being with friends)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

21. How much more does your child have bad feelings about school (for example, scared, nervous, or sad) compared to other kids his/her age?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

22. How often does your child stay away from people at school compared to other kids his/her age?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

23. Would your child like to be home with you or your spouse more than other kids his/her age would?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

24. Would your child rather be doing fun things outside of school more than most kids his/her age?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

13. How often does your child have bad feelings about school (for example, scared, nervous, or sad) when he/she thinks about school on Saturday and Sunday?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

14. How often does your child stay away from certain places in school (e.g., hallways, places where certain groups of people are) where he/she would have to talk to someone?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

15. How much would your child rather be taught by you or your spouse at home than by his/her teacher at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

16. How often does your child refuse to go to school because he/she wants to have fun outside of school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

17. If your child had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for him/her to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

18. If it were easier for your child to make new friends, would it be easier for him/her to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

19. Would it be easier for your child to go to school if you or your spouse went with him/her?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

Do not write below this line

1. <u>5</u>	2. <u>5</u>	3. <u>2</u>	4. <u>0</u>
5. <u>6</u>	6. <u>2</u>	7. <u>1</u>	8. <u>0</u>
9. <u>4</u>	10. <u>0</u>	11. <u>3</u>	12. <u>0</u>
13. <u>6</u>	14. <u>4</u>	15. <u>5</u>	16. <u>0</u>
17. <u>6</u>	18. <u>2</u>	19. <u>4</u>	20. <u>0</u>
21. <u>6</u>	22. <u>6</u>	23. <u>6</u>	24. <u>0</u>

Total Score = <u>33</u>	<u>19</u>	<u>21</u>	<u>0</u>
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Mean Score = <u>5.5</u>	<u>3.1</u>	<u>3.5</u>	<u>0</u>
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Relative Ranking = <u>1</u>	<u>3</u>	<u>2</u>	<u>4</u>
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Avoidance  
Fear/anxiety

Avoidance  
Social/evaluative  
Seeking

Positive  
tangible  
reinforcement

## **Appendix Two**

Second School Refusal Assessment Scale Sally

7. How often do you think about your parents or family when in school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

8. When you are not in school during the week (Monday to Friday), how often do you talk to or see other people (other than your family)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

9. How often do you feel worse at school (for example, scared, nervous, or sad) compared to how you feel at home with friends?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

10. How often do you stay away from school because you do not have many friends there?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

11. How much would you rather be with your family than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

12. When you are not in school during the week (Monday to Friday), how much do you enjoy doing different things (for example, being with friends, going places)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

13. How often do you have bad feelings about school (for example, scared, nervous, or sad) when you think about school on Saturday and Sunday?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

14. How often do you stay away from certain places in school (e.g., hallways, places where certain groups of people are) where you would have to talk to someone?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

15. How much would you rather be taught by your parents at home than by your teacher at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

16. How often do you refuse to go to school because you want to have fun outside of school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

17. If you had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for you to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

18. If it were easier for you to make new friends, would it be easier for you to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

19. Would it be easier for you to go to school if your parents went with you?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

20. Would it be easier for you to go to school if you could do more things you like to do after school hours (for example, being with friends)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

21. How much more do you have bad feelings about school (for example, scared, nervous, or sad) compared to other kids your age?

Never 0    Seldom 1    Sometimes 2    Half the Time 3    Usually 4    Almost Always 5    Always 6

22. How often do you stay away from people at school compared to other kids your age?

Never 0    Seldom 1    Sometimes 2    Half the Time 3    Usually 4    Almost Always 5    Always 6

23. Would you like to be home with your parents more than other kids your age would?

Never 0    Seldom 1    Sometimes 2    Half the Time 3    Usually 4    Almost Always 5    Always 6

24. Would you rather be doing fun things outside of school more than most kids your age?

Never 0    Seldom 1    Sometimes 2    Half the Time 3    Usually 4    Almost Always 5    Always 6

Do not write below this line

1. <u>2</u>	2. <u>2</u>	3. <u>3</u>	4. <u>2</u>
5. <u>2</u>	6. <u>0</u>	7. <u>1</u>	8. <u>2</u>
9. <u>2</u>	10. <u>0</u>	11. <u>4</u>	12. <u>5</u>
13. <u>1</u>	14. <u>1</u>	15. <u>2</u>	16. <u>3</u>
17. <u>0</u>	18. <u>0</u>	19. <u>0</u>	20. <u>0</u>
21. <u>1</u>	22. <u>1</u>	23. <u>2</u>	24. <u>4</u>

Total Score = 8                      4                      12                      16

Mean Score = 1.3                      .6                      2                      2.6

Relative Ranking = 3                      4                      2                      1

*Avoidance Fear/Anxiety*                      *Avoidance Social/evaluative*                      *Attention Seeking*                      *Positive tangible reinforcement*

## Appendix Four

PCP – Ideal self

School Friends say

No friends  
Dress badly  
Wont do their work.

Teachers say

Not very good at  
School work

Holiday

Boring - Comwaaa

Sick. Doesn't  
want to go in.

Shaved  
head

Family

Nasty people  
Swear  
Not nice to them  
Don't look after her

Family say

?

Oh like  
hat

boring books  
No money  
Horrible  
clothes  
Horrible  
Makeup.

