Volume 2: Professional Practice Reports (PPRs)

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Chapter 1: General introduction

Introduction

Volume 2 of this thesis comprises of four Professional Practice Reports (PPRs), each of which forms a discrete chapter. Each PPR reflects the range of professional Educational Psychology (EP) work carried out on placement during Years 2 and 3 of the Applied Educational and Child Psychology Doctorate.

A key underlying premise of EP work is to view the young person as a member of a system (Beaver, 2011); each layer of this system interacts to influence the development of the young person (Bronfenbrenner, 1976). To support and promote the development of young people, the EP aims to work with individual pupils, groups of pupils, parents, schools, and the wider community (Beaver, 2011). As such, the aim of Volume 2 is to present a number of different examples of EP casework, carried out in different layers of the social ecosystem, with different individuals, groups, and organisations. The first PPR focuses on the language skills of young people who have been excluded from school and attend a Local Authority Pupil Referral Unit. The second PPR comprises of an investigation of the views of parents whose children attend a school for pervasive, multiple, learning difficulties. Their children had identified difficulties with feeding, and the aim was to sample the parent's views of this difficulty. PPR 3 presents an account of a differentiated cognitive-behavioural therapy intervention, carried out with a 15 year-old girl with learning difficulties. Finally, PPR 4 is an example of a systemic piece of work, carried out at a mainstream high school. Here the views of teachers and support staff were gained to inform the development of the curriculum differentiation process. A summary of each PPR will be presented below.

Professional Practice Report 1

The link between language impairments and behaviour difficulties has been well established (Bryan, 2004; Camarata, Hughes & Ruhl, 1988; Clegg, Stackhouse, Finch, Murphy, & Nicholls, 2009; Silva, Justin, McGee & Williams, 1984). A small proportion of this research has focused on young people who have been excluded from school and thus attend a Pupil Referral Unit (PRU). Increasing our understanding of the needs young people who attend PRUs would be of great benefit when considering support, intervention, and re-integration for these pupils. The present study investigates the language skills of eight pupils who attend a Key Stage 3 PRU in a West Midlands Local Authority. Participants completed a number of sub-tests of the Clinical Evaluation of Language Fundamentals, 4th UK edition. It was found that six out of eight participants performed below average on the assessments; the apparent language difficulties of four participants were previously undetected. The professional practice and research implications of the results are discussed.

Professional Practice Report 2

Feeding difficulties are heterogeneous in nature and can have a huge impact on the lives of children and their families. Evidence suggests that caregivers are placed under a huge strain as a result of their child’s feeding problem. The present study is an exploration of the views of parents who have children with feeding difficulties. There is a particular focus on the support they receive from school and external support agencies. The parents of four children (who attend the same special school for primary-aged children with complex, multiple and profound learning difficulties) were interviewed at their homes. It was found that mealtimes were stressful experiences for the parents. The parents were grateful for the support given by the school and support agencies, valued the consistent communication between home and school, and appreciated the flexible approach taken by some of the supporting professionals. The implications of the research – within the context of the wider feeding difficulties literature – are discussed.

Professional Practice Report 3

This professional practice report is an example of a trainee educational psychologist (TEP) delivery of Cognitive-Behavioural Therapy package. The intervention was carried out with Laura (pseudonym), a 15 year-old girl who attends a mainstream secondary school and experiences difficulties with anxiety. Laura recently received a Statement of SEN that identified significant difficulties across a number of domains of functioning. In addition, Laura has been diagnosed with depression and anxiety, but did not respond to previous therapeutic interventions delivered by professionals at the Child and Adolescent Mental Health Service (CAMHS). Laura’s learning and language skills are commensurate with the level of a primary-aged child, and as such a child-focused CBT package was used. The report details the therapeutic process including: assessment, formulation, evaluation and indeed the features of the cognitive-behavioural approaches used. The report also considers implications for educational psychology practice.

Professional Practice Report 4

This paper describes a collaborative action research project that took place in a mainstream high school. To support the on-going development of the school’s Special Educational Needs provision, the Local Authority school support service identified curriculum differentiation as a key area for development. Curriculum differentiation is the process of modifying or adapting the curriculum to suit the educational needs and levels of all pupils in a class, thus creating an environment where all learners can be successful. In the present study, the research process was directed by the Research and Development in Organisations (RADIO; Timmins, Shepherd, & Kelly, 2003) model, and the data collection method was based on an Activity Theory framework (Engestrom & Miettinen, 1999). Here, 19 teachers and 12 SEN support staff completed a questionnaire based on the Activity Theory framework. Analysis of the participants' responses led to the identification of a number of areas of the curriculum differentiation process requiring development. The report concludes with a discussion of the results and the overall research process. Implications for Educational Psychology practice are discussed.

Conclusion

The work presented in this Volume provides an insight into the range of work carried out during my professional EP placement. Each PPR has a distinct focus covering a number of differing elements of practice, thus reflecting the wide-ranging role of the EP. Rather than forming isolated pieces of work, each of the PPRs was negotiated with the LA EP team, so as to contribute to wider service delivery. Furthermore, each paper was constructed within the boundaries of a literature base, and thus made an academic contribution, in addition to professional practice implications. The reading, data collection, and writing involved in each PPR allowed me to gain an in-depth understanding of these topic areas, and have greatly informed my practice.

References

(sources referred to within the *General Introduction* that do not appear within each discrete chapter)

Beaver, R. (2011). *Educational psychology casework: a practical guide.* London: Jessica Kingsley Publishers.

Chapter 2

Professional Practice Report 1

The language skills of young people who attend a pupil referral unit

Introduction

A child or young person who has been excluded from school is likely to have been exhibiting a high level of uncooperative, disruptive, and aggressive behaviour, to such an extent that the school can no longer manage his/her behaviour. Most pupils who are excluded from school because of these reasons will attend a Pupil Referral Unit (PRU), which specialises in providing short-term educational placements for pupils with behaviour difficulties, until a new mainstream placement can be found. Although this disruptive, aggressive behaviour may draw the attention of staff, and be a main target of intervention, research suggests that these individuals are likely to be experiencing additional difficulties in other domains. Once such difficulty may lie in the domain of language (Clegg, Stackhouse, Finch, Murphy, & Nicholls, 2009). A wealth of research exists in which the link between language impairments and behaviour difficulties has been investigated (Bryan, 2004; Camarata, Hughes & Ruhl, 1988; Clegg *et al.,* 2009; Silva, Justin, McGee & Williams, 1984); however, less is known about the language skills of pupils who have been excluded and are currently attending a PRU. Increasing our understanding of the needs young people who attend PRUs would be of great benefit when considering support, intervention, and re-integration for these pupils. The present article provides an account of a piece of research investigating the language skills of pupils who attend a Key Stage 3 PRU in a West Midlands Local Authority. The paper will begin with a review of the literature examining the association between behaviour difficulties and language impairments.

Behaviour difficulties of those with language impairments

It is estimated that there is a 50-70% co-occurrence of behaviour difficulties and language impairments (Redmond & Rice, 1998). Research investigating this link between has tended to study either the behavioural profile of those with speech and language difficulties (for example, Silva *et al.*, 1984), or the language skills of those with identified behavioural difficulties (for example, Clegg *et al.*, 2009). As will be discussed below, it seems that both lines of research provide strong evidence that language and behaviour difficulties are closely linked.

Research suggests that children and young people with speech and language difficulties are likely to experience behaviour difficulties (Silva *et al.*, 1984); it has been suggested that a difficulty in interacting with others and accessing the school curriculum can lead to behavioural problems (Department for Children, Schools and Families, 2008). A number of cross-sectional studies have demonstrated that children and young people with language difficulties are likely to have additional difficulties with behaviour. In 2000, Lindsay and Dockrell investigated the incidence of emotional and behavioural difficulties in 69 Key Stage 3 pupils who had been identified as experiencing language impairments, according to a number of standardized measures of language. Using parent and teacher ratings of behaviour difficulties [using the Strengths and Difficulties Questionnaire (SDQ); Goodman, 1997], they found that the participants were rated has having significantly greater behavioural difficulties than those who formed the SDQ standardisation sample (Lindsay & Dockrell, 2000). A large-scale study carried out in Norway produced similar findings. Lundervold, Heimann, and Manger (2007) studied the behavioural and emotional characteristics of primary school children who were rated as having language difficulties. Over 9,000 pupils were given ratings of language impairment by their teachers, and were screened using the SDQ (Goodman, 1997). Five hundred and forty pupils were rated as language-impaired. These pariticpants were rated having significantly higher scores on all sub-scales of the SDQ than their non-language impaired peers, suggesting that this group experienced more social, emotional, behavioural difficulties. Although this study employed a large sample, and found group differences, the results should be treated with caution. Rather than carrying out in-depth assessment of language skill, as was the case in Lindsay and Dockrell (2000), the authors asked teachers to rate their view of the children's language difficulty, according to a four-point scale. This rating is therefore a reflection the teacher's views of the child's speaking and listening skills as presented in the classroom, and will thus be more open to assessor bias, rather than providing a *true* measure of language ability.

Van Daal, Verheoven, and van Balkom (2007) examined behaviour problems in 71 five-year old children who attended a special school for individuals with language impairment. Participants completed a number of different standardized language assessments and a measure of behaviour difficulties (The Child Behaviour Checklist, Dutch version; Verhulst, Koot, Akkerhuis, & Veerman, 1990). It was found that 40% of the sample exhibited 'serious significant behaviour problems', with phonology and semantic skills being most closely related to difficulties with behaviour. Although van Daal and colleagues provided more evidence for the link between language and behaviour, the authors concede that their study was purely correlational, and that it is possible that a number of other variables could account for the behaviour difficulties measured.

In order to gain a greater understanding of the link between language and behaviour difficulties, we need to look towards to findings of longitudinal research, as this will allow for more firm assumptions of causality to be made (van Daal, Verheoven, & van Balkom, 2007). A number of studies have been carried out in which the long-term impact of language difficulties are examined. In a 4-year UK follow-up study of 133 children, Lindsay, Dockrell, and Strand (2007) found that the link between language ability (measured by a number of standardized assessments) and behaviour difficulties (measured by the SDQ) remained consistent at age 8, 10 and 12. Furthermore, a regression analysis found that early language impairment predicted later behaviour difficulties.

Another UK-based study was carried out by Schoon, Parsons, Rush, and Law (2010), who used data from the 1970 UK Birth Cohort study to examine the link between early language ability and adult mental health. In a sample of 6941 individuals, it was found that performance on the English Picture Vocabulary Test (Brimmer & Dunn, 1962) at age 5 significantly predicted mental health at age 34. This effect remained significant after controlling for socio-economic status. Furthermore, as children, the participants who experienced significant language difficulties were more likely to have behaviour difficulties than those with language skills in the ‘normal’ range. Even though the measurement of ‘language’ is a limitation of this study (i.e. there is more to language ability than only vocabulary), this study presents stark findings. It highlights the notion that language difficulties and behaviour difficulties co-exist in children, and further, it suggests a poor prognosis for those individuals who experience difficulties in both areas.

Although the two UK studies described above (Lindsay, Dockrell, & Strand, 2007; Schoon, Parsons, Rush, & Law, 2010) suggest poor long-term outcomes for individuals with language difficulties, elsewhere, it has been found that behaviour difficulties may dissipate through adolescence. St Clair, Pickles, Durkin, and Conti-Ramsden (2011) followed over 200 children who attended language units in the UK, from age 7 to 16. Language skills (as measured by a battery of assessments) persisted over time, however behavioural difficulties (measured by the SDQ) had diminished by age 16. Interestingly, in adolescence, emotional difficulties persisted and peer relationship difficulties increased.

As a whole, evidence suggests that individuals who experience language difficulties are more likely to have additional difficulties with behaviour. Furthermore, research shows that these individuals are likely to experience poorer long-term outcomes than their peers; although, evidence suggests that the difficulties with behaviour may dissipate over time.

Language impairments of those with behaviour difficulties

As mentioned above, another line of evidence demonstrating the link between language and behaviour difficulties is the study of language skills in those with identified behavioural problems (Bryan, 2004; Camarata, Hughes & Ruhl, 1988; Clegg *et al.,* 2009). However, there have been relatively few studies in this area.

Benner, Nelson and Epstein (2002) carried out a systematic review of relevant studies. They found that 71% of children with emotional and behavioural disorders experienced significant language impairments, and that these impairments persisted over time. The authors found evidence for deficits in pragmatic, expressive and receptive language. Similarly, a US study carried out by Benner (2005) found that approximately two-thirds of 84 primary-aged children with emotional and behavioural difficulties were rated as experiencing significant difficulties with language, as measured by standardised assessment. Fifty-five percent of the sample had significant difficulties with expressive language; 42 percent had significant difficulties with receptive language.

Most of the research investigating the language skills of young people with behaviour difficulties has focused on those who have formal diagnoses of behavioural and psychiatric disorders (Clegg *et al.,* 2009). Less research has focused on certain marginalised populations in which one would typically expect to find children and young people with behaviour difficulties, such as pupils at risk of exclusion, or indeed those who have been excluded. Clegg *et al.* (2009) carried out language assessments with 15 secondary school pupils in the

UK who were deemed at risk of permanent exclusion. Ten of the pupils were rated as having below-average language skills, of which five were rated as experiencing ‘significant and severe’ difficulties. Receptive and expressive difficulties were equally prevalent. In another UK study, Heneker (2005) administered a battery of language assessments with 11 PRU attendees aged between 5 and 11. It was found that 10 participants had language difficulties, although there was no clear skew towards either expressive or receptive difficulties. Elsewhere, Ripley and Yulli (2005) compared the language skills of 19 excluded boys to 19 age-matched controls. In this sample of primary and secondary-age pupils, it was found that the experimental group performed significantly poorer on measures of expressive language, but not on receptive language.

The present study and educational psychology practice

In the recent green paper for special educational needs (SEN) (Department for Education, 2011), the UK government wished to investigate the different, innovative ways in which Educational Psychologists (EPs) support the development of children and young people. It has been suggested that one of the methods by which EPs can make a distinctive contribution to supporting children and young people is by applying psychological knowledge, research and skills at the ‘school level’, rather than only carrying out casework with individual pupils (Fallon, Woods, & Rooney, 2010; Farrell, Woods, Lewis, Rooney, Squires, & O’Connor, 2006). The present study is an example of this nature of work. A Pupil Referral Unit (PRU) for young people with behaviour difficulties requested EP involvement to support the on-going evaluation of their setting. The PRU is situated in an urban area of relative socioeconomic deprivation, and achieved an ‘outstanding’ rating in its most recent *Ofsted* inspection. As has been discussed above, the literature suggests that pupils with behaviour difficulties are likely to experience language impairments, and there is growing evidence that young people who have been excluded from school (or are at risk of exclusion) because of unmanageable behaviour will be experiencing these additional difficulties. As such, a project was negotiated whereby a number of young people who attend a PRU underwent language assessments, with the aims of investigating whether the findings of the literature could be reflected, and supporting the PRU in developing their provision. Pupils were assessed on a number of tests of receptive and expressive language. It has been suggested that the language impairments of many young people with behaviour difficulties often go undetected (Heneker, 2005; Ripley & Yuill, 2005; Warr-Leeper, Wright & Mack, 1994); therefore, in addition, it was also decided to investigate whether this was the case in the current sample.

As well as providing more evidence regarding the association between behaviour difficulties and language, it is hoped that the present study will have implications for professional practice – for PRU staff and indeed other education professionals such as EPs.

Research question

Do pupils who attend a PRU for behavioural difficulties have impaired language skills, and, if so, have these difficulties been previously detected?

Method

Participants

The parents of all pupils who attend a Key Stage 3 PRU were asked for permission for their child to be approached to participate in the project. The parents of eight pupils granted permission for participation. All eight pupils agreed to participate. Therefore, out of a possible

20, there were 8 participants, of which two were female. Participants were aged from 12 to 15.

Measures

(i) Language skills

All participants completed several sub-tests of the Clinical Evaluation of Language Fundamentals, Fourth UK Edition (CELF-4-UK; Semel & Wiig, 2006). The CELF-4-UK is a widely used assessment tool designed for the identification and evaluation of language and communication difficulties in children and young people aged 5-16 years. The test manual reports excellent test reliability and validity (Semel & Wiig, 2006). The CELF-4-UK has been standardised on a sample of 871 children and young people from across the UK. The CELF-4-UK contains various sub-tests that assess different aspects of language. In the present study, participants completed the following sub-tests: *Recalling Sentences*, *Formulated Sentences*, *Word Classes 2 – Receptive*, *Word Classes 2 – Expressive*, *Understanding Spoken Paragraphs*, and *Semantic Relationships*.

The results of the sub-tests of the CELF-4-UK can be amalgamated to produce a number of ‘index scores’, including a Receptive Language Index (RLI) and an Expressive Language Index (ELI). The subtests that form the RLI are: *Word Classes-Receptive*, *Understanding Spoken Paragraphs*, and *Semantic Relationships*. The subtests that form the ELI are *Recalling Sentences*, *Formulated Sentences*, and *Word Classes-Expressive*. The RLI and ELI were used as measures of participants’ receptive and expressive language skills respectively.

(ii) History of language difficulties

To gain an indication of whether the participants had any previously identified language problems, their permission was sought to examine their local authority records for any evidence of such difficulties and to ascertain whether the participants had received any support from a speech and language therapist.

Procedure

The parents of all pupils at the PRU were sent information letters and consent forms (Appendix 1). At the PRU, the pupils who had parental permission were invited to a room, one-by-one, to complete the study, with the researcher and PRU staff member present. Here, participants were given verbal and written information about the study, and were asked to sign a consent form if they wished to take part (see Appendix 2). Then, the language assessment began. All participants completed the six subtests in one session, which typically lasted between 25 and 45 minutes. Participants were informed that they could complete the assessments in two sessions or have a short break if they wished; all participants opted to complete in one session without a break.

Results

Participants' language profiles

The scores achieved by each participant on the various subtests were amalgamated to form a Receptive Language Index (RLI) composite standard score and Expressive Language Index (ELI) composite standard score. Each participant's RLI and ELI standard scores are displayed in Table 1. Standard scores have a mean of 100 and standard deviation of 15. As can be seen in Table 1, most participants scored below the mean score of 100 on both the RLI and ELI, with only participants 6 and 7 scoring above the mean. Six participants achieved standard scores of approximately two standard deviations below the mean on at least one of RLI or ELI. This suggests significant language difficulties in 6 of the 8 participants.

Table 1: RLI scores, ELI scores, evidence of previously identified language difficulties, and evidence of involvement with a speech and language therapist

Participant	RLI standard score	ELI standard score
1	72	75
2	72	80
3	68	67
4	74	67
5	64	47
6	129	122
7	88	103
8	72	85

The CELF-4 UK provides ‘clinical descriptors’ in order to give the clinician or researcher an indication as to the degree of language impairment suggested by the standard score achieved by the test-taker. The clinical descriptors of language impairment for each participant are presented in Table 2, along with an indication as to whether there is evidence of previously identified language difficulties, and whether there is evidence of previous speech and language therapist involvement.

Table 2: Clinical descriptors and evidence of previously identified difficulties

Participant	Clinical descriptor of RLI score	Clinical descriptor of ELI score	Previously identified language difficulty	Previous involvement with speech and language therapist
1	Low range / moderate	Low range / moderate	No	No
2	Low range / moderate	Marginal / borderline / mild	No	No
3	Very low range / severe	Very low range / severe	No	No
4	Low range / moderate	Very low range / severe	No	No
5	Very low range / severe	Very low range / severe	In last 6 months	No
6	Above average	Above average	No	No
7	Average	Average	No	No
8	Low range / moderate	Marginal / borderline / mild	In last 6 months	No

Table 2 shows that 6 out of 8 participants had below-average language skills, for both receptive and expressive language. Three participants rated as having ‘severe’ language difficulties, with their scores being classified in the ‘very low range’. Out of the 6 participants who rated as having language difficulties, none had prior speech and language therapist involvement; two had recently undergone statutory assessment for special educational needs, with the Educational Psychologist’s assessment revealing language difficulties.

PRU group compared to the wider population

To further illustrate the difference in language skills between the PRU sample and the wider population, it was decided to compare the PRU group’s mean RLI and ELI standard scores to those achieved by the CELF-4 UK standardisation sample (n=871). Due to the large difference in sample sizes it is not appropriate to perform tests of statistical significance, however, to illustrate the magnitude of the difference between the two groups' scores, Cohen's 'D' effect sizes were calculated. Please see Table 3 for the means and standard deviations of the RLI and ELI of the two samples, and effect size estimates.

Table 3: Means, standard deviations, and effect sizes for RLI and ELI comparisons between the PRU sample and CELF UK standardisation sample

	Receptive Language Index		Expressive Language Index	
	PRU sample	Standardisation sample	PRU sample	Standardisation sample
Mean standard score	79.88	99.75	80.75	100.1
Standard deviation	22.02	16.17	23.19	16.59
Effect size	*d* = -1.06		*d* = -.96	

As can be seen in Table 3, *d* = -1.06 for the RLI comparison, and *d* = -.96 for the ELI comparison. This suggests that the mean RLI of the PRU sample is 1.06 standard deviations below the mean RLI of the CELF UK standardisation sample; and, the mean ELI of the PRU sample is 0.96 SD below the mean ELI of the CELF UK standardisation sample. Both effect size estimates are considered to be 'large' and 'meaningful' (Cohen, 1988).

Receptive versus expressive language

To examine whether there was preponderance for either receptive or expressive difficulties, again, a Cohen's 'D' effect size was calculated. The effect size calculation revealed that *d* = -.038, suggesting that, there was no meaningful preponderance for receptive or expressive difficulties across the PRU group.

Discussion

The purpose of this study was to examine the language skills of young people who attend a PRU. It is hoped that the implications of the research will inform the practice of PRU staff and those who work to support the setting, including EPs.

Of the eight young people who took part in the study, six were found to have either mild, moderate or severe receptive and expressive language difficulties. Two participants exhibited ‘average’ or ‘above-average’ skills. It was also found that the average receptive and expressive language scores of this PRU sample were lower than the average scores achieved by the CELF-4 UK standardisation sample; effect size calculations confirmed that these differences were ‘large’ and ‘meaningful’ (Cohen, 1988). Therefore, it seems that the pattern established in the literature – that individuals with behaviour difficulties are likely to experience language impairments – has been replicated in a small group of young people who have been excluded from school and attend a PRU. Previous studies with young people who have been excluded from school (or are at risk of exclusion) have also found evidence of language difficulties (Clegg *et al.*, 2009; Heneker, 2005; Ripley & Yuill, 2005); however, interestingly, Clegg *et al.* (2009) and Heneker (2005) did not find any difference between the prevalence of expressive and receptive difficulties, whereas Ripley and Yuill (2005) found that their sample were more likely to experience difficulties with expressive language. In the present study, there was no difference between receptive and expressive language scores, supporting the findings of Clegg *et al.* (2009) and Heneker (2005). However, the small sample sizes used in the present study, Clegg *et al.* (2009) and Heneker (2005) guard us against drawing widely generalisable conclusions about the difference between receptive and expressive difficulties in this population.

In the present study, an established, well-researched battery of receptive and expressive language skill was used. Previous studies investigating the language skills of pupils with behavioural difficulties (e.g. Clegg *et al.*, 2009; Heneker, 2005; Ripley & Yuill, 2005; Schoon *et al.*, 2010) have tended to employ a range of different sub-tests taken form different assessments, with some studies even using a single sub-test to measure the wide dimension of language (e.g. Schoon *et al.*, 2010). In the present study, the receptive and expressive language index composites from the CELF-4-UK were used. These index scores comprise the participant's performance on several sub-tests, have been well researched, possess excellent psychometric properties (i.e. strong reliability and validity), and have been standardized on a UK population (Semel & Wiig, 2006). This suggests that we can be sure that the scores reported in this study are indeed accurate reflections of the participants' receptive and expressive language skills, upon which valid conclusions can be made.

In the present study, it was also found that of the six participants who were rated as exhibiting below-average language skills, only two had previously identified difficulties with language. An examination of these pupils' local authority files showed that the previous identifications of language difficulty had come from EP statutory assessment reports carried out within six months of the present study. It has been suggested that language difficulties may be overlooked in individuals with behavioural difficulties for a number of reasons (Cross, 1999). It could be the case that overt behavioural problems command more immediate attention than language difficulties; also, difficulties with comprehension may be harder to identify than difficulties with expression; and, there may be a lack of training on language difficulties in professionals working directly with children and young people (Cross, 1999). Furthermore, it has been suggested that pupils with language impairments are likely to become frustrated with their inability to articulate their thoughts and respond to others in the same manner as other children their age can do (Baker & Cantwell, 1987). These continuous negative experiences and frustration are likely to lead to emotional outbursts, inattention, and non-compliant behaviour, which are often simply interpreted as ‘bad behaviour’ (Baker & Cantwell, 1987). Therefore, these externalizing behaviours take the attention of staff, and subsequently become the focus of intervention, and the language difficulties are not explored (Baker & Cantwell, 1987).

Limitations

There are several methodological limitations of this research that the reader should be made aware of. Firstly, the small sample size limits the external validity of the data; that is, the small sample size is not capable of producing generalisable findings or necessarily providing a reflection of the language skills of pupils in PRUs generally. However, this was not the intention of the study. One could opine that the data has catalytic validity (Scheurich, 1997), which refers to the extent to which research participants or stakeholders are empowered to act in new and creative ways through their involvement in the research process. Here it is hoped that by working closely with the PRU in the design and data collection phases of the study, and by discussing the practical implications of the study with the staff, they would feel empowered and motivated to further reflect on – and develop – their own practice.

Another limitation could be that this study did not measure behaviour as well as language. Perhaps a measure of behaviour difficulties would increase our understanding about why two participants did not have language impairments. Many previous studies have sought to match different aspects of language impairment with different behavioural difficulties. For example, St Clair *et al.* (2011) asked participants to complete the SDQ (Goodman, 1997) in addition to measures of language. They found that by age 16, externalizing behaviour difficulties were not present, but emotional and peer relationship difficulties were. Although it would have been interesting to measure the nature of behavioural difficulties, this would not necessarily add value to the findings of the study. Indeed, the purpose of the present study was not to produce externally generalisable findings to affect our understanding of the link between language and behaviour difficulties; more, the aim was to examine whether a small group of pupils in one PRU setting experience difficulties with language (as would be suggested by the literature) and to subsequently inform professional practice.

Implications and case example

A key aim of the present study was to inform professional practice. The results of the study support the findings in the literature, and have implications for the practice of PRU staff and education support professionals, such as EPs. Firstly, the results of the present study have implications for the day-to-day practice of PRU staff. It seems that there could be a high proportion of students attending a PRU who have difficulties with the expression and comprehension of language. As such it should be considered ‘good practice’ to ensure that all materials and instructions are presented in such a way that would not discriminate against those with language difficulties. For example, extraneous language should be minimised and information presented visually as well as verbally (Tommerdhal, 2009). Staff should be aware that pupils may not possess the level of articulation of their mainstream counterparts, and as such pupils should be given opportunities to present work in different modalities and work in small groups (Tommerdhal, 2009).

There are also systemic implications to consider. Perhaps it would be prudent for PRUs to adopt a language screen for all pupils on admission; indeed the value of conducting language screens for pupils with behaviour difficulties has been promoted elsewhere (Cohen

& Lipsett, 1991). A screen would alert staff to the specific needs of pupils and would thus inform appropriate intervention and support strategies. Also, perhaps the results will raise awareness of the broader picture of difficulties faced by pupils with behavioural difficulties, thus increasing the likelihood of earlier identification of possible language impairments. EPs would have a vital role to play here, by using their position within local authorities to raise awareness of these issues, and to put steps in place to ensure that children who are close to exclusion are referred to appropriate support agencies.

The finding that only two participants had previously identified language difficulties is worrying, and highlights the need for increased awareness. Their language difficulties had been identified as part of a statutory assessment of special educational needs; the other pupils were known to support services, but language had never been explored. Perhaps it should become EP policy to carry out an assessment of language ability with all pupils who are referred with behavioural difficulties; or at least, the possible role of language should be considered in case formulations.

