VOLUME TWO

PROFESSIONAL PRACTICE REPORTS

By

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VOLUME TWO: PROFESSIONAL PRACTICE REPORTS

Abstract

This volume of work constitutes the second of a two volume thesis completed in line with the written requirements for the Doctorate in Applied Educational and Child Psychology undertaken at the University of Birmingham. It comprises five professional practice reports (PPRs) which provide the reader with an account of five different areas of professional practice undertaken as a Trainee Educational Psychologist (TEP) in years two and three of my doctoral training. The areas of professional practice were chosen to form the basis of the written requirements for Volume Two as demonstrate the application of psychology across a range of settings and at a variety of different levels (individual child, groups and the organisation).

The 'Introductory Chapter' provides an overview of the focus of the individual reports, and a brief summary of their contribution to my professional development as a TEP working within a Metropolitan borough council. It also furnishes the reader with relevant contextual information, and insight into the rationale behind the chosen approaches. The first report provides an account of TEP involvement in an operational analysis of a specialist setting which caters for the complex needs of children and young people. The second report provides a critique of TEP work at an individual level, where the focus is on supporting a child with complex individual needs. The paper focuses on defining a role for Educational Psychologists to play in terms of furthering our understanding regarding the causes of selective mutism, and planning effective intervention. The third report provides an account of

work at the group level, providing details of the design, implementation and evaluation of a group intervention utilising cognitive behavioural approaches. The fourth report provides a critical evaluation of a longitudinal intervention that was sustained over six months during my third year of doctoral training. It critically appraises an approach to supporting children with behavioural and emotional needs that places teaching staff at the centre of the problem-solving process. The final report provides the reader with an account of TEP contribution to applied psychology practice within a defined specialised work setting. It highlights the importance of emphasising the 'voice of the child' when designing interventions to support school refusal behaviour, and argues that interventions are too often implemented on the back of adult-led discourses that hypothesise why school refusal occurs, rather than demanding an individualised approach.

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VOLUME TWO: INTRODUCTION AND OVERVIEW

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1. Introduction

This volume comprises five independent 'Professional Practice Reports' (PPRs) that were written to critique and reflect upon five different elements of work undertaken as a Trainee Educational Psychologist during Years 2 and 3 of my Professional Doctorate in Applied Educational and Child Psychology (2007 – 2010). This introductory chapter serves to alert the reader to the rationale underpinning each PPR and the context within which the work was negotiated. It also draws attention to the personal and professional factors that influenced the selection and conceptualisation of the PPRs, and considers how these areas of professional practice have contributed to my developing role as an applied Educational Psychologist. Finally, this introductory chapter was used as a tool to enable me to reflect on the potential worth of the PPRs in terms of their contribution to psychological theory and practice in the field of educational psychology.

1.1 The Role of the Trainee Educational Psychologist (TEP)

In recent years, the role of the Educational Psychologist has undergone a period of significant and dramatic change, largely attributable to the onset of the widely anticipated changes to the professional training route (Frederickson, 2007). In September 2007, the requirement to qualify as a teacher and complete a one year

Educational Psychology Masters degree was superseded by the expectation that all aspiring EPs would complete a three year professional doctorate. My professional training commenced in September 2007, where I was one of twelve students that formed the second cohort accepted by the University of Birmingham as part of the new training route. In terms of my identity as a TEP, it is important to acknowledge that I am one of only three TEPs in my cohort who had not trained as a teacher prior to securing a place on the training course.

One of the most significant changes in the new training route relates to the expectation that students are required to secure an appropriate supervised training placement working with a Local Authority Educational Psychology Service (EPS) for years two and three of their training. Local Authorities were provided with clear guidance regarding the expectations and appropriate use of TEPs from both the Association of Educational Psychologists (AEP) and the University of Birmingham, but the way in which TEPs were used and the level of responsibility given tended to vary between Local Authorities.

During Years 2 and 3 of my doctoral training, I was employed by a large West Midlands Authority where I received regular supervision from an experienced EP. Alongside this, I was also required to fulfil the university academic requirements throughout these two years which required me to carry out my role as the named EP for 10 educational settings, whilst at the same time ensuring an appropriate level of learning experiences and opportunities for specialist work to form the basis of my PPRs. This at times proved challenging, and required considerable negotiation with

the settings in which I worked and with the Principal Educational Psychologist to ensure that appropriate opportunities were sought. Within my employing Local Authority, work was negotiated with schools and other stakeholders during termly planning meetings, which provided ample opportunity to apply psychology creatively and to work alongside other Children's Services partners.

The employing Local Authority currently uses consultation as a means of service delivery after abandoning its referral system some six years previously due to concerns that it only allowed EPs to work at the level of the individual child. From this perspective, consultation is used to bring about change for individuals, groups and at a more systemic level (Wagner, 2000); the latter of which should be considered a significant development in the way that Educational Psychologists work within schools.

This move to consultation can be said to align itself with recommendations made by Boyle and Mackay (2007) who highlight the need for systemic models of practice within Educational Psychology Services. Their research also emphasises the importance of EPs engaging in increased preventative work to enable them to apply their skills where they will have most impact and at the earliest point of intervention. This was recognised by the current Local Authority who repositioned the EPS to form part of the 'Early Intervention and Inclusion Service' (EIIS) as part of a Children's Services wide restructure. As part of this restructure, the EPS was presented with an opportunity to redefine the way that it worked and enabled a renewed focus on

evidence-based practice, and a reduction in the amount of individual casework undertaken in favour of more systemic and group work.

The employing Local Authority operates a time allocation model, whereby schools are allocated a number of sessions based on size, proportion of children on the Code of Practice (2001), free school meal index (FSM) and a number of other factors. Operating a consultation model of service delivery within a time allocation system can at time appear restrictive, and is felt by many EPs to limit the way in which they work. Imich (1999) suggests that there are some benefits to working within this system relating to the protection that it provides EPs with in terms of handling the excessive demands from schools, but also acknowledges that it can lead to loss of professional autonomy. As a TEP I found that working within a time allocation model afforded me some protection from the demands of schools as Imich (1999) suggests, but also proved to be a source of frustration, as often restricted the type of work that could be undertaken in a particular setting.

As previously highlighted, the profession of Educational Psychology is undergoing a period of considerable change, where our 'distinctive contribution' is often questioned (Cameron, 2006) and the future of the profession remains uncertain. It is within this changing climate that my training has taken place, and although this has at times been a source of worry, these concerns have served in the main, to encourage me to apply psychology creatively and to rigorously evaluate outcomes to demonstrate our distinctive contribution.

1.2 Contextual Factors

The employing authority is a Metropolitan Borough in the West Midlands, and is 'made up of a number of distinct settlements which came together through local government reorganisations in the 1960's and 1970's' (Ofsted, 2008). In 2008, the borough's population was estimated to be 252,500 of which just under 14% or residents are from Black and minority ethnic groups; a proportion that rises to 21.2% for children and young people under 25. On the IDACI index (Income Deprivation Affecting Children) the Local Authority ranks 49 out of 354 indicating a higher than average level of deprivation and unemployment levels are estimated to be at 3.4% across the borough.

The cluster within which my ten schools are based (including a MLD special school, a stand-alone nursery school, a deaf base, a large secondary school and six primary schools) is characterised by high concentrations of social deprivation, poor housing, and higher levels of unemployment than in the rest of the borough (Ofsted, 2008) which impact upon the way in which I have worked within these settings. Recognising that my cluster of schools was not representative of the borough as a whole, my allocation was altered in my third year of training to include two schools from the East of the borough which is described by the Local Authority's most recent Joint Area Review (JAR) as 'relatively affluent' (Ofsted, 2008).

1.3 Overview and Rationale for Professional Practice Reports

All TEPs were provided with university guidance regarding the structure and marking criteria for the PPRs and an outline of possible areas of focus to ensure that the work presented reflected a diverse range of professional practice within a number of educational settings. Where possible, TEPs were encouraged to report on aspects of their practice that fulfilled this broad criteria although the need to remain flexible and capitalise on naturally occurring opportunities for work was also acknowledged.

1.3.1 Professional Practice Report 1

The application of the 'Research and Development in Organisations' (RADIO) model as a framework for evaluating the social inclusion of Deaf / Hard-of-Hearing (D/HH) pupils educated in an additionally resourced mainstream primary school.

Issues relating to deaf education and the extensive discussion surrounding what constitutes effective provision has presented Local Authorities with difficult decisions to make in terms of how they cater for their hearing impaired children and young people. Much of the research evidence presented can seem somewhat inconsistent in terms of the espoused benefits of different educational settings resulting in marked differences in the way LAs interpret the various recommendations. The employing LA opted for a co-enrolment programme (Kreimeyer et al, 2000) where those hearing

impaired children that do not wish to be fully educated in mainstream school, have the option of attending an additionally resourced mainstream setting, where they attend the majority of lessons with their hearing peers, but are supported by a teacher of the deaf.

The 'deaf base' was evaluated in 2005 as part of a whole school Ofsted inspection, where it was considered to be a model of good practice by National standards in relation to the academic attainment of the deaf children that attend. Despite this, the head teacher had become increasingly concerned about the social inclusion of the deaf children in the school, and felt that many of them had little to no interaction with their hearing peers. Recognising the importance of deaf children having a positive social experience at school, it was therefore decided that it would be beneficial to use part of the school's annual allocation of EP time to undertake an evaluation of levels of social inclusion.

Abstract

This study examines levels of social inclusion of nine Deaf and Hard of Hearing (D/HH) pupils educated in a specialist co-enrolment programme in a metropolitan borough. The attitudes and perceptions of forty-eight pupils were ascertained using two sociometric measures, and results indicated that D/HH children were rated favourably on a range of different social measures. However, D/HH children were consistently identified as being amongst the shyest in their year group and were not considered by their peers to possess strong leadership qualities, and this was

subsequently identified as an area of improvement for the school to focus on. The paper also explores the use of the 'Research and Development in Organisations' (Timmins et al. 2003) model as a means of conceptualising evaluative research of this nature, and concludes that there are distinct advantages to using this framework as it offers a transparent and collaborative approach to work with schools.

1.3.2 Professional Practice Report 2

How can Educational Psychologists contribute to our understanding of how to plan effective intervention for children with Selective Mutism?
Exploring the utility of a multi-factorial model of Selective Mutism

This example of professional practise arose from working with an individual child with selective mutism in one of my primary schools. The school had preconceived ideas about what my role should be and felt that it was the speech and language therapist's role to address the child's 'non-speaking' behaviour and that my time should be directed towards helping the child to develop her social interactions in the absence of speech. Although the school had fixed ideas regarding which professionals should be involved and in what capacity, it was essential that all services worked collaboratively and used their professional skills to good effect to ensure positive outcomes. With this in mind, it was felt that EP involvement should not be confined to supporting social development, and that there was a role to be played in determining the origins of the mutism, and exploring co-morbidity factors.

Abstract

Selective Mutism (SM) is classified as a low incidence disorder meaning that the frequency with which Educational Psychologists (EPs) are likely to encounter such children is expected to be extremely low. As a result, EPs can often feel overwhelmed and under skilled when the need emerges to work with this group of children, and will often prefer their professional colleagues to take the lead in assessment and intervention. This is particularly true in relation to speech and language therapists, where it is often felt that their training in language and communication makes them best placed to address 'non-speaking'. Drawing on the experience of a Trainee Educational Psychologist, the paper will suggest that there is a clear role for EPs to play in terms of furthering our understanding regarding the causes of SM and planning effective intervention. The paper presents a multi-factorial model of SM that allows for multimodal intervention and recognises that SM represents a heterogeneous condition that requires individualised interventions.

1.3.3 Professional Practice Report 3

Exploring the efficacy of Cognitive Behavioural Psychology as an approach to group work with children with behavioural difficulties: A case example.

PPR 3 should be seen to provide an example of how psychology can be applied at a group level to address the behavioural needs of five boys presenting with comparable difficulties in managing their behaviour at school. The MLD school in

which the intervention took place has always proved a challenge in terms of working consultatively, and so underpinning this approach to professional practice was an attempt to highlight the benefits of EPs working at a level other than the 'individual'.

Abstract

This paper critically evaluates the use of Cognitive-Behavioural Therapy (CBT) in a group setting to help bring about a positive change in behaviour for a group of Year 8 and 9 boys with Moderate Learning Difficulties (MLD). CBT is commonly used to support individuals to begin to understand the interaction between their thoughts, feelings and behaviour, but is used far less frequently as an approach to group work. The paper presents a six-session programme developed to support five boys with learning difficulties whose behaviour was identified by the school as being problematic. It explores the efficacy of using a 'talking therapy' to support children for whom communication is difficult, and considers how the principles of CBT can be adapted to become more accessible for this group of children.

1.3.4 Professional Practice Report 4

Increasing staff confidence to address the emotional and behavioural needs of primary school aged children: The implementation and evaluation of staff consultation groups

This EP role is gradually expanding, and EPs are being presented with opportunities to become involved in more long term interventions that aim to build capacity in the staff with which they work. PPR 4 represents one such example, and evolved from observations that four SENCos within my cluster of schools regularly raised the same issues regarding the emotional and behavioural needs of the children and young people within their schools. Despite working in consultation with these schools, and carrying out a number of training sessions to increase staff confidence in meeting this identified group of children's needs, the same requests for EP support continued to be raised. This led me to consider whether there was a more effective means of supporting these staff members to become more independent problem solvers, which would enable them to draw upon the wealth of knowledge that they already had in addressing the needs of these children.

Abstract

This paper critically appraises an approach to supporting children with behavioural and emotional difficulties that places teaching staff at the centre of the problem-solving process. It represents an approach to Educational Psychologist (EP) practice

that distances itself from an 'expert' model of service delivery and aims to work more collaboratively with those staff working directly with the children and young people with whom they have raised concern. There is a well established psychological history to group consultation in the mental health field which has provided valuable insight into how such approaches can be applied in an educational context. The current paper therefore critiques the application of a group consultation model to develop joint problem solving and effective reflection in a group of five Special Educational Needs Coordinators (SENCos) in a regional cluster. Consultation meetings took place once a month over a six-month period and were facilitated by a Trainee Educational Psychologist (TEP), utilising a 'single case' approach developed by Hanko (1990, 1999). Evaluations suggest an increase in staff confidence as a result of participating in the groups, and four out of five SENCos also felt confident to facilitate groups in their own schools.

1.3.5 Professional Practice Report 5

Exploring child discourses of School Refusal: An account of a Trainee Educational Psychologist's work in a medical Pupil Referral Unit (PRU)

This critique of professional practice emerged from my role as the allocated EP for a medical pupil referral unit covering a period of EP staff absence. The opportunity to work in this setting was one that was valued as enabled me to work alongside a range of professional colleagues who had specialism in this area, thus providing extensive learning opportunities. The PPR was written at a time when the number of

children identified as 'school refusers' within the borough was increasing, and coupled with the medical PRUs concerns regarding how they were meeting the needs of this group of children, it was decided that this would form the focus of my work within this setting.

Abstract

This paper provides an account of a Trainee Educational Psychologist's (TEP) contribution to applied psychology practice within a medical pupil referral unit (PRU). The needs of the children and young people attending this provision are diverse and often cannot be catered for through the provision of a unitary curriculum or generic approach. This is particularly true for those children classified as 'school refusers' whose persistent absence from mainstream school has led to their registration at the PRU to enable a period of intervention to take place. The Local Authority in which this PRU resides has invested considerable time and expertise into the development of a school refusal assessment tool to ensure the appropriate identification of this group of children. Although the assessment tool is thought to have been successful in distinguishing school refusal from other kinds of non-attendance, it is less successful in establishing why the school refusal is occurring, thus making effective intervention difficult. This paper highlights the importance of emphasising the 'voice of the child' when designing interventions to support school refusal behaviour. It argues that interventions are too often implemented on the back of adult-led discourses that hypothesise why school refusal occurs, rather than demanding an individualised approach. A Thematic Analysis of school refusal was carried out,

which highlights the heterogeneous nature of school refusal and provides evidence that questions the dominant discourses prevalent in the literature regarding the aetiology of school refusal. This information was therefore used as a starting point to help staff plan effective intervention, based on the individual accounts of school refusal provided in the children's own words.

1.4 Professional Development

My position as a TEP has provided me with a diverse range of experiences and opportunities to extend my professional knowledge, and to develop my skills in research and development. It has encouraged me to be reflective in my practice, and identify areas for personal and professional development by seeking out opportunities to work creatively alongside colleagues, and as part of a multi-agency team.

Although the PPRs should be seen to represent five standalone pieces of work that highlight aspects of my professional practice, collectively it is hoped that they document the personal and professional journey that I have been on as a TEP at the University of Birmingham, and as a Local Authority employee. The skills and applications of psychology identified in the reports form the basis on which I will continue to develop as an EP, and emphasise the importance of pursuing continued professional development opportunities to ensure ethical and reflective practice that will lead to positive outcomes for the children, young people and families with which we work.

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CHAPTER 2

PROFESSIONAL PRACTICE REPORT 1

THE APPLICATION OF THE RADIO MODEL AS A FRAMEWORK FOR EVALUATING

THE SOCIAL INCLUSION OF DEAF CHILDREN EDUCATED IN AN ADDITIONALLY

RESOURCED MAINSTREAM SCHOOL

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Abstract

This study examines levels of social inclusion of nine Deaf and Hard of Hearing (D/HH) pupils educated in a specialist co-enrolment programme in a metropolitan borough. The attitudes and perceptions of forty-eight pupils were ascertained using two sociometric measures, and results indicated that D/HH children were rated favourably on a range of different social measures. However, D/HH children were consistently identified as being amongst the shyest in their year group and were not considered by their peers to possess strong leadership qualities, and this was subsequently identified as an area of improvement for the school to focus on. The paper also explores the use of the 'Research and Development in Organisations' (RADIO) model as a means of conceptualising evaluative research of this nature, and concludes that there are distinct advantages to using this framework as it offers a transparent and collaborative approach to work with schools

THE APPLICATION OF THE 'RESEARCH AND DEVELOPMENT IN ORGANISATIONS' (RADIO) MODEL AS A FRAMEWORK FOR EVALUATING THE SOCIAL INCLUSION OF D/HH PUPILS EDUCATED IN AN ADDITIONALLY RESOURCED MAINSTREAM PRIMARY SCHOOL.

1. Introduction

The education of deaf and hard of hearing pupils (D/HH) has been the focus of extensive research over the past decade, related in part to their increasing attendance in mainstream educational settings (Lynas et al. 1997; Watson & Parsons, 1998). Historically, it was considered that D/HH pupils were best placed in specialist settings where they could become fully immersed in deaf culture and assume a deaf identity through regular and consistent interaction with other hearing impaired children and adults (Nevins & Chute, 1996). However, in a society where inclusion is increasingly seen as the primary goal for any educational setting, the notion that children with special educational needs should be educated within mainstream schools began to be enshrined in United Kingdom law, leading to a significant rise in the number of pupils with sensory difficulties attending mainstream provision with their hearing peers (Eatough, 2000).

Over recent years, the term inclusion appears to have become synonymous with a child's participation in mainstream environments; resulting in a somewhat oversimplified understanding of what it means to be included (Powers, 2002). This

paper will suggest that levels of inclusion are not usefully measured solely on the basis of a pupil's attendance at mainstream school, and that it is possible for specialist settings to also be inclusive. An alternative definition of inclusion, that refers to a 'system of values' rather than a measure of mainstream school placement will therefore be considered, and the benefits of using this as a starting point for evaluating and improving practice in the education of the deaf will be explored (Powers, 2002).

1.1 The current context: Provision for D/HH children provided by a Local Authority in a metropolitan borough

Issues relating to deaf education and the extensive discussion surrounding what constitutes effective provision has presented Local Authorities with difficult decisions to make in terms of how they cater for their D/HH children. Much of the research evidence presented can appear somewhat inconsistent in terms of the espoused benefits of different educational settings (see Table 1), resulting in marked differences in the way that Local Authorities interpret the various recommendations. The Local Authority forming the focus of this discussion opted for a co-enrolment programme (Kreimeyer et al. 2000), where those D/HH children that do not wish to be fully educated in mainstream school have the option of attending an additionally resourced mainstream setting, where they attend the majority of lessons with their hearing peers, but are supported by a teacher of the deaf. Prior to this, D/HH in the authority had the choice of attending a special school for children with sensory difficulties, but falling numbers and increasing government pressures for Local

Authorities to become more inclusive encouraged them to reorganise the service that they provide so that all children with special educational needs had the option of being educated alongside their peers. Although in essence, these children could be described as attending mainstream school, the current paper would suggest that the organisational structure of these 'additionally resourced schools' (ARPs) means that they are best described as 'specialist' as they differ significantly from other mainstream provision. This paper describes the evaluation of a Local Authority's co-enrolment programme for D/HH pupils, from a social inclusion perspective. Educational provision is often evaluated in terms of the academic outcomes of the pupils that attend rather than looking at measures of social outcome or emotional wellbeing (Gregory & Knight, 1998). In neglecting to take this in to consideration we will argue that it is difficult to confidently evaluate the effectiveness of any type of provision (Scheetz, 1993).

2. The application of the RADIO Model

To help structure the evaluation, and to ensure that the approach taken was both transparent and collaborative the 'Research and Development in Organisations' model (RADIO) was utilised (Knight & Timmins 1995; Timmins et al. 2003). RADIO was developed to support Educational Psychologists in Training to gain confidence in carrying out real world research, and in its current application, provided a framework for negotiating the precise nature of the evaluation, and for undertaking research within a specified time frame. The RADIO approach is underpinned theoretically by Schein's (1989) work, which examines the ways in which 'organisational culture may

impact on the relationship between the external research facilitator and research sponsors and stakeholders (Timmins et al. 2003: 233). From the current perspective, the knowledge that this provides will be invaluable in ensuring the effectiveness of the research, and serves as a reminder of how the school, as an organisation has the potential to inadvertently interfere with the research process. It is likely that an Educational Psychologist will continue to work within the school long past the evaluation's conclusion, and so this awareness was also crucial in helping to maintain positive working relations. The RADIO framework consists of twelve individual stages that are grouped and classified into three interlinking phases of the research process: (1) clarifying concern; (2) research methods and; (3) organisational change (Knight & Timmins, 1995). These phases will be used within this paper to demonstrate the work that was undertaken at each stage of the evaluation, and to critically evaluate the benefits of employing the RADIO framework for small-scale organisational research of this nature.

Table 1: Evaluating the research – reported outcomes of different types of educational provision

Study	Type of Provision	Reported outcomes
Kreimeyer et al. (2000)	Co-Enrolment Program	Increase in the level and intensity of interaction between D/HH children and their hearing peers
Nunes et al. (2001)	Co-Enrolment Program	D/HH children are neglected more often than their hearing peers, and have less friends in the classroom.
Kluwin (1999)	Co-Enrolment Program	D/HH do not appear to feel lonely or isolated, do not have lower self-esteem, and do not differ from their hearing peers in terms of how much their peers like them.
Cohen (1994)	Mainstream	Mainstream settings are only a positive social and communicative experience for D/HH children if there is a sufficient number of other D/HH children present.
Blair et al. (1985)	Mainstream	D/HH children in mainstream schools achieve lower grades (in vocabulary and reading comprehension) than their hearing peers.
Israelite et al. (2002) Fitzgerald (2000)	Mainstream	D/HH children attending mainstream settings are at risk of a range of adverse outcomes including: low academic achievement; delays in cognitive and social-cognitive processing, social maladaption and psychological distress or disorder.
Antia et al. (1994)	Mainstream	Mainstream school students with all degrees of hearing loss interact infrequently with their hearing classmates and engage in less linguistic and more non-linguistic interaction than their hearing peers.
Kent (2003)	Mainstream	The school experience of a significant number of mainstreamed D/HH students is not supportive.
Reich et al. (1977)	Mainstream	Deaf children in mainstream settings have higher levels of achievement
Kluwin & Gonsher (1994)	Special	Segregated placements allow for greater socio-emotional growth.
Powers et al. (1998)	Special	Deaf children in special schools achieve significantly poorer levels of attainment than deaf children in mainstream schools.
Lewis (1996)	Special	There is evidence to suggest that some D/HH children significantly outperform their peers academically, and enjoy high levels of academic success.

RADIO PHASE 1: Clarifying Concern

2.1 Stage 1: Awareness of Need: addressing staff concern

The 'focus school' is a two-form entry primary school in the North of the borough, which is additionally resourced to cater for the needs of D/HH pupils. At full intake, it is able to accommodate twelve D/HH pupils, and has been fully subscribed since its inception. It was evaluated in 2005 as part of a whole school OFSTED inspection, where it was considered to be a model of good practice by National standards in relation to the academic attainment of the D/HH children that attend. Over the past academic year the head teacher has become increasingly concerned about the social inclusion of a number of the D/HH children, with staff reporting that they tend to primarily seek out the company of other hearing impaired children or engage in solitary play; appearing to have little to no interaction with their hearing peers. Recognising the importance of D/HH pupils having a positive social experience at school, it was therefore decided that it would be beneficial to use part of the school's annual allocation of Educational Psychologist time to undertake an evaluation of the Local Authority's chosen model of deaf education, by investigating levels of social inclusion of the D/HH pupils.

With an increasing focus on positive pupil outcomes and schools becoming ever more accountable for the service that they provide, there are a number of seminal studies evaluating the effectiveness of different types of provision for D/HH pupils in terms of academic attainment (Van Gurp, 2001; Powers, 2000, Powers et al, 1998),

but there is less research that looks at the social experiences of such children, and whether different schools facilitate/promote different social experiences. It was therefore hoped that the outcomes of this evaluation will not only help the current school to address any emerging issues, but also provide a more general insight into the social outcomes and experiences of D/HH children attending this type of provision.

An awareness of need therefore stemmed not only from head teacher and staff perceptions regarding how D/HH pupils were interacting socially within the current educational context, but also from background literature looking more generally at the inclusion of D/HH pupils. If the overarching aim of the current study is to determine levels of social inclusion, then it is important to gain insight into what previous research has reported about the relative merits of D/HH children attending different types of specialist and mainstream provision.

2.2 Awareness of need: Including D/HH pupils - evaluating the research evidence

Arguments regarding inclusion and effective educational provision for D/HH children are often inextricably linked to discussions regarding the development of self-identity (Nikolaraizi & Hadjikakou, 2006). Stinson and Whitmire (2000) suggest that the development of one's identity is a socially constructed process, in that it emerges as a result of past and present experiences and interactions within the social environment. Those subscribing to this way of thinking would therefore consider that

if D/HH children are educated in a school environment in which they have regular opportunity to interact with deaf adults and peers, and to communicate in sign language; they are likely to become fully immersed in the Deaf culture. By contrast, if D/HH children are educated in a school environment where they regularly interact with their hearing peers via oral methods of communication, then it is far more likely that they will become conditioned by the hearing culture (Andrews et al, 2004). From this perspective, school is positioned as a powerful social context to one's identity (Nikolaraizi & Hadjikakou, 2006: 477), and for this reason inclusion is not simply about a child's right to be fully included in mainstream school, but about their right to be educated in an environment that will allow them to develop positive self concept and self identity (Van Gurp, 2001). Marschark et al. (2002) therefore suggest that for D/HH children, inclusion should be seen as 'a choice along a continuum of educational options', where consideration will need to be given not only to the possible cognitive gains to be made by attending a particular type of school, but also to the social consequences of the child attending one type of provision as oppose to another.

As with a large proportion of research attempting to identify how best to meet children's special educational needs, discussion regarding effective provision for D/HH pupils is often positioned within a wider debate regarding inclusion. If inclusion were measured solely on the basis of attendance at mainstream school, then a number of recommendations regarding the education of D/HH pupils would appear somewhat contradictory. Despite an abundance of research endeavours advocating mainstream education for all (Lynas, 1999; Powers, 2001), there is also a large body

of research and government legislation alluding to the idea that there are distinct benefits to be had from D/HH pupils not participating fully in a mainstream school environment (Hocutt, 1996; Wang & Baker, 1985). These relate in the main to difficulties that D/HH children might have in communicating with their hearing peers, but also to the benefits that can be had by having regular and consistent contact with other hearing impaired children and young people. The Salamanca Statement (UNESCO, 1994) urged all governments 'to adopt as a matter of law or policy, the principle of inclusive education', but suggests that owing to the particular communication needs of hearing and visually impaired persons, their needs may best be met through 'special schools or special classes and units in mainstream schools'.

Issues relating to communication are often cited as factors supporting the segregation or partial integration of D/HH pupils, as it is felt that the difficulties that they may experience in communicating with their hearing peers could lead to 'actual' or 'perceived' social exclusion (Harris & Bamford, 2001). Although the Special Educational Needs and Disability Act (2001) places significant onus on schools to make reasonable adjustments to meet the communication needs of D/HH pupils, there is no effective means through which all hearing pupils in mainstream schools can be supported to meet such needs outside of the classroom environment (Suarez & Torres, 1991; 1996). As a result, hearing children often choose to socialise and interact more frequently with their hearing peers, as communication can act as a very real barrier to their interaction with D/HH pupils. In an attempt to counter this, some deaf educators/researchers have introduced training packages to support social competence in deaf students (Suarez, 2000) by providing them with the necessary

social skills to interact with their hearing peers. The extent to which such endeavours have been successful is variable, and the utility of designing intervention packages that support only the D/HH child without also supporting the hearing child should be questioned; given that interaction is at the very minimum a two way process.

Although it is important to have an awareness of how difference in communication methods can prove problematic for D/HH children in terms of their social relationships, for some children this appears to act as less of a barrier, and they are able to successfully demonstrate their ability to initiate and sustain relationships with their hearing peers (Wauters & Knoors, 2008). This will be explored in greater detail in the following section of this paper, by critiquing research that suggests that specialist settings equate to more mutually fulfilling social interactions.

Arguments in support of D/HH children being educated in specialist settings often relate to the level of interaction with other hearing impaired pupils that this placement will afford. Deafness is considered to be a relatively low incidence disability (Stinson & Antia, 1999), and for this reason it is suggested that 'the child will often be the only individual with a hearing loss in a classroom and, frequently, one of only a few such children in the neighbourhood school' (Stinson & Antia, 1999:167). Scheetz (1993) paints a vivid picture of this scenario, and suggests that such children will experience extreme feelings of isolation in attending mainstream schools, which may in turn lead to feelings of helplessness and inferiority. He suggests that for students to become socially integrated in any type of provision, they need to be able to participate in social activities and develop emotionally secure attachments with their peers, and

that this is difficult for D/HH pupils in the absence of any other hearing impaired peers. Scheetz (1993) purports that this will be true for all D/HH children attending mainstream provision, and in doing so fails to take into consideration how a D/HH child's chosen method of communication or level of hearing impairment is likely to affect their level of participation in school activities.

For a D/HH pupil who is able to communicate through oral methods, it is somewhat naive to assume that they will automatically become socially isolated, as there is no reason as to why they can't experience positive social interactions with their peers. For those D/HH children that communicate through non-oral methods, it is unsurprising to learn that studies have found that they engage in less linguistic and more non-linguistic interaction than their hearing peers (Anita et al. 1994). However, to assume that social isolation is inevitable for this group of children fails to take into consideration individual differences, and research has shown that a proportion of D/HH children communicating by sign language do also report having positive social experiences in mainstream schools (Kluwin et al. 2002). This serves to demonstrate, that although communication can act as a barrier to social integration and the development of positive peer relationships, other factors must also play a part meaning that it is less of a barrier for some children than others. As Kluwin et al (2002) aptly highlight 'no general conclusions extend to all deaf and hard-of-hearing students or to all mainstream settings' (p. 201).

Whilst research advocating specialist placement for D/HH children tends to focus on the alleged social gains that attending this type of provision will offer, those

advocating mainstream school consistently highlight the academic gains experienced by the D/HH children that attend (Van Gurp, 2001). While there is substantial evidence to suggest that deaf students attain less highly when compared to the whole school population (Powers et al, 1998), 'there is also evidence that deaf students in special schools achieve significantly poorer levels of attainment than deaf children in mainstream programs' (Powers, 2002:236; Reich et al 1977).

Evidence obtained from the Annual Survey of Hearing Impaired Children and Youth (Holt, 1994) suggests that D/HH children that were integrated in mainstream school for at least sixteen hours a week with their hearing peers achieved higher standardised scores in both maths and reading comprehension than those that attended special schools. Although such results are widely reported, it is important to retain an element of caution when considering how far these findings are applicable to all mainstream settings. What the report fails to make explicit is whether the high achievement levels reported are as a direct result of their integration, or whether the students that were selected to be integrated were done so on the basis of their already 'high' achievement levels. It is also important to remember that not all mainstream schools will offer the same form of placement and education for D/HH pupils, and so it is difficult to draw conclusions relating to all mainstream schools based on the abovementioned findings. It is therefore suggested that firm conclusions should only be drawn as a result of individual evaluations, which focus on the characteristics and ethos of particular school, and how this contributes to the emotional well-being and sense of belonging of the D/HH children that attend.

Although there appears to be a general consensus that D/HH pupils do not achieve as highly as their hearing peers; as with much research into this group of children, contradictory evidence exists, and in this case, takes the form of a research project commissioned by the Ewing Foundation (Lewis & Hostler, 1998). This study obtained data from twenty-eight pupils from five Local Authorities who used a consistent Natural Aural communication approach and had been educated in mainstream provision for the duration of their school career. Fifty percent of the pupils monitored were reported to gain five or more A* - C grades in their GCSEs, compared to an average of forty-five percent for all pupils in England, and only 18% for all hearing impaired pupils across England (Powers, 1998). Firstly, the fact that D/HH pupils in this sample outperformed their hearing peers is something that should be celebrated, as it challenges the prevalent view that hearing impairment is likely to act as a barrier to academic attainment. Secondly, it raises questions regarding why the results obtained in this study vary so significantly from the national picture reported for D/HH pupils. To gain further insight, it would therefore be beneficial to compare the mainstream schools used in the Ewing foundation study to other mainstream schools that cater for the needs of D/HH pupils to see how they differ and to isolate and identify specific elements of effective practice.

For some, the distinction between specialist and mainstream settings on the basis of their purported academic or social gains would therefore appear too crude; and for reasons alluded to earlier in this discussion, is not a distinction that the current paper would comfortably subscribe to. Rather than seeing educational placement as a dichotomous variable (Musselman et al. 1996), it is perhaps more useful to consider each individual school as unique in its own right, and avoid altogether, the temptation

to make generalisations based purely on a mainstream versus specialist classification.

Taking this into consideration, there emerges a valid reason to evaluate the current provision in terms of how it caters for the social needs of the D/HH pupils that attend, as it is difficult to draw firm conclusions about this type of provision based purely on the research evidence provided. As the focus school does not fit neatly into either the 'mainstream' or 'special school' classification; even if one were tempted to predict effectiveness based on previous research endeavours, it would not be possible. Having established an 'awareness of need', the next sections of this paper will describe the remaining phases of the RADIO model designed to clarify the school's concerns, and to establish what shape the evaluation should take.

