# VOLUME 2:

# A COLLECTION OF FOUR PROFESSIONAL PRACTICE REPORTS

# By

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# CHAPTER 1: INTRODUCTION

As a trainee Educational Psychologist (TEP) at the University of Birmingham, a requirement of the Applied Educational and Child Psychology Doctorate programme is a two-year supervised placement within a Local Authority Educational Psychology Service (EPS). During this time, within my role as a TEP, I conducted research which would form the basis of my doctoral thesis. The thesis comprises two parts. The first volume comprised an original piece of research, using a multiple case study design to explore the perceptions of young people with learning/communication difficulties, as well as those of their parents and teachers, with regard to feeling safe/bullying in the community. This second volume comprises four smaller studies, presented as four professional practice reports (PPRs), all completed during supervised fieldwork within the employing Local Authority (LA).

## EPS Context

I worked as a TEP in a suburban local authority in the West Midlands, under the supervision of an experienced Senior Practitioner Educational Psychologist. The EPS no longer uses the traditional school allocation model, and has a system whereby an advice telephone line is used. School staff, as well as parents and other professionals can telephone this advice line and speak to an EP, who will offer them consultation and advice over the telephone. A decision will be made by the EP whether a formal referral should be made to the EPS, and if so, then the consultee is asked to fill in a Consultation Request Form (CRF). Schools can also make requests for project work to be undertaken.

**Overview and rational for the PPRs**

The university gave guidance on structure and content of the PPRs. I was then able to select cases or projects, in consultation with the Principal EP, which aligned with this guidance, tailoring them to fit with opportunities available within the EPS.

**PPR1: An exploration of how key staff in a primary school conceptualise mental health/emotional health and wellbeing, and their perceptions about their own role and the role of teachers in meeting children's needs, as well as the needs of staff, in this domain**

This report concerns an investigation of the perceptions of key members of staff in one primary school of emotional health and wellbeing (EHWB) – what it is, how the staff see their role and the role of teachers in identifying children in need of intervention, and how the school provides for those needs. It considers also wider community influences and how these, (for example, difficulties in children's home lives such as domestic abuse), affect the children. The school had undergone significant changes in the previous two years, and was the amalgamation of two previous primaries. An internal 'inclusion team' had been formed in an effort to respond to the EHWB of the children, and as a 'bridge' to external services. Seven members of staff, five of whom were part of the inclusion team, were interviewed using a semi-structured interview format. Data were interpreted through a thematic analysis. Findings show that staff attest to an awareness that meeting the EHWB needs of children involves the identification and management of problems that already exist, as well as a preventative approach to stop problems arising in the first place. Balance is needed between identification/management and prevention, depending on the level of need of the children. Balance is also needed between attending to the EHWB of the children and that of the teachers and other staff.

**PPR2: An individual therapeutic intervention using positive psychology and cognitive behavioural approaches with a 10 year old girl recently diagnosed with dyslexia displaying high levels of anxiety.**

This report concerns an individual therapeutic intervention using positive psychology and cognitive behavioural approaches with a 10 year old girl displaying high levels of anxiety who had recently received a diagnosis of dyslexia. The intervention of choice was 'Growing Optimism (GO)', an intervention developed by Northamptonshire Educational Psychology Service. GO was developed as a group intervention, and is a course of 10 x 80 minute sessions. In this case, the key components were applied and used with an individual child, but with the involvement of the child's parents. A number of pre- and post-test measures were used, including the Spence Children's Anxiety Scale (Spence, 1994). Post-intervention measures suggested improvements, including a clinically significant reduction in anxiety.

**PPR3: The mental health needs of a 7 year old girl with severe, complex and enduring needs displaying challenging behaviour.**

This report concerns the involvement of a TEP in a consultation case concerning a child with autistic spectrum disorder (ASD), and associated language, communication, interaction and sensory processing difficulties, who was displaying challenging behaviours (CB). The child attended a school for children with severe learning difficulties (SLD). The Monsen et al. (2008) problem-solving model was applied to the case, highlighting the importance of the Interactive Factors Framework (IFF). The child's scores on the Vineland Adaptive Behaviour Scales (Sparrow et al., 2005) showed a reduction in her score for maladaptive behaviour post-intervention.

**PPR4: An appreciative inquiry into the experiences of staff and young people in a secondary school with regard to the teaching of English as an Additional Language**

This report is an appreciative inquiry into the experiences of staff and young people in a mainstream secondary school in a suburban local authority in England, with regard to the teaching of English as an Additional Language (EAL). The intention was to involve parents as well, however the parents declined to take part. Recent research (Training and Development Agency, 2009) suggests that some EAL learners are automatically placed in low ability classes, and that the need to acquire English can be viewed, mistakenly, as a Special Educational Need. Appreciative Inquiry (AI) is an inquiry into the 'best of' what already exists in a system. It differs from more traditional approaches to organisational inquiry in that it is not a method of problem-solving (Norum, 2001); rather it is a way to inquire into what is working well in order to build on that success. In this report, AI is used as a stand-alone interview technique. The interviews used in the report are appreciative in design, intended to draw out examples of good practice, and positive experiences on the part of staff and young people. The aim of the research is to celebrate with the host school what is already working well, and potentially to plan to work towards any positive changes which may have been identified. Key findings are that teaching staff feel they would benefit from more collaborative working with specialist EAL teachers; and that non-teaching staff feel they are not being used to their full potential with regard to supporting EAL learners.

## Conclusion

In these PPRs I have sought to make an original contribution to knowledge by exploring relatively under-researched methodological frameworks (e.g. AI) or research areas (e.g. CBT with an individual child with dyslexia with the involvement of her parents), reflecting on and adding to the evidence base. These PPRs aim to demonstrate evidence-based practice and my critical reflections regarding this work. An over-arching thread running through these PPRs and Volume 1 is my on-going interest in positive psychology, and how positive psychology can be used to inform and shape EP practice.

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**CHAPTER 2: An exploration of how key staff in a primary school conceptualise mental health/emotional health and wellbeing, and their perceptions about their own role and the role of teachers in meeting children's needs, as well as the needs of staff, in this domain**

**Abstract**

This report concerns an investigation of the perceptions of key members of staff in one primary school of emotional health and wellbeing (EHWB) – what it is, how the staff see their role and the role of teachers in identifying children in need of intervention, and how the school provides for those needs. It considers also wider community influences and how these, (for example, difficulties in children's home lives such as domestic abuse), affect the children. The school had undergone significant changes in the previous two years, and was the amalgamation of two previous primaries. An internal 'inclusion team' had been formed in an effort to respond to the EHWB of the children, and as a 'bridge' to external services. Seven members of staff, five of whom were part of the inclusion team, were interviewed using a semi-structured interview format. Data were interpreted through a thematic analysis. Findings show that staff attest to an awareness that meeting the EHWB needs of children involves the identification and management of problems that already exist, as well as a preventative approach to stop problems arising in the first place. Balance is needed between identification/management and prevention, depending on the level of need of the children. Balance is also needed between attending to the EHWB of the children and that of the teachers and other staff.

## 2.1 Introduction

With regard to the education of children in the UK, much attention has been given in recent years to the social and emotional aspects of learning, exemplified in, for example:

- the National Healthy School Status – A Guide for Schools (DfES/DH, 2005);
- the report entitled 'Social and emotional aspects of learning (SEAL) programme in secondary schools: national evaluation' (DfE, 2010);
- mental health in schools, for example the report entitled 'Me and my school: findings from the national evaluation of Targeted Mental Health in Schools 2008-2011' (DfE, 2011); and
- early intervention, for example Graham Allen's (2011a and 2011b) independent reports to Her Majesty's Government entitled 'Early Intervention: The Next Steps' and 'Early Intervention: Smart Investment, Massive Savings'.

Faupel and Sharp (2003) say that 'growing disenchantment with an over-emphasis on IQ and purely cognitive or thinking skills has led to reconsideration of education as an holistic enterprise' (p.1). They maintain that emotional literacy is 'not an add-on activity' (p.12), and they encourage local authorities to 'publish widely that emotional literacy is a primary priority, ranked on a par with literacy and numeracy, and embed this prominently in the LEA development plan' (p.19). Similarly, one of the core themes that make up the National Healthy School Status (2005) report is EHWB: 'promoting positive emotional health and wellbeing to help pupils understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn' (p.9).

Faupel and Sharp (2003) maintain that issues of differentiation are not unique to a school's literacy and numeracy curricula, but that the principles and procedures of differentiation 'should apply to emotional literacy also' (p.12). The public health approach to EHWB focuses on a systematic promotion of competencies and prevention of problems, using a tiered model of primary (universal), secondary (targeted) and tertiary (specialist) supports (World Health Organisation, 2002). This model seeks to address risk factors as well as to improve protective factors within child, family and school/community levels.

This report examines how one primary school is attempting to promote the emotional health and wellbeing of its pupils, by exploring the perceptions of selected members of staff at senior and middle management levels. I review how mental health (MH)/EHWB is defined, and how it might be enhanced. I consider how staff identify the MH needs of children; whether they feel this should be the role of teachers; and how well staff feel school equips teachers for this role. I also consider staff views on what they feel the biggest challenges/the school's aspirations are in terms of meeting the MH needs of children, and their views on how the school meets the MH needs of teachers.

The methodology employed is one of heuristic inquiry in that I am seeking to understand how the members of staff interpret the concept of EHWB and how it can be enhanced in the context of school. The results section considers the findings of an analysis of seven semi-structured interviews, using thematic analysis. The discussion considers the findings, with particular regard to efforts being made by the school to find a balance between catering for the needs of the children, and catering for the needs of their families in the context of the wider community.

## 2.2 Literature Review

Ecological theorists view child development in dynamic and encompassing terms, as influenced by both the effects of nature and nurture (experiences, reinforcement and environment). In this model, children are believed to present with unique temperaments and behavioural styles, which are thought to influence and be influenced by their multiple environments (Bronfenbrenner, 1977). This model acknowledges the multiple contexts within which children are raised, as well as the reciprocal effects of these contexts on the child. It takes a salutogenic approach (Antonovsky, 1996) in that it considers health promotion rather than focusing on illness.

### 2.2.1 Identification and management of MH problems

In 2006, the National Association of Schoolmasters Union of Women Teachers commissioned a report (NASUWT, 2006) exploring the issues relating to the recognition and management of MH problems in UK schools. They found that 'teachers often feel unable to discern between MH problems and emotional/behavioural difficulties' (p.9). It might be argued that these are one and the same, or alternatively that they are on a continuum of difficulties with MH problems at the more severe end. One of the issues highlighted by teachers was a need for 'the identification and relevant training of key members of school staff who have responsibility for promoting pupils' mental health and organising support for those with mental health needs' (p.10).

Adelman and Taylor (2000a) refer to schools having 'resource-oriented teams' focused specifically on how to 'prevent and ameliorate barriers to learning and

teaching' (p.57). They suggest that such a team differs from those created to review students, in that its focus is not on specific cases but on clarifying resources and their best use. Where case-oriented teams already exist, these can be asked to 'broaden their scope' (p.58), however Adelman and Taylor (2000a) suggest that 'care must be taken to structure their agenda so that sufficient time is devoted to the additional tasks' (p.58). Similarly, Rothi et al (2008) suggest that 'nominating and training particular support staff in specialist pastoral/counselling skills can facilitate the effective management of pupils who experience problems' (p.1228). Such a strategy, they suggest, has the potential to 'better help distressed pupils, alleviate teacher burden and help the education system deliver better quality *inclusive* education' (p.1228).

Koller and Bertel (2006) call for a 'paradigmatic shift' (p.213) from focusing on mental illness to the promotion of mental health. Cowen (2000) asks the question: 'Now that we all know that primary prevention in mental health is great, what is it?' (p.5). He proposes a 'wellness enhancement model' with 'concurrent efforts at multiple levels including: the individual; the family; engineering influential settings and institutions; the community; and society at large' (p.13). On a similar line, Adelman and Taylor (2000a) advocate moving from a two- to a three-part component model for school reform and restructuring by establishing a component for addressing barriers to learning and development: an 'enabling component' (Figure 1).They describe this component as 'primary and essential' (p.55) to the other two components – the developmental/instructional component and the management component – and have developed it into a continuum of community-school programmes to address barriers

to learning and enhance healthy development, from primary prevention to the

treatment of serious problems.
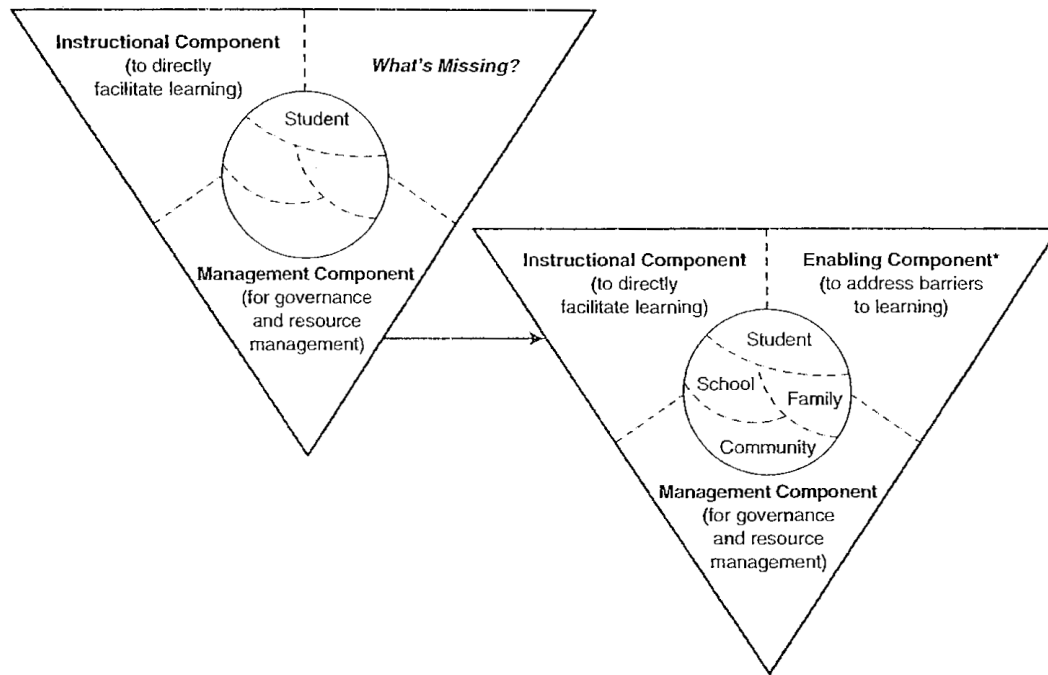


*the enabling component is established in policy and practice as primary and
essential and is developed into a comprehensive approach by weaving together
school and community resources

**Figure 1: Moving from a two- to a three-component model for reform and
structure** (taken from Adelman and Taylor, 2008, p.283)

## 2.2.2 Early intervention and prevention

From an ecological perspective, children are raised within multiple contexts, including

their families, childcare settings, schools, communities and society, each of which is

embedded in the values, practices and beliefs of the surrounding culture. Children

affect, and are affected by, these contexts from their earliest years. Table 1 identifies

several studies which highlight the interplay between these different contexts, as well

as the importance of early intervention and prevention, and the value of focusing on

MH promotion as opposed to mental illness.

| Study | Idea abstracted |
|---|---|
| Eccles and Roeser, 2011 | school conceptualised as a context that 'bridges between the macro-level of society and culture…and the middle- and micro-levels of the district, the school as an organisation, and the classrooms within a school...' (p.225). |
| Armstrong et al, 2009 | examples cited of empirically supported, behaviourally-based parenting programmes through which professionals teach care givers the basics in behavioural principles and behaviour management techniques, which can then be applied to their children to reduce the development and persistence of problem behaviour, and improve the quality of parent-child interactions, thus rendering children more 'school ready' (Allen, 2011b). |
| DfEE, 2001 | places emphasis on promoting positive MH during the early years. It reports that 'promoting children's MH within schools has important educational payoffs' (p.7), in that programmes focused on the social and emotional learning of children improve children's academic achievement scores and school performance. |
| Battistich and Hom, 1997 | found that students who experience their school as a community are more academically motivated and have higher achievement than students who do not. |
| Koller and Bertel, 2006 | refer to the 'link between positive MH and academic achievement' (p.210), and recommend community interagency policy initiatives with schools as equal partners concerned about the emotional health of learners. They argue also that pre-service training of school-based personnel should be more prevention-based. |
| Reinke et al, 2011 | point out the 'important connection between academics and MH' (p.9). |
| Allen, 2011a | maintains that: 'Early Intervention investment has the potential to |

| | |
|---|---|
| | make massive savings in public expenditure, reduce the costs of educational underachievement, drink and drug abuse, teenage pregnancy, vandalism and criminality, court and police costs, academic underachievement, lack of aspiration to work and the bills from lifetimes wasted while claiming benefits' (p.xiv). |
| Huebner et al, 2009 | highlight the importance of schools and families and the effect these contexts have on children's subjective wellbeing, and how this can in turn affect children's academic performance. |
| Meyers and Meyers, 2003 | consider the importance of shifting interventions from addressing problems and indicators of mental disorder to promoting subjective wellbeing by building on children's strengths, and how this shift has the potential to improve the efficacy of primary prevention. |
| MacDonald, 2006 | considers the importance of capturing the complexity of MH by acknowledging the interaction between different elements and levels of MH promotion, including the influence of social factors on MH. |
| Ayoub et al, 2009 | consider cognitive skill performance among young children living in poverty and the protective/promotive effects of an 'Early Head Start' programme. |

**Table 1: Examples of studies highlighting the interplay between different contexts, as well as the importance of early intervention and prevention, and the value of focusing on MH promotion as opposed to mental illness**

**2.2.3 Should identifying the MH needs of children be the role of teachers and how equipped do teachers feel?**

Rothi et al (2008) allude to the 'core function' of teachers, which they identify as 'teaching' (p.1228). They refer to teachers feeling disempowered by the current educational climate: often highlighting the link between feeling ineffective and untrained on the one hand, and the high demands placed on them by inclusion on the other. Survey respondents in a study by Roeser and Midgley (1997) do not

appear to see a distinction between their teaching role and their pastoral role. Roeser and Midgley (1997) found that 99% (94 out of 95) of teachers believed that addressing students' MH needs was part of their role. Similarly, Reinke et al (2011) found that 89% (259 out of 292) of teachers agreed that they should play a specific role in addressing the MH needs of children. In the same study, however, only 34% of teachers reported that they felt they had the skills necessary to support these needs in children.

Graham et al (2011) found that many teachers were struggling to deal with the complexities of their roles, and to balance the many expectations on them. Despite this, the TaMHS report (DfE, 2011) found that 'mental health support was reported to be provided principally by teachers rather than mental health professionals' (p.9). Graham et al (2011) point to 'an emerging body of research' suggesting that teachers feeling over-burdened by the many expectations placed on them 'can lead to occupational stress manifesting in job dissatisfaction and attrition' (p.483). Weare and Markham (2005) take the view that 'we need to do more to promote the mental health of teachers and other school staff by providing proper emotional and practical support for their often stressful working lives, good working conditions and realistic workloads' (p.121).

### 2.2.4 Challenges and aspirations

Weare and Markham (2005) advocate that there is strong evidence that schools' efforts to promote mental health effectively need first and foremost to use a whole school approach, which includes the characteristics of caring and supportive relationships, high expectations, and youth participation and involvement. Benard (1991) and Benard and Slade (2009) point out that the characteristics of schools that

provide protection to vulnerable children and young people - the same characteristics of caring and supportive relationships, high expectations, and youth participation and involvement - parallel the protective factors found in the family environments of resilient youth. 'Resilient youth' might be defined as young people who have the capacity to take on board set-backs in life, and learn from them rather than be destroyed by them. Masten (2001) defines resilience as 'a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development' (p.228).

Weare and Markham (2005) point to the importance of schools using positive models of mental health, which emphasise wellbeing and competence. This, they maintain, will help overcome problems of stigma and denial, and promote the idea of mental health as 'everyone's business'. The Child and Adolescent Mental Health Services (CAMHS) Review, (DH/DCSF, 2008) asked children what 'made them feel good inside', and asked young people what things they thought were important for children and young people's (CYP's) wellbeing. The CYP reportedly highlighted the importance of having good support networks across family, friends and school; being able to do things they enjoy, ranging from sports and community-based activities, to having time with family and friends, and time to relax; and building self-esteem, in particular by having their achievements recognised and by having goals to work towards. The issues highlighted by the CYP appear to mirror the protective factors highlighted by Benard and Slade (2009).

The issue of stigma and denial, and of mental health being everyone's business, highlighted by Weare and Markham (2005), is mirrored in the shared objectives contained in the Coalition Government's mental health outcomes strategy 'No Health

Without Mental Health' (DfE/DH, 2011): 'Fewer people will experience stigma and discrimination' (p.6). It could be argued then that universal provision, which can provide a backdrop to promote the mental health of all, is an aspiration and a challenge both at a society level and at a school level. Against this backdrop, those with more complex needs can then be targeted more effectively.

### 2.2.5 The MH needs of teachers

The NASUWT (2006) report highlights that teachers cannot be expected to shoulder the responsibility of dealing with pupils' MH problems alone, without support, training and guidance (p.14). The National Healthy School Status (2005) report states that a healthy school has a pastoral support system in place for pupils *and staff* (p.9, emphasis added). Similarly, Faupel and Sharp (2003) recognise that teachers 'cannot promote emotional literacy for children if they are themselves emotionally or physically exhausted' (p.19); and Grove (2004) takes the view that more emphasis should be placed on the pastoral needs of teachers.

Rothi et al (2008) found that teachers 'feel inadequately prepared and supported' to assume the responsibilities of identifying pupils who may have MH difficulties (p.1227); and Koller and Bertel (2006) found that teachers 'rated their own MH…as being a significant concern, yet felt unprepared to recognise and manage the signs and symptoms of their own stress and burnout' (p. 202-203). It would appear then that there is a significant research to practice gap (Reinke et al, 2011) in that teachers believe they should play a role in addressing the MH needs of children, but lack adequate knowledge or skills to do so, leaving them feeling de-skilled and disempowered.