The potential impact of unidentified language impairments in pupils with behavioural difficulties has been discussed in the literature; improved language skills may not ‘solve’ the behaviour difficulties, but interventions targeting language skills and appropriately differentiated school practice may improve pupils’ ability to engage with lessons and interact with their peers (Law & Plunkett, 2009). This lifetime impact of both behavioural and language difficulties can be illustrated using a real-life case example of one of the participants of this study – *Participant 8* (see Tables 1 and 2). The case example provides an illustration of the child’s history, assessment results, and subsequent recommendations for support.

This pupil, Paul, was undergoing statutory assessment at the time of the research, and agreed for his language assessment results to be used in his statutory assessment report. At the point of assessment, Paul was 15 years old and had a history of behavioural difficulties and school exclusions. Paul was often accused of not following instructions and exhibiting defiant behaviour. After a relatively stable primary schooling, Paul made the transition to secondary school; from that point on, his schooling was characterised by exclusions and numerous different educational placements. The PRU he attended at the time of assessment was his seventh educational placement since Year 7; however, he was not known to the local education authority support services until he reached the end of Year 10, when his mother requested that the local authority assess him for a possible statement of special educational needs.

Assessment revealed that Paul's learning skills were within the average range, and the PRU suggested that he was on course to achieve three A-C GCSE grades. The assessment of his language skills using the CELF-4-UK revealed, however, that he possessed significantly impaired language comprehension skills. It also seemed that the large number of school exclusions and different educational placements had a negative impact on his self-worth, and indeed assessment showed that he had a much lower than average self-concept rating. It was suggested that, amongst other recommendations, that the PRU adapt their practice to support the needs of the pupil. These recommendations included providing appropriately differentiated materials and instructions (including augmenting verbal instructions with visual cues); regularly checking his understanding of instructions and concepts; and reducing the language load in his environment by reducing extraneous language and ensuring that instructions were clear and concise. The case history and assessment findings raise the question as to whether Paul's educational trajectory would have been different had his needs been accurately identified at an earlier age. Indeed it could well have been that Paul's behavioural problems took the attention of school staff, with his language comprehension difficulties seemingly remaining unnoticed (Cross, 1999). Furthermore, as suggested by Baker and Cantwell (1987), the negative experience of being punished for his difficult behaviour, and frustration at being unable to comprehend language to the level of his peers, was likely to lead to further emotional outbursts and non-compliant behaviour.

Future directions

The present research has shown that a particular group of children in a particular PRU achieved language scores that were between one and two standard deviations below the mean expected of their same-age peers. The results support previous research suggesting that excluded young people have language difficulties (Heneker, 2005; Ripley & Yuill, 2005). However, there are many possible avenues to explore when considering extending the research. For example, in order to make more generalisable inferences about the language skills of this population it would be necessary to carry out this work on a larger scale. It would be interesting to carry out a large study of the language skills of pupils from a number of different PRUs, in different socioeconomic areas. The PRU that participated in the present study was situated in an area of relative socioeconomic difficulty, and as such it would be pertinent to compare the language skills of PRU pupils in areas of differing socioeconomic status. Building on previous research, it would also be interesting to take a measure of the nature of behavioural difficulties experienced by the participants (for example using the SDQ), along with measures of cognition, motivation and academic performance. This would allow us to examine the possible impact of mediating and moderating factors in the link between behaviour difficulties and language skills. For example, does the relationship remain strong when controlling for cognitive skills or perhaps motivation?

Another interesting direction to take could be to follow-up the pupils who were found have below-average language skills and carry out qualitative interviews to explore their experiences of operating in the school environment, accessing the curriculum and becoming excluded. Although the present research provides valuable information about the level of difficulty, it does not necessarily inform us about the views of the individual who is experiencing this difficulty. This would provide additional insights in order to further our development of professional practice, and to tailor services to suit the needs and views of the young person.

Conclusion

The present study has shown that a small group of young people who attend a PRU have language skills that are below what would be expected of other individuals of their age. Furthermore, evidence in their local authority files suggests that most of the pupils who had below average skills had never received support from a speech and language therapist, nor had they undergone language assessment. The results suggest that a heightened awareness and identification of the language skills of young people who attend PRUs is needed.

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Appendix 1: PPR1 Parent information letter and consent form.

(School’s headed paper)

Date

Dear Parent(s),

****** **** Pupil Referral Unit has been provided with the opportunity to take part in a research project looking at the language skills of pupils who attend pupil referral units. We think this would be a valuable project for our school, so that we can continue to improve our teaching practices and support pupils’ developing skills.

The project will involve your child completing a small number of language assessments with James Birchwood, a Trainee Educational Psychologist based at *********. Educational Psychologists aim to support the psychological and educational development of children and young people.

The assessments will take place over two 30-minute sessions at ****** ***** (or one 60 minute session if your child is happy to do so). After this, James will at your child’s records to see if there is any more information about their language skills.

Your child has not been invited to participate in this research because of any presence or absence of language difficulties. Every child at ****** ***** has been in invited to participate.

The findings of the project will be written up into a report. Your child’s results will be made anonymous, and treated with confidentiality.

If you are happy for your child to take part in this project please complete the Return Slip and send to James Birchwood using the addressed free post envelope provided.

Yours Sincerely,

****
Deputy Head

For further information please contact:
Deputy Head James Birchwood

******* ***** Pupil Referral Unit

Tel: **** *** ****

******* Education Centre

james_birchwood@*******.gov.uk
Tel: **** *** ****

Return slip – The language skills of young people who attend a pupil referral unit

Student's name ________________________________

Parent's name _________________________________

Signed______________________________

Please tick one of the following:

I am happy for my child to participate in the research ○

I am **not** happy for my child to participate in the research ○

Appendix 2: PPR1 Pupil information sheet and consent form.

Research Project: The language skills of pupils at ******* *****

Information Sheet

- My name is James Birchwood
- I am in training to become an Educational Psychologist.
- Educational Psychologists are interested in how children and young people think, feel and behave. They like to help children and young people do well at school.

- I am conducting a research project.

- I want to find out about the speaking and listening skills of pupils at ****** *****.

- The research will help ****** ***** to understand the speaking and listening skills of their pupils. This is important because it will help them to support you to do your best at school.

- I would like to do some work with you that will last about 45 minutes.

45:00

- The work will be done in a room at ****** *****.

- The work will involve you doing some reading, and me asking you some questions.

- I hope you can help with the research.

- Your work will not be shared with any other pupils at ****** *****.

- You can stop doing the work at any time

- I will also look in your records to find more information about your speaking and listening skills

- If you tell me something that could harm you or someone else, I will need to tell someone to get some help.

- If you would like to take part in the research, please sign the consent form.

- You can ask me about the project at any time. My contact details are at the bottom of this page.

- You can also ask your teachers at ****** ***** about the project.

- I am a research student so I have a supervisor at work. You can talk to my supervisor at any time. She is called ********* and is a Educational Psychologist. We can both be contacted on: ****** **** *****

Thank You

Consent Form

My Name is:____________________

Please circle your answer to each question

1. I would like to be in the research project Yes No
2. I understand I can say I do **not** want to be part of the research at any time Yes No
3. I am happy to do the work with James Yes No
4. I understand my answers may be used in a report but my name will not be used Yes No
5. If I have a question, I know who to ask Yes No
6. I understand that if I say something that could harm myself or others, you will need to tell someone to get some help. Yes No

Chapter 3

Professional Practice Report 2

Managing children’s feeding difficulties: the views of parents.

Introduction

Feeding difficulties in childhood constitute a broad range of difficulties that have varying degrees of impact – from mealtime disruption, to significant health difficulties (Williams, *et al.*, 2010). Research suggests that feeding difficulties can arise because of a number of factors, are heterogeneous in nature, and can be treated or managed in a variety of different ways (typically depending on the aetiology of the difficulty) (Williams, *et al.,* 2010). However, one factor that seems to be consistent is the strain placed on the caregiver as a result of the child's difficulty (Greer, *et al.* 2007; Hewetson & Singh, 2009; Lewis & Kritzinger, 2004; Sleigh, 2005). Furthermore, parents of children with a feeding difficulty are likely to come in to contact with a number of different professional groups giving advice on the treatment or management of the difficulty (Greer *et al.,* 2007).

A special school for primary-aged children with complex, profound and multiple learning difficulties recently requested Educational Psychologist (EP) support, as a number of pupils in the early years arm of the school were experiencing significant feeding difficulties which the school were struggling to manage. Following discussions, it was decided that the Trainee Educational Psychologist (TEP) carry out an investigation of the views of a number of parents whose children were experiencing such difficulties. It was hoped that the results would inform the school's practice, and further, perhaps have wider implications for the synergy between school, support agencies, and parents. The skill set of EPs, and their position within the community (having links between schools, families, and other agencies) suggest they could potentially be in a position to carry out such work, and thus provide support for the school, parents and indeed young people alike.

This professional practice report provides an account of this small-scale investigation of parent views. The paper will begin with an introduction to feeding difficulties in children, and discuss the importance of ascertaining parent views. Next, the project will be presented, followed by a discussion of the importance and relevance of the findings for the school's approach, and indeed for the links between schools, external agencies, and parents.

An introduction to feeding difficulties in children

The aetiology and presentation of childhood feeding difficulties is varied, and as such they are difficult to define. The literature suggests that severe feeding difficulties can arise because of a number of behavioural, psychological and medical reasons (Rudolph & Link, 2002), and as such their management must be tailored to the needs of the individual. Aldridge, *et al.* (2010) suggest that feeding problems typically arise in early infancy, when feeding styles change and when dietary intake alters. Aldridge *et al.* (2010) identify three risk periods for the development of feeding difficulties: weaning, self-feeding, and mobilisation (i.e. learning to walk). At the weaning phase (moving from liquids to solids), difficulties can arise when infants struggle to adapt to orally manipulating solid substances, be this due to difficulties with adapting to the physical or behavioural changes needed at this stage (Aldridge *et al.*, 2010). At the self-feeding stage, difficulties with adapting to the new sensation of touching food, and difficulties with hand-eye coordination and motor control can lead to feeding problems (Aldridge *et al.*, 2010). Also, at this stage, some infants may struggle with the change in parent-child interactions that stem from the reduced need for close interaction at mealtimes (Aldridge *et al.*, 2010). Finally, when infants learn to walk, they naturally begin to explore more of their environment. At this stage, some infants develop 'food neophobia', which refers to a refusal to eat novel food substances (Aldridge, *et al.*, 2010; Birch, 1999); this is thought to be an evolutionary mechanism which protects infants from the intake of potentially harmful foods and non-foods which are found during exploration (Aldridge, *et al.*, 2010; Birch, 1999).

However, why may infants ‘trip up’ at one of the stages defined by Aldridge *et al.* (2010), and thus develop a feeding difficulty? Evidence suggests that a variety of factors are involved in the development and maintenance of a feeding difficulty (Field, *et al.*, 2003). Work by Babbitt, *et al.* (1994), suggests that either physiological or psychological/behavioural factors play a significant role in the development of feeding difficulties. They proposed that feeding problems are either ‘motivationally-based’ or ‘skill-based’. ‘Motivationally-based’ problems include the refusal to eat certain foods or foods of particular textures. Furthermore, these problems can be maintained by certain caregiver behaviours, such as giving attention to the child’s inappropriate mealtime behaviour and food refusal, or allowing the child to eat their preferred food. ‘Skill-based’ feeding problems refer to problems that arise due to the absence of skills such as sucking, chewing or swallowing; this may be because of physiological or medical conditions that prevent them from being learned.

Elsewhere, there is evidence to suggest that feeding difficulties can develop and be maintained by a number of *co-existing* factors. Burklow, *et al.* (1998) studied over 100 reports written by a multidisciplinary childhood feeding team, and found that most of the cases of feeding difficulty had a ‘behavioural component’ alongside underlying medical factors. They concluded that childhood feeding problems are ‘biobehavioural conditions’, where both biological and behavioural factors need to be addressed in order to effectively tackle the feeding difficulty.

To further unpick the factors involved in the onset and maintenance of feeding difficulties, Field, *et al.* (2003) investigated the links between a number of ‘predisposing factors' and certain specific feeding difficulties. They reviewed the records of 349 children who had been referred to a multidisciplinary feeding team, and found that each child had one or more of the following five specific feeding difficulties: food refusal, food selectivity by type, food selectivity by texture, oral motor delays, and dysphagia (i.e. difficulty with swallowing). The authors also found that the 349 children had at least one of the following 'predisposing factors': developmental disabilities, gastrointestinal problems, cardiopulmonary problems, neurological problems, renal disease, and anatomical anomalies. It was found that some feeding problems were more closely associated with certain predisposing factors than others (although no causal relationships were established); for example, anatomical anomalies and neurological problems were closely linked with oral motor delays and dysphagia. Interestingly, they also found that 64% of the sample was classified as having developmental disabilities. Of these children, those with autism were more likely to exhibit 'selectivity by type', those with Down's syndrome were more likely to exhibit 'selectivity by texture', and those with cerebral palsy were more likely to present with oral motor functioning difficulties and dysphagia. Although the results of Field *et al.* (2003) suggest that certain groups are more likely to experience certain feeding difficulties, their results do not necessarily contradict the idea that a number of factors need to be addressed in order to robustly tackle the feeding difficulty – indeed, many of the children in their sample exhibited more than one type of feeding difficulty, and were rated as having more than one predisposing factor, suggesting that there is not a perfect linear trajectory between predisposing factor and feeding problem.

An example of the wide range of predictive factors involved in feeding problems can be seen in children with autism spectrum disorders (ASD). Here, a number of physiological and behavioural factors are known to predict feeding problems in this population (Thompson, *et al.*, 2010; Twachtman-Reilly, *et al.*, 2008). The factors include: sensory processing issues (including hyper/hypo-sensitivity to touch, taste and smell); gastro-intestinal difficulties, such as gastro-oesophageal reflux, constipation, and diarrhoea; repetitive and ritualistic behaviours; anxiety; and, language and social interaction difficulties (Thompson, *et al.,* 2010; Twachtman-Reilly *et al.,* 2008).

In summary, feeding difficulties in children cannot be placed into one distinct category. They are a broad spectrum of difficulties, brought about and maintained by a number of factors, both psychological and physiological.

Management of feeding difficulties: the role of parents

Evidence suggests that effective management of feeding problems should take into account the variety of predictive and maintaining factors. Intervention typically involves medical management of physiological difficulties (Kedesdy & Budd, 1998), the use of behavioural techniques (Kerwin, 1999), and the adjustment of certain environmental variables that may be maintaining the feeding problem, such as certain parent behaviours (Kedesdy & Budd, 1998). In order to increase the likelihood of successful management and intervention, it is important that parents adopt any suggested strategies in the home (Davies, *et al.,* 2006; Jones & Bryant-Waugh, 2012). However, many parents have large families to feed, and often find the presenting situation to be daunting (Jones & Bryant-Waugh, 2012). It is therefore important that we develop an understanding of the parental perspective, in order to ultimately tailor services and interventions to the needs of the family (Lewis & Kritzinger, 2004).

A small proportion of the feeding difficulties literature focuses on the experiences of parents. In a UK-based study, Sleigh (2005) sought the views of 10 mothers who had children with cerebral palsy and additional feeding problems. Much of the children’s feeding had to be undertaken using a gastronomy feeding tube, and therefore the mothers ‘greatly cherished’ the experience of oral feeding, when it was possible. However, they reported ‘not being in control’ nor ‘understood’, when discussing their interactions with professionals. However, when the professionals were positive and tailored their service to the needs of the family (e.g. ‘going at the family’s pace’), family wellbeing was reported to increase. Lewis and Kritzinger (2004) surveyed 27 parents of children with Down’s syndrome and associated feeding difficulties. In this South Africa-based study, parents were asked to report their emotions relating to the feeding situation. They reported a wide range of emotions, including shock, concern, stress, anxiety, inadequacy, and frustration. The participants also stated that they had received support from a number of different professionals, including nurses, paediatricians, occupational therapists and speech and language therapists. They suggested that support, advice and guidance were the most important aspects of the professionals’ contribution. Another South African study sought the views of seven mothers who had children with a range of feeding difficulties (Hewetson & Singh, 2009). Here, the parents spoke of the emotional and practical challenges they faced. In particular they felt that there was incongruence between their real-life role and the societal and personal expectations of being a mother. They also reported that the feeding situation was disempowering, whereby they felt they did not possess the skills or emotional capacity to provide appropriate care at home.

Two of the parent studies reported above (Lewis & Kritzinger, 2004; Sleigh, 2005) referred to the parents’ interactions with professionals, whereby the parents commented on the positive and negative aspects of the professional support. An increase in our understanding of the relationship between parents and professionals is vital, as the success of intervention is often highly dependent on the parent, who has to implement suggested strategies and approaches in the home (Davies, *et al.*, 2006; Lewis & Kritzinger, 2004; Jones & Bryant-Waugh, 2012). Furthermore, the pioneering legislative frameworks in the United

Kingdom [such as Every Child Matters (ECM; DFES, 2003)] point toward establishing effective multidisciplinary teams that work with the child and family; therefore, continuing the development of the family—professional synergy is of uppermost importance.

During their time in government, the Labour party introduced a new focus on parental involvement in services delivered by local authorities. In 2007, ‘Every Parent Matters’ (DCSF, 2007) recommended that parents be given better advice and information, and that services should be more tailored to the needs of individual families. Then, in 2009, the Lamb Enquiry (DCSF, 2009) recommended that parents be given a ‘stronger voice’ and that services should be held more accountable. This trend looks set to continue with the current coalition government, with the recent Special Educational Needs green paper (DfE, 2011) referring to the importance of parents feeling confident that their child’s needs are being met and having greater control over the services they receive.

The present study

With the drive to increase the influence of parents gathering apace (DCSF, 2007; DCSF, 2009; DfE, 2011), and the importance of parent involvement in feeding interventions being discussed in the literature (Davies, *et al.*, 2006; Lewis & Kritzinger, 2004; Jones & Bryant-Waugh, 2012), the present study aimed to explore the views of parents who have children with feeding difficulties. As mentioned previously, this study was commissioned by a special school for primary-aged children with multiple, complex, and profound learning difficulties. The school had a significant number of children on roll with feeding problems, and were therefore looking for support. The school in question has close links with professional support agencies, many of which, in addition to school staff, have provided support for parents of the children with feeding problems. As such, the aim of the present study was to focus on parents’ experiences of managing their child’s feeding difficulty, in addition to their experiences of their interactions with the school and support agencies. It was hoped that the findings – and indeed a dissemination of the information in the present literature review – would further the school’s understanding of feeding difficulties, aid them in developing their links with parents, and would have wider implications for the interaction between parents and professionals.

Method

Participants

A special school for primary-aged children with complex, multiple and profound learning difficulties participated in the study. The school donated the names of 6 parents who had children with feeding difficulties. These parents were sent study information letters (Appendix 1), in which it was stated that the researcher would soon contact them via telephone to request their permission to participate. The parents of four children agreed to participate. One mother, one father, and two mother-and-father couples were interviewed.

The children were aged between 3 and 5. In addition to feeding difficulties, the children experienced significant learning difficulties – including autism spectrum disorders – and a number of medical conditions including gastro-oesophageal reflux disease, epilepsy, and cerebal hypoxia (i.e. being starved of oxygen at birth).

Materials

It was decided to seek the views of parents by carrying out a structured interview. The interview contained a number of closed and open questions. Please see Appendix 2 for a copy of the interview schedule. The questions were designed to allow the participants to give their views on a number of areas, including managing their child's difficulty at home, the nature of support received, and their perceptions of the support received. The questions asked were as follows: *"What do you see as your child's most pressing needs?"*, *"Who lives at home with you?"*, *"What is your typical mealtime routine?"*, *"Do you see your child's feeding difficulty as a problem?"*, *"How easy is it to manage your child's feeding difficulty?"*, *"Who takes the main role in managing your child's feeding difficulty at home?"*, *"Do you receive advice/support regarding your child's feeding difficulty? Who from?"*, *"In what form does the support take?"*, *"Do you welcome the support?"*, and *"At home, how easy is it to implement the advice you are given?"*.

As a number of specific questions were prepared, it was thought that a structured interview process, whereby each participant would be asked the same questions in the same order, would be appropriate. This approach would be conducive to a reliable aggregation of the participants' responses.

The various interview questions were designed to meet the various aims of the study. As stipulated in the introduction to this paper, one aim was to focus on parents' experiences of managing their child's feeding difficulty. To meet this aim, the following questions were posed: *"What do you see as your child's most pressing needs?"*, *"Who lives at home with you?"*, *"What is your typical mealtime routine?"*, *"Do you see your child's feeding difficulty as a problem?"*, *"How easy is it to manage your child's feeding difficulty?"*, *"Who takes the main role in managing your child's feeding difficulty at home?"*. To meet the second aim – an exploration of their interactions with the school and support agencies – the following questions were asked: *"Do you receive advice/support regarding your child's feeding difficulty? Who from?"*, *"In what form does the support take?"*, *"Do you welcome the support?"*, and *"At home, how easy is it to implement the advice you are given?"*.

Procedure

The participating school initially approached the Educational Psychology service for support, as a number of pupils were experiencing significant difficulties with feeding. Following this initial request, discussions took place, and it was agreed that the Trainee Educational Psychologist would pursue the present project. As mentioned in the *Participants* section, the parents of four children participated. The parents agreed to be interviewed in their own homes. At the beginning of the interview, the participants were asked to read and sign a consent form (Appendix 1). Once this was completed, the interview began. The researcher wrote down the participants' answers verbatim.

Analysis strategy

The answers to the closed questions were collated and can be seen in the *Results* section. The answers to *"How easy is it to manage your child's feeding difficulty?"*, *"Do you welcome the support?"*, and *"How easy is it to implement the support in the home?"* were analysed using thematic analysis. Thematic analysis is referred to as "a method for identifying, analysing and reporting patterns (themes) within data" (pp. 79; Braun & Clarke, 2006). The emergent themes are reported in the *Results* section. Guidelines for thematic analysis produced by Braun and Clarke (2006) were followed in order to identify the themes emanating from the participants' responses. Braun and Clarke (2006) suggest that thematic analysis can be aligned to a number of different epistemologies; in the present circumstances, the analysis is driven by a 'realist' epistemology, whereby participants' experiences, meanings and reality are explored and collated. Here, it is assumed that there is a clear relationship between the participants' experience, meaning, and language.

The thematic analysis process, as described by Braun and Clarke (2006), and followed for the present analysis is as follows: (1) *Familiarising yourself with the data* (i.e. reading, re-reading, transcribing); (2) *Generating initial codes* (i.e. coding features of the data across the data set); (3) *Searching for themes* (i.e. collating codes into potential themes); (4) *Reviewing themes* (i.e. do the themes represent the coded extracts?); (5) *Defining and naming themes* (i.e. review the 'story' told by the themes, defining the themes); (6) *Producing the report* (i.e. reporting the themes, selecting vivid extract examples, relating themes back to research questions).

Ethical Considerations

This project was carefully designed in order to ensure that rigorous standards of ethical practice were adhered to. It was ensured that there was ample opportunity for participants to gain an understanding of the nature and purpose of the research. Letters were sent to the parents (who were identified by the school as parents of children with feeding difficulties), outlining the project and stating that the researcher would contact them by telephone to seek their consent to participate. Parents were then asked to sign a consent form before the interview took place. This procedure was agreed with the school, and fell within their typical practice guidelines; a similar process had been used for previous research participation and was supported by the school governors. In addition, the project was carried out within the context of a local authority educational psychology service, which is governed according to the guidelines of the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC); the project was agreed by senior professionals working in this service. Also, it was felt that the present consent procedure would be less burdensome for busy parents, as it removes the requirement for the parent to complete a consent form and return it by post (instead, the study letter was followed by a telephone call, where the study was discussed in more depth). On the day of interview, all parents provided written consent to participate. If any parent made a disclosure that was considered to be of concern, it was agreed that the concern would be passed from the researcher to the school; this articulated by the researcher at the beginning of the interview.

Results

As mentioned above, the interview contained a number of ‘closed’ and ‘open’ questions, some of which were intended to provide contextual information (e.g. *“What is your typical mealtime routine?”*) and others which were designed to gain information about the parents’ management of their child’s feeding difficulty and interaction with professionals (e.g. *“How easy is it to manage your child’s feeding difficulty?”*). The answers to the closed questions were collated and are presented below. The answers to the open questions were analysed using thematic analysis (see *Analysis Strategy*) and are also presented below.

Contextual information

The participants were asked to provide information about the size of their family and their mealtime routine, by answering the following questions: *“Who lives at home with you?”* and *“What is your typical mealtime routine?”*. In families one, two, and three, the mother and father lived at home, with four, two, and three children respectively; the fourth family consisted of a single mother with three children.

The parents were asked to describe their typical mealtime routine. Some key quotes from the participants responses are presented in Table 1.

Table 1: Selected quotes from participants' descriptions of their typical mealtime routine

Family	Typical mealtime routine
1	"He won't sit down and eat a meal"; "He doesn't sit and eat with the family"; "I have to continuously feed him"; "The rest of us eat on our laps during the week".
2	"We eat at 5pm"; "I feed his brother first, then he is fed at his own table"; "It takes up to an hour for him to eat"
3	"It is difficult to get her to eat, although, when she does, she eats well"; "She eats dinner at the table with the family on her favourite chair"
4	"We have to eat in several phases"; "At 5pm the rest of the family will eat at the table. After this, I will sit with him and a DVD and give him sips from his cup"; "At 7pm he will have 100ml from his bottle"; "He will feed throughout the night".

The quotes presented in Table 1 suggest that the mealtimes of the participating families are far removed from the stereotypical 'nuclear family' mealtime (apart from Family 3, which seems more 'typical'). The quotes, taken alongside the information regarding family sizes, suggest that mealtimes may be a difficult time for the parents, with many children to feed in challenging circumstances.

Perceptions of difficulty

To gain an understanding of the perceived importance of the feeding difficulty, parents were also asked to state what they see as their child's overall most pressing need or difficulty. Parent 1 stated 'feeding'; Parent 2 stated 'sensory issues' (but acknowledged that this has a subsequent impact on other areas such as feeding); Parent 3 referred to his child's difficulty with speaking (but suggested that this may have an impact on her feeding); and Parent 4 referred to her child's epilepsy and gastro-oesophageal reflux.

The parents were then asked whether they viewed their child's feeding difficulty as a problem. Three parents stated 'yes', however Parent 4 stated, "It is not a problem. I see him like my other children. Not different, just special". One parent said, "It takes over my life. It's the biggest problem I have with my son".

The answers presented in this section suggest that the parents recognise that their children experience a large number of difficulties. Three parents suggested that their child's feeding difficulty presents them with a problem.

Managing the difficulty

In three interviews, it was stated that the mother takes the lead role in managing the feeding difficulty. In the other case, the parents reported that they take an equal responsibility. The parents were then asked, *"How easy is it to manage your child's feeding difficulty?"*. The answers were collated, and thematic analysis was used to identify a number of key themes across the parents' collated responses. The themes were labelled: '*Mealtimes are difficult'*, '*Other difficulties to manage'*, *'Other children to look after'* and *'Impact on caregiver and family'*. Some key quotes emanating from the participants answers include: "We've got a lot to deal with"; "My other son has feeding problems too"; "We tend to dread feeding time"; "It is very hard"; and, "It takes time and patience to feed him. With two other children it's not easy at all".

The pre-eminent themes paint a picture of a stressful time, where the parents face a struggle to feed their child whilst having to simultaneously direct their attention elsewhere.

Support

In order to gain a picture of the nature of support received by the parents, they were asked *"Do you receive advice / support regarding your child's feeding difficulty? If so, who from?"* and *"In what form does the support take?"*. Here, parents tended to simply list the different sources and forms of support, therefore it was decided that thematic analysis was not appropriate. As such, the responses to both questions were collated and are presented in Table 2. The different sources of support are presented in the first column, with the nature of support given by each source presented in the second column. The number presented in parentheses represents the frequency of the answer given (i.e. 2 = this was stated by two parents).

Table 2: Source and nature of support identified by parents

Support source	Nature of support given (n)
Child and Adolescent Mental Health Service (CAMHS)	• Home visits (1) • Also provide support regarding other issues (1)
Dietician	• Meetings at the school (1) • Telephone contact (1) • Written communication (1)
School	• Telephone contact (2) • Meetings at school (2) • Home visits (1) • Home/school diary (4) • Also provide support regarding other issues (2)
Occupational Therapist	• Home visits (1)
Paediatrician	• Meetings at the clinic (1)
Clinical Psychologist	• Meetings at school (1) • Telephone contact (1) • Written communication (1)

As can be seen in Table 2, there seem to be a number of different professionals providing support to the parents, in a wide variety of methods. However, as the frequency counts suggest, a common denominator was the support given by the school. All parents recognised the school's input, and in particular valued the home/school diary.