2.3 Stage 2: Invitation to Act

The school requested Educational Psychologist involvement due to an awareness of how their training and professional skills in research and development would enable them to facilitate and support the evaluation and guide them through the necessary stages of organisational change. Part of the Educational Psychologist's role outlined in the documentation sent to the focus local authority schools relates to their ability to offer support in monitoring school improvement and effectiveness, which further consolidated the school's decision to request support for this particular issue.

The invitation to act also came from a Local Authority level, in the form of an expression of interest from a project team that had been commissioned to monitor

the effectiveness of all ARPs (within the focus Local Authority) on a range of different outcome measures. In discussion with key members of this team, it quickly became apparent that there was no measure of social integration factored into any of the evaluation methods. Knowledge regarding the differential social outcomes and experiences of D/HH children in different types of provision, facilitated discussion with the project team regarding the importance of including such a measure when evaluating all schools that were additionally resourced to cater for children with special educational needs. It was therefore agreed that the findings from the current evaluation would be shared with the project team once they had been analysed, and the research methodology adapted so that a generic measure of social integration could be developed that could be applied across all ARP settings within the authority. By introducing a measure of social integration for the current evaluation, it is likely that a number of existing assumptions relating to this type of provision will be brought into question, and this will be considered in the next section of this paper.

2.4 Stage 3: Clarifying organisational and cultural issues

When carrying out research of this nature, it is important to consider whether any cultural values may be challenged, and what affect this will potentially have on the stakeholders' willingness to participate. Early discussions with school staff suggested that a number of the parents of the current sample had decided to send their child to the focus school based on a desire to provide their child with the opportunity to attend a school that provided the most inclusive environment possible. These parents

felt that their children would not reach their full potential if they attended a special school, and so welcomed the chance for their child to be educated in a mainstream environment, alongside their hearing peers with additional specialist support. The current research endeavour has the potential to bring into question these 'inclusive ideals', as if it emerges that D/HH children are socially isolated the extent to which they are considered to be educated within an inclusive environment will be challenged.

Counter to this, if it is found that D/HH children *are* socially integrated within this type of provision, there are then implications for those research findings that emphasise the importance of deaf culture in shaping a deaf child's identity. As has been highlighted previously, one of the main arguments in support of segregated provision for D/HH children is the level of interaction that it enables with other hearing impaired children and the subsequent social benefits that this is felt to lead to. If D/HH children are experiencing positive social relationships within non-segregated settings, then we begin to inadvertently challenge many assumptions made relating to the importance of 'deaf culture' (Nikolaraizi & Hadjikakou, 2006)

Alongside these challenges, it is also important to identify factors that are likely to support the current evaluation. As the research project was borne directly from staff concern relating to the social acceptance of D/HH pupils, it becomes more likely that they will be supportive of any proposed changes, and more willing to take part in the evaluation. The importance of this should not be underestimated, as a lack of staff interest or a failure to engage can present as one of the most difficult hurdles to

overcome from a school improvement perspective (Ainscow, 1995). In any school improvement work staff are likely to be identified as key stakeholders in the research process, but it is also necessary to consider who else is going to be involved and what their role is likely to be particularly in relation to the evaluation design. This was established in the next stage of the RADIO model, where key stakeholders were identified and roles were assigned.

2.5 Stages 4 and 5: Identifying stakeholders and agreeing the focus of concern

During this stage of the RADIO model, Timmins et al (2003) suggest that it is 'useful to establish a research coordinating group, representative of major stakeholders, in order to give them a strong role in research-related decision-making' (p.232). This took the form of a Co-operative Inquiry Group (Heron, 1996) consisting of teaching staff, teachers of the deaf, parents, and a parent support advisor. A deaf pupil and a randomly selected hearing pupil were also asked to attend one of the earlier sessions so that their views could be sought. The group shared their perspectives on the extent to which they felt the D/HH children on roll to be socially included, and revealed any underlying issues or individual interest that they had in an attempt to move the process forward.

Each group member identified an area of agreed action that they would complete before the next meeting to help develop their knowledge regarding the topic area. This process enabled stakeholders to reflect on their potential involvement and led to

the development of a new understanding and set of appreciations, which subsequently brought more depth to the research. Examples of agreed action at this stage involved: discussion with surrounding schools regarding their approach to catering for the needs of D/HH children; engaging in a telephone discussion with a Local Authority advisor to clarify their stance on the education of D/HH pupils and; informal playground observations to identify any preliminary/guiding patterns of social activity.

The formation of this group was central in influencing the direction that the evaluation took, and for this reason should be considered a crucial stage in the RADIO process. It should however be highlighted that the group was not without its difficulties and needed a high level of facilitation to ensure that it fulfilled its purpose. Although all members of the group were aware of why they had been asked to participate, and the majority had volunteered to take part, a small level of resistance was experienced when individuals did not agree with certain decisions made within the group, and this appeared to make them question their role, and consider what part they had to play within the group. This was overcome by ensuring time was protected to talk through any concerns to make sure the voice of all group members was represented. There were also coordination difficulties experienced in trying to get group members to meet on a regular basis during the early stages of the planning, as work commitments often meant that this was difficult. When forming a group of this nature, it is essential that all members attend as many meetings as possible, as the absence of just one member can adversely affect the group dynamic (Forsyth, 2006) and make it difficult to negotiate the focus of concern.

With support and guidance from the Educational Psychologist in their role as 'research facilitator', the cooperative inquiry group therefore agreed on the following research question, as a means of conceptualising the main evaluation aims:

'To investigate levels of social integration of D/HH children attending an additionally resourced mainstream school'

Although this research question may appear relatively broad, it fulfils the criteria outlined below in that it clearly identifies a real-life issue that will then be investigated in more concrete terms (Cohen et al, 2007):

> *'A research question should in general be potentially testable. It should be of sufficient scope as to be resolvable with the resources available, not involved in providing right or wrong, and stated in such a way as to define clearly the problem to be investigated' (Black, 1999:30).*

The head teacher was not part of the cooperative inquiry group, as she felt that her presence within the group might inadvertently suppress member opinion. Her thoughts and opinions were therefore sought at this stage of the process, whereby she agreed that the research question captured the essence of her initial concerns.

3. RADIO PHASE 2: Research Aspects

3.1 Stage 6: Negotiating the framework for information gathering

During this phase of the RADIO model, 'an appropriate methodology and research design is selected to address the research aims' (Timmins et al, 2003: 232). An initial brainstorming activity took place between the research facilitator and cooperative inquiry group, which allowed consideration of all the possible data gathering options that would enable the research question to be addressed. Limitations relating to time emerged during this stage, as it was necessary that the data could be gathered within a two-week time frame. This reduced the range of research methods that were available, and meant that one-off measures of social integration that could easily be administered within-class became the most viable option.

After some negotiation, it was decided that two sociometric measures (Moreno, 1960) would be used that would collectively measure: peer acceptance, social competence and friendship relations. Ideally, a small sample of follow-up pupil interviews would also have been carried out, but this was not possible due to difficulties in obtaining informed consent for this level of discussion.

In the 'peer ratings' measure, pupils were required to rate each of their classmates based on how much they liked to play with them (see Appendix 1). So not to exclude those children whose literacy levels may make accessing this task difficult, an approach suggested by Nunes et al (2001) was utilised that required respondents to

rank their responses on a visual scale. Nunes et al (2001) recommend that a five-point scale be used to ascertain pupil views, but it was felt that this would ask for too much differentiation for some of the younger children in the sample, and so it was instead decided that a three-point scale would be administered.

The 'peer nominations' measure was used to explore peer group functioning (Haselager, 1997) and required respondents to list the names of three of their classmates in response to six questions asked (See Appendix 2). Respondents were informed that they could nominate the same child for more than one question, but that they were not permitted to nominate themselves.

Sociometric assessment derives from a cognitive perspective of human behaviour, in that its main aim is to determine pupil opinion and attitude on a range of different measures (Ayers et al, 1996). It has been criticised on the grounds that it is reliant on respondents providing an honest account of their classroom relationships, and that children often choose to provide answers that are not a true reflection of their thoughts (Erdley et al, 1998). However, measuring peer relationships is a complex task, and it difficult to see how this can be achieved in the absence of methodologies that are reliant on self-report. Thoughts and attitudes are by their very nature 'subjective', and so to develop an objective measure seems a somewhat impossible task. For this reason, and for the purpose of the current task, it was decided that sociometric assessment was a valid means of determining pupil views.

Previous research endeavours looking at the social integration of D/HH children have also used sociometric measures (Nunes et al, 2001; Haselager, 1997; Wauters & Knoors (2008) but the majority of papers cited in the current research have favoured the use of interviews with individual pupils as a means of ascertaining their views. Justification for employing interviews appears to centre on the benefits associated with gaining a more *in-depth* insight into pupils' views regarding their social relationships within schools. Sociometric measures do not allow for further exploration of pupil views, or provide the flexibility to determine individual understanding of some of the traits that they have been asked to rate their peers on. It is likely that one child's understanding of what constitutes a good friend is significantly different from the next, and that knowledge regarding this would significantly add to the richness of data obtained.

Interviews were initially considered as the primary means of data collection for the current research but it was decided that in light of various time constraints, and the number of pupil views that needed to be sought, this would not be the most efficient way to further our understanding of existing social relationships. By choosing to use sociometric measures instead of interviews, the research design risks attracting criticism on the grounds that any results obtained might lack a sense of 'richness' (Cohen et al, 2007). However, it was felt that for the purpose of the current evaluation, the methods employed would provide enough of an insight to explore the school's initial concerns, and that pending the outcome of the current evaluation, more in-depth work employing the use of interviews could be considered. It is important to acknowledge that if time were not an issue; the current research design

would have factored in a number of follow up interviews to be carried out with a random sample of respondents, by way of triangulating the views obtained through the sociometric measures. This would also help to establish the extent to which 'hearing status' actually played a part in a child's decision to nominate/rate a particular child, or whether other factors were in fact more dominant.

It should be highlighted that one of the advantages of using the RADIO model in this context is its ability to accommodate a range of research methodologies:

> '*In the research mode RADIO is not partisan, and holds the belief espoused by Robson (2002) that research designs may need to be hybrid in nature to ensure that the methodologies and methods implied by the research questions are addressed through the design of the research.*' (Timmins et al. 2006: 308)

From the current perspective, this level of flexibility was essential, as meant that the most effective and efficient methods of data collection could be utilised, rather than having to concern oneself with whether the chosen methods could be accommodated by the model of organisational change. The data collection methods utilised can be said to subscribe to a naturalistic viewpoint; as an attempt is made to capture a view of the social world from the standpoint of the individuals involved (Cohen et al. 2007) rather than relying on external observations. From this perspective we reject the notion of empiricism advocated by the positivist tradition, and instead acknowledge that different observers looking at the same 'object' will draw completely different and subjective conclusions and assumptions, and are therefore unique in their views.

3.2 Stage 7: Gathering Information

To confidently ascertain levels of social integration within the current context, it would have been necessary that all children attending the focus School took part in this study. Due to limitations relating to both time and the availability of resources, an evaluation of this scale was not possible, and it was therefore decided that the focus would be on examining the social relationships within one-year group; where 9 out of the 12 D/HH pupils were taught.

This has implications for the overall validity of the research findings, as the results will be a reflection of levels of social integration within the children's class, but not in the wider school community. As with many children, it is likely that D/HH pupil's core friendship group consists of children from different year groups (Musselman et al. 1996), and although the current evaluation takes this into consideration; the research design is unable to accommodate further exploration of this.

Parental consent was sought for all Year 4 children (see Appendix 3), and a discussion took place with both classes outlining the sociometry process, and providing all participants with the opportunity to opt out if they didn't want to take part. Parental consent was not given for six children's involvement, and one further child chose not to take part as did not feel comfortable having to identify members of her class that she did not like to play with. All participants were assigned a number so that their peers did not have to identify them by name, and all responses remained anonymous with participants only required to indicate whether or not they were

hearing impaired. In total, forty-eight pupils participated in the study, nine of which had some degree of hearing loss. All participants completed both sociometric measures within class, and were supported by members of staff where necessary.

The results were sent to the Educational Psychology Team to be processed, where a simplified version of the analysis used by Wauters & Knoors (2008) was applied to determine levels of social inclusion. From the first sociometric measure 'Peer ratings', a social preference score was calculated for each child (number of positive nominations minus the number of negative nominations), which indicates how much a child is liked by their fellow classmates.

The information obtained from the second sociometric measure 'Peer nominations' allowed for a range of complex analyses to be carried out, but for the purpose of the current study it was decided that for each item, the number of nominations received by each student would be summed allowing comparisons to be made between pupils on a range of different measures (Wauters & Knoors, 2008). With a larger sample size, it would have been beneficial to carry out a range of statistical analyses on the data, to determine the extent to which the results obtained were of statistical significance, thereby increasing the validity of the results. However due to the small sample size employed in the current evaluation, it was felt that conclusions could be drawn in the absence of such analysis.

Results from the 'Peer Ratings' measure suggest that although D/HH are not among the most popular children in the sample, they are by no means the least popular (see

Appendix 4). When listed in descending order, all nine children appeared mid-way through the social preference ratings, and further individual analysis exploring how they had been rated by their peers appeared to coincide with this. With the exception of one, the majority of D/HH children were rated at the mid-point of the three-point scale, with few of their peers expressing extreme positive or negative ratings. Wauters & Knoors (2008) suggest that it is important to be mindful of this; as such a pattern is potentially indicative of low 'social impact'. They define 'social impact' to mean 'the visibility of the child within the classroom', and suggest that for a pupil to go unnoticed by their peers should trigger almost as much concern as if they were rated in a negative light.

Although the majority of D/HH children appeared at a similar point in the ratings, it is important to highlight that the D/HH child who received the highest score on the social preference ratings was the only child out of the D/HH sample that communicated via oral methods. It was difficult to ascertain whether this child's higher ranking was in any way related to their ability to converse more confidently with their peers, but is an issue that warrants further exploration to examine the extent to which 'method of communication' correlates with 'levels of social integration' within the current context.

Results from the 'Peer Nominations' measure provided a more in-depth insight in to the specific areas in which D/HH children were nominated by their peers. This measure asked respondents to list the three children:

- they most like to play with;
- they least like to play with;
- most likely to start a fight;
- who are the shyest;
- who are the most cooperative;
- who are good leaders

Table 2: Number of Nominations (and percentage of total nominations) received by D/HH pupils in the 'Peer Nominations' measure

Pupil Number	Number of Nominations received by D/HH Pupils					
	Most like to play with	Least like to play with	Most likely to start a fight	Shyest	Most Cooperative	Good leaders
1	3	0	0	8	6	0
2	9	0	0	8	4	0
3	6	0	0	10	4	0
4	7	0	0	3	8	8
5	6	0	0	10	8	0
6	3	14	0	7	5	0
7	3	0	0	5	3	0
8	4	0	0	5	5	0
9	6	0	0	3	6	0
Total number of nominations	44	14	0	59	49	8
% of total nominations	30.5%	9.72%	0	40.97%	34.03%	5.56%

Results indicate that D/HH children were identified as being amongst the shyest children in the class, with all respondents (including D/HH pupils) identifying at least one of the nine D/HH pupils in response to this question (see table 2). D/HH pupils were also disproportionately represented in the category that asked respondents to identify those children in their class that are the most cooperative. All D/HH children identified at least two of their D/HH peers within this category, and their remaining

nomination was consistently given to one of three other pupils, who were also highly nominated as the children that they would 'most like to play with'. D/HH children did not receive a single nomination for the category that asked respondent's to identify the children in their class that were most likely to start a fight, and only one D/HH child was identified as being a good leader. This child was highlighted in previous discussion relating to the 'peer ratings' measure, as also received the highest score on the social preference ratings. The current evaluation did not permit further investigation of the skills and traits that the sample felt to be synonymous with good leadership, but further research endeavours should consider an exploration of this, in an attempt to determine the extent to which effective communication is seen to correlate with positive leadership.

All D/HH children were identified by at least three of their hearing peers as someone that they would most like to play with, and five out of the nine pupils were nominated by six or more of their peers. The highest number of nominations received by any child in this sub-section was seven, and so when we look at the average number of nominations for D/HH *and* hearing pupils; it can be considered that D/HH children were rated comparably. Only one D/HH pupil was nominated in the category that asked respondent's to identify the children that they least like to play with; and further analysis revealed that nominations were received from both his D/HH and hearing peers, suggesting that factors other than hearing impairment may play a role.

When analysing the responses given by D/HH pupils in isolation from the rest of the sample, it becomes apparent that this group of children do not appear to select the

children that they socialise with based on a hearing/ hearing impairment distinction (See Table 3). All D/HH children in the sample were able to identify both hearing and hearing-impaired children that they liked to socialise with, and also appeared to have no preference in terms of who they nominated for the majority of the other categories.

There was general consensus among respondents regarding who were the most effective leaders within the group, with D/HH children agreeing that they were not amongst the strongest leaders. D/HH children also identified themselves as possessing characteristics that might lead them to be labelled as 'shy', which again, appears congruent with the views presented by the rest of the sample. The results obtained from the 'peer nominations' measure can also be considered reassuring in terms of the challenge that they present to results obtained from the 'peer ratings' measure that suggest that D/HH children have low visibility within the classroom. It is clear from the results presented in this section of analysis that that the D/HH children in the current sample do not go unnoticed, and their classmates appear to have clear views regarding their social status and role within the group.

Table 3: Nominations given by D/HH children in the 'Peer Nomination' measure

Pupil Number	'Peer Nominations' results as nominated by D/HH					
	Most like to play with	Least like to play with	Most likely to start a fight	Shyest	Most Cooperative	Good leaders
1	**3**,10,25	**6**, 36,42	12,17,23	**4**,7,11	**5**,10,30	**4**,31,18
2	**9**,10,30	**6**,11,31	17,28,36	**1**,**2**,15	**5**,**9**,25	10,25,30
3	**9**,10, 18	12,23,42	12,17,19	**1**,**2**,21	**9**,30,31	43,18,47
4	**6**,38,31	24,16,31	12,23,28	**8**,15,13	**5**,43,47	38,37,12
5	**8**,18,47	41,23,11	17,44,45	**6**, 44,37	**8**,10,47	10,38,47,
6	**5**,**4**,37	12, 36, 13	12,17,36	**7**,11,41	**4**,18,27	37,10,19
7	**4**,38,46	36,13,12	12,17,23	**3**,15,35	**4**,10,47	**4**,13,18
8	**1**,30,18	**6**,23,12	12,17,28	**9**,40,44	**5**,18,31	30,18,25
9	**2**,**3**,10	**6**,28,11	12,17,36	**1**,11,15	**3**,10,25	10,18,37
Total number of nominations given to fellow D/HH Peers	11	4	0	11	10	2
% of total D/HH pupil nominations	40.74%	14.91%	0	40.74%	37.04%	7.41%

NB: Bold Numbers indicate a nomination given to a D/HH peer.

Results obtained from both the 'peer ratings' and 'peer nominations' measures therefore suggest that no real differences were found between the D/HH children in the sample and their hearing peers in terms of peer acceptance, social status or the number of mutual friendships and antipathies. Deaf children were consistently identified as 'shy', and were not felt to possess leadership qualities that were as strong as their peers, however many children identified D/HH pupils as people that that they like to socialise with, which when coupled with D/HH children's self-reports suggests that they are enjoying mutually fulfilling relationships within their current educational setting. To facilitate further exploration of these results, key research

findings were disseminated to members of the Cooperative Inquiry group where they were opened up for comment and discussion.

4. RADIO PHASE 3: Organisational Change Mode

4.1 Stages 8 and 9: Processing information with stakeholders & agreeing areas for future action

Discussion of findings:

The main research findings were presented to the Cooperative Inquiry group in accordance with guidance outlined in stage 8 of the RADIO model. Educational Psychologist support was initially requested for this evaluation on the premise that their skills in research and development, and ability to interpret data would significantly increase the validity of any research findings. However, in the first instance, it was decided that results would be presented to the group in their raw format in an attempt to minimise the potential impact of 'interpreter bias' (Cresswell, 1994), arising from analyses carried out by just one person. On viewing the results, the cooperative inquiry group deduced similar conclusions from the raw data to those reported in the previous section of this report, and so it was decided that the analyses produced by the Educational Psychologist would therefore be used.

All members of the group were in agreement that the results obtained from the evaluation did not appear to suggest that D/HH children were experiencing feelings

of social isolation within their current educational setting, or that their peers perceived them to be of lesser social status due to their hearing impairment. Concerns were expressed in relation to the emergent view that D/HH children were amongst the shyest in their year group, and staff felt this to be indicative of pupils directly equating difficulties in verbal communication to levels of shyness.

As highlighted earlier in this discussion, issues relating to communication are frequently cited in support of the partial integration or segregation of D/HH children in terms of what is felt to constitute effective educational provision (Harris & Bamford, 2001). Although there is no conclusive evidence from the current evaluation to suggest that communication poses a direct barrier to social integration, there are number of results that suggest that level of communication may influence the way in which D/HH children are perceived by their peers. Where the results differ from those reported in the literature is the extent to which this is seen as being detrimental to their social experiences at school.

All of the sociometric responses reported by the D/HH children in the sample appear to suggest positive school experiences and reciprocal relationships, and although they were highlighted at being shy, and not possessing strong leadership qualities, this was not necessarily seen as being negative. To confidently ascertain that this was the case, and as highlighted previously, it would have been necessary to carry out a number of follow-up interviews to determine individual constructions regarding what it means to be 'shy' or a 'strong leader', but informal discussions with both hearing and D/HH in the sample did indicate positive school experiences. Osterman

(2000) suggests that the sense of belonging to a school community is of utmost importance, and has far-reaching implications for motivation, behaviour and overall contentment. Results from the current evaluation appear to support this, with a reported 'sense of belonging' seeming to far outweigh any barriers presented by different modes of communication. To further increase the validity of such assertions, it is necessary that more in-depth data be gathered over an extended period of time that takes into consideration the limitations of the current research design outlined in 'stage 7' of this evaluation.

In discussion with the Cooperative Inquiry group, it was agreed that the results reported in this evaluation not only challenge previously reported assumptions relating to communication, but also question outcomes reported by research looking at the self-perceptions of D/HH students. Kiff & Bond (1996) suggest that owing to the prevailing negative social stigma of deafness, many D/HH children have negative personal perceptions, which further increases the likelihood of them being isolated from their peers. Although the current evaluation was not directly assessing self-perception, the outcomes can still be considered encouraging, in that all D/HH children in the sample reported experiencing positive social relationships and on several occasions asked if they could nominate themselves for some of the positive attributes assessed by the peer nominations measure. The area of 'self-perception' was not a focus of research initially identified for investigation by the cooperative inquiry group, but was an area that they felt to be extremely insightful in terms of gauging an overall picture of how well included D/HH children were within the current educational context.

It was previously highlighted that the educational provision evaluated in this research paper could not neatly be categorised as either 'mainstream' or 'special', thus making comparisons to previous research findings difficult. It was therefore decided that the focus school would best be described as a specialist co-enrolment model; an approach to D/HH provision described by Kreimeyer et al. (2000) to offer:

'a promising alternative in which students are educated within a regular classroom composed of both D/HH and hearing students and team-taught by a teacher of the deaf and a regular education teacher' (p.174).

Kreimeyer et al (2000) intimate that this form of provision far outweighs any other model of deaf education in that 'D/HH students can become true social members of the class because they are involved in all classroom activities with a stable group of peers' (p.174). As direct comparisons were not made to other forms of provision as part of this evaluation it is difficult to conclude whether the current model is more effective than other models of deaf education. However, findings do appear to suggest that D/HH pupils were considered to be true social members of the class, and enjoyed a level of peer acceptance similar to their hearing classmates, offering further support for this model.

All members of the Cooperative Inquiry group were in agreement that rather than providing a definitive answer to the original research question, the evaluation provided a snapshot of levels of social inclusion, as reported by one year group. Initial concerns related to a number of staff members observing D/HH children to be engaging in solitary play on the playground, and although the D/HH children in the

sample appeared to be socially integrated within their classroom context; it is possible that they are less included in the wider school context.

Despite this emerging need for a whole school evaluation, the inquiry group felt that the results obtained provided evidence in support of Powers (2002) suggestion, that measures of inclusion should not just be related to a child's attendance at mainstream school, and that specialist settings can also be inclusive. Although the current study focused solely on one area of inclusion, this in itself serves to demonstrate that it is too broad a topic to be addressed by a 'mainstream' versus 'special' distinction. Many researchers are in agreement that the meaning of inclusion is far from straightforward, and Dyson & Millward (2000) take this one step further, saying that 'they are not convinced that inclusion is a simple concept unequivocally yielding unproblematic practices' (p. vii). Norwich (2000) also shares this view and suggests that:

> *'it is clear that we have quite divergent and incompatible concepts of inclusion…that it is learning in the same place on the same curriculum as others,…that it relates to the system and not necessarily to the same place and curriculum,…and that it is not a state at all, but an unending process of increasing participation.' (p.10)*

Powers (2002) therefore suggests that a broader concept of inclusion is required for deaf children, and in line with recommendations made by Dyson (2001), suggests that:

> *'Inclusive education is best conceived as a response to student diversity based on principles of equity and acceptance that aim to give all children equal rights to participation in mainstream curricula and communities, as valued, accepted, and fully participating members of those communities, and*

also rights to achieve as much as they can academically, physically, and in their social-emotional development.' (Powers, 2002: 237)

We therefore need to go beyond conventional definitions of inclusion, and rather than describing a 'state' to be aimed for, we should instead be concerned with processes that have relevance in both specialist and mainstream settings. Powers (2002) identifies the 'regular opportunity for successful interaction between deaf and hearing students' and an 'effective communication environment' (p.238) as two key processes amongst many in the inclusion of deaf children. These 'indicators of Inclusion' allow for a more comprehensive evaluation of educational settings catering for D/HH children, whilst also allowing comparisons to be made between different settings.

Although the school felt that they obtained valuable information from the evaluation project, there are a number of ways in which the evaluation could have been strengthened, therefore increasing the validity of findings. We have already highlighted the importance of including the whole school population in any measures of social integration, but further research would also benefit from looking at D/HH and hearing children's chosen method of communication, and their academic outcomes and how this potentially affects levels of social acceptance and emotional well being.

4.2 Recommendations for organisational change

Despite there being general consensus that D/HH children appeared to be experiencing mutually fulfilling relationships within school, there still emerged some areas of recommended organisational change that would further support the school

to meet the needs of the D/HH children that attend. School staff felt that one of the main reasons that the majority of children in the year group identified their D/HH peers as 'shy' was due to a sense of 'not knowing' how to communicate with them. This was an issue that the Cooperative Inquiry group felt could be addressed, by providing all pupils with a greater level of understanding regarding what it is like to have a hearing impairment, and how this affects interaction on a daily basis. School felt that they would like the support of the Educational Psychologist and Local Authority Specialist Support Teacher to help devise an interactive information package, that could be disseminated to all children attending the school, and that could be re-visited at the start of each year.

Staff also identified a further training need by requesting support to develop ways to effectively elicit pupils' views in relation to their emotional health and well-being and their friendships within school. They felt that this was something that they did not currently direct enough attention towards, but acknowledged its importance following the outcome of the current evaluation. Although there are numerous published frameworks available to support staff to achieve this, it was felt that the research and evaluative skills that the Educational Psychologist possessed meant that any future audits or evaluations would be best supported by the Psychology Service in some capacity, even if only at an advisory level.

4.3 Utility of the RADIO Model

Within the current context, the RADIO model enabled a collaborative approach to the evaluation of a co-enrolment programme for D/HH children in a target Local Authority. It effectively involved both research sponsors and stakeholders within the research project, which was felt to be a crucial factor in the evaluation's success. The model's remaining organisational change features (stages 10 – 12) have not been discussed within this paper, but are felt to be an essential part of the RADIO model, in that they 'provide a framework for ensuring that such initiatives impact on school/LEA structures and enhance their capacity to manage future development work' (Timmins et al, 2003: 241). During the 'action planning' stage (stage 10), the cooperative inquiry group identified a need to implement strategies to help support those D/HH children who were less confident communicators to initiate and sustain peer group relations and to help combat perceptions of 'shyness'. A steering group was set up to help develop such strategies, and to evaluate their impact. The school also felt that they would use the RADIO model as a framework for planning all future school improvement work, as felt that it provided an effective means of working with the multiple perspectives that often exist within school and the wider Local Authority.

From a 'Trainee Educational Psychologist' perspective, the use of the RADIO model was invaluable in instilling the confidence to carry out an evaluation of this nature. Issues relating to inclusion are inevitably sensitive, and the level of transparency that the model afforded undoubtedly helped to alleviate any anxieties that may otherwise have arisen. It is important to acknowledge that the 'information gathering' required at

some stages of the model at times appeared overly prescriptive and took considerable time to complete. However, on reflection, this level of detail was fundamental to the overall efficacy of the research process, as minimised the potential risk of disruption that could arise due to unforeseen information emerging at the later stages.

The current evaluation took as its starting point, a concern voiced by a local primary school head teacher about levels of social integration of the D/HH children within her school. Although the research outcomes provided valuable insight into patterns of social relationships within this particular educational setting, it also highlighted the importance of children experiencing positive relationships within school, and how an awareness of this should be factored into any type of research looking at inclusion. By looking at inclusion as a 'system of values' rather than a measure of mainstream school placement, we were able explore levels of inclusion in a specialist setting, and identify factors that would help D/HH children to become more socially included in their current environment. If we are to continue to recognise that the social integration of D/HH children is of paramount importance, then there is a need to further develop concepts that identify the important features of social integration, and introduce frameworks for their evaluation.

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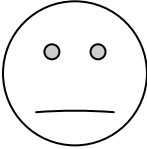
Appendix 1

When completing the 'Peer ratings' measure, pupils were given a class list where each member of the class was assigned a number that enabled children to identify who they were rating. Once the responses were collected in, those analysing the information were only aware as to whether the child had a hearing impairment. Children were not identified by name and were referred to as 'child 1', 'child 2' and so on.

Adult support was offered to those children that found it difficult to read, to ensure that they fully understood what was required of them.

*Thank you for agreeing to take part in our project. Please look at the class list provided and rate each child based on **how much you like to play with them.** If you like to play with them a lot, then please place a tick by the happy face. If you do not like to play with them then please place a tick by the sad face. If you are somewhere in-between then please tick the face in the middle.*

Example:

Child 1:

Child 2:

Pupil number: ☐☐   Hearing impaired (Please tick)   ☐

Appendix 2

Peer Nominations Scale

Please use the class list to select three children in response to the questions asked. Please do not include yourself in any of the responses given.

1. Please list the three children that you **most like to play with**

   ☐☐   ☐☐   ☐☐

2. Please list the three children that you **least like to play with**

   ☐☐   ☐☐   ☐☐

3. Please list the three children **most likely to start a fight**

   ☐☐   ☐☐   ☐☐

4. Please list the three children who are **the shyest**

   ☐☐   ☐☐   ☐☐

5. Please list the three children who are the **most cooperative**

   ☐☐   ☐☐   ☐☐

6. Please list three children who are **good leaders**

   ☐☐   ☐☐   ☐☐

Appendix 3

Parental Consent

12th December 2008

Dear Parent / Guardian

My name is Ellie McNab and I am a Trainee Educational Psychologist working with the parents, children and staff at ██████ ████ Primary school.

As part of my university requirements, I am required to carry out an evaluation of a specialist setting in ██████. In discussion with Mrs ████████ we have decided at it would be beneficial to look at social relationships in Year 4 to determine how socially included the deaf and hard-of-hearing children that attend are, and to identify any areas of improvement. Although ██████ ████ is additionally resourced to cater for the needs of deaf and hard of hearing children, the extent to which these children are socially included has never been explored previously.

I am therefore writing to seek consent for your child to take part in this evaluation. Your child will not be identified by name, and will be required to complete two different measures which will ask them questions about who they like and don't like to play with, and to identify children in their class that make good leaders etc. I have attached copies of the measures to this letter so that you are able to see the exact format.

Please can you complete and return the consent form at the bottom of this letter acknowledging whether or not you agree to your child taking part.

Should you wish to discuss this further, or have any questions about what your child will be asked to do, or how the information will be used, then please do not hesitate to contact me on: ██████ ████████.

Yours Sincerely

Ellie McNab
Trainee Educational Psychologist – ██████ ████████ Children's Services

- -

Please delete as appropriate and return to your child's class teacher

I do / do not consent to _____ taking part in the evaluation.

Signed: _____   Date: _____

Appendix 4

Peer Ratings Rankings – Social Preference

Ranking	Pupil Number	Hearing Status
1	10	Hearing
2	18	Hearing
3	30	Hearing
4	38	Hearing
5	25	Hearing
6	47	Hearing
7	31	Hearing
8	43	Hearing
9	48	Hearing
10	4	D/HH
11	19	Hearing
12	39	Hearing
13	44	Hearing
14	26	Hearing
15	32	Hearing
16	3	D/HH
17	20	Hearing
18	21	Hearing
19	5	D/HH
20	37	Hearing
21	9	D/HH
22	15	Hearing
23	2	D/HH
24	16	Hearing
25	29	Hearing
26	35	Hearing
27	14	Hearing
28	1	D/HH
29	7	D/HH
30	6	D/HH
31	24	Hearing
32	8	D/HH
33	40	Hearing
34	33	Hearing
35	22	Hearing
36	46	Hearing
37	41	Hearing
38	34	Hearing
39	45	Hearing
40	13	Hearing
41	42	Hearing

42	28	Hearing
43	17	Hearing
44	12	Hearing
45	27	Hearing
46	36	Hearing
47	23	Hearing
48	11	Hearing

CHAPTER 3

PROFESSIONAL PRACTICE REPORT 2

HOW CAN EDUCATIONAL PSYCHOLOGISTS CONTRIBUTE TO OUR UNDERSTANDING OF HOW TO PLAN EFFECTIVE INTERVENTION FOR CHILDREN WITH SELECTIVE MUTISM? EXPLORING THE UTILITY OF A MULTI-FACTORIAL MODEL OF SELECTIVE MUTISM

HOW CAN EDUCATIONAL PSYCHOLOGISTS CONTRIBUTE TO OUR UNDERSTANDING OF HOW TO PLAN EFFECTIVE INTERVENTION FOR CHILDREN WITH SELECTIVE MUTISM? EXPLORING THE UTILITY OF A MULTI-FACTORIAL MODEL OF SELECTIVE MUTISM

Abstract

Selective Mutism (SM) is classified as a low incidence disorder meaning that the frequency with which Educational Psychologists (EPs) are likely to encounter such children is expected to be extremely low. As a result, EPs can often feel overwhelmed and under skilled when the need emerges to work with this group of children, and will often prefer their professional colleagues to take the lead in assessment and intervention. This is particularly true in relation to speech and language therapists, where it is often felt that their training in language and communication makes them best placed to address 'non-speaking'. Drawing on the experience of a Trainee Educational Psychologist, this paper will suggest that there is a clear role for Educational Psychologists to play in terms of furthering our understanding regarding the causes of SM and planning effective intervention. The paper presents a multi-factorial model of SM that allows for multimodal intervention and recognises that SM represents a heterogeneous condition that requires individualised interventions.