**2.2.6 Concluding synthesis and the role of the educational psychologist**

To conclude, there appears to be a growing emphasis in government policy, and in research, that children's EHWB influences their academic potential while, in turn, children's EHWB is affected by the various contexts in which children find themselves, one of which is school. The majority of teachers believe they should play a part in identifying and supporting children with MH needs, however they do not feel equipped to do so.

Reinke et al (2011) argue that educational psychologists (EPs) can work towards filling the research to practice gap by acting as resources to teachers: by identifying evidence-based programmes and practices; training and providing on-going consultation in these practices; and by supporting their on-going evaluation (p.11). Similarly, at a community level, Armstrong et al (2009) maintain that EPs are in a key position to offer information, support and guidance to families, schools and childcare settings. Nastasi et al (2000) argue that using a participatory approach for conceptualising and implementing research-based interventions has the potential for bridging the research to practice gap. They advocate the importance of building school-family-community partnerships, and of broadening the role of EPs as 'change agents, preventionists, applied researchers and organisational consultants' (p.229). They suggest that 'through partnerships with community stakeholders', EPs can extend their role to that of 'social change agent and community advocate', thereby addressing their responsibilities to society (Prilleltensky and Nelson, 2000).

Finney (2009) argues, on the other hand, that educational professionals using consultation can create a 'dependency' culture, and that it is preferable to move the emphasis away from consultancy work, 'instead putting training at the cornerstone of

improving MH in schools' (p.21). Koller and Bertel (2006) argue for the revisiting of the pre-service training and preparation of school-based personnel, including EPs. They believe that the focus of EP training 'remains on pathology' (p.205), and should be more prevention-based. The designing of prevention-based training models for teachers, they argue, will equip teachers more adequately for understanding the specific role they have in the prevention of MH problems; knowing how to identify students who may have or may be headed towards a MH problem; and knowing how to create 'a positive, strengths-based learning environment where learning academic content can occur, while the development of a positive self-image in the learner flourishes' (p.209).

The current report concerns how selected members of staff at one primary school conceptualise children's MH/EHWB, and their views on how changes at the school are meeting the MH needs of the children.

## 2.3 The current study

This study was commissioned by the Special Educational Needs Coordinator (SENCo) of a large, 2 form entry primary school (referred to in this report as ABC School) opened in September 2009 after the amalgamation of two existing schools. The proportion of pupils known to be eligible for free school meals is high at 52% (compared with a national level of 19% for primary-aged pupils). Most pupils come from a White British background with small numbers coming from a range of other minority ethnic backgrounds. The proportion of pupils with special educational needs and/or disabilities is high at 27% (compared with a national level of 17.9% for primary-aged pupils), a relatively large number of whom are described as having behavioural, emotional and social difficulties.

The school is one in which children's mental health is reportedly afforded high priority, as evidenced by the School Improvement Plan (January, 2011). In May 2011, a project request was received by the Educational Psychology Service from the SENCo requesting staff training about mental health, as well as direct work with children on an individual, small group or whole class level.

As a prelude to this work, this report describes an investigation of the perceptions of members of staff of emotional health and wellbeing (EHWB) – what it is, how the staff see their role and the role of teachers in identifying children in need of intervention, and how the school currently provides for those needs. It considers also wider community influences, and how these, (for example, difficulties in children's home lives such as domestic abuse), affect the children.

Staff at ABC School have received initial training on children's emotional wellbeing and mental health from the Psychology Service. Generic mental health initiatives at the school include implementation of the primary SEAL curriculum (DCSF, 2008), social skills groups, and support from the 'inclusion team'. This internal inclusion team had been formed in an effort to respond to the EHWB of the children, and as a 'bridge' to external services. The inclusion team is a team of people within the school offering support to students and staff in the form of pastoral support, mentoring, child and family support work, and play therapy.

The school has a system whereby any teacher who has a concern about a child, can use a referral form to notify the school inclusion team, one member or more of which will then work with that child and/or the child's family as judged appropriate for a specified length of time.

In addition, the school is actively seeking to put in place more specific mental health provision in the form of a quick response system to gain access to trained professionals such as counsellors.

The main aims of the research are:

- to explore how staff define MH/EHWB

- to explore how they identify MH needs

- to explore staff perceptions of how confident teachers feel about identifying MH needs, and whether staff feel this should be part of the role of teachers

- to explore staff perceptions of the challenges and aspirations of meeting the MH needs of the children at the school

- to explore how the school meets the MH needs of staff

## 2.3.1 Methodology

The research is exploratory in nature. It involves a single setting. An action research design was used to some extent in that the rationale for the research involved the SENCo wanting to gather the views of staff at the middle/senior management level of the provision the school is making for meeting the EHWB needs of the children, with a view to reviewing and improving provision where necessary. Thomas (2009) points out that the central aim of action research is change, and that it is research done by practitioners, at their own behest, not someone else's. McNiff et al (2003) suggest that action research is more of a form of dialogue than a technique, and that it is about practitioners thinking for themselves and making their own choices. In the current study, the school had undergone a lot of changes in the previous 2 years, including the forming of the inclusion team. Within the cycle of action research – plan,

act, observe, reflect (Cohen et al, 2011), the management of the school was at the stage of critically reflecting on the effectiveness of the changes they had implemented in terms of meeting the mental health needs of the children, before going on to plan further changes.

I interviewed seven members of staff using a semi-structured interview format. I took notes during the interviews, which I used subsequently as the data set which I subjected to a thematic analysis, using a constant comparative method (Thomas, 2009). Appendix 3 explains in detail the steps I took.

My chosen methodology is informed by an interpretivist epistemology. The setting was chosen because of the particular nature of this school in terms of demographics and internal structure, as well as progress made in the last two years and the fact that children's mental health is a priority for the school. By interviewing the members of staff, I gained their views on how they believe the changes implemented are meeting the EHWB needs of the children. Findings are firmly embedded in participants' subjective experiences, but their interpretation is guided by relevant published literature. Weare and Markham (2005) argue the case for 'valid approaches' other than the use of experimental, controlled studies, whose emphasis is more on 'multi-causal, socially-focused approaches… with an interest in process as well as outcomes' (p.122).

Yin (2009) states that 'how' questions deal with causal links and are explanatory as opposed to exploratory. The interview questions in this project involved both 'how' and 'what' questions. The 'what' questions in the interview schedule (see Appendix 1) were designed to explore how staff define MH/EHWB; whether staff feel that

identifying the MH needs of children should be part of the role of teachers; and to explore staff perceptions of the challenges and aspirations of meeting the MH needs of the children at the school. The 'how' questions were designed to explain, or at least to illuminate to some extent, how staff identify MH needs; staff perceptions of how confident teachers feel about identifying the MH needs of children; and how/whether the school meets the MH needs of staff.

I chose to use a semi-structured interview format as I wanted to provide some structure, while at the same time allowing scope for discussion. Thomas (2009) points out that the semi-structured interview provides the 'best of both worlds as far as interviewing is concerned, combining the structure of a list of issues to be covered together with the freedom to follow up points as necessary' (p.164). Oppenheim (1992) suggests that exploratory interviews are designed to be essentially heuristic, and seek to develop hypotheses rather than to collect facts and numbers. He notes that these frequently cover emotionally loaded topics and, if handled well by the interviewer, can enable respondents to talk with candour, richness, depth, authenticity and honesty about their views. Robson (2011) makes the point that interviewers should listen more than they speak in order to encourage interviewees to talk freely and openly. I believe also that the use of the semi-structured interview is appropriate for the action research design of the current study in that the school was seeking to critically evaluate the changes that had been brought about thus far, and to plan further changes.

## 2.3.2 Sampling

Five of the seven interviewees were members of the school inclusion team: the SENCo, Child and Family Support Worker (CFSW), Behaviour Manager (BM), Play Therapist (PT) and Learning Mentor (LM). The decision was made to interview these inclusion team members as they were considered by the SENCo to be 'key' members of staff, and integral to the provision for children's EHWB in the school. The other two interviewees were the Head teacher (HT) and a class teacher (CT) of a class involved in a whole class intervention. It had been the intention to interview two other members of the teaching staff who were due to be involved in delivering targeted interventions, however this was not possible, owing to imminent staff changes.

## 2.3.3 Ethical considerations

According to the British Psychological Society (BPS, 2009), research should be conducted that adheres to four ethical principles which constitute the main domains of responsibility within which ethical requirements are considered. These are respect, competence, responsibility and integrity. Table 2 sets out how these principles have been applied in the context of the current study.

| Ethical Principle | Standards | Application in current study |
|---|---|---|
| Respect | General respect | - respect the knowledge, insight, experience and expertise of clients<br><br>- all interviewees were asked the same questions to avoid unfair or prejudiced practice |
| | Privacy and | - data gathered were kept confidential and stored |

| | confidentiality | in accordance with LA protocol<br><br>- although it has been identified in this report which member of staff, in terms of their role, made particular comments, participant identity remains confidential as the school has not been named. When reporting back to school, participants' initials in terms of role identity may have to be removed |
|---|---|---|
| | **Informed consent** | - informed consent was obtained verbally from each of the interviewees<br><br>- clients were given ample opportunity to understand the nature and purpose of the research |
| | **Self-determination** | - clients were made aware of their right to withdraw at any time |
| **Competence** | **Awareness of professional ethics** | - maintained familiarity with BPS Code of Ethics and Conduct. |
| | **Ethical decision-making** | - a potential ethical dilemma arose in that views between interviewees appeared contradictory, for example views on the value of nurture groups, however after reflection, supervision and consultation, it became apparent that the interviewees were already aware of these issues and were actively seeking to find a workable balance of views |
| | **Limits of competence** | - practiced within my competence levels<br><br>- sought consultation and supervision weekly |

| | | during Psychology Service supervision |
|---|---|---|
| | **Recognising impairment** | - monitored my own personal and professional lifestyle in order to remain alert to signs of impairment |
| **Responsibility** | **General responsibility** | - potential risks to researchers and participants were considered minimal |
| | **Termination and continuity of care** | - conditions under which professional services could be terminated were made clear<br><br>- the issue of teachers needing supervision if they are to take on the role of identifying children with MH needs was highlighted by the research. This is an issue about which the school are already aware and are endeavouring to address |
| | **Protection of research participants** | - potential risks to the psychological well-being, physical health, personal values and dignity of the research participants were considered minimal |
| | **Debriefing of research participants** | - participants were debriefed at the conclusion of their participation and informed that the outcomes of the research would be reported back to school |
| **Integrity** | **Honesty and accuracy** | - endeavours were made to ensure that high standards of honesty and accuracy were maintained throughout in conveying professional conclusions, opinions and research findings, and in acknowledging limitations |
| | **Avoiding exploitation and conflicts** | - parameters of my professional role within the context of the research were clarified |

| | | |
|---|---|---|
| | **of interest** | |
| | **Maintaining personal boundaries** | - professional relationships were maintained at all times |
| | **Addressing ethical misconduct** | - I aimed to challenge any apparent breach of ethical guidelines |

**Table 2: Application of ethical principles to the current study**

### 2.3.4 Reliability

Thomas (2009) is of the opinion that reliability is 'irrelevant in interpretative research' (p.106). He maintains that an interviewer's positionality will affect their interpretation, and that we should not expect two different interviewers to emerge with the same interview transcripts. Cohen et al (2011) maintain that one way of controlling for trustworthiness in interpretive studies is to have a highly structured interview, with the same format and sequence of words and questions for each respondent. On the other hand, they do point out that this might suggest a misreading of the infinite complexity and open-endedness of social interaction. The semi-structured format used in the current study goes some way toward countering this latter concern, while bringing some consistency of content and structure to the seven interviews. Reliability would have been strengthened by having a second researcher to identify and agree themes.

### 2.3.5 Validity

As with reliability, it is arguably impossible to achieve validity in interpretative research which employs a constructionist epistemology, owing to the inherently

subjective nature of knowledge or experience. Cohen et al (2011) suggest that the most practical way of achieving greater validity in interviews is to minimise the scope for bias as much as possible, but that because interviews are interpersonal encounters between humans, it is inevitable that the researcher will have some influence on the interviewee and, thereby, on the data. Robson (2011) suggests that an alternative tack is to focus on the credibility of the research. It might be argued that the threats to validity in flexible designs are abated to some extent in the current research study in that the continua highlighted in the findings do not necessarily 'fit in with' (Robson, 2011, p.156) anyone's 'prejudices', but rather they reflect a need to achieve balance when considering the MH needs of children, and to tailor interventions to individual children, depending on their level of need.

It is acknowledged that data gathered from the interviews are subjective, not only in terms of the views expressed by the interviewees, but in their subsequent interpretation by the researcher. They are therefore subject to bias. Validity may have been strengthened by taking audio-recordings of the interviews and asking the interviewees to verify the transcripts.

## 2.4 Results and discussion

Answers to the six questions of the semi-structured interview were interpreted thematically, using a constant comparative method (Thomas, 2009, p.198. See Appendix 3 for details). Numerous readings of the raw data led to an overarching theme of 'balance'. Within this were subthemes constructed in terms of continua. Figure 2 shows the overall conceptual map.
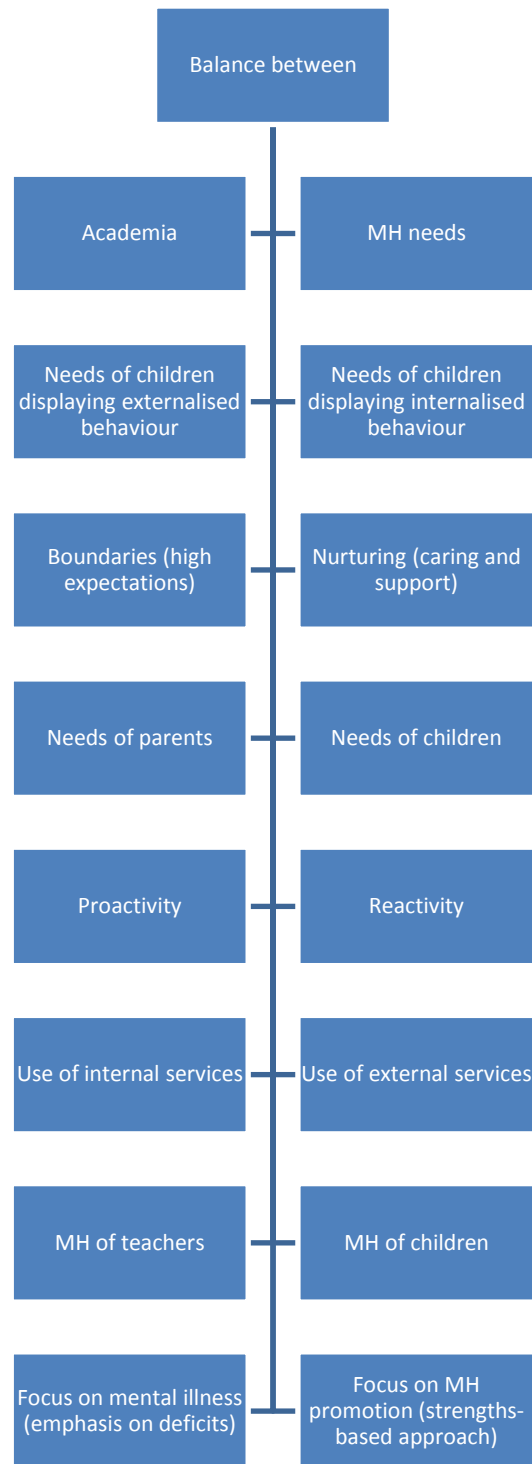
**Figure 2: Overall conceptual map showing the 8 continua drawn from the data**

These continua are not presented as bipolar dimensions that have a positive end and a negative end (Masten, 2001), but rather as continua where both ends are important, and where balance needs to be achieved between the two.

Appendix 6 shows a detailed summary of the answers to Questions 1-6, and the relationship to the eight continua, with supporting quotations. The results will be discussed here with subtitles linking to these eight continua or themes. Each subsection starts with supporting quotations taken from Appendix 5. I then go on to relate the theme to the supporting literature.

### 2.4.1 Academia/MH needs

| Academia | Mental health needs |
|---|---|
| "the educational needs of the children are the most important. Children have to be able to read and write. This in turn increases self-esteem" (HT) | "more emphasis needs to be placed on the emotional needs of children…too much emphasis on the National Curriculum…what about EHWB?...it seems this is put in as an afterthought…squeezed in…should be at the core" (SENCo) |
| "it is not possible to separate learning from EHWB" (CT) | |
| "teachers here to teach primarily" (HT) | "the profile of mental health should be raised as huge" (PT) |
| "pastoral side to teaching…some children not in the right frame of mind to learn" (LM) | "helping the child emotionally had a huge impact academically" (BM) |
| "MH needs of children must be balanced with education" (HT) | "emotional wellbeing just as important as learning… maybe even more so" (LM) |
| "educational needs are the most important" (HT) | |

**Table 3: Quotations to support the academia/MH needs continuum**

The Head teacher appeared to take the view that teaching is the 'core function' of teachers (Rothi et al, 2008, p.1228), while still acknowledging that the MH needs of children are also important. Other interviewees saw less of a distinction between the academic needs and the MH needs of the children (Roeser and Midgley, 1997; Reinke et al, 2011). The class teacher's view concurs with Koller and Bertel's (2006)

assertion that 'children are poorly equipped to learn academic skills if their basic psychological needs are not met' (p.204). The SENCo's view echoes Adelman and Taylor's (2000b) assertion that addressing MH needs should not be a 'supplementary item' on a school's agenda (p.171), and Faupel and Sharp's view that emotional literacy is 'not an add-on activity just for those pupils in the school community who have emotional and behavioural difficulties', but is rather a 'curriculum for all' (p.12).

**2.4.2 Needs of children displaying externalised behaviour/Needs of children displaying internalised behaviour**

| Needs of children displaying externalised behaviour | Needs of children displaying internalised behaviour |
|---|---|
| "sometimes it is the children who 'shout the loudest' who get heard" (LM) | "the quiet ones are just as concerning, if not more so" (LM) |
| "…significant drop in exclusions" (HT) | "withdrawn behaviour…blank expression, no emotion, can be a sign of mental ill health" (CT) |
| "…extreme/unusual behaviour" (BM) | "children being very tired" (SENCo) |

**Table 4: Quotations to support the internalising/externalising continuum**

The NASUWT (2006) report highlights that schools and teachers are more likely to express concern, or seek help on a child's behalf, if a child's behaviour is disruptive. Similarly, Rothi et al (2008) found that 'teachers may be more readily concerned by pupils who display externalising symptomatology and who are therefore disruptive to the learning environment' (p.1228). Reinke et al (2011) identified that two of the major concerns of teachers were dealing with children displaying externalising behaviour, and dealing with children showing signs of depression. Loades and Mastroyannopoulou (2010) found that teachers are good at recognising whether a child presents with a MH problem, but that their problem recognition is affected by

the type of symptomatology being displayed (emotional versus behavioural). The

staff at ABC school appeared to have an awareness of children displaying

externalised behaviour, *and* of those displaying internalised behaviour, although the

Head teacher and the behaviour manager were arguably more aware of the children

who cause disruption. The behaviour manager did however identify that *any*

significant changes in pupils' behaviour is a cause for concern (Rothi et al, 2008).

### 2.4.3 Boundaries (high expectations)/Nurturing (caring and support)

| Boundaries (high expectations) | Nurturing (caring and support) |
|---|---|
| "behaviour management is a strength of the school" (HT) | "I'm not a fan of nurture groups…aware that some staff take the view that no learning can take place until mental health needs are met" (HT) |
| "some children show challenging behaviour" (LM) | |
| "teachers might notice behaviour changes" (SENCo) | "nurturing of the whole child is everyone's responsibility" (PT) |
| "we prioritise behaviour in the classroom" (BM) | "vulnerable children" (LM) |
| "children need to be able to leave their emotional baggage at the door…different rules in school" (HT) | "sometimes the structure is too rigid" (CT) |
| | "more provision for all children" (CFSW) |

**Table 5: Quotations to support the boundaries/nurturing continuum**

The NASUWT (2006) report suggests that encouraging a good school ethos includes

having clear policies on behavioural expectations. The Head teacher at ABC school

believed that having high expectations of the children was important, regardless of

their home background. He believed that the majority of children, (not those in

extreme situations of neglect or abuse), lack structure in the home, and that they

have the capacity to distinguish between expectations at home (or lack of them), and

expectations at school. He was however aware that other staff had differing opinions,

and was open to suggestions about how to meet the needs of children in need of nurturing.

Benard and Slade (2009) assert the importance of both high expectations and caring and supportive relationships as two of the characteristics of schools that provide protection to vulnerable children. Similarly, Huebner et al (2009) maintain that two of the characteristics of positive schools are facilitating supportive teacher and peer relationships, and offering appropriately challenging activities. Children value having goals to work towards and having their achievements recognised (DH/DCSF, 2008). Roeser and Midgley (1997) make a distinction between 'task-focused instructional practices' and 'ability-focused instructional practices' (p.128). They maintain that the former focus on 'learning, mastery, and enjoyment in the classroom', and that they attend more to the 'whole child' in order to facilitate learning. Knitzer et al (1991) noted that 'the school climate itself is a psychological intervention, and the teacher plays a vital role in how this climate is fostered' (p.103).