Perception and integration of support

The results presented above suggest that the parents receive a wide variety of support, from a number of different professional groups. However, how do the parents view this support? To answer this question, parents were asked two questions: *"Do you welcome the support?"* and *"At home, how easy is it to implement the advice you are given?"*. The answers to each question were collated and analysed using thematic analysis. As a group it seems that the parents very much welcomed the support received, and indeed would like as much help as possible. The themes identified here were labelled: *'Positive perception'*, and *'The more the better'*. Key quotes included "The more help we get, the better", "They are always here to support", and "We really need it (*the support*)".

Although the support was welcomed, the participants also stated that within the difficult mealtime context, any advice they are given is not always straightforward to implement. To the question *"At home, how easy is it to implement the advice you are given?"*, the parents' answers revealed three themes, labelled: *'Challenging to implement at home'*, *'Change takes time'* and *'Flexible approach appreciated'*. Here, the parents discussed the difficulty they faced when attempting to implement the suggested strategies, and pointed out that it takes a long time for change to be seen. However, the parents indicated that the flexible approach taken by the different professional groups was appreciated. Key quotes in this section included “It’s hard. At home I have my other children to look after too”, “It’s challenging to introduce new foods”, “Every step we take is so long”, and “They will make a suggestion, but will ask me what I think, and if I don’t agree we will come to an agreement”.

The responses to the final two questions of the interview suggest that whilst the parents placed a high value on the support given, the strategies were perhaps not straightforward to implement at home, when considering the home context and time needed to see change.

Discussion

Summary of findings and implications for professional practice

This small-scale study explored the experiences of parents who had children with feeding difficulties, with the aim of informing practice in a special school and in the professional agencies that provide support for the school, pupils and their families. The school had requested EP support as there were a number of pupils on roll who had feeding difficulties; it was felt that increasing understanding of the parent perspective would aid the school and support agencies in improving their provision for these pupils.

The results of the semi-structured interviews suggest that the home mealtime context was, as a whole, far removed from the stereotypical nuclear family mealtime (although perhaps not too far removed from mealtimes in modern society). Mostly, the mealtimes seemed to be staggered, with the parents taking care of the child with feeding difficulties separately to the rest of the family (although one parent stated that they were able to eat together). The families consisted of between four and six people, with the mother taking the lead role in managing the feeding difficulty at home in three out of four cases. This paints a picture of a busy mealtime, with the parents (mostly the mothers) having to ‘juggle’ feeding the family with managing their child’s feeding difficulty. Indeed, the parents revealed that mealtimes were difficult (one parent said that she ‘dreads mealtimes’), especially when considering that they had other children to feed and that their child had other presenting difficulties over and above the mechanics of feeding.

The parents’ descriptions of mealtimes suggest that professional support is vital. Research suggests that effective liaison between parents and professionals is key in the management of feeding problems (Davies, *et al.*, 2006; Lewis & Kritzinger, 2004; Jones & Bryant-Waugh, 2012). Across the four interviews, a number of different professionals were identified as providing support for the feeding difficulty, including CAMHS, paediatricians, occupational therapists, clinical psychologists, and the school staff. A variety of different modes of support were identified by parents, including telephone conversations, meetings at the school, visits to the clinic, and written communication.

Interestingly, no parent made reference to Educational Psychologists (EPs) when discussing the support they had received for their child’s feeding difficulty. A thorough search of the key UK EP journals (*Educational Psychology in Practice*, *Educational and Child Psychology*, and *British Journal of Educational Psychology*) revealed no published articles documenting the involvement of EPs in the identification or management of feeding difficulties (be that direct child involvement or work with parents or fellow professionals). Perhaps a feeding difficulty may classically be viewed as medically-based, therefore not in the realm of typical EP work. However, a review of the feeding difficulties literature suggests that these difficulties are not purely physiological in nature (Field, *et al.*, 2003), and indeed consist of a significant behavioural/psychological component (Burklow, *et al.*, 1998). The example referred to in the introduction of this paper showed that children on the autism spectrum are likely to be experiencing a number of difficulties – both physiological and psychological – that have been shown to impact upon their feeding process, including sensory difficulties, ritualistic behaviour, gastro-intestinal difficulties, and anxiety. An examination of the skill set of EPs suggests that we are ideally suited to providing a positive contribution in this area, above and beyond that of school staff and medical professionals. Relevant skills include experience in problem solving and formulating a problem to identify appropriate targets for intervention, task analysis, monitoring intervention programmes, knowledge and application of psychology, and having close links with pupils, schools, parents and fellow professionals.

The parents in this study were also invited to discuss their perceptions of the support received. The themes derived from the parents' responses suggested that they were highly favourable of the support, and were eager to receive as much help as was possible. However, the eminent themes also suggested that whilst the support was welcome, it was not necessarily easy to implement at home. Several parents were keen to point out that change takes time, and that a flexible approach was appreciated. These points, taken alongside the stressful mealtime context, and the reported difficulty in managing the feeding difficulty (in addition to other difficulties faced by their child) suggest that (a) support is vital, (b) whoever gives this support must understand the context in which they are working, and adapt their approach accordingly, and (c) perhaps an increase in home visits is needed, in order to model suggested approaches in the home. Indeed, the parents interviewed by Sleigh (2005) stressed the importance of professional support characterised by positivity and flexibility.

The Every Child Matters (ECM; DFES, 2003) guidelines suggested that multi-professional frameworks are the most effective children's services structure. The multi factorial nature of feeding difficulties, and indeed the significant physical and psychological consequences of feeding difficulties on the child and their family, suggests that the development of multi-professional feeding teams should be at least considered. In the present study, the parents referred to a number of different professionals, but did not all refer to the same groups, suggesting there was not a consistent approach to the management of the difficulty. Parent four mentioned that a number of different professionals were simultaneously involved in supporting her child's feeding difficulty (the school, a clinical psychologist, and a nutritionist), however discussions with the school revealed that this was not a specialist 'feeding team' *per se*, rather, a collection of professionals who were supporting the child and his mother in this particular case.

It seems that interdisciplinary approaches to feeding difficulties exist outside of the UK. In several of the non-UK studies presented in the introduction to this paper, specialist 'feeding teams' are referred to. In the US-based research carried out by Burklow *et al.* (1998) and Field *et al.* (2003), the researchers accessed the records of multidisciplinary feeding teams in order to gain information about children with feeding difficulties. The team accessed by Field and colleagues consisted of "members from Paediatric Gastroenterology, Behavioural Psychology, Nutrition, Occupational Therapy and Speech Pathology" (pp. 299). More recent research has proposed that our knowledge of the nature of feeding difficulties implies that an interdisciplinary approach is paramount (Ayoob & Barresi, 2007; Santoro, *et al.*, 2012). Research carried out in the US by Greer, *et al.* (2008) investigated the impact of an interdisciplinary program on child outcomes and caregiver stress. Here, the team consisted of a gastroenterologist, nutritionist, behavioural psychologist, speech and language therapist, occupational therapist, and social worker. They found that caregiver stress levels, and child mealtime behaviour, weight, and calorie intake all significantly improved following treatment/management by the multidisciplinary team. Although the results demonstrate the positive impact of the team, the outcomes were not compared to a 'treatment as usual' group, thus preventing more firm conclusions to be made about the effectiveness of the program. However, the acknowledgement of the importance of multidisciplinary teams for feeding difficulties, the psychological factors involved in these difficulties (indeed some US-based teams have a ‘behavioural psychologist’ member), and the EP skill-set referred to previously, suggests a possible opening for future EP work in the UK.

In the present study, a common feature of the parents’ responses was the recognition of the key role played by the school. All of the parents identified the work carried out by the school in supporting them, and seemed to value the open lines of communication (they all spoke favourably of the home-school diary). The support given by the school was the parents’ most frequently reported support source. The positive perception of the school’s role in the management of their child’s feeding difficulty suggests a satisfaction with the approach of the school, and indeed supports previous research into parent perceptions of specialist provision in the UK. For example, Male (1998) used a postal questionnaire to investigate parent satisfaction of special educational provision in southeast England. Similar to the findings of the present study, Male (1998) found that parents were satisfied with their child’s provision and had a desire for a high level of involvement from the school. The parents were also satisfied by the additional support they received from other services, but expressed a wish for more support. Parsons, *et al.* (2009) studied parent satisfaction of special educational needs provision across the UK, and found that amongst the most satisfied parents were those whose children attended special schools. They were significantly more likely to be satisfied with the school’s support compared to those in mainstream. However, interestingly, Parsons *et al.* (2009) postulate that these parents tend to have lower expectations for their child’s progress, and have been found to view their child’s difficulties as ‘within-child’, and therefore are more likely to be satisfied with (or ‘settle for’) the school’s provision, as there is ‘only so much the school can do’.

Whether the parent views are symptomatic of lower expectations or not, the views reported in the present study are in concordance with those reported in Male (1998) and Parsons *et al.* (2009), whereby the parents had a positive view of the school’s contribution to the ongoing management of their child’s difficulty with feeding.

In summary, based on the views of the parents in this study, and our understanding of the wider feeding difficulties literature, the key implications for professional practice (for both schools and support agencies) are: the possible involvement of EPs in the identification and management of feeding problems; the development of interdisciplinary feeding teams, of which EPs are well suited to being members; tailoring professional approaches to the needs of the child and the aetiology of their feeding difficulty; understanding the stressful home context and adapting interventions / strategies to fit this context; adopting a flexible approach when liaising with families; setting small targets for change; carrying out home visits in order to model suggested approaches in the home; and finally, maintaining open lines of communication between schools/professionals and families.

As the current role of the EP in the management and treatment of feeding difficulties seems to be minimal, perhaps an alternative (or perhaps additional) approach for the present study could have been to survey the views of EPs regarding their experience of working with children and young people with such difficulties. Further work could focus on the perceptions of EPs regarding the suitability of their skill-sets for taking on feeding difficulties cases in their day-to-day work.

Limitations

A possible limitation of the present study is the small sample size (n = 4). However, the aim of the research was not to produce findings that could be generalised to the wider population. A small sample of parents was deemed appropriate, as the aim was to sample the views of parents in order to inform the professional practice of a particular school and the support services who work with their pupils. The school were looking to improve their support for children with feeding difficulties, and therefore the findings of the present study were fed back to the school staff, where a discussion took place regarding the implications for school practice. By relating the findings to the feeding difficulties literature, wider implications have been discussed regarding interdisciplinary practice and the EP role. If the aim were to sample the views of parents in order to inform practice at a national level, then a larger sample size would have been more appropriate [as was the case for Parsons *et al.* (2009)].

A further limitation of the research concerns the use of the structured interview. It was decided to adopt a structured interview approach to aid the process of aggregating and presenting the data. Indeed, perhaps the apparent need to adopt this approach was influenced by the researcher’s quantitative research background. It could be argued that more in-depth data could have been collected by adopting an alternative approach, such as semi-structured interview. Here, the interview schedule could have contained a number of themes to explore with the interviewee, rather than a number of specific questions. This would have provided participants more opportunity to give their perspective of managing their child’s difficulty (rather than simply giving responses to the researcher’s strict questions).

Additionally, a Dictaphone was not used to record the parents’ views; instead, the responses to the semi-structured interview questions were written verbatim. Perhaps the use of a Dictaphone would have enabled a ‘smoother’ interview process that was not punctuated by the researcher scribing the parents’ responses. In addition, a Dictaphone would have ensured that no information was missed, thus ensuring that the depth and quality of the responses were not overlooked.

Finally, by carrying out a thematic analysis of the data, constructionist psychology would tell us that the themes are inexorably linked to the researcher’s world experiences. If one individual codes the data, groups the codes into themes, and describes the themes, one cannot ensure an objective approach, and therefore the results of the thematic analysis could be skewed by the researcher’s perceptions. If the research were to be replicated, a safeguard would be for more than one individual to carry out the analysis (separately), and to compare results. The results to be reported would come from a mutual decision.

Conclusion

The present study has explored the views of parents who have children with feeding difficulties, with a particular focus on the support they receive from school and support agencies. The typical mealtime seemed to be a stressful time for the parents, who had to manage their child’s feeding difficulty, in addition to looking after a number of other children. The parents were grateful for the support given by the school and support agencies. Consistent communication and a flexible approach that takes the home context into account were all valued highly by the parents. The parents’ views, taken alongside the wider feeding difficulties literature, suggests that an interdisciplinary approach to the identification and management of feeding difficulties is warranted.

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Appendix 1: Parent information letter and consent form.

(School's headed paper)

Date

Dear Parent(s),

The ******* School has been provided with the opportunity to take part in a research project looking at views of parents who have a child with a feeding difficulty. We think this would be a valuable project for our school, so that we can continue to improve the support we provide for pupils and their families.

The project will involve you being interviewed by James Birchwood, a Trainee Educational Psychologist based at ***** service. Educational Psychologists aim to support the psychological and educational development of children and young people.

The interview will last between 30 and 60 minutes. James is happy to meet you at your home or at the school.

The school will contact you to ask for your permission for James to contact you to book in a date and time for him to meet you and carry out the interview. James will ask you whether you would like to meet at your home or at the school.

The findings of the project will be written up into a report. Your views will be made anonymous, and treated with confidentiality.

Yours sincerely,

******* ********	James Birchwood
Early Years Manager	Trainee Educational Psychologist

For further information please contact:

*****

Consent form - The views of parents of children with feeding difficulties

Please tick one of the following:

I understand I can say I do **not** want to be part of the research at any time	Yes	No
I understand my answers may be used in a report but my name will not be used	Yes	No
I am happy to participate in the research	Yes	No

Parent's name ________________________________

Child's name _________________________________

Signed____________________________________

Appendix 2: Interview schedule.

The views of parents of children with feeding difficulties

Interview schedule

Parent name____

Child's name____

Date____________________________

1. What do you see as your child's most pressing needs?

2. How large is your immediate family? Who lives at home?

3. What is your typical mealtime routine?

4. Do you see your child's feeding difficulty as a problem?

5. How easy is it to manage your child's feeding difficulty?

6. Who takes the main role in managing your child's feeding difficulty at home

7. Do you receive advice / support regarding your child's feeding difficulty? If so, who from?

8. In what form does the help take? Do you go for meetings at the school? Do professionals visit the home? Do you get written help?

9. Do you welcome the support?

10. If you receive advice / support, how easy is it to implement in the home?

Chapter 4

Professional Practice Report 3

Delivery of a differentiated one-to-one CBT intervention for the management of anxiety: an example of casework with a young person with complex special educational needs

Introduction

This professional practice report provides an account of a trainee educational psychologist delivery of a cognitive behavioural therapy package for a 15 year-old girl who experiences difficulties with anxiety. She also has identified Special Educational Needs. The paper will begin with an overview of mental health and the role for Educational Psychology, followed by an introduction to the present case study. Next, the results of psychological assessment and formulation will be presented, followed by an introduction to cognitive behavioural therapy and how it was applied in the present circumstances. The effectiveness of the intervention is also discussed, with reference to the assessment results. The paper will conclude with a discussion of the effectiveness and relevance of the intervention, and outline further implications for professional practice.

Mental health and Educational Psychology

‘Mental Health’ is a term widely used in the western world, but is difficult to define. It should not simply be used to refer to categorical mental health difficulties but should encompass a whole dimension of human experience (DfE, 2013; DCSF, 2008; WHO, 2001). The World Health Organisation (WHO, 2001) suggests that mental health is an integral element of ‘health’, through which cognitive, affective and relational abilities are developed. Past and present UK governments (DCSF, 2008; DfE, 2013) have defined children who are mentally healthy as being able to:

> “…develop psychologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude;

become aware of others and empathise with them; play and learn; develop a sense of right and wrong; and resolve problems and setbacks and learn from them.” (p.8; DFES, 2008).

Children and young people who are mentally healthy achieve more at school, are better integrated with their peer group, and are more engaged with school and community life (DFES, 2008). Those who have difficulties with mental health are more likely to experience difficulties in these areas (DFES, 2008).

Mental health can be conceptualised as a continuum of human experience, both for young people and adults (Dogra, Parkin, Gale, & Frake, 2009). At one end of the spectrum is ‘complete’ mental health and wellbeing; at the other is severe mental ‘disorder’. Individuals typically meet diagnostic criteria for a mental health disorder due to the number, severity, and pervasiveness of symptoms, in addition to significant impairments in daily functioning. However, individuals who do not meet the above criteria may still be experiencing some symptoms and distress, and as such may still require support from healthcare and education professionals (Angold *et al.*, 1999; McGorry, 2009).

Mental health difficulties can be grouped into a number of categories, including: disruptive behaviour disorders; emotional disorders; hyperkinetic disorders; attachment disorders; substance misuse; eating disorders; and psychotic disorders (DFES, 2008). While these categories have roots in medical models of disease and disorder, the more recent conceptualisation of a continuum of human experience represents an attempt to reduce stigma and increase awareness of mental health (Dogra, *et al.,* 2009).

Research shows that approximately 10% of young people in Britain meet diagnostic criteria for mental health problems, such as anxiety and depression (Meltzer, Gatward, Goodman & Ford, 2000). These individuals are likely to be experiencing multiple impairments and are at risk of future problems, in particular academic, occupational, and social interaction difficulties (Carr, 2006; Dietz *et al.,* 2008; Fergusson & Woodward, 2002; Frojd *et al.,* 2008; Katon *et al.,* 2010). However, it is likely that the *true* figure of young people who experience some form of mental health difficulty – and associated impairment – is likely to be higher than the 10% figure quoted above. Seminal research by Angold *et al.* (1999) suggested that there are large numbers of individuals who experience mental health difficulties, but lie below diagnostic thresholds; these individuals have been shown to be as psychosocially impaired as their diagnosed counterparts. McGorry (2011) suggests that mental health difficulties present the greatest barrier to healthy development for young people in modern society.

Providing support and intervention in the mental health domain has traditionally been the responsibility of health professionals; in the case of children and young people, this responsibility typically falls to the Child and Adolescent Mental Health Service (CAMHS). However, in the past 10 years, UK legislation has proposed that supporting the mental health of children and young people is the responsibility of *all* adults who work with them (Rait *et al.,* 2010). Furthermore, with UK health services straining under the financial weight that is placed upon them by addressing the needs of people with mental health difficulties such as depression and anxiety (National Collaborating Centre for Mental Health, 2005) and CAMHS struggling to find capacity to adhere to the most recent NICE guidelines (Murray & Cartwright-Hatton, 2006; National Collaborating Centre for Mental Health, 2005; Stallard, Udwin, Goddard, & Hibbert, 2007), there seems an opportunity for Educational Psychologists to become involved in the prevention, early identification, and management of child and adolescent mental health difficulties (Greig, 2004; Rait, *et al.,* 2010).

Traditionally, EP involvement in ‘therapy’ could be viewed as aligning with medical models of child development, where problems are seen as residing within the individual, and environmental factors are overlooked (MacKay & Greig, 2007). However, contextual factors are important components of therapeutic formulations; the interaction of psychological, social, environmental and biological factors should be embraced when considering a ‘problem’ and developing intervention plans (MacKay & Greig, 2007). As Bronfenbrenner’s (1979) ecological systems model would suggest, the young person is at the core of the system, and if s/he is experiencing psychological distress, then EPs have a duty of care to provide support as necessary, even if this is direct ‘therapy’ (MacKay & Greig, 2007). A key assumption of the commonly-used Cognitive Behavioural Therapy (CBT) – recommended by the National Institute for Clinical Excellence (NICE) as the ‘gold standard’ therapeutic intervention for difficulties such as anxiety and depression (NICE, 2005, 2009, 2011) – is that it should be embedded in context, where the resources of parents and school staff are harnessed to support the child’s progress and development (Fuggle, Dunsmuir & Curry, 2013).

Although EPs seem to be well placed to carry out therapeutic work, evidence of child outcomes in these cases is limited to relatively small-scale studies. In one such study, Squires (2001) delivered six sessions of cognitive behavioural therapy (CBT) to three groups of six to nine pupils aged 10-13. More information on CBT is provided later in this paper. The pupils did not necessarily have formal psychiatric diagnoses, but were deemed by teachers to be expressing a number of either disruptive or withdrawn behaviours. After the CBT sessions, it was found that 16 out of the 17 participants showed improvements in the teacher-rated measures of classroom behaviour. More recently, Ruttledge and Petrides (2012) reported an EP-led CBT intervention that was delivered to 22 young people, aged 13-14, who presented with disruptive behaviour. Participants reported significant reductions in anger and disruptive behaviour, and an increase in self-concept [all measured by the Beck Youth Inventories (Beck, Beck, & Jolly, 2005)].

The therapeutic work carried out by Squires (2001) and Ruttledge and Petrides (2013) was carried out within school settings, and could be deemed preferable to the clinic-based work of colleagues in health services, such as CAMHS. Rait *et al.* (2010) suggest that the future of psychological therapy for young people could lie within educational settings, where the relatively safe base of the classroom is seem as an ideal therapeutic arena. Ongoing evaluation and dissemination of findings will be required to further support the notion of school-based therapy carried out by EPs.

Pugh (2010) suggests that the increased involvement of EPs in mental health intervention has enriched EP practice; this not only involves direct delivery of therapeutic intervention, but also leading multi-agency teams concerned with promoting the emotional wellbeing of young people [such as the recent Targeted Mental Health in Schools project (DCSF, 2008)], setting up school-wide and class-wide prevention programmes, and delivering training for school staff and other professionals. As the most plentiful group of child psychologists employed in the public sector, EPs are ideally placed to be involved in mental health intervention (MacKay, 2007). With the seemingly high prevalence of mental health difficulties in children and young people (Meltzer *et al.*, 2000), EPs must exercise their duty of care when encountering young people in distress, and as such, therapeutic intervention should be a key EP role (MacKay, 2007).

Case overview

The present case study focuses on Laura (pseudonym), aged 15. Her school requested Educational Psychologist (EP) support due to concerns regarding her social, emotional and behavioural development. In addition, her school attendance had dropped to 75%, prompting involvement from the Education Welfare Officer. Laura had been on roll at the school for 10 months before EP support was requested. At her previous secondary school, Laura was reportedly bullied.

Laura lives at home with her mother and three sisters. Her mother informed me that she experiences on-going mental health problems herself, and is also battling breast cancer. Laura’s sisters are younger than her, and attend a local primary school. One of her sisters has behavioural difficulties, and is supported by the local Child and Adolescent Mental Health Service (CAMHS). Laura has never met her biological father, who was reportedly diagnosed with psychosis. Her mother has had a small number of different romantic partners, one of whom was violent towards her. Laura and her mother both informed me that Laura witnessed this domestic violence on a number of occasions. In addition, I was informed that the family were recently homeless for 12 months.

Laura’s mother reported that Laura has a history of self-harm. She also raised concerns regarding Laura’s academic development, and was agitated that her learning needs had not been formally recognised or indeed understood by the school. She stated that Laura complains that she does not understand schoolwork, does not understand instructions, and has difficulty with retention of information. Laura was also recently arrested on suspicion of theft, having allegedly stolen items from a shop during the 2011 Birmingham riots.

Before being referred for EP support, Laura had been engaged with the local Child and Adolescent Mental Health Service (CAMHS), who had diagnosed her with depression, generalised anxiety disorder and were considering post-traumatic stress disorder (PTSD). Eight months after the initial EP referral, the Local Authority issued a Statement of Special Educational Needs (SEN). In addition to her social, emotional and behavioural difficulties, the Statement of SEN identified significant learning difficulties and impaired language skills. To inform the Statement of SEN, the EP carried out a detailed assessment of her educational development. Please see Appendix 1 for the full, anonymised report. The statutory assessment demonstrated that Laura has significant learning difficulties and impaired language skills. It was suggested that these underlying difficulties were underpinning her delayed curriculum progress.

Discussions between the Trainee EP and the CAMHS Consultant Psychiatrist revealed that Laura had received a number of Cognitive Behavioural Therapy (CBT) sessions at CAMHS, but little progress was made. Laura reportedly complained of not understanding the therapist's questions, and often did not attend the scheduled sessions. Laura's mother reported that Laura was anxious when attending the CAMHS clinic. The statutory assessment showed that Laura's language and cognitive skills were akin to a primary school-aged child, possibly explaining her lack of engagement with- and understanding of- CBT. Indeed, CAMHS informed me that the CBT intervention had not been differentiated, as they were unaware of her additional learning needs. The TEP therefore proposed to deliver a therapeutic intervention aimed at younger children. Further discussion of the decision to deliver a differentiated package will be discussed later. The intervention was to be carried out at school. Further assessment and formulation would dictate the intervention choice.

Mental health assessment and detailed formulation

As mentioned previously, Laura was diagnosed with depression and generalised anxiety disorder, with additional PTSD also suspected by CAMHS. A psychiatric nurse had attempted to deliver a course of CBT focusing on symptoms of anxiety, but as mentioned above, to no avail. Although CAMHS's intervention involved an assessment and formulation, it was felt prudent to carry out further assessment and devise a new formulation. This was done for two reasons: first, the initial assessment and formulation was carried out some 6 months previously, and therefore it was possible that circumstances (and indeed symptoms) may have changed; second, the collaborative development and sharing of a formulation is a key element of the CBT process, where the therapist's professional and theoretical knowledge is combined with the client's understanding of his/her experiences and circumstances (Fuggle *et al.*, 2013). To uphold rigorous standards of intervention fidelity, it was important that new assessment and formulation be carried out by the TEP.

This intervention was carefully planned in order to ensure that rigorous standards of ethical practice were adhered to. The work was carried out within the context of a local authority educational psychology service, which is governed according to the guidelines of the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC). At an initial meeting, consent was gained from Laura's mother for me to carry out therapeutic work with her daughter. Then, at the first session with Laura, I proposed the idea that I would be meeting with her over the next 6-10 weeks to talk about the anxious and low feelings she has been experiencing. She agreed to attend the sessions. I informed her that the information we would discuss would remain confidential, unless she reported anything of concern. Furthermore, she agreed that I could ask her for permission to inform her mother and her teachers of her progress.

Assessment

At the first session, Laura and I discussed situations in which she felt low, worried, or anxious. It became apparent that she was more able to articulate the circumstances in which she was worried and anxious, rather than those where she experienced low mood. Using the “Getting to know you” chapter of *Cool Connections with CBT* (Seiler, 2008), Laura informed me that she worried about: going to school, making mistakes, using the telephone, ‘scary thoughts’ she ‘can’t get rid of’, the occasions when her mother does not come back from hospital, and looking after her sisters. She also said she has “butterflies” in her stomach when she goes to school (experienced both when she wakes up, and when she gets dropped off at the school gates).

Formal assessment was carried out using the CAMHS Outcome Research Consortium (CORC; Wolpert *et al.*, 2007) measures. CORC was developed in order to standardise the assessment and evaluation of therapeutic work carried out with children, young people and families; here the perspectives of the young person, family, and practitioner are measured (Wolpert *et al.*, 2007). The core measures are: The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997); the Health of the Nation Outcome Scales for Children and Adolescents (HONOSCA; Gowers *et al.*, 1998); and, the Clinical Global Assessment Scale (CGAS; Schaffer et al., 1983). More information on these measures is presented below. CORC also suggests the use of an additional, ‘problem-specific’ measure: in this case the Beck Youth Inventories (Beck, Beck, & Jolly, 2005) were used. More information on the BYI is presented below.

The CORC measures are deemed to be the most rigorous method of evaluating child and adolescent mental health intervention within UK health services (Wolpert *et al.*, 2007). Although the present case study was embedded within an education context, it was decided that the measures were highly relevant to the present case, where social and emotional difficulties, and general daily functioning were pertinent aspects. The assessments were administered during the second session with Laura. Detailed descriptions of the measures used are as follows:

(a) Strengths and difficulties questionnaire (SDQ; Goodman, 1997). The SDQ is a widely used measure of social, emotional, and behavioural development, designed for use with children and young people aged 4-16. The measure contains 25 items that can be rated as 0 (*Not True*), 1 (*Somewhat True*), or 2 (*Certainly True*). The item responses can be amalgamated to form 5 sub-scores: (1) emotional problems; (2) conduct problems; (3) hyperactivity/inattention problems; (4) peer relationship problems; and (5) pro-social behaviour. A high score indicates more difficulties in sub-scores 1-4; a low score indicates more difficulty in sub-score 5. Sub-scores 1-4 can be amalgamated to form an ‘overall difficulties’ score. For the present purposes, Laura completed a self-rated version of the measure (the questions were dictated), and her mother completed a parent-rated version.