HOW CAN EDUCATIONAL PSYCHOLOGISTS CONTRIBUTE TO OUR UNDERSTANDING OF HOW TO PLAN EFFECTIVE INTERVENTION FOR CHILDREN WITH SELECTIVE MUTISM? EXPLORING THE UTILITY OF A MULTI-FACTORIAL MODEL OF SELECTIVE MUTISM

1. Introduction

'Selective Mutism' (SM) is a childhood disorder that is characterised by a 'persistent failure to speak in certain social situations…despite speaking in other situations' (APA, 1994: 115). For a child to receive this diagnosis, there must also be evidence to suggest that they do possess the ability to speak and to understand spoken language to ensure that their silence is not borne directly out of language difficulties. Historically, this group of children were referred to as 'elective mutes', but this conceptualisation has been readdressed in recent years to take into account the seemingly 'selective nature of the behaviour' (Imich, 1998: 52). The term 'Selective Mutism' will therefore be used within this paper to describe the behaviour of children who are able to speak, but remain silent in certain social situations, and\or in the presence of certain people.

It is important to establish from the outset that SM is not to be confused with shyness, as 'inhibition of speech or apprehension about speaking in unfamiliar circumstances or with unfamiliar people is accepted as being a common phenomenon at all ages'

(Cleave, 2009: 233). Therefore, for SM to be defined as such, the DSM IV criteria stipulates that mute behaviour must have been observed for more than one month and also, must not be limited to the first month of school. Anxiety and shyness can both be commonplace when a child starts school (Baldwin & Cline, 1991), but this does not warrant a diagnosis of SM unless it lasts for longer than the abovementioned time period, and begins to interfere with educational achievement (Kopp & Gillberg, 1997; Steinhausen & Juzi, 1996).

The incidence of SM is believed to be rare which contributes in part to our lack of understanding regarding the causes of this condition and the most effective forms of intervention. A community study carried out by Bergman et al in 2002 found rates of approximately 0.75% within their sample population, and similar rates were also found by research conducted by Elizur & Perednik, (2003) who looked at the prevalence of SM amongst immigrant and native families in America. Earlier research studies have also found comparable rates (Kolvin & Fundudis, 1981; Lloyd & Browne, 1975), suggesting that the proportion of children classified as selectively mute has remained relatively unchanged in recent years. Despite these attempts to determine frequency, it is difficult to identify the exact number of children who suffer from this condition as many of these children will not be referred to clinical services and therefore might not be included in research that is reliant on this type of sample. When those children with 'hidden selective mutism'; that is those not referred to health services (Standart & Le Couteur, 2003) are taken into consideration, it has been suggested that the prevalence of this condition might be more common than is reported in many studies (Cleave, 2009). Despite this lack of clarity, Imich (1998)

suggests that it is probable that the number of children diagnosed as Selectively Mute will impact on Educational Psychologist practice, in that they will encounter few of these children during their professional careers. Quoting research conducted by Buck in 1988 that surveyed the work of EPs in East Sussex, Imich suggests that on average, an EP is likely to encounter as few as one SM child every five years. When compared to the frequency with which EPs encounter other groups of children with special educational needs in their day-to-day work, we begin to understand why our role in supporting SM children is open to ambiguity and issues of professional confidence.

By its very definition, SM refers to a failure to speak in certain social situations, so it is therefore not surprising to learn that 'non speaking' can often first become apparent when a child starts school (Omdal & Galloway, 2007). Research has suggested that these children might have appeared shy prior to starting school, but that their failure to speak only emerges when they are required to enter new social situations (Kopp & Gillberg, 1997).This can present challenges for schoolteachers, as they are often the first people to identify SM children and can experience feelings of frustration and uncertainty regarding how best to support them. Research has suggested that teachers can at times perceive 'non speaking' as a deliberate attempt at defiance and a threat to their authority, especially as they are aware that the child will converse freely in other environments (Cline & Baldwin, 1994). Imich (1998) describes this relationship between teacher and child as a 'battle of wills' (p.58) and highlights the high level of emotion that usually surround such relationships.

Teachers can be left unaware of how to teach SM children, and will initiate frequent attempts to get the child to speak, or to find alternative ways to teach that are not reliant on verbal communication (Cline & Baldwin, 1994).Kopp & Gillberg (1997) also carried out research looking at teachers' perceptions of working with SM children, and concluded that teachers expressed difficulty in talking about SM with the parents of affected children. Kumpulainen et al, (1998) suggest that as a result of these feelings and perceptions and their primary role in identification, teachers and other school staff are often unsure whether to refer these children to mental health services, or seek alternative professional involvement. When all of these factors are taken into consideration, we begin to understand why there is often a significant delay in SM children being identified for support (Cleave, 2009).

As schools often represent the environment through which SM first becomes apparent, it is likely that the involvement of an Educational Psychologist (EP) will be sought, although due to the abovementioned difficulties, it is difficult to determine at what stage and in what capacity. With a large proportion of Educational Psychology services moving towards the use of consultation as their primary means of service delivery (Wagner, 2000), teachers may look to EPs for advice regarding how to support these children, without the need for the EP to work directly with the child. For some schools, the high levels of anxiety that Selectively Mute children can raise for the staff attempting to work with them, can lead to a more direct request for EP involvement in the form of assessment and intervention as they feel that specialist support is needed to encourage these children to speak (Hultquist, 1995; Imich, 1998). As a result of this, it is likely that the school will have also requested the

support of other agencies such as Speech and Language Therapy (SALT), which can again present difficulties for the EP in terms of defining their role and contribution. Speech and Language therapists will often be identified as the lead practitioner in cases relating to Selectively Mute children, as without understanding the aetiology of this disorder, it is easy to assume that SM is best addressed by those professionals whose specialism relates directly to communication and language. Through exploring the possible causes of SM identified in the research literature, the current paper will argue that 'non-speaking' behaviour is the symptom of an underlying difficulty, and in the absence of a thorough understanding of this it is difficult to plan effective intervention. Where Speech and Language therapists may be well placed to address the symptomatic behaviour, EPs have a clear role to play in clarifying understanding about the aetiology of SM in order to inform this work, or their own practice (Cleave, 2009). This will be considered through a critical exploration of the role that a Trainee Educational Psychologist fostered in her work with a Selectively Mute child. The child's name has been changed to preserve anonymity, and parental permission was also sought to ensure that they were happy for an account of this work to be made available in this paper.

2. The Current Context

EP involvement was requested during the school's Inclusion Planning Meeting (IPM) to support a Year 1 child who was persistently silent in school and would not engage with any member of staff or child in her class despite numerous attempts to support

her to do so. Staff had not requested outside agency involvement prior to this, as they felt that the child might be presenting with extreme shyness having recently arrived at a new school. However, sight of her school file revealed that Nuala (this name has been changed to preserve anonymity) had not spoken at her previous school either, and although school staff were concerned by this, her non-speaking was attributed in part to her extremely poor school attendance. When Nuala left her previous school at the end of her reception year, her attendance was reported to be at 47%. School had also referred her to Speech and Language therapy, but she was discharged after failing to show up for three appointments.

Although Nuala's attendance was still cause for concern in her current educational setting, staff felt that this alone could not account for her non-speaking. The school have an allocated Speech and Language therapist who works in the school one day a week, and so sought her advice regarding strategies to support both Nuala and the staff that work with her. Discussion with Nuala's class teacher uncovered feelings of extreme frustration that Nuala would not speak in class, but would happily converse with her Mother whilst on school grounds. This caused her class teacher to feel that her non-speaking was controlled and a deliberate act of defiance rather than a product of an underlying issue.

At six years old, Nuala is the eldest of three children and lives at home with her Mother and Father. Nuala's family have an allocated social worker, and Nuala has been on the child protection register since she was five years after she was sexually abused by her (paternal) uncle. The amount of time that this abuse went on for still

remains unknown. Nuala's Mother describes her as a 'shy child' and reports that she will often appear withdrawn in the presence of unfamiliar adults. Nuala was referred to a child counselling service following the exposure of the sexual abuse, but this was met with little success, as Nuala would not engage with the counsellor.

Educational Psychologist involvement was requested at the start of the Spring term, after Nuala had been on roll at her new school for one term. School staff were concerned that Nuala's non-speaking behaviour meant that she was becoming increasingly isolated from her peers, and they were also concerned that they could not assess her reading levels, and were reliant on information passed on from her Mother regarding her ability to read at home. Nuala's Mother did not perceive Nuala to be SM, and felt that she was simply a very shy child. She resisted all attempts to support her within the home, and was also extremely reluctant to allow outside agencies to support Nuala within school. Early discussions with school staff suggested that they saw speech and language therapy involvement as essential to any progress made, but felt that the Educational Psychologist should also be involved to help support Nuala to develop her social interactions. Although the school had fixed ideas regarding which professionals should be involved, and in what capacity, it was essential that all services worked collaboratively and used their professional skills to good effect in order to ensure positive outcomes. With this in mind, it was felt that Educational Psychologist involvement should not be confined to supporting social development, and that there was also a role to be played in determining the origins of the non-speaking behaviour and exploring co-morbidity factors (Omdal, 2007).

3. The Aetiology of Selective Mutism – developing an understanding of the current research

This paper will propose that an understanding of the factors that may lead to the onset of SM will enable EPs to develop a framework with which to work that will ensure that all relevant information is considered, and that testable hypotheses can be arrived at. From this perspective, treating the non-speaking alone is likely to have little effect, as you first need to understand what could be fuelling it (Moldan, 2005). Cleave (2009) suggests that 'by the time school staff discuss a child causing concern for Selective Mutism with the EP there may already be an abundance of theories why the child is not speaking' (p. 236). This was true for the current case, with the majority of staff attributing Nuala's silence to either extreme anxiety or a conscious choice not to speak with the latter view representing the theory held by her class teacher. Both anxiety (Kristensen, 2000) and 'oppositionality' (Standart & Le Couteur, 2003) can be said to be two of the main psychological triggers of SM that are evident in the research literature, although numerous other explanations also exist. This paper has chosen only to focus on those factors that were thought to play a role in Nuala's non-speaking, although recognises that for other selectively mute children different factors are likely to contribute to the aetiology and should therefore be considered.

3.1 The role of Anxiety

Anxiety related theories have gained prominence in recent years (Krysanski, 2003) due to the high proportion of studies that have found social anxiety to be 'a nearly universal characteristic of children with SM' (Anstendig, 1999; Black, 1996; Cohen et al. 2006). Kristensen (2000; 2002) looked at the clinical characteristics of a sample of selectively mute children, and compared them to the characteristics of a control group. He found that 50% of the SM children in his sample displayed signs of some form of communication disorder, and approximately 74% were classified as having an anxiety disorder compared to only 7% of the control group. He took this as evidence of the co-morbidity of SM, but the current paper would argue that one can question the extent to which this is an accurate interpretation of results. DSM-IV (1994) excludes a diagnosis of SM if it is 'better accounted for' by an anxiety disorder. Taking this into consideration, it could be said that the children forming Kristensen's sample were better described as suffering from an anxiety disorder rather than being assigned the label of 'selectively mute'. However, whether we agree with Kristensen's interpretation, or question the extent to which his sample should be described as SM, we are still left with a group of children who do not speak in certain situations and for whom anxiety is an issue and this needs to be taken into consideration. Earlier research conducted by Black and Udhe (1995) also found a strong association between social anxiety and SM, which lead them to question whether it is right that SM should be classified as a distinct disorder as is currently done so by the American Psychiatric Association. They felt SM to be symptomatic of excessive social anxiety, and that it should therefore be considered as a subtype of

social phobia rather than a psychiatric disorder in its own right. Although this would help to eliminate the abovementioned criticism that can be directed towards studies that report comorbidity, it fails to take into consideration the role that other factors might play, and that SM might be a symptom of another underlying issue (Manassis et al. 2007).

If social anxiety and SM are synonymous as so many studies appear to suggest (Black & Udhe, 1995; Cunningham et al. 2004; Dummit et al. 1997), then it should therefore follow that all socially anxious children will fail to speak in certain social situations.   Taking this as their starting point, Yeganeh et al. (2003) set out to investigate why some socially anxious children were able to speak, where others were not.   They identified 23 children who met the DSM IV criteria for both social phobia and SM, and compared them to a control group of children who met the criteria for social phobia alone. They concluded, that although there were similarities between these two groups, there were also some significant differences in that children with a dual diagnosis appeared to have more extreme social fears than those diagnosed with social phobia alone. It could therefore be suggested that social anxiety is best thought of as being on a continuum, with those children at the extreme end of the scale experiencing difficulties in communicating in certain social situations. This again raises questions about how SM children are labelled and diagnosed, and whether there are times when their behaviours might best be described by another disorder.

Omdal & Galloway (2007) questioned whether it would be more appropriate to describe SM children as having a phobia of expressive speech rather than 'social anxiety', as their research suggested that a number of SM children were in fact proficient in non-verbal communication suggesting that their anxiety was not always social in its origin. This has implications for professionals working with SM children, as it highlights the importance of observation in a range of contexts. Practitioners need to be skilled at observing and interpreting non-verbal behaviours, as an understanding of this could help to determine the origins of the non-speaking behaviour and in turn contribute to their understanding of how best to intervene. Whether or not anxiety plays a role in the onset of SM is therefore not as clear-cut as some of the literature may suggest, and a variety of other factors will need to be considered when determining the role that social anxiety might play. Consideration also needs to be given to the methodological limitations of the studies that report a correlation between SM and social anxiety.

As highlighted in an earlier section of this paper, problems can emerge in identifying SM children, as many will not be referred to health services so will remain unidentified in terms of wider statistics (although they are likely to be known to the school and professionals working within the school). This means that the SM children that contribute to the data that is often reported in research studies are often unrepresentative of the larger sample as participants are often recruited from clinical samples. This therefore fails to tell us anything about the SM children who do not meet this criterion, but still find talking in social situations a near impossible task. Difficulties also emerge regarding how different studies measure anxiety. It is difficult

to ask an anxious child to rate their levels of anxiety, and so studies are often reliant on parent or teacher perceptions, which could yield higher ratings (Cleave, 2009). Caution should therefore be given when interpreting studies reporting a link between anxiety and SM as it is likely that the study is thwarted with methodological limitations that largely arise due to the nature of the children that they are exploring.

As Nuala would not speak in the presence of the Trainee EP, the current study was also reliant on teacher and parent ratings of anxiety. Due to time limitations, it was decided that a simple likert scale (see appendix 1) would be devised to ascertain anxiety levels rather than utilising a standardised measure that would take lengthy evaluation. This approach could be criticised through its failure to use such measures, but it was felt that for the purpose of this piece of work, this more simple measure would suffice. Nuala's teachers and parents were asked to rate her anxiety on a scale of 1- 5 in a range of different settings and scenarios. Nuala was also asked to complete this rating scale as there was no requirement for her to speak to do so; but she declined on each occasion that she was asked. It was not possible to determine why Nuala did not want to take part in this activity, but as she was willing to take part until she found out what she was she was required to do, it was felt that she felt some level of anxiety relating to the content of what she was being asked to comment on. The EP also carried out observations within the class and home to determine the extent to which Nuala used non-verbal communication within school, and her level of communication within the home. The reason for incorporating this measure was in light of Omdal & Galloway's (2007) suggestion that SM could arise from a specific fear of expressive speech in certain social situations.

3.2 Oppositionality

Reed (1963) identified two distinct groups of SM children: those that are comparatively relaxed but unresponsive, negativistic and manipulative; and those that are tense, anxious and associate speech with fear. While the latter can be seen to represent children for whom anxiety plays a key role in their non-speaking, the former can be said to describe those children highlighted within the oppositionality literature.

'Oppositionality' therefore represents another key factor identified in the literature exploring the aetiology of SM. Often quoted in the past as being a characteristic of SM children, such theories have arguably lost prominence in recent years as oppositionality is now considered to be a product of 'a determination not to speak' rather than the cause of the non-speaking itself (Omdal, 2007: 237). This theory initially gained credence due to a number of studies that described the selectively mute children in their sample to display oppositional and defiant behaviours (e.g. Browne et al, 1963), and it was therefore assumed that this could be a potential cause of non-speaking. However, such studies did not explore at which stage this defiant behaviour occurred, and whether or not it superseded other factors that were more directly associated with the non-speaking.

More recently, studies have failed to find oppositional or defiant characteristics in their sample (e.g. Black & Udhe, 1995), and those that have found the presence of such characteristics have only done so when high levels of anxiety are also present

(Dummit et al. 1997; Standart & Le Couteur, 2003). Cleave (2009) suggests that 'when oppositional factors are present in a selectively mute child, they may not be severe enough to warrant a diagnosis of ODD, ADD or CD and could be considered as avoidance of anxiety provoking situations rather than oppositionality *per se*' (p. 218).

It is also important to consider that oppositionality may not actually be present in many children, but instead be a perception held by those working with the selectively mute child. As highlighted in the introduction of this paper, working with SM children can often evoke feelings of frustration in those staff working with them and as a result they may feel that not speaking is a deliberate attempt at defiance (Wilkens, 1985). This could be fuelled in part through the classification of non-speaking as 'selective' which implies that the children are choosing not to speak in certain situations. Without an understanding of the factors that might be underpinning or maintaining this behaviour, it may appear that these children are making a conscious decision to remain silent, which then in turn suggests that they could speak at any time if they so wished.

Nuala's class teacher had not come across a selectively mute child in his 18 years of teaching, and confided that he had little understanding about why Nuala was able to speak in certain situations but not others. These feelings of frustration were compounded by the fact that Nuala would speak to her Mother in the presence of some staff members whilst at school, but never in front of her class teacher. Determining whether 'oppositionality' is a factor in SM, or whether it is just a view

held by those working with the child is therefore difficult to establish and needs to be given due consideration.

3.3 Traumatic life experiences and Family factors

Historically, one of the most prevalent explanations offered to describe the onset of SM was that children were unable to speak as a result of a traumatic event that had happened in their earlier life (Steinhausen & Adamek, 1996). This view emerged not always through empirical research, but through those working from a Psychodynamic perspective where heavy emphasis is placed on 'exposure to trauma, unresolved intrapsychic conflicts, and controlling/oppositional behaviour' (Cohen et al. 2006: 1086). Within the literature, the definition of 'trauma' is broad and can be said to incorporate sexual abuse, admission to hospital in the early years, bereavement, and parental separation among many (Steinhausen & Juzi, 1996).

Recognising that it is hard to determine the causes of SM without speaking to those that have experienced this disorder, Omdal (2007) carried out research with adults that had recovered from SM to see what they could tell us about the nature of the condition. Omdal (2007) interviewed six adults who had been SM in their childhood, and as a result she was able to identify five key themes that were shared amongst two or more participants regarding both the onset and maintenance of their condition. Omdal found evidence from three of her participants that the onset of their non-speaking 'was associated with events that they had found traumatic' (p. 237). The remaining three participants also spoke of events that had happened earlier on in

their lives that they had found traumatic, but did not attribute their non-speaking directly to such events. One should remain cautious if interpreting these results as evidence in support of a 'trauma theory' not only due to the relatively small sample of people interviewed, but also due to difficulties associated with research that requires participants to give a retrospective account (MacGregor et al. 1994). As Omdal highlights: 'one can never claim objectivity from what is essentially an oral history of the individual's own childhood' (p. 247). It could also be the case that it is a child's *perception* of a traumatic event and the ways in which they are supported to deal with it that influence the onset of SM rather than the event itself. Although factors such as resilience are also likely to play a role, such an interpretation could also account for why some children who experience early traumatic life events go on to develop SM where others do not. Psychodynamic conceptualisations of SM have decreased in recent years largely due to the upsurge of anxiety-related theories, but also due to the many research studies that have not found evidence in support of this theory (Black & Udhe, 1995; Dummit et al. 1997). Despite a lack of up-to-date research evidence in support of this theory, it would be overly dismissive to rule it out all together, as every child, as an individual will inevitably respond and react to situations and experiences differently.

An understanding of 'Trauma theory' was not initially considered to be a helpful means of establishing the cause of Nuala's non-speaking as discussion with her family did not pinpoint any event that they felt that was significant enough to explain her SM. This again raises questions about the subjective nature of this theory, as an event that is of significance to Nuala, may not be considered as such by her parents

or they may not even have had an awareness of it. It later emerged that Nuala had been sexually abused by a relative, and although this did not directly coincide with the start of her non-speaking (as this only became apparent at school), discussion with her parents revealed that she had understandably become more withdrawn during this period. Following her disclosure, Nuala was referred to a counselling service that offered extensive support, and it is for this reason that her parents felt that it was not a factor that was influential in her non-speaking. Despite her parent's perception, it was felt that without exploring in more depth how this abuse had affected Nuala, it would be naïve to dismiss it as a contributory factor. Discussions with Nuala's parents also gave rise to a new area of consideration, in that her Mother presented as extremely anxious when meeting with the TEP, and although there are a number of reasons regarding why this could be the case, it was felt that further exploration was warranted. Research that focuses on family factors tends to either explore the ways in which the family environment (including the behaviour of those around the SM child) can contribute to the mute behaviours, or whether there is a genetic predisposition to SM, in that their parents have personality traits reflecting social anxiety (Kristensen & Torgersen, 2001).

3.4 Implications for Educational Psychologist Involvement: planning effective intervention

In the past, researchers have tended to focus on just one explanation regarding the cause of SM and implemented interventions according to this hypothesis. The proceeding exploration of aetiological factors would however suggest that by focusing

on just one theory, you limit your understanding of the condition. Freeman et al. (2004) suggest that SM is best understood as a condition with a multi-factorial aetiology, and through exploring the potential origins of Nuala's SM, the current paper would agree. If all possible aetiological factors are not considered then there exists the potential to plan an intervention that will not effectively address the causes of the condition. There is a consistent message given in the literature that SM is difficult to treat (Kolvin & Fundudis, 1981; Sluckin et al. 1981), and for this reason it is important that a thorough understanding of the potential causes is sought to make success a more likely outcome.

Intervention for SM children can be classified into two different groups; those that see SM stemming from 'within child' or 'within-family' factors and those that place emphasis on the environment. Those adopting the former view are likely to assume a psychodynamic approach to intervention, whilst those adopting the latter perceive SM to be a learned behaviour, and utilise a range of behavioural or cognitive-behavioural strategies to address this (Imich, 1995). Psychodynamic approaches emerged in response to those who hypothesised that SM was a reaction to personal trauma or abuse (Imich, 1995). Such an approach to intervention has been heavily criticised and used more infrequently as focuses primarily on aspects of the child's family setting and therefore fails to take into consideration the fact that non-speaking can often only occur when the child enters a new setting such as school. Imich (1995) suggests that the decline of within-child approaches to intervention can be attributed in the main to their low success rate (Lazarus et al, 1983; Straughan, 1968), but also due to the time required to implement such an intervention. It is also

important to note that such interventions are often reliant on the child being able to converse with the therapist, and for this reason success is also likely to be limited. Caution should also be given when evaluating the effectiveness of interventions that take place outside the context in which the non-speaking occurs. Psychodynamic approaches tend to take place in therapeutic settings and have therefore attracted criticism for not directly addressing the situation in which the problem behaviour occurs. This is not to say that all interventions of this nature take place in artificial settings, as some studies report intervention programmes that take into consideration the setting where the non-speaking takes place, and seem to report more positive outcomes (Krohn et al, 1992). Practitioners supporting selectively mute children therefore need to be aware of where interventions take place, as this is likely to influence their success.

Interventions that place greater emphasis on the role of the environment and how different settings can contribute to the onset of mute behaviours tend to stem from a Behaviourist paradigm. Behavioural interventions are increasingly being used as the primary means of addressing mute behaviour, and this can be said to coincide with the aforementioned increase in anxiety related theories. Interventions that target anxiety reduction therefore tend to focus on aspects of the environment and how the child can be supported to feel less anxious in certain situations. Stimulus fading is one such example, and involves the gradual introduction of a person with whom the child may not feel confident speaking to, into an environment in which the child will normally speak (e.g. the family home). This is cited as a necessary component in many behavioural interventions (Cohen et al, 2006), and emphasises the importance

of interventions initially taking place in the settings in which the child will speak. This approach works on the supposition that SM is a learned behaviour 'which often develops as either an escape from anxiety or as a way of gaining attention from others' (Cohen et al, 2006: 1087). Cohen et al. (2006) carried out a review of SM treatment studies published between 1990 – 2006 and found that 'increased verbalisations' were reported for the majority of studies utilising behavioural interventions. When compared to the outcomes achieved by interventions adopting a Psychodynamic approach, it seems that Behavioural interventions have a stronger evidence base and lead to more successful outcomes for the child. However, what many of the studies fail to make explicit is why the choice of intervention was decided upon and whether consideration was given to what possible aetiological factors were. If Psychodynamic approaches were being used to support children whose SM arose from extreme social anxiety, then we begin to understand why such an approach would have been unsuccessful. It is only when Psychodynamic approaches are unsuccessful at supporting children whose SM arises from 'trauma' that we can begin to truly question the effectiveness of such interventions.

Having an awareness of the different interventions available to support selectively mute children and how they link with research regarding aetiology should therefore be an essential part of any practitioner's (working with SM children) knowledge. SM is not a homogenous condition and it therefore becomes essential that each case is explored in its own right rather than suggesting generic interventions that don't take into consideration the possible origins of the condition. This also highlights the importance of practitioners being thorough during the information gathering stages,

as by failing to fully explore the possible origins of the condition, you risk implementing interventions that do not take into consideration the causes of the condition and are unlikely to experience any success. It may also be the case that a child's SM initially developed in response to some kind of trauma, but that they are also experiencing high levels of social anxiety alongside this. If this is the case, then the child may benefit from intervention that focuses on both the environment and on the individual and for this reason a multi-modal approach to intervention should be considered. There are numerous studies that report successful outcomes following the use of a multi-modal treatment approach (Jackson et al. 2005; Krohn et al. 1992; Powell & Dalley, 1995) and for this reason such an approach to intervention should not be ruled out. The remaining section of this paper will describe how an exploration of the possible causal factors of Nuala's SM helped to develop a hypothesis-led approach to assessment and intervention and how this helped to outline a clear role for the Trainee Educational Psychologist and other practitioners working with Nuala.

4. The current context: A hypothesis-led approach to the assessment and intervention of Selective Mutism

A model developed by Cleave (2009) was utilised as it was felt to provide a helpful structure through which to plan effective assessment and intervention that is informed by the research evidence. The model also allows multiple hypotheses to be explored rather than having to rely on just one theory regarding why the non-speaking behaviour occurred. Cleave's model allows for the consideration of all possible

aetiological factors in SM, and provides suggestions regarding what assessment and intervention should look like for each. The current paper adapted this model to include only those hypotheses that were relevant to Nuala's non-speaking to again highlight the need for an individualised approach.

Through discussion with Nuala's parents and staff at her school a range of possible hypotheses were considered regarding the origins of her mute behaviour (see Table 1). Observations were then carried out in both the home and school context to determine whether these hypotheses still held credibility or whether it was necessary to review them. The revised hypotheses and the means through which they were explored are presented in Table 2.

Table 1: A Hypothesis led model of assessment and intervention for Selective Mutism (Adapted from Cleave, 2009)

Hypothesis	Assessment	Intervention
• **The child is Selectively Mute** (Following the DSM IV criteria, it is important to establish whether the child is SM, or whether their non-speaking can be explained through alternative means)	Things to consider: • Does the child possess the ability to speak and to understand spoken language? • Is there an absence of speech in all settings or just some? • Would parents describe the child as shy? • Has the non-speaking lasted longer than the first month of school? • Has the child's hearing been tested recently?	Behavioural, Psychodynamic or multi-modal approach to intervention?
• **The child's SM is being caused by social anxiety**	Things to consider: • Does the child use non-verbal means of communication • Do there appear to be any physical signs of increased anxiety? (e.g. increased heart rate or visible signs of sweating, or dry mouth etc) • Family history of social anxiety? • Extent of participation in social activities • Ability to initiate and sustain peer relationships NB: It will be important to observe the child's behaviour and social interactions in a range of different settings	The focus on intervention should be on decreasing anxiety in certain social situations (namely school). Dependant on the outcome of the assessment, intervention may also explore the following: • Strategies to support an increase in non-verbal communication (the use of PECS, or other non-verbal communication systems) • Strategies to increase social interaction (social skills training, inviting peers into environments where the child feels confident to speak, supporting the child to take part in activities with their peers where they are not required to speak) • Strategies to increase verbal communication (the use of positive reinforcement for all interactive and communicative behaviours)
• **The child is being oppositional**	Things to consider: • Do the parents have concerns about behaviour at home? • Are there any other observable behavioural issues? • What was the child's temperament like during their early development NB: It is important to consider that the oppositionality may arise as a result of social anxiety, and if this is the case, then interventions outlined in the 'social anxiety' section should be explored.	If it is felt that the child's behaviour is oppositional, then the research suggests that operant conditioning should be used to avoid rewarding non-verbal behaviour.
• **The child has a specific phobia of expressive speech**	Things to consider: • Does the child appear to be able to use non-verbal communication effectively?	If it is felt that the child's SM is a result of a fear of expressive speech, then it is suggested that 'Graded In vivo flooding' techniques be employed.

	- Can the child interact socially? - How does the child respond to new social settings? - Does the child seem able to initiate activities in the absence of speech?	- The teacher will initially make the child aware that there is an expectation that the child provides the teacher with a response (whether it be verbal or non-verbal). The child is not given the option to opt out. - The teacher will then gradually require more and more responses] - They will then gradually extend the responses toinclude other children - There will then be a continual expectation of communication - Fear will be reduced by supporting the child to offer responses in very controlled situations and through social support - There should be a plan in place to help the child to generalize this confidence to other settings
The child's non-speaking is an adverse reaction to early childhood trauma	Things to consider: - Has the child witnessed or experienced an event that could be perceived as traumatic (e.g. early hospitalization, death of a relative, sexual abuse)? - Does the child's non-speaking coincide with exposure to a traumatic event?	Consider the use of psychotherapeutic approaches: - Psychotherapy - Psychoanalysis - Play therapy - Family therapy
Family issues are playing a role in the child's Selective Mutism	Things to consider: - How do parents cope in different social situations? - What are the parents' experiences of school? - What is the personality of the parents like (socially anxious etc)?	Some research studies suggest that family therapy strategies should be employed if it is felt that familial factors are playing a role in the child's SM. However, in the first instance it is important for practitioners to work with parents to reflect on how their behaviours could impact upon the child.

Table 2: Refining the initial hypotheses

Hypothesis	Outcome of Assessment	Hypothesis still credible?
The child is Selectively Mute	- Observations of Nuala in her home context and discussion with parents confirmed that Nuala does possess the ability to speak and to understand spoken language. - Nuala's speech is only present when at home, or in the presence of her Mother - Nuala's Mother describes her as being shy when she first meets people, but that this shyness will usually lessen as Nuala begins to feel more comfortable around people. - At the point of intervention, Nuala had not spoken at her current school for 3months - Nuala's hearing was tested when she was in Reception, where no problems were detected	**Yes**
The child's SM is being caused by social anxiety	- Within the classroom context, Nuala was observed to communicate non-verbally on a small number of occasions, but never with the class teacher. She would nod her head in response to questions from her friends, and smile if she found something funny. Discussions with staff suggest that this is a recent development, and that for the first few months there were no signs of non-verbal communication. - If Nuala is asked a question by her teacher, or if she is required to go in to assembly or any other event where there are lots of people around, then there are visible signs that she is becoming distressed. She clasps her hands together and will not look up from the floor. Her face and neck also get blotchy as if her body temperature has suddenly risen - Discussion with Nuala's Mother revealed that she used to suffer from anxiety in social situations, and that she has a fear of speaking in public. Her Dad also described himself as being very shy up until the age of 11. - Discussion with Nuala's Mother suggests that Nuala has always been reluctant to take part in social activities, and when she was little she would not leave her Mother's side when in social settings. When she was younger, Nuala's Mum took her to a stay and play group at her local Children's Centre, but she Nuala would scream hysterically for the duration of time they were there, and so her Mother had to stop taking her. - Observations of Nuala within the classroom context suggest that she does have friends, but that Nuala has not initiated these friendships. Her class teacher describes the two girls in the class that she is friends with as 'the caring ones' who like to make sure everyone is okay. Prior to starting at her current school, Nuala's Mother described her to be something of a 'loner' and said that she prefers playing on her own in her bedroom.	**Yes**
The child is being oppositional	- Nuala's parents report no concerns regarding her behaviour at home, and observations within home and school appear to confirm this. - Discussion with Nuala's class teacher suggests that her behaviour at school is not an issue, although he feels that she is deliberately choosing not to speak and describes her as 'deliberately defiant'. However, observations within the classroom showed Nuala complying with all class rules etc	**No**

	• Nuala's Mother described Nuala as a very inquisitive and clingy baby. She did not sleep through the night until she was 13 months old, and became distressed when she left her Mother's side.	
The child has a specific phobia of expressive speech	• Observations of Nuala in the classroom context suggest that although she uses some non-verbal communication, she remains withdrawn from all forms of communication for the most part • Both discussions with staff and parents and follow-up observations suggest that Nuala finds it difficult to interact socially and withdraws from most interactions • Although Nuala will communicate with her Mother in new social settings, she often hides her face behind her Mother's arm and will not communicate with anyone else • Observations of Nuala suggest that she does not initiate activities in the absence of speech. There are times when she will take part in an activity if encouraged to do so, but she will not initiate it.	**No**
The child's non-speaking is an adverse reaction to childhood trauma	• Nuala was sexually abused for a sustained period of time by a member of her family. This abuse only came to light after Nuala suffered from recurring water infections and was taken to the Doctors. • Nuala's non-speaking did not directly coincide with this abuse being exposed, and it is unclear how long it was going on for, so her Mother felt that it was difficult to pinpoint whether there was a specific change in Nuala at this time. However, it was felt that Nuala became more withdrawn a few months prior to her family finding out. • Nuala attended counseling to help her to come to terms with what she had experienced, and although her parents feel that this was a great help to Nuala; sight of Nuala's notes suggest that Nuala did not open up to the counselor and would not speak in her presence.	**Yes**
Family issues are playing a role in the child's SM	• When working with Nuala's mother, she presented as very anxious and confided that she did not like speaking publically as it made her feel self-conscious. She informed us that her husband would describe her as a 'worrier' and that she cares too much about what other people think about her. • Nuala's Father was extremely shy at school and as a result he kept himself to himself and only really interacted with those children younger than him. He felt that he got bullied as a result, and shared with me that this was not a good time in his life. Nuala's Mother had also had a negative experience at school. She was bulled for being overweight, and so spent a large proportion of time truanting. • Nuala's parents are not sure whether Nuala is aware of their experiences, or whether they have talked negatively in about school in front of her. • Nuala's Mother was highly defensive throughout the course of the discussion and kept telling me that 'it's not my fault that Nuala is like this'. If another person entered the room when we were talking she became noticeably distracted even when talking about more general issues. She also felt that the other parents judged her on the playground when they did not have a right to do so.	**Yes**

Although Nuala's SM had already been diagnosed prior to TEP involvement, it was considered important to establish whether this diagnosis was accurate based on the guidance provided by DSM IV. Observations of Nuala both at home and at school and discussions with key members of staff appeared to suggest that the diagnosis was an accurate one, and that Nuala did possess the ability to speak and understand spoken language, and that she had not spoken at school for three months. Therefore assuming that the diagnosis was feasible, each hypothesis relating to the possible aetiological factors linked to Nuala's non-speaking were explored in turn to determine their relevance. Through observation and discussion it was felt that there was not enough evidence to suggest that Nuala's SM was a product of a specific fear of expressive speech, nor was it a deliberate attempt to be oppositional (see table 2). However, no evidence was found to nullify the remaining hypotheses and for this reason it was decided that they could not be ruled out as contributory factors. This highlights a potential difficulty in the treatment of SM, in that it is often difficult to identify a sole cause of the condition, as the child is unable to articulate why they do not speak in certain situations. Where some would see this as problematic, the current paper would suggest that SM can be multi-causal in its origin, and may therefore require a multi-modal approach to intervention. After the information gathering stage was complete, it was felt that Nuala's non-speaking could be explained in terms of social anxiety, a reaction to a traumatic event or could be fuelled by family factors. It was initially felt that each of these should be explored further to ascertain their relevance, but in the absence of speech, it is difficult to see how this could be achieved. It was therefore decided that all three aetiological

factors should be seen to play a role, and addressed through the course of intervention.