### 2.4.4 Needs of parents/Needs of children

| Needs of parents | Needs of children |
|---|---|
| "parents have MH needs which need to be addressed" (CFSW) | "school is primarily about the needs of the children" (HT) |
| "parents are a barrier...they have their own MH needs" (BM) | "we offer a drumming club and other clubs… opportunities to take part in sport and music…we need to give |
| "the school has made a bid to develop a local children's centre, where parents can have access to trained professionals such as counsellors" (HT) | children these opportunities, especially those who don't get them at home" (HT) |
| "work with families is important" (LM) | "children feeling able to come to school" (BM) |
| "I work with children and families on | |

| | |
|---|---|
| these issues… some have deep-seated emotional problems" (CFSW) "we aim to develop a 'quick response' system so that parents/carers can access the help they need in the shortest time possible" (HT) "we need more for parents in the community" (CFSW) "family-based problems…how to make courses more accessible to parents…strong link with the children's centre" (SENCo) "family work" (CT) "having a mobile van to go out into the community" (HT) | "MH support available for parents, but school's key purpose is to support the children…there is a need to get the balance right" (HT) "parent-child relationship…children need nurturing" (PT) "attendance issues, low self-esteem, bullying, friendship issues, anger management, social deprivation, ignorance of MH issues, lack of awareness amongst staff" (LM) "lack of parenting, substance misuse, domestic violence, families on benefits" (CFSW) "children who have no structure at home" (CT) |

**Table 6: Quotations to support the needs of parents/needs of children continuum**

The staff recognised that the needs of the children can often not be separated from the needs of the parents and of the wider community. This echoes Adelman and Taylor's (2000a) idea of the addition of an 'enabling component' (p.55) to their model for school reform and restructuring, as well as Armstrong et al's (2009) view that community needs need to be addressed. Williams et al (2007) acknowledge that parents and communities can serve as potential barriers to students and families accessing MH services. The importance of building school-family-community partnerships is emphasised by Nastasi et al (2000) and by Hands (2005). The Head teacher at ABC school spoke enthusiastically of the school's bid to develop a local children's centre; of providing a mobile van facility to take services out into the

community in an effort to access those parents hardest to reach; and of actively

trying to engage and to motivate parents.

### 2.4.5 Proactivity/Reactivity

| Proactivity | Reactivity |
|---|---|
| "teaching the children to be resilient" (HT) | "priority is given to child protection issues" (CFSW) |
| "we need to reach the parents of the youngest children" (SENCo) | "the older children become, the harder it may be to reach them" (SENCo) |
| "more provision for all children" (CFSW) | "identifying problems" (HT) |
| "actively looking to put in place MH provision" (HT) | "when teachers feel something is not right" (PT) |
| "entertainment clubs at lunch" (LM) | "reflecting feelings back rather than reacting" (PT) |
| "opportunities to take part in sport and music" (HT) | "the number of referrals…" (LM) |
| "trying to get to the root of the problem" (CT) | "the number of children with needs" (BM) |
| "measuring the impact of successful interventions" (PT) | "sometimes serious issues have to be dealt with reactively" (HT) |
| "seeking to actively engage parents" (HT) | |

**Table 7: Quotations to support the proactivity/reactivity continuum**

The current government publication 'No Health Without Mental Health' (DfE/DH,

2011) states that 'many mental health problems start early in life' (p.9) and

emphasises the importance of preventing mental ill health and of intervening early.

The teachers in the NASUWT (2006) report consider that while there are many good

initiatives available to schools, these are often 'reactive in approach' (p.9). Adelman

and Taylor (2000a) call for a proactive agenda for shaping the future of MH in

schools. The staff at ABC school had already gone some way in addressing Adelman

and Taylor's (2000a) addition of an enabling component, in the forming of the school inclusion team. Adelman and Taylor (2000a) do however distinguish between resource-oriented teams and case-oriented teams with additional tasks (p.58), a concept to which ABC school might consider giving more thought before further planning.

Staff were aware of the unavoidability of dealing reactively with the more extreme cases, but recognised that taking a whole school, proactive approach (Weare and Markham, 2005) has the potential to benefit the children, as well as society as a whole, by 'improving lifetime health and wellbeing, preventing mental illness, and reducing costs incurred by ill health, unemployment and crime' (DfE/DH, 2011, p.9). Part of this approach is putting in place targeted interventions for those children identified as more vulnerable, and seeking to engage parents, but also seeking to provide activities for children (lunchtime/extra-curricular activities) which encourage children's participation and involvement (Benard and Slade, 2009), and which teach them to be responsible and build their confidence and self-esteem (DfES/DH, 2005).

### 2.4.6 Use of internal services/Use of external services

| Use of internal services | Use of external services |
|---|---|
| "in some ways it's better to use internal services such as our CFSW and Play Therapist as they are known to parents" (BM) | "the involvement of external services is vital" (SENCo) |
| "another idea is to set up a mobile team to take services on offer out into the community, to try to reach those parents who appear hardest to reach" (HT) | "we have resources in the school through the inclusion team, but the contribution of outside agencies such as SISS (Specialist Inclusion Support Service) is still invaluable" (SENCo) |
| | "counselling would be useful for staff" |

| | |
|---|---|
| "teachers refer children to the inclusion team" (LM, CFSW, CT, BM, PT) | (SENCo) |
| "I would like to see counsellors available to children and families within school" (CFSW) | "I would like to see organisations offering counselling/family work going into schools and doing work with families and children based around EHWB… setting up programmes…trying to get to the root of the problems" (CT) |
| "I would like to see peer mentoring available in school" (SENCo) | |
| "our pastoral support system – we have pastoral support, SEAL, mentors and a CFSW" (HT) | "bid for local children's centre…offering counselling, parent courses, a drop-in service" (HT) |
| "play therapist is key" (BM) | "bereavement groups run by the EPS" (BM) |
| "we have a play therapist in school but play therapy needs a long time" (CFSW) | "initial training session from the EPS on MH issues was a start…more training is needed" (BM, SENCo) |
| "teachers look to our CFSW" (SENCo) | |
| "more opportunities for therapeutic play…counselling (CT) | "half-day course on anger management" (LM) |
| "counselling for staff would be useful" (SENCo) | "I attended a multi-agency risk assessment conference on domestic violence" (CFSW) |
| | "counselling in school for children would be useful and has been talked about…" (BM) |

**Table 8: Quotations to support the use of internal services/use of external services continuum**

The NASUWT (2006) report highlights that 'receiving help from a school-based service is perceived as less stigmatising than attending an external counselling service' (p.9), and that some parents 'prefer to seek help from teachers before formal services' (p.13). While some staff at ABC school acknowledged that the contribution

of external services is extremely valuable, other staff felt that using internal inclusion team members was preferable in that they are known to, and trusted by, parents. Interviewing other class teachers would determine whether parents do approach teachers with the potential MH difficulties of their children. Koller and Bertel's (2006) approach of designing prevention-based training models for teachers and other school-based personnel, as well as Finney's (2009) idea of putting training at the cornerstone of improving MH in schools, might go some way to helping teachers deal with such situations. Finney (2009) advocates 'improving confidence and self-efficacy amongst educational practitioners' by 'delivering a comprehensive training course, which aims to provide a range of competencies in mental health', including skills in low-level therapeutic approaches (p.21). Several of the staff at ABC school talked about the need for trained counsellors to be available to children and families, and to staff. Reback (2010) highlights that there may be 'substantial public and private benefits' (p.698) derived from providing primary school counsellors, and that primary school counsellors 'substantially influence' teachers' perceptions of school climate.

### 2.4.7 MH of teachers/MH of children

| Mental health of teachers | Mental health of children |
|---|---|
| "more training is needed for teachers…not much reflection time…MH is not a priority for everyone" (LM) | "teachers here do take on the role of identifying MH needs in children" (SENCo) |
| "teachers need supervision" (CFSW) | "I think the area of MH/EHWB should be covered in teacher training" (SENCo) |
| "there is a gap between expecting teachers to take on the role of identifying MH needs in children and equipping them to do so" (SENCo) | "In my teacher training we had some input on child psychology and how this affects learning. My older sister who's |
| "supervision is important" (SENCo) | |

| | |
|---|---|
| "teachers need supervision and training, especially those who feel less confident about identifying MH problems in children" (CT) | been teaching for 17 years didn't have that in her training, so it seems there is more of an emphasis on it these days" (CT) |
| "gaps in training needs" (HT) | "we offer a drumming club and other clubs… opportunities to take part in sport and music…we need to give children these opportunities, especially those who don't get them at home" (HT) |
| "teachers' confidence to deal with MH issues is mixed…more training is needed" (BM) | |
| "counselling for staff would no doubt be useful but too expensive" (BM) | "counselling in school for children would be useful and has been talked about" (BM) |
| "staff's own MH is significant…supervision for teachers and all staff is essential" (PT) | "children need nurturing…Filial Therapy…helping children and parents to function healthily" (PT) |
| "teachers need more training" (CFSW) | "entertainment clubs at lunch" (LM) |
| "teachers willing but not confident…they learn through experience" (SENCo) | " the pressures of the classroom…not enough time to listen to children" (CT) |

**Table 9: Quotations to support the MH of teachers/MH of children continuum**

Koller and Bertel (2006) assert the importance of school leaders being committed to integrating MH practices in order to create a positive school environment that fosters the MH of students and staff. The National Healthy School Status (2005) report states that a healthy school 'provides appropriate professional training for those in a pastoral role' (p.9). Rothi et al (2008) point out that despite government policies which necessitate further health and welfare elements of the teacher's role, schools are struggling to meet all the requirements set out in the Healthy Schools initiatives, and that 'few schools feel able to meet the standard' (p.1228). The staff at ABC school were aware of the research to practice gap (Reinke et al, 2011) between

expecting teachers to play a role in addressing the MH needs of children, and equipping them with the skills to do so, and they were aware that more training for teachers was needed. Koller and Bertel (2006) argue that integrating MH training at the pre-service level 'is no less important in its contribution to successful teaching and learning than is instruction on how to teach specific academic subject matter' (p.204). Likewise, Reinke et al (2011) pinpoint 'a clear need for connecting teacher training to the specific areas of challenges that teachers encounter in working with students' (p.11).

The NASUWT (2006) report indicates that workload issues (including lack of pastoral training), rather than pay, are of greater concern in the retention and recruitment of teachers. The class teacher in the current report, who was newly qualified, said she had received some input on the link between positive MH and academic achievement, whereas her older sister had not. This may suggest much needed 'innovation in teacher training that encompasses the spectrum of abilities and needs among pupils' (Rothi et al, 2008, p.1228).

## 2.4.8 Focus on illness/Focus on MH promotion

| Focus on mental illness (emphasis on deficits) | Focus on MH promotion (a strengths-based approach) |
|---|---|
| "many children don't feel good about themselves… many are underachieving…attendance is bad" (LM) | "children feeling good in themselves" (LM) |
| "low self-esteem, anger management" (LM) | "functioning well on a day-to-day basis" (CFSW) |
| "lack of parenting, substance misuse, | "being happy" (SENCo) |
| | "looking after your mind as well as your body" (CT) |

| | |
|---|---|
| domestic violence" (CFSW) | "needs to incorporate mind, body and soul" (PT) |
| "being unhappy…depressed" (SENCo) | "wellbeing, resilience, a positive outlook, the ability to deal with things in a reasonable manner" (HT) |
| "parental neglect…negative attitude of parents" (HT) | |
| "child protection, abuse and neglect" (HT) | "developing positive links with parents and with the wider community" (HT) |
| "challenging behaviour" (LM) | |
| "extreme/unusual behaviour" (BM) | "teaching children to be resilient…giving them responsibility" (HT) |
| "alcohol, drugs, domestic violence" (PT) | |
| "reacting rather than reflecting feelings back" (PT) | "emotional wellbeing, coping with changes, good relationships" (BM) |
| "parents not taking up help available" (CFSW) | "nurturing of the whole child…teaching parents the skills of empathy and reflection" (PT) |
| "parents can be a barrier" (BM) | |
| "teachers identifying problems" (HT) | "having compassion…being a good citizen" (PT) |
| | "(teacher) only regular source of support" (CT) |

**Table 10: Quotations to support the focus on illness/focus on MH promotion continuum**

The government publication 'No Health Without Mental Health' (DfE/DH, 2011) states that 'if we are to build a healthier, more productive and fairer society in which we recognise difference, we have to build resilience, promote mental health and wellbeing, and challenge health inequalities' (p.6). The staff at ABC school recognised that many children come to the school from very challenging home backgrounds where families are dealing with issues such as unemployment, domestic violence, substance abuse and deprivation. As a consequence, these children are 'poorly equipped to learn academic skills' (Koller and Bertel, 2006) as

their basic psychological needs are not being met. The question then arguably poses itself whether these children can be expected to learn, and how teachers should cater for their needs. The Head teacher appeared to take the view that the majority of children at the school, whose challenges may be due to lack of structure in their home lives, could be encouraged, within a positive school environment, to develop their resilience, and therefore their capacity to learn. At the micro-level (Eccles and Roeser, 2011), school can be an environment that 'facilitates adaptation, fostering autonomy, support and empowerment, and promoting skills needed to cope effectively with stress' (Cowen, 1996). At the same time, however, staff recognised that interventions need to take place at a community (meso-) level and at a societal (macro-) level in order to effect lasting change.

## 2.4.9 Limitations of the current study

The study is limited in that it is small-scale, exploratory and interpretivist, and does not therefore make any claim to generalizability. The constructs or sub-themes contained in the continua are highly subjective, as are arguably the quotations used to support each sub-theme. For example, the quotation about using a 'mobile van' could arguably come under one of three sub-themes: 'needs of parents', 'proactivity' or 'use of internal services'. Similarly the quotations about staff 'identifying problems' could arguably come under 'reactivity' or 'focus on mental illness'. The sub-themes 'needs of children' and 'MH of children' could also arguably be one and the same. Findings are therefore firmly embedded, not only in the participants' subjective experiences, but in the researcher's subjective interpretation.

## 2.4.10 Conclusion

In conclusion, the focus within the literature, and within government policy, is arguably moving from focusing on pathology, to focusing on how to prevent pathology. At a school-level, teachers can help children to develop their resilience by creating a positive, strengths-based learning environment where learning academic content can occur, while the development of a positive self-image in the learner flourishes (Koller and Bertel, 2006). However, in order to do this, teachers need to receive adequate and relevant training in how to 'create positive classroom environments, promote healthy peer relationships and enhance students' self-concept' (p.209), and in how to identify students who may have or may be likely to develop MH problems. EPs have a role to play in this by training and supporting teachers in identifying evidence-based programmes and practices; by providing on-going consultation in these practices; and by helping to provide generic training in MH competencies.

The current study is an example of how one primary school is attempting to address the needs of the children by getting the balance between, for example, taking a problem-oriented approach and taking a more preventative approach; and between addressing the needs of the children and the needs of their parents and the wider community. The next stage of the action research cycle may involve planning how to address the MH needs of staff.

Further research at the same school might explore whether the perceptions of middle and senior managers are congruent with those of other teachers; as well as the perceptions of the children themselves.

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# APPENDIX 1

## Semi-structured interview questions

1. What does mental health/emotional health and wellbeing mean to you?
   - Prompt: anything else?

2. How do you identify the mental health needs of the children at your school?
   - Prompt: and what happens then?

     • Do you feel this should be part of the role of teachers?
   - Prompt: go on

3. How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?
   - Prompt: can you tell me anymore?

4. What are the biggest challenges in terms of meeting the mental health needs of the children?
   - Prompt: anything else?

5. What are your/the school's aspirations in terms of meeting the mental health needs of the children?
   - Prompt: interesting…go on

6. How does the school meet the mental health needs of the teachers?
   - Prompt: is there anything else school could do?

# APPENDIX 2: Notes from interviews

Interview 1: Learning Mentor (LM)

1. What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?
   Feeling good in themselves…happy…worth as much as everyone else
   Many children don't feel good about themselves…many are
   underachieving…attendance is bad – getting children in to school is a priority
   They need people they can talk to…at breakfast club…we have 15 mins to talk
   A lot of children come with extra baggage and are not in the right frame of mind to
   learn

2. How do you identify the mental health needs of the children at your school?
   Vulnerable children are brought to the attention of the inclusion team…behaviour
   manager… children showing challenging behaviour
   Staff take an inclusion team referral form to the SENCo…dealt with by SENCo or
   behaviour manager who might pass it to me or to the CFSW depending on the
   need…The inclusion team has not met since the beginning of September [the date
   was 22 Nov]. Ideally weekly meetings would be good…we need to be more
   coordinated
   I am around at playtimes for the KS2 children…we have entertainment clubs at
   lunch…lunch is often a time when I pick up on things/problems. We also have a Play
   Therapist, SEAL interventions and our CFSW who works with families

   - Do you feel this should be part of the role of teachers?
   Emotional wellbeing is just as important as learning  - maybe even moreso
   There has to be a pastoral side to teaching

3. How well do you feel the school equips you/teachers for this? How confident do
   you/teachers feel?
   More training is needed…more resources are needed…sometimes I buy my own
   We have had half-day courses on bereavement and anger management

4. What are the biggest challenges in terms of meeting the mental health needs of the
   children?
   Attendance issues, low self-esteem, bullying, friendship issues, anger management,
   social deprivation, ignorance of MH, lack of awareness amongst staff
   In our behaviour management system it seems that the children who shout the
   loudest get heard, whereas for me the quiet ones are more concerning
   The number of referrals is a challenge…when children are 'exited' (have completed
   an intervention), their progress needs monitoring
   Another challenge is the amount of change there has been at this school in the last 2
   years

5. What are your/the school's aspirations in terms of meeting the mental health needs of
   the children?
   To be able to give every child the help that they need

6. How does the school meet the mental health needs of the teachers?

Staff come and speak to me…a lot of the time it's left to individuals…not much reflection time…can't timetable EHWB…MH is not a priority for everyone.

Interview 2: Child and Family Support Worker (CFSW)

1. What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?

Being able to function normally on a day-to-day basis

2. How do you identify the mental health needs of the children at your school?

Teachers or other staff refer children they have concerns about to the inclusion team…the referral forms are looked at…priority is given to child protection issues, bereavement, self-esteem issues, domestic violence…I work with families and with individual children with these issues

Typically children/parents have 6-8 sessions. Some children just come and sit…some parents come indefinitely…once the intervention is complete we have a checklist for the teacher, the parent and the child to see if there has been any improvement

- Do you feel this should be part of the role of teachers?

Teachers need to be compassionate but they need supervision if they are to take on this role

3. How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?

The majority of teachers are compassionate but they need more training
Information-sharing is important…for example when I attended a multi-agency risk assessment conference on domestic violence

4. What are the biggest challenges in terms of meeting the mental health needs of the children?

Lack of parenting, punctuality and attendance, substance misuse, domestic violence, families on benefits…a lot of parents have their own mental health issues
Parents not willing to take up courses, for example 'Managing your child's Behaviour' as they see it as a failure
Some parents just need to offload…some try to make changes…some do nothing
The children/families I see often have deep-seated emotional problems
We have a Play Therapist in the school but play therapy needs a long time

5. What are your/the school's aspirations in terms of meeting the mental health needs of the children?

We need more for parents in the community…parents are not taking up help available such as health visitors, potty training or information/advice sessions with the local police

I would like to see counsellors available to children and families within school

6. How does the school meet the mental health needs of the teachers?
   Teachers don't get supervision…the school is better run now…the HT is open to suggestions…there is more provision for the children…but supervision for staff is very important

Interview 3: Special Educational Needs Coordinator (SENCo)

1. What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?
   A state of mind…for children I think of being healthy – being happy or unhappy…for adults I think about depression

2. How do you identify the mental health needs of the children at your school?
   Teachers pick up children via the referral form…they might notice children being unhappy, behaviour changes or children being very tired. The referral forms come to me or the CFSW. The CFSW deals with family-based problems. I often involve external services in cases that come to me – which I see as vital…the contribution of outside agencies such as SISS (Specialist Inclusion Support Service) is still invaluable

   - Do you feel this should be part of the role of teachers?
   Teachers here do take on the role of identifying MH needs in children

3. How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?
   The HT is aware of the gap between expecting teachers to take on this role and equipping them to do so. We are taking on some new initiatives which involve staff training in aspects of MH.
   Teachers are willing but not confident. They look to our CFSW and they learn through experience. I think the area of MH/EHWB should be covered in teacher training
   We have had some initial training in MH but more is needed
   Our CFSW has done some parent training but not staff training
   Strategies and scenarios would be helpful…how to think before acting…how to make courses more accessible to parents…we have courses in school for parents in general run by our CFSW…the ones run at school are much better attended by parents
   We have a strong link with the children's centre which we hope to maintain and make stronger still

4. **What are the biggest challenges in terms of meeting the mental health needs of the children?**

Deprivation…finding the right moment in a day…having enough hours in a day…training staff to be mentors to the children and for staff to have the confidence to think they can deal with problems

Placing more value on SEAL and making it a core part of the curriculum

Having a calm time at the beginning and end of the day

Placing more emphasis on the emotional needs of the children…too much emphasis on the National Curriculum, particularly Literacy and Numeracy…what about EHWB?…it seems this is put in as an afterthought…squeezed in…should be at the core

5. **What are your/the school's aspirations in terms of meeting the mental health needs of the children?**

To have a system in place for the older children…like peer mentoring…leaving the adults free to deal with the newer children…the older children become, the harder it may be to reach them…we need to reach the parents of the youngest children

6. **How does the school meet the mental health needs of the teachers?**

Some staff use massage/yoga to relax…peer support is available for staff…counselling would be useful…supervision is important…there is a line of support from senior management

Interview 4: Class Teacher (CT)

1. **What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?**

Looking after your mind as well as your body

The term MH has negative connotations…I prefer to use the phrase 'healthy mind'

2. **How do you identify the mental health needs of the children at your school?**

Withdrawn behaviour…blank expression…no emotion…can be a sign of mental ill-health

We can refer children to the inclusion team. One of the children in my class received play therapy for 6 weeks – it was very successful, but this was only one child

- **Do you feel this should be part of the role of teachers?**

It is not possible to separate learning from EHWB. The children are in our care. Sometimes we are the only regular source of support in a child's life

3. **How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?**

In my teacher training [been teaching one year] we had some input on child psychology and how this affects learning. My older sister who has been teaching for 17 years didn't have that in her training, therefore it seems there is more emphasis on

it these days…I feel I know how to spot mental ill-health, where to refer it on to…it interests me…I have a personal interest in it which helps

4. What are the biggest challenges in terms of meeting the mental health needs of the children?
The pressures of the classroom…time…children going out of class to receive an intervention miss essential learning (literacy and numeracy)…not enough time to listen to children
SEAL is good but is it too structured? Schools offer structure to children, but sometimes the structure is too rigid, especially for children who have no structure at home