(b) Health of the Nation Outcome Scales for Children and Adolescents (HONOSCA; Gowers *et al.*, 1998). The HONOSCA was developed as a measure of behaviour, impairment, symptoms, and social functioning of children and young people with mental health difficulties. HONOSCA comprises 13 items, to which the respondent answers on a 5-point severity scale: 0 = *Not at all*; 1 = *Insignificantly*; 2 = *Mild but definitely*; 3 = *Moderately*; 4 = *Severely*. The scores can be amalgamated to form a total score. In the present case, client-rated and practitioner-rated versions were completed.

(c) Clinical Global Assessment Scale (CGAS; Schaffer *et al.*, 1983). The CGAS is a practitioner-rated assessment of the general functioning of children and young people. The practitioner rates the client's functioning on a scale of 1-100, with a low score indicating poor functioning. To aid the rating process, the CGAS gives behavioural descriptors of each decile, where: 1-10 = *needs constant supervision*; 11-20 = *needs considerable supervision*; 21-30 = *unable to function in almost all areas*; 31-40 = *major impairment in functioning in several areas*; 41-50 = *moderate degree of interference in functioning*; 51-60 = *variable functioning with sporadic difficulties;* 61-70 = *some difficulty in single area*; 71-80 = *no more than slight impairment in functioning*; 81-90 = *good functioning*; and 91-100 = *superior functioning in all areas*. More detailed descriptors are provided in the CGAS manual. In the present circumstances, the rating was based on discussions with Laura, discussions with school staff, discussions with Laura's mother, and discussions with the professionals at CAMHS who had prior involvement.

(d) The Beck Youth Inventories (BYI; Beck, Beck, & Jolly, 2005). The BYI is a widely used measure consisting of several self-report sub-scales appropriate for use with children aged between 7 and 18 years. For the present case, three sub-scales were used: *depression* (negative thoughts, feelings of sadness and physiological indications of depression), *anxiety* (fears and physiological symptoms of anxiety), and *self-concept* (perceptions of competence and positive self-worth). Each inventory consists of 20 statements to which the young person is asked to respond using one of the following: 'never', 'sometimes', 'often', or 'always'. All items are worded in the same direction and higher total raw scores represent the higher levels on each subscale. The total raw scores can then be

converted to T-scores, so that the client's scores can be compared to other young people of the same age.

The BYI has excellent construct validity (Bose-Deakins & Floyd, 2004) with scores on the various sub-scales being closely correlated with scores on other measures of similar constructs. For example, scores on the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985) have been shown to be significantly correlated with the scores on the anxiety sub-scale (Bose-Deakins & Floyd, 2004). In the BYI standardization sample, Beck *et al.* (2005) report Cronbach's alpha coefficients of between 0.89 and 0.92 for the subscales, suggesting excellent internal consistency.

The results of the assessments are displayed in Tables 1-4.

Table 1: Laura's scores on the parent- and self-rated SDQ

	Self-rated		**Parent-rated**	
	Raw score	**Severity level**	**Raw score**	**Severity level**
Emotional problems	7	Very high	10	Very high
Conduct problems	1	Close to average	3	Slightly raised
Hyperactivity/inattention problems	7	High	10	Very high
Peer relationship problems	3	Slightly raised	4	High
Pro-social behaviour	7	Close to average	8	Close to average
Overall difficulties	18	High	27	Very high

Table 2: Laura's HONOSCA results

	Raw Score
Self-rated	24
Practitioner-rated	30

Table 3: Laura's practitioner-rated CGAS score

Raw score	**Behavioural descriptor**
45	Moderate degree of interference in functioning

Table 4: Laura's scores on the Anxiety, Depression, and Self-Concept sub-scales of the Beck Youth Inventories.

	T-Score	**Severity level**
Anxiety	79	Extremely elevated
Depression	72	Extremely elevated
Self-Concept	28	Much lower than average

The results suggest that Laura experiences significant difficulty in a number of areas. Firstly, there is broad concordance between the results of the BYI and the SDQ, with significant difficulties with depression and anxiety (BYI) correlating with the *very high* rating for emotional problems in the SDQ. Within the SDQ, Laura's mother reported a greater severity of difficulty than Laura, although both were in agreement that there were significant emotional problems, and difficulties with inattention: qualitative analysis of discussions with Laura and her mother suggested that Laura struggles to concentrate, and often 'day-dreams'.

Within the HONOSCA ratings, there was broad concordance between the client-rated and the practitioner-rated versions. Here, Laura suggested that she has great difficulty with concentration, low and anxious mood, and struggled to keep up with her educational programme. She also reported to be troubled by suspicious thoughts and hearing voices. Due to the potentially serious consequences of these experiences, this information was passed to CAMHS. The practitioner rating, based on discussions with teachers, Laura's mother, and Laura herself, indicated more difficulties than Laura reported, although in similar areas to those reported by Laura.

Finally, the CGAS rating of '45' indicated definite impairment of daily functioning in more than one area. Laura did not present as an overtly troubled young woman during the sessions: she was polite, well kempt, and – after initial shyness – was seemingly happy to engage in simple reciprocal social conversation. However, discussions with Laura's mother, CAMHS, school staff, and Laura herself suggested that her mental health difficulties were possibly presenting a barrier to her school attendance, and were preventing her from engaging with the academic support provided by school.

Detailed case formulation

The combination of the assessment results and initial discussions with Laura suggested that the intervention should focus on anxiety management. As mentioned above, it seemed that Laura was more able to articulate her anxious feelings, and identify circumstances in which she typically felt anxious. Furthermore, the results of the BYI assessment suggested that her difficulties with anxiety were more prominent than difficulties with depression.

One of the most common mental health difficulties experienced by young people today is anxiety (Carr, 2006). In clinical terms, anxiety disorders refer to a number of psychiatric conditions that differ according to the age of onset, stimuli that trigger the anxiety, aetiological factors, and pervasiveness of the anxiety experience (Carr, 2006). According to the *International Statistical Classification of Diseases and Related Health Problems, tenth edition* [ICD-10; World Health Organisation (WHO), 1992], and the US-based *Diagnostic and Statistical Manual Fourth Edition* (DSM-IV; APA, 2000), anxiety-based diagnoses include *Generalised Anxiety Disorder*, *Agoraphobia*, *Social Phobia*, *Post-Traumatic Stress Disorder*, and *Obsessive-Compulsive Disorder*.

Laura was diagnosed with *Generalised Anxiety Disorder* (GDA) by CAMHS, who were also investigating the possibility of PTSD (based on her witnessing of domestic violence). In the UK, mental health professionals often use ICD-10 (WHO, 1992) to diagnose GDA: ICD-10 suggests that the young person should be reporting feelings of nervousness, trembling, muscular tension, sweating, light-headedness, palpitations, dizziness, and epigastric discomfort. The symptoms should be present for several months and must co-occur with personal distress and impairments in everyday functioning. The findings of my assessment were in concordance with the ICD criteria: in addition to the assessment results reported previously, would often complain to me that she was feeling light-headed, and I was informed by Laura’s mother that she also had difficulties with Irritable Bowel Syndrome.

A detailed case formulation is presented in Figure 1. The formulation diagram is based on the model of anxiety as presented by Carr (2006).

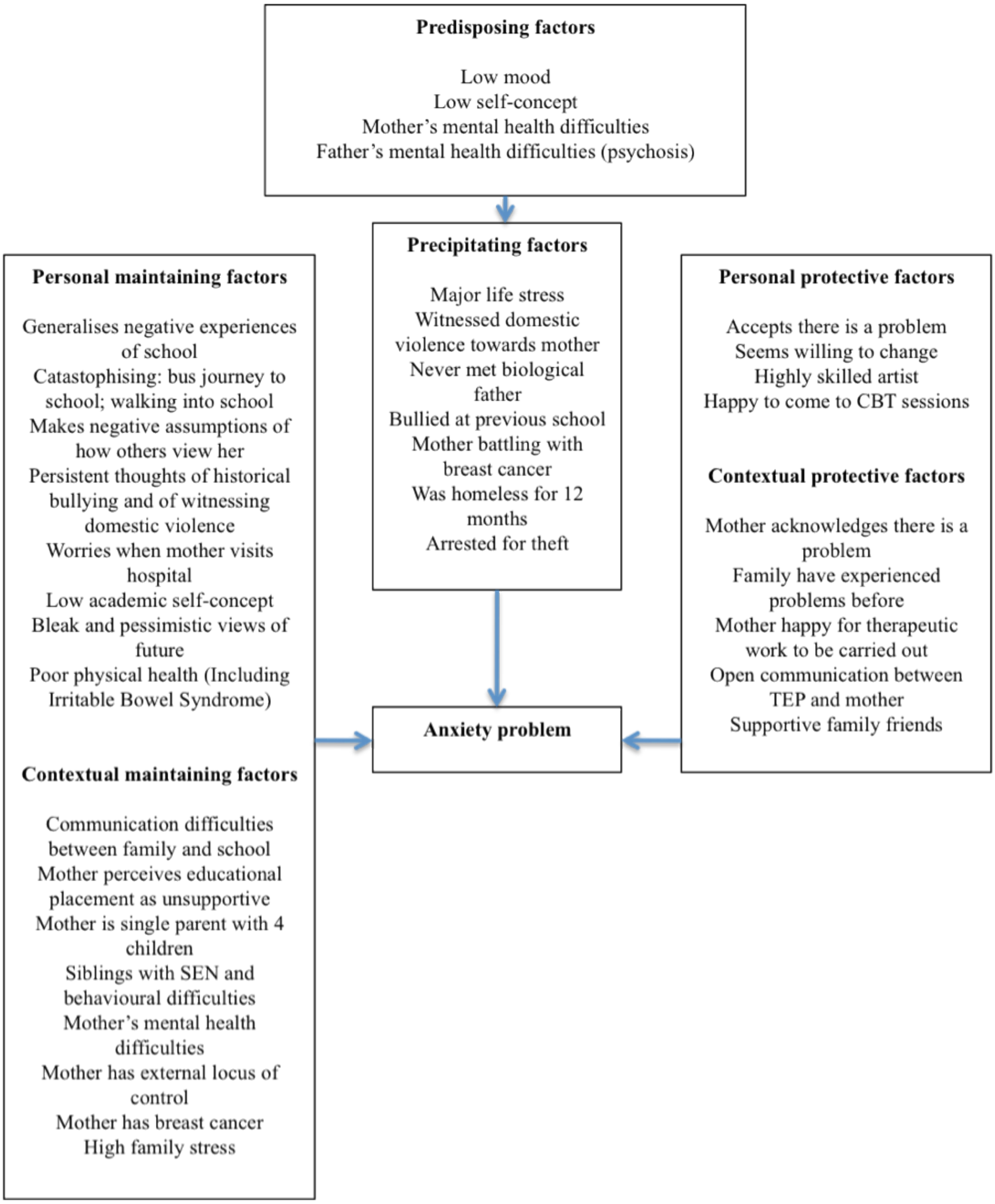
Predisposing factors
Low mood
Low self-concept
Mother’s mental health difficulties
Father’s mental health difficulties (psychosis)
Precipitating factors
Major life stress
Witnessed domestic violence towards mother
Never met biological father
Bullied at previous school
Mother battling with breast cancer
Was homeless for 12 months
Arrested for theft
Personal maintaining factors
Generalises negative experiences of school
Catastophising: bus journey to school; walking into school
Makes negative assumptions of how others view her
Persistent thoughts of historical bullying and of witnessing domestic violence
Worries when mother visits hospital
Low academic self-concept
Bleak and pessimistic views of future
Poor physical health (Including Irritable Bowel Syndrome)
Contextual maintaining factors
Communication difficulties between family and school
Mother perceives educational placement as unsupportive
Mother is single parent with 4 children
Siblings with SEN and behavioural difficulties
Mother’s mental health difficulties
Mother has external locus of control
Mother has breast cancer
High family stress
Anxiety problem
Personal protective factors
Accepts there is a problem
Seems willing to change
Highly skilled artist
Happy to come to CBT sessions
Contextual protective factors
Mother acknowledges there is a problem
Family have experienced problems before
Mother happy for therapeutic work to be carried out
Open communication between TEP and mother
Supportive family friends

Figure 1: Laura’s detailed case formulation based on Carr’s (2006) model of anxiety

During the first two sessions with Laura (information gathering, rapport building, assessment) it became apparent that she had difficulty articulating her thoughts (typically giving short, often one-word answers) and her cognitive difficulties (slow processing speed, poor memory) were apparent. Also, an ethical decision was taken to not share the detailed problem formulation presented in Figure 1. Firstly, it was unclear the extent to which she was aware of her mother’s mental health difficulties, and secondly, it was decided inappropriate to discuss the harrowing experiences of her recent past (such as witnessing domestic violence).

Evidence suggests that Cognitive-behavioural therapy (CBT) is the ‘gold standard’ psychological therapy for the treatment and management of anxiety in children and young people (Wolpert *et al.*, 2006). Therefore based on the evidence gathered and the formulation developed, it was decided to follow a cognitive-behavioural therapeutic protocol; however, in line with initial discussions with CAMHS, it was decided to use a child-oriented CBT package. In addition, the intention was to gain an understanding of specific anxiety-provoking situations, and thus develop a more focused problem-specific formulation over the course of the following sessions.

CBT and the present case study

CBT has origins in the cognitive model of depression (Beck, 1976), and emphasises the interaction between cognition and behaviour in the maintenance and indeed dissipation of mental health difficulties such as anxiety and depression (Fuggle *et al.*, 2013).

Although initially developed to treat adult mental health difficulties (Beck, 1976), evidence suggests that CBT is an effective approach for use with children and young people (Fuggle *et al.*, 2013). It is recommended as the ‘front-line’ intervention for a range of childhood psychological difficulties such as anxiety (Wolpert *et al.*, 2006) and depression (National Collaborating Centre for Mental Health, 2005; Wolpert *et al.*, 2006). However, there is mixed evidence for its effectiveness for young people with conduct problems (Carr, 2006; National Institute for Health and Clinical Excellence, 2013). Research also suggests that CBT approaches can be used with young people who experience psychological difficulties, but do not necessarily attract a formal clinical diagnosis (Horowitz & Garber, 2006).

Laura had a diagnosis of anxiety, and as such had already received a course of CBT. However, it was apparent that this course of therapy was not effective, with one hypothesis being that the CBT approach was not commensurate with her learning and language needs. Although individuals with learning difficulties are highly likely to experience mental health problems, they are less likely to be offered talking therapies, such as CBT, than those without learning difficulties (Taylor, Lindsay & Willner, 2008). Some suggest that there are ingrained assumptions amongst mental health professionals that those with learning difficulties lack the mental capacity to use talking therapies (Hassiotis, *et al.*, 2011). However, some clinicians and researchers suggest that individuals with delayed cognitive development can engage with CBT (Sauter *et al.*, 2009), and it can indeed be effective (Taylor, Lindsay & Willner, 2008). Indeed, it has been suggested that those with learning difficulties are able to form links between thoughts, feelings and behaviours – a key underlying premise of CBT (Hassiotis *et al.*, 2011). In an extensive review of studies examining psychological therapies in individuals with learning difficulties, Willner (2005) found that CBT has been shown to reduce levels of anxiety and depression in this population. However, there are currently no published randomised controlled trials (RCTs) in this area (compared to myriad studies of those without learning difficulties), therefore firm conclusions cannot be made (Willner, 2005). To-date, there is one such RCT underway, but the findings are yet to be published (Hassiotis *et al.,* 2011).

In CBT for children and young people, the therapist needs to communicate relatively complex ideas, thus requiring a level of abstract thought on the part of the service-user: as such, children and young people with learning difficulties (such as Laura) are likely to require support to understand these concepts (Fuggle *et al.,* 2013). A key aspect of CBT in those with learning difficulties is modifying the programme according to the needs of the individual (Hassiotis *et al.,* 2011). Sauter, Heyne and Westenberg (2009) propose that tailoring CBT for anxiety to the developmental level of the young person is vital to the effectiveness of the intervention. It has been suggested that the capacity for abstract thought and meta-cognitive skills are needed to engage with CBT (Sauter *et al.,* 2009): Piagetian theory suggests this would begin to emerge from 7 years old, and would develop across the *concrete operational* and *formal operational* periods of development. Ensuring that the therapy is child-centred and commensurate with cognitive levels is a vital element of CBT for young people, with benefits evident for the therapeutic alliance and indeed the young person's understanding and engagement with the therapeutic process (Fuggle *et al.,* 2013; Sauter *et al.,* 2009).

A key process within CBT is building a positive therapeutic alliance between therapist and client; without this relationship, therapy is unlikely to be effective (Fuggle *et al.,* 2013). The therapeutic alliance is particularly important when carrying out CBT with individuals, such as Laura, who have learning difficulties (Pert *et al.,* 2013). Early work by Truax & Carkhuff (1967) suggests that warmth, empathy and genuine positive regard towards the client are key factors in building a trusting therapeutic relationship. Furthermore, when working with children and young people, the process of *mentalisation* is crucial (Fuggle *et al.,* 2013). *Mentalisation* refers to the ability to understand the behaviour of self and others by understanding mental states. Within CBT, it is important for the therapist to: (a) understand that the young person with mental health difficulties may have impaired mentalising skills, and thus may need to be supported to understand the mental states of others; and, (b) to position the 'problem' within the therapist, where it is made clear that the therapist needs to better understand the thoughts and experiences of the child (Fuggle *et al.,* 2013).

For Laura, it was decided that the *Think Good Feel Good* (Stallard, 2002, 2005) materials would be appropriate as they had a clear focus on rapport building and fostering an understanding of thoughts, feelings and behaviours in younger children. Many activities are focused on inferring mental states of others. Here, these concepts are often presented using pictures and thought bubbles. As Laura had such difficulty understanding CBT at CAMHS, it was decided that a clear focus (at least, initially) would be to support her delineation of thoughts, feelings and behaviours, and work towards challenging negative thoughts in certain anxiety-provoking situations.

Over 8 weekly sessions with Laura, I focused on a small number of the *Think Good Feel Good* chapters, including “Thoughts, feelings and what you do”, “Automatic thoughts”, “Thinking errors”, “Balanced thinking”, and “Controlling your thoughts”. The aim was to support her understanding of how her thoughts interacted with her feelings and behaviours, particularly when she wakes up, and when she gets dropped off outside the school gates. A core element of CBT (and of course *Think Good Feel Good*) is setting the client 'homework' tasks (Stallard, 2002, 2005). In the present circumstances, I asked Laura to complete a thought diary, where she had to write down any negative thoughts, in addition to stating what she was doing at the time, and how this made her feel. Unfortunately, Laura never completed her diary, and often reported that she had lost it or had forgotten to complete it. The support and involvement of others in the CBT process is key (Fuggle *et al.*, 2013; Stallard, 2002, 2005), and therefore I discussed the thought diary with Laura's mother and the school SENCo: here, I asked them to remind Laura to complete it at intermittent intervals throughout the week, and provided them with spare copies of the thought diary. However, this did not translate into successful completion of the diary. As such, my understanding of her anxiety was limited to the information she recalled in each session. Therefore, to maximise the usefulness of the sessions, it was important that I effectively utilised certain strategies to help Laura explore her beliefs about herself and her world within each session (Stallard, 2002 2005). A key approach I used was the *Socratic Dialogue*.

The *Socratic Dialogue* refers to the process by which the therapist and client gain an understanding of the client's cognitive processes used to make sense of his/her world, and work toward testing and reappraising any thinking errors that may be distorting this view and causing distress (Fuggle *et al.* 2013; Stallard, 2005). Three key elements of Socratic dialogue, as outlined by Fuggle, *et al.* (2013), were adhered to in my sessions with Laura: (1) supporting the client to feel understood, by listening to evidence for their thought processes and conclusions; (2) exploring other possible conclusions that could be drawn from the same scenarios; and (3) summarising and reflecting on the discussion. For example, when Laura informed me that she believed others at school did not like her, I asked "Help me to understand why you believe this". When she stated that, when approaching the school gates, she believes her school day will be 'horrible', I asked "I wonder how certain you are that school will be horrible" and "Have there been times when it hasn't been horrible?". I also found it useful to ask her what she would say to a friend if she also felt like this when going to school.

Using the visual materials presented in *Think Good Feel Good* Laura demonstrated that she was able to pick apart her thoughts, feelings and behaviours in certain situations. I therefore introduced the idea of *Negative Automatic Thoughts* (NATs). NATs refer to our habitual, negative appraisals of life situations (Stallard, 2005; Fuggle *et al.*, 2013). We discussed that Laura needs to challenge her NATs, so that when she thinks “I don’t want to go to school because the others don’t like me” or “school is horrible”, she can propose alternative explanations. For example, she could not identify the last ‘horrible’ day she had at school, so we discussed the idea that next time she was on the school drive thinking ‘school will be horrible’ she could challenge this with the idea that “the last few times I was here, it wasn’t so bad”.

Assessment, rapport building, and the discussions of her appraisals of anxiety-inducing situations spanned the first 6 sessions. During this time there were several occasions where sessions had to be curtailed as Laura complained of feeling dizzy and tired; on other occasions it was apparent that Laura needed time to process and understand the concepts we were discussing (such as delineating thoughts, feelings and behaviours, and the notion of generating alternative explanations for NATs). As the sessions wore on I developed a basic formulation, focused on the problem situation we had been discussing: “getting butterflies in my stomach and feeling nervous when I wake up and when I get to the school gates”. As referred to above, I decided not to share my detailed formulation, but rather develop a more basic formulation focused on the specific situations in which Laura experienced anxiety and nervousness. The formulation was developed through my professional and theoretical knowledge, in addition to my understanding of Laura’s experiences and circumstances. The formulation was based on Fuggle, *et al.*'s (2013) *Basic Formulation* template (pp. 71), and is presented in Figure 2.

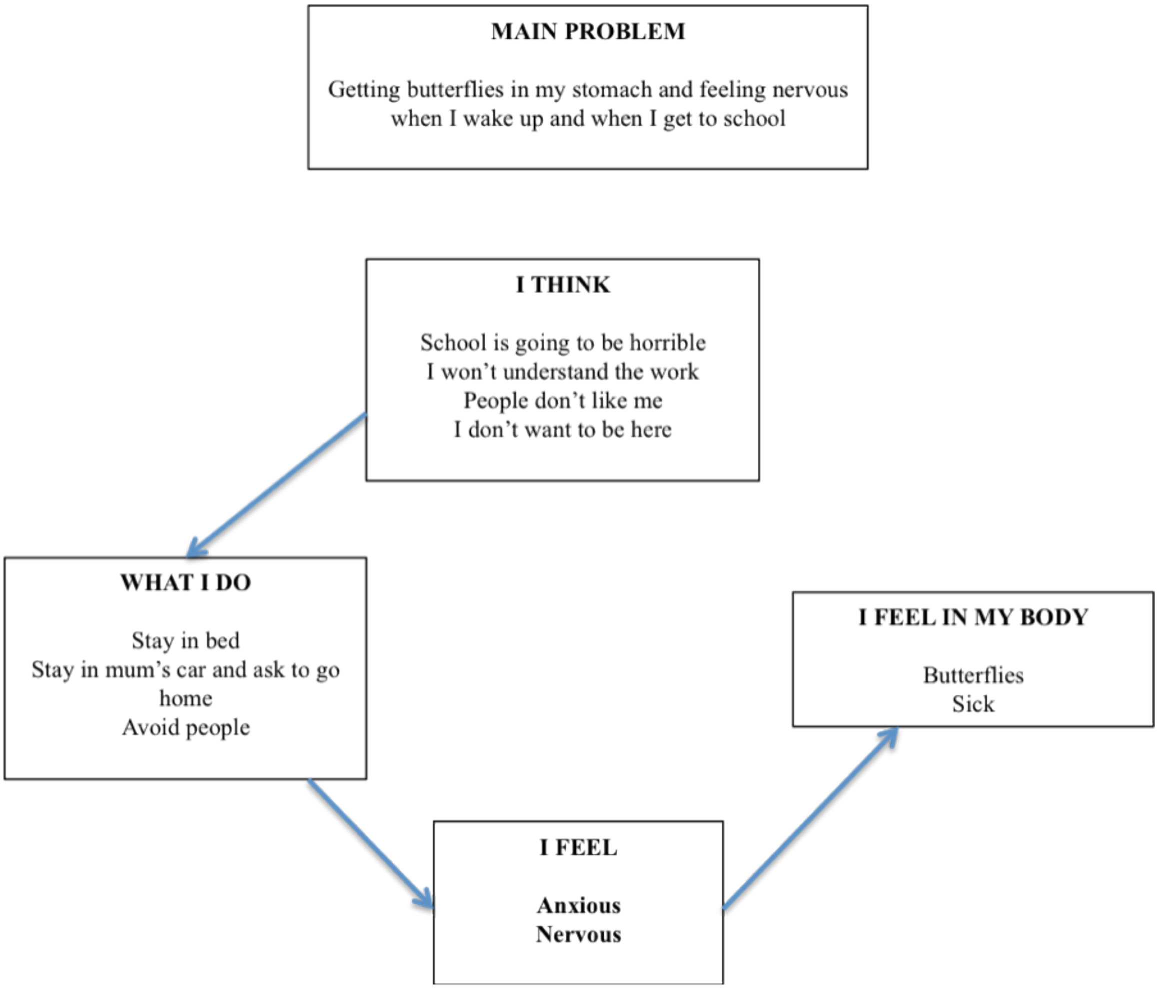
MAIN PROBLEM
Getting butterflies in my stomach and feeling nervous when I wake up and when I get to school
I THINK
School is going to be horrible
I won't understand the work
People don't like me
I don't want to be here
WHAT I DO
Stay in bed
Stay in mum's car and ask to go home
Avoid people
I FEEL IN MY BODY
Butterflies
Sick
I FEEL
Anxious
Nervous

Figure 2: Laura's basic problem formulation based on Fuggle, Dunsmuir & Curry (2013)

At the end of Session 8 I reminded Laura that there would be two sessions remaining. In this session we discussed 'controlling your thoughts' – *Think Good Feel Good* Chapter 9. I devised a 'help sheet' containing a number of techniques she could apply when NATs entered her head. Due to her difficulties with reading I aimed to write the help sheets in simple language, and I asked her mother and the school SENCo to discuss the ideas with her, and check on her progress. The help sheets are presented in Appendix 2. The techniques included distraction, carrying out absorbing activities, positive self-talk and ‘thought stopping’ (i.e. saying ‘STOP’ when encountering NATs) (Stallard, 2002). This was the last time I met with Laura. The next two scheduled appointments were cancelled due to her being ill and the school being closed due to adverse weather. After this, her school attendance dropped once more, meaning that I was unable to meet with her. At the time of writing, I am endeavouring to meet with her once again.

Evaluating impact

Rigorous evaluation of progress is ingrained in CBT practice (Fuggle *et al.,* 2013). Behavioural change can be evaluated via a number of methods, including personal goal setting, observation of the client, and ratings of symptom and functional change (Fuggle *et al.,* 2013). In the present case, the intention was to administer the CORC assessments (see *Assessment*) pre- and post-intervention, with more regular, intermittent assessment carried out using the Beck Youth Inventories *Anxiety* sub-scale. However, as my contact with Laura was curtailed before the end of the intervention period, I was unable to administer the post-intervention CORC assessment. As such, at the time of writing, a definitive answer as to the effectiveness of the intervention is not available. Please see Table 5 for the results of the BYI Anxiety assessments carried out at baseline, session (week) 4 and session (week) 7.

Table 5: Laura’s scores on the Anxiety sub-scale of the Beck Youth Inventories at baseline, session 4, and session 7.