Skirt

Uncomfortable  
Shoes



for a torch to  
see self  
better

Schoolwork

Rubbish Schoolwork, couldn't do anything  
Woulant do herenework

School friends say  
Nice  
Dresses nicely  
Good taste in music

teachers  
Hard working

Holiday  
America.

Happy to go to school.  
Not anxious  
Nervous.  
Happy

long hair

Nice

long sleeve top + star

Funny ...

Jeans

Family

Nice, look after her.  
Don't swear  
She's good at school work

Money  
facewipes  
clothes  
Makeup  
Mobile phone

A. top  
(casual)

School work

Good  
Homework - Good.

## **Appendix Five**

Changing thoughts



There are dead people  
waiting to get me.

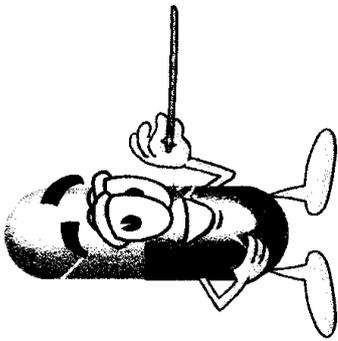
Teachers won't look  
after me.

Someone is hiding in school  
waiting to attack me.

I will be sick

People will look at me

Something will happen to my  
family while I am at school.



## Antidote!

I am going to decorate my room how I want to at the weekend.

My family will be happy if I go to school.

Teachers look after children.

I can pass exams and become a vet.

I can see my friends when I am at school.

My parents are adults and can look after themselves.

## **Appendix Six**

De-sensitisation plan

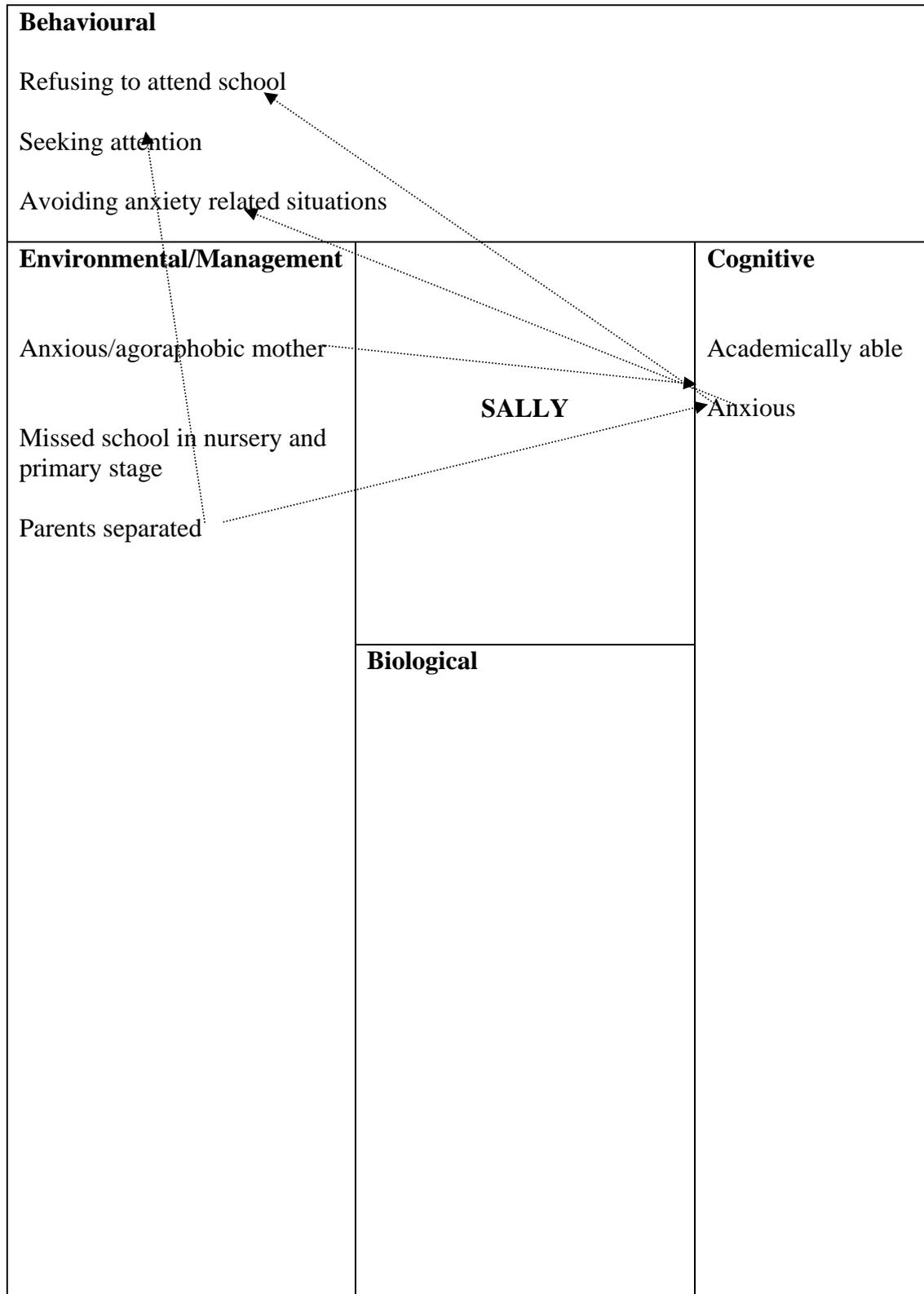
### **Sally's agreed return to school plan**

1. Dad will drive Sally into the school car park, turn around and go home. Sally will be practising her positive thoughts.
2. Sally will come into school for 10 minutes after all other children have gone home. She will meet with the teaching assistant and have a chat.
3. Sally will complete a graph with the teaching assistant showing increasing amounts of time in school.
4. Sally will wear school uniform after one week.
5. Sally will walk around the school at quiet times between lessons followed by gradual reintroduction to staff and peers.