5. What are your/the school's aspirations in terms of meeting the mental health needs of the children?
To have more opportunities for therapeutic play/play therapy in school
Organisations offering counselling/family work going into schools and doing work with families and children based around EHWB…setting up programmes…trying to get to the root of the problem

6. How does the school meet the mental health needs of the teachers?
Teachers need to have supervision and training, especially those who feel less confident about identifying MH problems in children


Interview 5: Head Teacher (HT)

1. What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?
Wellbeing…resilience…a positive outlook…self-esteem…the ability to deal with things in a reasonable manner

2. How do you identify the mental health needs of the children at your school?
Through our pastoral support system…class teachers and pupils have good relationships…teachers can identify problems…CFSW aware of children coming in who have older siblings at the school…family problems…mentors work 1:1 with children and with groups…monitoring of a child's behaviour formally and informally…SEAL…friendship groups… pre and post testing
Behaviour management is a strength of the school…behaviour is well-marshalled…boundaries are established…warnings are given…rewards and sanctions are in place…there has been a significant drop in exclusions

   • Do you feel this should be part of the role of teachers?
There is an acceptance amongst teachers that MH needs is part of their role
In the past before the schools were amalgamated there was a lot of MH support available for parents, but the school's key purpose is to support the children…there is a need to get the balance right

Educational needs are the most important

3. How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?

Aware of gaps in training needs…teachers there to teach primarily but do need to have good relationships with the children in order to spot problems

There is a top stratum of children in terms of need, of which we only touch the surface, but we are actively looking to put in place MH provision. At the moment we have pastoral support, SEAL, mentors and a CFSW. We need local on-site trained professionals...a quick-response system…practical support for parents

We have made a bid for the local children's centre where we could offer counselling, parent courses, a drop-in service…need a change in attitudes…negative attitude to children's centre due to a history of social services meetings being held there…the building is a dump…need to make it attractive to parents

We seek to actively engage parents through offering blatant rewards…attendance gone up to 96.6%...the community message is that rewards are in place…works for parents as well as children…what do parents want?...beauty therapy…to have their nails done…we need to motivate them…those hardest to reach are not going to come…we propose having a mobile van - like the 'A'-team! – to go out into the community…a lot of children can't speak properly…they need speech and language therapy…we need an integrated provision offering all of these things

But children still need to read and write…the basics…this helps self-esteem…not a fan of nurture groups…see the need to meet the MH needs of children but must be balanced with education…realise some people take the view that no learning can take place until MH needs are met…boundaries important…even if they are not important at home, they should be at school

4. What are the biggest challenges in terms of meeting the mental health needs of the children?

Parental neglect, negative attitude of parents, developing positive links with parents and with the wider community

5. What are your/the school's aspirations in terms of meeting the mental health needs of the children?

Taking services to the community through links with the children's centre and through the use of a mobile van

Teaching the children to be resilient…giving them responsibility…I see school as a bubble…children have to be able to leave their emotional baggage at the door…forget and get rid…did this at my last school…some children need to understand that there are different rules in school, no matter how they behave at home…children know this and can cope with it…it's about boundaries…of course some children have real issues like child protection, abuse and neglect (and these have to be dealt with appropriately)…as opposed to those who might just lack structure, etc…we offer a drumming club and other clubs…opportunities to take part in music and sport…we need to give children these opportunities, especially those who don't get them at home

6. How does the school meet the mental health needs of the teachers?
   (This question did not get addressed as we ran out of time)


Interview 6: Behaviour Manager (BM) and Assistant Head

1. What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?
   Emotional wellbeing…coping with changes…good relationships…everyone has MH issues…clear distinction between this and clinical MH…in children MH/EHWB means engaging with one another…not such a clear distinction…there are grey areas

2. How do you identify the mental health needs of the children at your school?
   We have a system of referral…teachers and TAs refer to the inclusion team…we look at these referrals and consider whether to refer them on or whether we have capacity within school…inclusion team should meet every half-term but at the moment it's every term…we will never have the capacity we would like
   We prioritise behaviour in the classroom…the way they (the children) are…not just behaviour…in parallel to family information from the CFSW…an example of priority would be extreme/unusual behaviour in the classroom…for example a child taken out of the home, in temporary foster care and struggling to engage with his work
   Play therapist is key…also works with parents…gives parents time and listens…low level MH issues…setting up Filial Therapy course…supporting parents with family matters…works in the home as well
   Also key is CFSW…trusted by the community…is from this community herself…links with social services…example of alcoholic parents who know that CFSW knows about alcohol problem therefore lower risk situation for them

   • Do you feel this should be part of the role of teachers?
   Most teachers consider MH needs…don't always think of it as MH…emotional side of things…wouldn't see it as MH
   Unhappiness = MH? – teachers might not see it as MH

3. How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?
   Teachers' confidence to deal with MH issues is mixed…some are good because they are intuitive…initial training session from EPS was a start…the training identified that it's not silly to raise concerns…intend to do more training but no concrete plans

4. What are the biggest challenges in terms of meeting the mental health needs of the children?
   The number of children with needs…parents are a barrier…have their own MH needs…negative attitude…reluctance to give permission for interventions
   Depth of MH issues…not seeing enough impact
   Bereavement groups run by EPS…external services can be useful but internal better

5.  What are your/the school's aspirations in terms of meeting the mental health needs of the children?
    Having the capacity to give support to every child…children feeling able to come to school…children with no significant attendance issues…engaging with parents more, especially those with a large family…all this should have an impact academically…example of Year 6 boy being seen by Play Therapist every week and in a mentoring group…giving him care and time…has had huge impact on his academic work

6.  How does the school meet the mental health needs of the teachers?
    Don't think we do…I line manage the TAs…can come and talk to me…tissues are provided!...they come from the same community as the children so have lots of issues…give time to them regularly although nothing 'official'
    Counselling in school for children would be useful and has been talked about…counselling for staff would no doubt be useful but too expensive


Interview 7: Play Therapist (PT)

1.  What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?
    How people function…the ability to function on a daily basis…needs to incorporate mind, body and soul

2.  How do you identify the mental health needs of the children at your school?
    Teachers who feel something is not right with a child refer to the inclusion team…as a school we take a holistic view

    •   Do you feel this should be part of the role of teachers?
    Depends on the individual…some teachers have an interest in EHWB

3.  How well do you feel the school equips you/teachers for this? How confident do you/teachers feel?
    More training around MH issues is needed…some people have more awareness than others…staff's own MH is significant…profile of MH should be raised as huge…nurturing of the whole child is everyone's responsibility…balance needed between nurturing and practicalities of having to get on in school, especially for most difficult cases
    I am trained in Filial Therapy which is about enhancing the parent-child relationship…uses basic skills of empathy and reflection…reflecting feelings back rather than reacting…in a non-directive way…involves role modelling and role plays…I set up 30 minute therapeutic play sessions

4.  What are the biggest challenges in terms of meeting the mental health needs of the children?
    Parents…alcohol…drugs…domestic violence

Working with both the child and the parent is ideal

5. What are your/the school's aspirations in terms of meeting the mental health needs of the children?
Measuring the impact of successful interventions…helping children and parents to function healthily…to interact/communicate mindfully with others…helping parents to pass on skills to their children…being more nurturing…having more warmth and compassion…being a good citizen
We can get through to hard-to-reach parents by giving them time…giving them love and acceptance…recognising the power of silence

6. How does the school meet the mental health needs of the teachers?
Supervision for teachers and all staff is essential…needs to be weekly…individual supervision as well as team meetings…all members of staff need to know they are valued

**APPENDIX 3: The constant comparative method, adapted from Thomas, 2009, p.199**

1. I read through the notes from the 7 interviews and made an electronic copy of the raw data (Appendix 2).
2. I made a separate copy of the raw data and read through this copy (working data files), underlining and highlighting parts that I thought were important (Appendix 4 shows an example). As I started to get an impression of important ideas that were recurring, I made a list of these *temporary constructs*.
3. I read through the data again, using the list of temporary constructs from my first reading to check against. I drew up a grid (Appendix 5) with the temporary constructs in black type and the quotes from the interviewees evidencing the construct in red type. These are presented as continua, for example, boundaries/nurturing and academia/MH needs, as I became aware of these continua and the overarching theme of balance in the working data files.
4. I eliminated four temporary constructs that did not seem to have been reinforced in the rest of the data (negative/positive attitudes of parents and structure at school/lack of structure at home). The actual data itself though was not deleted, but merely incorporated into the other constructs, for example the idea of structure at school was incorporated into the 'needs of children' construct, and the idea of lack of structure at home was incorporated into the boundaries/nurturing continua. The remaining 16 constructs, presented as 8 continua became my *second-order constructs* or 'second-order continua' in this case.
5. After further readings of the data, I was satisfied that these second-order continua captured the essence of my data, and labelled these as my *themes*.
6. The themes connect in that each pair of constructs makes up a continuum, all of which connect to the overarching theme of balance. Figure 2 in the report illustrates the overall conceptual map.
7. Appendix 6 shows how the continua or themes, with their supporting quotes, are reflected in the answers to the 6 questions

# APPENDIX 4: Example of notes from interviews with themes highlighted

Theme 1: academia/MH needs

Theme 2: internalisers/externalisers

Theme 3: boundaries/nurturing

Theme 4: needs of parents/needs of children

Theme 5: proactivity/reactivity

Theme 6: internal/external services

Theme 7: MH of teachers/MH of children

Theme 8: focus on deficits/focus on MH promotion

Interview 1: Learning Mentor (LM)

1. What does mental health (MH)/emotional health and wellbeing (EHWB) mean to you?
   Feeling good in themselves…happy…worth as much as everyone else
   Many children don't feel good about themselves…many are
   underachieving…attendance is bad – getting children in to school is a priority
   They need people they can talk to…at breakfast club…we have 15 mins to talk
   A lot of children come with extra baggage and are not in the right frame of mind to learn

2. How do you identify the mental health needs of the children at your school?
   Vulnerable children are brought to the attention of the inclusion team…behaviour
   manager… children showing challenging behaviour
   Staff take an inclusion team referral form to the SENCo…dealt with by SENCo or
   behaviour manager who might pass it to me or to the CFSW depending on the
   need…The inclusion team has not met since the beginning of September [the date
   was 22 Nov]. Ideally weekly meetings would be good…we need to be more
   coordinated
   I am around at playtimes for the KS2 children…we have entertainment clubs at
   lunch…lunch is often a time when I pick up on things/problems. We also have a Play
   Therapist, SEAL interventions and our CFSW who works with families

   • Do you feel this should be part of the role of teachers?
   Emotional wellbeing is just as important as learning - maybe even more so
   There has to be a pastoral side to teaching

3. How well do you feel the school equips you/teachers for this? How confident do
   you/teachers feel?
   More training is needed…more resources are needed…sometimes I buy my own
   We have had half-day courses on bereavement and anger management

4. What are the biggest challenges in terms of meeting the mental health needs of the children?

Attendance issues, low self-esteem, bullying, friendship issues, anger management, social deprivation, ignorance of MH, lack of awareness amongst staff

In our behaviour management system it seems that the children who shout the loudest get heard, whereas for me the quiet ones are more concerning

The number of referrals is a challenge…when children are 'exited' (have completed an intervention), their progress needs monitoring

Another challenge is the amount of change there has been at this school in the last 2 years

5. What are your/the school's aspirations in terms of meeting the mental health needs of the children?

To be able to give every child the help that they need

6. How does the school meet the mental health needs of the teachers?

Staff come and speak to me…a lot of the time it's left to individuals…not much reflection time…can't timetable EHWB…MH is not a priority for everyone.

# APPENDIX 5: Themes with supporting quotations

| Boundaries (high expectations) | Nurturing (caring and support) |
|---|---|
| "behaviour management is a strength of the school" (HT) | "I'm not a fan of nurture groups…aware that some staff take the view that no learning can take place until mental health needs are met" (HT) |
| "some children show challenging behaviour" (LM) | |
| "teachers might notice behaviour changes" (SENCo) | "nurturing of the whole child is everyone's responsibility" (PT) |
| "we prioritise behaviour in the classroom" (BM) | "vulnerable children" (LM) |
| "children need to be able to leave their emotional baggage at the door…different rules in school" (HT) | "sometimes the structure is too rigid" (CT) |
| | "more provision for all children" (CFSW) |
| **Academia** | **Mental health needs** |
| "the educational needs of the children are the most important. Children have to be able to read and write. This in turn increases self-esteem" (HT) | "more emphasis needs to be placed on the emotional needs of children…too much emphasis on the National Curriculum…what about EHWB?...it seems this is put in as an afterthought…squeezed in…should be at the core" (SENCo) |
| "it is not possible to separate learning from EHWB" (CT) | |
| "teachers here to teach primarily" (HT) | "the profile of mental health should be raised as huge" (PT) |
| "pastoral side to teaching…some children not in the right frame of mind to learn" (LM) | "helping the child emotionally had a huge impact academically" (BM) |
| "MH needs of children must be balanced with education" (HT) | "emotional wellbeing just as important as learning… maybe even more so" (LM) |
| "educational needs are the most important" (HT) | |
| **Needs of children displaying externalised behaviour** | **Needs of children displaying internalised behaviour** |
| "sometimes it is the children who 'shout the loudest' who get heard" (LM) | "the quiet ones are just as concerning, if not more so" (LM) |
| "…significant drop in exclusions" (HT) | "withdrawn behaviour…blank expression, no emotion, can be a sign of mental ill health" (CT) |
| "…extreme/unusual behaviour" (BM) | |
| | "children being very tired" (SENCo) |
| **Proactivity** | **Reactivity** |
| "teaching the children to be resilient" (HT) | "priority is given to child protection issues" (CFSW) |
| "we need to reach the parents of the youngest children" (SENCo) | "the older children become, the harder it may be to reach them" (SENCo) |
| "more provision for all children" (CFSW) | "identifying problems" (HT) |
| "actively looking to put in place MH provision" (HT) | "when teachers feel something is not right" (PT) |
| "entertainment clubs at lunch" (LM) | |
| "trying to get to the root of the problem" (CT) | "reflecting feelings back rather than reacting" (PT) |

| | |
|---|---|
| "measuring the impact of successful interventions" (PT)<br>"seeking to actively engage parents" (HT) | "the number of referrals…" (LM)<br>"the number of children with needs" (BM)<br>"sometimes serious issues have to be dealt with reactively" (HT) |
| Mental health of teachers<br>"more training is needed for teachers…not much reflection time…MH is not a priority for everyone" (LM)<br>"teachers need supervision" (CFSW)<br>"there is a gap between expecting teachers to take on the role of identifying MH needs in children and equipping them to do so" (SENCo)<br>"supervision is important" (SENCo)<br>"teachers need supervision and training, especially those who feel less confident about identifying MH problems in children" (CT)<br>"gaps in training needs" (HT)<br>"teachers' confidence to deal with MH issues is mixed…more training is needed" (BM)<br>"counselling for staff would no doubt be useful but too expensive" (BM)<br>"staff's own MH is significant…supervision for teachers and all staff is essential" (PT)<br>"teachers need more training" (CFSW)<br>"teachers willing but not confident…they learn through experience" (SENCo) | Mental health of children<br>"teachers here do take on the role of identifying MH needs in children" (SENCo)<br>"I think the area of MH/EHWB should be covered in teacher training" (SENCo)<br>"In my teacher training we had some input on child psychology and how this affects learning. My older sister who's been teaching for 17 years didn't have that in her training, so it seems there is more of an emphasis on it these days" (CT)<br>"we offer a drumming club and other clubs… opportunities to take part in sport and music…we need to give children these opportunities, especially those who don't get them at home" (HT)<br>"counselling in school for children would be useful and has been talked about" (BM)<br>"children need nurturing…Filial Therapy…helping children and parents to function healthily" (PT)<br>"entertainment clubs at lunch" (LM)<br>" the pressures of the classroom…not enough time to listen to children" (CT) |
| Focus on mental illness (emphasis on deficits)<br>"many children don't feel good about themselves… many are underachieving…attendance is bad" (LM)<br>"low self-esteem, anger management" (LM)<br>"lack of parenting, substance misuse, domestic violence" (CFSW)<br>"being unhappy…depressed" (SENCo)<br>"parental neglect…negative attitude of parents" (HT)<br>"child protection, abuse and neglect" (HT)<br>"challenging behaviour" (LM)<br>"extreme/unusual behaviour" (BM)<br>"alcohol, drugs, domestic violence" (PT)<br>"reacting rather than reflecting feelings back" (PT) | Focus on MH promotion (a strengths-based approach)<br>"children feeling good in themselves" (LM)<br>"functioning well on a day-to-day basis" (CFSW and PT)<br>"being happy" (SENCo)<br>"looking after your mind as well as your body" (CT)<br>"wellbeing, resilience, a positive outlook, the ability to deal with things in a reasonable manner" (HT)<br>"developing positive links with parents and with the wider community" (HT)<br>"teaching children to be resilient…giving them responsibility" (HT)<br>"emotional wellbeing, coping with changes, good relationships" (BM) |

| | |
|---|---|
| "parents not taking up help available" (CFSW)<br>"parents can be a barrier" (BM)<br>"teachers identifying problems" (HT) | "nurturing of the whole child…teaching parents the skills of empathy and reflection" (PT)<br>"having compassion…being a good citizen" (PT) |
| Needs of parents<br>"parents have MH needs which need to be addressed" (CFSW)<br>"parents are a barrier…they have their own MH needs" (BM)<br>"the school has made a bid to develop a local children's centre, where parents can have access to trained professionals such as counsellors" (HT)<br>"work with families is important" (LM)<br>"I work with children and families on these issues… some have deep-seated emotional problems" (CFSW)<br>"we aim to develop a 'quick response' system so that parents/carers can access the help they need in the shortest time possible" (HT)<br>"we need more for parents in the community" (CFSW)<br>"family-based problems…how to make courses more accessible to parents…strong link with the children's centre" (SENCo)<br>"family work" (CT)<br>"having a mobile van to go out into the community" (HT) | Needs of children<br>"school is primarily about the needs of the children" (HT)<br>"we offer a drumming club and other clubs… opportunities to take part in sport and music…we need to give children these opportunities, especially those who don't get them at home" (HT)<br>"children feeling able to come to school" (BM)<br>"MH support available for parents, but school's key purpose is to support the children…there is a need to get the balance right" (HT)<br>"parent-child relationship…children need nurturing" (PT)<br>"attendance issues, low self-esteem, bullying, friendship issues, anger management, social deprivation, ignorance of MH issues, lack of awareness amongst staff" (LM)<br>"lack of parenting, substance misuse, domestic violence, families on benefits" (CFSW)<br>"children who have no structure at home" (CT) |
| Use of internal services<br>"in some ways it's better to use internal services such as our CFSW and Play Therapist as they are known to parents" (BM)<br>"another idea is to set up a mobile team to take services on offer out into the community, to try to reach those parents who appear hardest to reach" (HT)<br>"teachers refer children to the inclusion team" (LM, CFSW, CT, BM, PT)<br>"I would like to see counsellors available to children and families within school" (CFSW)<br>"I would like to see peer mentoring | Use of external services<br>"the involvement of external services is vital" (SENCo)<br>"we have resources in the school through the inclusion team, but the contribution of outside agencies such as SISS (Specialist Inclusion Support Service) is still invaluable" (SENCo)<br>"counselling would be useful for staff" (SENCo)<br>"I would like to see organisations offering counselling/family work going into schools and doing work with families and children based around EHWB… setting up programmes…trying to get to the root of |

| | |
|---|---|
| available in school" (SENCo)<br>"our pastoral support system - we have pastoral support, SEAL, mentors and a CFSW" (HT)<br>"play therapist is key" (BM)<br>"we have a play therapist in school but play therapy needs a long time" (CFSW)<br>"teachers look to our CFSW" (SENCo)<br>"more opportunities for therapeutic play…counselling (CT)<br>"counselling for staff would be useful" (SENCo) | the problems" (CT)<br>"bid for local children's centre…offering counselling, parent courses, a drop-in service" (HT)<br>"bereavement groups run by the EPS" (BM)<br>"initial training session from the EPS on MH issues was a start…more training is needed" (BM, SENCo)<br>"half-day course on anger management" (LM)<br>"I attended a multi-agency risk assessment conference on domestic violence" (CFSW)<br>"counselling in school for children would be useful and has been talked about…" (BM) |

# CHAPTER 3: An individual therapeutic intervention using positive psychology and cognitive behavioural approaches with a 10 year old girl recently diagnosed with dyslexia displaying high levels of anxiety

## Abstract

This report concerns an individual therapeutic intervention using positive psychology and cognitive behavioural approaches with a 10 year old girl displaying high levels of anxiety who had recently received a diagnosis of dyslexia. The intervention of choice was 'Growing Optimism (GO)', an intervention developed by Northamptonshire Educational Psychology Service. GO was developed as a group intervention, and is a course of 10 x 80 minute sessions. In this case, the key components were applied and used with an individual child, but with the involvement of the child's parents. A number of pre- and post-test measures were used, including the Spence Children's Anxiety Scale (Spence, 1994). Post-intervention measures suggested improvements, including a clinically significant reduction in anxiety.

## 3.1 Introduction

The researcher, a Trainee Educational Psychologist, previously worked for two years as an Assistant Educational Psychologist with Leicester City Educational Psychology Service (EPS) on the Targeted Mental Health in Schools (DfE, 2011a) team. Part of the role involved the delivery of Growing Optimism (GO) (see Appendix 3 for a session overview), developed by Northamptonshire EPS, and inspired by positive psychology, in particular Seligman et al's (2009) Penn Resiliency Program (PRP), and Seligman et al's (1995) book 'The Optimistic Child'. PRP is aimed at children aged 8-15. It teaches cognitive-behavioural and social problem-solving skills and is

based in part on the cognitive-behavioural theories of depression developed by Beck (1967,1975), Ellis (1962) and Seligman (1975).

The remainder of this report considers the evidence base for the efficacy of cognitive behaviour therapy (CBT), particularly with children, and particularly for the remediation of anxiety. It relates also how the key components of GO were used in an individual therapy format with a 10-year old girl, and how a systemic approach to formulation was used in terms of involving the child's parents in the sessions, as well as relating the content of the sessions to the teaching assistant at school who worked most closely with the child. Finally it reflects on the outcomes of the intervention, on the approach taken, and on the role of educational psychologists (EPs) in this type of work.