	T-Score	**Severity level**
Baseline	79	Extremely elevated
Session 4	67	Moderately elevated
Session 7	47	Average

As can be seen in Table 5, it seems that Laura’s levels of anxiety had dropped over the course of the intervention period. I rated her functioning on the CGAS as 60 (“Variable functioning with sporadic difficulties”), which reflected her increased school attendance and reduction in self-reported symptoms, but acknowledged that dysfunction could still possibly be evident in certain situations.

Discussion

This case study is an example of a trainee educational psychologist (TEP) delivery of a CBT intervention. The intervention was carried out with Laura, a 15 year-old girl who attended a mainstream secondary school. Laura had recently received a Statement of SEN that identified significant difficulties across a number of domains of functioning. In addition Laura had been diagnosed with depression and anxiety, but did not respond to CBT at CAMHS, and often did not attend appointments. The TEP proposed to deliver a more child-focused CBT, carried out in a school setting. Although Laura’s school attendance was cause for concern, Laura and her mother felt that a school-based intervention would be preferable to attending the CAMHS clinic due to Laura’s apparent increased anxiety when attending.

Assessment revealed that Laura's anxiety levels dropped over the course of the intervention, however, circumstances dictated that it was not possible to complete the agreed number of sessions and carry out the final assessment with Laura and her mother. Examination of the detailed formulation presented in Figure 1 shows that a large number of factors were involved in the onset and maintenance of Laura's anxiety. It was decided that my intervention would be carried out to support Laura in recognising her 'unhelpful' thoughts, challenging her biased view of events and circumstances, and thus reducing the distress she experienced on a seemingly daily basis. Although my work did correlate with a reduction in anxiety and increase in school attendance, the long-term impact of the intervention is unknown. In addition, after two sessions (weeks 9 and 10) were cancelled (Laura was ill and there were adverse weather conditions) Laura's school attendance dropped, and I was unable to see her again, despite telephone conversations with her mother and arranging several more appointments. It is possible that the early curtailment of the therapeutic alliance may have reduced Laura's motivation to meet with me. The importance of the therapeutic alliance is highlighted by Willner (2006) who proposed that, in cases of 'intellectual disability', the bond between client and therapist can be as important to the success of the intervention as the underlying capacity to understand and apply the skills learnt in therapy. Indeed, perhaps this was a key difference between the CAMHS intervention and the present intervention, and may have accounted for the difference in CBT response: both Laura and her mother reported difficulties with her engagement with CAMHS, and as such it is possible that a strong therapeutic alliance may not have been formed.

If the intervention was to be repeated however, a number of steps could have been taken to increase the likelihood that the sessions were completed. One alternative approach could have been to carry out at least some of the sessions at Laura's home. Even though Laura was experiencing some school-based anxiety, it was felt that the development of a therapeutic bond, and regular, protected, safe sessions would increase her motivation to attend school. Indeed, initially, this seemed to be the case, with Laura attending every session for several weeks. However, perhaps after the sessions stalled, it would have been useful to offer sessions at home, rather than attempting to rearrange for alternative dates at school.

Another step that could be taken if the intervention was to be repeated would be to place a greater emphasis on the involvement of other adults. A key assumption of CBT is that the resources of significant others are harnessed to support the individual's progress and development (Fuggle *et al.*, 2013). In the present case, the school SENCo and Laura's mother were independently asked to check on her progress with regards to one specific task. A more effective approach could have been to invite Laura, Laura's mother, and the SENCo to an initial meeting, where the plans for the sessions were discussed. The notion that 'homework' would be set could have been discussed, with each person assuming different responsibilities in order to ensure that the intervention would be as effective as possible. In reality, the conversations I had with her mother and the SENCo were carried out separately, via telephone, and as such it is unlikely that a true sense of collaboration could have been harnessed.

Of course, one explanation for the seemingly positive outcomes of the intervention (at least, in the short term) could be that the differentiated approach to CBT was indeed effective. Previous assessment revealed that Laura's learning and language skills were akin to the level of a primary-aged child, and as such the undifferentiated CAMHS approach may not have been appropriate for her cognitive level. The importance of appropriately differentiated CBT has been discussed in the literature (Fuggle *et al.*, 2013; Pert *et al.*, 2013; Sauter *et al.*, 2009), with studies showing that CBT appropriately tailored to the young person's developmental level can be effective (Sauter *et al.*, 2009). Perhaps the improvement in anxiety scores can be attributed to the developmental appropriateness of the intervention programme. However, please note that the aforementioned assessments comprised mainly of learning and language assessments, where progress in the curriculum is assessed; CBT-specific cognitions (abstract thought, social perspective taking) were not assessed, and as such one cannot assume with certainty that Laura did or did not have developmentally appropriate skills in these specific cognitive domains.

The ecological systems model (Bronfenbrenner, 1979) suggests that the young person's development is heavily influenced by the actions of those in their social ecosystem. Sauter *et al.* (2009) suggest that the adolescent's engagement with therapeutic intervention is influenced by their social context. Upon reflection, perhaps a family-based intervention would have been more appropriate. The detailed formulation (Figure 1) shows that a wide range of factors were impacting on Laura's mental health, and perhaps more long-term success could have been brought about through intervention targeting Laura's developmental context (i.e. the family system). For example, systemic family therapy could have been an effective approach. Family therapy refers to any therapeutic approach that explicitly focuses on the interactions between family members, and seeks to improve the functioning of family members and moreover the family unit (Cottrell & Boston, 2002; Gurman, Kniskern, & Pinsof, 1986). For example, some evidence suggests that family-based CBT is more effective than individual CBT for childhood anxiety, particularly when parents also experience mental health difficulties (Kaslow, Broth, Smith, & Collins, 2011).

Furthermore, I noted that although Laura's mother cared deeply for the welfare of her daughters, there seemed to be a great deal of Expressed Emotion in the home. Expressed Emotion (EE) refers to critical, hostile, or emotionally over-involved attitudes of caregivers toward a family member who experiences mental health difficulties (Kim & Miklowitz, 2004). EE is known to be involved in the onset, maintenance and relapse of a range of mental health difficulties (Kim & Miklowitz, 2004). During my conversations with Laura’s mother, she would quickly become frustrated and angry about Laura’s ‘refusal’ to attend school. Evidence suggests that psychoeducation, developing communication skills, and problem solving can reduce levels of EE in family members of individuals with mental health difficulties (Kim & Miklowitz, 2004).

Implications for Educational Psychology

The present case study has multiple implications for EP practice. As mentioned previously, EPs are in a prime position in the community to carry out therapeutic interventions (Greig, 2004; Rait *et al.,* 2010). Indeed one reason for this is that EPs’ community orientation is seen as preferable to the clinic-based work of colleagues in health services, such as CAMHS (Rait *et al.,* 2010). Furthermore, the CAMHS model of clinic-based therapy is often seen as prohibitive for families, particularly those with limited material and motivational resources (Rait *et al.,* 2010). Indeed, this seemed to be the case in the present study for Laura and her family.

Further support for the possible role of EPs in the provision of therapeutic interventions can be elucidated from research into the prevalence and conceptualisation of mental health difficulties. Recent evidence suggests that between 10% and 15% of children and young people in the UK meet criteria for a disorder of mental health (Green *et al.,* 2004). Furthermore, by applying the continuum model of mental health (referred to earlier in this paper) one could opine that many more young people are in need of mental health support (Dogra *et al.,* 2009). As the most prevalent group of child psychologists in the public sector, operating within communities, EPs appear to be in a key position to provide support for the mental health of these at-risk young people, regardless of a categorical diagnosis (MacKay, 2007).

With the increased commissioning of EP services, the provision of therapeutic interventions by EPs could be curtailed, with the core role of assessment of SEN (statutory and non-statutory) being prioritised by schools and parents (Pugh, 2010). To protect and promote the role of educational psychology in therapeutic services, Pugh (2010) proposes that EP training programmes must emphasise the therapeutic function of EPs. In addition, EP services must effectively market the therapeutic role of the EP, where the capacity for one-to-one, group, and school-wide therapeutic provision, in addition to staff training, is promoted through service-level agreements presented to contractors (Pugh, 2010).

Conclusion

The present case study has demonstrated how one-to-one CBT delivered in the school setting by an EP has brought about positive change for an adolescent girl who has difficulties with anxiety. Although the long-term impact of the intervention was not clear, a short-term reduction in anxiety symptoms and improved associated functioning was evidenced. The literature suggests that EPs can play a significant role in the delivery of therapeutic interventions in community settings, and that the potential for this role should be promoted.

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Appendix 1: Educational psychologist's statutory advice

Educational Psychologist's Statutory Advice (1996 Education Act)

Child's Details

Pupil:	Laura G
Date of Birth:	
Address:	
School:	ABC HIGH SCHOOL

Educational Psychologist's Details

Trainee Educational Psychologist:	James Birchwood, BSc. (Hons.), MSc., PhD.
Date of Report:	June 2012

Part A: Psychological Investigation

1. Introduction

1.1 Basic Details

Surname:	G	**Forename:**	Laura
Date of Birth:	18.10.96	**Male/Female:**	Female
Address:			
Present School:	ABC HIGH SCHOOL		
Parent(s)/Guardian(s) Names:	Ms Laura G		
Legal status of child:	Natural child of above parent.		
Ethnic Origin:	Mixed; White and Black Carribean	**Home Language:**	English

1.2 Sources of Information

This report is based on

i) information on file at Inclusion Support, including assessment by ******, Educational Psychologist.
ii) discussion and assessment with Laura at school on 31.05.12, 11.06.12, and 19.06.12
iii) discussion with Laura's mother, Ms Laura G, at home, on 11.05.12
iv) discussion with school staff at ABC HIGH SCHOOL on 19.06.12

1.3 Reason for Involvement

I was asked to see Laura by the Local Authority in May 2012 in order to provide advice for a Statutory Assessment of Special Educational Needs. Laura has been known to Inclusion Support since July 2010, when she was referred to the Educational Psychologist by staff at ABC HIGH SCHOOL , because of behavioural, social, and emotional difficulties.

1.4 Focus of Assessment

The focus of this assessment has been on Laura’s social and emotional development, cognitive skills, learning skills and language skills.

2. Evidence

2.1 Physical

I was not made aware of any particular physical difficulties.

2.2 Medical

At the time of writing, Sandwell Child and Adolescent Mental Health Service (CAMHS) recently administered a course of medication to treat depression and anxiety.

2.3 Sensory

There are no known sensory difficulties.

2.4 Emotional Development

Laura’s mother, Ms G, reported that Laura often becomes distressed before school. Ms G stated that she regularly needs to prompt Laura to carry out the typical morning routine (waking, washing, breakfast, and so-on); during this time she appears anxious and often cries, and needs to be driven to school (rather than using public transport). There are often occasions where Laura’s distress is such that Ms G cannot persuade her to attend school. Staff at ABC HIGH SCHOOL have reported concerns about Laura’s attendance figures.

Ms G informed me that Laura has experienced suicidal thoughts in the past, and has engaged in self-harm. She stated that this began at approximately age 8.

To provide more information, I administered several subtests of the Beck Youth Inventories, Second Edition. For more information on this assessment, please see Appendix 1. The results are presented in Table 1.

Table 1: Laura’s scores on the Anxiety and Depression sub-scales of the Beck Youth Inventories.

	T-Score	**Severity level**
Anxiety	79	Extremely elevated
Depression	72	Extremely elevated

As can be seen above, the results of the assessment are cause for concern, indicating ‘Extremely Elevated’ levels of anxiety and depression. These scores support the findings of Sandwell CAMHS, and suggest that Laura is experiencing significant difficulty with anxiety and depression. Of particular concern were several answers in the Depression Inventory. In response to the statement *“I wish I were dead”*, she endorsed the answer *“Often”*; to *“I feel no one loves me”*, she responded *“Often”*; and, to the statement *“I think my life will be bad”*, she responded *“Always”*.

Laura has a history of social and emotional difficulties, and has experienced a number of significant stressful life events. Laura’s mother reported that Laura witnessed domestic violence and the family were homeless for twelve months. Laura’s mother is currently battling cancer. It is also reported that at her previous schools (St John Boscoe and Stuart Bathurst), Laura was the victim of bullying.

Continued monitoring, intervention and treatment are of high importance.

2.5 Self-concept/identity/self-esteem

In order to explore Laura’s view of self, it was decided to carry out a formal assessment of her ‘self-concept’. Self-concept refers to the individual’s perception of their unique individual characteristics; this perception determines their view of their position in society, and value to other people. This was assessed using the Self-Concept sub-scale of the Beck Youth Inventories. The results are presented in Table 2.

Table 2: Laura’s score on the Self-Concept sub-scale of the Beck Youth Inventories.

	T-Score	**Severity level**
Self-concept	28	Much lower than average

The T-score descriptor of ‘Much lower than average’ suggests that Laura has a low view of her worth to herself and others.

2.6 Language Development

During assessment, I found that Laura seemed to struggle to articulate herself, and at times struggled to understand some instructions I gave her. Whilst carrying out the Beck Youth Inventories assessment (see Section 2.4), I attempted to engage Laura in a conversation about her thoughts and feelings; several times she informed me that she could not think of how to verbally describe her thoughts.

Laura informed me that she has difficulty with understanding instructions given by teachers; her mother informed me that Laura will often state that she does not understand homework tasks. Ms G feels that in order for Laura to fully understand her, she has to speak to her in a child-like, explicit, manner.

In January 2012, Francesca Potter, Educational Psychologist, carried out an assessment of Laura's listening skills, using the Wechsler Individual Achievement Test, Second UK Edition (WIAT-II UK). At the time of testing, Laura's chronological age was 15 years 2 months. For more information on the WIAT-II, please see Appendix 1.

Table 3: Laura's performance on the Listening Comprehension sub-test of the WIAT-II

	Standard Score	**Standard score 95% confidence interval**	**Percentile**	**Age Equivalent (Years: Months)**
Listening Comprehension	51	40-62	<0.1	6:04

As can be seen in Table 3, Laura performed to a low level on this assessment, suggesting that she has marked language comprehension difficulties. The percentile score of <0.1 means that it is likely that more than 99.9% of young people of Laura's age would score higher on this assessment.

The results of this assessment are supported by the findings of ********, Speech and Language Therapist. In a report dated 8th March 2012, ******** stated that Laura completed the *Understanding Spoken Paragraphs* sub-test of the Clinical Evaluation of Language Fundamentals, 4th Edition (CELF-4). For more information on the CELF-4, please see Appendix 1. In this assessment, the pupil is asked to answer a number of questions in response to a passage read out by the examiner. Here, Laura achieved a scaled score of 2 (where 10 is the average), and a percentile score of 0.2.

The results of *********** assessment further indicate that Laura has significant language comprehension difficulties, and as such will require appropriate support.

2.7 Social Development

Each time I met Laura, she presented as a quiet, polite girl, who was happy to work with me for periods of between 1 and 2 hours. In one-to-one situations she displayed appropriate social communication skills, gave appropriate eye contact, appeared to understand humour, and responded appropriately to sarcasm (i.e. she did not appear to take my sarcastic humour literally). However, she did appear to be shy, and tended to speak only when spoken to. Notes on file show that other professionals (e.g. **********) have also noted that Laura displays appropriate social communication skills in one-to-one situations.

Ms G reported that Laura often does not interact with others at social gatherings, and when approached for conversation (at such gatherings) she will tend to give one-word answers. Ms G has noted a large difference between Laura and her sisters in social situations.

It appears that Laura finds certain social situations quite stressful and confusing. For example, Ms G informed me that if Laura uses public transport, she often gets lost, to the extent that the police have been called on a number of occasions to help find her. Ms G also stated that when Laura goes to a shop, she has great difficulty with finding the correct items and interacting with the shop keeper. As such her mother usually writes a shopping list for Laura to give to the shop keeper.

Laura informed me that she has a number of friends at ABC HIGH SCHOOL . Notes on file suggest that Ms G feels she has to encourage Laura to meet up with her friends outside of school.

In August 2011, Ms G handed Laura to the police, as she discovered that Laura had stolen a number of items from a shop in the midst of the Birmingham riots. Laura has been involved with the Sandwell Youth Offending Team as a result of this.

2.8 Cognition/Learning

In January 2012, **************, Educational Psychologist, carried out an assessment of Laura’s learning skills, using the Wechsler Individual Achievement Test, Second UK Edition (WIAT-II UK). At the time of testing, Laura’s chronological age was 15 years 2 months. Table 4 shows Laura’s performance in the *Word Reading*, *Pseudoword Decoding*, *Spelling*, *Numerical Operations* and *Mathematical Reasoning* sub-tests. Please note that the *Spelling* sub-test was administered by me, on 19.06.12, when Laura’s chronological age was 15 years 8 months. Please see Appendix 1 for more information about the WIAT-II.

Table 4: Laura’s performance on various subtests of the WIAT-II

	Standard score	**Standard score 90% confidence interval**	**Percentile**	**Age Equivalent (Years: Months)**
Word Reading	73	67-79	4	10:05
Pseudoword Decoding	72	67-77	3	6:08
Spelling	40	32-48	<0.1	5:04
Numerical Operations	41	33-49	<0.1	5:08
Mathematical Reasoning	40	32-48	<0.1	5:00

The results presented in Table 4 suggest Laura has significant difficulty with several key academic skills. Her percentile scores in *Spelling*, *Numerical Operations* and *Mathematical Reasoning* suggest that at least 99.9% of young people her age would be expected to achieve higher scores. Her scores in each of the subtests are classified in the ‘below average’ range. The age-equivalents further highlight that her performance was well below the level typically expected for a child of her age.

In the *Numerical Operations* sub-test, Laura could recognise different numbers and symbols (e.g. “+” and “-“), however she incorrectly answered several simple sums, such as “4 - 2 =” and “2 + 3 + 1 + 4 =”. In *Mathematical Reasoning*, Laura had difficulty in carrying out applied mathematics problems. Several questions required Laura to correctly tell the time, and use time to compare and order events; Laura answered all of these questions incorrectly. This supports conversations I had with Laura’s mother and school staff, in which it was suggested that Laura has a poor concept of time. Ms G informed me that Laura will often awake in the middle of the night, and begin the morning routine (e.g. running a bath, getting dressed).

The results of the *Pseudoword Decoding* sub-test suggest that Laura has difficulty with applying phonic skills to decode nonsense words. The results of the *Word Reading* sub-test suggest that Laura has difficulty with reading de-contextualized words, although the age equivalent of 10 years 4 months suggests that she has a functional reading age.

To provide further insights into her reading skills Laura completed the Neale Analysis of Reading Ability, Second Revised British Edition (NARA-II). For more information on this assessment, please see Appendix 1. The age range of standardisation sample of the NARA-II does not reach 15 years, therefore Laura’s performance cannot be compared to other young people of her age. However, it is still possible to gain age-equivalent estimates of her performance, and to qualitatively analyse her performance.

The results of the NARA suggest that Laura’s reading accuracy was functional. Here, she read a number of passages and produced very few errors. Her reading accuracy age was rated as above 12 years 10 months (the highest rating possible for this assessment). However, the assessment suggested that Laura had some difficulty with her comprehension of text and significant difficulty with her reading speed. She was able to show some understanding of what she had read, and her reading comprehension age was 11 years 1 month. Her reading rate (i.e. speed) age was 8 years and 4 months.

I also asked Laura to produce a short passage of writing. She wrote about her sisters. In this passage, she made some spelling mistakes, such as omitting the ‘h’ in the word ‘together’, and the ‘u’ in the word ‘because’. She also omitted several punctuation marks, in particular apostrophes and commas. However, her spellings were decipherable, and she was able to compose several sentences independently.

An assessment of Laura's underlying cognitive skills was carried out using the British Ability Scales, third edition (BAS-III). For more information on this assessment, please see Appendix 1. The results of the assessment are presented in Table 5.

Table 5: Laura's performance on various subtests of the BAS-III

	T-Score	T-score 90% confidence interval	Percentile	Age Equivalent (Years: Months)
Recognition of Designs	26	25-26	1	5:01
Word Definitions	29	27-31	2	8:09
Pattern Construction	34	33-34	5	8:09
Matrices	20	20-24	1	<5:00
Recall of Digits Backwards	28	24-32	1	7:04
Speed of Information Processing	30	26-32	2	10:03

Table 5 shows that Laura has significant cognitive difficulties. The slow reading rate established above is in accordance with her performance in the *Speed of Information Processing* sub-test; her verbal difficulties discussed in Section 2.6 (Language) are further highlighted by the percentile score of 2 in the *Word Definitions* sub-test, which is an assessment of word knowledge. The *Recall of Digits Backwards* assessment result suggests that Laura has great difficulty with short-term memory.

Her performance in all of the BAS-III sub-tests administered is categorised in the 'Below Average' range.

The results of the assessment of Laura's academic and cognitive skills suggest that she will require a high level of support at school in order to make progress in the curriculum.

2.9 Family (including extended family)

Laura lives at home with her mother (Ms Laura G) and three younger sisters, aged 10, 7 and 3. Laura has never met her father, but has had some contact with her step-father (her sisters' father).

2.10 Education and Schooling

Laura currently attends ABC HIGH SCHOOL , and is in Year 10. Before this, she attended St John Boscoe Primary School and Stuart Bathurst High School. Both Laura and her mother informed me that she experienced problems with bullying at her previous schools. Laura moved to ABC HIGH SCHOOL in January 2011.

3. Views of Others

3.1 Child's Views

When I met with Laura, I asked her to rate her enjoyment of school on a 10 point scale, with 0 indicating that she hates school, and 10 indicating that she greatly enjoys school. Laura rated herself as 4. I asked her why this was a 4 and not 3, to which she responded that she doesn't completely hate school, and that things have got better recently. She stated that when she first arrived, she found the work hard to do, and felt that she was behind and was struggling to catch up with her peers. Now, she likes it that the teachers are helping her a bit more, and is pleased that she has friends at the school.

I also asked Laura why she had rated a 4 and not 5. To this she responded that she is not 'fully happy' because she still finds the work hard to do, and sometimes does not 'understand what the teachers are talking about'. She told me that it takes her a long time to get used to a particular topic area; she feels that when she does eventually get used to it, the teacher moves on to a different topic. Laura also stated that she sometimes cannot see the whiteboard clearly, as she finds the glare of the screen too bright for her eyes.

We discussed her school subjects, and whilst she could not nominate a favourite subject, she did say that 'Art is OK'. Indeed, after Year 11 she would like to pursue her interest in art. She expressed an interest in computer game character design, illustrating, and concept art. She said she would like to go to college to study for a career in these areas. Laura told me that she regularly uploads her work onto www.deviantart.com.

3.2 Parent/Family's Views

Ms G is frustrated as she feels that no-one has listened to her concerns regarding Laura; concerns that date back to Laura's time in Nursery. She feels that the education system has let Laura down, however she is grateful for the recent actions of certain professionals which have led to the process of assessing for a possible statement of special educational needs.

Ms G emphasised to me that she is keen for Laura's difficulties to be officially classified, and – in addition to a statement of special educational needs – would like her to have a diagnosis to explain her difficulties. For example, she states that there is a family history of dyslexia, and is keen for this to be explored. She also wondered whether Laura could be autistic.

4. Summary and Formulation

4.1 Summary

I found Laura to be a polite, quiet, shy girl, who was always happy to work with me. When we met, she had a very pleasant manner, and was always willing to carry out the assessments I asked her to complete. She informed me that she is much happier at ABC HIGH SCHOOL, compared to how she felt at her previous school. Laura has social and emotional difficulties, and evidence suggests that she has particular difficulties with depression and anxiety. Assessment revealed that Laura has significant cognitive difficulties, and struggles with key academic skills. However, she is able to read to a functional level. It was found that Laura’s numeracy and spelling skills are well below average. However, interestingly, her spelling skills seemed to be more competent during the independent writing task (i.e. when she was required to write in a familiar context, rather than simply writing words in a spelling test). Evidence also suggests that Laura has difficulties with language, in particular her comprehension. Please note that it is possible that Laura’s performance in the assessments summarised in this report was affected by her difficulties with language.

Laura is at a period of her life where she will experience great change (such as moving through the GCSE process and beyond); her level of social and emotional difficulty suggests that she will need close support throughout this period of time. Also, during this time, Laura will be required to carry out sustained, individual work; the results of this assessment (difficulties with learning, cognition, and self-esteem) suggest that she will struggle to do so without extra support.

4.2 Formulation

Laura experiences a number of difficulties which means she will require a high level of support throughout the school day.

It seems that Laura’s delayed learning/cognitive skills and difficulties with language have an adverse effect on her class work, and are thus a barrier to her access of the curriculum. As such, she needs support as appropriate.

Laura experiences social and emotional difficulties, which appear to impact upon her ability to function in her social world. For example she has difficulties with school attendance and carrying out ‘everyday’ tasks at home. It is possible that her cognitive and language difficulties also have an impact on her everyday functioning (for example in situations such as shopping and using public transport). She currently receives support from CAMHS, but will also require support at school.

Part B: Psychological Features

5. Identified Needs and Recommended Provision

5.1a Identified Need

Develop basic numeracy and literacy skills

5.1b Recommended Provision

- Daily, individual teaching programmes focusing on spelling and numeracy skills, supported and monitored by *Precision Teaching*.
- Daily guided reading practice using material she finds motivating and meaningful.
- When using class electronic whiteboards, avoid using harsh, black-on-white screens.

5.2a Identified Need

Develop independent learning skills

5.2a Recommended Provision

- Adult support in all lessons
- Support Laura‘s understanding of class tasks by providing written, step-by-step instructions. Regularly check her understanding of the instructions.
- Break tasks down into small chunks, so that the load on her short-term memory and concentration is not too great.
- Additional time should be given in tasks to allow Laura to process information and consider her responses. During plenary sessions, be aware that Laura’s slow processing speed, language comprehension difficulties and anxiety mean that she may not be able to produce responses to questions as quickly or confidently as her peers.

5.3a Identified Need

Support for her social and emotional development

5.3b Recommended Provision

- Continued liaison with CAMHS.
- Staff awareness and understanding of her difficulties (for example when considering her attendance / punctuality).
- Access to school-based counselling service.

- The provision of a ‘key-worker’ at school, who Laura can regularly meet with to discuss her thoughts, feelings, and school progress. The key worker could meet Laura at the school gates each morning.

5.4a Identified Need

Develop language comprehension skills.

5.4b Recommended Provision

- Appropriately differentiated materials and instructions, including augmenting verbal instructions with visual cues.
- Regularly check her understanding of instructions and concepts.
- Reduce the language load in her environment; cut out extraneous language – keep instructions clear and concise.
- Provide pre-teaching to allow Laura to familiarise herself with new vocabulary ahead of its introduction in class.

5.5a Identified Need

Develop self-esteem

5.5b Recommended Provision

- Positive feedback on her performance and achievements.
- Encouraging Laura to recognise her own successes.
- Provide opportunities to support younger children with their art work (Laura has a keen interest in art).

Part C: Conclusions and Wider Implications

6. Conclusions

Laura has difficulties across a number of areas, including cognitive skills, academic skills, language skills, and social and emotional development. Laura experiences significantly more difficulty in these areas than other individuals of her age.

7. Implications for Facilities and Resources

Laura will require a high level of additional one-to-one support from staff members who are aware of her high level of need and who are able to implement suggested strategies and interventions. Laura will also need access to support from a Connexions advisor to help her manage the transition to further education.

Signed …………………………………………… Date: ………………………………..
James Birchwood, Trainee Educational Psychologist

Signed …………………………………………… Date: ………………………………..
**************, Supervising Educational Psychologist

Note [1] : This report will be considered by the Local Authority in regard to the formal notice of assessment and a copy will be forwarded to parents/carers if a Statutory Assessment is made in accordance with the Education Act 1996.

Note [2] : The psychological features identified as part of this report are pertinent and relevant at the time that the psychological investigation was undertaken.

Appendix 1: Information regarding the assessments used for this report

Beck Youth Inventories, Second Edition

The Beck Youth Inventories (BYI; Beck, Beck, & Jolly, 2005) is a widely used measure consisting of five self-report sub-scales appropriate for use with children aged between 7 and 18 years. The sub-scales are: *anxiety*, *depression*, *disruptive behaviour*, *anger*, and *self-concept*. Each inventory consists of 20 statements to which participants are asked to respond using one of the following: 'never', 'sometimes', 'often', or 'always'.

The assessment produces one score to represent the test-taker's responses in each sub-scale: T-Scores

- T-scores have a mean of 50, meaning that the mean score for children of a similar age is 50.