Before the approach to intervention was decided upon, discussion took place among those working with Nuala regarding whether or not it was appropriate to intervene. Nuala's Mother raised concerns about what she felt would be 'pressurised attempts' to get Nuala to speak, and this presented practitioners with something of an ethical dilemma. This concern was first raised by Lumb and Wolff (1988), and later by Cline & Baldwin (1994) who questioned whether for some children 'non-intervention' was the best course of action. They felt that for some children, there is a high likelihood of spontaneous recovery, and that to interfere with this could be detrimental to their overall prognosis. However, questions arise regarding how to identify the children for whom this approach will benefit, and there is also research to suggest that early intervention for SM children is essential, as the child is likely to receive reinforcement for their non-speaking the longer that it is left (Porjes, 1992). There is also an increased likelihood of associated academic difficulties arising the longer the child engages in non-speaking behaviour, and so early intervention is also recommended from this perspective. It was felt that as Nuala had not spoken at school for a sustained period of time, it was unlikely that she would undergo a period of spontaneous recovery, and for this reason it was felt that intervention was appropriate. From an ethical standpoint, it was therefore explained to her Mother that attempts to support Nuala to speak would be gradual and taken at a pace that was suited to her, and that if either of them had any concerns, they would be addressed immediately.

Teacher and parent reports of anxiety as measured by the likert scale suggested that Nuala was highly anxious in a range of social settings, and so this was taken as the initial focus of intervention. Strategies were introduced within the classroom setting to support Nuala's non-verbal communication by way of encouraging interactions in the absence of speech. Nuala was provided with an adapted version of the 'Picture Exchange Communication System' (PECS), and was encouraged to use pictures and simple signs to communicate with those around her. This was introduced gradually to avoid Nuala feeling overwhelmed, and to acknowledge the fact that any form of interaction is likely to raise Nuala's anxiety, as it was previously determined that her anxiety was not just related to expressive speech. Training was also offered to all staff working with Nuala to provide them with strategies to support the development of verbal communication. This included strategies such as the use of positive reinforcement for all communicative behaviours, and 'stimulus fading' techniques whereby Nuala's Mother and other adults with whom she spoke, were gradually introduced into the environments where Nuala did not speak (e.g. the classroom). The TEP worked alongside the Speech and Language therapist to plan the intervention, and the knowledge that the Speech and Language therapist brought to the planning regarding the ways to increase verbal communication was considered to be invaluable.

Acknowledging that traumatic life experiences might have a role to play in Nuala's non-speaking, it was decided that Nuala may benefit from access to play therapy, where she could be supported to explore some of the events that she had

experienced; within a safe environment. Some professionals working with Nuala expressed concerns that this might unearth issues that are not directly related to her non-speaking, and hinder rather than support her development. As highlighted earlier in this paper, the success rates for this type of intervention when used in isolation from any other form of intervention is considered to be low, and this also fuelled concerns about utilising this approach. However, as Nuala's social anxiety was being addressed alongside this, it was felt that play therapy should be offered, but that it should be closely monitored to ensure that there are no negative effects. There are often extensive waiting lists for this type of therapy due to the level of specialism required to deliver this approach, and this will need to be taken into consideration if it is being used as part of a multi-modal approach. Within the current authority, play therapy can only be accessed through Clinical Psychology services, and at the time of referral, the waiting time remained unknown.

During the information gathering phase, concerns were also raised about the role that family factors were playing, and as a result it was felt that they could not be ruled out as a potential cause or maintaining factor in Nuala's non-speaking. Although a multi-modal approach to intervention was being utilised, it was felt that 'family therapy' would not be appropriate when Nuala was attending play therapy, nor was it necessary at this stage of intervention. Although multi-modal approaches are evaluated positively within the literature, careful consideration needs to be given to the range of strategies that are used so as not to counteract the positive effects of one intervention through the inappropriate or unnecessary use of another. For this reason, it was decided that the TEP would carry out an initial home visit with parents,

where they would be supported to consider the ways in which their behaviour could impact upon Nuala, and a problem-solving model was utilised to plan ways to overcome this.

5. Conclusion

At the present time, it is not possible to evaluate the effectiveness of this approach to intervention, as it requires a long-term approach, and is therefore still currently at the preliminary stages. However, the purpose of this paper was to identify a clear role for Educational Psychologists to play in the treatment of this low-incidence disorder, and so although knowledge regarding effectiveness of intervention is useful, it is not essential. This paper has sought to demonstrate how an understanding of research into the causes of SM can provide Educational Psychologists with a framework to work from which ensures that all relevant information is gathered and that testable hypotheses are arrived at. It takes into consideration the fact that there are numerous potential causes of SM that can often be unique to the individual, and that an understanding of this will significantly increase the likelihood of intervention being successful. It also highlighted how a multi-modal approach to intervention might be useful to ensure that all potential aetiological factors are accounted for, but emphasised the need to be cautious in doing so. Defining a role for EPs in working with SM children is not only difficult due to the frequency with which they encounter this group, but also due to the difficulties associated in isolating potential causal factors. As it is unlikely that the child will be able to articulate what it is that is causing their silence, it is essential that the practitioner has a framework to work with

that enables them to identify factors in the absence of speech. The model proposed in this paper does not claim to offer a definitive approach to SM, but allows the link to be made between research evidence, assessment and intervention therefore increasing the likelihood of positive outcomes.

When presented with a child who does not speak, it is not surprising to learn that there can be high levels of anxiety found amongst those professionals working with the child. Nuala's teacher was honest in voicing his frustration regarding the situation, and it seems that this is not uncommon (Imich, 1995). Although it will remain important for Educational Psychologists working with SM children to seek supervision to address any personal feelings of anxiety that arise, their training also places them in a position to be able to support those around them to work through any concerns, and help to remove any emotional barriers that may be preventing professionals from offering the best possible support. Supervision is a key part of any Educational Psychologists continuing professional development and it is essential that access to this is sought on a regular basis (Scaife, 2001; DECP, 2002, 2006; HPC, 2007, 2009). Despite an increase in research exploring Selective Mutism, it still remains a condition that is likely to bewilder those required to work with such children due to the complexities associated with determining why the child will not speak in certain situations. The condition also demands a need for individualised intervention which can make supporting these children very time consuming, and the long-term approach to intervention that is required can also mean that frustration can arise as there are often no immediate signs that the intervention is working. It is hoped that the model presented in this paper can help to alleviate some of these

anxieties by providing practitioners with the tools that are needed to increase professional confidence in working with SM children.

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Appendix 1
Parent and Teacher ratings of anxiety

Prior to completing this rating exercise, participants were told that they might be asked to rate Nuala's anxiety in a situation that they had not directly observed her in. If this was the case, they were asked to choose a rating that reflects their perception of what her levels of anxiety were likely to be.

Please rate Nuala's level of anxiety in the following situations/scenarios on a scale of 1 – 5 (with '1' indicating 'no anxiety' and '5' indicating 'high anxiety')

When meeting an adult for the first time (in the family home):

1   2   3   4   5
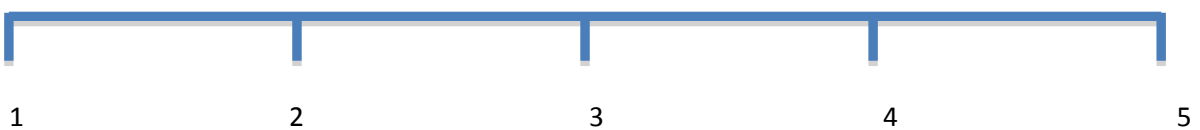
When meeting an adult for the first time (outside of the family home):

1   2   3   4   5
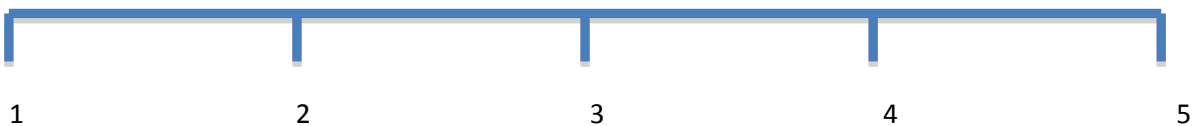
When taken to a new setting/environment:

1   2   3   4   5
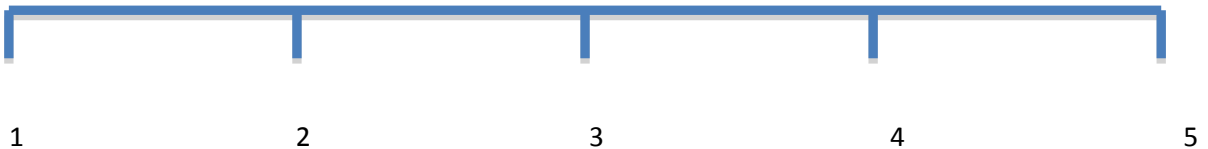
When amongst a large group of people:

1   2   3   4   5
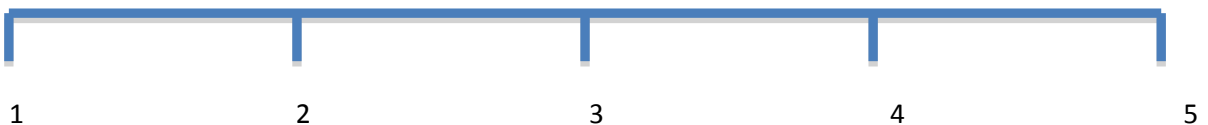
When required to interact with other children:

1   2   3   4   5
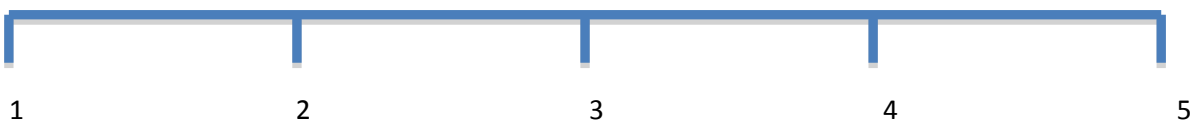
CHAPTER 4

PROFESSIONAL PRACTICE REPORT 3

EXPLORING THE EFFICACY OF COGNITIVE BEHAVIOURAL PSYCHOLOGY AS AN APPROACH TO GROUP WORK WITH CHILDREN WITH BEHAVIOURAL AND LEARNING DIFFICULTIES: A CASE EXAMPLE

EXPLORING THE EFFICACY OF COGNITIVE BEHAVIOURAL PSYCHOLOGY AS AN APPROACH TO GROUP WORK WITH CHILDREN WITH BEHAVIOURAL AND LEARNING DIFFICULTIES: A CASE EXAMPLE

Abstract

This paper critically evaluates the use of Cognitive-Behavioural Therapy (CBT) in a group setting to help bring about a positive change in behaviour for a group of Year 8 and 9 boys with Moderate Learning Difficulties (MLD). CBT is commonly used to support individuals to begin to understand the interaction between their thoughts, feelings and behaviour, but is used far less frequently as an approach to group work. The paper presents a six-session programme developed to support five boys with learning difficulties whose behaviour was identified by the school as being problematic. It explores the efficacy of using a 'talking therapy' to support children for whom communication is difficult, and considers how the principles of CBT can be adapted to become more accessible for this group of children.

Exploring the efficacy of Cognitive Behavioural Psychology as an approach to group work with children with behavioural and learning difficulties: A case example

1. Introduction

Cognitive behavioural therapy (CBT) refers to a type of psychotherapeutic intervention that aims to reduce the occurrence of maladaptive behaviours by altering an individual's cognitive processes and the way that they think about certain events (Kaplan et al, 1995). It operates on the premise that in order to make an individual respond to an event in a more positive manner they first need to be supported to understand how their thoughts and feelings about a particular event impact upon their response to it. CBT is therefore widely recognized as an effective intervention for the treatment of anxiety and depression (Department of Health, 2001) and has a strong evidence base to support its use in a clinical context. Its application outside of this context is also increasing, and CBT is now used within schools and a range of other non-clinical settings to support children and young people to understand and adapt a number of different behaviours (Squires, 2001). This increase in popularity has also led to the types of professional training in the application of CBT diversifying. Increasingly Educational Psychologists are undergoing such training to enable them to apply the principles of CBT in their work with school-aged children, and this is certainly true of the Educational Psychology Service (EPS) forming the focus of this paper. There is an abundance of research that has examined the efficacy of CBT within a clinical context but far less in relation to its application within the school setting (Squires, 2001). Taking this into consideration, this paper will critically

examine one example of Educational Psychologist work that draws on the principles of CBT to address the behavioural difficulties of five Key Stage 3 males. Due to the nature of this work and the setting in which it took place, the paper will also explore whether there is a role for CBT when working with groups of children (rather than individuals), and the extent to which the approach can be accessed by children with Moderate Learning Difficulties (MLD). CBT is classified as a 'talking therapy', but there appears to be an absence of research that has explored whether it can be used to support children with language and communication and/or learning difficulties. The current research paper will therefore help to develop our understanding of how CBT can be used in this context, and the extent to which the approach can be adapted to make it more accessible for children with moderate learning difficulties.

As CBT presents an alternative means of addressing behavioural concerns to more conventional methods of behaviour management used in schools (based solely on Behaviourist principles) it will also be important to consider the ways in which it varies, and what the potential benefits and limitations are in adopting this approach. This paper will also raise questions relating to the role of Educational Psychologists in Special Schools, and how their time can most effectively be used to support children and young people with complex and additional needs.

1.1 What is Cognitive Behavioural Therapy (CBT): Key concepts and approaches

The cognitive behavioural approach to understanding human behaviour emerged from two distinct models and can be seen to represent an acknowledgement by some

that neither the behavioural model nor cognitive model alone can fully explain all aspects of human behaviour (Grazebrook & Garland, 2005). Within the Behaviourist model, theorists argue that emotional responses such as fear or anger can become conditioned over time by specific events and situations (Stallard, 2007). Emphasis is placed on environmental influences and how these are likely to shape an individual's behaviour. Intervention therefore focuses on observable behaviours alone and operates on the supposition that all behaviour is learned and can therefore be changed. This learning is said to occur as a result of both classical and operant conditioning whereby certain behaviours are reinforced and maintained by factors in the environment (Department of Health, 2001); therefore increasing the likelihood that the behaviour will be repeated.

In contrast to this, a cognitive approach to understanding human behaviour would argue that all behaviour occurs as a result of an individual's internal thought processes and therefore the way in which we interpret different events will impact upon our response (Grazebrook & Garland, 2005). These interpretations and perceptions are based in part on an individual's previous experiences, and this is then likely to shape their future responses. Interventions born out of the Cognitive tradition therefore focus on supporting an individual to change their thought processes, attributions and attitudes rather than focusing on the overt behaviours (Department of Health, 2001).

Although both the behavioural and cognitive models have gained prominence at varying stages over the past five decades, in recent years there has been an

emerging body of research that has questioned whether each model alone is robust enough to explain all aspects of human behaviour (Gilbert, 2009). The main criticism directed towards the Behaviourist model stems from its failure to take into consideration differences in response, when individuals are presented with the same stimulus/conditions. If our perceptions and cognitions regarding certain stimuli were not important, then it would be likely that we would respond to situations in a similar fashion (Boulding, 1984). Similarly, if we use a purely cognitive model to explain human behaviour, then difficulties emerge in explaining how situational factors can influence an individual's behaviour (Bailey, 2001). As the emphasis is placed solely on the individual, some would argue that the cognitive model ignores systemic, social and political relational factors, therefore assuming that an individual changes their behaviour based upon internal/individual factors alone. This arguably fails to take into consideration the fact that change occurs in context; as systemic theory would stipulate. Another criticism of the cognitive model stems from the fact that many studies that support this paradigm are correlational and do not use experimental methodology (Stallard, 2002). Therefore, although one could argue that a change in cognition is correlated with a change in behaviour, we cannot say with any certainty that this relationship is causal, and the change in cognition may in fact have occurred after the change in behaviour.

These criticisms led to the development of a cognitive-behavioural model which acknowledged that both environmental factors and an individual's thoughts regarding a particular event are likely to influence behaviour (Stallard, 2007). The model argues that 'thinking' influences our feelings and behaviour, and that these three

factors interact which means that any changes in an individual's behaviour occur due to changes in both cognition and affect. Stallard (2007) believes that the overall purpose of CBT is 'to increase self-awareness, and improve self-control by developing more appropriate cognitive and behavioural skills' (p. 7). CBT therefore represents an approach to behaviour modification which aims to identify the client's 'unconstructive' beliefs and schemas, so that negative automatic thoughts that lead to less favourable emotional and behavioural responses can be significantly reduced (Grazebrook & Garland, 2005). This is achieved by helping the 'client' to identify dysfunctional thoughts and beliefs, and then replace them with more positive and balanced cognitions that will lead to more desirable outcomes. The overall aim is therefore to help the client to become more aware of their problems, and to empower them to develop alternative ways of thinking and therefore behaving. Although CBT consists of strategies and processes to help the client to achieve this, there has to be some desire to change on the part of the client, as without this willingness CBT is likely to be ineffective (Grazebrook & Garland, 2005). The key components cited as necessary to achieve this change are outlined in Table 1 and can be categorized into the three specific areas of: cognition, behaviour and emotion. As CBT is used as an umbrella term to cover a range of techniques and strategies, it is likely that not all techniques will be present in any one intervention, and selection is likely to be dependent on the specific problem formulation (Stallard, 2007).

Table 1: Key components of CBT (adapted from Stallard, 2007)

Area of focus:	CBT technique
Cognition	**Thought Monitoring:** Identifying common cognitions and patterns of thinking. This involves supporting the client to monitor 'hot' situations (those that produce a strong emotional response).
Cognition	**Identification of cognitive distortions:** Through 'thought monitoring', it becomes possible to identify 'common negative or dysfunctional cognitions and irrational beliefs (Stallard, 2007), and increase our awareness of how these effect our mood and behaviour.
Cognition	**Thought evaluation:** Once dysfunctional cognitive processes have been identified, we begin to test and evaluate these assumptions to determine if they are true. We then learn alternative cognitive skills which lead to more balanced thinking.
Cognition	**Development of new cognitive skills:** This is often a specific teaching element in any intervention. These skills can include: distraction, positive self-talk, self-instructional training and problem-solving skills.
Behaviour	**Activity monitoring:** Identifying what factors maintain certain behaviour(s)
Behaviour	**Goal planning and target setting:** Setting mutually agreed upon goals that can be objectively measured. Targets may involve increasing activities that are more likely to lead to positive outcomes, and which challenge the client's schemas.
Behaviour	**Learning new skills through role play, modelling and rehearsal:** This provides the client with the opportunity to rehearse new skills in a controlled environment. It allows for positive skills to be identified and rehearsed and alternative solutions highlighted.
Emotions	**Affective education:** Often referred to as 'emotional education' this helps the 'client' to identify negative emotions such as anger and unhappiness to help them become more self-aware.
Emotions	**Affective monitoring:** By monitoring strong emotions, we can identify specific times or events that are associated with both pleasant and unpleasant emotions. Scales are introduced as a way of monitoring these feelings and assessing any change.
Emotions	**Affective management:** Such as relaxation techniques. These are applied more frequently to address problems in which there is a high level of arousal.

2. Applications of CBT

Having established the core components of CBT, it is important to consider how the principles have been applied, and in which different contexts. Although CBT is evidenced to be effective in treating a wide range of psychological difficulties (Department of Health, 2001), the current focus will be on exploring how CBT has been used to support children and young people, and how it has been applied within a group context.

2.1 *Using CBT with children and young people*

CBT as a theoretical model derived from work with adults (Beck at al. 1979; Barrett, 2000) and although there is a growing evidence base relating to its effectiveness with children (Stallard, 2007), it is important to consider and critique some of these applications to determine its use in the current context. As researchers have had to extrapolate findings from the application of CBT with adults, and adapt it to become more accessible for children and young people (taking into consideration potential limitations in metacognition); practice in this area is still developing. The studies reported in the proceeding section are by no means exhaustive, and have been selected as they hold particular relevance to the current study, and therefore helped to inform planning.

Research suggests that one of the main points for consideration when applying the principles of CBT to children and young people relates to whether the target behaviour is caused by 'deficient processing' or whether it is best explained as part of

the child's 'normal development' (Stallard, 2002). Stallard (2002) urges caution towards those who use CBT to address such 'developmental' behaviours, as he feels they have a part to play in helping children to develop appropriate coping strategies and to learn how to manage difficult situations. Therefore, by attempting to extinguish these behaviours, children are potentially denied valuable learning opportunities which could in turn affect their overall development and ability to cope with adversity in their adult lives. This highlights the importance of exploring a child's stage of development when considering using CBT (Grave & Blissett, 2004; Ronen et al, 1995), to avoid confusing 'developmentally appropriate cognitions' with 'deficient processing skills'. Although we acknowledge that children and young people develop at varying rates, this also has implications regarding the age at which children are able to engage with CBT. As CBT requires the 'client' be able to discuss their thoughts, feelings and behaviour, it could be argued that they need to possess a level of self-awareness that allows them to do so, which may not be present in very young children. Durlak et al, (1991) conducted a meta-analysis of sixty four studies which examined the application of CBT with children aged between 5 and 13 years old. Their study concluded that although CBT could effectively be adapted to support children aged 5-11 years, effectiveness significantly increased when used with children aged 11-13 years. Although all individuals identified to take part in the current intervention were aged between 12 and 13 years, they all had statements of special educational need, and their level of understanding and access to the spoken word was considerably lower than expected for children of their age. The current programme therefore took into consideration applications of CBT with younger children, to increase the likelihood of group members being able to access its

content. Although few studies report specific details relating to how interventions have been modified for younger children (Stallard, 2002); the development of visual and practical activities to reduce the need for children and young people to have higher order language skills appears to be acknowledged as good practice (Doherr et al. 2005; Bailey, 2001; Friedberg et al, 1999).

A number of studies have explored the application of CBT to reduce the incidence of aggressive behaviour in children and young people (Gansle, 2005; Sukhodolsky et al, 2004; Squires, 2001). This is of particular relevance to the current study as it provides insight into both the application of CBT with children and young people, and the efficacy of this approach in targeting unwanted behaviours. Sukhodolsky et al's paper provides a meta-anaylsis of forty studies that have used cognitive-behavioural approaches to address anger in children and young people. They suggest that both anger and aggression are 'cognitively mediated' (by the way in which individuals attribute meaning to events, their interpretation of different social cues, and their level of problem solving skills), and as a result, cognitive-behavioural approaches that focus on unpicking these cognitions are likely to be effective in reducing the occurrence of aggressive behaviours. It is important to highlight that this view does not seem to be expressed consistently in all of the studies that Sukhodlsky et al. (2004) analysed, making it difficult to determine how they arrived at the conclusion that they did. However, the study does highlight the need to spend time exploring 'problem formulation' when working with children and young people, to ensure that the intervention is targeted towards specific cognitive processes that appear in some way deficient. By exploring some of the studies analysed by Sukhodlsky et al. in

greater depth, I hoped that further insight would be gleaned into the ways in which practitioners had adapted their approaches to make them more accessible to children and young people. As with previous studies, this information is not always made explicit, and for those wishing to replicate the study, they are left unable to do so as details relating to how such approaches were modified, is not made available.

In a recent study, Toland & Boyle (2008) looked at the ways in which cognitive behavioural methods could be used to retrain children's attributions for success and failure in learning at school. Again, this study is of particular relevance as it describes an intervention carried out by Educational Psychologists, which also comments on the efficacy of the approach for children and young people with learning difficulties. The outcome of the study suggests that cognitive behavioural approaches were successful in developing 'success in learning' for children who experienced low self-esteem, appeared unmotivated in their day-to-day commitment to learning or had some form of learning difficulty. The nature of the children's learning difficulties was not reported in this paper, and as this label incorporates a wide range of difficulties it is not possible to develop our understanding of how CBT can be modified for this group. However, the study does provide evidence in support of the use of cognitive-behavioural approaches with children and young people, and also provides insight into how Educational Psychologists can adapt these approaches for use within an educational context.

2.2 Using CBT with groups

The intervention reported above (Toland & Boyle, 2008) provides just one example of how CBT has been applied within a group context rather than on an individual basis as a more traditional approach to CBT might suggest. As the outcome of the intervention was not compared to a control group, it is not possible to report on the efficacy of this approach in comparison to CBT delivered individually. However, it does provide evidence to suggest that interventions of this nature can be delivered in a group context, and that a therapeutic relationship can still be developed that will support the children and young people. Those studies that have directly compared individual and group applications of CBT (Dowling & Smith, 2007; Tucker & Oei, 2007) tend to highlight the benefits of a group approach from a cost effectiveness perspective. Tucker & Oei (2007) conducted a meta-analysis of 36 individual and group CBT interventions looking at their comparative cost effectiveness. Their analysis included the application of CBT across different group contexts, with varying focus populations (in terms of age, gender etc), to address a range of target behaviours. They concluded that there is evidence to suggest that group interventions are a more cost effective means of delivering CBT, and that it seems to be the approach of choice for the majority of the studies included in the meta-analysis. However, Tucker & Oei (2007) acknowledge that there are methodological weaknesses with many of the studies that they reported on, and for this reason their findings should be interpreted with caution.

Squires (2001) reports on a six-session project that was carried out in a mainstream setting that aimed to improve pupils' levels of behavioural self control. His work set

out to evaluate whether improvements highlighted in adult CBT literature could be evidenced with children and young people, and could be achieved in a group environment. He concluded that:

> '*The use of cognitive behavioural psychology as a basis for small group work in schools to help raise pupils' levels of self-control and improve classroom behaviour seems to produce a significant effect when measured on self-rating scales and teacher ratings of classroom behaviour' (Squires, 2001: 325)*

Squires acknowledges that there are methodological weaknesses in his study in that it fails to control for any long term effects of the intervention (other than anecdotal evidence) and that 'actual' changes in behaviour are therefore not accounted for. Despite this, it could still be argued that his research provides valuable insight into one of the ways in which Educational Psychologists can apply the principles of cognitive behavioural psychology in a school setting to address the behavioural needs of the children and young people with whom they work. Squires also highlights a number of tensions relating to 'facilitator roles' that can exist in work of this nature (where the presence of a member of school staff is desirable), and therefore sends a clear message regarding the importance of negotiating roles prior to the start of any intervention.

Dowling & Smith (2007) explored the application of CBT with individuals and groups of pathological gamblers and concluded that there were distinct benefits in delivering the intervention to a group of clients rather than to individuals, not only from a cost perspective, but also due to the level of incidental learning that this allowed. They felt that the success of this approach could be explained in part by the opportunity that being a group member provided, in terms of identifying common problems and

solutions. The group seemed to value the opportunity to share experiences, and work through their problems together; an experience that would not be available in a one-to-one therapeutic relationship. What this study fails to make explicit is what the long-term outcomes were for those who took part in the group and individual interventions, and the extent to which CBT impacted upon their gambling addiction. Without this information, it seems inappropriate to draw conclusions that suggest group CBT to be a cost effective intervention as although it may be a resourceful approach in terms of time and money, if it does not lead to positive outcomes, these benefits become somewhat redundant.

Where Dowling & Smith (2007) highlight the importance of shared learning experiences in helping group members to work through areas of difficulty, there is also a body of research that suggests that these 'shared' experiences can have a negative effect on group members. Dogra & Parkin (1997) acknowledge the potential risks associated with engaging children and young people in group interventions to address undesirable behaviours; from the perspective that 'copy cat' behaviours can emerge. Power struggles can often exist that lead to the young people vying for attention within the sessions, which can in turn lead to an increase in undesirable behaviour across all group members. These concerns are also highlighted by a study carried out by Kaminer (2005) which suggests that addressing 'delinquent behaviour' as part of a group approach can in fact have a negative impact on all participants. The study goes on to suggest that these negative effects can in some way be controlled for by ensuring that there are positive role models within the group, so that there are also opportunities to observe more positive behaviours. Kaminer

therefore acknowledges that it would be naïve to generalise the study's findings to all group CBT interventions, and suggests that advantages and disadvantages need to be considered in relation to the specific intervention rather than drawing blanket conclusions relating to the efficacy of group CBT.

Research also suggests that it is important to consider the contextual features of any group interventions rather than focusing solely on the characteristics of group members and how this is likely to affect outcomes (Eccles & Gootman, 2002). There are a number of considerations relating to structure, social norms, opportunities for skill building and the integration of family and community that need to be factored into planning, that are likely to have an impact on the efficacy of the intervention.

As the current intervention will take place in the school environment, it will remain important to remember that group members exist in different social contexts and that this is likely to affect their willingness to engage in the intervention or impact upon their behaviour more generally. Eccles & Gootman's research therefore suggests that careful consideration needs to be given to the structure of any intervention, and will be used to inform current planning to ensure that the young people involved are given the best possible opportunity to change their behaviour.

3. Rationale for approach: The Current Context

Within my employing Local Authority, the process through which Educational Psychologist time is negotiated is the 'Inclusion Partnership Meeting' (IPM). This

meeting provides the context through which school priorities can be discussed and the particular needs of individual children identified. The school forming the focus of this discussion is one of two special schools in the borough that provides education for statemented children with Moderate Learning Difficulties (MLD). Historically, this school has had a tendency to request EP involvement to support those children whose needs they feel would be better met in an environment that offers specialist support for emotional and behavioural difficulties, and this perception has at times presented a barrier to effective partnership working. This is not an uncommon experience for those working in MLD provision, and as Male (1996) highlights, 'when it comes to defining special educational needs, the category of moderate learning difficulties has always been problematic' (p.35). Although Male's research was conducted over a decade ago, it provides useful insight into the type of children that attend MLD provision and suggests that pupil intake is diversifying. Male's research presents the views of fifty-four head teachers of MLD schools; which at the time of publication represented approximately 14% of all MLD provision in England. Eighty percent of the head teachers surveyed reported that up to half of their pupils had additional emotional and behavioural difficulties, and felt that there was a proportion of these pupils whose needs would be better met elsewhere. More recently, Norwich and Kelly (2004) randomly selected a sample of 100 pupils whose statements identified them as having moderate learning difficulties (50 in mainstream provision and 50 in special schools) and found that only 16% of the sample could be classified as having MLD alone. They also found that those children in specialist provision tended to have a higher level of additional need than those children educated in mainstream schools.

These research studies highlight that the educational and emotional needs of the children that attend MLD schools is likely to be diverse, and for this reason staff working in these schools are likely to encounter frustrations in trying to offer effective support to meet a range of needs. Through the IPM, the Head Teacher at the focus school identified a group of five boys in Years 8 and 9, whose emotional and behavioural needs were considered to far outweigh their learning needs. Although she appreciated that the two were interlinked, she believed that until the former had been addressed, these pupils were not ready to access the curriculum or progress in their learning. The school had requested EP support through consultation for individual pupils, but when they began to describe the boys' behaviour, it emerged that there were a number of similarities between them, and what was a common pattern of behaviour for one, was not uncommon for another. Although the boys' behaviour was described as being difficult to manage in the classroom context, it was the unstructured times during the day that posed the greatest difficulty, and staff reported that for the identified group of boys, lunchtimes were often characterized by high levels of physical and verbal aggression. Taking this into consideration and coupled with the fact that the school's intake was increasingly diversifying to include children with emotional and behavioural difficulties, I suggested that it may be beneficial to engage these boys in a program of group work that could collectively address some of the difficulties that they were described as presenting. It also emerged that this group of boys experienced difficulties in their relationships with each other, and that disagreement amongst them was often considered to be a trigger for some of the more extreme behaviours displayed. Depending on the

efficacy of this intervention, it was also suggested that such a program could also be adapted and utilized to support other children in the school and incorporated into the school's overall approach to supporting children with social, emotional and behavioural difficulties.

In the early stages of trying to 'unpick' this behaviour, discussion with school staff suggested that the identified group of boys seemed to misinterpret certain situations, and as a result their reaction often seemed inappropriate and extreme. Where some staff believed this to be indicative of high levels of anger, others thought that the difficulty stemmed from the way in which the boys perceived certain situations, and that this was the area where support should be targeted. Many of the boys had received focused anger management sessions in the past, which were deemed to be largely unsuccessful, and for this reason an alternative approach was decided upon.

In discussion with the other Trainee Educational Psychologist (TEP) who supports the school, it was decided that group work drawing on Cognitive Behavioural approaches would be used to support the young people to better understand their thoughts, feelings and behaviour and how these three areas interact. We hoped that the group would learn to make changes in their responses to difficult situations by altering the way that they perceived certain events. It was also hoped that such an approach would encourage them to take ownership of their behaviour, as staff had expressed concern that the boys always attributed blame to those around them rather than accepting responsibility for their actions.

Due to the limited resources available to support group work using CBT, and the fact that the intervention was taking place in a special school for children with Moderate Learning difficulties, we decided that a specific programme tailored to meet the needs of this group would be designed that would take into consideration specific language and communication needs. The sessions would therefore draw heavily on the principles of CBT, adapted in a way that would make the content more accessible for young people for whom 'talking' was not an area of strength. The process through which this was determined, and an outline of the session structure is detailed in the following section of this paper.

4. Methodology and Session Structure

Five males aged between 12 and 13 years were therefore identified by the school to take part in the group work, which would span over a six-week period. The six sessions would be approximately forty-five minutes in duration, and would be facilitated by the two Trainee Educational Psychologists. It was also agreed that the school's Learning Mentor would be available to support the sessions and to play an active role in both the planning and evaluation with the additional commitment that she would continue the sessions beyond the six week intervention if this was considered appropriate. To determine the efficacy of this approach and to evaluate individual outcomes for those taking part, it was agreed that semi-structured interviews would be carried out with each young person at the end of the six-week intervention to explore any changes in cognitions (Appendix 1). The data obtained through these interviews would also be triangulated through the use of observations

carried out during the sessions by the Trainee EPs and the Learning Mentor and the use of pre and post scaling activities completed by all participants (see Appendix 2). It was also hoped that information obtained from these data sources would help to inform future planning for those taking part, and identify how they can best be supported to manage their behaviour once the intervention had ceased.