## 3.2 Literature Review

The core principle of CBT, according to Greig (2007) is that people are not disturbed by things but by the views they take of them. It is essentially a maladaptive or erroneous thinking style that affects emotion and behavioural adjustment. CBT as a therapy aims to reduce psychological distress and maladaptive behaviour by altering cognitive processes.

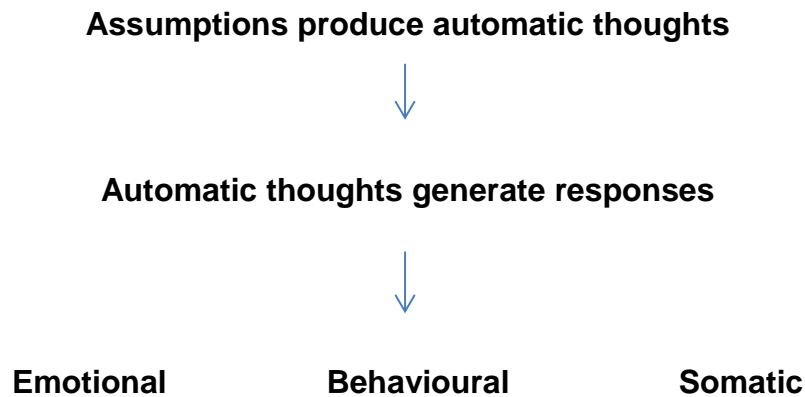**Core beliefs/cognitive schemas are formed during childhood by experience**

↓

**Important events activate core beliefs/cognitive schemas**

↓

**Core beliefs/cognitive schemas trigger cognitive assumptions**

↓

**Assumptions produce automatic thoughts**

↓

**Automatic thoughts generate responses**

↓

**Emotional**          **Behavioural**          **Somatic**

**Figure 1: Key explanatory elements in a cognitive behavioural approach** (taken from Greig, 2007)

Figure 1 shows how thoughts feelings and behaviour, as well as bodily sensations can be linked. Beck (1975) believed that intervening in thought processes can bring about changes in feelings and behaviour.

Several meta-analyses provide evidence for the effectiveness of CBT. Seligman and Ollendick (2011) considered over 40 studies mostly focused on anxiety-based disorders in youths. They found that effect sizes from randomised controlled trials (RCTs) were generally large with two-thirds of children treated with CBT free from their primary diagnosis after a 12-16 week course of treatment. Klein et al (2007) considered 11 RCTs related to depression in youths. They found a 'significant mild effect size for CBT for the treatment of depressive symptoms' (p.1403). James et al (2007) considered 13 studies specific to young people with anxiety diagnoses. They found a 'response rate for remission of any anxiety disorder of 56% for CBT as opposed to 28.2% for controls' (p.1250). Finally, Cartwright-Hatton et al (2004) considered RCTs related to adolescent anxiety disorders. They found that the

'remission rate in the CBT groups (56.5%) was higher than that in the control groups (34.8%)' (p.421).

### 3.2.1 CBT with children, as treatment for anxiety and depression

Squires (2010) suggests that 'there is a growing body of evidence showing how CBT might be used with children' and young people (p.283). Squires provides details of this body of evidence which gives guidance for the treatment of anxiety, depression and self-harm. CBT has been used widely with children for anger management; for helping refugee children; for including children with Asperger's syndrome; and for more school-based problems such as 'dictation phobia', examination stress, reducing exclusions, supporting school refusers and improving self-esteem (p.283).

Several studies highlight the importance of appropriately adapting CBT strategies or techniques, which may have been aimed initially at adults, for children and young people. Atkinson et al (2011a) found from two exploratory case studies that only one piece of work had been carried out with a primary-aged child. Pugh (2010) suggests that 'manual-based interventions can be appropriately adapted to meet the clients' individual needs' (p.392). Sauter et al (2009) highlight 'the need to attend to the unique developmental characteristics of the adolescent period when designing and delivering treatment, in an effort to enhance treatment effectiveness' (p.310). Graham (2005) postulates that even the youngest children are currently experiencing a whole range of mental health difficulties, and that assessment and intervention need to be adapted to the child's individual level of cognitive development. Similarly, Stallard (2002a) suggests the absence of developmentally appropriate theoretical materials to understand the onset and maintenance of maladaptive cognitive processes in children, and the need to 'develop robust and testable developmentally appropriate

theoretical models' (p.297). These studies highlight the relevance of using CBT with children, as well as the need to adapt materials that may have been intended initially for adults.

## 3.2.2 A systemic approach to CBT

Studies have highlighted the importance of a systemic approach to CBT with children. Sheridan (2005) maintains that 'we can no longer fail to consider the significant systems that influence children's lives - most notably, the family and school systems in interaction with each other' (p.521). Squires and Caddick (2012) used a group cognitive behavioural therapy intervention in school settings with pupils who had externalizing behavioural difficulties. They found that the perception of the teachers was that the behaviour of all students (treatment and control) improved. The authors' hypothesis was that there can be a systemic effect of a targeted intervention by reducing the cumulative effect of low-level challenges that teachers experience.

Several studies highlight the importance of parental involvement in CBT with children. Cobham et al (1998) found that for children with an anxious parent, there was a significant difference between the percentage of children in the CBT condition (39%) who no longer met the criteria for an anxiety disorder, compared to the percentage of children in the CBT+PAM (parental anxiety management) condition (77%). Spence et al (2000) identified a 'trend' towards superior results when parents were involved, although this effect was not statistically significant (p.713). Toren et al (2000) concluded that 'brief parent-child group psychotherapy may serve as a time-limited, cost-effective and efficient intervention' (p.1309). Mendlowitz et al (1999) concluded that concurrent parental involvement enhanced the effect on coping strategies. Silverman et al (1999) found that results indicated that group CBT with

concurrent parent sessions, was 'highly efficacious' (p.995). Finally, Barrett et al (1996) found added benefits from CBT+FAM (family anxiety management) treatment.

Furthermore, Greig (2007) and Dummett (2006) promote the importance of engaging the wider context (schools, families, parents) in applying CBT approaches with young clients. Cartwright-Hatton et al (2005) found that engaging only the parents of very young anxious children (aged 4-9) was sufficient to result in improved mental health outcomes for the children. Bugental and Johnston (2000) refer to the many new insights that have emerged with respect to the linkage of family members' cognitions and their individual and shared patterns of behaviour. They maintain that 'as a growth area, there is emerging interest in the application of our knowledge of cognitions to the clinical context in programs designed to remediate and prevent family problems' (p.315).

### 3.2.3 Individual versus group CBT

Zalta (2011) found that 'individually administered media interventions were more effective than human-administered group interventions at preventing general anxiety and depression symptoms' (p.749). Covin (2008) found that 'results showed a large overall effect size that was moderated by age and modality of treatment. Specifically, the largest gains were found for younger adults and for individual treatment' (p.108). Bodden et al (2008) found that 'neither societal costs nor effectiveness were significantly different between individual and family CBT' (p.543). They concluded that individual CBT is more effective and less costly than family CBT, and that family CBT is not a cost-effective treatment for clinically anxious children, compared with individual CBT. This counters the findings of Toren et al (2000) who concluded that 'brief parent-child group psychotherapy may serve as a time-limited, cost-effective

and efficient intervention' (p.1309). Toren et al (2000) did, however find that children of mothers with an anxiety disorder improved more than children with non-anxious mothers, so it may be that the majority of the parents in the Bodden et al (2008) study were 'non-anxious'. Tucker and Oei (2007) consider whether group CBT is more cost effective than individual CBT. They conclude that the evidence is not solid yet. They maintain that some of the disadvantages of group formats are that they can descend into small talk, that differential improvement rates can discourage slower improvers, and that there are more likely to be practical difficulties scheduling sessions.

Barrett et al (1996) did find added benefits from CBT+FAM (family anxiety management) treatment. Spence et al (2000) point out that, unlike Cobham et al (1998) and Spence et al (2000), Barrett et al (1996) used an individual treatment approach, and that, unlike the other two studies, they did find a significant difference between the 'parent involved' and the 'parent not involved' conditions. Spence et al (2000) conclude that 'it is feasible that the benefits of parental participation are more marked for individual therapy formats than for group treatment approaches' (p.722). However, it may be significant to point out that in their long-term (6 year) follow-up to their 1996 study, Barrett et al (2001) found that CBT (parent not involved) and CBT+FAM (parent involved) were equally effective at long-term follow-up.

In the current study, the researcher chose to use the key components of a group intervention (GO), because she had used the intervention in a former role and found it to be effective (Dawson and Singh-Dhesi, 2010). Secondly, GO has the added advantage over other CBT approaches in that it combines CBT with the training of social skills that increase resilience, positive emotion, engagement and meaning

(Seligman et al, 2009). Spence et al (2000) argue that teaching social and assertiveness skills, in addition to basic CBT skills, is highly effective. Spence et al (2000) argue also for a 'trend' towards 'superior results' (p.713) when parents are involved. Thirdly, the researcher wanted to demonstrate the flexible response, advocated by MacKay and Greig (2007) and by Squires (2010), that EPs are able to take in their approach to problems and contexts, including the adaptation of group-based interventions to meet the needs of individuals (Pugh, 2010).

### 3.2.4 Methodological issues

Greig (2007) considers that 'the research evidence on the efficacy of CBT in the younger population is only now beginning to amass', and that there are 'still relatively few gold standard tests of efficacy via randomised control trials' (p.23). In a special issue of School Psychology Quarterly, entitled 'Evidence-Based Parent and Family Interventions in School Psychology' examining the data that support the use of interventions as methods of changing children's school-related problems with behaviour and learning, Ollendick (2005) considers that 'nearly all of the efficacious treatments were behaviour or cognitive-behavioural ones' (p.515). He maintains that 'inasmuch as many school practitioners continue to use strategies based on psychodynamic and humanistic traditions, well-controlled studies of these interventions are urgently needed' (p.515). Westen et al (2004) recommend changes in reporting practices to maximize the clinical utility of randomised controlled trials.

Weisz et al (2005), however, commenting on Westen et al (2004), maintain that 'empirically supported treatments do not cure every patient', and that 'the randomized trial is not a flawless methodology' (p.418). They further maintain that important work developing effective, clinically relevant treatments for serious problems was omitted

from the Westen et al (2004) review. Pugh (2010) takes the view that 'RCT, *augmented by other research*, represents the best possible way to establish intervention efficacy' (p.392, emphasis added).

Several other studies also call for methodological diversity. Kazdin (2007) considers that 'heavy and almost exclusive reliance on research in the quantitative tradition is an unnecessary constraint' (p.27), and that other traditions, for example single-case and qualitative research, would greatly expand and complement quantitative research, and generate as well as test theory in new ways. Ponterotto (2005) makes a call for expanding the training psychology students receive in philosophy of science and qualitative approaches to inquiry. Seligman et al (2006) suggest that 'treatments for depression may usefully be supplemented by exercises that explicitly increase positive emotion, engagement and meaning' (p.774); and subsequently that it may be possible for research to be informed by, or *supplemented by*, positivism, rather than dominated or replaced by it, as is argued in the case of positive psychotherapy. Erickson (1990) concurs that one can be empirical without being purely positivist. And finally, Heimberg (2002) discusses the 'application of combinations of CBT and pharmacotherapy to the treatment of social anxiety disorder' (p.101). It might be argued then that being rigorous and systematic need not imply a positivist epistemology.

### 3.2.5 Penn Resiliency Program (PRP)

Seligman et al (2009) describe the PRP, on which GO is based, as 'one of the most widely researched programmes designed to prevent depression in young people. During the past 20 years, at least 17 studies have evaluated PRP in comparison with a control group. Together, these studies include over 2000 children and young

people (CYP) between the ages of 8 and 15' (p.297). PRP studies include CYP from a variety of racial/ethnic backgrounds, community settings (urban, suburban and rural) and countries (e.g. USA, UK, Australia, China and Portugal). The PRP research team at the University of Pennsylvania conducted many of the PRP evaluations; however several independent research teams have also evaluated PRP. Some of the basic findings for PRP compared to control groups were that 'PRP reduces and prevents symptoms of depression; reduces hopelessness; prevents clinical levels of depression and anxiety; may reduce behavioural problems; works equally well for CYP from different racial/ethnic backgrounds; and that it has long-lasting effects' (Seligman et al, 2009, p.298).

In September 2007, three local authorities (South Tyneside, Manchester and Hertfordshire) piloted the UK Resilience Programme (UKRP), based on PRP, with Year 7 pupils in 22 of their schools, 'with the aim of building pupils' resilience and promoting their well-being' (DfE, 2011b, p.4). The quantitative work found 'a significant short-term improvement in pupils' depression symptom scores, school attendance rates, and academic attainment in English'. There was some impact on anxiety scores and maths attainment, but this was inconsistent and concentrated in a few groups of pupils. 'Pupils were generally positive about the programme. Interviews suggested that pupils had applied UKRP skills in real life situations, and some interviewees showed a good understanding of elements of the programme' (DfE, 2011b, p.5).

### 3.2.6 Growing Optimism (GO)

Growing Optimism (GO), based on the PRP, is a 'programme designed to help those children whose thinking style is pessimistic and whose response to problems is

passive' (Dawson and Singh-Dhesi, 2010, p.303). Such children are said to be 'at particular risk of depression and anxiety and the programme aims to fundamentally alter the thinking style of these children'. The GO course is a course of 10 × 80 minute sessions. It 'introduces thinking strategies and techniques developed in CBT, provides opportunities to practise these within the structure of the course and encourages the application of these new strategies within 'real world' situations. Through the use of cartoons, stories, role play and games, the course engages the interests of the children/ young people, sustains motivation and promotes the growth of emotional literacy, all aimed at promoting more positive thinking styles and helpful behaviours' (p.303). It also uses De Bono's (1985) thinking hats to explore explanatory style.

Dawson and Singh-Dhesi (2010) point out also that GO 'helps the participants overcome their tendencies to see events as the result of a fixed state and ones that will always happen and that are particular to them' (p.303). This unhelpful thinking, which sees things as permanent, pervasive and personal (Reivich and Shatté, 2002), is addressed so that the young person is supported to develop more helpful and more accurate cognitive strategies. Dawson and Singh-Dhesi (2010) report that a statistical analysis resulted in 'a statistically significant decrease in anxiety' (p.303).

The researcher is of the opinion that the key components of GO – the use of CBT; combined with the teaching of social, problem-solving and assertiveness skills; together with the use of De Bono's (1985) hats – distinguishes the programme from other individual CBT approaches which the researcher might have chosen, for example, Stallard (2002b).

### 3.2.7 Concluding synthesis

The literature review has considered the evidence base for the efficacy of CBT, particularly with children and young people, and particularly for the remediation of anxiety. Parental involvement in interventions with children has been shown to suggest improved outcomes. The key components of a group intervention, GO, designed to reduce anxiety in children and to increase their sense of mastery, has been used in the current study in an individual therapy format with a primary-aged pupil. A systemic approach to formulation has been used in terms of involving the child's parents, as well as staff at the child's school.

### 3.3 The current study

The current study involves a 10-year old girl, Louise (name has been changed) who had recently been diagnosed with dyslexia. The EP who had written the psychological advice towards Louise's statement, and the specialist teacher who had also been involved with the family, felt that Louise would benefit from some CBT due to her very negative self-concept, particularly with regard to her schoolwork. The researcher agreed to work with Louise, and due to research suggesting that parental involvement improves outcomes, it was agreed that working in tandem with Louise's family would be very beneficial.

Seligman et al (2009) argue that there is 'substantial evidence from well controlled studies that skills that increase resilience, positive emotion, engagement and meaning can be taught to schoolchildren' (p.293). The researcher, having used the group intervention Growing Optimism in a former role, felt that it would be useful to use the key components of the programme with Louise, as it seeks to combine CBT

with the training of social skills that increase resilience, positive emotion, engagement and meaning. Spence et al (2000) argue that the 'training of social, problem-solving and assertiveness skills, in addition to cognitive restructuring, behavioural exposure and homework assignments' (p.715) offers promise as an effective treatment for social phobic children. Louise's score for social phobia in the Spence (1994) Children's Anxiety Scale was higher pre-intervention (11) than the average score for a girl of her age (mean=6.8), so it might be argued that she was in danger of becoming socially phobic.

### 3.3.1 Formulation

Appendix 1 outlines a case formulation for Louise. Pre-intervention measures used were:

- The Sense of Mastery Scale and the Sense of Emotional Reactivity Scale from the Resiliency Scales for Children and Adolescents (Prince-Embury, 2006);

- The Spence Children's Anxiety Scale (SCAS) (Spence, 1994);

- The Self-Image Profile (Butler and Green, 2007);

- The Parent Strengths and Difficulties Questionnaire (Goodman, 1997); and

- The CORC (CAMHS Outcome Research Consortium) Goal-based Outcomes Record Sheet (CORC, 2007).

The two resiliency scales were selected to measure Louise's sense of efficacy, and her capacity to modulate her negative emotional responses. The SCAS was used to measure Louise's levels of anxiety, and to look at which areas of the SCAS Louise scored highest on. The self-image profile was used to get a picture of how Louise

sees herself, and which personal attributes she considers most important. The parent strengths and difficulties questionnaire was used with Louise's parents to get a picture of which areas (for example, emotional, behavioural, social) Louise's parents felt Louise struggled with the most, and where they felt Louise's strengths were. The CORC Goal-based Outcomes Record Sheet was used in order to identify what Louise's parents' hopes were for the intervention.

Pre-intervention work also included some Personal Construct Psychology (PCP) (Kelly, 1991) work with Louise. The researcher felt this would be a good 'ice-breaker' with Louise and a way of getting to know her and some of her constructions. The 'Drawing the Ideal Self' (Moran, 2001) technique was used with Louise, giving Louise the chance to draw, which is something Louise enjoys. It became apparent to the researcher during this activity that Louise's anxiety seemed to be specific to her schoolwork, rather than being more generalised. Louise seemed to be confident and to have a clear ambition on this occasion that she wanted to have her own beauty shop. However, on subsequent occasions, Louise seemed more pessimistic about being able to realise her ambitions due to her specific learning difficulties.

The researcher also used a Salmon line (Salmon, 1988)/Q-sort activity using 22 statements identified by Shilvock (2010) as pertinent to emotional-based non-attendance, according to the school refusal research. This activity was considered pertinent as Louise may have been in danger of not attending, were her anxieties not addressed. From this activity, Louise identified that statements about herself that she most wanted to change were:

- I worry about most things in my life

- I have low confidence

- I find the work in lessons hard (and find it hard to ask for help); and

- I worry that I might fail.

The researcher carried out some laddering (Beaver, 2011) with Louise around 2 of these statements. This enabled the researcher to start to get a picture of how Louise was thinking. In terms of CBT, it enabled the researcher to gain some insight into Louise's automatic thoughts, conditional assumptions and core beliefs (Table 1).

| Automatic thoughts/images | |
|---|---|
| I worry that I might fail | I find it hard to ask for help |
| I will not have a good career | I get scared |
| I don't think I can | The teacher won't help me if I ask |
| I'm really behind in my work | I wouldn't know what to do |
| I won't have a job | I panic |
| I'll end up cleaning | I panic really, really badly |
| Cleaning's not ideal but I would get some money | I'd probably pass out |
| | Everyone would get worried |
| | I'd have to go to hospital |
| | I might die |
| **Conditional assumptions** | |
| Unless I'm clever and good at my schoolwork and get a good job, I will have to settle for second best | |
| I won't be able to do what I would like to do as a career | |
| Being good at schoolwork is more important than being good, honest and helpful | |
| Being good at schoolwork is more important than being a good friend | |
| Being good at schoolwork is more important than being well-behaved | |
| **Core beliefs** | |
| **Self** | |
| Unworthy, not good enough, unintelligent, not as good as people who are clever | |

| **Others** |
| Better than me |
| More intelligent than me |
| **World** |
| A hard place to be |
| I will have to settle for second best |

**Table 1: Examples of Louise's automatic thoughts, conditional assumptions and core beliefs**

### 3.3.2 Ethical considerations

According to the British Psychological Society (BPS, 2009), research should be conducted that adheres to four ethical principles which constitute the main domains of responsibility within which ethical requirements are considered. These are respect, competence, responsibility and integrity. Appendix 2 sets out how these principles have been applied in the context of the current study.

### 3.3.3 Intervention

Louise and her parents were given the choice of doing the intervention at school or at home. It was decided that home would be best so that Louise would not miss out on any lesson time, and also because it would be more convenient for Louise's parents to be involved in sessions. Sessions were between 60 and 80 minutes. The recommended length of sessions for GO as a group intervention is 80 minutes, however less time was needed for organising role plays, settling children and giving enough time for everyone to participate as in a group format. Some of the sessions involved Louise on her own, with one or both of her parents joining us at the end to review what we had covered. Some of the sessions involved one of Louise's parents

as a more active participant, particularly the sessions involving De Bono's (1985) thinking hats. See Appendix 3 for an overview of the sessions.

Each session had planned content. Homework exercises consisted mainly of Louise filling in a weekly journal sheet (Appendix 4), of instances of when she had had negative feelings and thoughts as a result of a 'problem' situation. This was to encourage Louise to generalise what had been covered in the sessions, and to collect personal material to bring to the next session.

The researcher liaised also with Louise's class teachers and teaching assistant, with a view to them having an awareness of, and being able to reinforce, the issues covered in the sessions.

## 3.4 Outcomes

### Sense of Mastery Scale

|           | Pre  | Post    |
|-----------|------|---------|
| *T* score | 36   | 47      |
| Range     | Low  | Average |

**Table 2: Pre and post scores for the sense of mastery scale**

### Sense of Emotional Reactivity Scale

|           | Pre                   | Post |
|-----------|-----------------------|------|
| *T* score | 45                    | 35   |
| Range     | Below average-Average | Low  |

**Table 3: Pre and post scores for the emotional reactivity scale**

These two measures showed improvement. Louise's sense of mastery improved which suggests that her sense of self-efficacy had improved; and her level of emotional reactivity reduced, suggesting that her capacity to modulate her negative emotional responses had improved.