Wechsler Individual Achievement Test, Second Edition.

Wechsler Individual Achievement Test, Second Edition (WIAT-II) is designed to assess children's achievement in various aspects of literacy and numeracy. The assessment contains several different sub-tests; in the current report, *Listening Comprehension, Word Reading, Pseudoword Decoding, Spelling, Numerical Operations and Mathematical Reasoning* were used.

The assessment produces several different scores: standard scores; standard score confidence intervals; percentile scores; and age equivalents.

- Standard scores have a mean of 100, meaning that the mean score for children of a similar age is 100.
- The Standard Score values allow a 95% confidence interval, meaning that one can be 95% certain that the scores obtained are true reflections of the child's achievement, and that if tested again, we can be 95% certain that the test taker would achieve a score in the given range.
- The percentile scores reflect where the test taker would rank if 100 children of the same age took the same test (with 100 being the highest rank).
- Age equivalents reflect the age (in years and months) at which one would typically expect similar achievement levels.

The Clinical Evaluation of Language Fundamentals, Fourth Edition

The Clinical Evaluation of Language Fundamentals, Fourth Edition (CELF) is an assessment tool used for the identification and evaluation of language and communication difficulties in pupils aged 5-16 years. The CELF contains various different sub-tests which assess different aspects of language. The subtest reported here is *Understanding Spoken Paragraphs*.

The CELF produces several different scores: scaled scores, percentile scores, and age equivalents.

- Scaled scores have mean of 10, meaning that the mean score for children of a similar age is 10.
- The percentile scores reflect where the test taker would rank if 100 children of the same age took the same test (with 100 being the highest rank).
- Age equivalents reflect the age (in years and months) at which one would typically expect similar achievement levels.

British Ability Scales, Third Edition

The British Ability Scales is a battery of tests of cognitive ability, suitable for children and young people between the ages of 3 years and 17 years 11 months. In the current assessment, two sub-tests of the British Ability Scales, Third Edition were used: *Recognition of Designs, Word Definitions, Pattern Construction, Matrices, Recall of Digits Backwards,* and *Speed of Information Processing.* These sub-tests produce a number of different scores to describe the test-taker's performance. These scores are as follows:

T-Scores
T-scores have a mean of 50, meaning that the mean score for children of a similar age is 50.

Percentiles
The percentile scores reflect where the child would rank if 100 children of the same age took the same test (with 100 being the highest rank).

Age equivalents
The age equivalent figures reflect the age (in years and months) at which one would typically expect similar achievement levels to the test-taker.

Neale Analysis of Reading Ability, Second Revised British Edition (NARA-II).

The Neale Analysis of Reading Ability, Second Revised British Edition (NARA-II) consists of a set of passages for testing the Rate, Accuracy, and Comprehension of oral reading. The NARA-II produces a number of scores to describe the test-taker's performance. In the present assessment, *Age Equivalents* were used. Age equivalent figures reflect the age (in years and months) at which one would typically expect similar achievement levels to the test-taker.

Appendix 2: ‘Controlling your thoughts’ help sheet given to Laura

Controlling your thoughts

- Here are different ways in which you can take control of and challenge negative thoughts that pop into your head.

- You will probably need to use a range of methods.

- The method that you choose will not always be successful.

- The more you practise the easier it will become, so stick with it!

Thinking puzzles

When negative thoughts take over your mind, set yourself some sort of thinking puzzle

This could be anything, such as:
- counting backwards from 100 in fours
- spelling the names of your family backwards
- naming the albums of your favourite group

(remember, these are just examples; you could make up your own puzzle)

- The puzzle has to be hard enough to challenge you, so don’t make it too easy.
- The idea is that this task takes over and drowns out any unhelpful negative thoughts you might be having.

[redacted]

Absorbing activities

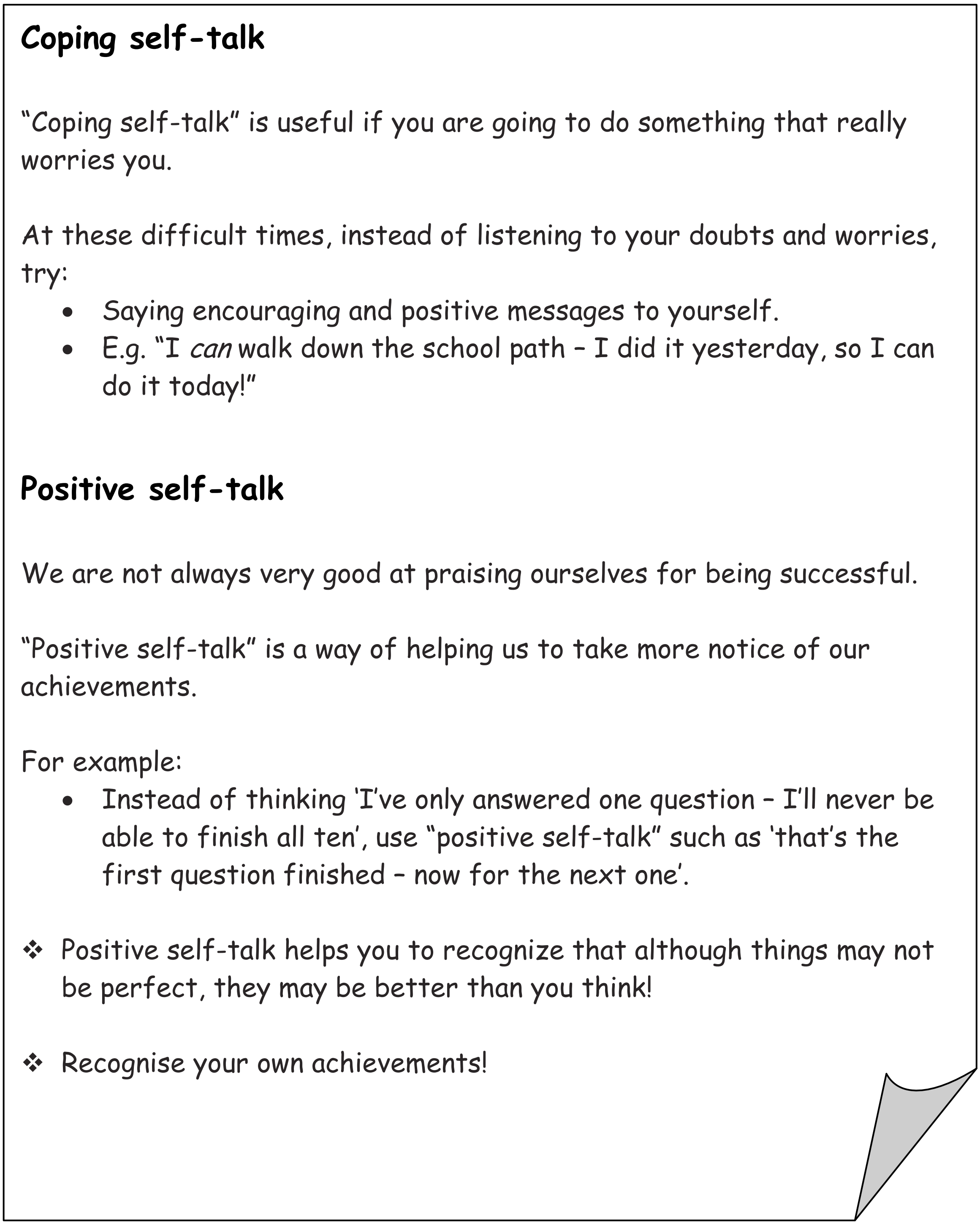
Some people find that they can switch off and become totally absorbed in certain activities.

❖ The more you concentrate on what you are doing, the more you drown out any negative thoughts.

When you become aware that you are listening to your negative thoughts, try an activity which you find helpful. For example:

- Put on your iPod and listen to some music
- Get your sketch book out and do some sketches

❖ The more you practise the easier you will find it to block out your negative thoughts.



Coping self-talk

"Coping self-talk" is useful if you are going to do something that really worries you.

At these difficult times, instead of listening to your doubts and worries, try:

- Saying encouraging and positive messages to yourself.
- E.g. "I *can* walk down the school path – I did it yesterday, so I can do it today!"

Positive self-talk

We are not always very good at praising ourselves for being successful.

"Positive self-talk" is a way of helping us to take more notice of our achievements.

For example:

- Instead of thinking 'I've only answered one question – I'll never be able to finish all ten', use "positive self-talk" such as 'that's the first question finished – now for the next one'.

❖ Positive self-talk helps you to recognize that although things may not be perfect, they may be better than you think!

❖ Recognise your own achievements!

Thought stopping

As soon as you become aware of the negative thought, follow the steps below:

- Immediately and loudly say **STOP** (or, you could say it in your head).
- When you say **STOP**, try banging the table or clenching your fists.
- Straight away, challenge the negative thought. Think of a more balanced way of thinking.

Throw them away

When thoughts race around inside our heads:

- No one hears them.
- No one questions them.

Sometimes it is useful to empty our heads and clear our thoughts away.

- At the end of the day, write down your negative thoughts on a piece of paper.

- If you want, you can type them on your computer and print them out.

- Think of them all and write them down.

- Once you have finished, scrunch up your paper tightly and throw the thoughts in the bin!

Chapter 5

Professional Practice Report 4

Using RADIO and Activity Theory to investigate the curriculum differentiation process at a mainstream high school.

Introduction

This professional practice report describes an on-going collaborative action research project taking place in a mainstream secondary school in the West Midlands. A Local Authority-led review of the school's Special Educational Needs (SEN) provision identified curriculum differentiation as an area for development. It was agreed that the Trainee Educational Psychologist (TEP) lead a project that would further investigate curriculum differentiation processes within the school. The research process was directed by the Research and Development in Organisations (RADIO; Timmins, Shepherd, & Kelly, 2003) model. Activity Theory (Engestrom & Miettinen, 1999) was used to create the data gathering tool. This report will discuss the importance of curriculum differentiation, provide an overview of the research process (including a presentation of the results of the project), and conclude with a discussion of the results and the wider research process. Implications for Educational Psychology practice will also be discussed.

Research context

As part of the ongoing development of their provision, a mainstream secondary school requested that the Local Authority (LA) carry out a review of their Special Educational Needs (SEN) provision. The request was made after a long-standing Special Educational Needs Coordinator (SENCo) retired from the role, and was replaced by a more junior member of staff.

Within this particular LA, schools are supported by multi-professional teams comprising of Educational Psychologists (EPs), and specialist teachers for learning, behaviour, specific learning difficulties (such as dyslexia) and complex communication difficulties (such as autism spectrum disorders). The review of SEN provision within the school was carried out by a senior member of the LA's SEN service, in collaboration with members of the aforementioned multi-professional school support team, including a Trainee Educational Psychologist (TEP), a specialist teacher for learning, and a specialist teacher for behaviour. The review was carried out over one day, and involved the various professionals interviewing staff, pupils, and parents, and carrying out lesson observations. The school were provided with immediate verbal feedback, and later received a written report that summarised the findings and detailed a number of recommendations for provision development. Please see Appendix 1 for an anonymised copy of the report. One such recommendation was to improve the standard of curriculum differentiation for SEN pupils. It was found that standards of differentiation differed vastly between lessons: in one case, an SEN pupil was left without support for an entire lesson, and produced no work; in another, a support teacher was left to differentiate work during a lesson (rather than arriving at the lesson with prepared resources).

Several weeks after the review took place, senior members of school staff created a list of priority areas for improvement and development, based on the recommendations of the review. These areas included the development of a provision map, improving the quality and relevance of individual education plans, and increasing communication between the 'behaviour' and 'learning' sub-teams within the SEN department. Another area identified for development was curriculum differentiation practice. It was agreed that the TEP would carry out systemic action research (Timmins, Shepherd, & Kelly, 2003; Robson, 2011) to further investigate curriculum differentiation practices within the school; the results of this research would provide more detailed recommendations for the development of curriculum differentiation within the school. The research process will be described in more detail later in this report.

Curriculum differentiation

Classrooms were historically intended to be spaces where students of similar ages could be grouped together and be instructed by a teacher to acquire basic skills (Kaur, 2012). Pupils had to learn, obey, and be disciplined (Kaur, 2012). Those who could not cope with the demands of the school either failed or left the school (Kaur, 2012). However, over recent decades, the role of the child in the teaching process has been explored in depth, with the importance of *learning* being highlighted (Kaur, 2012; Shuell, 1993). Indeed, the interaction between teaching and learning is key to the educational development of children and young people (Shuell, 1993). In the modern classroom, the educational process is often understood as a *Vygotskyan* interaction between the teacher, the learner, and indeed the cultural context (Kaur, 2012).

Within the classroom, pupils will not all learn at the same rate as their peers; those who experience particular difficulty with often be identified as having Special Educational Needs (SEN). The drive for inclusion in mainstream schools (DfES, 2001, 2004) asserted that efforts should be made to educate *all* children within the mainstream classroom. To do this, difficulties experienced by the young person should be targeted for intervention and support. Evidence suggests that educators should not only look within the child to find solutions to any learning difficulties (Skidmore, 1996). Skidmore (1996) suggests that there have been three dominant paradigms within special education: psycho-medical, sociological, and organisational. The psycho-medical model suggests that SEN arise as a result of problems residing within the child (i.e. at the ‘micro’ level); the sociological model posits that SEN arise as a result of societal inequality (i.e. at the ‘macro’ level); and the organisational model suggests that SEN develop due to deficiencies in the organisation of schools (i.e. the ‘meso’ level) (Skidmore, 1996). Skidmore (1996) proposes that special education practice and research should be informed by an integration of these paradigms. As such, children with SEN should be integrated into the mainstream school environment by making modifications at the different levels stipulated above.

The DfES (2004) stated that all educational settings should aim to provide children and young people with access to specialist resources that may aid educational, social, and cognitive development. Furthermore, the Special Educational Needs and Disability Act (DfES, 2001) strengthened the right for children with SEN to attend mainstream educational settings, and encouraged these settings to consider how teaching methods employed by special educational settings could be transferred to the mainstream setting. The effective inclusion of SEN pupils into the mainstream environment should achieve a balance of upholding the child’s right for effective and appropriate provision, whilst providing access to a mainstream education (Frederickson & Cline, 2009).

A key aspect of the successful integration of SEN pupils into mainstream educational settings is curriculum differentiation. Curriculum differentiation is the process of modifying or adapting the curriculum to suit the educational needs and levels of all pupils in a class (United Nations Educational, Scientific, and Cultural Organization, 2004). Hart (1996) suggests that differentiation was first referred to within the sphere of education in the 1970s and 80s, when reports produced by Her Majesty’s Inspectorate concluded that teaching was often insufficiently challenging for young people of all abilities. The reports often noted that heterogenous groups were taught in a homogenous fashion, where pupils at either end of the ‘ability’ spectrum were not catered for (Hart, 1996). The inception of the National Curriculum (National Curriculum Council, 1990) led to the notion that differentiation should be guided by detailed assessment and understanding of educational needs, rather than ‘ability’ *per se* (Hart, 1996). The National Curriculum Council (National Curriculum Council, 1990) proposed that the National Curriculum would support teachers in understanding the educational needs of their pupils and developing programmes of work that suit these needs, thus enabling pupils to maximise their potential (Hart, 1996). By differentiating the curriculum, different levels of expectations are created for different children, thus creating an environment where all learners can be successful (Waldron & McLeskey, 2001).

Research suggests that curriculum differentiation is a key component of effective teaching in the modern classroom; however it does present a challenge for teachers (Erten & Savage, 2011). Rather than a process that simply involves teacher and pupil it seems that effective curriculum differentiation requires coherent inter-staff collaboration. For example, in a small-scale, descriptive study of the experiences of students' with 'significant disabilities', Fisher and Frey (2001) found that two of the key components of successful access to the core curriculum were individualised curriculum modifications and collaboration among the teaching team. These collaborations should be concerned with both gaining an understanding of the pupils' needs and developing teaching practices to suit these needs (Hart, 1996).

Key members of the 'teaching team' who support the education of young people with SEN are teaching assistants. Teaching assistants (TAs) comprise a quarter of the schools workforce in the UK (DCSF, 2009); their number has risen along with the instigation of initiatives such as the national literacy and numeracy strategies, mainstream inclusion, and reducing teachers' workloads (Webster *et al.*, 2009). The deployment of TAs has been shown to reduce teacher stress and workload by carrying out individual work with pupils who are perceived as being disruptive (Webster *et al.*, 2009). However, work carried out by Blatchford and colleagues (Blatchford *et al.* 2009) found that pupils who receive most TA support make less progress than similar pupils with less support. They also found that pupils who were closely supported by TAs had greatly reduced interactions with the main class teacher, with TAs handed responsibility for teaching and learning tasks (Blatchford *et al.,* 2009; Webster *et al.,* 2009). Despite the worrying findings regarding pupil progress, a key role for the TA within modern classrooms is concerned with the differentiation process. Given the findings of Blatchford *et al.,* it seems that effective interaction between TAs and teachers is paramount in supporting the educational development of pupils with SEN. If teachers do not take an active role in the education of SEN pupils, then progress is likely to be stunted.

Differentiation is a key element of educational provision, and moreover ensures equality of opportunity (Hart, 1996). It is therefore imperative that it be fully intergrated within robust, coherent SEN provision, and as such was a focus of the aforementioned SEN provision review.

The research process

It was decided to adopt an action research approach to the project, in an attempt to provide optimal opportunity for collaboration between the researcher and the school staff, and because of its focus on positive change (Robson, 2011). The model of action research used was the Research and Development in Organisations approach (RADIO; Timmins, Shepherd, & Kelly, 2003). The RADIO approach was initially designed as a tool to be used by Trainee Educational Psychologists in order to aid their conceptualisation and management of development work within organisations such as schools (Timmins, Shepherd, & Kelly, 2003); indeed, the utility of RADIO in this domain has been well documented (Ashton, 2009; Timmins, Bham, McFadyen, & Ward, 2006; Timmins, Shepherd, & Kelly, 2003). Please see Appendix 2 for a description of the various stages of RADIO.

The following section of this report will present the action research project according to the stages of the RADIO model; however, one additional phase will be included: “*7b, Data Processing*”. The RADIO model does not include a phase that is explicitly designated to the analysis of data; for the purposes of presenting all aspects of the present study, it was decided to include this extra stage within this report. Please note that this is not necessarily a criticism of the RADIO model, as the model is intended to describe the *collaborative* processes of action research; presumably, more specialised data analysis would be carried out by professionals away from the particular organisation involved in the research. For example, methods of qualitative data analysis (including thematic analysis, as used in the present study) are often time-consuming, and require the analyst to gain an in-depth understanding of the data: it is unlikely that this would be possible within a typical, busy school environment.

Using RADIO to study curriculum differentiation practices for pupils with SEN at a mainstream high school

1. Awareness of need

As discussed above, an LA-led review of SEN practice within the secondary school showed curriculum differentiation practices to be one particular area for development. The report produced by the SEN review team stated that “Differentiation appeared to be by outcome or support, no examples of task differentiation were observed although support staff did report that one or two teaching staff plan alternative tasks for groups. One Head of Department who had been in the school six years could not recall any training in relation to differentiation from the SEN Department”. Furthermore, “Parents who met the reviewers reported that the level of work and homework was not always appropriate to their children. For one mother, the fact that her child could not access the learning meant that her child had resorted to climbing on tables”. The report concluded that the school should “Questionnaire staff to identify training needs re: differentiation and deliver through a variety of appropriate means e.g., modelling, departmental workshops etc”.

Following the review, meetings took place between the Trainee Educational Psychologist (TEP) and senior members of school staff (Assistant Vice Principal and SENCo). Here it was discussed that in order to support the school’s aspirations to be considered as providing an ‘excellent’ service for SEN pupils, differentiation practice would need to be addressed. Furthermore, the school staff acknowledged that effective differentiation practices would support their moral and ethical obligation to provide all pupils with an equal chance of making educational progress. The TEP proposed a project that would take the form of a more thorough evaluation of the curriculum differentiation process within the school. A key element of the project would be to examine how the process could be improved by seeking the views of individuals who are most directly involved in delivering the curriculum: teachers and SEN support staff (learning support assistants and learning support practitioners). Interestingly, the SEN review report also stated that “the support team do not feel valued in their role”, therefore, it was hope that by actively involving them in the development of this key element of practice, their perceived value would be promoted.

2. Invitation to act

Following the aforementioned discussions and project proposal, the Assistant Vice Principal and SENCo formally invited the TEP to carry out the project, and discussed the scope and time scale of the project. Here it was decided that data collection should be completed approximately two months after the initial meeting, so that recommendations could be discussed and implemented sufficiently early in the school year so that their effectiveness could be monitored. It was also agreed that the TEP would hold a study feedback session, in which the findings were presented to the study participants, and an action plan for change developed with the Assistant Vice Principal and SENCo. A written document would accompany the verbal feedback session.

3. Clarifying organisational or cultural issues

At the meeting described in Section 1 (*Awareness of Need*), the TEP was informed that the school's SEN provision was in a state of flux. A new SENCo had been recently appointed, who had no prior experience of the role. The previous SENCo was in role for more than twenty years, and had retired at the end of the previous academic year. Interaction between the current and previous SENCo had been apparently minimal, and as such the school were seeking guidance from the LA multi-professional school support service. The Assistant Vice Principal and new SENCo had been put in charge of the school's SEN provision (with the Assistant Vice Principal acting as the SENCo's line manager). As their prior knowledge and experience of SEN was minimal, it would be imperative that the present project's purpose, rationale, results, and implications be transparent.

4. Identifying stakeholders in area of need

During the meeting at the school, it was decided that the TEP would assume the role of project lead, and would liaise directly with the school SENCo. The Assistant Vice Principal and SENCo were identified as primary stakeholders, however it was agreed that the Assistant

Vice Principal would take a less active role in the research process. In addition, the study participants were also considered as stakeholders, in that their opinions would shape the development of the curriculum differentiation process, which would in-turn affect their daily practice.

5. Agreeing focus of concern

The project stakeholders agreed with the findings of the SEN review. They believed that curriculum differentiation for children with SEN was not as rigorous or effective as it is should be. Therefore, they agreed that the broad aim of the research should be to investigate current practice, with a view to providing recommendations for change.

During discussions between the stakeholders and TEP, it was suggested that the views of class teachers and support staff who work with SEN pupils be surveyed, in order to establish an accurate picture of current practice. However, as secondary school pupils are taught and supported by a number of different staff, it was agreed that *all* staff members could potentially be involved in the study. The stakeholders suggested that attempting to involve all school staff in the study would prove problematic. The stakeholders proposed that a particular sub-group of staff be approached to participate in the study. SEN support staff (i.e. Learning Support Practitioners and Learning Support Assistants) and teachers who work more closely with SEN pupils (i.e. teachers who have a large number of SEN pupils in their classes) are asked to attend monthly meetings in which ideas for support and developments within the SEN team are discussed. These teachers come from a wide number of different school departments, and the support staff work with all of the school’s SEN pupils. Please note that the SEN support staff (LSPs and LSAs) carry out a similar role to the ‘TAs’ referred to in the *Curriculum Differentiation* section of this paper.

It was therefore decided to study the differentiation process for SEN pupils from the perspective of teachers who teach a high proportion of SEN pupils, and from the perspective of SEN support staff. The TEP proposed that the differentiation system be analysed using Activity Theory (Engestrom & Miettinen, 1999): this will be discussed in more detail below (*6. Negotiating framework for information gathering & 7. Gathering information*). The TEP proposed to investigate (a) how the curriculum is currently differentiated for these children, (b) the factors that support or constrain the curriculum differentiation process, and (c) how the system could be improved (if indeed the findings suggested that this was necessary). The project stakeholders agreed with the research aims.

6. Negotiating framework for information gathering & 7. Gathering information

During a further meeting between the SENCo and the TEP, the framework for information gathering was negotiated. Here, it was decided that the TEP would devise the method of information gathering, which was to be set within a small number of parameters defined by the stakeholders. The parameters included: (a) data was to be collected during the monthly meeting, in a twenty minute time-slot at the beginning of the meeting; (b) there were to be at least 20 teachers and SEN support staff present; and (c) the meeting would take place in a large classroom in the school.

Once a provisional framework for information gathering was devised by the TEP, it was shared and discussed with the primary stakeholders. The specific aspects of this framework are presented below. Timmins, Bham, McFadyen and Ward (2006) suggest that Stage 6 is concerned with decisions regarding methodology and methods, and Stage 7 is the process of data collection; therefore, both the agreed method for data collection (RADIO Section 6), and further information regarding the data collection process (RADIO Section 7) are presented below, stratified by the following subheadings: *Participants, Design, Materials, Procedure, Analysis Strategy,* and *Ethical Considerations*.

(i) Participants

It was decided to seek the opinions of teachers and SEN support staff who were deemed by the school to have most involvement with SEN pupils. These members of staff attend a monthly SEN meeting at the school. The SEN support staff consisted of Learning Support Practitioners (LSPs) and Learning Support Assistants (LSAs). All staff who attended the particular SEN meeting which was targeted for data collection agreed to participate. At the beginning of the designated data collection ‘time-slot’, the prospective participants were given study information letters and were asked to complete a study consent form (please see Appendix 3). The sample consisted of 19 teachers (12 female, 7 male) and 12 SEN support staff (11 female, 1 male).

(ii) Design

It was agreed that the views of participants be sought via a questionnaire (Appendix 4) that contained several questions based on Activity Theory (Engestrom & Miettinen, 1999; see *Materials* for more information). The answers of teachers and SEN support staff were to be analysed separately in order to gain a picture of the curriculum differentiation process from different professional perspectives. The possibility of a focus group was discussed with the primary stakeholders; however, the time available, the number of participants, and the size of the room dictated that this would not be a feasible method of information gathering.

(iii) Materials

It was decided to seek the participants’ views by asking them to denote answers to a small number of questions. The questions were based on several elements of Activity Theory (AT; Engestrom & Miettinen, 1999), which is a psychological framework that can be used to understand and analyse human processes. The development of AT was heavily influenced by the work of Vygotsky, who proposed that processes of learning and development occur within a cultural and social context (Leadbetter, 2008). AT assumes that human processes are not linear, and indeed involve many different elements. The core of the AT framework depicts a relationship between the subject and object of a process. It shows that the process is mediated by certain tools or instruments (which can be concrete or abstract). Furthermore, the subject and object of the activity, and the mediating tools/instruments are believed to interact with three further elements that reflect the collective aspects of activity: rules, community, and division of labour. All of these elements combine to influence the desired outcome of the process (Leadbetter, 2008). Please see Figure 1 for an example of the Activity Theory framework.