4.1 Approach to planning

Although drawing heavily on the principles of cognitive-behavioural psychology, it was decided that the sessions would also adopt a 'circle time' approach, which provided the group with a clear structure that could be followed each week. Each session therefore consisted of an opening game, a core activity, a conference (reflection period) and a closing activity (Mosley, 1996). This approach was chosen as it was considered to be developmentally appropriate for those taking part, and provided the opportunity for the young people to reflect on the learning taking place in the sessions. This level of reflection was considered an essential part of the approach, as it aimed to enable the skills that were learnt within the sessions to be consolidated; therefore increasing the chance that learning would be generalized to other contexts. By including the opening and closing games, we hoped to provide the young people with the opportunity to develop their social interaction and communication skills within a safe environment, and also enable them to foster a sense of group identity. The games aimed also to help to promote positive interactions between the group members in light of concerns raised at the IPM that the boys experienced difficulties in their relationships with one another. Each session

therefore had planned content and opportunities for reflection to encourage the young people to generalize what had been covered during the session. In a traditional CBT model, this type of generalization is normally achieved through the introduction of homework activities, but for the current group of children, it was decided that 'homework' would not be easily completed and may prove too arduous a task and so for this reason it was omitted from the current model. An outline of the session structure is provided in Appendix 3 and details the activities that were completed during each session. It is important to highlight that the content of the sessions deviated from their intended format, as research suggests that there is a need to remain flexible if cognitive behavioural approaches are to be effective (Grazebrook & Garland, 2005). This enabled issues brought to the sessions by the young people to be used rather than relying solely on pre-planned session content. This proved an effective strategy as it provided real life examples that all group members were able to relate to rather than using abstract examples that the group found more difficult to understand. It also allowed them to test out their beliefs relating to different 'every day' problematic situations rather than giving hypothetical examples for them to consider.

Throughout the sessions, the language was kept simple and all activities were made more accessible though the use of visual prompts and practical tasks. Although informed consent was obtained prior to the start of the sessions, group members were regularly reminded that their attendance was entirely voluntary, as were any contributions that they made to the sessions. Informed consent was also sought from the boys' parents and they were given the opportunity to contact the Educational

Psychology Team with any questions that they may have had. It was considered important to engage parents not only from an informed consent perspective, but also due to an increasing body of research that suggests that CBT is most likely to be effective when there is some level of community and parental involvement (Ginsburg & Schlossberg, 2002; Wood, 2006; Sofronoff et al. 2007). The rationale behind this stems from the reinforcement that this level of involvement can offer, especially from a parental perspective whereby learning that occurred within the sessions can be reinforced within the home environment. As only 6 sessions of EP time was allocated to this intervention, it was not possible to involve parents to the extent that the literature advises. However, if time were not a constraint, it would have been beneficial to provide parents with some form of structured weekly feedback to support consistency in response between home and school. For the parents of the current intervention, this would need to be supported and delivered in a way that took into consideration their own literacy levels, and would therefore best be achieved through face-to-face contact rather than relying on written means of communication.

5. Evaluating the outcomes

As highlighted earlier in this paper, the main form of evaluative data used to determine the impact of the group intervention was the pre and post scaling activities completed by all group members (see Appendix 2). This approach to evaluation would help to determine if the intervention had a positive impact on the group members' cognitions and behaviour, and would also explore the extent to which group members felt that there had been an improvement in their social relationships

and problem-solving skills. The information obtained from the pre and post scaling activities was also triangulated through the use of the qualitative data drawn from the weekly TEP observations (whereby the behaviour and interactions within the group were monitored) and the answers group members provided as part of the semi-structured interviews conducted in the final week of the intervention (see Appendix 1 for proforma).

There were initial concerns about the level of attendance that the group would experience as a number of group members were reported to have difficult home circumstance which meant that their attendance at school was often sporadic (four group members had attendance under 70%). However, all sessions were well attended with all group members attending for the duration of the intervention unless they were absent from school through illness or exclusion.

5.1 Qualitative Observations

The qualitative observations made throughout the sessions provided invaluable insight into the group dynamics, and the extent to which the young people appeared to be engaging with the intervention. The observations also enabled the Trainee EPs quickly to adapt the session structure if group members appeared to be finding it difficult to access the content. It became apparent early on in the sessions, that due to their learning and language difficulties, some group members could not always make the link between the activities that they were asked to participate in during the group sessions, and their behaviour outside of this setting. Links therefore had to be

made more explicit and where possible linked to tangible experiences so that group members did not need to make abstract associations. The young people also seemed to value having more time to talk about real life situations from a confidence perspective, and their level of contribution to the group noticeably increased when they had greater opportunity to reflect on their own experiences. This increase in confidence could also be observed through the group's level of interaction with one another. At the start of the intervention there was a noticeable division between group members, with some of the boys refusing to sit next to certain members. As the sessions progressed, the young people began to interact more as a group and began to discuss issues amongst themselves rather than directing their responses towards the group facilitators. The boys gained confidence to be able to challenge what other group members were saying, and this in turn enabled them to discuss some of the issues that often presented a barrier to their friendship outside of the group context.

5.2 Pre and Post Intervention Scaling

Four out of the five young people involved in the group intervention completed the pre and post scaling activity. One young person was absent during the first and last session of the intervention, and so was unable to complete it for this reason. This activity asked the young people to rate, on a scale of 1 to 10, their response to a number of pre-prepared statements that explored their feelings relating to school, friendships, anger and confidence to tell others how they feel. The results of the scaling activity for each group member are presented in Table 2. It is important to

highlight that when completing the post- intervention scaling activity, group members did not have access to their pre- intervention ratings, as it was felt that this would influence their rating.

Table 2: Group member perceptions of themselves and their behaviour pre and post intervention

1 = I really do not / I never
10 = I really do / I always

Young person	Enjoy being at school		Have lots of friends		Feel Angry		Find it easy to tell people how I feel	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
A	3	4	3	6	6	7	4	6
B	5	6	10	10	10	7	6	3
C	8	7	9	10	10	9	7	8
D	2	2	8	9	7	5	5	8

Information obtained from the pre and post test measures suggests that there was little change in the young people's enjoyment of school as a result of taking part in the group intervention. Two out of the four boys rated their enjoyment as one point higher than it had been previously, one response remained the same, and the final respondent rated his response as one point lower than he had in the pre-intervention measures, suggesting that he was enjoying school slightly less. These results are not surprising, as the current intervention was very short term, and was therefore unlikely to have an immediate impact on the young people's enjoyment of school. These results were not considered to be indicative of the intervention's success, as increased enjoyment of school was not the primary outcome measure, although in a

longer term intervention it would be hoped that a change in perceptions and behaviour would eventually lead to increased enjoyment of school.

Three out of four respondents reported that they had more friends following the intervention, and the fourth respondent's rating stayed the same, having given it the maximum rating both pre and post intervention. This result was to be expected, and even if the reality was that their friendships and number of friends stayed the same, it is the change in perception that is important. It should also be considered that many of the group members felt that they had increased their friendship group, having resolved some of the longstanding issues that existed between them as a group; which had in the past presented a barrier to their friendship.

Prior to the group intervention two out of the four young people rated their response to the statement 'I feel angry' as a '10' indicating that this was a significant area of difficulty for them. Post intervention measures suggest that 3 out of the 4 young people felt less angry following the intervention, with the remaining young person indicating that his feelings of anger had increased. It is important to highlight that these scores could simply reflect how the young people were feeling at that particular time, rather than being indicative of an overall decrease in anger levels. It would therefore have been beneficial to have repeated this measure at various post-intervention intervals to determine any long term effects. However, when discussing their responses, many of the young people attributed this decrease in anger to their increased understanding about 'alternative perspectives'. They felt that the work that they had done within the group setting had encouraged them to consider the

alternative ways of reacting when presented with a stressful situation and that this in turn had helped them to feel less angry. Throughout the sessions, activities were planned to encourage the young people to perceive stressful situations more accurately, and to ensure that they focus their attention on securing more positive outcomes rather than focusing on the negative, which in turn is likely to have affected their feelings of anger and frustration. As highlighted previously, the responses given could be indicative of a feeling at that particular time, rather than giving insight into the efficacy of the intervention. The majority of young people came from what could be described as complex home backgrounds, and shared with the group that they regularly witnessed high levels of aggression within their home. By asking the young people to comment on the extent to which they feel angry, without allowing time to explore their response, the evaluation fails to take into account the extent to which any changes are attributable to factors outside of the intervention (Stallard, 2002; Dummett, 2006). Stallard (2002) cautions that 'to view the child in isolation without considering protective or risk factors provided by important influences is inappropriate' (p. 300) and contextual factors should therefore be taken into consideration.

When asked to rate the extent to which they found it easy to talk to people about how they feel, again three out of the four respondents produced responses that suggested some level of improvement, although this still seemed to remain an area of significant difficulty for the young people taking part. There was a noticeable improvement in the young people's ability to express their emotions within the sessions which would appear to support their self-reported increase, but again it is difficult to say with any

confidence how much of this increase could be accounted for by the intervention alone. It could also be the case that the increase in discussion relating to feelings and emotions observed within the group sessions could be explained to some extent through the group's increased confidence in interacting with one another rather than signifying a greater awareness of their emotions.

5.3 Semi – Structured Interview

The final layer of evaluation involved the semi-structured interview carried out during the final session which ascertained group members' level of enjoyment and learning as a result of taking part in the intervention. Results indicated that the young people enjoyed the sessions, with two of the young people rating their enjoyment as '10' (where 1 indicates 'I have not enjoyed the sessions' and 10 indicates 'I have really enjoyed the sessions') and the remaining two recording their ratings as '6'. Interestingly, the group members who recorded these lower ratings were the two young people in the group who most noticeably appeared to not to get on with one another during the sessions. Although the relationship between them appeared to improve as the sessions progressed, this is likely to have affected their enjoyment and raises questions relating to group dynamics, and the criteria used to select young people to take part in an intervention of this nature.

The semi-structured interview also allowed the group facilitators to explore the level of learning that the young people felt they had experienced. The lowest rating given was '5' (where 1 indicates 'I have not learn anything in the sessions' and 10 indicates

'I have learnt a lot from the sessions'), with the remaining young people rating their level of learning as '7', '8' and '10' respectively. It is interesting to note that the young person who reported that he had learnt the least was also the group member who had enjoyed the sessions the most. This could suggest that he had not effectively made the link between how the content covered within the sessions was a form of learning that could be applied outside of the group context.

The qualitative statements presented in Table 3 suggest that all young people valued being part of a group intervention, and that many of the lessons that they had learnt stemmed directly from their experience of being a member of a group. If the primary aim of CBT is to identify and change a person's maladaptive core beliefs through a therapeutic approach (Grazebrook & Garland, 2005), then the gains achieved from interacting as part of a group would be considered secondary. The implication of this relates to the extent to which any changes in cognition in the current intervention can be directly attributable to approaches borne from CBT or whether they are better accounted for by other factors (such as the opportunity to be part of a group, opportunities for joint problem solving etc).

Table 3: *What I enjoyed and what I will do differently (results from post intervention interviews)*

What I have enjoyed:	What I will do differently
Playing games Talking to adults Talking about our families Talking to other boys in the group Meeting people that we normally argue with Making the bridge and working as part of a team The other people in the group listening to me	Change how we speak to people (try to stop swearing) Listen to people when they are talking Try to talk to people who are bullying me Ignore people who are bullying me Talk to someone if I have a problem (e.g. learning mentor) Stop bullying people Play with people

5.4 Evaluating the approach

Despite an initial commitment to attend all sessions, the school's Learning Mentor only attended 2 out of the 6 sessions due to timetabling issues, and differing school priorities. The Learning Mentor was present at the start of four of the sessions, but was called away for two to deal with various situations that had arisen within the school which she was required to attend to. This has implications at a strategic level, suggesting that it would have been beneficial for the Trainee EPs to have secured commitment from the school's head teacher that the Learning Mentor would be available to attend all sessions. In relation to long term outcomes and embedding the practice that occurred within the sessions into the wider context, the absence of the learning mentor is likely to have a significant effect and is therefore worthy of further consideration. CBT is not a short term process, and it is important that children and young people receive long term support to help them to continue to understand the

interaction between their thoughts, feelings and behaviour and how to put this understanding into practice on a daily basis. Although the Learning Mentor was debriefed regarding the session content and structure at the end of the intervention, we felt that she may encounter difficulties in supporting the young people post-intervention as she had not been privy to all discussions that had taken place, or the case examples that the young people had shared.

The absence of the Learning Mentor also raised questions about the nature of the 'therapeutic relationship' within this particular CBT intervention. The quality of the relationship between 'client' and 'facilitator' has been identified as a crucial factor in the change process across a range of different therapies, although how this is achieved is less well documented within the CBT literature (Josefowitz & Myran, 2005). Within the literature there is evidence to suggest that it can be beneficial for children to be familiar with the person who is gaining their views (Cohen et al, 2000) both in terms of the truthfulness of their response and their level of confidence in opening up about what could potentially be very sensitive subject matter. Taking this into consideration, it could be argued that the responses that the group members offered were not as open or as truthful as they would have been had the Learning Mentor been present. The young people were only introduced to the Trainee EPs during the first group session, and so it should be considered that they might not have felt comfortable enough to talk about their thoughts and feelings at this stage. However, qualitative observations throughout the sessions suggested that group members were arguably more responsive and open in the learning mentor's absence. Although the learning mentor reported that she had a positive relationship

with the boys, her presence might have led them to feel that they could not provide an accurate account of their behaviour for fear of getting into trouble. It is also important to highlight that the Learning Mentor works closely with some of the families within the school and as a result her attendance may also have led the boys to believe that the information that they shared within the sessions would be shared with their families (despite a heavy onus placed on confidentiality throughout the sessions).

One of the core principles of CBT alluded to in this paper is the idea that the 'client' is the expert on themselves (Grazebrook & Garland, 2005), and should therefore be treated as such. It should therefore follow that working with the child in the absence of someone who knows them, enables them to assume this role. This meant that everything that the young people shared within the group was considered to be an accurate account, and responses were only questioned when clarification was required. These assumptions have implications for the way in which future interventions of this nature are supported from a staffing perspective. Research that has reported the use of CBT in a group environment does not make explicit how many facilitators should be present as the nature and size of the groups are likely to vary. Within the literature, group interventions of this nature appear to take place more commonly within clinical contexts and so this makes generalizing the approach to educational settings more problematic. The current paper would suggest that when carrying out group CBT interventions within the school context, an external facilitator should always be made available to lead the sessions for reasons outlined earlier in this paper. However, due to issues relating to EP time allocation to schools

and the importance of building capacity within schools, there are some advantages in a member of school staff attending the sessions. If this is felt to be the case, it will then remain important that any staff member involved in this type of intervention is aware of the importance of the young person being treated as the 'expert' in any discussions relating to themselves and that any accounts of their behaviour that they provide are treated as factual.

As highlighted previously, the literature does not make explicit information relating to maximum or minimum group size, making it difficult to determine whether the current intervention would have been more effective with a different number of young people present. Due to the conditions in which the current intervention arose, the group size was predetermined and the intervention therefore designed to meet the needs of the individuals concerned. This size proved effective as all young people knew one another and therefore, in time, felt confident to express their views and consider the issues presented to them. When group members were absent, there was a noticeable change in the group dynamic, so it is likely that outcomes would have been different had the original group size and/or composition been different. Consideration relating to ideal group size and dynamic is therefore an issue that warrants consideration for any future research endeavours of this nature.

The application of cognitive behavioural psychology to address behavioural issues within schools varies from the more traditional approaches to behaviour management reported in the literature (Squires, 2001). This can be explained in part through the level of access that schools have to practitioners skilled in delivering cognitive

behavioural approaches, as CBT (and other therapies deriving from this approach) often take part in non-educational settings. As highlighted earlier, Toland & Boyle (2008) suggest that there is a valuable role for school psychologists to play in applying cognitive behavioural approaches within a school context. The current paper would support this suggestion, as despite the small-scale nature of the group intervention, it suggests that there is a role for Educational Psychologists to play that would not easily be achieved by other practitioners working in the school.

Many of the limitations relating to the evaluative methods that were used to determine the interventions efficacy have been alluded to throughout this paper but warrant further consideration and are therefore presented in Table 4. They outline the need for a more robust evaluation, which takes into consideration the views of others when determining whether there has been a genuine change in the young people's behaviour. However, as the intervention was short term, it is arguably the young people's perceptions that are important at this stage, and any observable changes in behaviour are not likely to be witnessed so early on. This highlights the importance of strategies and support being put into place to help the young people maintain any changes in their thinking and cognition experienced during the intervention and was the central tenet of advice given to the school following the interventions withdrawal.

Table 4: *Limitations of the study's evaluative methods:*

Limitation	Implication
Further assessment was not carried out to determine the long term effects of the intervention	The methods used to evaluate the impact of the group intervention only accounted for changes in cognition at the end of the final session. It would have been beneficial to have gained some measure of longer term change, by repeating the post test measure at another pre-determined point (e.g. 2 weeks post intervention). This could account for what level of group members' self-reported change could be explained through other factors (e.g. the attention received as a result of being part of a group could have influenced the ratings they gave immediately after taking part in the intervention)
Evaluative methods failed to control for the impact of factors outside of the intervention (e.g. family factors)	The majority of young people taking part in the intervention came from extremely complex family backgrounds which often influenced their mood and behaviour whilst in school. Any changes that were felt to have occurred as a result of the intervention, could therefore be better accounted for by a change in circumstance outside of this environment. By involving parents to a greater extent, the study could control for the influence of some external factors.
Data obtained was not triangulated through the views of parents or school staff	It would have been advantageous to have consulted with the young people's teachers and parents to determine whether they too have observed any changes in their behaviour. Although self-reported changes in cognition were important, in keeping with the overall aims of the intervention, it would have been beneficial to have some record of teacher/parent perceptions.
Pre and post scaling activities are reliant on the respondents 'perception' of change	It would have been useful to have introduced a form of evaluation that could measure 'actual' change (rather than self-reported perceptions) that could be considered alongside the data obtained from the pre and post scaling activities. This could take the form of a behavioural incident log completed for the duration of the intervention.
Due to the nature of the population, all forms of evaluation were supported by the Trainee EPs to ensure that the young people understood what they were commenting on.	This arguably opens up issues relating to 'demand characteristics' whereby the young people may produce the responses that they felt the group facilitators would want to hear rather than a response that accurately reflects their perceptions. This is likely to have affected their level of honesty.

| Qualitative observations were carried out by the Trainee EPs who were also facilitating the sessions | This also raises questions relating to the extent to which the young people understood what they were asked to comment upon, and where possible, measures should have been adapted to enable the young people to access them independently.

It would have therefore been beneficial for the evaluation to have been carried out by an adult who was not present during the sessions |
|---|---|

5.5 Implications: Informing future planning

Despite the limitations outlined above, the outcome of this intervention has several implications for future provision and support for the young people who took part, which are summarised in Table 5. Four areas of need emerged as a result of their participation in the group intervention, which provided a more in-depth insight into the initial concerns highlighted by the head teacher (regarding the young peoples' behaviour) at the inclusion partnership meeting.

Table 5*: Areas of need and future provision*

Area of need:	Future provision:
Problem Solving: All group members found it difficult to work through any problems they encountered and do not always have the level of language required to articulate their point, and so were more likely to resort to physical aggression.	All group members would benefit from regular and structured opportunities to problem solve within a controlled environment. It is likely that this will need to be highly supported in the first instance, and alternative solutions provided for the young people to consider. The young person should always be treated as the 'expert' This support could utilize a circle time approach as this will be a format that the young people are familiar with, and will allow them time to relax and interact with other group members before sharing

	their concerns. It will remain essential that these sessions are flexible, and allow the young people to talk about the 'here and now', and situations that are relevant to them at the time.
Recognising emotions: The young people in the group found it difficult to recognize emotions in themselves and others which meant that they often misread situations and therefore reacted inappropriately.	Young people may benefit from further work to explore their emotions, and how to recognize particular emotions (e.g. the physiological signs etc) Support should also be directed at helping them to expand their 'feelings vocabulary', as many of the young people spoke only of anger, happiness and sadness.
Recognising the link between our thoughts, feelings and behaviour: This was an area of significant difficulty for all group members and the focus of the current intervention. Despite some improvement in this area; for this understanding to become embedded, a more long term approach will need to be adopted.	All young people will benefit from structured opportunities to develop their understanding and awareness of the three interactive factors of: thoughts, feelings and behaviour This will need to adopt a highly visual approach to account for any language difficulties It would be useful for explicit links to be made to real life contexts during any such activities
Processing an event after its occurrence: Following any incidents when the young people were spoken to about their behaviour, they still found it difficult to understand why they were getting into trouble for what they felt to be an appropriate response (e.g. hitting someone as they purposefully kicked their football)	Although the focus of support should be on preventative measures. Where necessary, young people will benefit from the opportunity to debrief with an adult using a CBT model. This should be used to support the young people to reflect on difficult situations or unwanted behaviour This should allow them to consider what they were thinking and feeling at a particular time and how this impacted upon their behaviour.

As highlighted in section 3 of this paper, many of the young people taking part in the intervention had received individualized programs of support in the past that focused on controlling their aggression (anger management etc). This approach was not considered to be effective, as the young people found it difficult to put into practice

the strategies that they had learnt to control their anger. It was also felt that it was the young people's perception of events that needed support, rather than their reaction per se. Despite this, there was still a tendency within school to work with individuals rather than with groups when looking at problem behaviour, despite the low success rate that such interventions had experienced. The supportive strategies outlined in Table 5, therefore place significant emphasis on the continuation of group work as a means of helping the young people to continue to address unwanted behaviour. The opportunity to work as part of a group was also an aspect of the intervention that the young people reported to value in their evaluations, and so should also be maintained where possible for this reason.

6. Conclusion

This paper took as its starting point, concerns raised by the head teacher of a special school about the behaviour of five Key Stage 3 individuals. The expression of these concerns was felt to be a manifestation of a wider concern within the school relating to the diversifying MLD population, and a difficulty in meeting the behavioural needs of some of their more challenging pupils. In consultation with school staff, it emerged that these five individuals found aspects of social interaction difficult, and as a result there were difficult relationships between them which was often the cause of further difficulties. In collaboration with the other Trainee EP, we therefore decided that it would be beneficial to engage these individuals as part of a group intervention whereby some of these social difficulties could be addressed. The intervention was informed theoretically by cognitive behavioural approaches, as it was hypothesised

that the young people's thoughts and feelings relating to particular events were contributing to their inappropriate behaviour. It was also hoped that such an approach could be adapted to inform future practice when working with these young people, but also when supporting the behavioural needs of the pupils within the wider school population.

The outcomes of this study suggest that group interventions based on cognitive behavioural methods can lead to positive outcomes as rated by the young people taking part in the intervention. Although the evaluation methods employed did not take into consideration *actual* changes in behaviour, it is proposed that the changes perceived by the young people are a positive first step upon which to build. It could also be argued that for the purpose of the current intervention, there were distinct advantages to applying the principles of cognitive behavioural psychology within a group context rather than on an individual basis. The presence of other group members allowed for the rehearsal of social interaction skills as well as firsthand experience of joint problem solving which appeared to strengthen pupils' ability to consider the ways in which their thoughts and feelings affected their behaviour. These results are consistent with those found by Squires (2001) who used cognitive behavioural psychology as a basis for small group work in schools to help improve pupils' self-management of behaviour, and with other research that has reported the efficacy of a group approach to CBT in non-educational settings (e.g. Harrington et al. 1998; Castellanos, 1999; King et al, 1999; Lindsay, 1999). From a budgetary perspective, utilising Educational Psychologist time for preventative group work of this nature should be considered highly cost effective and potentially allows for more

young people to receive psychological input than would normally be possible within a time allocation model.

The study also furthers ones knowledge regarding the application of cognitive behavioural principles to address the behavioural needs of children and young people with learning difficulties. Due to an absence of research in this area, it was not known whether an approach that is highly reliant on 'talking' and insight would be supportive or accessible for children with language and learning difficulties. There is no doubting that group members found the concrete thinking element required in CBT difficult (e.g. being able to identify dysfunctional thoughts and cognitive restructuring), therefore making some of the session content inaccessible. However, on the basis of the current group intervention, it would be suggested that with a high level of visual support, and explicit links made to real life situations, this approach can be adapted to help bring about a positive change in behaviour for this group of children. As the term 'learning difficulty' encompasses a wide range of learning needs and the intervention reported in this paper was of a small scale, it is not possible to generalize the findings to other young people and contexts. However, it provides a basis from which further interventions can be developed, and gives some insight into the way that cognitive behavioural principles can be adapted to support children and young people with additional learning needs.

On reflection, future research endeavours of this nature would benefit from more rigorous evaluation that would establish any long term effects of the intervention and that could control for the influence of factors outside of the school setting. A clear

commitment should also be sought from the educational setting to ensure that interventions are appropriately staffed, and that there is a willingness to take on board any outcomes from the sessions when planning how best to support the children and young people in the future.

Although its origins are firmly grounded in distinct psychological theory, CBT as a therapeutic approach encapsulates a wide range of techniques, meaning that it is sometimes difficult to identify the core and shared elements that make this approach distinct from any other (Graham, 1998). Although the current intervention used many of the techniques that are congruent with this approach, its reliance on others (such as a circle time approach) means that it is perhaps better described as a cognitive behavioural intervention, rather than being classified as CBT in its purest sense. This opens up a wider discussion relating to the level of training that practitioners are required to undertake to deliver interventions that can confidently be classified as CBT, and whether there are ethical dilemmas to be considered when referring to such approaches as 'therapeutic' (Department of Health, 2001). From an Educational Psychology perspective, initial professional training incorporates a level of CBT based work, but the extent to which this enables EPs to be confident and skilled in delivering CBT is questionable. EPs are therefore increasingly seeking CBT training as part of their continued professional development, and the current research would suggest that this is a valuable role for EPs to be pursuing, to enable them to confidently apply such skills within a variety of educational settings.

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CHAPTER 5

PROFESSIONAL PRACTICE REPORT 4

INCREASING STAFF CONFIDENCE TO ADDRESS THE EMOTIONAL AND BEHAVIOURAL NEEDS OF PRIMARY SCHOOL AGED CHILDREN: STAFF CONSULTATION GROUPS

INCREASING STAFF CONFIDENCE TO ADDRESS THE EMOTIONAL AND BEHAVIOURAL NEEDS OF PRIMARY SCHOOL AGED CHILDREN: STAFF CONSULTATION GROUPS

Abstract

This paper critically appraises an approach to supporting children with behavioural and emotional needs that places teaching staff at the centre of the problem-solving process. It represents an approach to Educational Psychologist (EP) practice that distances itself from an 'expert' model of service delivery and aims to work more collaboratively with those staff working directly with the children and young people with whom they have raised concern. There is a well established psychological history to group consultation in the mental health field which has provided valuable insight into how such approaches can be applied in an educational context. The current paper therefore critiques the application of a group consultation model to develop joint problem solving and effective reflection in a group of five Special Educational Needs Coordinators (SENCos) in a regional cluster. Consultation meetings took place once a month over a six-month period and were facilitated by a Trainee Educational Psychologist (TEP), utilising a 'single case' approach developed by Hanko (1990, 1999). Evaluations suggest an increase in staff confidence as a result of participating in the groups, and four out of five SENCos also felt confident to facilitate groups in their own schools.

Increasing staff confidence to address the emotional and behavioural needs of primary school aged children: staff consultation groups

1. Introduction

'Professionals like teachers, psychologists, counsellors, inspectors, social workers, community workers and the like, who might once have had time to consult one another on far reaching new ideas and accommodate the new order, can now feel constrained into the strictly prescribed aspects of their role' (Huffington, 1996: 103)

The above quotation represents a commonly held perception, that the role of the teacher is becoming increasingly more prescriptive, therefore minimising opportunities to think and work creatively. The reasons behind this alleged loss of autonomy are well documented and are thought to stem from both 'initiative overload' and 'excessive imposed government change on schools' (Newton & Tarrant, 1992). As a result, teachers can often feel frustrated and confined by their role, and feel that they have little time to meet the needs of some of the more vulnerable children and young people within their care (Woods & Collins, 1985). Staff difficulties in meeting the emotional and behavioural needs of the children in their class can therefore lead to feelings of stress and professional incompetence and can result in an over-dependency on available external support services to meet the needs of this group of children (Newton & Tarrant, 1992). Many would argue that relying on 'brought-in services' (Hanko, 2002) to address these needs potentially undermines the skills and knowledge that teachers already possess. As Hanko (1989) aptly highlights:

'Teachers, themselves unsupported, are often left to feel useless or obliged to resort to counter-productive 'coping' strategies of control. They are exposed to a vicious spiral of unmet needs, failure to learn, increasingly unacceptable

behaviour, and a negative network of referral systems, which reinforces the view that such difficulties are beyond the teachers' competence and that exemption from the National Curriculum is an acceptable solution.' (Hanko, 1989: 140)

It is therefore felt that what is needed is a means through which teachers' confidence in their own competence can be increased (Mittler, 2000) which can 'offer them some ways of thinking and managing themselves that enable them to function more effectively and with less distress' (Obholzer & Roberts, 1994: 8). To help to achieve this, teachers have access to one powerful tool at their disposal; the knowledge and expertise of their professional teaching colleagues. Research suggests that the opportunity to draw on the expertise of others, the allowance of time to reflect jointly on a problem and the opportunity to obtain new perspectives all enable teachers to feel supported and to begin to plan alternative approaches (Stringer et al. 1992).

The importance of teacher 'peer support' was outlined in the Elton Report (DES, 1989) which suggested that teachers did not always know how to apply their professional expertise to help the children that would most likely benefit from it (Hanko, 1989). The report concluded that the impact of disruptive behaviour in class could be significantly reduced if teachers were supported to become more effective classroom managers. Recognising that training in management skills alone is not likely to lead to the desired outcome (Mongon & Hart, 1989), the report stresses the importance of implementing within-school support systems that significantly increase a teacher's ability to find their own solutions to the problems they encounter in managing the needs of vulnerable pupils. In response to the Elton Committee's publication, Hanko (1989) suggested that any such system needs to augment teachers' ability to problem solve, and should therefore adopt a 'between-teacher

problem-solving consultative framework'. This framework should aim to 'sharpen recognition and deepen understanding of their most difficult-to-teach pupils and enhance teachers' abilities to meet them' (Hanko, 1989: 142). Hanko's work therefore paved the way for the use of 'group consultation' in schools and tends to form the backbone to any work with groups of staff; especially those utilising consultative approaches (Newton, 1995). Before exploring this further, it is important to spend some time clarifying our understanding of the term 'consultation' as this knowledge is likely to be central to understanding of how group consultation can be used to support teachers to become more effective problem solvers.

1.1 What do we mean by 'consultation'?

Consultation is a term that is used to describe both a process (Schein, 1988; Huffington, 1996; Guishard, 2000) and a form of professional practice (Dowd & Thorne, 2007; Leadbetter, 2006; Bozic & Carter, 2002) and can therefore be considered to have a 'multiplicity of meanings' (Leadbetter, 2006). Just as there are many interpretations and conceptualisations of the term, there are also a variety of contexts in which consultation is said to occur, meaning that practitioners often adapt models of consultation so that they fit the environment in which they are working. Some would argue that this lack of consistency represents the idea that our understanding of consultation has become diluted over the years, therefore resulting in an oversimplification and at times inappropriate use of the term (Guishard, 2000). However, others would take this as evidence in support of the adaptable nature of this approach / process, emphasising why consultation is an activity favoured by so

many professionals (Gutkin & Curtis, 1999). In line with this, Stringer et al (1992) believe that any differences in consultative approach or understanding of the term should be considered positive, as this presents opportunities to learn and develop rather than presenting as a barrier to our understanding. Table 1 therefore considers some of the varying definitions of consultation outlined in the literature in an attempt to identify commonalities which will then further our understanding of what the main features of this approach are.

Table 1: Definitions of consultation

Author	Definition
Conoley & Conoley (1990)	Consultation refers to a 'problem-solving relationship' that takes place between professionals from different fields/disciplines which contains elements of advice-giving. The primary aim is to enhance the problem-solving skills of the individual involved in terms of their ability to effectively tackle work-related issues.
Huffington (1996)	Consultation refers to a process in which a 'person' is invited to support a client to problem-solve a work-related issue. The main focus is on the 'process' through which this problem-solving occurs, and this is why consultation should not be confused with supervision, counselling or teaching etc. The responsibility for the consultation *process* lies with the 'consultant', whereas the responsibility to find a solution to the problem lies with the 'client'.
Wagner (2000)	'Consultation is a voluntary, collaborative, non-supervisory approach, established to aid the functioning of a system and its inter-related systems' (p.111) Consultation within the EPS context 'aims to bring about difference at the level of the individual child, the group/class of the organization/whole school level. It involves a process in which concerns are raised, and a collaborative and recursive process is initiated that combines joint exploration, assessment, intervention and review'. (p.111)
Meyers et al. (1979)	Consultation refers to a technique that has the following six characteristics: It is a helping, problem-solving process It occurs between a professional help-giver and a help-seeker It is a voluntary relationship

	The help-giver and help-seeker share the responsibility of solving the problem
	The main aim is to solve a work-related problem belonging to the help-seeker
	The help-seeker benefits from the process in the long term as it enables them to solve future problems more effectively
Brown et al (1979)	Consultation is a process based upon an equal relationship between the consultant and consultee. This relationship should facilitate effective problem solving, open communication, the pooling of personal resources and shared responsibility for the implementation and evaluation of the new strategy that has been initiated.
Medway (1979)	Medway's definition originated in the mental health field, but is still regarded as succinct and accurate and applicable to all consultative practice (Gutkin & Curtis, 1999). 'Consultation is a process of collaborative problem-solving between a mental health specialist (the consultant) and one or more persons (the consultees) who are responsible for providing some form of psychological assistance to another (the client)' (Medway, 1979: 276)

The definitions presented in Table 1, therefore suggest that there is some degree of commonality between each of the definitions despite the fact that they may have derived from different professional disciplines (e.g. social work, mental health, Educational Psychology) during different decades. Conoley & Conoley's (1990) definition can be said to vary slightly from the remaining definitions in that they identify that the relationship between consultant and consultee will contain elements of 'advice-giving'. Some may argue that by placing the onus on the consultant to offer advice and guidance, the relationship between consultant and consultee becomes less collaborative, and you run the risk of a power imbalance forming. This is not to say that this is a less desirable form of consultation, just that it differs in terms of what the role of the consultant is considered to be (see figure 1).