**The Spence Children's Anxiety Scale (SCAS)**

|  | Panic Attack | Separation Anxiety | Physical Injury Fears | Social Phobia | Obsessive Compulsive | Generalised Anxiety | Total |
|---|---|---|---|---|---|---|---|
| Pre | 6 | 10 | 0 | 11 | 6 | 9 | 42 |
| Post | 4 | 3 | 1 | 7 | 4 | 7 | 26 |

**Table 4: Pre and post scores for the SCAS**

This measure suggests a clinically significant improvement in Louise's anxiety levels in that the 'pre' total score is in the clinically anxious range for a girl of Louise's age (mean=36.06), whereas her 'post' score is in the normal range. The most significant reduction appears to be Louise's score for separation anxiety.

**Self-Image Profile**

For the self-image profile, Louise was asked to indicate on a list of 20 personality traits (for example, kind, friendly, bad tempered, angry) where she rated herself (performance) and where she would like to be (aspiration). Table 5 shows the five traits for which Louise indicated the biggest discrepancy between aspiration and pre-intervention (self-rated) performance, and where she placed herself in terms of post-intervention performance.

| How would you describe yourself? | Not at all | | | | | Very much so |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Confident | P(1) | | | P(2) | | A |
| Worrier | A | P(2) | | | | P(1) |
| Nervous | A | | P(2) | | | P(1) |
| Shy | A | | P(2) | | | P(1) |
| Easily upset | A | P(2) | | P(1) | | |

**Key:** A = where Louise would like to be; P(1) = where Louise rates herself pre-intervention; P(2) = where Louise rates herself post-intervention

**Table 5: Traits for which Louise indicated the biggest discrepancy between aspiration and pre-intervention (self-rated) performance**

Harter (1983) suggests that the match between our aspirations and performance is one important factor in determining self-esteem. It might be argued, therefore, that these scores suggest that Louise's self-esteem improved, in that the gap between her aspirations and performance in relation to her self-image, had reduced.

**Strengths and Difficulties Questionnaire**

Louise's scores (provided by her mother) on the Strengths and Difficulties Questionnaire (parent version) were normal apart from her score for emotional problems. Pre-intervention, this score was '5', which is in the 'abnormal' range

(Goodman, 1997), whereas post-intervention it was '3', which is in the 'normal' range. This area, therefore, also showed improvement.

**CORC Goal-based Outcomes Record Sheet**

Louise's mother was asked to identify a goal she wanted Louise to get to as a result of the intervention. Louise's mother identified her/Louise's goal as: 'I hope Louise's confidence and self-esteem improve, and her negative thoughts towards her schoolwork and self improve'. On a scale of 0-10 where '0' means 'goal not at all met', and '10' means 'goal reached', Louise's mother circled a '5' on the record sheet before the intervention, and an '8' after the intervention. This suggests that Louise's mother felt that Louise's confidence and self-esteem had improved, and that Louise was thinking more positively about herself and her schoolwork.

**3.5 Reflections on outcomes and on approach taken**

Atkinson et al (2011a) suggest that children with a mental health problem, plus a learning difficulty, are at elevated risk of psychiatric disorders. It certainly seemed, in Louise's case, that her anxiety was exacerbated by her dyslexia. Bugental and Johnston (2000) review parent and child cognitions with respect to, amongst other things, their linkage to affect and behaviour' (p.315). And Spence et al (2000) consider that the pathway through which the association between child and parent anxiety operates, has been proposed to involve a complex interaction between genetic and environmental factors' (p.715). Anxiety was apparently a common trait in Louise's family on her mother's side. Louise's mother talked openly about being an anxious person, about her own negative experiences of school as a child, and of her mother, Louise's maternal grandmother, also being 'a worrier'.

Dummett (2006) suggests that 'where developmentally inappropriate expectations about a child/young person are themselves the "primary problem", the systemic formulation process can be used to explore genesis, maintenance and consequences of these beliefs' (p.184). In Louise's case, it may be that she would have been 'prone to' being anxious, even without her difficulties with literacy and numeracy. To some extent, Louise's anxiety may be being 'maintained' unintentionally by Louise's mum talking openly about the debilitative nature of her own anxiety, and by referring to Louise as 'having learning problems'; as well as by Louise's dad intimating that being dyslexic is in some way associated with being 'not clever'. Taking part in the intervention alongside their daughter, helped Louise's parents to start to see the importance of the 'social tool of language for the internalisation and regulation of thoughts, beliefs and behaviours, and ultimately as contributors to individual differences in thinking styles, cognitive development, emotional regulation and disorders such as depression and anxiety' (Greig, 2007, p.22). They began to understand that talking about Louise 'getting a good job' may have been exacerbating Louise's anxiety, and that it may be more helpful to investigate with Louise how having dyslexia impacts on her learning and how she can be helped, for example by thinking about sending her to a 'dyslexia-friendly' secondary school.

Spence et al (2000) discuss how their 'parents involved' condition aimed to teach parents to 'model, prompt, and reinforce their children's practice of target skills outside sessions; ignore and not reinforce socially anxious behaviour and avoidance; prompt and reinforce home-task completion; and model socially proactive rather than anxious behaviour themselves' (p.719). They point out also that children sometimes

demonstrate 'considerable difficulty in achieving generalisation of new skills from the therapeutic context to real-life situations' (p.715). Louise's parents' involvement in the intervention meant that they were able to understand better what she was being helped to do, and to encourage her. For example, in the sessions using De Bono's (1985) thinking hats, Louise's father gave some very good examples of alternative thinking and putting things in perspective. In addition, Louise's mother was able to see how she could apply some of the cognitive-behavioural techniques to herself.

Silverman et al (1999) propose that a highly credible educational support procedure, such as providing information relating to the nature, causes and course of anxiety disorders, can be highly effective in reducing child anxiety disorders, despite the absence of direct guidance regarding cognitive or behavioural treatments. Louise's parents appeared to find information imparted about help available for children with dyslexia, in particular help in thinking about which secondary school might be suitable for Louise, as helpful as the intervention itself. Louise's mother indicated on the Strengths and Difficulties Questionnaire that Louise's 'problems' were 'a bit better'; whereas she indicated that the intervention had helped in other ways 'a great deal', by providing information and making the problems more bearable. It may be then that Louise's parents' anxiety was reduced as much by this, as by the intervention itself.

### 3.5.1 Reflections on the EP role

Atkinson et al (2011b) have found that the use of therapeutic interventions by EPs seems to feature more in EP practice now than in the past. Preliminary findings from a UK-wide study reveal the use of a range of therapeutic interventions in different contexts with schools and multi-agency partners. Dawson and Singh-Dhesi (2010),

with specific reference to GO, refer to 'maximising the skills of EPs and moving their skills into the community and out of the classroom' (p.309); and MacKay (2006) refers to the EP as 'community psychologist', and calls for 'holistic child psychology across home, school and community' (p.7). MacKay (2007) also argues for a renewed focus on therapy, and maintains that EPs are a key therapeutic resource for children and young people, especially in schools.

Fallon et al (2010) maintain that 'whilst the core EP functions remain constant, it is the range and derivation of EP work which is being transformed' (p.1). They refer to 'EPs' ability to respond flexibly to the changing socio-political context, and the associated challenges for initial professional training' (p.1). Leadbetter (2010) maintains that 'the uniqueness of EPs lies in the systemic application of psychological theory, research and skills to whatever problems and contexts are presented to them' (p.276). And MacKay and Greig (2007) extol the virtues of a flexible response by EPs, noting that 'different contexts are at times supported by different approaches' (p.6). In the current study the researcher, a Trainee EP, demonstrated a flexible response by applying a group intervention to an individual child, and by involving the child's parents.

Graham (2005) concludes that cognitive behaviour therapies offer 'a most promising approach in the child and adolescent field, and are likely to establish and maintain an important place in the armoury of the next generation of professionals concerned to help children and young people with psychiatric disorders' (p.57). Rait et al (2010) consider the growing interest in the use of cognitive behaviour therapies to support children and young people presenting with a wide range of social-emotional difficulties; and they discuss some of the ways in which EPs can directly and/or

indirectly support the delivery of CBT in their work. Finally, Squires (2010) counters the argument that EPs need specific training to use CBT, and consider that EPs are well placed to deliver a CBT psychology service to schools, pupils and families. He argues that EPs are well positioned to use CBT flexibly both within individual work, adapting the approach to engage younger children or those with additional needs, as well as within group or systemic work. In the current study, the researcher found that adapting a group CBT-based intervention to an individual child suffering with acute anxiety, exacerbated by a diagnosis of dyslexia; and taking a systemic approach by involving her parents and teachers, was effective and had positive, and potentially lasting results.

### 3.5.2 Limitations

GO was designed as a group intervention, and has been adapted in the current study to be used in an individual therapy format. O'Connor et al (2007) argue that adaptations made to programmes should not compromise their effectiveness. The researcher considers that adaptations made were minor, and were acceptable in that the theoretical approach was not altered, and none of the key components were eliminated. The sessions were marginally shorter, but this was due to less time being needed to organise role plays, settle children and to giving enough time for everyone to participate, as in a group format.

### 3.5.3 Conclusions

Seligman et al (2009) speculate that positive education will form the basis of a 'new prosperity, a politics that values both wealth *and* well-being' (p.293). Field (2010) refers to a 'modern definition of poverty' (p.15). He says that 'poverty is a much more

subtle enemy than purely lack of money' (p.12), and he does not believe that poverty is the dominant reason why disadvantage is handed down from one generation to another. Parenting, he believes, is much more important than income or schooling to a child's life chances: 'A healthy pregnancy, positive but authoritative parenting, high quality childcare, a positive approach to learning at home and an improvement in parents' qualifications together, can transform children's life chances, and trump class background and parental income' (p.16). Hobbs (1975) maintains that 'the foresighted professional person knows that it is the parent who truly bears the responsibility for the child, and the parent cannot be replaced by episodic professional service' (p.228-229). Sheridan et al (2004) discuss family-centred positive psychology which takes a consultative and a solution-focused approach to promoting 'strengths and capacity building within individuals and families, rather than focusing on the resolution of problems or the remediation of deficiencies' (p.7).

The current study has used an intervention rooted in CBT and positive psychology to address the well-being of a primary-aged child. It might be argued that had the child's anxiety continued to be unaddressed, she may have become school phobic to the point that she may have refused to attend. Taking a preventative and proactive approach may have avoided this. The intervention's aims of combining CBT with the training of social skills that increase resilience, positive emotion, engagement and meaning, appear to have been effective in this case. This suggests that the training of social, problem-solving and assertiveness skills, in addition to cognitive restructuring and behavioural exposure may be an effective treatment for anxious, social phobic or school phobic children.

Furthermore, a systemic approach to case formulation resulted in the involvement of the child's parents and teachers. Previous research suggests that 'to truly help children, service providers must focus efforts and energies on the adults, for example parents and teachers, in their lives' (Sheridan et al, 2004, p.7). Chafouleas and Bray (2004) call for early and sustained integration of positive psychology across multiple contexts. In the current study, the involvement of the child's parents, in particular, appeared beneficial in that the parents not only learned how their daughter was being encouraged to apply the cognitive-behavioural approaches, but were able to see how they might apply the same approaches themselves, particularly the child's mother. Separation anxiety, which showed the greatest reduction in the child's SCAS scores, may have been a significant part of her overall anxiety levels. The complex interaction between the genetic and environmental factors involved in the association between child and parent anxiety, may have become less complicated as a result of the parent having her own anxiety levels reduced. Thus the intervention may have gone some way to helping the family as a whole address some of the environmental factors contributing to the child's anxiety, by enabling or encouraging their sense of control.

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**APPENDIX 1**

**Case Formulation**

**Name of child:** Louise (name changed)

**First contact date:** 11/04/2012

**Age at first contact:** 9:10    **Age at final contact:** 10:1

1. Presenting problem described by family: Louise lacks confidence and good self-esteem, and has negative thoughts towards herself, and particularly towards her school work.
2. Other key problems (if any) observed by Psychologist: Louise very preoccupied with how she will fare once she leaves school and has to get a job. Her worries at times reinforced by (unintentional) language used by parents, e.g. mum talks in front of Louise to others about Louise 'having learning problems'; and dad talks about Louise getting a 'good job' when she leaves school, and about 'being clever/not being clever' in terms of having dyslexia (dad used the phrase 'I was clever at school', when alluding to the fact that he did/does not have dyslexia).
3. Formulation of problem and maintaining contingencies:
   Predisposing factors: family history of anxiety (mum was very anxious as a child, and has difficult memories of school); Louise recently diagnosed with dyslexia (Feb 2012); paternal grandfather also has dyslexia; maternal grandmother described as 'a worrier'.
   Precipitating factors: Louise has always struggled in school with reading, writing, spelling and numeracy. Is becoming more and more aware of the widening gap between herself and her peers.
   Perpetuating factors: very little self-belief. Seems to have resigned herself to the 'fact' that she will have to settle for a low paid job, 'like a cleaner'. Talks about the fact that she 'panics' in lessons when she is finding something difficult, or when she thinks she might run out of time. Worried that she might 'fail'.
   Protective factors: close family unit (Louise, mum, dad and younger sister). Louise appears to have a good relationship with her mum and dad, and with her wider family. Mum works as a cleaner and dinner lady. Dad was recently made redundant from his job as a tool-setter. Now hopes to re-train as a recruitment officer (is currently retaking GCSEs in maths and English). Younger sister (aged 5) described as 'starting to have similar problems to Louise in school'.

4. Provisional conceptualisation: Louise's anxiety specific to her school work rather than general? Quite confident in some ways, e.g. can be a confident speaker, and has creative flare – good at dance, drawing and music. Needs to understand more about dyslexia, and about those who have very good jobs despite having dyslexia – Louise was very surprised to hear that the Child and Family Support Worker at her school is dyslexic; Louise remarked 'Really? And she has a good job as well!' Qualified with Louise and her dad what having a 'good job' and being successful means. Dad said it was about going to work and enjoying what you do.

5. Proposed intervention: Growing Optimism
   Goals for intervention:
   - Help Louise (and her family) to understand the link between her feelings, thoughts and behaviours
   - Increase her sense of mastery by helping her see she can have some control over how she feels and behaves, by changing how she thinks
   - Help Louise to think more positively about herself by helping her to concentrate on her strengths, and to understand more about her dyslexia
   - Improve her self-perception by helping her to reframe what it means to be 'successful' and have a 'good' job
   - Reduce the amount of anxiety experienced by Louise
   - Teach her some relaxation exercises to use when she feels worried or panicky
   - Teach her some assertiveness/negotiation skills
   - Reduce her tendency to catastrophise by helping her to put things in perspective, and to not focus so much on her long-term future. Help her to enjoy more her 'here-and now'

6. The proposed treatment has been explained to the client and the client's parents, who have given informed verbal consent to engage in the treatment programme.

**RISK ISSUES**

| Vulnerability to exploitation | ~~YES~~/NO | Child protection | ~~YES~~/NO |
|---|---|---|---|
| Self-neglect | ~~YES~~/NO | Aggression | ~~YES~~/NO |
| Self-harm | ~~YES~~/NO | Suicide risk | ~~YES~~/NO |

**Trainee Educational Psychologist**

**Name: Jacquie Lomas**

**Signature:**                                   **Date: 11/04/2012**

Ethical considerations

| Ethical Principle | Standards | Application in current study |
|---|---|---|
| Respect | General respect | - respect the knowledge, insight, experience and expertise of clients |
| | Privacy and confidentiality | - data gathered were kept confidential and stored in accordance with LA protocol<br><br>- the school has not been named. The child's name was changed |
| | Informed consent | - informed consent was obtained verbally from both parents and child<br><br>- clients were given the opportunity to understand the nature and purpose of the intervention |
| | Self-determination | - clients were made aware of their right to withdraw at any time<br><br>- the child was asked each week if she was happy to continue |
| Competence | Awareness of professional ethics | - maintained familiarity with BPS Code of Ethics and Conduct. |
| | Ethical decision-making | - a potential ethical dilemma arose in that the focus of discussion at one point became centred on one particular teacher. After reflection, supervision and consultation, the focus of the intervention was successfully re-directed to the child |
| | Limits of competence | - practiced within my competence levels<br><br>- sought consultation and supervision weekly during Psychology Service supervision |
| | Recognising | - monitored my own personal and professional lifestyle in order to remain alert to signs of |

| | impairment | impairment |
|---|---|---|
| **Responsibility** | **General responsibility** | - potential risks to researcher and participants were considered minimal |
| | **Termination and continuity of care** | - conditions under which professional services could be terminated were made clear<br><br>- a letter was sent to the child and the parents once the intervention had come to an end, explaining that they could get back in touch if they had any future concerns |
| | **Protection of research participants** | - potential risks to the psychological well-being, physical health, personal values and dignity of the research participants were considered minimal |
| | **Debriefing of research participants** | - participants were debriefed at the conclusion of the intervention and informed that they could contact the psychology service again if they had any future concerns |
| **Integrity** | **Honesty and accuracy** | - endeavours were made to ensure that high standards of honesty and accuracy were maintained throughout, for example the clients were aware that I was a Trainee EP |
| | **Avoiding exploitation and conflicts of interest** | - parameters of my professional role within the context of the intervention were clarified |
| | **Maintaining personal boundaries** | - professional relationships were maintained at all times |
| | **Addressing ethical misconduct** | - I aimed to challenge any apparent breach of ethical guidelines, for example in the school |

# APPENDIX 3

## Session overview

### Session 1

| Key Points |
| --- |
| • Encourage/enable child(ren) to discuss emotions<br>• Stress the universality of problems<br>• Introduce the concept of self-talk |

### Session 2

| Key Points |
| --- |
| • We can learn to listen to our automatic thoughts<br>• Different people can have different thoughts about the same situation. They will then have different feelings about it<br>• Developing a common language for emotions<br>• If we are in a difficult situation, we can 'chill down' our 'hot' thoughts |

### Session 3

| Key Points |
| --- |
| • To introduce explanatory style – optimistic vs. pessimistic, using De Bono's Thinking Hats (Black Hat vs. Yellow Hat)<br>• Need for accuracy – evaluating thoughts<br>• 'Always' thoughts and 'Always Me' thoughts<br>• Self-fulfilling prophecy |

### Session 4

| Key Points |
| --- |
| • Don't be a 'Merlock Worms' i.e. don't believe the first thought that pops into your head. Just because you think it, doesn't make it true<br>• Be a 'Sherlock Holmes' i.e. look for the causes of the problem. Look for evidence for and against each one<br>• Use the White Hat (the 'Evidence' hat) |

Session 5

| Key Points |
| --- |
| <ul><li>When we have negative thoughts, it is usually linked to what we believe is happening</li><li>Other people may believe something different and feel differently to us about what is happening</li><li>We can all stop and think of alternative thoughts that might be more accurate and make us feel better</li><li>Use the Green Hat (the 'Alternative Thoughts' hat)</li><li>Relaxation exercise (breathing)</li></ul> |

Session 6

| Key Points |
| --- |
| <ul><li>When you think about the future, don't always assume that the worst will happen. Don't catastrophise</li><li>When you think about the future, put it in perspective. Think of the worst, best and most likely things that could happen. Develop a plan of action to decrease the worst, increase the best and cope with the most likely thing that could happen</li><li>Sometimes we have to dispute negative thoughts very quickly. We can do this by looking for evidence against them, by offering a more realistic alternative thought, or by de-catastrophising the outcome</li><li>Use the Blue Hat (the 'Putting It In Perspective' hat)</li></ul> |

Session 7

| Key Points |
| --- |
| <ul><li>Conflict in families and between parents is a very common problem. Sometimes children don't talk about this, which can make them feel that no-one else has this problem too. Sometimes children can blame themselves for these arguments</li><li>In these situations, having 'Always' thoughts and catastrophising usually make us feel bad</li><li>Even the negative consequences will improve over time</li><li>It is useful to use the techniques we have been practising, for these problems too – Putting It In Perspective, Alternative Thoughts and Looking for Evidence</li><li>Relaxation exercise (Through the Archway – using our imagination)</li></ul> |

Session 8

| Key Points |
| --- |
| <ul><li>Assertiveness: Describe the problem<br>        Say how you feel<br>        Ask for specific changes<br>        Say how the changes will make you feel</li><li>Negotiation:   Ask for what you want<br>        Listen<br>        Be wise – compromise<br>        Agree to a fair deal</li></ul> |

Session 9

| Key Points |
| --- |
| <ul><li>Some of the things you have learned to do in difficult situations, such as relaxing deeply, going 'Through the Archway', leaving the room, sharing with someone, can also be used to control your strong feelings such as anger or sadness</li></ul> |

Session 10

| Key Points |
| --- |
| <ul><li>Reminding ourselves of all the strategies we have learned</li><li>Remember that we can use these in everyday life</li></ul> |

# APPENDIX 4

Journal sheet

| Problem | Thoughts | Feelings |
|---------|----------|----------|
|         |          |          |

## CHAPTER 4: The mental health needs of a 7 year old girl with severe, complex and enduring needs displaying challenging behaviour

**Abstract**

This report concerns the involvement of a Trainee Educational Psychologist (TEP) in a consultation case concerning a child with autistic spectrum disorder (ASD), and associated language, communication, interaction and sensory processing difficulties, who was displaying challenging behaviours (CB). The child attended a school for children with severe learning difficulties (SLD). The Monsen et al (2008) problem-solving model was applied to the case, highlighting the importance of the Interactive Factors Framework (IFF). The child's scores on the Vineland Adaptive Behaviour Scales (Sparrow et al., 2005) showed a reduction in her score for maladaptive behaviour post-intervention.