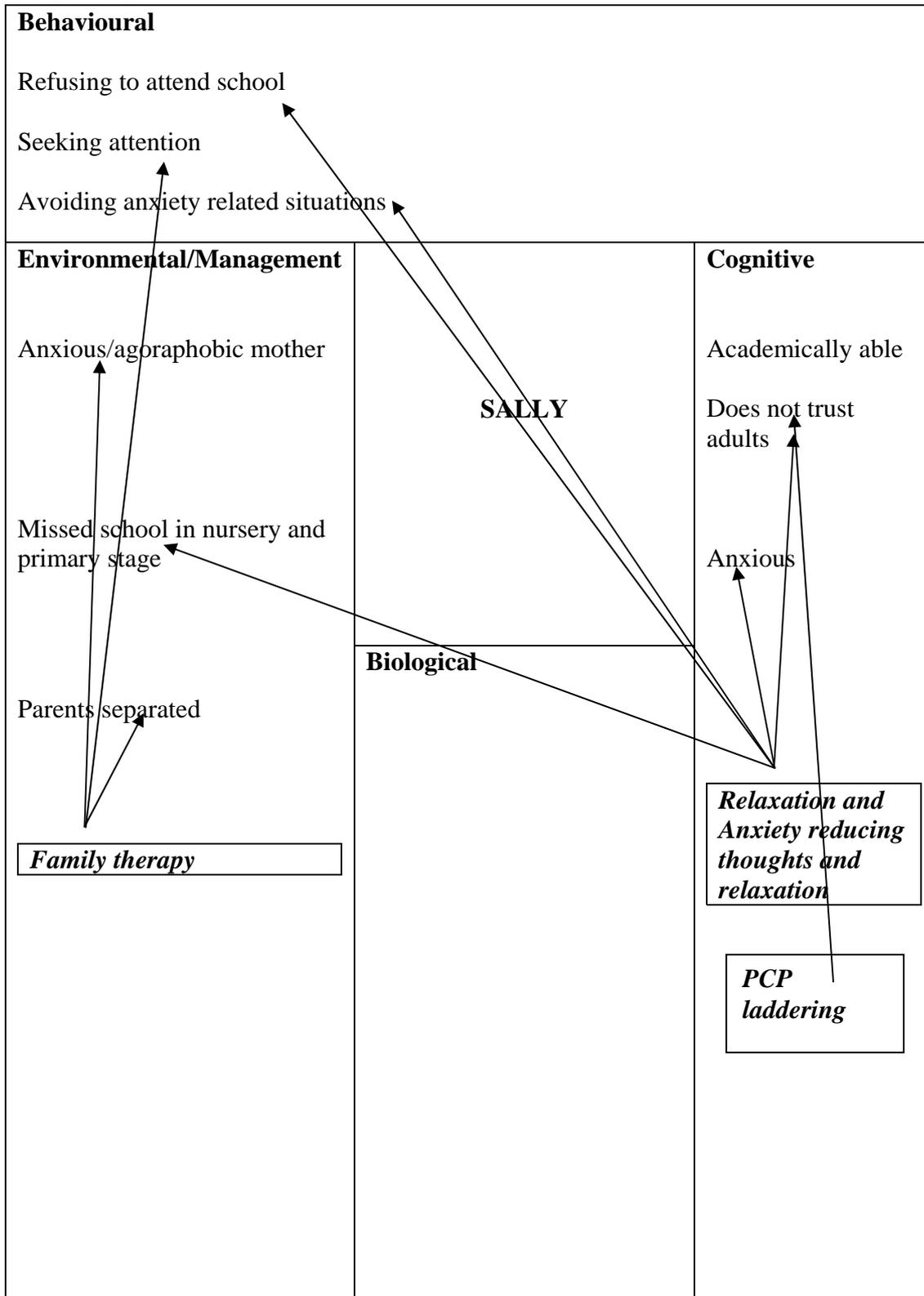
## **Appendix Seven**

Interactive Factors Frameworks