Figure 1: Continuum of consultation styles (Schmidt & Johnston, 1970)

Non-directive	← →	Directive

Use of Client's Experience and knowledge ← → Use of Consultant's specialized

Refuses to become involved	Listens	Reflects	Clarifies	Interprets	Probes	Gathers data	Diagnoses	Adds new data	Identifies options	Proposes Criteria	Recommends	Plans	Implementation

Figure 1 highlights the continuum of consultation styles, and suggests that consultation can range from being 'non-directive' in which the client is placed at the centre of the consultation process, to 'directive' where the process is very much consultant-centred, and more akin to an expert model of service delivery. It also identifies the types of consultant behaviour that are likely to be observed as part of the different consultation styles, which could provide a useful tool for those wishing to determine or adapt their consultation style. Although relatively simplistic, Schmidt and Johnston's model provides a useful visual representation of consultation styles that highlights the consultant's role, and their likely perceptions regarding the role of the client within the consultation process.

Brunning et al. (1990) identify three different models of consultation that are identifiable in the literature: 'the purchase model', 'the doctor-patient model' and 'the process consultancy model'. The purchase model can be said to describe an inequitable consultative relationship, whereby the client buys expert services or information from the consultant, and is likely to be seeking specific advice regarding a work-related problem. The doctor-patient model can also be said to describe a

consultation style that is characterised by a power imbalance as although the client is aware of the 'symptoms' of a particular problem (e.g. low staff morale), they look for direct guidance (from the consultant) regarding how to 'fix' it and arrive at a solution. The definitions presented in Table 1, therefore appear to have the greatest level of similarity with the 'process consultancy model' developed by Schein (1988). This model of 'process consultation' highlights the links between environmental factors, and how these factors influence working practices. It places emphasis on the relationship between the consultant and consultee and the changes that take place for the latter as a result of being part of this consultative relationship. The ultimate goal of this model is to enable the consultee to manage similar problems that may arise in the future, with increased skill and sensitivity, therefore enabling them to become less reliant on the support of outside agencies. Taking both this model, and the individual differences in definition outlined above into consideration, the current paper would suggest that writers tend to agree that the main features of consultation can be identified as follows:

- It is a joint problem-solving process;
- there is a collaborative relationship between the consultant and consultee;
- the relationship between consultant and consultee is voluntary (although this was not specified directly in all individual definitions);
- the focus is on solving a work-related problem or issue;
- it involves indirect service delivery where the emphasis is placed on the process/relationship between the consultant and consultee rather than on the client (e.g. the school pupil);

- the process should increase the consultee's confidence and ability to tackle similar problems (independently) in the future

'Consultation' as referred to thus far, implies a relationship between just two individuals: a consultant and a consultee. This interpretation is supported by models of consultation which often refer to only a two-way dialogue, without making explicit how such models and principles can also be applied to support group problem-solving. However, models of consultation also exist that can be applied within a group context to support problem-solving between a consultant and more than one individual from the same professional group.

2. Psychological approaches to group work

There is a long and well-established psychological history to group work in the mental health field, much of which derives from the work of Caplan (1970). Caplan's research suggests that consultation when facilitated in a group format is a powerful tool to support individuals to share expertise and to help 'restore objectivity to problems' (Bozic & Carter, 2002: 190) and should therefore be considered as an approach to supervision and problem-solving. Caplan's work promotes the belief that being part of a group can lead to significant changes in individual behaviour, as not only do you learn from the experiences of other group members, but you are also given the opportunity to discuss problems in a safe and supportive environment that is less personally threatening (Newton, 1995).

Models of group consultation have therefore long been used to support professionals in the mental health field, and their application is also well documented within the literature exploring the efficacy of support groups for social workers (Newton, 1995). The idea of support groups for professionals working in education is not a new phenomenon, and within the literature examples can be found of specific groups implemented to support groups of head teachers (Gupta, 1985), special needs teachers (Hanko, 1989; 1990), mainstream teachers (Stringer et al, 1992) and Educational Psychologists (Maggs, 1987). However, such groups tend to vary in terms of their overall purpose, their theoretical origins and the models they employ to facilitate such support, and as such, not all could be described as consultation groups if using the definition outlined in the preceding section of this paper.

Group consultation models as used to support professional working can either adopt a 'single case presentation approach' or a more generalised 'topic' approach depending on the nature of the concerns and issues that are raised. In the literature examining support groups within the teaching profession, the case presentation approach appears to be the model of choice, as teachers often want to discuss particular issues relating to specific problems rather than engage in more generic discussions regarding behaviour management or other wider issues (Hanko, 1989). Before exploring some of these examples in more detail, it is important to highlight a model of group consultation, which is representative of one of few studies cited in the literature that shies away from a case orientation approach. Cohen & Osterweil's (1986) paper presents an account of how consultation groups were developed in the 1970's and early 1980's and goes on to explore how models of consultation tend to

vary from one another and what the espoused benefits of the different approaches are. Taking this into consideration, they set out to develop their own model of consultation, which would help teachers to explore particular issues that were arising within their day-to-day work rather than focusing on individual cases. They concluded that by placing emphasis on issues that were likely to be problematic for a number of staff, you reduce the potential feelings of anxiety and defensiveness that can emerge when the problem belongs to just one group member. By initially focusing on wider issues, Cohen & Osterweil argue that it is often possible to narrow the focus down through the group consultation process to begin to look at specific themes, which can then be used to help group members explore and gain a better understanding of individual children in their classes. They argue that using a model of this nature which allows for the problem to first be explored and then refined, means that group members are less likely to feel threatened, and therefore enjoy the process more, and ultimately find it to be more beneficial. With this in mind, this research also highlighted the importance of the external consultant, and their role in both helping to identify suitable topics for discussion, and facilitating the problem solving process. This role, and its implications for Educational Psychologist practice will be explored in more depth later on in this paper.

The work of Gerda Hanko (1989, 1990) has become synonymous with group consultation approaches, and her model of support for teachers often forms the foundations of any consultation groups set up in schools. Hanko's work is informed by the earlier work of Caplan, and stresses the need to ask answerable questions to help teachers to find their own answers to the difficulties presented by the

behavioural and emotional needs of the children that they work with. Her model stems from the belief that teachers themselves possess the knowledge and expertise to address the needs of the children within their classes, but acknowledges that there will be times where they will benefit from support to guide their thinking. This guidance should not involve the facilitator providing the teacher with the answers, but rather asking the type of questions that will support the teacher to 'reframe' the problem and allow them to arrive at their own solutions. Her model operates on the supposition that teachers are more likely to follow through with any agreed actions, if they feel that they played a significant role in generating them, rather than having strategies imposed upon them from outside agencies and professionals (Hanko, 2002). Within Hanko's model, a teacher is invited to share a case problem or concern, and then the group facilitator adopts a problem-solving framework to support the individual to consider the alternative options, and encourage other group members to ask questions. The aim of this process is to increase the autonomy of both the individual and the remaining group members thus enabling them to deal with similar problems more effectively in the future and to make them less reliant on outside support by increasing their confidence in their problem-solving abilities.

An early example of consultation groups facilitated by Educational Psychologists can be found in the work of Stringer et al (1992). Stringer describes how he and his colleagues at Newcastle Educational Psychology Service set up consultation groups with both whole-staff and self-selecting groups to support them with work-related concerns as part of their approach to service delivery. Following on from this, Stringer et al (1992) applied their knowledge of consultation to develop a programme

to train teachers to facilitate their own school based staff consultation groups. The decision to introduce a 'facilitator training programme' stemmed not only from the success of the EP led sessions, but also from recommendations contained within the Elton Report (1989) which advised that every school should have a teacher support group. With this in mind, teachers were invited to attend five EP-led training sessions where they were introduced to the skills and knowledge that would enable them to establish and facilitate consultation groups within their own schools and educational settings.

Although the overarching aim of the training programme was to empower teachers to run consultation groups independently, they were invited to attend a 'follow-up group' which met fortnightly for a term after the training programme ceased, where they could solve any problems that they encountered. This helped to ensure that facilitators persevered with the groups, as they felt supported and could communicate with other teachers taking on this role. The training was evaluated both from the perspective of the teachers that were trained to be facilitators, and by those teachers who had access to the newly implemented support groups running within schools. The training was evaluated positively, as were all groups. Teachers reported to value the opportunity to discuss problems 'in an atmosphere of trust and concern' (Stringer et al, 1992: 94) and liked the sense of community that the groups offered. Identified disadvantages of participating in the groups related in the main to time constraints but also to feelings relating to the artificial nature of the groups which can at times make problems appear contrived. Facilitators expressed concerns relating to difficulties in maintaining the groups once the initial enthusiasm has waned and

finding a suitable time to hold the groups that would ensure that they were well attended. Stringer et al's (1992) model provides invaluable insight into how group consultation can be applied in school settings, but importantly also highlights some of the potential pitfalls of this approach, of which the current research endeavour was mindful.

Although Stringer et al's research has provided the foundations for many future research endeavours, and provided a model of group consultation that is widely acknowledged within the Educational Psychology community (Bozic & Carter, 2002), it is important to alert the reader to some of the concerns relating to the development of this approach. Although Stringer et al identify the process through which their teacher training programmes were evaluated; it fails to make explicit the evidence base through which it was decided that the implementation of these groups was an effective use of EP time. The paper outlines the use of consultation groups within their Educational Psychology Service and then immediately goes on to describe how they trained teachers to facilitate such groups without cueing the reader into the rationale behind this change of approach. The current paper would therefore suggest that it would have been useful to have been able to track the thought processes and evidence base underpinning this decision, to allow the reader to determine whether this type of teacher training would be an effective model to adopt within their service or school.

It is also important to highlight that although the facilitator training programme was evaluated through the use of pre and post test questionnaires, the questions appear

to have focused on the advantages and disadvantages of participating in the groups, the factors that support or hinder the groups' establishment and the characteristics of group members rather than looking directly at their impact. From an impact perspective, the evaluation therefore fails to evaluate the effectiveness of the facilitator training programme in terms of how successful it was in providing attendees with the tools and expertise to be able to effectively run consultation groups within their own setting. Although those teachers who participated in the training sessions were asked to comment on this from their perspective, it would have been beneficial to have sought the views of those staff members who took part in consultation groups delivered by teachers who attended the training. By examining *actual* changes in practice, the efficacy of the initial facilitator training programme could be more confidently asserted.

Adopting a similar approach to Stringer et al (1992) and informed theoretically by Schein's (1987) process consultation, Guishard (2000) evaluates whether there is a place for staff consultation groups in Further Education colleges. This evaluation was part of a wider agenda which aimed to conduct 'a feasibility study' (Guishard, 2000: 208) which would explore the ways in which an EPS could offer services to FE settings. Results suggest that in this environment, staff consultation groups provide a forum in which tutors can share concerns and offer support to one another, and from this perspective are an invaluable means of empowering staff. In considering the long term implications of adopting this approach, Guishard questions whether utilising a consultation model could lead to a reduction in the number of referrals EPs receive for individual assessments in both colleges and schools. From this perspective, the

author argues that group consultation not only benefits the staff taking part and the children whose needs are being discussed, but also has implications for EP practice by providing them with greater opportunities to work creatively.

Although Guishard's paper provides a useful insight into the workings of a group consultation approach within an FE setting, the paper's preoccupation regarding how this approach could potentially reduce the number of referrals made to EPs for individual assessments means that it loses sight of the group consultation literature. As a result of this, the paper does not make the reader aware of the rationale behind their decision to implement staff consultation groups, or of any preliminary work that was carried out to explore whether this approach was going to be of benefit to stakeholders. As a result of this, it appears that the implementation of such groups was a means of addressing concerns within the EPS relating to the type of referrals that they were receiving, rather than evidence of them planning and implementing a piece of work that was to be of benefit to the setting.

Working on the premise that the research literature contains little contemporary evidence about the application of consultation groups, Bozic and Carter (2002) sought to establish whether or not setting up and running consultation groups could still be considered a useful form of EP work. Their paper presents an account of four consultation groups set up in schools in a large Shire County, and aims to determine the extent to which the staff taking part felt it to be a good use of their time and what the main effects of participation were. Consultation group meetings adopted a similar structure to Stringer et al (1992) and were facilitated by an Educational Psychologist.

The groups were evaluated through the use of questionnaires including both open and closed questions and Likert-type scales. Results suggested that while a high proportion on staff altered their practice as a result of participating in the groups (64%), the main effects of participation could be observed at a conceptual level, with 92% of participants 'thinking more deeply about individual children' (Bozic & Carter, 2002: 197), and 82% reporting to have increased awareness of alternative supporting strategies. Although this evaluation provides valuable insight into participants' perceptions relating to their practice following their involvement in the groups, there is an over-reliance on self-report measures, which means that actual changes in practice are not accounted for. Although changes in perception could be considered as indicative of the groups' success as provide evidence of reflective practice, without data relating to any actual changes in practice it is difficult to make claims relating to the groups' overall success. The evaluation also failed to factor in any long-term follow up methods to determine whether any changes in perception or practice were maintained in the longer term, or whether consultation groups only lead to short term changes.

3. The role of the External Consultant

Bozic & Carter's work also provides useful insight into the role of the external consultant, and the extent to which participants felt this to be a necessary role in both setting up and sustaining consultation groups. This was determined by including two statements within the questionnaire regarding this role, which participants were asked to rate. Results indicated that only 2 out of the 20 teachers who responded agreed that the consultation groups could have been set up without the aid of an external consultant. In terms of the maintenance of the groups, 6 out of 20 teachers felt that the consultation groups would be able to continue without the support of the external consultant. Although this is still a low proportion, Bozic and Carter found the difference between responses to the first and second items to be significant at the $p<$ 0.01 level and concluded that 'while still preferring to have the support of an external consultant, there was a significant increase in confidence about sustaining the group internally once it had been running for a series of sessions' (Bozic & Carter, 2002: 197). This was therefore taken as evidence to suggest that there is a role for Educational Psychologists to play in both helping to set up and maintain consultation groups in schools, although for the latter, the current paper would suggest that there will be times when schools are confident to run these groups in the absence of EP support.

These findings hold similarities with those presented by Cohen & Osterweil (1986), which were touched upon earlier on in this discussion. Their research made clear recommendations about how the external facilitator could play a central role in both

the planning and facilitating of group consultation. They emphasized the importance of choosing 'key questions' that were going to guide the consultation process and felt that an 'external' agent would be best placed to do this as this would allow for greater objectivity. They also highlighted a role for the external consultant in helping to maintain pace and focus, promoting a productive group atmosphere, recognising and responding to group dynamics and stimulating critical thinking. Their research suggested that this role was valued by the majority of consultees' participating in the groups, therefore leading them to suggest that the role was an essential part of the group consultation process. Although not always engaging in a direct discussion regarding the role of the external consultant, many studies would appear to question the essence of this role, as instead promote the idea that teachers can facilitate their own consultation groups in the schools in which they work (Hanko, 1989, 1990; Stringer et al, 1992; Norwich & Daniels, 1997, Dowd & Thorne, 2007). However, all advocate a role for an external consultant either in the early stages of developing group consultation, or in training teachers in how to become facilitators suggesting that their presence is desirable during the earlier stages, but not essential to the overall maintenance and running of the groups.

If this is seen to be the case, then it is important to alert the reader to some of the potential pitfalls that are alluded to within the literature relating to the absence of an *external* group facilitator (Houston, 1985). Much of this research stems from the idea that in the absence of an external consultant, there is a need for tighter boundaries, and 'a firm and clear structure that requires greater commitment from group members' that acknowledges the fact that there may be competition and rivalry

amongst peers (Hawkins & Shohet, 1989: 104). Houston (1985) cautions that without an external consultant, group members may vie for this position, and that this can at times seek to confirm power imbalances that already exist in their day-to-day working.

Each of the papers critiqued thus far have highlighted the advantages and disadvantages of group consultation models from the perspective of their own individual research findings and in relation to supporting different professional groups to utilize their expertise and problem solve. Before outlining how such models were applied in the current context, it is useful to consider how group consultation can be used as a model to facilitate and support group supervision, and what the advantages and disadvantages relating to this might be. The rationale for this stems from publications such as the Elton Report (DES, 1989) which make explicit reference to the importance of effective peer support for teachers and subsequent recommendations from researchers such as Gerda Hanko (1989) which highlight how a group consultation approach could be used to support this.

4. Group Consultation as a model for peer support – Advantages and Disadvantages

Aside from the advantages of group consultation alluded to throughout this paper relating to joint problem solving, there are also advantages of this approach relating to economies of time, money and expertise when utilized as a model to support peer

group supervision (Hawkins & Shohet, 1989). It is important to highlight that although it is arguably a cost-effective means of offering supervisory support for professionals, this should not be the primary reason for opting for a group approach, as in doing so, you lose sight of why this model is so effective. It is therefore important that group consultation as applied to supervision comes from a positive choice, rather than a compromise forced upon the group. Another advantage relates to the supportive environment that group consultation can create within a supervisory context that allows for the sharing of anxieties, and the subsequent realisation that you are not the only professional that is finding it difficult to manage a particular issue or situation. It also allows for greater opportunities for reflection, feedback and sharing, as it is not only the group facilitator who will reflect on the information presented, but the other group members also.

Group consultation as referred to in this paper has focused in the main on the model's utility as a means of supporting teachers to problem solve more effectively. Therefore, one major benefit of this approach to supervision, is the wider range of life experience and expertise that teachers (or any other professional engaged in supervision) are exposed to as a result of being a group member. This breadth of experience significantly increases the likelihood of someone being able to empathise with the 'problem-holder's' position, which at times can be just as important as finding a solution to the problem.

Disadvantages of using a consultation model as a method of group supervision tend to stem from authors highlighting how this form of supervision varies from a more

traditional 'individual' approach. From this perspective, group supervision is considered by some to be a less effective and thorough approach to supervision than can be achieved in a two-way interaction (Hawkins & Shohet, 1989). Although the interactions that take place between group members have previously been highlighted as a positive aspect of group supervision, issues relating to group dynamics can also be a point of contention. If group members are made aware of group dynamics and how they can affect the functioning of the group, then this can be used as an adjunct to the group members increasing their self-awareness. However, if this is not achieved, the potential exists for the group process to become destructive and undermining, especially if some group members are noticeably more dominant than others (Hawkins & Shohet, 1989). In some extreme cases, a preoccupation with 'group dynamics' can mean that the group loses sight of its purpose, which can then detract from the level of problem-solving that occurs during supervision. It can also mean that more dominant members benefit more from the supervisory process than less vocal members, and this will need to be controlled for by the facilitator/ supervisor. It is therefore essential that the group facilitator ensures that group dynamics do not go unacknowledged and that they are skilfully brought into awareness so that they can be 'attended to and learnt from' (Hawkins & Shohet, 1989).

5. The current study

In 2000 the DfEE working party highlighted the importance of consultation methods as an essential part of Educational Psychologist Service delivery to ensure that the

needs of children and young people are met 'at an earlier and more comprehensive level' (Dowd & Thorne, 2007). This led to a widespread change regarding the ways in which Educational Psychology Services provided their service to schools and families, and in many settings EPs no longer worked with individual children and young people, but instead worked collaboratively with school staff to develop solutions (Wagner, 2000). EPs in different Local Authorities (LAs) have therefore developed their approach to consultation, and this is true of the LA in which the current intervention took place. Although all team members were using consultation to varying degrees prior to the DfEE (2000) publication, the Principal EP wanted to ensure that inherent principles of consultation such as purposeful conversations, working collaboratively and creatively and generating new ways of looking at concerns (Wagner, 2000) were a fundamental part of the overall service delivery, and used as the primary approach to working. It was considered that this approach would enable the service to distance itself from an 'expert model' and instead provide opportunities to apply psychology creatively and to work collaboratively with staff to support more children and young people than a referral system would allow for.

For the current LA, the move to a consultation model of service delivery was also felt to be a more complimentary approach to the time allocation model that EPs were required to work to. In the past, schools had expressed frustration that they did not have enough EP time to meet the needs of their most vulnerable children and young people, and so consultation helped to overcome this by introducing a new and more effective way of working. Ten years after introducing this consultative approach, and with a new Principal EP in post, the service decided to undertake an evaluation of service delivery and make changes to their service based on feedback from both

stakeholders and EPs. The main feedback obtained from EPs and Trainee EPs related to the frequency with which their support was being requested to consult on similar problems across different settings and this formed the basis of the current piece of research.

In response to this feedback, discussion took place regarding whether or not the service's approach to consultation could be developed to take on a group format. In describing the consultation methods used in her EPS, Evans (2005) reports that up to twenty percent of direct delivery takes the form of group consultation; an approach that the current EPS had not previously considered. As well as benefiting from the EP support provided as part of a regular consultation model, Evans highlights how schools also have twice termly opportunities to meet with colleagues from other schools and problem solve in a group environment. Within the current service, all EPs were asked to share examples of where they felt that they were duplicating advice across settings, and one example was chosen to form the focus of a group consultation approach. One Trainee EP within the service shared her observations that four Special Educational Needs Coordinators (SENCos) within her patch of schools regularly raised the same issues relating to the emotional and behavioural needs of the children in their schools. Within this EPS, EPs are allocated to schools on a cluster basis, meaning that many of the schools that they cover are in close geographical proximity. Rather than working directly with the individual children and young people identified by the schools, the Trainee EP had tried to build capacity by carrying out a number of training sessions that would help staff to understand and therefore better support children with behavioural and emotional needs. Although

training was evaluated positively, and staff reported to be using some of the strategies that they had learnt, the same concerns and requests for consultation were repeatedly raised by the SENCos during planning meetings. This led the Trainee EP to consider whether there was a more effective means of supporting these staff members to become more independent problem solvers, which would enable them to draw upon the wealth of knowledge that they already had in addressing the needs of these children. Based on this example the current study therefore sought to determine whether or not setting up and running consultation groups was a useful and valued form of EP work that could be included as part of their service offer. Following a similar approach outlined by Bozic & Carter (2002), the following research questions were posed:

1)   To what extent do SENCos feel their participation in consultation groups to be an effective use of their time?

2)   To what extent do SENCos feel their participation in consultation groups to be an effective use of EP time?

3)   What do SENCos perceive to be the main effects of participation?

5.1 Method

This paper critiques the efficacy of a consultation group that was developed to support four SENCos who regularly raised similar concerns relating to how best to

address the behavioural and emotional needs of some of the most vulnerable pupils within their school. All four group members were SENCos in one-form-entry primary schools in the North of the borough and had been in post for less than three years. Two of the schools were federated, and so the SENCos knew one another, but the remaining two had not met any other member prior to the group's inception.

The SENCos were approached by their link EP during their autumn term planning meetings where the nature of a consultation group was explained to them, and the potential benefits outlined. Initial queries raised by staff related to how their participation would affect their annual EP time allocation, and concerns were also voiced regarding the long term nature of this approach, with staff questioning whether there would be any immediate gains from taking part in the consultation group. After clarifying these issues, and negotiating with the schools that they assign just two sessions to this project, all four SENCos consented to their participation. Staff were told that their participation would involve taking part in monthly meetings over the course of a six-month period which would be facilitated by their link EP. The SENCos were given the choice regarding whether the meetings took place during or after the school day. As the majority of SENCos still had teaching responsibilities, it was agreed that the meetings would take place after school hours at a time that was convenient to all. All dates were pre-arranged and distributed to group members prior to the first session to ensure that all could attend. The sessions adopted a single-case presentation approach, and followed a structure adapted from the work of Stringer et al (1992: see figure 2).   Within this, 45 minutes were spent working on the consultee's concern, followed by a further 15 – 30

minutes of processing time. Participants were therefore told that each session would

last for a maximum of an hour and a half.

Figure 2: Structure of a group consultation session (Adapted from Stringer et al, 1992)

The facilitator will usually:

a) Begin by welcoming the members of the group and remind them of the purpose of meeting together in this way (i.e. to provide members with the opportunity to share a work-related problem or concern with colleagues and practice consultation skills together in a group.

b) The group are reminded about time boundaries and ground rules (particularly those relating to confidentiality).

c) The group are introduced to the process consultant (in the case of the current intervention, this was the Trainee EP). If the group has chosen not to use an external process consultant, this is the stage where the process consultant for the session should be determined.

d) Invite any previous feedback about previous consultations (omit this stage if this is the first session).

e) Invite each group member to state what they hope to give to the group sessions, and learn from the experience of being in a group.

f) Ask if anyone would be willing to share a problem or concern with the group, and negotiate who will do so if there is more than one offer.

g) Ask the consultee to **briefly** outline the problem or concern for the rest of the group to hear.

h) Invite a member of the group to summarise the concern and check with the consultee that the salient points have been noted.

i) Ask the group to gather relevant background information from the consultee. With the guidance of the process consultant, they should pose helpful questions or, where relevant, add (concisely) any additional, factual information they may know themselves. The aim of this stage is to elicit from the consultee, their construction of the concern and their thinking around it.

j) Invite the group to help the consultee to further explore issues on the basis of information now available, including the implications of alternative approaches. This stage is likely to include ideas for ways of resolving the concern or fresh ways of looking at it.

Participants were also asked to complete an anonymous questionnaire (see

Appendix 1) once the consultation group had ceased which was adapted from a

design used by Bozic & Carter (2002). It is important to highlight that aside from

addressing the needs outlined above, the introduction of consultation groups could

also be used to address an additional concern raised by a large proportion of the

SENCos taking part, relating to how they could support staff within their schools to problem solve more effectively. The SENCos felt that if they could tackle this issue, there would be a significant reduction in the amount of children whose needs were not currently being met within the classroom due to perceived behavioural issues. It was therefore hoped that this secondary aim could be addressed by encouraging SENCos to set up consultation groups within their schools once there attendance was no longer required within the current group. This approach differs from those outlined by Stringer et al (1992) and Norwich & Daniels (1997) who specifically trained teachers to become facilitators, but by being exposed to the group consultation process for six months, the Trainee EP felt that the SENCos would have developed the knowledge to be able to facilitate the groups themselves.

5.2 Questionnaire Design

As the current research questions bore similarity to those posed by Bozic and Carter (2002), it was also decided to adopt a similar method of evaluation, which would enable the research questions to be addressed. In response to the first research question, SENCos were asked to rate whether or not they felt that participating in the group consultation process had been a good use of their time on a five-point Likert scale whereby '1' indicated that they 'strongly disagree' with the statement, and '5' indicated that they 'strongly agree'.   They were also asked to repeat the scale to indicate whether or not they felt that it was an effective use of EP time. Although responses to this are completely subjective, it was considered important to include as is indicative of school's satisfaction with the service that the EPs provide. To

determine what SENCos felt to be the main effects of participation, they were presented with six closed questions (see figure 3) that highlighted the potential benefits of a group consultation approach outlined by Hanko (1989, 1990, 1999). Again, participants were asked to rate each of the hypothesized effects on the same five-point Likert scale used to determine the other research questions (see figure 5). They were also presented with an additional question which looked specifically at how their practice in relation to supporting children's emotional and behavioural needs had changed as a result of participating in the consultation groups. The final section of the questionnaire was designed to determine the extent to which SENCos felt confident to implement consultation groups within their own settings following their participation in the current group intervention. This again involved the provision of a simple Likert type scale, and a follow-up question giving participants the opportunity to clarify their response.

Figure 3: Main effects of participation: Questions (taken from Bozic & Carter, 2002: 194

1. Increased reflection about individual children
2. Increased awareness of teaching strategies
3. Trying out new things in the classroom
4. Raised confidence in working with children with special educational needs
5. The generation of interest in collaborative problem solving across the school
6. Reduction in feelings of job related-stress

6. Results

All four SENCos attended each group consultation session, and gained experience of the process both from the perspective of being the 'problem-holder' and as a group member supporting others to problem solve and reflect. During the first

session there was reluctance within the group to donate a 'problem' for discussion, but in later sessions - once the SENCos had experienced the process - they were all confident to share their concerns with the group. A summary of topics discussed, and brief outline of outcomes is provided in Appendix 2.

The primary aim of this intervention was to determine whether or not participation in cluster-based consultation group would empower a group of SENCos to problem solve more effectively regarding the behavioural and emotional needs of the children within their schools. Secondly to this, it was also hoped to establish whether or not participation in these groups was felt (by those participating) to be an effective use of their time, and of their EP allocation. Three research questions were posed relating to each of these areas, and findings will therefore be presented in accordance with this.

1)   To what extent do SENCos feel their participation in consultation groups to be an effective use of their time?

The results for this research question were overwhelming, with all participants strongly agreeing with the statement presented. In order to score the responses and allow for comparison between research questions, the key outlined in figure 4 was applied, which meant that the responses to question 1 amounted to the maximum score of 20. As well as scoring their response on a Likert-type scale, an open-ended question was also included to capture any further views regarding this use of time. Responses indicated that staff initially felt reluctant about participating in the group

as were unable to make the link between how their participation would lead to more positive outcomes for the pupils within their schools. However, as they began to understand the consultation process, this link became more apparent and they subsequently became aware of the long term benefits of adopting this approach from a time perspective. One SENCo highlighted previous frustrations in trying to maintain a balance between meeting her SENCo responsibilities and teaching a class on a 0.5 fte timetable. After participating in the group consultation sessions, she not only felt better equipped to meet the needs of some of the more vulnerable youngsters in her school, but also identified a role for group consultation in supporting her staff to work more effectively, therefore impacting upon her time more positively.

Figure 4: Questionnaire scale/scoring

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neither agree nor disagree
- 4 = Agree
- 5 = Strongly Agree

(Based on four participants: Maximum score = 20, Minimum score = 4)

2) To what extent do SENCos feel that EP participation in consultation groups (as facilitator) is an effective use of their time?

The responses to the statement designed to address the second research question, indicated mixed feelings, with two participants 'agreeing' with the statement, one 'neither agreeing nor disagreeing' and the remaining participant 'disagreeing'. This

resulted in a total score of 13 out of a possible 20 suggesting that participants felt that facilitating consultation groups was a less effective use of EP time, than is was their own time. In a similar fashion to the previous research question, participants were also given the opportunity to expand on their response through the provision of an open-ended question. The participants' responses suggested that those who said that facilitating consultation groups was not necessarily an effective use of EP time, thought so due to feelings that the group facilitator did not necessarily have to be an experienced professional. They felt that this role could be scripted, and therefore carried out by another individual thus still allowing the EP to use their time allocation in other areas. Both participants were careful to acknowledge that they felt that their participation in the group was worthwhile, and that the sessions had been facilitated well but did not see the role as being exclusive to the EP. The two participants who agreed that the EPs role within the groups was an effective use of time appeared to show greater awareness of the facilitator's role, and the intricacies of managing group dynamics and asking questions that were going to stimulate critical thinking. They also felt that it was important that the facilitator was not part of the school/institution that was forming the focus of discussion, as felt that being an 'outsider' enabled them to bring a higher level of objectivity to the groups.

3) What do SENCos perceive to be the main effects of participation?

Where the first two questions aimed to capture participant views regarding whether or not participation in consultation groups was deemed to be an effective use of time,

the final question sought to determine what the SENCos gained from taking part in the group consultation process. In analyzing the results for this section of the research, Bozic & Carter (2002) looked at the percentage of respondents who either agreed of strongly agreed with each statement. As the sample for the current study consisted of just four respondents, it was not felt appropriate to analyse results in terms of percentages, and so in a similar format to questions 1 and 2, each individual statement was allocated a score based on the sum total of participant responses (see Table 2).

Table 2: Main effects of participation

Hypothesised effects of participation (adapted from Bozic & Carter, 2002)	Sum of responses (max = 20)
Encouraged deeper thinking about individual children	19
Increased awareness of potential teaching strategies	16
Being in the group has led me to try new things in my day-to-day work	18
Increased confidence about working with children with SEN	19
My participation in the group has generated interest from other staff members	9
Feel less stressed about what happens at school	14

Based on the results presented in Table 2, it would appear that the three strongest effects of participation were to increase the SENCos confidence in working with children with SEN, to encourage deeper thinking and to try new ideas within their day-to-day work. These results are similar to those obtained by Bozic & Carter's

(2002) larger sample, although the teachers in their study placed greater emphasis on their increased awareness of potential teaching strategies. Within the current study, participants tended not to agree with the statement that suggested that their involvement in the group consultation process had generated interest from other staff within their schools (with 3 respondents disagreeing with the statement, and 1 neither agreeing nor disagreeing). This result was not surprising, due to the small and purposeful nature of the sample (Cohen et al, 2007) which meant that the group was relatively self-contained, with other staff members not necessarily aware of its existence. Two of the participants 'strongly agreed' that they felt less stressed about their work as a result of attending the sessions, one participant 'neither agreed nor disagreed', and the remaining SENCo 'strongly disagreed' informing the facilitator that in many ways her stress levels had increased, as discussion with other SENCos had highlighted the inadequacies within her own school.

To ensure that the original rationale for introducing cluster-based consultation groups was addressed, respondents were asked to comment on how (if at all) their practice had changed in relation to their approach to addressing the emotional and behavioural needs of some of the most vulnerable children in their care. All respondents highlighted how participation in the group had reduced feelings of 'panic', therefore enabling them to look at the child's needs more rationally. They also reported to have 'renewed confidence' in their ability to meet these children's needs rather than relying on the input of outside professionals. All SENCos acknowledged the benefits of joint problem solving with professionals who were experiencing similar problems and felt more confident to deal with these problems as

a result of the group consultation process. They also valued the opportunity to 'unpick' the behaviour of some of the more complex children and young people that they had concerns about, with the process highlighting that they often already possessed the knowledge and expertise needed.

The final section of the questionnaire was designed to determine how confident group members were to implement consultation groups in their own schools as a result of participating in the current intervention. A maximum score of 20 would indicate complete confidence to set up consultation groups, and conversely, a score of 4 would indicate a complete lack of confidence. The summed total of responses recorded for this section was 12, with two respondents 'agreeing' that they felt confident to facilitate their own group, and two respondents 'disagreeing'. The two participants who did not feel confident to implement consultation groups in their own schools acknowledged that they would like additional training relating to managing the process, as felt that the role of the process consultant was central to the effective functioning of the group. They also felt that there were advantages to the process being managed by an 'external' consultant and felt that in setting up their own groups they may encounter animosity or a lack of respect.

7. Discussion

This paper took as its starting point, concerns raised by four school SENCos that they were failing to meet the behavioural and emotional needs of a small yet

significant proportion of children within their schools. The evidence gathered as part of this evaluation suggests that for the current group of SENCos, the opportunity to take part in the consultation group process was considered a valuable use of time, and increased participants' confidence in dealing with issues previously highlighted as problematic. Before discussing the findings in greater detail, it is important to highlight that the results presented in this paper are representative of an extremely small sample of teachers, and for this reason should not be generalized to other situations and settings. However, what is hoped is that the current piece of work will give insight into how group consultation can be used and what some of the potential limitations are to using this approach.

All participants 'strongly agreed' that their attendance within the groups was a good use of their time despite some reluctance prior to the first session. Participants acknowledged that it was only when they were taking part in the groups that they realized what the long term benefits of this approach could be, which has implications for how consultation groups are first introduced to staff. Although participation was voluntary for the staff taking part in the current group, for those wishing to replicate the study, but where staff attendance is compulsory there will be distinct benefits to be had by taking time to outline the long-term implications of this approach to reduce the amount of resistance that the group could potentially encounter. The current group was introduced to the consultation process in a manner outlined by Hanko (1999) but in hindsight not enough time was spent talking about the *process* and how this approach could be used as part of their continued professional development.