### 4.1 Introduction

Much attention has been given in recent years to the mental health (MH) of children and adults in the UK, exemplified in, for example:

- Promoting Children's Mental Health within Early Years and School Settings (DfEE, 2001)

- Children and young people in mind: the final review of the National CAMHS Review (DH/DCSF, 2008)

- Mental health in schools, for example the report entitled 'Me and my school: findings from the national evaluation of Targeted Mental Health in Schools 2008-2011' (DfE, 2011); and

- No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages (DfE/DH, 2011)

More attention may need to be given, however, specifically to the MH needs of children and young people with learning difficulties and/or those with pervasive developmental disorders such as ASD. The National Autistic Society estimates that between 44% and 52% of people with autism may have a learning disability. The DfEE (2001) report, 'Promoting Children's Mental Health within Early Years and School Settings', states that developmental disorders such as autism have been defined by MH professionals as one of a range of MH problems that children and families can be faced with. The report suggests that children with developmental disorders 'could be described as experiencing mental health problems' (p.1). Furthermore, communication difficulties and specific developmental delay are listed as two common risk factors for MH difficulties in children.

The DfE/DH (2011) report, 'No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages', recognises that one important aspect of improving mental health services for people with learning disabilities and autism is the 'development of appropriate skills and provision of adjustments to meet the individual needs of people with learning disabilities and autism', furthermore 'recognising the increased risks of a range of physical and mental health problems for this group' (p.61). This report refers to the statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy (DH, 2010a), which outlined priorities for improvement in support for people with autism. These priorities included:

- the development of diagnostic services and pathways to care and support;

- the availability of mental health services for people with autism, where appropriate; and

- greater awareness of autism among healthcare and social care professionals (DH, 2010a, p.61).

The Department of Health (2010a) report recognises that 'people with autism may be refused support because they do not fit easily into mental health or learning disability services', and that 'this has been a longstanding problem' (DfE/DH, 2011, p.61).

This report considers the MH needs of a child with ASD, and associated language, communication, interaction and sensory processing difficulties, who was displaying challenging behaviour. The child attended a school for children with SLD. Government publications, for example the Department of Health (2006), and literature such as Hames and Rollings (2009), suggest that children with severe learning difficulties frequently present with challenging behaviour. Research shows that there is a greater prevalence of behavioural problems among children with learning disabilities than among those without, for example Saxby and Morgan (1993). Given that children with developmental and/or learning difficulties may already be at risk of poor MH (DfEE, 2001), owing for example to difficulties with communication, it may be of paramount importance therefore that those working/living with these children have a good understanding of their needs. Failure to understand and accommodate their needs may result in challenging behaviours from the children, as a result of their frustration at not having their needs met.

This report considers the involvement of a TEP in a consultation case concerning the child over a 10 month period, with the aim of reducing the frequency of the child's challenging behaviours (in the form of self-harm and harming others). The report reflects on the use of the Monsen et al. (2008) problem-solving model, highlighting the importance of the Interactive Factors Framework (IFF). The report also reflects on the outcomes of the consultation and on the role of educational psychologists (EPs) in work with children with ASD/SLD displaying challenging behaviour.

## 4.2 Literature Review

This literature review considers the definition of challenging behaviours (CB), as well as the form and function of CB amongst individuals with severe learning difficulties and/or ASD. It considers also the importance of a multi-disciplinary/systemic approach to tackling CB in children with complex needs; as well as the importance of support for parents of children with complex needs displaying CB. Finally it considers The Monsen et al. (2008) problem-analysis framework (PAF) as a tool for EPs working with children with complex needs displaying CB.

### 4.2.1 Definition of challenging behaviours (CB)

Emerson (1995) proposed a definition of CB as:

> '…culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities' (p. 5).

Oliver et al. (2003) point out that the phrase 'culturally abnormal' explicitly implies a socially constructed definition:

*'The social construction of challenging behaviour suggests that the identification of challenging behaviour will vary across settings, with some settings able to manage more severe behaviours such that the behaviours are not perceived to be challenging'* (p.53).

Gale (2009) recognises the necessity to avoid pathologising children with severe and complex needs and CB. At the same however, he says, there is a need to ensure that potential risks associated with children's behaviour are clearly understood and accepted by those working to support caregivers, and that decisions on managing and providing for children's needs are made in this context. Gale (2009) refers to this juxtaposition of needs as a 'complex matrix of impact, risk and pathologisation' (p.41).

## 4.2.2 The form and function of CB

Children with severe and complex needs often have very complex patterns of functioning with little or no language (Gale, 2009), therefore it is difficult for them to communicate their needs. Lamoureux-Hébert et al. (2010) and Thompson et al. (2002) consider that the presence of CB, whether mild or serious, significantly increases the support needs of individuals with learning difficulties and developmental disabilities, particularly in the areas of social interaction and the maintenance of their emotional wellbeing. Lamoureux-Hébert et al. (2010) emphasise the importance of specific support targeting 'social skills, receptive and expressive communication, management of stress and anger, and appropriate therapeutic services' in order to reduce CB (p.79).

Adams and Oliver (2011) and Bailey et al. (1986) consider that there is a lack of research into the expression and assessment of emotions of individuals with severe

learning difficulties. A better understanding of their internal states might lead to a reduction in the CB they display.

Matson and Nebel-Schwalm (2007) consider similarly that there is a 'general lack of systematic research on how best to assess challenging behaviours in children with ASD' (p.574). They do acknowledge that Functional Behavioural Assessment (FBA) has been used as a means of establishing the maintaining variables for CB, but they argue that most of the research has been on children with learning difficulties, not those with ASD. The function of a behaviour refers to the need the behaviour meets for a particular individual. Common functions of behaviour in a school setting might include gaining attention (negative or positive), escape/avoidance (difficult academic tasks, social situations), or a need for predictability/safety (Adams and Dunsmuir, 2009).

Adams and Dunsmuir (2009) point out that for some children with complex needs, such as those with ASD, 'behaviour may also serve sensory or non-social functions' (p.83). They consider also that a child's behaviour is specific to particular people and environments. Planning for generalisation and maintenance of appropriate behaviour in other settings is therefore important, 'particularly for children with ASD and/or learning difficulties, as difficulty with generalisation and flexibility of behaviour are hallmarks of these conditions' (p.83). Although FBA was not used in the current study, its principles were applied through the use of the IFF, in that the child's behaviour was observed in different contexts, and the functions of that behaviour were considered.

**4.2.3 A multi-disciplinary/systemic approach to CB in children with complex needs**

Thompson et al. (2002) consider that the assessment of support needs for individuals with learning/developmental difficulties 'must consider multiple factors' (p.392). They define 'supports' as:

> *'resources and strategies that promote the interests and welfare of individuals and that result in enhanced personal independence and productivity, greater participation in an interdependent society, increased community integration, and/or an improved quality of life' (p. 390).*

Similarly, Adams and Oliver (2011) and Arthur (2003) consider that a multi-disciplinary approach is needed if the emotional lives of people with learning disabilities are to be improved. Likewise, Oliver and Woodcock (2008) call for a 'broad cross-disciplinary perspective' (p.809).

Vig and Jedrysek (1996) questioned the subjectivity and artificiality of a support needs classification system for, and its relevance to, young children. A counter argument was made that assessment for young children with learning difficulties should centre on identifying the types and intensity of supports which families of the children need (Luckasson et al., 1996). It was therefore concluded that a support need orientation was especially relevant and useful for this age group.

Studies such as Adams and Oliver (2011), Davis et al. (2004) and Green and Reid (1996) advocate the importance of considering environmental factors when seeking to understand and assess the emotions of individuals with learning difficulties. Other studies consider the importance of self-determination in determining life-style satisfaction or quality of life. Clark et al. (2004) consider that 'self-determination

encompasses the ability of a person to be autonomous in terms of meaningful life choices' (p.143), and that autonomy is essential in several life activities including choice-making, problem-solving, decision-making and self-management. Duvdevany et al. (2002) define self-determination as 'a set of learned behaviours and skills, derived mainly from educational and home environments, which enable an individual to make decisions and solve problems' (p.386). They highlight the importance of others in an environment needing to understand and respond appropriately to the communicative intent of individuals with learning difficulties. They consider that educational environments can be 'overly structured or overprotective', and that service providers need to find a balance between issues of 'protection and safety', and those of 'autonomy and risk' (p.386).

Duvdevany et al. (2002) consider that it is necessary to 'alter the environments' within which people with learning difficulties live and learn, in order to allow them greater choice and control; and that it is necessary to 'examine and modulate the attitudes of service providers, educators, families, and others who interact with them' (p.386). Similarly, Adams and Dunsmuir (2009) consider that changes in CB can be achieved when working with children with severe and complex needs by 'modifying the environment and the responses of others' (p.83); and Singh et al. (2004) found that 'mindful caregiving' (p.207) increases happiness among individuals with complex and multiple disabilities.

Although not considered in detail in the current study, Male and Rayner (2009) and the Salt review (DCSF, 2010) emphasise the importance of staff training. Male and Rayner's (2009) study showed that 90% of SLD school head teachers said that up to one quarter of their school population showed CB, and that this represented an

increase in the proportion of pupils attending SLD schools showing CB. This study highlights 'the need for fully trained and qualified specialist teachers' (p.28).

### 4.2.4 Support for parents of children with complex needs displaying CB

Emerson (2003) maintains that children and adolescents with learning difficulties are 'at significantly increased risk of certain forms of psychiatric disorder' (p.51), and that support services need to be responsive to both the needs of the child and the needs of the family in which they live. Wodehouse and McGill (2009) claim that parents of children with learning difficulties 'often have to fight for support or cope with long delays before its provision' (p.644-645). They argue that support is often not put in place early enough (McGill et al., 2006a), and that possible inequalities in service access exist in that 'more articulate middle-class families with financial and psychological resources are more likely to succeed than others (McGill et al., 2006b, p.164).

Wodehouse and McGill (2009) suggest that communication and joint working between various services and families is vital. They claim that a partnership approach to supporting family carers of children and young people with developmental disabilities and challenging behaviour can result in greater behavioural change, and is viewed by families as 'valued and empowering' (p.645). Such a partnership approach, Wodehouse and McGill (2009) argue, can be achieved by adopting an approach such as 'Team Around the Child' (TAC) (Limbrick, 2005). Wodehouse and McGill (2009) describe this approach thus:

> *'…a small number of key professionals work in an individualised and coordinated manner, providing regular therapeutic contact, centred on the needs and aspirations of the child and family. There is a strong emphasis on*

*partnership working, both between professionals and families and among different professionals, to ensure coherence, collaboration and respect. A key worker takes the lead in ensuring that interventions effectively fit together, as well as ensuring that families have access to appropriate services and sufficient information'* (p.652).

Hames and Rollings (2009) maintain that there are 'no known evidence-based parent-training programmes that have been specifically designed for the parents of children with intellectual disabilities' (p.48). They describe the content and long-term evaluation of a group-based parent-training programme for parents and carers of children with severe and complex learning disabilities, presenting with CB. They found that 64% of attendees thought that the groups had made a difference to their children's behaviour and almost 90% thought that the groups had made a difference to them. Hames and Rollings (2009) found also that 'inspection of referral rates to the local clinical psychology service indicated that only 31% of parents who attended groups subsequently required any further individual help with behaviour' (p.47).

### 4.2.5 The Monsen et al. (2008) problem-analysis framework (PAF) as a tool for EPs working with children with complex needs displaying CB

Kelly (2006) argues that the Monsen et al. (2008) PAF can be 'a useful first approach and an effective vehicle for training' EPs (p.12). She argues that alternatives to the model such as the COMOIRA (Constructionist Model of Informed Reasoned Action) model (Gameson, Rhydderch, Ellis and Carroll, 2003) can be 'unwieldy' and 'complex' (p.11). She questions, however, the PAF's (Monsen et al., 2008) effectiveness in dealing with 'messy and wicked problems in the real world' (Kelly (2006, p.16). Cameron and Monsen (2005), on the other hand, argue that the PAF (Monsen et al., 2008) does help to make sense of 'messy, real-world problems'

(p.289), such as the problems encountered by children with learning difficulties. They argue that the concept of the 'problem map' or 'Interactive Factors Framework' (Frederickson & Cline, 2002) incorporated into the PAF (Monsen et al., 2008) enables the EP to reduce complex problems by developing 'a structure that organises case details into a logical map of the problem situation' (p.289).

Kelly (2006) argues also, however, that the COMOIRA model does address certain qualitative aspects of problem-solving 'not fully articulated in' Monsen et al.'s (2008) PAF (p.11). Kelly (2008) argues that EPs should adopt a critical realist epistemological position in an attempt to bridge the gap between quantitative and qualitative research. Similarly, Burnham (2013) considers whether EPs should be pragmatists or bricoleurs. Of the EPs in his study, Burnham (2013) found that most were 'ambivalent about the scientific basis of their work', and regarded 'the utility or social value of their professional practice as more important than its congruence with a recognised evidence base' (p.19). Wicks's (2013) study was concerned with the capacity of executive frameworks, such as the Monsen et al. (2008) PAF, to help EPs be effective and efficient in practice. She found that 'whilst many EPs understand and value executive frameworks in theory, explicit use of such tools may not be fully integrated into their day-to-day practice' (p.152), due to factors such as EP time and experience.

Gale and Gibbs (2009) maintain that when working with children with severe, complex and enduring needs, EPs need to consider both quantitative and qualitative evidence for different approaches, as in the studies by Chasouris et al. (2009), Gale (2009) and Male and Rayner (2009). Other studies such as Rait et al. (2010) and Moreno and Bullock (2011) consider how approaches such as Cognitive Behaviour

Therapy and Functional Behaviour Analysis can be used with children and young people with/without learning difficulties.

Cavanagh and Grant (2006) suggest that EPs should spend less time debating which kinds of knowledge and skills they possess and more on appraising each of them as fit for purpose 'in the service of their clients and profession' (p. 149). One of the advantages of the Monsen et al. (2008) PAF may be that it is not prescriptive, in that it does not insist that a certain theory or approach is used to address a difficulty. Ultimately, the guiding hypotheses and actions are based on the EP's interpretation of the ecology of the problem and its dynamics (Kelly, 2006); however both quantitative and qualitative approaches can be used to test the hypotheses.

Rait et al. (2010) consider that the PAF (Monsen et al., 2008) enables EPs to use structured hypothesis-testing to 'support staff to devise and formulate case profiles or formulations, highlighting the various influences on cognition and behaviour, such as the social context and life circumstances' (p.114). Such an ecological approach may enable Cavanagh and Grant's (2006) 'fitness for purpose' (p.149).

### 4.2.6 Concluding synthesis

The literature review has considered that research suggests there is a greater prevalence of behavioural problems, as well as a greater prevalence of MH problems, among children with learning and/or developmental disabilities than among those without. There appears however to be a lack of research into how the MH needs of individuals with learning and/or developmental disabilities can be understood and assessed; and into how the psychological health of this population can be achieved and maintained. There is evidence to suggest that there are more

children with CB attending SLD schools. Consideration needs to be given to the training needs of staff in SLD schools, as well as to the support needs of the parents of children with learning and/or developmental disabilities. The current study considers how the Monsen et al. (2008) problem-analysis framework is applied to understanding and addressing the MH needs of a child with complex needs displaying CB.

## 4.3 The current study

The current study involves a 7 year old girl, Kim (name has been changed), who had been diagnosed with ASD, associated language, communication, interaction and sensory processing difficulties, who was attending an SLD school. Kim was displaying CB. School reported that she was increasingly aggressive towards other children and members of staff, used objects to throw in temper/anger and was self-harming (banging fists on walls and tables, and hitting herself). A Consultation Request Form was completed by Kim's Year 2 teacher. (Over the course of the 10 month period of the TEP's involvement, Kim progressed to Year 3). A 'consultation' case in the Educational Psychology Service where the Trainee EP (TEP) was placed denotes a joint problem-solving approach to casework in which the EP or TEP works together with those who share concerns about a child to resolve problems.

It was decided to use the Monsen et al. (2008) problem-analysis framework in that this framework was originally designed for use by TEPs. The framework aims to support learning in the processes of conceptualising complex and ill-defined problems and in subsequently developing effective interventions. It offers systematic steps to help structure, organise and analyse the complexities of problems in a

coherent way, facilitating understanding and transparency of processes for both psychologists and clients.

The aims of the study are:

- to reflect on the strengths and limitations of the Monsen et al. (2008) problem-analysis framework in work with children with complex needs displaying CB
- to reflect on the EP role in work with children with complex needs displaying CB

### 4.3.1 The Monsen et al. (2008) problem-analysis framework

The Monsen et al. (2008) problem-analysis framework is underpinned by two theories:

- The progression-by-steps approach to applied problem-solving (Dewey, 1933); and
- Information processing theory (for example, Dawson, 1998)

The first theory provides 5 steps for reflective thinking and enables EPs to approach problem-solving in a systematic way. The second is concerned with the processes behind problem-solving, and with how the problem-solver employs cognitive strategies to move from problem to solution.

Figure 1 shows a diagrammatic representation of the Monsen et al. (2008) problem-analysis framework.
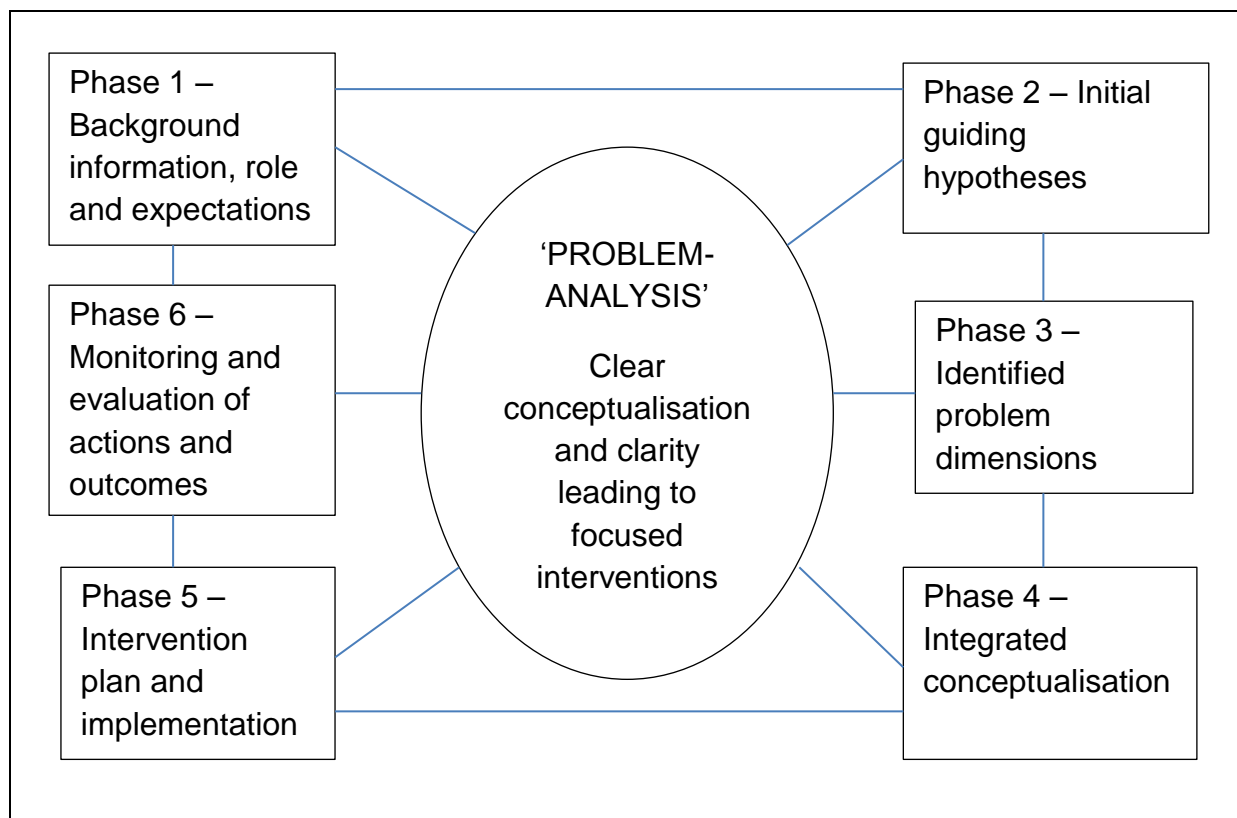
**Figure 1: The Monsen et al. (2008) problem-analysis framework** (adapted from Monsen and Frederickson, 2008)

### 4.3.1.1 Phase 1: Background information, role and expectations

Clarify the request

Kim was displaying increasingly aggressive behaviours towards herself and others, which her mother and her teachers were finding challenging. School was requesting consultation, assessment/clarification of needs and advice for the school setting.

What does 'problem owner' hope to achieve

The teacher was hoping to achieve a reduction in incidents where Kim self-harmed or harmed others.

Negotiate the roles of psychologist and problem owner

- TEP to observe Kim in class.

- TEP to make home visit to meet with Kim's mother and observe Kim at home.

- TEP to report back to teacher and then to feed back to first TAC (Team Around the Child) meeting. The TAC process was being initiated by the Child and Family Support Worker (CFSW) at the school.

- Teacher to continue to observe Kim and record number of injurious incidents. Also to complete Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005) – teacher version, as requested by TEP, to assess Kim's developmental and functional skills.

### 4.3.1.2 Phase 2: Initial guiding hypotheses

Part 1: Initial guiding hypotheses

1. Kim's sensory processing difficulties were making it difficult for her to process the range of sensory inputs she was receiving in the busy, noisy school environment, resulting in temper tantrums.

2. Kim's behaviours were more challenging during indoor unstructured times.

3. Kim's mother was struggling to cope with Kim's challenging behaviours at home. Lack of outdoor space for Kim. Family may benefit from re-housing (currently living in upstairs flat); to reduce Kim's acting out her frustrations at home.

4. Mother in need of support.

Part 2: Active investigation (data collection and assessment)

- TEP observed Kim in school over a 1½ hour period.

- TEP visited Kim and her mother at their home where TEP observed Kim and completed Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005) – parent version, with Kim's mother.

- TEP scored parent and teacher versions of the Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005).

### 4.3.1.3 Phase 3: Identified problem dimensions

<u>Using information collected, identify aspects of problem situation that are currently problematic ('problem dimensions')</u>

- Kim's home environment (extremely quiet and calm) contrasted sharply with her school environment (busy and noisy). Kim appeared to feel overwhelmed at times during the school day due to her complex sensory profile, and this was being reflected in her behaviour, with frustration and temper tantrums.