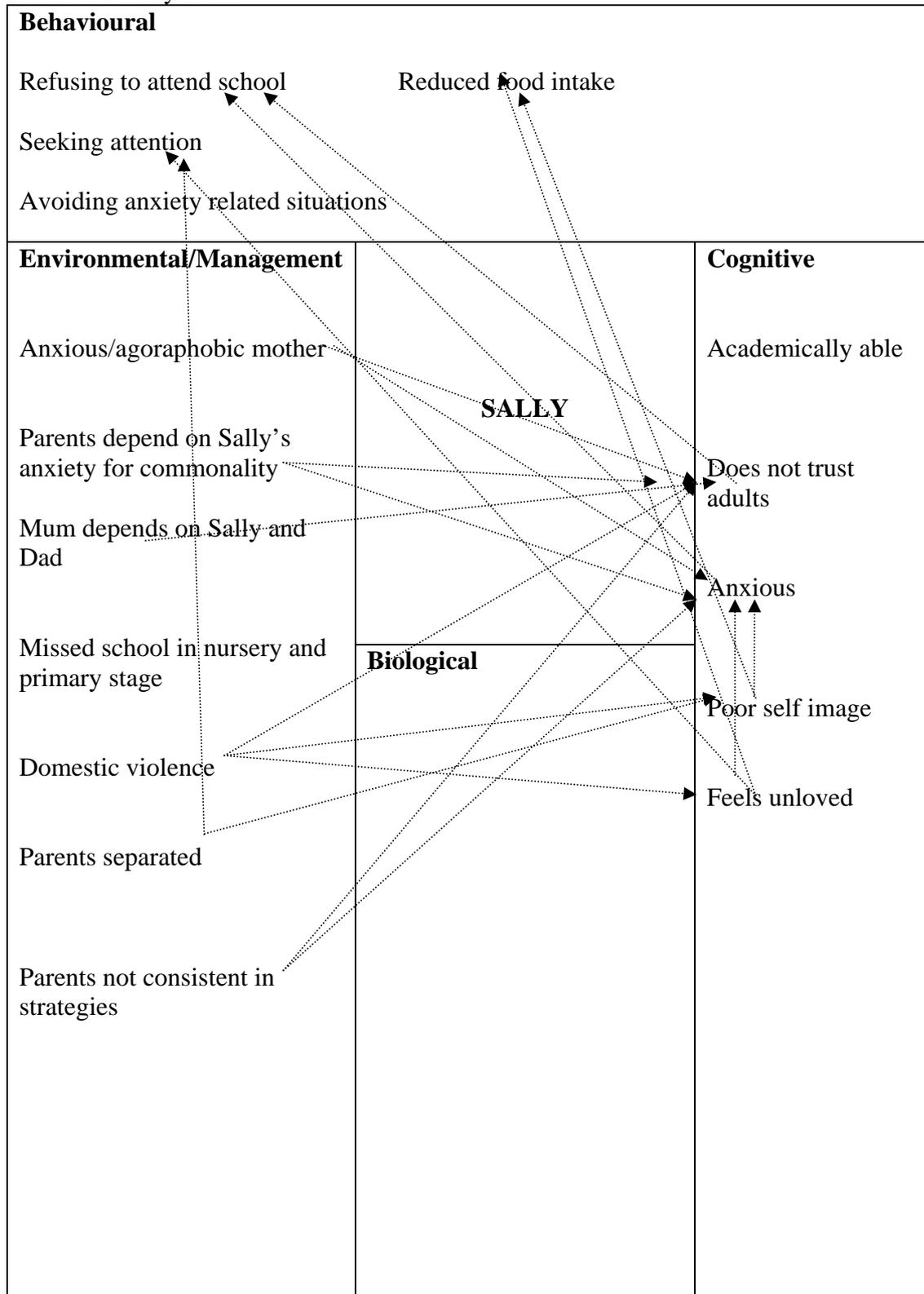
IFF 1a – Child focus



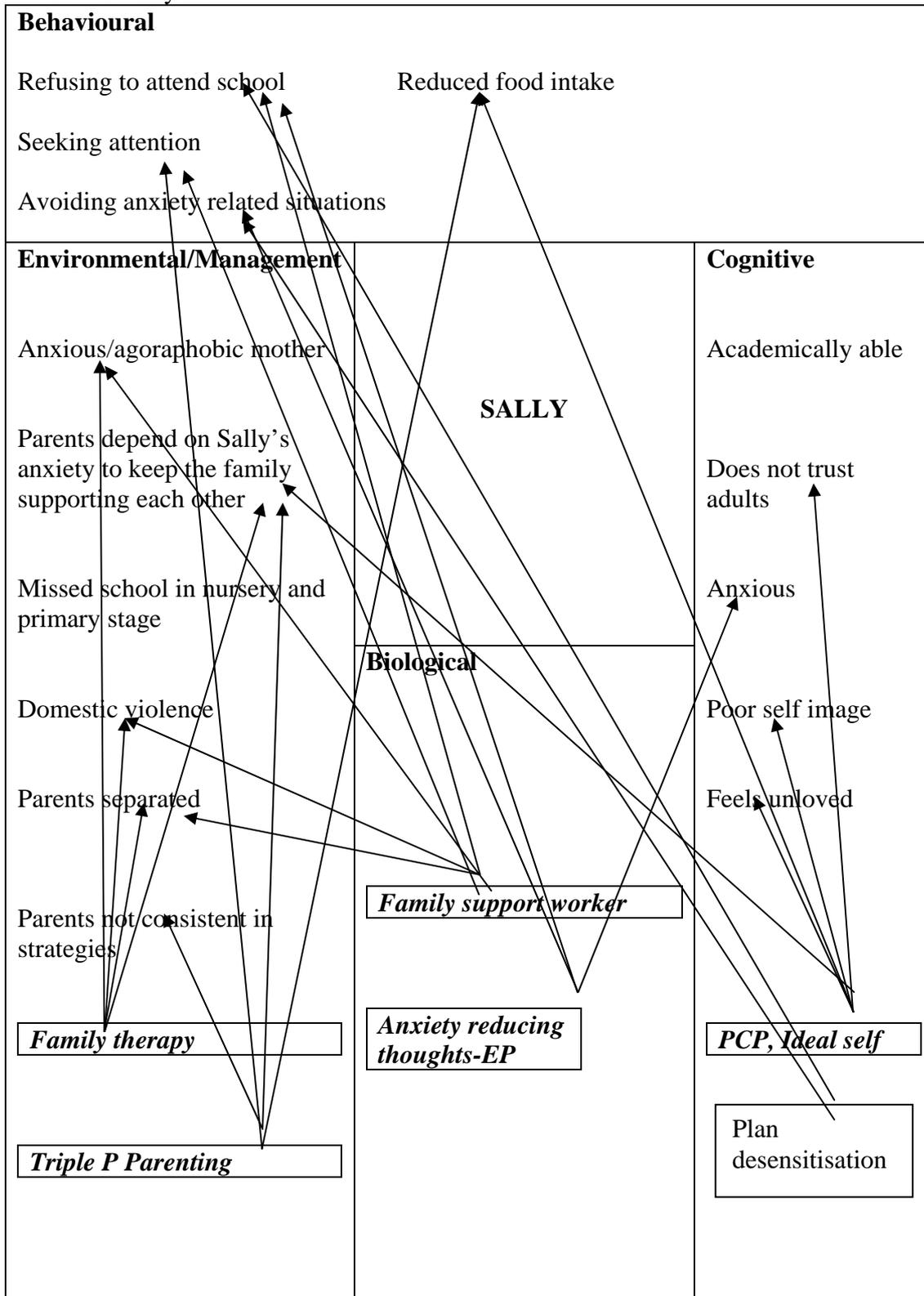
IFF 1b – Child focus