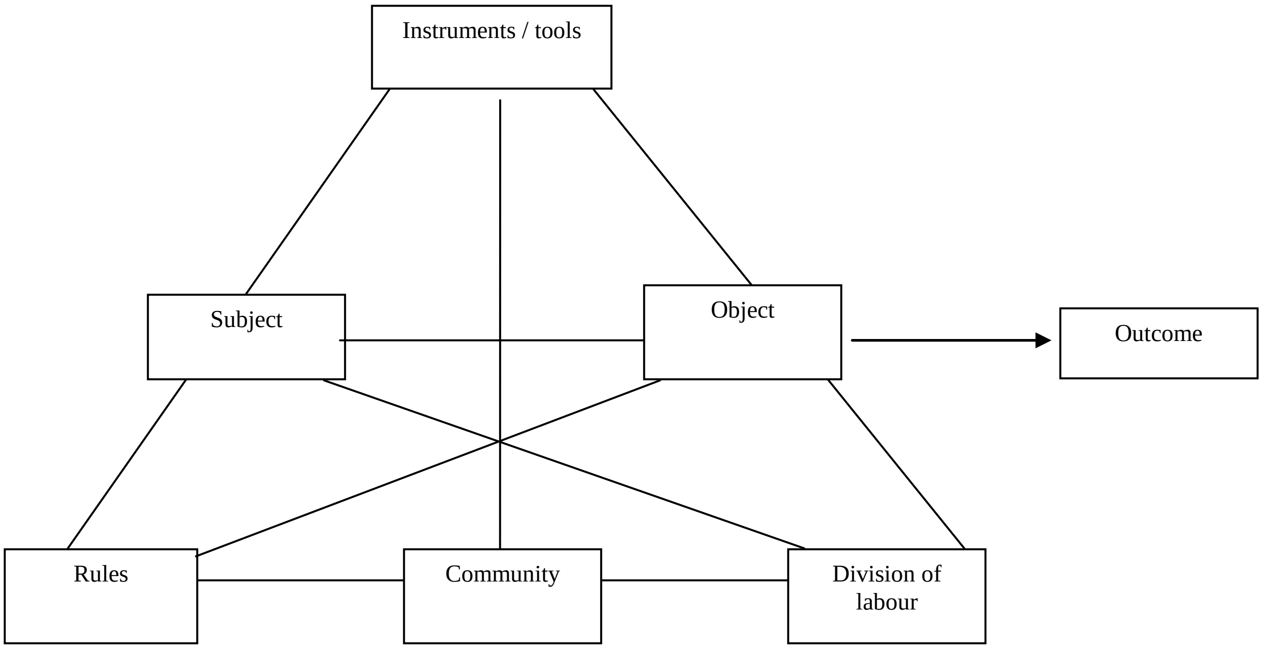


Figure 1: Activity Theory System

As curriculum differentiation is a process carried out within an organisation (i.e. a school), it was decided to apply the AT framework here. Participants' answers were collated into two groups: teachers and SEN support staff. This was done with the expectation that the teachers and support staff have broadly different roles in the differentiation process, and thus may give different opinions. Their answers were analysed using Braun and Clarke's (2006) guidelines for thematic analysis, with the emergent themes being applied to an AT framework and analysed accordingly (please see *Analysis Strategy* for more information on thematic analysis). Leadbetter (2008) suggests that AT is a useful analytical device whereby systems and processes are first described using the framework, and are then analysed by studying the relationships between the various elements and evaluating their relative strengths and weaknesses. Examining contradictions between the elements identifies possible areas for change and improvement (Leadbetter, 2008). Engestrom (2001) defines contradictions as “histrocially accumulating structural tensions” (Engestrom, 2001: p.137) evident within (and indeed between) activity systems. There are several different levels of contradictions: a primary contradiction exists within each component of an activity system; a secondary contradiction exists between each element of the system; and a tertiary contradiction is seen when the ‘object’ of the system is challenged by a culturally more advanced form of the ‘object’ (Daniels, 2008).

In the present study, the target of the investigation (the curriculum differentiation process) had been determined by the TEP and primary project stakeholders, and therefore three elements of the framework were donated and not assessed in the questionnaire: *Subject*, *Object*, and *Outcome*. Here, the *Subject* would be either teacher or LSP/LSA, the *Object* was ‘the curriculum differentiation process’, and the *Outcome* was that the ‘educational needs of children are met effectively’. The elements of activity theory that were used to structure the study questionnaire were: *Tools/Instruments*, *Rules*, *Community*, and *Division of Labour*. An explanation of these elements can be seen in Table 1.

Table 1: The elements of Activity Theory investigated in the study

Element	**Explanation**
Tools / instruments	What tools and instruments (concrete and abstract) are used in the process of differentiation?
Rules	What are the rules by which the process is governed? Do these support or constrain the differentiation process?
Community	Who else is involved in the differentiation process?
Division of labour	How is the work involved in differentiating the curriculum shared?

To avoid ambiguity it was decided to re-word the four elements for the study participants to: "what tools or instruments do you use to differentiate the curriculum at the moment? They can be concrete or abstract" (i.e. tools/instruments), "what supports or constrains the curriculum differentiation process at the moment?" (i.e. rules), "who else is involved in the curriculum differentiation process at the moment?" (i.e. community), and "if others are involved, how is the work shared at the moment?" (i.e. division of labour).

The participants were also asked to donate ideas regarding how they thought the curriculum differentiation process could be improved (if indeed at all). Here, they were asked the following question: *“How could the current system be improved?”*.

(iv) Procedure

At the beginning of the SEN meeting, the prospective participants were given study information letters and consent forms. The school SENCo circulated the information letter was circulated to the prospective attendees approximately two weeks before the study date. At the beginning of the SEN meeting, the TEP explained the purpose of the study, and the importance of the consent process. All present staff members agreed to participate. In addition, the TEP shared the following United Nations definition of curriculum differentiation with the participants: “curriculum differentiation is the process of modifying or adapting the curriculum to suit the educational needs and levels of all pupils in a class” (United Nations Educational, Scientific, and Cultural Organization, 2004). This was done in order to promote a common understanding of the core element of the study. Participants were then given the study questionnaire. The TEP explained that the questions were based on a psychological theory that attempts to explain human processes, particularly within organisations. Participants took between 15 and 20 minutes to complete the questionnaire. Further elements of the ‘procedure’ are described throughout this section of the report (“Using RADIO to study curriculum differentiation practices for pupils with SEN at a mainstream high school”).

(v) Analysis strategy

The teachers’ and LSP/LSAs’ answers to the AT-based questions were collated separately, and analysed using thematic analysis. Thematic analysis is referred to as “a method for identifying, analysing and reporting patterns (themes) within data" (pp. 79; Braun & Clarke, 2006). Guidelines for thematic analysis produced by Braun and Clarke (2006) were followed in order to identify the themes emanating from the participants' responses. Braun and Clarke (2006) suggest that thematic analysis can be aligned to a number of different epistemologies; in the present study, the analysis is driven by a 'realist' epistemology, whereby participants' experiences, meaning and reality are explored and collated. It is assumed that there is a clear relationship between the participants' experience, meaning, and language.

The thematic analysis process, as described by Braun and Clarke (2006), is as follows: (1) *Familiarising yourself with the data* (i.e. reading, re-reading, transcribing); (2) *Generating initial codes* (i.e. coding features of the data across the data set); (3) *Searching for themes* (i.e. collating codes into potential themes); (4) *Reviewing themes* (i.e. do the themes represent the coded extracts?); (5) *Defining and naming themes* (i.e. review the 'story' told by the themes, defining the themes); (6) *Producing the report* (i.e. reporting the themes, selecting vivid extract examples, relating themes back to research questions).

Please see Appendices 5 and 6 for the thematic groupings of the participant responses.

(vi) Ethical considerations

This study was carefully designed to ensure that rigorous standards of ethical practice were adhered to. There was ample opportunity for participants to gain an understanding of the nature and purpose of the research before they were asked to give consent to participate. Two weeks before the study date, the school SENCo circulated the study information letter to the staff who were to attend the SEN meeting at which data collection would take place. At the beginning of the SEN meeting, the details of the information letter were summarised by the TEP, and the prospective participants were asked to complete the consent form. Participants were informed that their views would be anonymous: the only personal information they were required to provide was that they were either a teacher or LSP/A. The project was carried out within the context of a local authority educational psychology service, which is governed according to the guidelines of the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC); the project was agreed by senior professionals working in this service.

7b. Data processing

The following data processing section is divided into two parts. First, the current curriculum differentiation process – as seen by teachers and LSPs/LSAs – will be presented according to an Activity Theory (AT) framework, with possible areas for improvement being identified through this process. Second, the participants' suggestions for improvements to the system will be presented.

The current curriculum differentiation process

AT was used to analyse the curriculum differentiation process as experienced by the LSPs and teachers. AT facilitates the study of strengths and weaknesses of a process, and targets areas for change and improvement by identifying contradictions within and between AT systems (Leadbetter, 2008). By identifying contradictions in the current AT system(s), areas for curriculum differentiation improvement can be identified.

Guidelines for thematic analysis produced by Braun and Clarke (2006) were followed in order to identify emergent themes emanating from the participants' responses to questions; these themes were then structured according to the AT Framework.

(i) Teacher Activity Theory System

The themes emanating from the teachers’ responses were imparted to an AT framework; this framework can be seen in Figure 2.

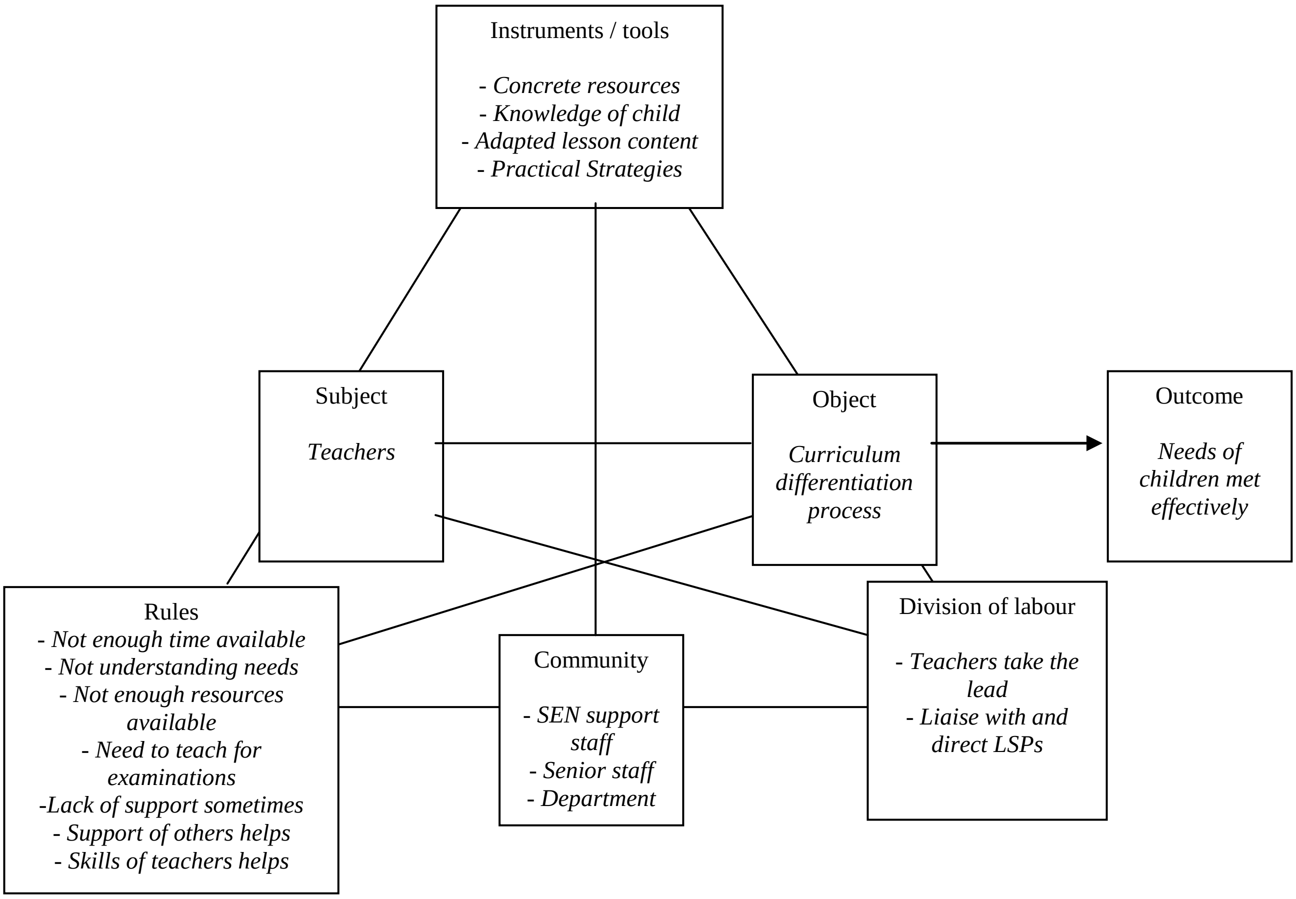

Instruments / tools
- Concrete resources
- Knowledge of child
- Adapted lesson content
- Practical Strategies
Subject
Teachers
Object
Curriculum differentiation process
Outcome
Needs of children met effectively
Rules
- Not enough time available
- Not understanding needs
- Not enough resources available
- Need to teach for examinations
-Lack of support sometimes
- Support of others helps
- Skills of teachers helps
Community
- SEN support staff
- Senior staff
- Department
Division of labour
- Teachers take the lead
- Liaise with and direct LSPs

Figure 2: Teacher Activity Theory System

As can be seen in Figure 2, teachers stated that concrete resources (e.g. “coloured worksheets”), knowledge of the child’s needs (e.g. “knowledge of child’s SEN needs using IEP”), adapting lesson content (e.g. “giving SEN children different questions”), and practical strategies (“additional use of discussion before tasks”) were all tools they use when differentiating the curriculum. Many teacher responses suggested that, although they acknowledged the role played by other staff (*Community)*, they tend to take the lead when differentiating the curriculum, and often direct LSPs/LSAs to work with specific pupils (*Division of Labour*). They also reported that there is little time available for preparation, and a lack of available resources; they also stated that not understanding the needs of the pupils and having to follow examination specifications are key factors that constrain the process (*Rules*). Herein lies a contradiction. All of the teachers reported that having concrete materials and being aware of the child's needs were both key factors identified for to carry out differentiation, however the *Rules* state that there is not enough time available to carry out this process effectively. This is an example of a *secondary* contradiction, whereby contradictions exist between elements of the same system (Daniels, 2008). Interestingly, teachers also stated that there is often not enough support available from other staff, such as LSPs; although, some did report that the process is supported when support is available (*Rules*). Here, a contradiction emerges between *Rules* and *Division of Labour* (i.e. a *secondary* contradiction), whereby teachers state that LSPs are vital tools in the process, but are not always able to be present in lessons.

Furthermore, the teachers identified senior staff members as also being involved in the process (*Community*), however did not specify how they were involved (*Division of Labour*), nor did they state aspects of their role as being important factors that support or constrain the process (*Rules*). A final contradiction can be seen between *Rules* and *Tools*, where knowledge of pupil needs was seen as a vital tool (*Tools*), however, some reported instances when needs were not understood or known of (*Rules*).

Finally, most of the participants' answers to "what constrains or supports the process" (*Rules*) were negative – i.e. they tended to donate constraining factors. The positive themes, focused on supporting factors were *"Support of others helps*" and *"Skills of teachers helps"*.

(ii) LSP Activity Theory System

The LSP's responses were structured according to an Activity Theory System; this system is displayed in Figure 3.

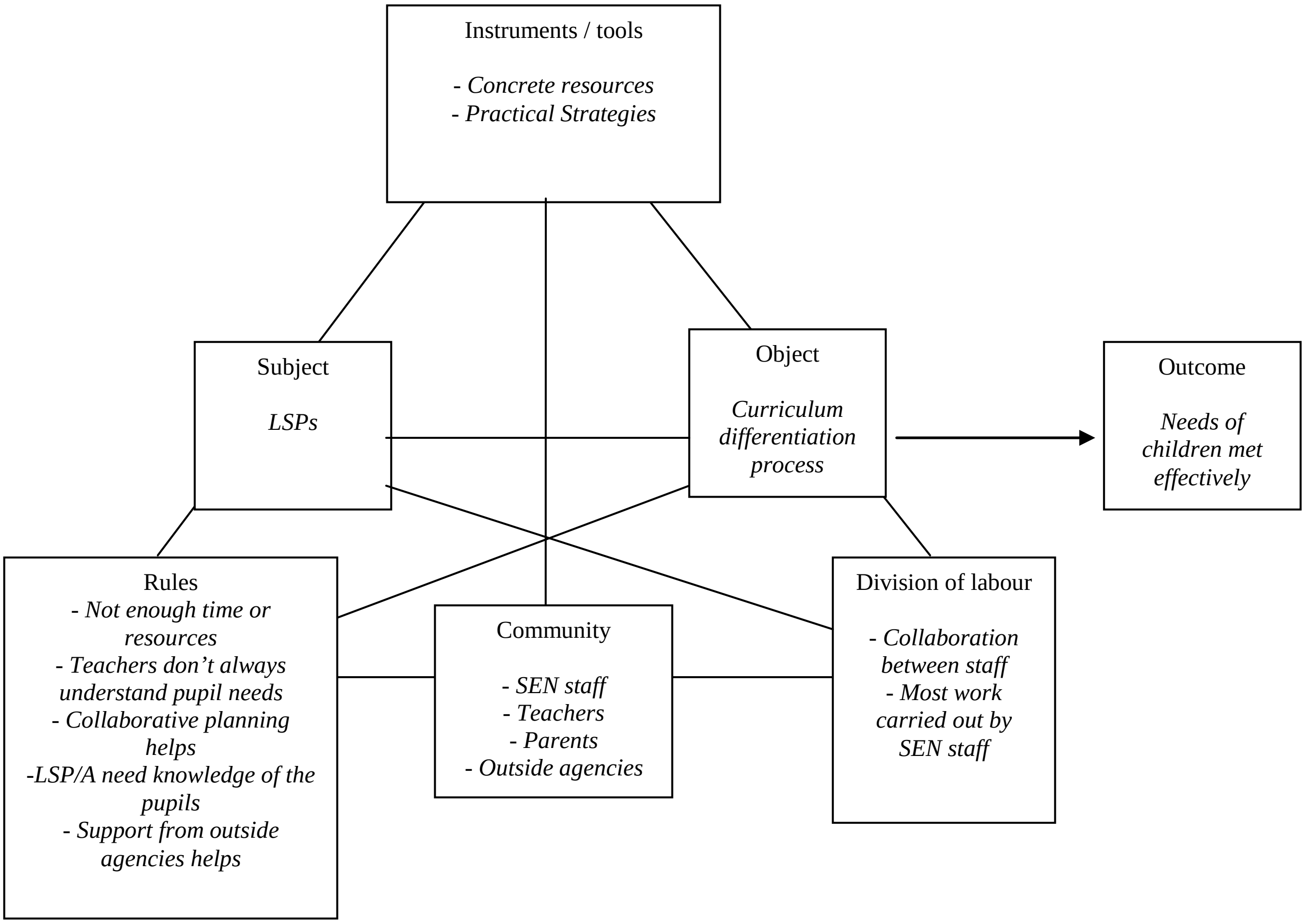

Instruments / tools
- Concrete resources
- Practical Strategies
Subject
LSPs
Object
Curriculum differentiation process
Outcome
Needs of children met effectively
Rules
- Not enough time or resources
- Teachers don't always understand pupil needs
- Collaborative planning helps
-LSP/A need knowledge of the pupils
- Support from outside agencies helps
Community
- SEN staff
- Teachers
- Parents
- Outside agencies
Division of labour
- Collaboration between staff
- Most work carried out by SEN staff

Figure 3: LSP Activity Theory System

The key tools identified in the curriculum differentiation process by LSP/As were concrete resources (e.g. "visual aids") and practical strategies ("break down instructions into bite-size chunks"). As is the case with teachers, a contradiction in the system is evident at this point, with not enough time or resources being available (*Rules*) to develop the *Instruments/Tools* that are vital for the process. Also, there are occasions when both LSP/As and teachers do not have a prior understanding of pupil needs, which would seem at odds with the need to develop appropriate, tailored practical strategies (*Rules*). Another contradiction in the LSP system can be seen between the *Division of Labour* and *Community*. LSPs acknowledged that teachers are involved in the process, but when reporting how the work is shared, it was suggested that the SEN staff carry out most of the work. However, some LSP/As reported that attempts are made to liaise with teachers ("Collaboration between staff"), although the lack of time available (*Rules*) suggests this may be difficult. Interestingly, LSPs also acknowledged the role played by outside agencies (*Rules / Community*) and parents (*Community*). This was not acknowledged by teaching staff.

As was the case with the teacher responses, most of the LSP/A's answers to "what constrains or supports the process" (*Rules*) were negative – i.e. they tended to donate constraining factors. The positive themes, focused on supporting factors were *"Collaborative planning helps"* and *"Support from outside agencies helps"*.

(iii) Comparison between the teacher and LSP systems

Although there are some congruencies between the two systems (for example both acknowledging the importance of time to produce resources and gain an understanding of the needs of the children), some contradictions between systems are evident (i.e. *tertiary* contradictions). Teachers and LSP/As acknowledged that fellow professionals play a role in the process (teachers, LSPs, senior staff, outside agencies), however LSP/As also identified parents as being involved, perhaps highlighting a closer link between support staff and parents than between teachers and parents. Also, no teachers acknowledged the roles played by outside agencies in the differentiation process, whereas LSP/As did.

Interestingly, both teachers and LSP/As suggested that they carry out most of the work concerning curriculum differentiation: neither seemed to fully acknowledge the input of the other. When asked to give examples about how the work is shared (*Division of Labour*), both groups acknowledged that some collaboration/liaison occurs between the staff, but primarily gave examples of their own role. Furthermore, a curious disparity emerges between teacher and LSP/A views where one teacher reported that “Only teachers” are involved in differentiation, and one LSP/LSA suggested, “The work is not currently shared”.

Teachers’ and LSPs’ suggestions for improvements to the system

Thematic analysis was used to identify central themes emerging from the responses produced to the question *“How could the current system be improved?”*. Again, the process outlined by Braun and Clarke (2006) was used to guide the analytical procedure.

Analysis of the teachers’ responses revealed three key themes: ‘*more support staff*’; ‘*more planning time*’; and *‘greater knowledge and understanding of needs’*. The suggestion for more time to be allocated to preparation mirrors the findings of the AT analysis, which highlighted ‘*not enough time*’ as a key constraining factor. Also, the need for *‘greater knowledge and understanding of needs’* supports the contradiction established in the AT analysis, between the *Tools* and *Rules* nodes, where knowledge of pupil needs was seen as a vital tool (*Tools*), however, there were often instances when needs were not understood or known of (*Rules*).

Two themes emanated from the LSP/A responses: '*Increase teacher participation and understanding of needs*' and '*Increase intra-staff communication*'. The suggestion for increased collaboration mirrors the AT analysis, where some LSP/As had found collaborative planning to be useful, albeit rare (*Rules*). The importance of understanding the needs of the child was highlighted in both the teacher and LSP/A AT systems.

8. Processing information with research sponsors / stakeholders

The above findings will be presented to the stakeholders (primary stakeholders and participants) at an upcoming meeting. The main themes to be discussed will be: (a) the importance of time for preparation; (b) the perceived lack of resources available for differentiation; (c) the apparent division between the teachers and support staff, with members of each group suggesting they carry out the majority of work; and (d) the reported importance of- and desire for- more information regarding pupil needs. For further interrogation of the results, please see the *Discussion* section of this paper.

9. Agreeing areas for future action; 10. Action planning; 11. Implementation / action; 12. Evaluating action

Time constraints dictated that steps 9, 10, 11, and 12 could not be incorporated into the present report. However, despite of the completion of this paper, the research process will continue. It is hoped that after discussing the findings of the study with the project stakeholders, several action points for development will be decided upon. Once action points are agreed, a summary report of the project will be produced and given to the project stakeholders. The impact of the action plan will be monitored and evaluated over the coming term.

Discussion

Study findings

The results of this study highlight the perceived importance of inter-staff collaboration in the curriculum differentiation process. Both teachers and LSPs identified each other as being involved in the differentiation process, but struggled to state exactly how. The teachers' and LSP/As' responses suggested that there is currently not enough time available to devote to preparation and as such the curriculum differentiation process is suffering. Furthermore, many participants suggested that whilst the use of concrete resources is vital, there are not enough resources available at school to differentiate effectively.

A key finding to emerge from the LSP/A responses was that they felt they were responsible for a great deal of the work involved in the process, and – mirroring the teachers' views – they would value more time to meet with teachers to discuss the needs of pupils and produce relevant materials. Both professional groups identified the importance of understanding the needs of pupils, and stated that a lack of knowledge constrains the process. Again, this shows the joint need for time to exchange ideas and prepare. The National Curriculum Council (1996) suggested that curriculum differentiation should be guided by teachers' understanding of pupils' educational needs: it seems that, in the present study, perceived time constraints were presenting a barrier to this core element of effective differentiation.

A contradiction between *Community* and *Division of Labour* highlights the lack of collaboration between teachers and members of the SEN team (such as support staff and the SENCo). The work carried out by Blatchford and colleagues (e.g. Blatchford *et al.*, 2009) suggests that there is often a disconnect between teachers and TAs who work with SEN pupils, where TAs are given responsibility for teaching and learning tasks, and their pupils have less interaction with the main class teacher. It has been suggested that this is linked to poor outcomes for SEN pupils who work closely with TAs (Webster *et al.*, 2009). Indeed, previous research has suggested that effective collaboration is a key element of differentiation within SEN provision (Fisher & Frey, 2001). In the teacher AT system, they could identify that LSPs, LSAs, and the SENCo were involved in the process (*Community*), but provided very little evidence as to how (*Division of Labour*). Here, they tended to discuss how they would direct LSPs to carry out certain tasks within the classroom. Similarly, in the LSP/A system, they identified that teachers are involved, but again did not elaborate (most of their examples of collaboration between staff were from within the SEN team, rather than between themselves and teachers). This does not necessarily suggest a lack of willing, or perhaps understanding of the potential importance of collaboration: both groups identified that more liaison and support from each other would be important factors involved in improving the system. Again, the perceived lack of preparation time could be preventing collaboration.

The results of this study have highlighted that teachers and LSPs who work with SEN children placed great value on the importance of understanding the needs of SEN pupils. Furthermore, both professional groups commented on the potential usefulness of preparation time in the curriculum differentiation process, be this preparing resources or discussing lesson content and individual students' needs. A central theme to emerge was that not enough time is being devoted to (or indeed is available for) joint preparation, and as such the process of curriculum differentiation process is suffering. Furthermore, there is the suggestion of a lack of available resources. It was intended that the findings of the project could be used to instigate change and develop the current system. The key findings will be discussed with the project stakeholders with a view to developing an action plan for change. For example, a key element of the discussion will be how to ensure that there is more collaboration between teachers and support staff.

Methodological limitations

There are several methodological limitations of this research that the reader should be made aware of. Firstly, the findings suggest that those who participated in the study believed that more time should be devoted to joint planning and that more information should be shared regarding the needs of children; these findings will be used to implement change within this particular organisation. However, applying positivist principles to the data, this is as far and as wide as the findings should be applied. The relatively small number of staff who participated in the study limits the external validity of the data; in other words, the small sample size is not capable of producing generalisable findings or providing a reflection of the opinions of staff in other schools. However, taking a constructionist research perspective, one could assume that the data has catalytic validity (Scheurich, 1997). This refers to the extent to which research participants are empowered to act in new and creative ways through their involvement in the research process. Here it is hoped that by seeking the participants' opinions, encouraging them to reflect on strengths and weaknesses of the current system, and using their views to contribute to an action plan for change, they would feel empowered and motivated to further reflect on – and develop – their own practice. Furthermore, as active participants in the overall research process, it is hoped that the research stakeholders would be empowered and motivated to implement and maintain the strategy for change to be developed in conjunction with the TEP.

Further limitations can be seen in the analysis of data. In the present study, the TEP took responsibility for data analysis, thus raising the possibility of analyst bias. Constructionist psychology would suggest that each analyst has a unique perception of the world (i.e. in this case, data), and therefore their interpretations of the data could be influenced by their own experiences and perceptions. Robson (2011) suggests that qualitative analytical processes, such as thematic analysis, are open to human biases, including discounting unusual and novel information, and having a tendency to adhere to early impressions of the data and not revising initial interpretations. If this research were to be repeated, perhaps several co-researchers could carry out the thematic analysis, in order to reduce chances of the aforementioned biases. The results could be compared, and eminent themes agreed.

The use of AT to structure the questionnaire and analysis of the system proved to be highly useful. It facilitated the study of the differentiation process and targeted possible areas for change and improvement by identifying contradictions within and between the systems (Leadbetter, 2008). Although the present use of AT seemed to suit the research purposes, critics of AT suggest that it is difficult to define, there is no unified opinion on its precise nature, and it is used in different ways in different countries (Holzman, 2006). Daniels (2008) suggests that there is a divide between Western and Russian interpretations of Activity Theory. Western interpretations (e.g. Engestrom, 1999) tend to define ‘activity’ as object of scientific study, and Russian (e.g. Vygotsky) interpretations tend to use it as an explanation of human interaction. It seems that in the present circumstances, a Western interpretation was applied, where curriculum differentiation was scientifically studied with the purpose of instigating organisational change.

By re-phrasing the *Rules* element to “what supports or constrains the curriculum differentiation process at the moment?”, it was hoped that participants would identify positive aspects of the process, which may have provided useful information when devising action points for the development of the process (e.g. these positive aspects could be integrated into a new system). However, very few participants chose to donate examples of supporting factors; most provided information regarding constraining factors (although this did lead to the identification of contradictions within the system). Perhaps if the research were to be replicated, the data collection session could be extended, with AT being introduced in more depth to the participants (in the present study a brief overview was given). Then, in small groups they could describe the curriculum differentiation system according to the AT structure.