In relation to whether facilitating the groups was perceived to be a good use of EP time, participants' views were mixed. Half of the group members valued the EP being there, and felt that facilitating the groups was not an easy task and therefore felt that the EP was well-placed to assume this role. The remaining participants did not view the role of the facilitator in this light, and therefore felt that although support might be needed at the group's inception, after this point the role of facilitator could be assumed by someone else.

These findings are consistent with those presented earlier in the paper regarding the role of the external consultant. In their research, Bozic & Carter (2002) found that although participants did not feel confident to set up consultation groups without the support of an external consultant, they did feel more confident about sustaining the group internally once the initial work had been done. This is arguably true of the current research endeavour, as none of the participants reported having complete confidence to set up a consultation group independently, but some did feel that they could facilitate the day-to-day running of such groups. The purpose of including this question was to ascertain the extent to which setting up and running consultation groups was considered to be an effective use of EP time, and whether or not this role should be factored into service delivery. From this perspective the results can be said to be inconclusive, as only half of the participants appeared to value the EPs role in the group. However, as the sample used in the current study comprised just four people, even if participants had unanimously agreed that the EPs presence was

vital, it is difficult to see how this could have been used as evidence in support of changing EP service delivery.

The main reported effects of participation in the current group consultation process bore similarities to those found by Stringer et al (1992). The SENCos appeared to value the opportunity to discuss problems in an atmosphere of openness and trust, having time to reflect on problems, and planning alternative ways of working that would both be more time effective and have a greater impact. Prior to the start of the group, issues relating to confidence seemed to be a barrier for effective working for those SENCos taking part in the current intervention. The group consultation process therefore helped to address this, by reinforcing the fact that the SENCos already possessed to skills to fulfill their professional roles to the highest level. As highlighted at the beginning of this paper, many teachers and school staff are working in a culture of 'initiative overload' (Newton & Tarrant, 1992), which can lead them to feel de-skilled and restricted by their role. Group consultation therefore provides one means through which these feelings can be addressed and can help teachers to regain some control and confidence in their day-to-day work.

Although not factored into the evaluation, it is important to note that during the first EP and school planning meetings following the termination of the group consultation sessions, there was a noticeable difference in the support that schools were requesting from the EP service. Children and young people with emotional and behavioural needs who had consistently been raised at planning meetings for the

past academic year were no longer mentioned, and schools vocalized that they felt more confident to meet these children's needs within school. All four participating schools also requested further EP involvement to carry on running the group, and despite two SENCos highlighting that they felt another person could carry out the role, they were willing to use their EP allocation in this way. They also felt that it would be beneficial to invite the SENCos from the two feeder Secondary schools as acknowledged that their wealth of knowledge would be a positive addition to the group and would also support transition work.

All schools also made a commitment to setting up consultation groups for the staff within their schools, but requested extra EP support and training to be able to do so. Again, even those SENCos who reported to feel confident to set up consultation groups within the evaluation phase, on reflection felt that this was something that they would like more support with. This training is currently taking place within the LA and is being led by the EP team. The training is still in its early stages, but has been well-attended and positively evaluated thus far. The facilitator training programme is designed to span across one academic term and will be evaluated both in terms of its ability to enable teachers to confidently and competently set up their own groups, but also in terms of how the implementation of these groups has impacted upon behaviour management within the school. This evaluation is currently being negotiated with the schools taking part.

Despite the positive effects of participation highlighted in this discussion, there are a number of limitations relating to the study's design that are outlined in Table 3. Many of these limitations relate to the methodology, and the means through which the participants were recruited which could potentially lead to a bias in responses. They also highlight the potential difficulties that emerge as a result of an EP carrying out research in schools in which they work, in terms of the validity of findings.

Table 3: Limitations of the intervention

Limitation	Considerations
Sampling methods (Size and recruitment)	There are many limitations relating to the sampling methods used within this study. Firstly, only four SENCos were asked to take part in the research, making generalization of findings difficult.
	Secondly, the sample was purposive, and therefore not representative of the wider population. This also has implications for generalization.
The role of the researcher (the relationship between the subject and the object)	It is important to note that as their link EP, I assumed multiple roles within this intervention (TEP, external consultant, researcher, evaluator) and for this reason participants might have felt obliged to evaluate their involvement in a particular light, and may have compromised their objectivity.
	Also, as the school's were known to me, I already had relationships with the SENCos, and they may have felt that if they evaluated the intervention negatively, this may impact upon the support that I subsequently gave to their school.
Evaluation methods	As highlighted in relation to Bozic and Carter's (2002) research, the current evaluation was reliant on self-report measures and therefore did not take into consideration *actual* changes in practice as a result of taking part in the consultation groups. The time assigned to this intervention did not allow for this level of evaluation, and therefore limits the conclusions that can be drawn as without this

	information, it cannot be concluded that participation leads to actual changes in practice.
	The evaluation methods also failed to incorporate measures that could determine any long term effects of participation. At present, the evaluation only allows conclusions to be made regarding any short term gains, when the model was essentially introduced to encourage SENCos to utilize their expertise and problem solving skills on a more long term basis.
Sustainability	The study did not consider issues relating to sustainability or how schools could be considered to maintain any gains over the longer term.
	Although the TEP is committed to facilitating the SENco group over the next academic year, without a firm evidence relating to how TEP involvement has lead to changes in practice, it will be difficult to justify continued involvement.
Considering the evidence base	Although the evidence regarding group consultation was explored and critiqued, the study failed to compare how this approach to peer support varies from other models, and therefore cannot confidently conclude that this approach is more effective than any other.

The approach adopted within this paper differs from a more traditional approach to teacher peer support, as although adopting a 'between-teacher problem solving consultative framework' as advised by Hanko (1989), the consultation took place between SENCos from different schools rather than within-school. The results from this research therefore provide insight into the efficacy of this approach as applied in this context, and suggest that group consultation models can be used as a form of peer support across schools. It is important to highlight that despite the participants all being employed by different institutions, there was no apparent defensiveness, feelings of powerlessness (Houston, 1985) or reported anxiety related to sharing their concerns with 'strangers' as cautioned by the literature (Cohen & Osterweil,

1986). There were also no emerging issues relating to the group dynamics, and all group members volunteered to be the 'problem-holder' and contributed equally to the consultation process, although this success could be attributed in part to the small sample size.

This paper concludes by making reference to what Gutkin & Conoley (1990) refer to as 'The Paradox of School Psychology' which emphasizes that 'to serve children effectively, school psychologists must, first and foremost, concentrate their attention and professional expertise on adults' (p. 212). The application of a group consultation model in the current context is congruent with this view and provides evidence to suggest that by enhancing the psychological, educational and problem-solving skills of 'front-line' staff, EPs can apply psychology to the benefit of more children and young people.

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Appendix 1: Questionnaire

Please circle the response that best describes your thoughts relating to the consultation group that you have just participated in. All responses will remain anonymous.

a) Participating in the consultation group was an effective use of my time
1) Strongly Agree
2) Agree
3) Neither Agree nor Disagree
4) Disagree
5) Strongly Disagree

Please use the space provided below to supply any additional information that further explains your response:
……
……
……

b) The EPs participation in the consultation group (as facilitator) was an effective use of their time
1) Strongly Agree
2) Agree
3) Neither Agree nor Disagree
4) Disagree
5) Strongly Disagree

Please use the space provided below to supply any additional information that further explains your response:
……
……
……

c) As a result of participating in the group my reflection relating to individual children has increased
1) Strongly Agree
2) Agree
3) Neither Agree nor Disagree
4) Disagree
5) Strongly Disagree

d) As a result of participating in the group I have an increased awareness of teaching strategies
1) Strongly Agree
2) Agree
3) Neither Agree nor Disagree
4) Disagree
5) Strongly Disagree

e) As a result of participating in the group I have been encouraged to try out new things in the classroom

1) Strongly Agree
2 (Agree
3) Neither Agree nor Disagree
4) Disagree
5) Strongly Disagree

f) As a result of participating in the group my confidence in working with children with special educational needs has increased
   1) Strongly Agree
   2) Agree
   3) Neither Agree nor Disagree
   4) Disagree
   5) Strongly Disagree

g) As a result of participating in the group other staff members have shown interest in the collaborative problem solving process
   1) Strongly Agree
   2) Agree
   3) Neither Agree nor Disagree
   4) Disagree
   5) Strongly Disagree

h) As a result of participating in the group, I have experienced a significant reduction in feelings of work-related stress
   1) Strongly Agree
   2) Agree
   3) Neither Agree nor Disagree
   4) Disagree
   5) Strongly Disagree

i) Please comment on how (if at all) your practice in relation to supporting children's emotional and behavioural needs had changed as a result of participating in the consultation groups
   ....
   ....
   ....
   ....

j) As a result of participating in the group, I know feel confident to set up a staff consultation group in my own school
   1) Strongly Agree
   2) Agree
   3) Neither Agree nor Disagree
   4) Disagree
   5) Strongly Disagree

   ....
   ....

Thank you for taking the time to complete this questionnaire

CHAPTER 6

PROFESSIONAL PRACTICE REPORT 5

<u>**EXPLORING CHILD DISCOURSES OF SCHOOL REFUSAL: AN ACCOUNT OF A**</u>

<u>**TRAINEE EDUCATIONAL PSYCHOLOGIST'S WORK IN A MEDICAL PUPIL REFERRAL**</u>

<u>**UNIT**</u>

EXPLORING CHILD DISCOURSES OF SCHOOL REFUSAL: AN ACCOUNT OF A TRAINEE EDUCATIONAL PSYCHOLOGIST'S WORK IN A MEDICAL PUPIL REFERRAL UNIT

Abstract

This paper provides an account of a Trainee Educational Psychologist's (TEP) contribution to applied psychology practice within a medical pupil referral unit (PRU). The needs of the children and young people attending this provision are diverse and often cannot be catered for through the provision of a unitary curriculum or generic approach. This is particularly true for those children classified as 'school refusers' whose persistent absence from mainstream school has led to their registration at the PRU to enable a period of intervention to take place. The Local Authority in which this PRU resides has invested considerable time and expertise into the development of a 'school refusal assessment tool' to ensure the appropriate identification of this group of children. Although this assessment tool has been successful in distinguishing school refusal from truancy and other forms of absence, it is less successful in establishing why the school refusal is occurring, thus making effective intervention difficult. This paper highlights the importance of emphasising the 'voice of the child' when designing interventions to support school refusal behaviour. It argues that interventions are too often implemented on the back of adult-led discourses that hypothesise why school refusal occurs, rather than demanding an

individualised approach. A Thematic Analysis (TA) of school refuser interviews was carried out, which highlights the heterogeneous nature of school refusal and provides evidence that questions the dominant discourses prevalent in the literature regarding the aetiology of school refusal. This information was therefore used as a starting point to help staff plan effective intervention, based on the individual account of school refusal provided in the child's own words.

EXPLORING CHILD DISCOURSES OF SCHOOL REFUSAL: AN ACCOUNT OF A TRAINEE EDUCATIONAL PSYCHOLOGIST'S WORK IN A MEDICAL PUPIL REFERRAL UNIT

1. Introduction – The current context

Educational Psychologists (EPs) are often presented with the opportunity to work in a range of different settings, and in a range of different guises due to the varied and flexible nature of their role (Farrell, 2006). Although EPs are required to fulfil their professional obligations as part of the Statutory Assessment process, a large proportion of their work is more flexibly determined in consultation with stakeholders, which can present numerous opportunities to work creatively to ensure positive outcomes for the children, young people and families with whom they work. This paper describes one such opportunity that stemmed from a Trainee Educational Psychologist's (TEP) role within a medical pupil referral unit (PRU). Within the employing Local Authority, EPs work within a variety of educational settings and contexts, with each team member allocated at least one special school or PRU alongside their mainstream school allocation. The rationale behind this stems from the importance of providing EPs with the opportunity to develop specialist skills and to cultivate their knowledge by working alongside colleagues with a high level of expertise within the target domain.

In recent years PRUs have become synonymous with our understanding of effective short-term provision for permanently excluded children and young people, but less so

as a means of supporting children with medical needs for whom attendance at mainstream school is problematic. Local Authorities (LAs) are not required to provide PRUs for children with medical needs in the same way they are for permanently excluded children, meaning that many LAs often opt for the implementation of hospital schools or home teaching (Elliott, 1999). Although home tuition fulfils the LAs statutory requirement for meeting the educational needs of this group of children, visits can be infrequent and for certain groups of children (such as school refusers) there are attendant risks that such provision may prolong the child's absence from school (Berg, 1992). Taking this into consideration, the employing Local Authority opted to support children with medical needs through the provision of a medical PRU. Government guidance relating to PRUs cautions that it is often inappropriate to group together aggressive and disruptive children with those exhibiting more neurotic disorders (Fisher, 1996) which is why the decision was made at a strategic level to separate provision for children with medical and behavioural needs where possible. Although the implementation of a 'medical-only' PRU goes along way to address these concerns, difficulties still arise as a result of the diverse nature of pupils who attend such provision, and can pose risks for the efficacy of intervention and support for individual pupils (Thambirajah et al, 2008).

Within the current Local Authority children attending the medical PRU include those with terminal illness, those with conditions that cause chronic fatigue, those with serious mental illness such as anxiety and depression, and finally, a group of school non-attenders classified as 'school refusers'. 'School Refusal' (SR) is a term used to describe the behaviour of a small group of children and young people who have

regular and prolonged periods of absence from their educational setting, due to the severe emotional upset and excessive fearfulness that attending school causes (Berg et al, 1969). The accuracy of this definition, and its applicability to all children classified as 'non-attenders' will be explored in the following section of this paper, and at present serves only to highlight this group of children in the context of the current discussion.

The Head Teacher of the medical PRU had expressed concerns regarding how they were meeting the needs of the school refusers in their care. She highlighted that for many of these children, it seemed that their difficulties in attending school were not 'location-specific', and that they experienced high levels of anxiety associated with attending any educational setting regardless of its size or purpose. A steering group committee had been set up some two years previously after concerns had been raised regarding the appropriate identification of this group of children. Although the head teacher was now confident that the children referred to the medical PRU were appropriately classified as school refusers, she was less confident about why their non-attendance occurred and felt that this made it difficult to plan effective intervention. While it is not the purpose of the current paper to critique the Local Authority's method of initial assessment (as this is currently subject to a separate evaluation), it is important to highlight that an assessment tool that does not fully take into consideration the origins of SR behaviour, or the factors that appear to be fuelling it will not contribute to the planning of effective treatment and intervention.

Acknowledging these concerns, and on recommendation from an outside agency, the school had begun to use the Child Behaviour Checklist (Achenbach, 1978; Achenbach & Edelbrock, 1979), which helped to provide a picture of significant others' perceptions of the child's behaviour (Elliott, 1999). Although staff felt that this added to their understanding of why this group of children find it so difficult to attend school, they felt that the checklist failed to incorporate one key aspect; the voice of the child. In the past, the medical PRU had utilised self report instruments such as the 'Fear Survey Schedule for Children' (Ollendick, 1983) and the 'Social Anxiety Scale for Children' (Ginsburg et al, 1998), which enabled the child to comment on their non-attendance, but felt that both scales assumed that the child's school refusal was caused by excessive social anxiety, a theory that they did not always feel was the most appropriate. They also felt that the use of self-report measures allowed the child to create a story of what they *thought* professionals would want to hear based on the questions that they were asked, rather than providing a true account of their absence and associated factors.

The Head Teacher's main concerns therefore stemmed from her belief that for the school refusers in their care, they did not have an accurate picture of why their non-attendance occurred, or what they could do to support them to begin to address these concerns. The attendance and behaviour of the school refusers had not changed since they had been on roll at the medical PRU, and so this group of children were no further forward in their recovery than they had been when the referral to this provision was made.

The issues for both the school refusers and the staff working in this context were extensive, and appeared to be related to both assessment and intervention. Underpinning both of these areas was a lack of understanding about the individual factors that had led to the school refusal behaviour. As the current method of assessment was already subject to an evaluation being carried out by the Education Welfare team, it was therefore decided that the focus of the Trainee Educational Psychologist's involvement would be on developing an understanding of the 'identities' of the individual school refusers attending the medical PRU through the use of semi-structured interviews. By focusing on this specific area, the knowledge obtained from the interviews could be used to inform future planning around both assessment and intervention for this group of children, and would therefore form the basis of subsequent work within the medical PRU. It is important to highlight that this paper critiques just one aspect of the Trainee EPs work within this context, and describes the process undertaken by the TEP to gain the views of the young person. This was considered to be a useful starting point through which the TEP could apply their professional skills, as explores the utility of gaining the child's views at the earliest stages of assessment.

The rationale behind focusing on 'school refuser identity' also stems from the research literature on school refusal, which cautions those who implement interventions that are not adequately informed by the 'voice of the child' or fail to take into account the heterogeneous nature of school refusal. The following section of this paper will explore some of these issues in greater detail, beginning with a critical exploration of how school refusal is conceptualised in the literature.

2. What is school refusal? Issues of conceptualisation

The current paper, in line with Local Authority guidance, uses the term 'School Refusal' to describe the behaviour of children and young people who have severe difficulties in attending school, which results in prolonged absences from their educational setting (Berg et al, 1969). These children show severe emotional upset when faced with the prospect of attending school, and can often display symptoms such as excessive fearfulness, undue tempers, misery or complaints of feeling ill (without obvious organic cause). This group of children are distinguished from 'truants' who although also engage in behaviours to avoid attending school, do not do so for reasons related to excessive fearfulness (Thambirajah et al, 2008). Further distinctions can be drawn between these two types of non-attendance, in terms of whether their parents or guardians are aware that they are not attending school. For school refusers to be classified as such, Berg et al (1969) suggest that the child must be staying at home with the knowledge of their parents, whereas those engaging in truancy will do so without their parents' knowing. It is important to acknowledge, that although Berg et al's definition is employed by the current Local Authority, some would argue that by conceptualising school refusal as a constellation of symptoms, you fail to consider what the function of the behaviour might be (Kearney & Silverman, 1996). Kearney & Silverman (1996) suggest that when attempting to define school refusal, it is important to examine the potential reasons behind why children and young people are not going to school (Lauchlan, 2003) rather than only listing the symptomatic behaviour. By incorporating this knowledge, Kearney &

Silverman (1996) argue that practitioners have access to a multi-purpose definition that not only enables them to identify school refusers, but also begin to think about how they can be supported from the earliest stage of identification.

One of the major difficulties in understanding the term 'school refusal' relates to the variety of terms that are used to describe school non-attendance, and the variety of behaviours that are classified as such (Thambirajah et al, 2008). The definitional inconsistencies in conceptualising this term have not only hindered the growth of research into school refusal, but has also created practical difficulties for the researcher in terms of identifying relevant samples (Thambirajah et al. 2008; Wilkins, 2008). It also makes determining the extent and prevalence of school refusal problematic, as researchers and Local Authority's record incidence levels based on their own understanding of what school refusal is (Lyon & Cotler, 2007; Witts et al, 2007). Although it is not the intention of the current paper to become further immersed in this discussion, it is important to consider issues relating to conceptualisation as they apply to the 'school refusers' attending the medical PRU. By giving the children and young people the opportunity to share their experiences of school refusal in their own words, we can further our knowledge regarding why these behaviours occur, which could in turn help to inform a more accurate description and understanding of school refusal behaviour.

3. The heterogeneous nature of school refusal – a functional approach?

In the same way that conceptualising types of school non-attendance is problematic and fraught with inconsistencies, the type of behaviours and individual characteristics that constitute school refusal are also not easily defined. Elliot (1999) argues that many of the difficulties that arise in defining school refusal, stem from the fact that school refusal can take many forms and therefore cannot simply be defined as a 'unitary disorder' with single causal factors. In an attempt to identify the maintaining variables surrounding school refusal behaviour, Kearney and Silverman (1990) assessed seven persistent non-attenders (mean age 12.5 years) using semi-structured child and parent interviews, and a range of child self-report measures designed to assess school refusal behaviour. In order to demonstrate good inter-rater reliability and test-retest reliability, the authors also asked parents and class teachers to complete a series of questionnaires. The authors suggested that children fell within one of four categories, based upon the function served by school refusal behaviour (see Table 1).

Table 1: The functions of school refusal behaviour (Adapted from Kearney & Silverman, 1990)

Function	Description
1) Avoidance	Avoidance of specific fearfulness or general over-anxiousness related to the school setting. This includes cases where one or more particular features of a school are feared.
2) Escape	Escape from aversive situations. This concerns problems based upon negative relationships with others (teachers and / or peers).
3) Attention-seeking	Attention-seeking or separation 'anxious' behaviour. This may be reflected by somatic complaints or tantrums where the child seeks to remain at home.

4) Reward	Rewarding experiences provided out of school. Non-attendance is rewarding as it offers opportunities for the child to engage in preferred activities. This category includes those children and young people usually classified as truants.

This attempt to categorise school refuser behaviour recognises that school refusal should not be understood as a unitary syndrome; but as a behaviour that is symptomatic of a number of potential underlying issues. Kearney and Silverman argue that the four motivating factors surrounding school refusal behaviour (outlined in Table 1) can be identified and then modified accordingly for any child presenting with school non-attendance and therefore form part of an effective model of assessment and treatment. While the current paper recognises the potential that this model has, it questions its utility in supporting practitioners to design effective intervention for those school refusers whose behaviour can be accounted for by more than one of the outlined functions. It may be the case that a school refuser initially avoids school due to extreme anxiousness associated with the school setting, but that this anxiousness subsides, and their non-attendance is instead being fuelled by the positive gains that they receive from staying at home. If this is the case, then the espoused benefits of adopting a functional model become less pronounced, as it becomes more difficult to implement specific interventions that are likely to address the underlying causes of the non-attendance.

There are also a number of methodological weaknesses in Kearney and Silverman's study, which lead the reader to question whether the four functions of school refusal that they have identified are in fact exhaustive, or whether school refusal serves an alternative function that they have failed to identify. Much of this stems from the

extremely small sample size that was employed, which makes it difficult to generalise the findings from their study, to the wider population (Robson, 2002). Kearney & Silverman's study was highly reliant on the use of child self-report measures, which although are quick and easy to administer, their reliability is by no means assured (Cohen et al. 2007). Dadds et al (2004) caution that in order for self-report methods to be reliable and accurate, 'children must have developed a concept of the self, have an understanding of emotion, and have some insights into processes within themselves' (p.26). Kearney & Silverman do not report on their sample's level of emotional intelligence or communication skills, and so it is difficult to determine how accessible and appropriate the use of self-report measures were for this particular group of children. Issues relating to demand characteristics are also particularly relevant to this approach to data collection, with children providing researchers with answers that they think they want to hear. The dominant discourses surrounding school refusal will be critiqued later in this paper, but researchers have found that school refusers often 'talk the language of school refusal' as a result of hearing adults around them hypothesising the probable causes (Stroobant & Jones, 2006) rather than providing professionals with an honest account.

Despite these methodological weaknesses, it is largely assumed that the shift of focus from the *symptoms* to the *function*s of school refusal is positive, and 'may result in more sophisticated approaches to assessment and treatment' (Elliot, 1999: 1009). Practitioners seeking to determine how best to support the school refusers in their care, are therefore advised to consider what function their non-attendance is fulfilling;

advice which the current research endeavour was mindful of when seeking the views of the school refusers in the medical PRU.

4. Identifying a role – 'Voice of the Child'

In searching the literature to establish how previous researchers have brought the child's voice to the forefront of school refusal research, it became apparent that there was a near absence of research that had successfully achieved this. In hypothesising the probable causes of school refusal, researchers tend to be driven by clinical and adult-led discourses that suggest that school refusal arises as a result of excessive anxiety associated with attending school (Pelligrini, 2007). Few studies use child-led discourses that arise directly from children being given the opportunity and support to articulate the cause of their non-attendance in their own words (Stroobant & Jones, 2006). Stroobant & Jones (2006) question the widespread acceptance of psychological narratives about school refusal and emphasise the importance of obtaining the child's views if we are to develop an accurate picture of why this behaviour occurs. They adopt a social constructionist viewpoint that raises questions about the accuracy of constructing school refusal as a 'problematic' and 'maladaptive' behavioural response:

> *'School non-attendance, understood as abnormal, irrational, pathological behaviour, assumes its flip side: the assumption that going willingly to school is normal, rational and healthy behaviour. It is against this latter, socially constructed norm that school refusers are measured and identified as individuals possessing various "problem behaviours" and "psychiatric disorders" which require treatment' (Stroobant & Jones, 2006: 219)*

They argue that in failing to emphasise the child's perspective, we assume that school refusal is a 'negative child identity', when for some children it could more accurately be described as a conscious decision to avoid a situation that they dislike, and their non-attendance may therefore serve a positive function. Stroobant & Jones (2006) carried out retrospective interviews with seven female university students who were school-refusers in their youth and concluded:

> *'In contrast to mainstream psychological perspectives, the women tended to indicate that they did not see themselves as simply "powerless victims" of a phobia or some other problem. Some saw themselves as having consciously sought to "conquer" or "outwit" the schooling system and thus may therefore be better understood as "dissidents" rather than "victims"' (Stroobant & Jones, 2006: 219)*

Although there are methodological weaknesses associated with employing retrospective methods, the above quote serves to highlight the importance of developing an understanding of school refusal, as it applies to the individual. The views of a large proportion of the women interviewed for this study contest the commonly held view that school is a vital social agency that plays a critical role in instilling societal and cultural values. They instead considered school to be a 'dangerous or harmful environment' of which they did not wish to play a part, and viewed their non-attendance as positive, and indicative of their 'insightful' and 'non-conformist ways'. From this perspective, interventions that focus on lessening social anxiety as a means of addressing school refusal behaviours are likely to be ineffective if used in isolation from other strategies. In Stroobant & Jones' research, for intervention to be successful it also needed to target the specific factors that led to

the participants viewing their refusal as positive, and the factors that were likely to have been maintaining this mindset.

Although this research provides an alternative perspective of the function of school refusal, it is important to note that in the process of reflecting back on their school experiences, the participants constructed an account of their non-attendance that is likely to have been different to how they might have described it at the time. It is also pertinent to the current discussion to highlight that all of the participants taking part in the research were university students. This implies that for some individuals school refusal does not apply to all educational settings, or that it is a condition that can be overcome by some, providing further evidence for the heterogeneous nature of this condition. Many of the participants also reported that their university education had led them to consider their school refusal in an alternative light, which raises further questions about the efficacy of retrospective interviews in this context.

The importance of obtaining the young person's perspective when attempting to determine the cause of school refusal is further highlighted by extensive research carried out in Japan (Yoneyama, 2000). There is reported to have been a steady increase in Tokokyohi (school phobia/refusal) in Japan since the 1980's 'thus creating a legitimate crisis of the education system' (Yoneyama, 2000:77). This has heightened researchers interest in the area, and led many to conclude that a significant and contributory factor leading to school refusal in Japan is the experience of 'school burnout' due the extremely 'demanding' and 'alienating' nature of the

school system (Koizumi, 1990; Miike & Tomoda, 1994). This 'socio-medical' discourse assumes that the origins of school refusal lie in the social structure of the school, and not with the individual student. It suggests that if the school environment was less pressurised, and expectations of students were not as high, then the incidence of school refusal would dramatically decrease. Yoneyama (2000) goes on to identify three other dominant adult discourses present within the literature relating to the causes of school refusal (see Table 2). Within these discourses, contention seems to focus on whether 'Tokokyohi' is perceived as an illness, or whether – as the socio-medical discourse suggests – it is a structural problem stemming from the organisation of society (Yoneyama, 2000: 81). Both the socio-medical discourse, and the citizen's discourse offer a systemic construction of school refusal, in comparison to the 'psychiatric' and 'behavioural' discourses that position the origins of school refusal as being 'within child' (Pellegrini, 2007). Despite these definitional inconsistencies, all four discourses are united through the fact that they are developed by adults, and therefore not born directly from the voice of the children for whom attendance at school is difficult.

Table 2: Adult-led discourses of Tokokyohi (developed from Yoneyama, 2000)

Adult Discourse	Definition of 'Tokokyohi' (School phobia / refusal)
Psychiatric discourse	Tokokyohi as a mental illness. School refusal stems from the child's maladjustment and mal-adaption to society.
Behavioural discourse	Tokokyohi as laziness. School refusal is seen as representing an underlying, socially-deviant pattern of behaviours. This within-child construction sees the primary aim of intervention as increasing discipline and training the individual's behaviour.
Citizen's discourse	Tokokyohi as resistance to the school. The problem is not seen to lie within the child, but within the school system. The solution to Tokokyohi is therefore considered at a systemic level, and sees changing schools, and the society in which the schools reside, as the key to addressing school refusal.
Socio-medical discourse	Tokokyohi as school burnout. As with the citizen's discourse model, this discourse assumes that the origins of school refusal can be traced back to the social structure of the schools that students attend. The school environment is such, that is can lead to significant health problems. Tokokyohi is therefore seen as a social illness.

Despite being adult-led, the power that these discourses hold in Japanese society should not be underestimated, as have a direct effect on students; influencing the way that they are seen and treated by people who have considerable power over them (Yoneyama, 2000).   Recognising the ethical issues pertaining to this, Yoneyama (2000) examined student discourses of school refusal drawn from

autobiographical accounts to see how they differed from the dominant discourses described above. The paper suggests that although there is some level of congruence between adult and child discourses, they differ in terms of what they perceive the *purpose* of school refusal to be. They are united through their identification of 'school burnout' as a contributory and often causal factor of non-attendance due to feelings of insignificance and 'not being able to cope'. However, child discourses suggest that although this may be the cause of their school refusal, their non-attendance is fuelled through an attempt to try and 'empower themselves in their search for subjectivity' (Yoneyama, 2000) within a highly controlling social system. They felt that by not attending school, they were protesting against an institution that has unrealistic expectations of children, which cannot easily be fulfilled without experiencing high levels of stress. Yoneyama does not make explicit whether the children's autobiographical accounts were obtained at the time of school-refusal, or some years later, making it difficult to determine the validity of such accounts. If obtained some time after their school refusal, then the research falls prey to some of the criticisms outlined above in relation to retrospective research, in terms of the likelihood of perceptions changing over time. However, Yoneyama's research highlights the importance of exploring children's perceptions of their school refusal, and demonstrates how there can be significant differences in the way that children and adults understand this type of non-attendance.

The importance of ascertaining autobiographical accounts when attempting to understand school refusal should therefore not be underestimated as they can provide invaluable insight into the 'associated factors' of non-attendance that cannot

accurately be obtained through other means. From this perspective, the absence of the voice of the child in assessment and intervention being undertaken in the medical PRU should be considered significant, as this suggests that staff are unlikely to uncover the true cause of the non-attendance and will instead be reliant on the implementation of interventions born from adult-led discourses.

5. Exploring the dominant discourses

Throughout this paper, reference has been made to adult-led discourses relating to the probable causes and likely functions of school refusal. Pellegrini (2007) suggests that 'adult discourses are polarised in two main camps, competing over 'within child' versus systemic constructions of the issue' (p.68). While the former focuses on the pathology of school refusal, the latter looks at the school system, and how this contributes to children not wanting to attend school.

Parker (1992) describes discourse as ' a system of statements which construct an object' (p.5). From this perspective, within-child constructions of school refusal can be classified as belonging to a 'clinical discourse' where school refusal is construed as a problem stemming directly from the child, or the child's family. By studying the literature on school refusal, and considering the audience for whom such papers were written, Pellegrini (2007) describes the clinical discourse as 'dominant', in that a large proportion of the research into this area is found in journals with a clear focus on pathology (e.g. *Journal of Anxiety Disorders, Clinical Psychology and Psychiatry*). He goes onto argue that there appears to be a bias towards a clinical construction of

school refusal in both academic and research discourses, resulting in it becoming the accepted definition due to the prestige that such discourses hold in the world of education. By placing emphasis on the child and their family, the clinical discourse exonerates the rest of the child's environment, as the child becomes the sole loci of the problem. The implications of this should not be underestimated, as can lead to interventions being targeted towards the child, and fail to put pressure on the school to consider how the learning environment has the potential to contribute to the child's non-attendance.

Research identifying the potential school-based factors associated with school refusal are beginning to emerge, although are often underrepresented in research identifying the causes of school refusal (Pilkington & Piersal, 1991). Studies have sought to identify the characteristics of school's reported to have high levels of attainment and low levels of truancy, as a means of exploring how the school environment could be adapted to decrease levels of school refusal (Reynolds, 1996). The extent to which such studies are useful in determining this is questionable, due to the differences in truancy and school refuser behaviour outlined above. They also implicitly assume that high levels of attainment are synonymous with high levels of attendance, when in fact for many school refusers, it is the pressure and expectations of such schools that contributes to their non-attendance (Yoneyama, 2007).

Wilkins (2008) recognised the importance of avoiding generic school based explanations of non-attendance, and highlighted the need to capture an individual's experience of a particular school setting. Wilkins interviewed four students attending

alternative provision for school related anxiety who were reported to be making good progress since leaving mainstream provision. Wilkins identified four factors that constituted 'school based themes' linked to school-related anxiety (see Table 3) which incorporate the school climate, the academic environment, approach to discipline and relationships with staff. Wilkin's research focuses on those factors that encouraged the students to attend their new school, rather than identifying those that contributed to their non-attendance in their original setting. Although the converse could be assumed (e.g. punitive and autocratic discipline systems); this is not made explicit and so cannot be confidently be concluded.

Table 3: School-based themes contributing to school related anxiety (adapted from Wilkins, 2008)

School-based theme	Outline
School Climate	Students described an atmosphere of trust within the educational setting, and felt comfortable with those around them. They entered into trusting and interpersonal relationships.
Academic environment	When compared to their previous schools, the participants in Wilkin's study highlighted a calmer atmosphere in their new school. The work was considered to be easier, and teachers showed more interest in the student's academic progress.
Discipline	Disciplinary procedures and policies in the new setting were considered to be non-punitive and fairer than in their previous schools.
Relationships with teachers	In their new setting, students reported having relationships with teachers where they could speak to them on an informal basis outside of the classroom. Students particularly valued those teachers who treated them as individuals and fulfilled their emotional as well as academic needs.

Another discourse dominant in the literature is the 'legal discourse' (Pelligrini, 2007). The Education Act (1996) states:

> *'If it appears to a local education authority that a child of compulsory school age in their area is not receiving suitable education, either by regular attendance at school or otherwise, they shall serve a notice in writing on the parent requiring him (sic) to satisfy them within the period specified in the notice that the child is receiving such education.' (Chapter 56, Section 437, cited in Pelligrini, 2007: 67)*

The legal discourse places emphasis on the child's parents to ensure that they attend school. If the child fails to attend, the parent is constructed as failing in their role and the child is positioned as a passive and helpless individual who is subject to their parent's poor parenting. The performative aim of this discourse is to ensure that parents do everything within their power to make sure their child attends school. It assumes that whether or not a child attends is dependent on how well they are parented, and how much control their parents have over their behaviour (Fremont, 2003). This narrow construction of school non-attendance fails to consider any other explanation of non-attendance other than the inadequacy of parents. It does not consider the parent's circumstances, or the family dynamics which could both equally contribute to a child's non-attendance (Kearney & Silverman, 1995).