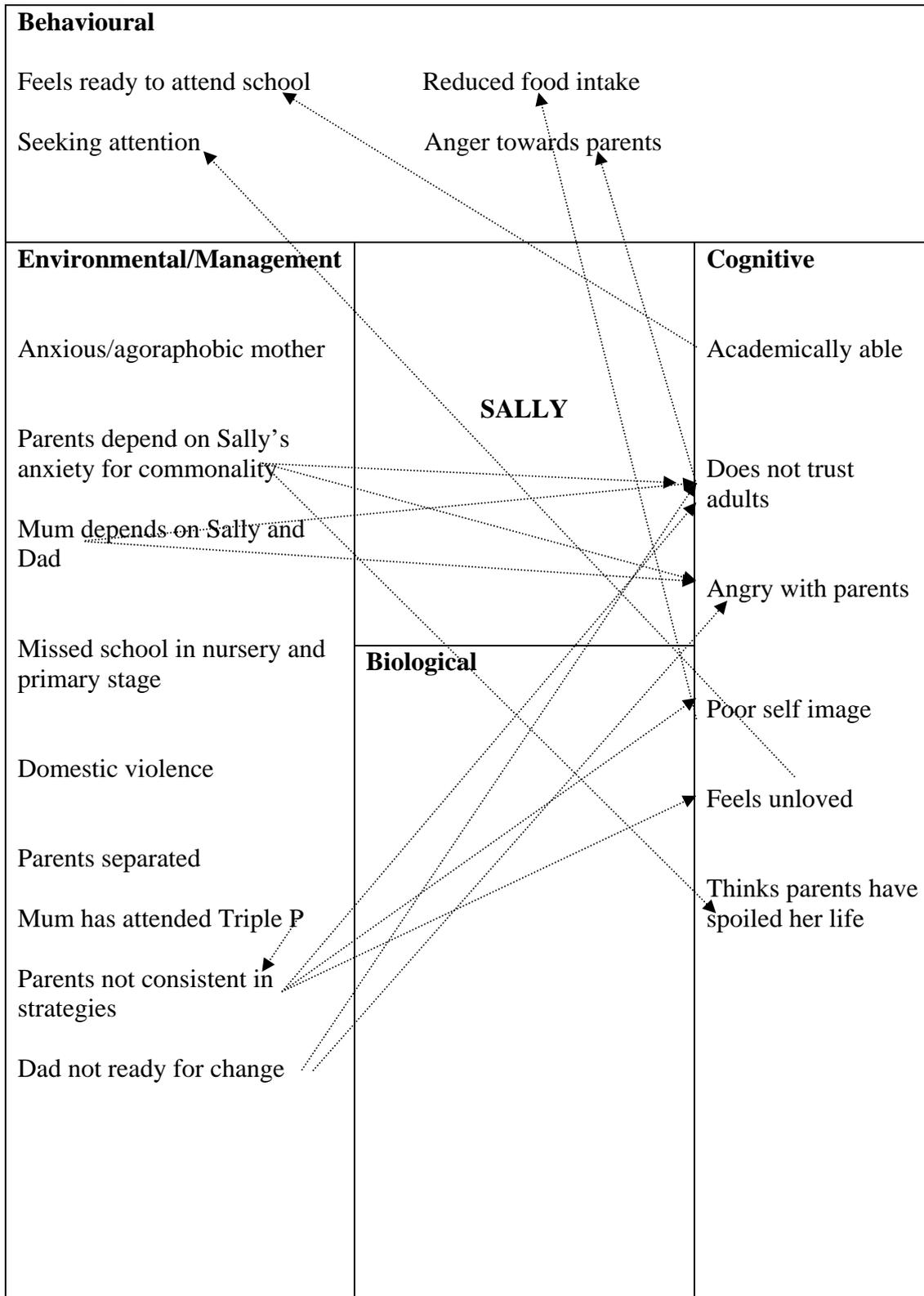
IFF 2a – Family focus



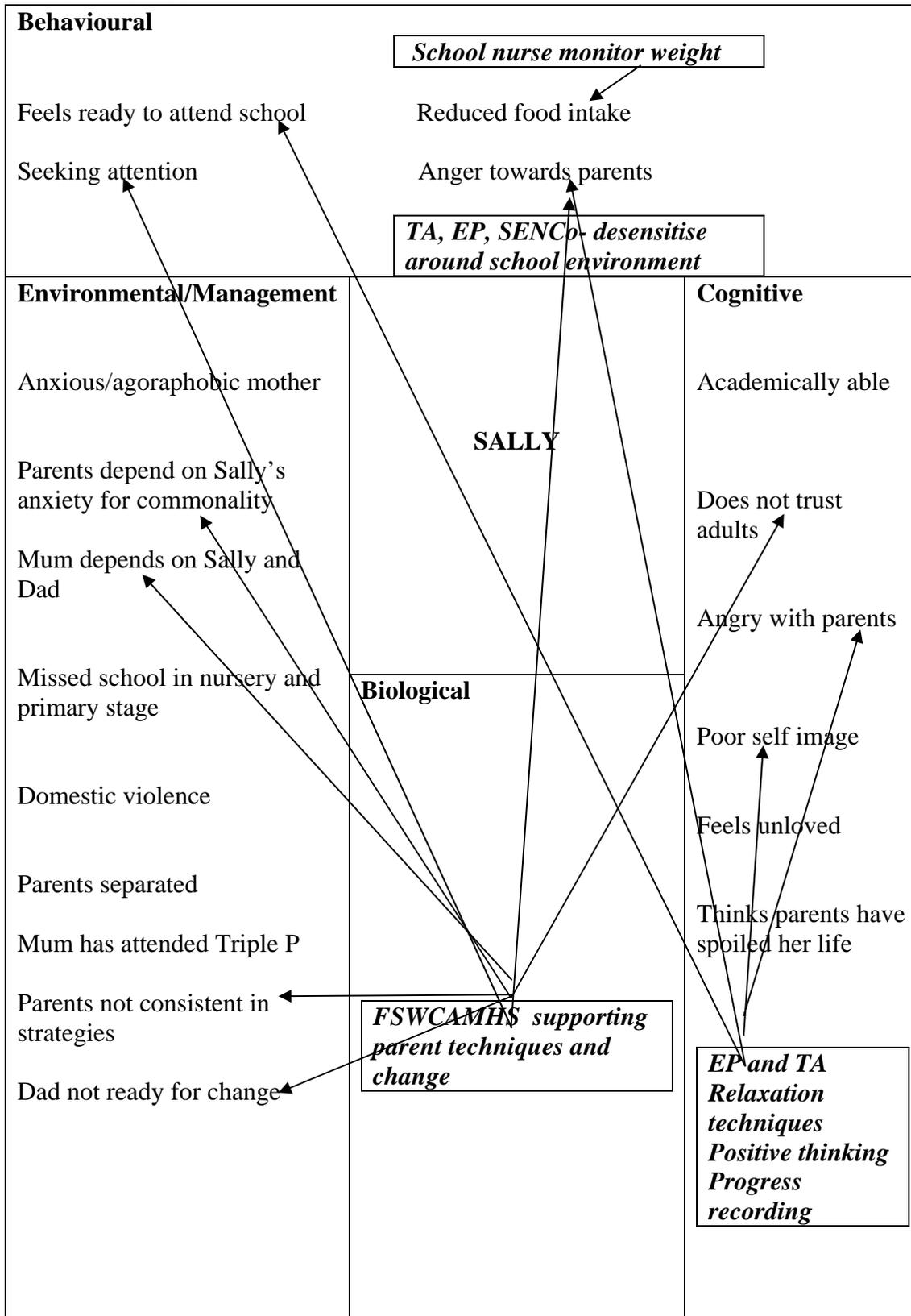