Perhaps an ideal approach could have been to adopt the Developmental Work Research (DWR) approach (Engestrom, 1999), where AT is used to model processes in work settings with teams or groups of people (Leadbetter, 2008). Here, data is collected via interviews and observations, and is then modelled according to AT. Team members are then invited to attend workshops where they are asked to discuss the models presented, with the ultimate aim of instigating change (Leadbetter, 2008). However, in the present study, time constraints dictated that it would not have been possible to adopt the DWR approach. DWR could be considered if the work was further developed.

The research process

The overarching aim of this study was to support the school in the development of their SEN provision. Based on the findings of the recent SEN review, it was decided to focus on curriculum differentiation, and provide information regarding this process with a view to devising action points from which the process could be improved. Therefore, a decision was taken to adopt an action research approach, due to its focus on researcher-client collaboration and because of its focus on positive change (Robson, 2011).

The model of action research used (RADIO; Timmins, Shepherd, & Kelly, 2003) provided a logical, clear, and concise structure for the project, and facilitated a collaborative process. However, there were certain limitations of note. Although the stakeholders were engaged with the research, time constraints at school dictated that some aspects of the research process had to be donated by the TEP. For example, the data collection method was designed by the TEP and presented to the primary stakeholders for verification. Perhaps in the busy school environment, more specialised, time-consuming activities such as research design cannot be truly collaborative, and should be suggested by the researcher following a discussion of research parameters with stakeholders.

The inclusion of section '*7b: Data processing*' should not necessarily be interpreted as criticism of the RADIO model. The model does not suggest a stage for data analysis, however, again, this can be a highly specialised process that may be best carried out away from the school. Perhaps by not including such a stage, the authors of the model acknowledge that the data analysis process cannot be truly collaborative (and thus not in the spirit of RADIO), as it often requires specialised knowledge and is time-consuming.

The collaborative nature of RADIO was particularly useful in the present context, as the school's needs (development of SEN provision) were a focus of the research. Social constructionist psychology suggests that the researcher’s view of effective, relevant research may be different to that of the school (and indeed may differ amongst school staff). Therefore, the highly collaborative RADIO process is important here, where the different ‘world views’ of researcher and stakeholder are intertwined to produce a study which is effective and relevant from the perspectives of both parties.

Finally, although the RADIO model was designed as a tool to be used by TEPs in order to aid the conceptualisation and management of work within organisations (Timmins, Shepherd, & Kelly, 2003), its clear, collaborative structure suggests its use should not just be confined to Trainee EPs: qualified EPs should continue to use it, or at least apply its principles when carrying out such work. Systemic-level work, where the EP works to achieve positive outcomes for children by carrying out work in the system (for example organisation or community) within which the child operates (see Bronfenbrenner, 1979), is seen as an important aspect of the EP role (Fallon, Woods, & Rooney, 2009). Therefore, in an age of accountability, and increased demand for preventative, organisational-level work (Dunsmuir, Brown, Iyadurai, & Monsen, 2009; Farrrell *et al.*, 2006), a clear, consistent, and rigorous approach to such work would be highly beneficial; indeed, the RADIO approach has received praise for its usefulness in this area of EP work (Fox, 2009).

It could be argued that the fusion of RADIO and AT is unnecessary, as a particular expansion of AT is based around a collaborative research process: the Expansive Learning Cycle (Engestrom, 1987). Here, the participants would have been invited to engage in a process whereby the system is evaluated, reconstructed and reflected upon. Here, a number of steps are followed: critical analysis of the current situation (where contradictions are identified); creating a new activity system; implementing the new activity system; and reflecting on the new activity system (Engestrom, 1987). This approach would have allowed participants to be fully engaged in the process of change, although it is likely to have been logistically difficult to engage all 31 participants in this process. However, this could be a useful approach to take in school settings, particularly with small groups of staff.

Although the Expansive Learning Cycle (Engestom, 1987) was not adopted in the present circumstances, the use of Activity Theory (AT) in the present study seemed to intertwine well with the collaborative ethos of RADIO. By acknowledging that the participants themselves were the ‘subjects’ of the system being evaluated it was hoped that their investment in subsequent change would be enhanced. Furthermore, by demonstrating that organisational processes are not linear, and often involve several different components (including other colleagues), hopefully inter-staff collaboration would have been promoted. AT has been shown to be a useful tool for EPs when carrying out organisational-level work (Leadbetter, 2008); the present study is another example of its utility in a school setting. It should be considered a valuable component of the EP toolkit (Leadbetter, 2008).

Conclusion

The present study is an example of how an Educational Psychologist can carry out systemic work, in order to support a school in the development of its provision. Here, the project helped to unpick the curriculum differentiation process and identify targets for change. By adopting a collaborative action research approach (RADIO) it is hoped that the primary stakeholders were able to work with the researcher in order to produce research that is beneficial and relevant to the school. This particular strand of EP work – working with organisations and communities – is one of the key EP roles (Fallon, Woods, & Rooney, 2009). By adopting collaborative action research approaches to such work, EPs will increase the involvement of service users in their work and develop close ties with these individuals and groups; this will hopefully increase the transparency of the EP role.

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Appendix 1: SEN review report

** ******* SEN Review Report
25 September 2012

LA Staff :

***** *******	Behaviour Support Team Coordinator
***** *******	Trainee Educational Psychologist
****** *****	SEN Advisory Teacher(Learning)
**** *****	SEN Adviser

Summary of findings

Examples of whole class teaching, which was lively, engaging and accessible to pupils with special educational needs (SEN), were observed across departments. Relationships between support staff teachers and pupils, were positive and encouraging. Pupils with SEN said that they were happy at ** and were confident in giving their opinions; parents of SEN pupils felt that it was a good school. Support staff are deployed to departments and this has enabled them to build their subject knowledge and support pupils in their learning. Learning Mentors have good systems for referral and support pupils effectively including making home visits where necessary and developing strong relationships with parents. However, there is a long standing and damaging divide between the support for learning and that for behaviour which means pupils' needs are not always met effectively.

The learning opportunities for pupils with SEN were not consistently good, for example, pupils with a high number of hours were left unsupported in lessons and the Breakthrough lessons were neither differentiated nor engaging.

There do not appear to be good systems in place to share information in the school or, staff do not access key information consistently; this applies to transition information and information held by Learning Mentors or SEN staff.

There is no provision mapping in place and SEN data needs to be analysed to identify gaps in the available support and intervention.

The new SENCo in the department means there is good capacity to improve given effective training and support from senior managers and outside agencies.

Provision Management

There are high numbers of pupils at School Action throughout the school including in year 10 and year 11. The school should aim to ensure that pupils who come into the school at School Action have intervention which moves them back to mainstream teaching or identifies their need to be School Action Plus. RAISEonline data shows that pupils who have a Statement of SEN or additional delegated funding from the Local Authority make good progress at the school but pupils at School Action and School Action Plus, do significantly less well than National. The SENCO is unclear as to what resources are available to support these pupils other than the incidental support available through being in the same group as pupils with a Teaching Assistant.

Provision mapping is not in place and undertaking this process would be a useful way to analyse where there are gaps in interventions needed to ensure pupil progress.

Suggested action

Develop a provision map by:

- Review the School Action pupils and try to reduce the number to include only those who have a learning or behaviour difficulty which requires intervention
- Ensure that pupils at School Action receive the targeted interventions they need to make progress
- Senior managers and the SENCo use available data both qualitative and quantitative to assess pupil need across the school. (This should include social and emotional need as well as learning needs)
- Detail all available intervention which is additional to quality first teaching- this can include everything from breakfast club through to Accelerated and Corrective Reading, one to one support and Breakthrough groups
- Cost all the interventions- SENCO to have a clear understanding of delegated funding and how it can be used to meet the needs of SEN children – in class and interventions.
- SENCO to take responsibility for matching needs and timetabling of support. Lead on directing staff to individual children with a clear view of how to meet their needs.
- SENCO to extend knowledge of interventions already in place by observation and discussion with pupils and staff. When this is in place further extend knowledge of available provisions.
- SENCO to liaise with new/established SENCO's in the authority – refer to IS for suggestions.
- Match the needs analysis to available intervention and analyse any gaps e.g. numeracy intervention or intervention for School Action pupils via a spreadsheet –available in SIMS/Excel.
- Analyse any gaps and consider training/funding etc; issues raised
- Review provision termly or in line with pupil progress tracking to ensure provision continues to match needs
- For support with this process contact the SEN Adviser or IS staff who can recommend other schools

Individual Education Plans

Pupils with special needs in the school have a written Personal Learning Plan which sets out targets for improvement and the intervention to address needs. Support staff keep copies of them and in the best examples they are used as working documents which inform planning. Pupils have a copy of their current targets in their planner and staff give them feedback on progress.

Schools do not have to use PLPs or IEPs under the current SEN Code of Practice and Ofsted is only interested in looking at them if they are moderated and act as a clear progress tracking tool. The reviewing team found examples in pupil files where the same target had been on the PLP for two or even three years. Targets not achieved at review must always be changed or, if retained, an entirely different intervention used to achieve it. Targets must be relevant to a pupils need; there was an example of a pupil with significant emotional difficulties whose PLP consisted of three very narrowly focussed literacy targets.

Suggested action

- Consider the range of target setting and progress tracking tools which are in place in the school and decide whether PLPs have an important role to play for pupils with SEN, in consultation with all stakeholders
- If PLPs are considered useful then they must include measurable, relevant targets which are discussed with the pupil and parents and reviewed termly.
- Ensure that any targets set on a PLP or other documents are directly relevant to achieving the end of key stage National Curriculum target set for the pupil.
- If the Academy decide to continue with PLPs /BLPs it is essential that parents and children become part of the process. This needs to be fed through to PLDs as they are responsible for writing Behaviour Learning Plans.
- Currently PLDs are responsible for writing BLPs. if this continues to be the case the SENCO must have an overview of what is in place and what needs to be in place. Regular meetings with PLDs would support this process.

Interventions

Wave 1-Quality First Teaching

Interventions need to be layered on top of well differentiated quality first teaching and there were some great examples observed of engaging activities which catered well for a variety of learning styles. These lessons were accessible for pupils with learning difficulties and teaching and support staff were positive and encouraging in their interactions with pupils with SEN and/or disabilities. Differentiation appeared to be by outcome or support, no examples of task differentiation were observed although support staff did report that one or two teaching staff plan alternative tasks for groups. One Head of Department who had been in the school six years could not recall any training in relation to differentiation from the SEN Department.

Parents who met the reviewers reported that the level of work and homework was not always appropriate to their children. For one mother, the fact that her child could not access the learning meant that her child had resorted to climbing on tables; behaviour she reported had not been seen in school seen since Y2. They also commented that they sent in homework in folders as requested and then it was often left unmarked.

Suggested action

- Questionnaire staff to identify training needs re: differentiation and deliver through a variety of appropriate means e.g., modelling, departmental workshops etc;
- Ensure that homework is at the appropriate level for independent work and that it is marked

Wave 2 and 3 interventions

There are some effective interventions in place for pupils with learning and behavioural difficulties in the school. The reviewing team observed Corrective Reading being delivered well i.e. according to the set programme with good interaction between the member of staff and pupils. Baseline and progress data was kept for the intervention so that it will be possible to analyse the impact. The Social Use of Language Programme was equally well organised by a member of the Teaching Assistant team and record keeping was exemplary. Support staff commented that the current SEN room is not adequate for delivering all interventions. Pupils with learning difficulties were often embarrassed in front of their peers because of the low level they were working at and it was not always possible to know when there were pupils in the screened off area

The Learning Mentors intervene effectively for pupils who are referred for their support. They work with families making home visits as necessary and develop positive relationships with parents and pupils. The team ‘goes the extra mile’ for the pupils with whom they work. This means they are successful in keeping pupils within the mainstream. Learning Mentors feel very strongly that their role is to support pupils with emotional and behavioural difficulties and not learning. The Teaching Assistants supporting learning feel equally strongly that they ‘don’t do behaviour’. This is an artificial divide and Inclusion Support were able to point to examples where this had impacted negatively on pupils with learning and behaviour needs because the focus was just on one aspect of their difficulty.

Suggested Action

- Engage with support services to profile pupils who experience learning and behaviour difficulties
- Run a training session for Learning Mentors and Teaching Assistants with IS staff facilitating to explore the reasons for the divide and agree how to move forward

- Through the development of a provision map that includes learning and behaviour interventions ensure that pupils needs are assessed holistically
- Review the space available to deliver interventions to ensure that pupils' self esteem is not affected by peers overhearing the content

Breakthrough groups

The Breakthrough groups are small groups where all the children have a degree of learning difficulty. In two out of the three lessons observed there was a degree of low level disruptive behaviour sufficient to impact on pupils' learning. (There was also a degree of verbal bullying directed at an obese young man in one lesson).
While being delivered at a lower level, the lessons were undifferentiated and were not as engaging for the pupils as some of the whole class teaching observed. If this is a major intervention for pupils with SEN these lessons should be of as high a quality as the best of mainstream.

No behavioural difficulties were observed in the science Breakthrough session but this lesson was a test which was not accessible to the unsupported child with significant SEN

Suggested action

- Review the Breakthrough intervention session to ensure that they offer high quality learning experiences for all.

Support staff

The support team are deployed to departments and this has allowed them to become skilled and knowledgeable in their subject areas. In the best practice examples they have access to teacher's planning and this means they are able to support teachers in differentiating for pupils.

Information about how support staff are deployed had not yet been passed to one new Head of Department because he commented that he would welcome this way of working but was not aware of any support staff in his department.

The support team commented that there were staff who did not welcome support in their lessons.

Support staff were observed asking open questions which allowed pupils to learn; moving away so pupils could be independent; working in cooperation with teachers and as above delivering effective intervention.

The support team do not feel valued in their role. They commented that they had been told there was no progression available so although they could take additional qualifications they would not be rewarded for so doing. In many primary and secondary schools it is a source of pride that they develop support staff through to teacher qualification. If there are budgetary difficulties the framework of progression should be put in place for when funding allows. The reward for the school is a fully committed team which can be trained in the necessary skills to meet the needs of pupils at ** and eventually, good teachers.

Suggested action

- Review the staff development framework for support staff and implement a career progression to teaching when possible
- Establish a regular pattern of meetings between the SENCo and the support team so that good practice can be shared and issues raised
- Review the roles of some support staff to ensure that all are most effective deployed in supporting learning
- Audit of support staff skills to ensure that they are deployed effectively and gaps in provision for pupils' learning can be closed quickly.

SEN Action Plan

• **Action**	**By whom**	**Completion Date**	**Resources**
• SENCO to liaise with new/established SENCOs in the authority. (Refer to IS for suggestions.)	SENCO		
• Use available data both qualitative and quantitative to assess pupil need across the school. (This should include social and emotional need as well as learning needs)	Senior managers and the SENCo		
• Questionnaire staff to identify training needs re: differentiation and deliver it through a variety of appropriate means e.g., modelling, departmental workshops etc;	SENCO		
• Ensure that homework for pupils with SEN is	SMT/SENCo		

at the appropriate level for independent work and that it is marked			
• Review the School Action pupils to include on the register only those who have a learning or behaviour difficulty which requires intervention	SENCo		
• Detail all available intervention which is additional to quality first teaching-	SENCO		
• Review the Breakthrough intervention programme to ensure that they offer high quality learning experiences for all.	SMT		
• All pupils at School Action receive the targeted interventions they need to make progress	SENCo/SMT		
• Cost all the interventions- SENCO to have a clear understanding of delegated funding	SMT/SENCO		
• SENCO to match pupil needs and timetabling of support	SENCO		
• SENCO to extend knowledge of interventions already in place by	SENCO		

observation and discussion with pupils and staff.			
• Match the needs analysis to available intervention and analyse any gaps e.g. numeracy intervention or intervention for School Action pupils via a spreadsheet – available in SIMS/Excel.	SENCO/SMT		
• Develop a provision map that includes learning and behaviour interventions to ensure that pupils needs are assessed holistically	SENCO/SMT		
• Review provision termly or in line with school pupil progress tracking to ensure provision continues to match needs	SENCO/SMT		
• Consider the range of target setting and progress tracking tools which are in place in the school and decide whether PLPs still have an important role to play for pupils with SEN, in consultation with all stakeholders	SENCO/SMT		
• Review PLPs to ensure that they all include	SENCO		

measurable, relevant targets, are reviewed termly and are focussed on achieving end of KS targets			
• Parents and pupils are always included as part of the PLP/BLP	SENCO/PLDs		
• SENCO has regular meetings with PLDs so that SENCO is aware of BLP and involved in decisions about provision	SENCO/PLDs		
• Engage with support services to profile pupils who experience learning and behaviour difficulties	SENCo/PLDs		
• Run a training session for Learning Mentors and Teaching Assistants with IS staff facilitating to explore the reasons for the divide and agree how to move forward	SENCO/SMT/IS		
• Review the space available to deliver interventions to ensure pupil's privacy when needed	SENCO/SMT		
• Review the staff development framework for support staff and implement a career progression to teaching when possible	SENCO/SMT		
• Establish a regular pattern of meetings			

between the SENCo and the support team so that good practice can be shared and issues raised	SENCO		
• Review the roles of some support staff to ensure that all are most effectively deployed in supporting learning	SENCO/SMT		
• Audit support staff skills to ensure that interventions can be delivered and training needs identified	SENCO		

Appendix 2: Description of the stages of the RADIO model

RADIO encompasses a number of stages through which the researcher is encouraged to work: stages 1–4 are principally concerned with the identification of the needs of the organization in question, and the development of a partnership between researcher and organization; stages 5–8 represent the research methodology and methods aspect of the project, where a suitable research design is developed that addresses the needs of the organization; and finally, stages 9-12 focus on processing the information gathered with research sponsors and stakeholders, and making and implementing proposals for organisational change (Timmins, Shepherd, & Kelly, 2003). The stages are further described in the table below.

RADIO stage	Typical activities (from Timmins, Bham, McFadyen, & Ward, 2006)
1. Awareness of need	School/EPS/LEA request or EPS suggestion
2. Invitation to act	Contracting EP/TEP role in organisational development
3. Clarifying organisational and cultural issues	Exploring opportunities and threats relating to initiative
4. Identifying stakeholders	Agreeing processes for collaborating with stakeholders for feedback and discussion
5. Agreeing the focus of concern	Identifying research aims and purposes
6. Negotiating the framework for data gathering	Issues and decisions regarding methodology, methods, resources and timescales

7. Gathering information	Using agreed methods
8. Processing information with stakeholders	Sharing findings with stakeholders
9. Agreeing areas for future action	Discussing findings in relation to organisation's needs and identifying areas for action
10. Action planning	Stakeholder-led planning process
11. Implementation / action	Stakeholders facilitating change within organisation
12. Evaluating action	Stakeholders reviewing effectiveness of action and possibly requesting further EP involvement

Appendix 3: Study information letter / consent form (anonymised)

Invitation to participate in research project

Dear Teacher / LSP / LSA

I am a trainee educational psychologist from the University of Birmingham, on placement with Inclusion Support (IS) in Sandwell. As part of my placement I will be carrying out a project within your school.

Following discussions with **** and *****, it was decided to investigate curriculum differentiation for low achieving pupils. I would like to ascertain the views of teachers and learning support practitioners/assistants (LSPs/LSAs) regarding the curriculum differentiation process. I am interested in your views of current practice and how this could be further supported, with the hope that the findings of the study can inform future practice.

I intend to seek your views via a questionnaire. The information you record in the questionnaire will also be kept safe and will be anonymised.

I would be delighted if you would be willing to participate. If you do agree to participate, you would be free to withdraw from the study at any time.

If you would like further information regarding the project, please do not hesitate to contact me at ****@***** or on *******.

Yours sincerely,

Participant consent form

(Please tick)

I agree to participate in the research ☐

I understand that my views will be anonymised ☐

I understand that I will be free to withdraw from the study at any time ☐

Name……………………………………………………..

Teacher / LSP (please delete as appropriate)

Signed……………………………………………………

Date…………………….

Please return this form to James Birchwood

Appendix 4: Questionnaire (anonymised)

Curriculum differentiation at ********
Survey

Regarding children who you teach / support:

Instruments/tools: How do you currently differentiate the curriculum? What do you use to do this? (concrete or abstract 'instruments/tools')

Community: Who else is involved in the process?

Division of labour: If others are involved, how is the work shared at the moment?

Rules: What, in your opinion, supports or constrains the process of curriculum differentiation?

How could the current system be improved?

Appendix 5: Thematic groupings of LSP/A responses

How do you currently differentiate the curriculum? What do you use to do this?

Concrete resources
visual aids eg, photos, games, hands on equipment eg, real shapes, 3D shapes, pretend money etc.
resources of diffferent levels of work for different groups eg, work sheets, coloured paper, number lines number grids
Use of mindmaps to explore ideas/concepts
framwork - structured parts to fill in word banks/keywords
use word banks
enlarge paper, so pupil understands and can see task.
Different coloured paper - this is far easier, excess to text/reading class broken downin accordance to ability, using blue and black pens.
enlarge resources
different coloured paper - according to students' requirements
VI students have enlarged paper
some students have green/blue paper for easier reading of text.
sitting at correct position to access the board.
use of primary resource website in class,

Practical strategies
writing simple sentences to consolidate the work
re-phrase questions for students to understand/repeat instructions
LSA - Breakdown of teacher tasks to a more understandable tasks
breakdown instructions into bitsize smaller chunks, easier to take in
I re-phrase questions, try to give an example of an answers,
get the student to answer smaller more manageble chunks of the task/activity
keywords are broken down for pronounciation as well as meaning. Later used in a sentence to show the purpose of the word
for the lower ability of the group, spellings are set in a phonic chain
I demonstrated a more visual approach to aid pupils understanding. For examply I'd show pupils how to count with fingers and draw them a times table grid for them to use. Where as with strong ability pupils they are more than capable of listening rather seeing how to do theh work. The comparison with listening and visual learners differs
within lessons that I support students are split into colour groups depending on ability. This allows the different abilities to get the support they need.
class broken in accordance to abililty

Who else is involved in the process?

SEN team
SEND Team
Other members in the SENT Team
LSAs /LSPs
LSA, LSP
Other support staff
SENCO
SENCO
SENCO
SENCO

Teachers
Class teachers
Teachers
Class teacher
Teachers
subject teachers included
Teacher
Teacher

Parents
parents

Outside agencies
Sandwell SENAT-L for guidance per case
Educational Psycholgist
SENAT(L)/other advisory professionals
outside agencies, eg, ASD Advisors on social stories

If others are involved, how is work shared at the moment?

Collaboration between staff
Suggestions/ideas are sometimes sought form class teachers/other SENT Team staff
Split within small groups. Allowing different numbers of staff within lesson to support pupils who need extra support
feedback between staff within lessons to get full understanding in classes
Group work
the work is shared efficiently, communication is key! Planning and organisation are vital in sharing this
Training
training

Support staff carry out most work
LSAs help support planning and the delivering of the lesson. Also help support with behaviour and seating plans in class
LSA/LSP offer strategies for class and also guidance on delivery of work for SEN pupils
the work is not currently shared
Differentiation takes place on an individual basis

What, in your opinion, supports or constrains the process?

Time and resources
time to meet with class teachers - constrains the process
lack of prep time
time - never enough for lower ability students to complete tasks and understand what the lessons about
lack of resources

Collaborative planning
constrains can occur if staff doesn't plan between staff members within lessons
lack of communication sharing ideas
liasing with teacher and support staff
Need more communicatoin between LSAs and classteachers.
Instruct a can-do approach. This is support by team-work.
knowing what happening in lessons
Having more input using LSA in lessons.
good planing between teachers/LSAs
LSAs are been involved in lesson plannning
Comunication between LSA and teacher having LSA input into lessons would benefit SEN pupils

Teachers' understanding of needs
sometimes teachers find it diffcult to understand that our Yr7 cannot spell their names. (High school teachers sometimes expect higher levels naturally
I feel it is not always at a level for a students needs
Teachers need to understand SEN pupils learning needs
Most pupils may be low ability but that does not mean they do not have talent. Itjust meas it will take 'time' for them to develop.

Knowledge of pupils
prior information from primary schools for Yr7 students - supports the process
if you are able to keep a pattern of what certain pupils are capable and not capable of, you'll be able to 'nurture' them.
supporting the differentiation if staff working within a class know the class ande the students ability level

External agencies
input from external agencies/advise also support the process

How could the current system be improved?

Increase teacher participation and understanding of needs
class teachers could assist with/provide differentiated work
Each teacher looks at the cats results primary school files and initially treat the students like blank canvasses, then make their own judgements on levelling the appropriate work for each statement
Teaches understanding SEN pupils needs
allow more time for lower ability students to understand
patience!
good use of inset days

Increase intra staff communication
better commuicatoin
Communication - between LSA and Teacher
more time to speak to others
more time PPA time for LSA has decreased by 1 hour
allow social time/discussions during lunch time eg, eating in the staffroom
better communication

Appendix 6: Thematic groupings of teacher responses

Instruments/tools – teachers

Concrete resources
Simplified resources
Photocopy work on coloured paper
Mini white boards
Differentiated worksheets
Worksheets
Coloured worksheets
Larger worksheets
Adapt readability of text
Coloured worksheets and backgrounds
Comic sans font

Knowledge of child
Knowledge of child's SEN needs using IEP
Knowledge of child's conditions (ADHD, autism) by reading IEP

Adapted content
Pupils given different questions according to ability level
Pupils given different questions according to ability level
Pupils given different questions according to ability level
Pupils are grouped and given activities according to ability level of group
Simplified tasks
Different levels of questioning
Reduced writing tasks
Rephrase questions
Pupils given different time-frames for work according to ability level
Pupils given different time-frames for work according to ability level
Pupils given different learning objectives according to ability level
Pupils given different learning objectives according to ability level
Pupils given different learning objectives according to ability level
Learning objectives
More work for higher ability students

Practical strategies
Additional use of discussion before tasks
Highlighting literacy errors
Create appropriate seating plans
Grouping pupils
Group work

By process and product
Differentiate tasks

Who else is involved in the process?

SEN Support staff
LSA/LSP
LSP/LSA
LSA
LSAs/Tas
LSA/LSPs - planned for in lessons

Senoir staff
SENCO
SENCO
SENCO/Head of Department
Curriculum Director

Department - system
decided within the department
whole maths department give some learning objectives, all of which are levelled
whole department
department

11/36 gave responses!

If others are involved, how is work shared at the moment?

Teachers take the lead
Teacher only
Teacher led with support form Tas
individual teachaers will differentiate in their own classroom
individiual teachers adapt shares lessons to suit needs of their classes
shared lessons adopted to different lessons to meet needs to students

Liaise with and direct LSPs
assign LSA to work with group of students/take students out of room
LSA works with statmented student
I get any support to foucs on pupils who are weaker on that day - or who are having difficulty in the exercise/task
introduction of dialogue books for communicating with additional adults.
e-mail communication with LSA/LSP

What, in your opinion, supports or constrains the process?

Time available
lack of time to communicate/plan with additional adults
lack of department time to create resources/design lessons
time constraints
time to share ideas

Understanding of needs
lack of understanding of the child's needs at the beginning of the year - takes times to get to know them

Resources available
budget
budget,
collections of resources
lack of resources
the use of cnetral resources

Support of others
Lack of LSA support
amount of LSA support available
inconsistencies in support staff-timetable changes.
support deparment
department willing to support

Teaching to examination specification
rigid nature of maths exams make it difficult to differentiate
exam specifications

Teacher skills
willingness of teachers to try different techniques.
Supported by the subject being taught by specialist rather than generic teachers

How could the current system be improved?

More support staff
LSA in every lesson
maybe through increasing number of LSAs

More planning time
Time could be allocated so that staff can share ideas on differentiation
less time constraints
allocated time to share resources in department meetings
allocated time to share differentiated ideas and resources in dept meetings
allow time for meetings and collabrative planning
consideration to trial new ideas

Greater knowledge and understanding of needs
more consistency in data/info received form primary schools and passed on between academic years/subject teachers
when students start it could be improved by putting them in high level for english and maths for example and lower gorups for what they have difficulty in . Rather than putting them in one band across whole school