There are a number of studies contained within the literature that highlight the family and home factors related to school refusal, but these do not form dominant discourses when examining the literature on school refusal as a whole. From an extensive review of the research, Kearney & Silverman (1995) identify five familial subtypes that are characteristic of the school refusal population (see table 4). They

emphasise the importance of exploring the familial factors associated with the non-attendance, and acknowledge that considerable overlap exists whereby the families of school refusers can display any number of these characteristics. In considering these subtypes, it appears that there is arguably nothing distinctive about the families of school refusers when compared to the families of other children and young people. Kearney & Silverman's model also fails to take into consideration the individual characteristics of the school refuser, and how levels of resilience and other personal attributes can help a child to overcome issues contained within the family in to which they were born (Rutter, 1992).

Table 4: *Five familial subtypes associated with school refusal (Kearney & Silverman, 1995)*

Familial Relationship	Characteristics
The Enmeshed Family	This involves an over-dependant parent-child relationship. This dependency has its origins in separation anxiety, whereby separation from the parent is difficult, and can therefore lead to school refusal. This remains one of the most popular descriptions of school refusers families contained within the literature.
The Conflictive Family	Conflict and hostility have both been identified as key characteristics of the families of school refusers. Continuous conflict between children and their families is seen to contribute to the child's non-attendance.
The Detached Family	This describes a family who are detached from one another and do not spend time together as a family unit. They are not attentive to each other's thoughts and feelings, and do not easily understand when someone is upset etc. A child's difficulties can therefore go unnoticed, by which point it is too late, as the child has developed their own coping mechanism (e.g. not attending school).
The Isolated Family	This is a family who has little interaction with people or community groups outside of their immediate family. Such families are reluctant to engage with outside agencies, and avoid any activities that take place outside of the home.
The Healthy	This type of family is said to be 'relationship orientated' and

Family	have higher than average levels of family cohesion (York & Kearney, 1993). A significant number of school refusers are said to come from this type of family.

One explanation regarding why research exploring family factors does not form a dominant discourse on school refusal, is due to the methodological limitations of many family orientated studies. Assessment tools used in this type of research such as the 'Family Assessment Measure' (FAM) claim to identify dysfunctional family patterns (Bernstein & Borchardt, 1996) by comparing them to normative data. Issues emerge regarding what constitutes a 'normal family' and how this diminishes their role in school refusal behaviour. If we look at Kearney & Silverman's identification of familial factors, the 'healthy family' described as adaptive and relationship orientated is included, suggesting that no family type can be excluded.

After exploring the literature on school refusal, and working in consultation with the head teacher of the medical PRU to explore the issues that were relevant to their educational setting, the following research questions were posed, and will be addressed throughout the course of the research:

1) What are children and young people's experiences of school refusal?

2) What are the factors associated with school refusal, as constructed by the child?

6. Methodology

This research will use case study methodology to explore the factors that are associated with school refusal from the viewpoint of the child. As the emphasis is placed on 'the voice of the child' and allowing school refusers to tell their story in their own words, it was felt that this methodology would facilitate this approach, and enable other relevant issues to be explored. Case studies are also recommended as a form of methodology when the researcher is striving to obtain a 'thick description' of participants' lived experiences, and their thoughts and feelings about a particular situation. From the perspective of the current research, this level of detail was essential, as it would contribute to the existing 'adult-led' knowledge that the medical PRU staff had regarding school refusal.

Case study research is embedded in a commitment to a particular worldview, which assumes that individuals are 'conscious, purposive actors who have ideas about their world and attach meaning to what is going on around them' (Robson, 2002:24). This interpretive epistemological stance rejects the idea that 'knowledge' can only be derived from scientific means, and instead argues that knowledge and reality are represented through the perceptions of the people who experience it (Scott & Usher, 1996). From this perspective, children and young people experiencing school refusal will create a different story of their non-attendance, from that of the adults around them; further emphasising the importance of gaining their viewpoint. In adopting this interpretative viewpoint, it is important not to challenge the accounts that the children and young people provide regarding their non-attendance, as their views should be

seen to represent the 'truth' as they perceive it (Robson, 2002). From the Trainee EPs perspective, what therefore becomes important is that they can see the world as viewed by the school refusers, and respect their construction of their non-attendance and use this knowledge to positive effect.

6.1 Design

The study uses a multiple-case design, comprising three case studies; determined by the number of school refusers on roll at the medical PRU at the time of Trainee EP involvement. Case study literature advises that all case study research should follow a replication logic whereby each case is selected carefully on the basis that they will provide similar (literal replication) or contrasting (theoretical replication) results (Yin, 2009). This replication logic could not be followed for the current case, as the sample was 'opportunistic' (Cohen et al, 2007), and the participants were therefore already pre-determined. However, the participants were matched on a number of variables, as will be outlined in the next section of the paper and so from this perspective, the study can be said to follow a literal replication. The case study research is *exploratory* in nature, as its primary aim is to explore children's experiences of school refusal in their own words, rather than trying to explain why it occurs. However, as some of the questions that the children will be asked relate to the possible functions that their non-attendance serves there may be an element of explanation contained within the analysis.

6.2 Participants

The participants for the current study were therefore selected on the basis that they were school refusers on roll at the medical PRU. Participants were therefore not able to be matched as Yin (2009) advises, or selected on the basis of them holding specific characteristics. It is important to highlight that due to the heterogeneous nature of school refusal (Elliot, 2007), matching participants on the basis of specific characteristics was likely to be problematic, even if the research was not commissioned by the Medical PRU, and school refusers could be selected from the wider population. Despite this lack of homogeneity, the participants in the current sample did hold a number of similarities as highlighted in Table 5. Three participants took part in the research, all of whom were female and aged between 12 and 14. All three girls lived at home with their Mothers and had intermittent contact with their Fathers. They had a minimum of one sibling, and their school refusal was believed to have started following the transition to secondary school.

Table 5: Participant characteristics

Participant	Gender	Age	Ethnic Origin	Home arrangement	Number of siblings	Age at onset of SR
1 (SB)	Female	12	White British	Lives with Mother	1	11
2 (BW)	Female	14	White British	Lives with Mother	2	12
3 (KP)	Female	13	White British	Lives with Mother	2	11

The participants' parents were contacted by the Trainee EP in the first instance, who outlined the nature of the work and sought their consent for their child to participate. All parents agreed that their child could take part in the research if they agreed to do so, but reminded the Trainee EP that their children were highly anxious, and so could find talking to a stranger about their school refusal difficult. Following this, participants were met by the Trainee EP at their home where the nature of her role and the research was explained, and informed consent was sought. All three young people agreed to take part in the research and were happy to share their views on the proviso that the interviews took place within their homes. One participant raised concerns about the school being able to attribute her responses directly to her, on which she was reassured that all interviews would remain anonymous, but was reminded that the staff at the medical PRU would know which three pupils were taking part in the research.

6.3 Procedure

Individual semi-structured interviews were carried out with the three identified participants. Interviews were carried out one-by-one and transcribed by the researcher and analyzed before proceeding to the next in the manner advocated by Yin (2009). The rationale behind this stems from the idea that as case study data are collected, the researcher must constantly review the evidence so that any themes and issues identified in the initial interview can be pursued in the remaining interviews.

The case study adopted a 'focused interview' approach (Merton et al. 1990) where interviews were open-ended and conversational in manner, but guided by a set of pre-determined questions adapted from a schedule developed by Thambirajah et al (2008) (See Appendix 1). Although the questions followed a specific line of inquiry, the process was flexible to enable the young people to tell their story in their own words (Oppenheim, 1992) and hopefully ensured that they did not feel that they had to give a particular response to the questions asked. From an interpretative epistemological stance, the focused interview would help the Trainee EP to see the world from the perspective of those being interviewed, and also allow the interviewee space for spontaneity and freedom of speech which was an essential part of the research.

6.4 Data Analysis

Thematic Analysis (Braun & Clark, 2006) was used as a tool to carry out a 'cross-case synthesis' (Yin, 2009), whereby key themes that emerged from the interviews were identified and analyzed due to their prevalence. This enabled cross-case conclusions to be drawn as they related to the study's research questions. Braun & Clark (2006) highlight the importance of making clear the theoretical position of a thematic analysis, as all theoretical frameworks carry a number of assumptions about the nature of the data being analyzed. For the current study, thematic analysis was therefore viewed as a method of analysis that was seeking to understand and reflect the reality of school refusal as perceived by children and young people for whom attendance is difficult. An inductive or 'bottom up' approach was adopted (Frith &

Gleeson, 2004) whereby the identification of themes was driven by the data, rather than searching directly for themes that relate back to the literature on school refusal. Interesting features of the data were coded across the three interviews, and then data was collected relevant to each code in a manner advocated by Braun & Clark (2006). The codes were then collated into potential themes which more accurately described the data and then compelling and insightful extracts from the interviews were listed under each theme. As a result of this process, three themes were identified and are presented in the following section of this paper.

7. Results and Discussion

To ensure clarity of understanding, the results and discussion have been combined, to avoid repetition and to clearly highlight how the themes identified relate to the study's overall research questions. Three major themes were identified in the data which have been named: *'Dual Identity', 'School Factors'* and *'Non-conformity'*. These themes are not exhaustive, but represent themes that were prevalent in all three interviews, and that appear to play either a contributory or maintaining role in the young people's non-attendance. It is important to note that although all three participants consented to take part in the research, they appeared to find the process of 'being interviewed' difficult, and the interviews therefore contained more prompts than is ideal in a focused interview setting (Merton et al, 1990). However, this level of prompt was necessary to help the young people to think about their school refusal, as all three participants articulated that prior to taking part in the current research

they did not often think about their school-refusal, and at times actively avoided thinking about it, as to do so could cause excessive anxiety.

7.1 Theme 1: 'Dual-Identity'

This theme relates to the conflicting roles that the young people felt that they had in relation to their role as a child within the family system, and their role as a pupil as part of the school system. All three participants described events taking place within their family home that would be considered by many to be complex and difficult, although such adjectives were not used directly by the children and young people. All participants used language which normalized the behaviour and characteristics of their parents and family, but their repeated mention of events that took place within the home suggests that their role in contributing to their non-attendance should not be underestimated.

All three participants reported that aspects of their home life contributed to them wanting to be at home:

> ' Sometimes I worry about leaving my Mum. She's getting better I think, but she still struggles with stuff. I worry about her using the kettle as she can shake, and she might spill water on her or Tiggy (cat.). I'm no good at school anyway, so it makes sense for me to stay at home sometimes, just so I can do what I need to do' (SB)
>
> 'It's just better for me to be at home you know. My Mum sometimes drinks and finds it difficult to get up in the morning, so I have to make sure Ben and Cody are ready and have had their breakfast. I don't mind though. It's just what I do. I don't really get anything from going to school so it is better for me to stay back and help my mum. I like it that way' (BW)
>
> 'Why does it matter if I don't go to school though? My Mom doesn't mind, she thinks that you lot are annoying for always going on at her. She's got stuff to deal with and needs to stay in bed a lot so I help her out. Sometimes she tells me to go to school but I'm not going to. The thought of going makes me feel sick' (KP)

Through further discussion, it transpired that the parents' of all three girls suffered from either physical or mental illness or had substance dependency, which meant that the girls all assumed a young carer's role within the home. The medical PRU were aware that the girls came from what they termed 'difficult family backgrounds', but did not know the nature or extent of these difficulties. SB's Mum had been diagnosed with Multiple Sclerosis around the time that her attendance at school began to waiver, and although the education welfare team were aware of this, the medical PRU were not kept informed and were not aware of the extent of support that she required within the home. BW shared that her Mother 'drank all the time', and that her and her two younger siblings had lived with their Gran for a period of time whilst her Mum 'got better'. KP made repeated reference to her Mother spending long periods of time in bed with the curtains closed. Through discussion with the education welfare team it became apparent that her Mother had suffered from depression for some time, and had recently disengaged with the services that had put support in place to help her.

From a functional perspective, the abovementioned quotes suggest that the girls' non-attendance can be attributed in part to their desire to want to stay at home and look after their Mothers, and their perception that if they attended school their Mothers would not be able to cope. Although these feelings could be used to further our understanding about the onset of the school refusal, the following quotes suggest that their non-attendance was fuelled by other factors relating to this:

> *'Now when they try and make me go to school I can't. I used to decide not to go. You know I could go if I wanted to, but now I can't. It's like I've made myself scared of it, and the fact that everyone teased me and made fun of my mum didn't help. I worry that something will happen to Mum if I will leave her, and that makes me feel sick and my legs feel dead and I start to panic. I can't even stand on the playground. They have tried to make me do that a couple of times but I can't. There's no point. My mind wants to be at home so my body stops me from leaving.' (SB)*
>
> *'I tried to go back into school after being off for awhile, but all the other girls in my class were right bitches. They thought that I just couldn't be arsed to come into school. They don't know about my Mum and that and so they think that I am a skiver. The next time I went to school they really excluded me, and I had a panic attack. My chest went really tight and I couldn't breathe. I didn't know what it was at the time, but now I have them every time they try and make me go to school. Sometimes when I am in my room at night and I think about having to go to school, I can feel my heart racing. I just won't go back there. No, no way.' (BW)*
>
> *'I used to get angry when Sharon (EWO) knocked on the door all the time. She didn't get that I needed to be at home to help out with stuff. They used to drive me in but I would always run off. As soon as I walked through the door I felt angry. I used to get really hot and angry and so I would just turn round and peg it. My hands used to get proper sweaty. I never want to go back there. It's not for me, and like I said; my Mum needs me at home. Why would I want to go somewhere where people look at me like I'm a freak?' (KP)*

All participants highlighted the physical symptoms that they experience when they have tried to return to school after a period of absence relating to their home situation. Whether returning to school on a voluntary or involuntary basis, they

experienced the physiological signs of anxiety which made it impossible for them to remain in school. Their prolonged absence from school therefore appeared to stem from their role within the family home, but was maintained by feelings of being judged, or picked on by their peers on their return to school which triggered a physical reaction. This then fuelled the negative feelings that they had already begun to develop in relation to school, and confirmed their belief that they were better off staying at home and supporting their parent.

The above quotes also suggest that when the participants were able to attend school, they were so preoccupied by their thoughts and worries relating to their home lives, that they were not able to attend to the reality of being at school. This is further highlighted by the following:

'Even when I used to go to school a bit, you know before stuff got really bad, I would be sitting at my desk but not really listening to what they said. I never got in trouble or anything as I wasn't being naughty. I was just worrying about my Mum, and whether she was coping alright on her own.' (SB)

'It's hard to see what's good about being at school, when there is loads more important stuff outside of school. I used to get in trouble on purpose so that I would get sent home so I could see my Mum' (BW)

'Once social services knocked on our door and I wasn't there. They really upset my Mum. I just kept thinking that I had to be at home to make sure that they didn't try and take my sisters' (KP)

The participants varied in terms of how they coped with these pre-occupying thoughts in the early stages of their non-attendance. Where KP allowed these thoughts to impact upon her behaviour and would regularly abscond from school,

both SB and BW identified some of the coping mechanisms that they drew upon to try and push these thoughts from their minds:

> *'Sometimes if I started to worry about Mum when I was in class I would try and distract myself by thinking about other things. Sometimes I could do this, but sometimes I couldn't shut it out and I just had to get home. I think that's what made it worse. I think that I started to not know how to distract myself, and all I could do was worry. Maybe that's when I stopped being able to come.'* (SB)
>
> *'I used to try and think about what my Mum will be like when she gets better. When she doesn't have to drink anymore. That made it easier for me to try and stay at school. You know, if I thought of her as being okay. Like a normal Mum'* (BW)

For the current sample, this theme highlights the importance of 'family factors' and the role that they play in the participant's non-attendance. To varying degrees, all participants seemed to attribute the onset of their non-attendance to conflicting home and school roles, and felt that as they could not be in two places at one time, they needed to prioritise where they should be during the school day. As highlighted earlier in this paper, one of the most common family factors relating to school refusal in the early literature is separation anxiety in the context of hostile-dependant mother-child relationships (Johnson et al, 1941). Within this context, Mothers are often described as overprotective or dominant (Berg & McGuire, 1974; Davidson, 1960) which makes separation difficult. The extent to which this description is applicable to the current sample is questionable, as although separation from their Mothers is a factor in their non-attendance, it is not as a result of their Mothers dominance. The children found separation difficult, as worried for their parents' safety in their absence, and therefore preferred to be at home where they could take care of them.

The nature of this relationship fails to easily be accounted for through the 'five familial relationship subtypes associated with school refusal identified within the literature (Kearney & Silverman, 1995 – see Table 4). Although there are some similarities with the 'enmeshed family' whereby there is an over-dependant parent-child relationship, the dependency is more on the part of the parent which differs from the description provided by Kearney & Silverman (1995). It could therefore be argued that a new subtype needs to be developed that takes into consideration the dynamics of families in which the parent suffers from mental or physical illness, or are alcohol or drug dependant. An understanding of these dynamics is important, as will influence the way that the child's non-attendance is addressed, as suggests that support will need to be implemented to address the family factors, as well as the within-child factors that have developed as a result of the home situation.

The participants' views presented in this theme, do however resonate with those identified in research conducted by Place et al (2000). Within this research, the views of 17 young people and their families were sought through the use of questionnaires and semi-structured interviews. The authors concluded that the families of children displaying school refusal behaviour tended to live in deprived areas, and had a long history of relationship difficulties. Of particular relevance to the current study, Place et al (2000) identified that the majority of Mothers in the sample had significant mental health issues, and as a result there were several examples of 'enmeshed' family relationships (Kearney & Silverman, 1995) whereby parents had an over-dependency on their child.

When referring back to the four functions of school refusal behaviour outlined by Kearney and Silverman (1990) in Table 1, the accounts of school non-attendance provided within the theme of 'dual identity' do not neatly fit into any of the identified categories. Although their school refusal arguably developed into an attempt to 'escape from aversive situations', at the outset it appeared to stem from a desire to remain at home and protect their Mothers. Although this could be described as 'separation anxious behaviour' which falls into the third function, their non-attendance was not for attention-seeking purposes which rule this function out. This suggests that as queried at the start of this paper, Kearney & Silverman's definitions do not appear to be exhaustive, and school refusal can be accounted for by other factors that are not identified through their model. It also provides evidence in support of the assumption that due to the heterogeneous nature of school refusal (Elliot, 2007), the factors that contribute to non-attendance need to be explored at an individual level.

7.2 Theme 2: School Factors

Within the literature, the emphasis on the child and their family as the loci of the problem often exonerates the role that the school has played. Although much of the participants' non-attendance could be accounted for by home factors, and their sense of responsibility within the family home, they all identified aspects of the school environment that contributed to their non-attendance. Although referred to less frequently, the emphasis placed on school factors was in many ways more apparent than in the previous theme, as participants' seemed more comfortable to attribute

aspects of their non-attendance to factors within the school. Mention of their families as a contributory factor in their non-attendance was sometimes implicit, and their construction of their non-attendance was not directly attributable to issues within the family home. However, the language they used in relation to school used descriptions that implied a causal role, and the participants appeared comfortable in expressing these views. The participants identified a number of risk factors relating to school that made their attendance less likely:

'I have never been clever. I used to get loads of support when I was at [primary] school but that seemed to stop when I started at [secondary] school. I think it's harder to ask for help there too, as everyone kind of looks at you like you're thick. Maybe I am thick but that's not the point. If they want you to do well, they need to recognise that you need support.' (SB)

'Mr Jones always used to pick on me in class. He knew that I was crap at Maths, but he would always insist on asking me what the answer was when he knew that I couldn't do it. At first I started to say that I felt sick so I didn't have to go. When you've got stuff going on out of school, and then when you're in school they embarrass you, it just doesn't make you want to be there.' (BW)

'I hate reading out loud. I used to have a lisp when I was little, and although it's gone I'm still para(noid) about it. She used to make me read out loud all the frigging time and I just used to say that I couldn't. I used to dread her lessons, like really dread them. I would do anything to get out of them.' (KP)

All participants therefore highlighted anxiety-provoking situations within school that made them not want to attend particular lessons. Although this alone cannot account for their school refusal, it can be seen as a contributory factor as made them less likely to attend school through fear that they could not do the work, or where not very good at something. Although the participants acknowledged that they found particular aspects of school work difficult, and at times blamed themselves for this,

they were united through their portrayal of a school environment that was not sensitive to their needs. They also identified difficult relationships with staff as contributing to their desire to want to stay at home:

> ' I hated him. He walked around like he was the only person that mattered, and if you told him about stuff that was going on at home, or if you tried to explain why you hadn't done your maths homework he just wouldn't listen. It made me just keep stuff to myself.' (SB)
>
> 'All of the teachers at that school are idiots. Waste of space. They sit there all judgmental-like, thinking that they are better than you or something. I don't know – Mum always said that they look down at you.' (KP)
>
> 'I once remember a teacher yelling at me in front of everyone for being late. I'd got lost and had been trying to find the room but couldn't. When they asked me why I was late I just froze. My mouth went dry and I just couldn't answer him. Why would you want to go to school in a place where teachers treat you like that?' (BW)

Finally, all participants provided a construction of school as 'boring' and 'pointless' and therefore felt that their time would best be spent at home. This aligns itself with accounts provided within the first theme whereby the participants desire to be at home far outweighed any benefits in attending school:

> 'I just used to get so bored when I was at school. When I thought of all the stuff I needed to get done at home, and that I could be back there with my Mum I just used to sit there thinking what's the point.' (SB)
>
> 'I don't understand what they're talking about so I just switch off. It's just so pointless some of the stuff that they teach you. It used to bore me to death,' (BW)
>
> 'It's just a pointless waste of time. It's boring, they don't treat you like a real person. I could go on! Honestly, it's just ridiculous some of the things that they try and make you do.' (KP)

Although it is likely that the school factors identified by the participants are contributory rather than causal (e.g. when considered alongside other factors, boredom contributed to the participants' justification regarding why they did not attend school) they should still be considered significant as did not provide them with any incentive to attend. This is not to say that if they had enjoyed their lessons and been stimulated within the school environment then this would have been enough to counteract their non-attendance; but rather that the more protective factors present, the better the chance they have of overcoming the emotional factors leading to their non-attendance (Archer et al, 2003).

As highlighted earlier in this paper, there has been increased recognition placed on the role of school-based factors in terms of their role in maintaining school refusal (Lauchlan, 2003). Archer et al (2003) identify nine possible school factors associated with school refusal (presented in Box. 1). It is important to highlight that Archer et al's research is based on the perceptions of teachers and other professionals working with school refusers, and therefore fails to include factors identified directly by children who had experienced school refusal. However, as there is some level of congruence between the factors identified by the current sample, and those identified in Archer et al's study, their results arguably hold relevance.

Box 1: School Factors associated with school refusal (from Archer et al. 2003)

- The size and layout of the school
- The structure of the school day
- Conflict with teachers
- Transition periods
- Fear of specific subjects
- Academic pressures
- Bullying or perceived bullying
- Friendship problems
- Inappropriate provision

This therefore suggests that schools have a significant role to play in addressing some of the precipitating factors of school non-attendance and in increasing the number of protective factors that are in place to support vulnerable pupils. Schools can also play a crucial role in designing interventions to reintegrate school refusers, as staff can make necessary adaptations to the school and learning environment that will reduce the child's anxieties regarding these factors (Wilkins, 2008). Although Archer et al's (2003) identification of school factors includes those identified within the current study, it is important to highlight that due to the heterogeneous nature of school refusal; different school factors are likely to be significant for different individuals and different school settings (Wilkins, 2008). Despite the significance that the participants in the current study placed on the role of school factors, the current paper would agree with Archer et al's (2003) summarising comment that 'while school factors could trigger or exacerbate the problems of school refusal, the origins of the problem usually lay in the home (p. 15).

7.3 Theme 3: 'Non-Conformity'

The final theme identified from the interviews relates to the extent to which the participants in the sample constructed their non-attendance as an attempt to rebel against a school system that they felt to be oppressive and pointless, and encapsulates feelings relating to a lack of autonomy and power. Participants expressed views that suggested that they did not agree with having to attend school, and described attendance as inflexible when referring to their home situations. One participant in particular (KP) used language that suggested that she was proud of her non-attendance, and felt that she had managed to achieve something that others had not:

> *'They make you go to school, like you have no control of it and if you don't then you get into trouble. They have knocked at my Mum's door so many times and tried to take her to court over it, but now they realise that I'm not going to go. You know, that I physically can't bring myself to go. I made the decision that I wasn't going to go and I stuck to it. Not many people do that you know. They say they're not going to go, and then even though it makes them sick, they drag themselves there and are ill and miserable. Not me though'. (KP)*

The accounts provided by the remaining two participants also highlighted a desire to avoid conforming to Local Authority pressures. They describe school as inflexible and identified feelings of insignificance when attending, which made them feel that they were 'just another child':

> *'To be honest, I didn't even think that my school would be that bothered if I wasn't there. There are so many people that go there, and they treat you as if you were just another child rather than acknowledging that you are different. I guess that in some ways me not going was a way of saying f*ck you'. I don't think they realise how much pressure they put on you to be a certain way (SB)*
>
> *'I sometimes wonder who it is who makes the rules. Who is it who says that you have to go to school, and if you don't you're a bad person. I'm not a bad person. Sure I've done some naughty things in my time, but I'm not bad. It's not as if I killed someone, I just can't go to school. The thing is, even if I wanted to go to school now I couldn't. I think because I'm angry that's why I think that by not going to school I'm showing them that I don't give a shit about them and their stupid rules.' (BW)*

To some extent, their views can be seen to represent an alternative more positive interpretation of school refusal as alluded to by Stroobant & Jones (2006).   In contrast to dominant discourses on school refusal found in the literature, the participants in the current study did not see themselves as powerless victims of an oppressive society (Yoneyama, 2000) or debilitated through excessive anxiety; but instead described their school refusal as an attempt to overcome an inflexible school system.   These findings are congruent with those reported by Stroobant & Jones (2006) who concluded that '[school refusers] saw themselves as having consciously sought to "conquer" or "outwit" the schooling system and thus may be better understood as "dissidents" rather than "victims" (p. 219). The views and experiences of the school refusers in the current sample also challenge the prevalent view of this group of children as unhappy, isolated, hypersensitive and disturbed children (McShane et al, 2001).   They attempted to legitimize their school refusal by positioning it as an appropriate reaction to an inflexible school system, and described their behaviour as a rational response:

> *'Not going to school makes sense when my school was the way it was. They always teach you to problem solve so I did. I didn't like school so I eliminated the problem' (KP)*
>
> *'I was needed at home and wasn't learning anything at school so that's why I don't go. The longer that I haven't been the more it means that other stuff makes it hard for me to go. Like I really couldn't go now. But in the beginning I just thought stuff it. They put all this pressure on you and it was stressing me out, so I took myself out.' (SB)*

Issues relating to non-conformity and school refusal are not prevalent in the literature, and where they can be found, refer predominately to other cultures (e.g. Yoneyama's (2000) account of Tokokyohi in Japan). The findings from this thematic analysis suggest that exploring alternative discourses of school refusal should be incorporated into assessment of these behaviours, as they contradict the dominant discourses within the literature. It also raises questions about the conceptualization of school refusal and challenges the extent to which it can be seen as a behaviour caused by excessive anxiety and also highlights the importance of considering what the 'maintaining factors' may be. Throughout the themes anxiety did appear to play a role, but was not identified by any of the participants as the primary cause of their non-attendance. Their anxiety was instead caused by other factors relating to their school or family environment.

If the school non-attendance of the current sample does contain an element of 'non-conformity' as their accounts suggest, then it becomes important to ask whether their non-attendance is accurately classified as 'school refusal' as defined by the Local Authority. It suggests that a new classification of school non-attendance is needed,

that varies from truancy, but acknowledges that non-attendance can stem from a desire to revolt against the school system. Although this theme was prevalent in all three participant accounts of their non-attendance, it seemed to act as more of a maintaining factor than a causal factor. From this perspective, school refusal could be seen to act as an umbrella term for a specific type of non-attendance, but different subtypes are needed to accurately reflect its heterogeneous nature.

8. Implications

This study has highlighted how Educational Psychologists can apply their skills in research and development within a specialist setting to improve effectiveness and increase staff confidence in working with vulnerable groups of children. The experiences of the school refusers in the current study should not be understood as representative of school refusers across the board, but can be seen to offer perspectives which contribute to different ways of thinking about this type of non-attendance, and to help to plan effective intervention. It highlights the importance of seeking the young person's views regarding their non-attendance, and suggests that there is a need for an individualized approach to understanding school refusal that is not born from adult-led discourses.

To perceive the school non-attendance of the children at the medical PRU as a product of within-child characteristics would be a gross misunderstanding of a pattern of behaviour that has occurred due to complex family factors and is maintained through a range of school-related factors. For the current sample, their accounts of

non-attendance suggested that anxiety was a factor in their school refusal, but that it was symptomatic of a more significant underlying factor that needed to be the initial focus of intervention.

The study highlights the need for an assessment tool that takes into consideration the voice of the child, and where possible allows the young person to describe their non-attendance in their own words. Although the assessment tool developed by the Local Authority was considered to be an appropriate means of identifying school refusers, it did not contribute to understanding regarding why non-attendance occurs and was therefore not as effective as initially thought. However, although all three participants were able to articulate why they thought their school refusal occurred, and confidently engage with the interview process, for many children this may not easily be achieved (Thambirajah et al. 2008). This potential lack of confidence in talking about their school refusal can account for why many research endeavors favor the use of self-report measures, which don't require the young person to verbally articulate their thoughts and feelings.

By interviewing the school refusers at the medical PRU and carrying out a thematic analysis, the Trainee EP was able to develop staff understanding of the factors underpinning the girls' non-attendance, and help them to begin to consider the ways in which they could be supported. The results from this research was shared with staff at the medical PRU during an initial twilight sessions, which was followed up with a session that explored the implications of this for their work with school non-attenders. A third session was planned six weeks after the initial feedback sessions,

so that staff had the opportunity to raise any concerns or difficulties that they had encountered in meeting the needs of this group of young people. Of particular relevance was the understanding that various factors contributed to school refusal at different levels (see Figure 1), and therefore required consideration when planning intervention.

Figure 1: A framework for understanding the factors contributing to school refusal

8.1 Limitations

Although this study contributed to the medical PRUs understanding of school refusal behaviour, there are a number of limitations relating to both the methodology and wider aspects of the study that should be acknowledged (see Table 6). Many of the limitations stemmed from carrying out a piece of exploratory research within a 'time allocation' system which meant that the views of other stakeholders were not able to be sought, and that multiple sources of evidence were not immediately explored, but followed up at a later date. The current study should therefore be seen to report on just one strand of EP work relating to school refusers within the medical PRU that forms part of a longer-term study into the identities of school refusers.

Table 6: Limitations of study

Area of research	Limitation
Problem Formulation (role of the EP)	The Trainee's role was negotiated on the back of information provided from the head teacher of the PRU. It would have been advantageous to gain the views of other stakeholders when negotiating the role of the Trainee EP during the early stages of the research (e.g. parents, LA representatives, other school refusers identified within the borough). In considering the long-term impact of their involvement, it would also have been beneficial to establish some baseline measurements in terms of school attendance, and levels of anxiety that could be repeated following a period of intervention. Due to the independent evaluation that the LA assessment tool was subject to, this prohibited its inclusion in the current study. As the outcomes of the current study raised questions about the appropriate identification of participants as school refusers, and the utility of the LA definition of this group of young people it would have been advantageous to have factored in this evaluation.
Sample	As the sample was opportunistic it was representative of the school refusers attending the PRU, but findings can therefore not be generalized to the wider population. The validity of findings would have been increased had the school refusers been randomly selected from the wider population.
Data collection	The interview schedule used was developed by Thambirajah et al. (2008). Although the interview schedule was useful in eliciting the school refusers' views, some of the questions were very specific, and therefore difficult to answer. It was also based around feelings of anxiety and factors relating to school, and so only enabled the young people to talk about home/family factors as part of this. The schedule was therefore used flexibly to allow pertinent issues to be explored. It is important to highlight that if an alternative schedule was used, different themes may have emerged from the data. When using case study methodology, Yin (2009) suggests that the reliability of findings will be increased if data is triangulated through multiple sources of

	evidence. This will be achieved by interviewing the participants' parents to ascertain their views on their child's non-attendance, and my gaining Local Authority access to statistic relating to school refusers across the borough. It has not been possible to report on this strand of data collection within the current study, as this had not taken place at the time of writing. The final limitation of the data collection method relates to the difficulties that anxious school non-attenders might experience in talking about their school refusal and the factors underpinning this. Although the use of multiple sources of evidence would help to control for this, it would also have been useful to have incorporated a more structured means of gaining the young people's views to account for any difficulties answering questions on a face-to-face basis.
Data analysis	Thematic Analysis is subjective means of analyzing the data that requires the researcher to bring their own interpretation to the themes. Although this was controlled for through stringent coding processes, an element of interpretation is still necessary. Once determined, themes were fed back to participants to ascertain their accuracy, and although all participants agreed, they shared with the TEP that they had not previously thought about their school refusal in this way.

8.2 Future directions

As Place et al (2000) suggest; an understanding of the interaction between environmental factors and school non-attenders is necessary to promote effective and lasting change, and generate alternative discourses around the issue of school refusal. As well as increasing medical PRU (staff) awareness of the factors associated with school refusal, the research has also highlighted a need for training within mainstream schools to increase their awareness of school refusal. The

accounts of school refusal outlined by the participants suggest that what started as 'sporadic' attendance soon developed into school refusal, and that school factors played a part in this. If staff within mainstream setting had a more comprehensive understanding of school refusal, it is possible that support could be put in place to stop school refusal developing.

The research also highlighted a need for schools to put in place systems that enable their pupils' voices to be heard on matters relating to school, that can be acted upon to ensure that the school environment is supportive, and not feared by the children that attend. Schools and other educational institutions also need to develop their awareness of the systems in which children exist (e.g. school. family, community), and be sensitive to the idea that their roles within these different systems may at times conflict meaning that attending school is no longer their priority.

Although this paper highlights one example of Trainee EP work within a medical PRU, Educational Psychologists can work with school non-attenders at a range of different levels to help ensure positive outcomes. As previously highlighted, they can work at a systemic level to improve staff understanding of school refusal, and to ensure appropriate adaptations are made to the learning environment. They can also work with the families of non-attenders to support them to address any concerns within the family home and to 'model good practice in child management' (Pelligrini, 2007: 75). The level at which the EP works will be determined by the outcome of the assessment which will seek to explore the origins and functions of the school refusal. This highlights the final way in which the EP can work with school refusers; at an

individual level. This paper has sought to demonstrate how EPs can apply their skills in the assessment of children presenting with school refuser behaviour, and how this knowledge can be used to inform decisions on suitable interventions. Finally, EPs are in a position to be able to challenge dominant discourses on school refusal and develop alternative discourses developed directly from the child that more accurately explain why this group of children find it so difficult to attend school.

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