IFF 2b – Family focus



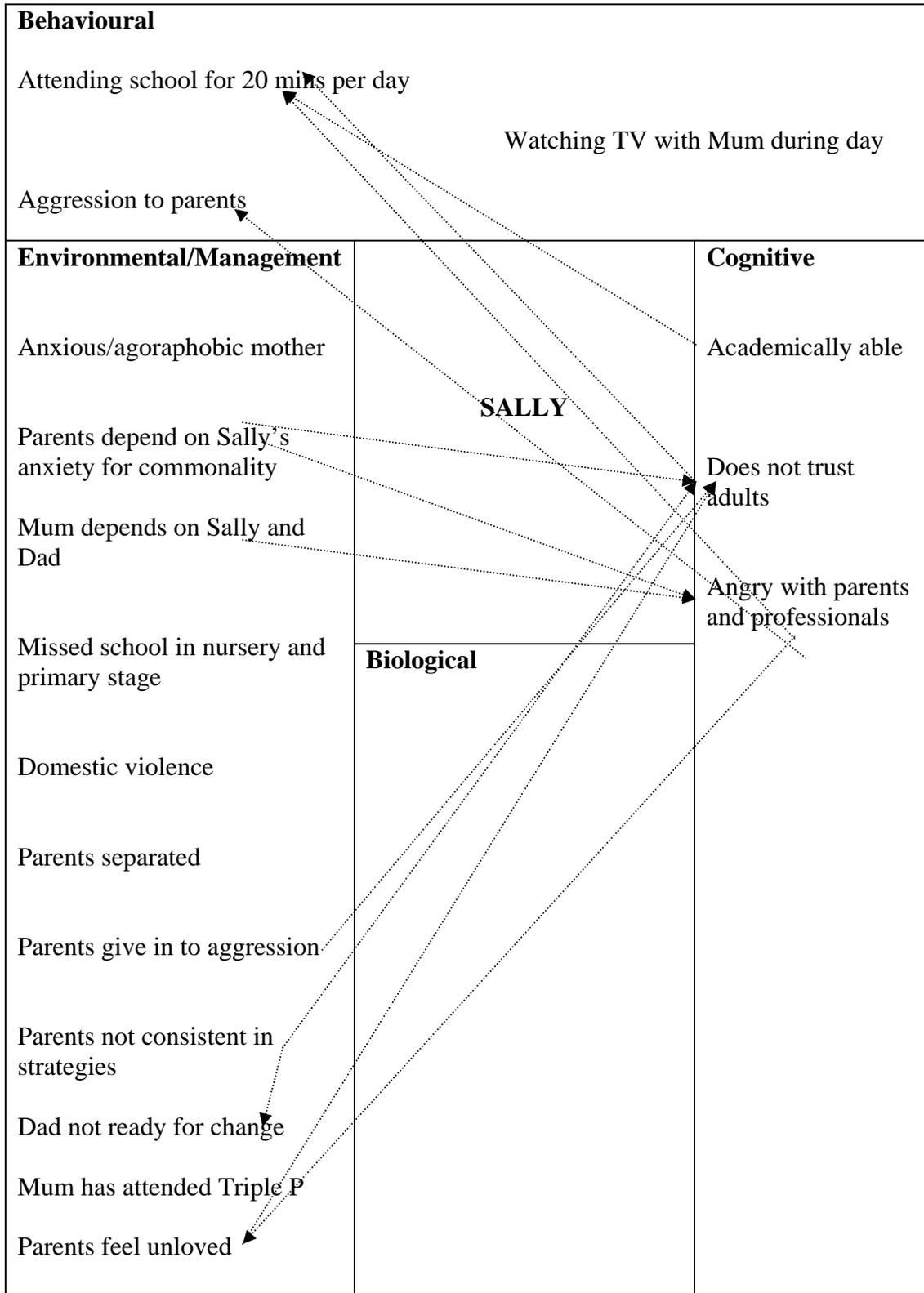
FF 3a – School focus



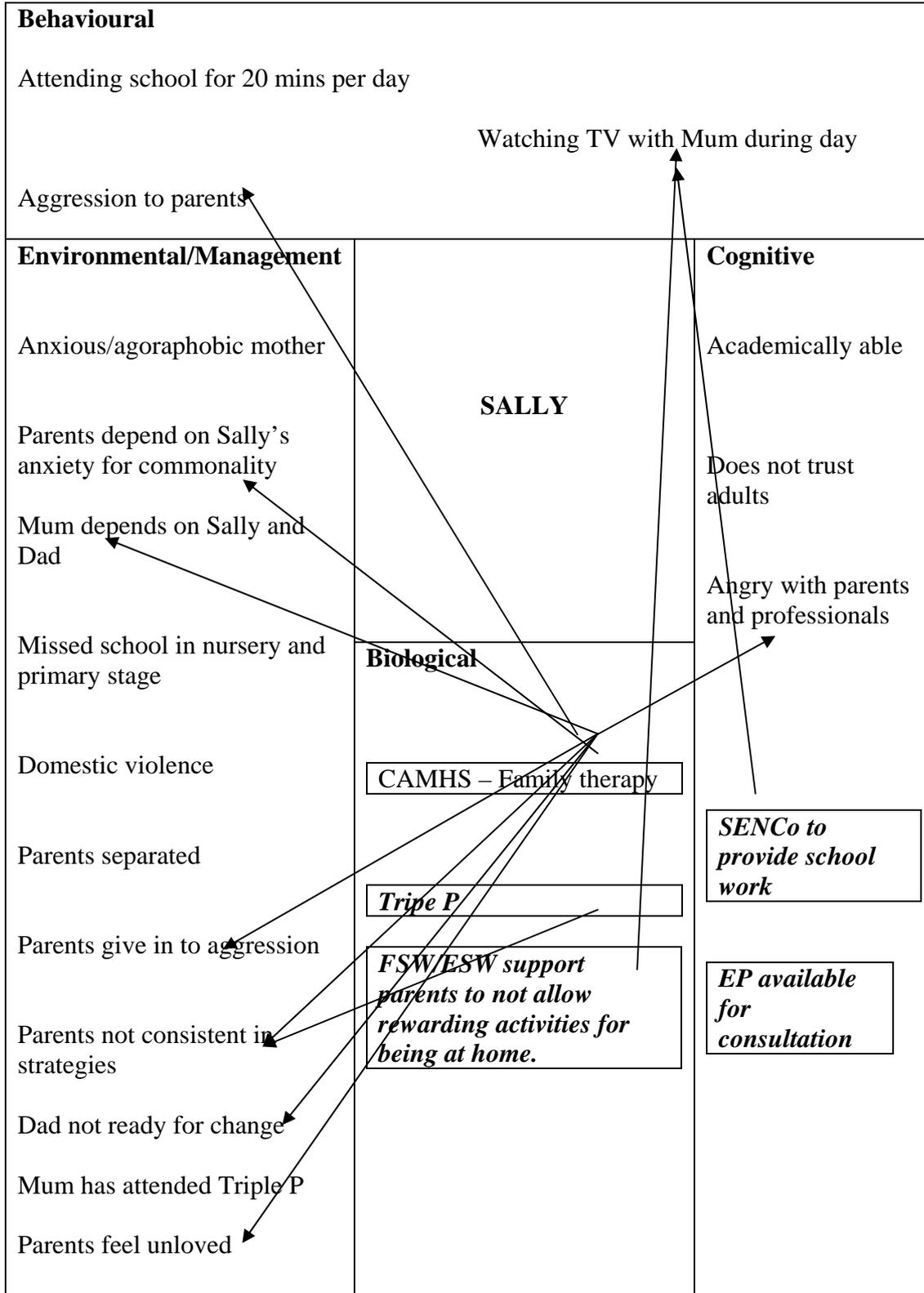
IFF 3b – School focus



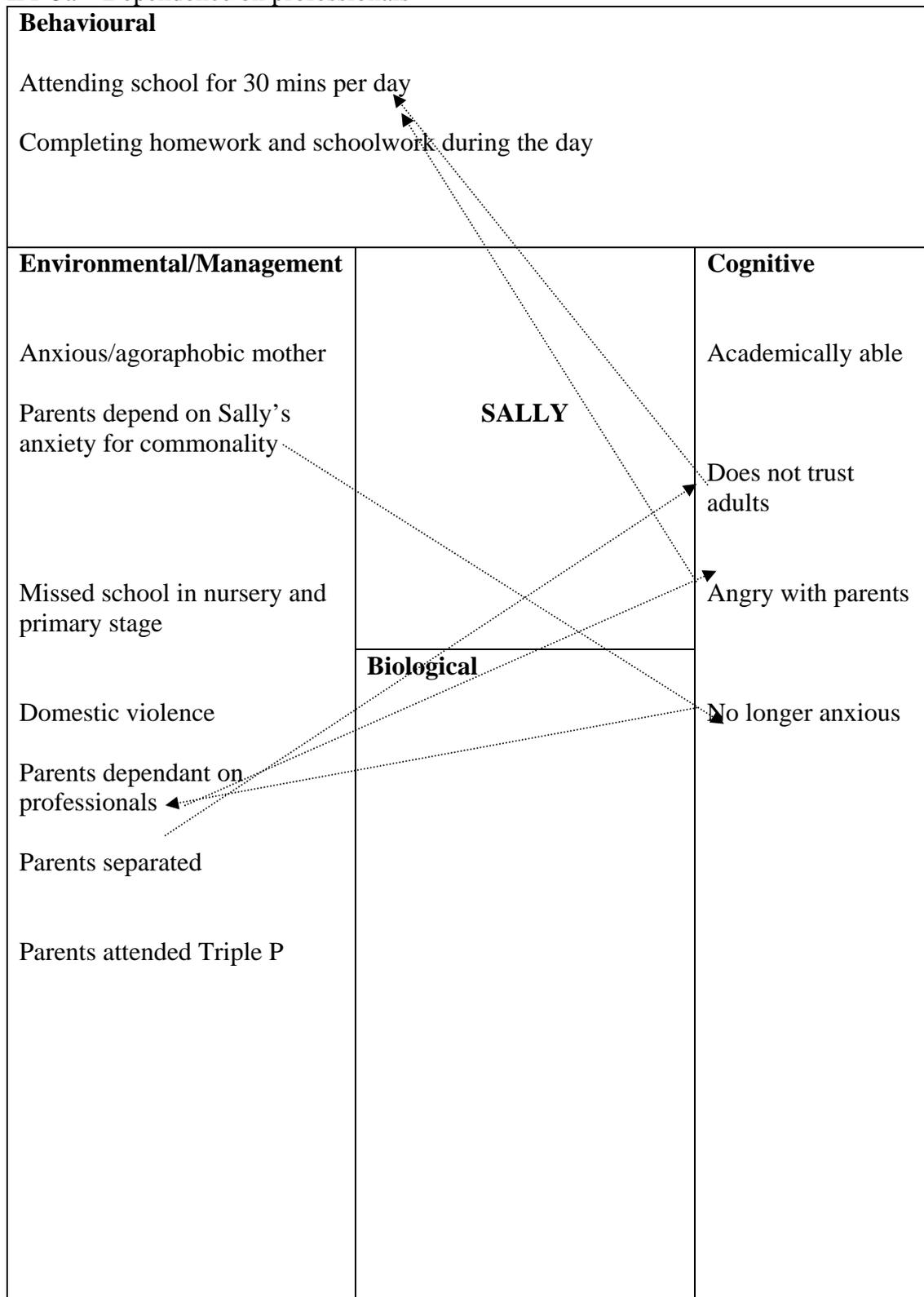
IFF 4a – Positive reinforcement



IFF 4b – Positive reinforcement



IFF 5a – Dependence on professionals



IFF 5b – Dependence on professionals