- The teacher version of the Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005) suggested that Kim was struggling particularly with the 'school community' aspect of her daily living skills. Her challenging behaviours (CB) were more prevalent during unstructured times. She appeared to prefer tight routine.

- The parent version of the Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005) suggested that Kim's scores for maladaptive behaviour were in the elevated to clinically significant range, particularly her externalising behaviours such as self-harming. Mother in need of support.

These aspects, along with Kim's strengths and assets, were useful to inform intervention planning. A particular strength of Kim's was her good physical skills. She was a very active little girl who loved outdoor play.
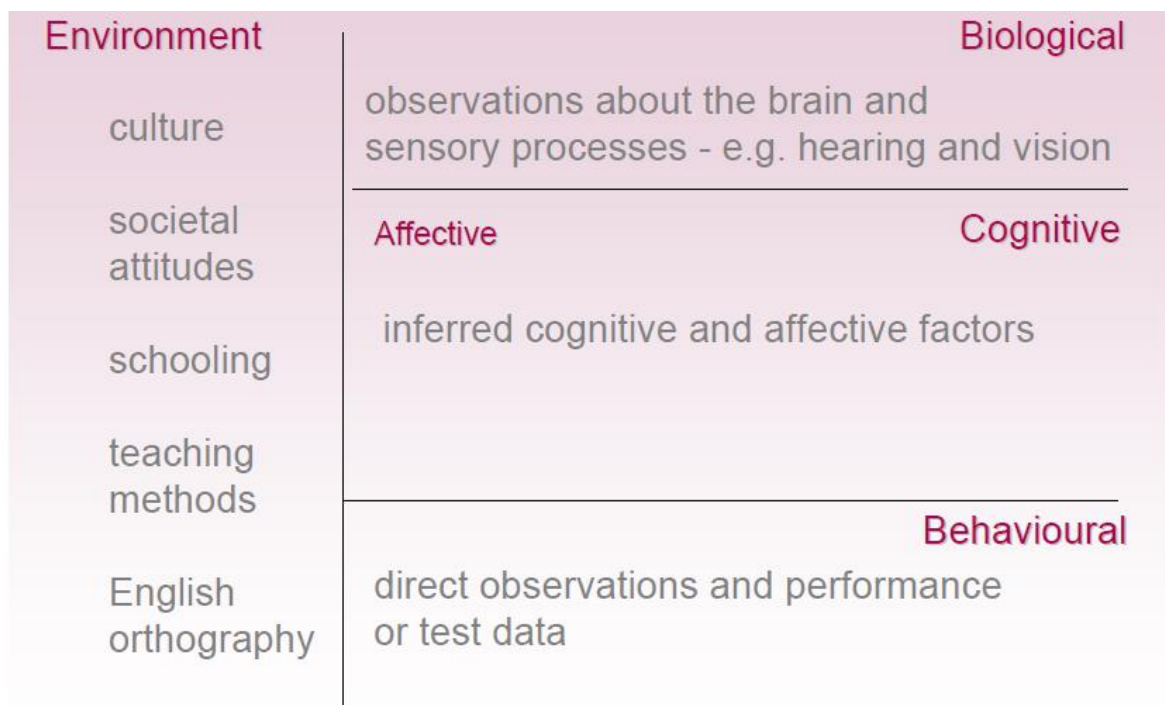
**4.3.1.4 Phase 4: Integrated conceptualisation**

Part 1: Integrating statement

Appendix 1 shows a case formulation that was prepared for Kim's case.

Part 2: Interactive Factors Framework (IFF) diagram

Figure 2 shows the dimensions of the IFF.



**Figure 2: Interactive Factors Framework (IFF) diagram** (adapted from Monsen and Frederickson, 2008)

Figure 3 shows the IFF diagram for Kim. The IFF displays all of the problem dimensions identified, together with other relevant aspects of the problem situation for which there is evidence (black text). The integrating hypotheses are represented (in red text) with arrows linking hypothesised cognitive, affective, behavioural, biological and environmental influencing factors. The recommended interventions are represented by the blue text, and the dotted lined arrows indicate how intervention strategies are predicted to impact upon the priority problem dimensions.
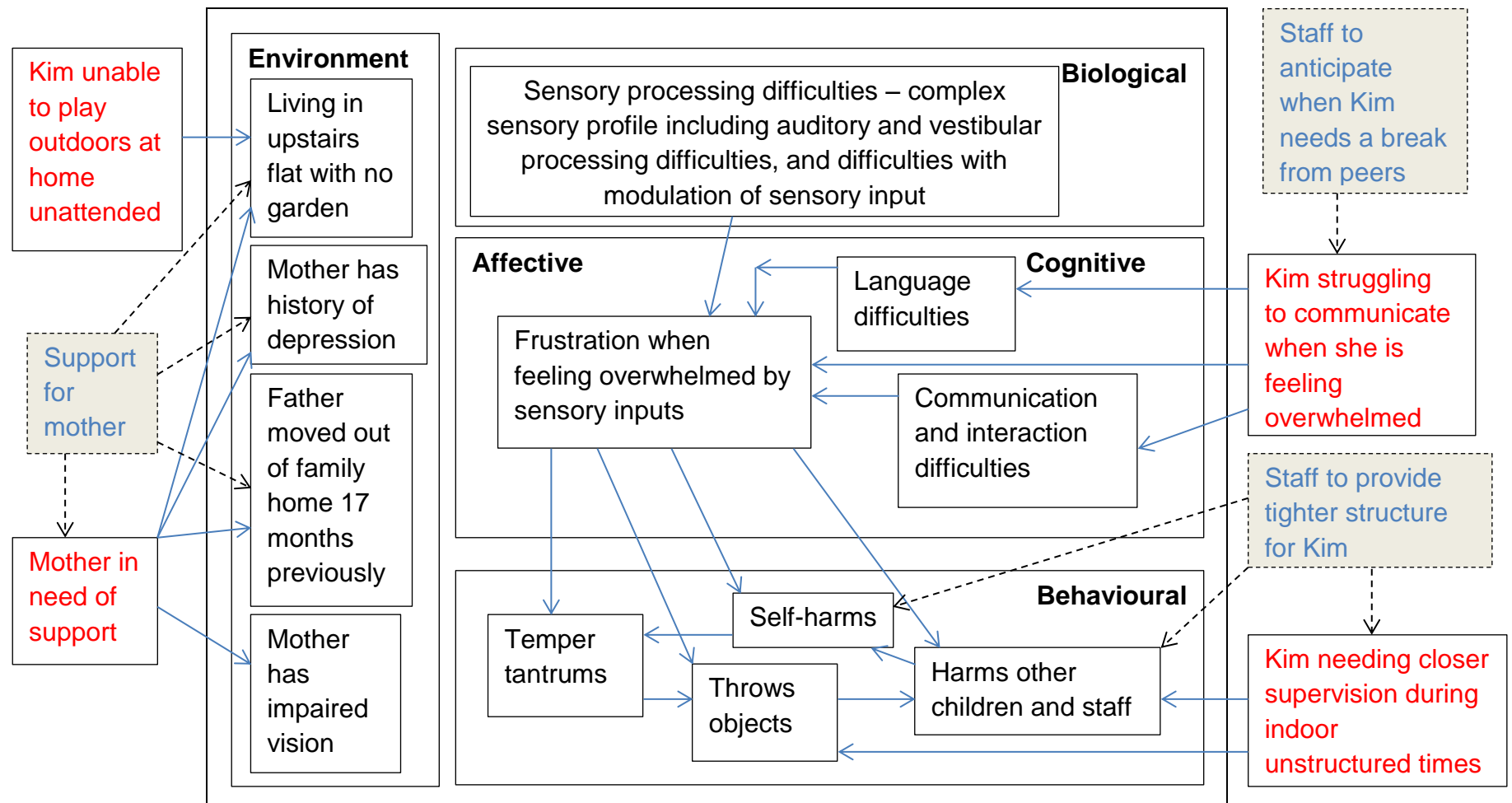
**Figure 3: IFF diagram for Kim, aged 7 years, whose teacher consulted a TEP on account of Kim's challenging behaviours**

Kim unable to play outdoors at home unattended

Support for mother

Mother in need of support

Environment

Living in upstairs flat with no garden

Mother has history of depression

Father moved out of family home 17 months previously

Mother has impaired vision

Biological

Sensory processing difficulties – complex sensory profile including auditory and vestibular processing difficulties, and difficulties with modulation of sensory input

Affective

Cognitive

Language difficulties

Frustration when feeling overwhelmed by sensory inputs

Communication and interaction difficulties

Behavioural

Temper tantrums

Self-harms

Throws objects

Harms other children and staff

Staff to anticipate when Kim needs a break from peers

Kim struggling to communicate when she is feeling overwhelmed

Staff to provide tighter structure for Kim

Kim needing closer supervision during indoor unstructured times

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## 4.3.1.5 Phase 5: Intervention plan and implementation

Review and revise integrating statement and IFF with problem owner

Case formulation and intervention plan shared with teacher and considered as part of the TAC process.

Active consultation with all those involved in the situation

TAC process involving:

- Teacher and Teaching Assistant (TA)

- Mother

- TEP

- Child and Family Support Worker (CFSW)

- Member of Children's Disability Team (CDT) from Social Care Services

- Speech and Language Therapist (SALT)

Discuss logistics of implementation of intervention (who, what, when, where)

- Teacher and TA to provide tighter structure for Kim during indoor unstructured times and to continue to monitor Kim's behaviour.

- Classroom staff to anticipate when Kim might need a break from peers, for example after a trip out.

- SALT to support classroom staff with helping Kim to communicate when she wants time on her own using PECS (Picture Exchange Communication System), and to give Kim choice at these times of being on her own at workstation or with peers.

- CFSW to make referral to Social Care Services for respite care and behaviour support. Also to put mother's name forward for 'Understanding Your Child's ASD' workshop at school.

- CDT to make a referral for re-housing, and referral to local voluntary sector organisation for support and information for Kim's mother regarding extra-curricular and holiday activities.

- TEP to make referral for Kim's mother to local befriending service for parents of children with challenging behaviours.

Implement

The above actions were implemented over an eight month period through a TAC process. TAC meetings took place bi-monthly.

### 4.3.1.6 Phase 6: Monitoring and evaluation of actions and outcomes

All involved evaluate status of problem following their efforts

- Kim and her mother moved to a house with a small garden. Outcome: Kim reportedly playing with the neighbour's children without incident.

- Kim's behaviour improved on class. Kim's CB greatly reduced from multiple incidents daily to very occasionally.

- Kim's behaviour improved at home, although mother noted that Kim still bangs her head and bites her hands (new behaviour) when frustrated at not being able to get her point across.

- Kim accessing respite care 2 nights every month.

- Kim's mother attended 'Understanding Your Child's ASD' workshop, funded by school. Outcome: mother feels she has more of an understanding of Kim's needs.

- Kim's mother on waiting list for local befriending service for parents of children with challenging behaviours.

- Kim's score for maladaptive behaviour on the parent version of the Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005) reduced from the elevated-clinically significant range to the average-elevated range.

- Kim's v-scale score for 'school community' (daily living skills) on the teacher version of the Vineland-II Adaptive Behaviour Scales (Sparrow et al., 2005) had increased from 6 (in the low range) to 9 (in the moderately low range), suggesting that Kim was coping better with the community aspect of school.

## 4.3.2 Ethical considerations

According to the British Psychological Society (BPS, 2009), research should be conducted that adheres to four ethical principles which constitute the main domains of responsibility within which ethical requirements are considered. These are respect, competence, responsibility and integrity. Appendix 2 sets out how these principles have been applied in the context of the current study.

## 4.4 Reflections on outcomes

This section will consider briefly the use of the Monsen et al. (2008) problem-analysis framework in the current study, but will focus on the EP role in work with children with complex needs displaying CB, with particular regard to enabling these children to achieve and maintain good psychological health.

**4.4.1 Research aim 1: Reflections on the strengths and limitations of the Monsen et al. (2008) problem-analysis framework in work with children with complex needs displaying CB**

This section will consider some of the strengths and limitations of the Monsen et al. (2008) problem-analysis framework as applied in the current study.

**4.4.1.1 Strengths of the Monsen et al. (2008) problem-analysis framework**

The PAF encourages a systematic approach to problem-solving in that the TEP has 6 clear phases to work through. It seeks to reduce the complexity of a problem by actively and collaboratively transforming the problem into a series of specified sub-problems (Cameron and Monsen, 2005). The 'problem' in the current study was Kim's causing harm to herself and others. The sub-problems were identified as Kim's behaviour at school and at home, and the 'solution' lay partly in finding links between the two (Rait et al., 2010).

It encourages collaboration with the problem-owner, and can fit well with a consultation approach (Leadbetter, 2006). It also encourages TEPs to critically explore hypotheses at the levels of biology, cognition (including affect), behaviour and environment, thus taking an eco-systemic approach (Bronfenbrenner, 1979). The framework encourages TEPs to critically reflect on their effectiveness at each of the phases of the problem-analysis cycle; is a good training tool (Kelly, 2006); and it allows the use of both quantitative and qualitative approaches (Gale and Gibbs, 2009). Finally, its lack of prescriptiveness encourages a fitness for purpose approach to service delivery (Cavanagh and Grant, 2006).

**4.4.1.2 Limitations of the Monsen et al. (2008) problem-analysis framework**

The model does not explicitly encourage a multi-disciplinary approach to problem-solving, although Phase 5 does advocate active consultation with all those involved in the situation. Alexander and Sked (2010) argue that the framework may not sit easily with multi-agency meetings. Kelly (2006) suggests that Woolfson et al.'s (2003) integrated practice model is 'based more directly on the work of Bronfenbrenner (1979), placing an emphasis on the transactional layers of eco-systemic problem solving and the need to support trans-disciplinary teamwork' (p4). In the current study, a TAC had already been initiated by the school, and therefore the 'trans-disciplinary teamwork' approach suggested by Kelly (2006) was already in motion.

The planning and implementation of the 6 phases (in written form) can be time-consuming, therefore the framework may raise unrealistic expectations about how much time can be spent on one case (Wicks, 2013). Often TEPs have the 'luxury' of being able to spend more time on cases than fully qualified EPs.

Kelly (2006) recommends building flexibility into the model and applying it as a thinking tool to guide assessment. She advises avoiding imposing the step structure too rigidly, particularly in written work.

**4.4.1.3 Personal reflections on the Monsen et al. (2008) problem-analysis framework**

I found the application of the PAF useful as a training tool, as noted by Kelly (2006), in my role as a TEP. It allowed me to take a step-by-step approach to the problem, and to break down a potentially complex problem into smaller sub-problems. The IFF was particularly helpful in that it encourages an eco-systemic approach, which was

particularly relevant in the current study. The PAF's lack of prescriptiveness also means that both qualitative and quantitative approaches can be used.

On the other hand, the actual drawing of the IFF, or 'problem map', as well as the mapping out of the other 5 phases, can be time-consuming. The same recommendations would no doubt have been made without applying rigidly the step structure of the model. I would second Kelly's (2006) recommendation to build flexibility into the model. In further applications I would therefore apply it as a thinking tool to guide assessment (Kelly, 2006, p.11).

## 4.4.2 Research aim 2: Reflections on the EP role in work with children with complex needs displaying CB

This section focuses on the EP role in work with children with complex needs displaying CB, with particular regard to enabling these children to achieve and maintain good psychological health.

### 4.4.2.1 Meeting the MH needs of this population

The DfE/DH (2011) report, 'No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages', recognises the importance of the 'development of appropriate skills and provision of adjustments to meet the individual needs of people with learning disabilities and autism', such as Kim, as well as 'recognising the increased risks of a range of physical and mental health problems for this group' (p.61). The recognition by the Department of Health (2010a) that 'people with autism may be refused support because they do not fit easily into mental health or learning disability services' (DfE/DH, 2011, p.61), means that children like Kim can fall into the gap between the two. It may be that EPs play a major part in the

'development of appropriate skills and provision of adjustments to meet the individual needs of people with learning disabilities and autism', as mentioned in the DfE/DH, 2011) report, particularly with reference to meeting their MH needs.

Attention has been drawn to a lack of research into the understanding and assessing of emotions in individuals with SLD (for example, Adams and Oliver, 2011), as well as a lack of research into CB and ASD (Matson and Nebel-Schwalm, 2007). The ability of individuals with SLD to communicate is significantly compromised, and for those with an additional diagnosis of ASD, this ability may be compromised still further, often with the added difficulty of sensory processing difficulties (Adams and Dunsmuir, 2009). The complex needs of the child in the current study, and her inability to positively communicate these needs, had led to her expressing her frustration through challenging behaviour including harming herself and others.

Clark et al. (2004) consider that EPs 'play a critical role in helping children with autism and other developmental disabilities strive for autonomy and self-determination in order to be better prepared for adulthood and have greater opportunities for achieving and maintaining psychological health' (p.152). This emphasis on self-determination and quality of life is echoed in other studies (Duvdevany et al, 2002; Haelewyck et al., 2005; Prout, 2009; Watson and Keith, 2002; and Thompson et al., 2002). The child in the current study benefitted from being given the choice of having time on her own when she was feeling overwhelmed by the range of sensory inputs she was receiving. At these times, prior to intervention, her CB may have been communicating a need for escape. At the same time however, she appeared to prefer tight routine, with the result that at less structured times, her CB may have been communicating a need for predictability and

safety. This may be part of what Gale (2009) refers to as a 'complex matrix of impact, risk and pathologisation' (p.41); and what Duvdevany et al. (2002) refer to as service providers having to 'face difficulties arising from the conflict between issues of protection and safety versus autonomy and risk' (p.386). It is essential that staff working with children with complex needs such as Kim receive adequate training to be able to meet their needs (Male and Rayner, 2009; Salt review (DCSF), 2010). EPs may have a vital role to play here also, for example in terms of staff training (MacKay, 2009).

## 4.4.2.2 A multi-disciplinary/systemic approach to CB in children with complex needs

MacKay (2009) outlines how educational psychology has more recently adopted an ecological approach to service delivery resulting in a shift away from a focus on the assessment of the individual child. Individual assessment has been replaced in many cases with 'observations of how the child functioned in a practical sense in the settings of home, school and community' (p.10). Selfe (2002) highlights the importance of 'thorough assessment across time and in a range of settings' (p.338).

Many studies echo the importance of taking an eco-systemic approach to working with children with complex needs, including those displaying CB (Adams and Dunsmuir, 2009; Davis et al., 2004; Emerson, 2003; and Luckasson et al., 1996); as well as a multi-disciplinary approach (Adams and Oliver, 2011; Arthur, 2003; Oliver and Woodcock, 2008; and Thompson et al., 2002). In the current study, a TAC process enabled a multi-level approach to be adopted. It was recognised that support for Kim's mother was a factor of huge importance, and therefore interventions were

put in place for the support of the mother including re-housing, respite care, a parenting workshop and support from voluntary sector organisations.

**4.4.2.3 Support for parents of children with complex needs displaying CB**

An individualised (Adams and Oliver, 2011), flexible (Thompson et al., 2002) and systematic (Matson and Nebel-Schwalm, 2007) approach to support for children with complex needs and their families is vital. Hames and Rollings (2009) and McGill et al. (2006a) argue also for the importance of early intervention. Wodehouse and McGill (2009) and McGill et al. (2006b) advocate for the use of a partnership approach such as the one used in the current study. Such an approach, they argue is valued and empowering for families. In the current study, Kim's mother had a history of depression. Her involvement in the TAC process meant that she was involved in the process of making decisions for her and her child, rather than having decisions made for her. The latter may have been more disempowering. EPs can have a therapeutic role when it comes to listening to the needs and concerns of parents. In the current study, Kim's mother was able to share with the TEP her feelings of loss for the child she had expected, and her feelings of guilt for having these feelings of loss. The TEP was subsequently able to reassure the mother that many parents in her situation experience similar feelings, and to refer her to a befriending service for parents of children with complex needs and challenging behaviour.

Parenting groups can provide essential support to parents of children with learning and/or developmental disabilities. Some of the goals of the programme described in the Hames and Rollings (2009) study are for parents to develop 'skills such as recognising the importance of praise; how children learn through a combination of praise, structures and routines; how structure and routine help children to feel safe;

how communication is aided by being brief, paced and visual; and recognising the importance of consistency' (p.49). Hames and Rollings (2009) emphasise however that, before developing these skills, parents have to develop their confidence in themselves and recognise that they are the experts regarding their own children. This, again, can be a very empowering experience for parents. Hames and Rollings (2009) identify also a lack of evidence-based parent-training programmes designed specifically for parents of children with learning/developmental difficulties. This needs to be addressed, perhaps by EPs.

### 4.4.3 Conclusions

Children with severe, complex and enduring needs present significant challenges to the ability of professionals to understand and respond to the children's unique difficulties. When these children's needs are not being met, they may present with challenging behaviours as a result of their frustration at not being able to make their needs understood.

The current study provides a case example of a TEP's involvement in a consultation case with a class teacher, in order to try to address the needs of a 7 year old girl with complex needs who was displaying challenging behaviours in the form of harming herself and others. The Monsen et al. (2008) problem-analysis framework was applied in this case. This enabled an eco-systemic approach to the case which helped the TEP to identify environmental factors which appeared to be exacerbating the child's challenging behaviours. Although a multi-disciplinary approach is not explicitly implied in the Monsen et al. (2008) problem-analysis framework, a TAC process had already been initiated by the school, which proved a vital part of the interventions recommended. At the end of the 10 month period of the TEP's

involvement, there was evidence to suggest a significant reduction in the child's challenging behaviours.

On-going monitoring is critical to evaluate the extent to which the interventions continue to address the MH needs of the child, as well as to determine areas of support requiring modification and accommodation.

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# APPENDIX 1: Case Formulation

**Name of child:** Kim
**DOB:** xx/xx/xxxx
**Age:** 7:2
**First contact date:** 01/05/2012
**School:** Xxxxxxx
**NC Year:** Year 3

7. **Presenting problem described by school**: increasingly aggressive behaviours towards other children; uses objects to throw in temper/anger; self-harms (banging fists on walls, tables, hitting self).
Statement (04/01/2011) cites Kim's special needs as
   - ASD
   - Associated language, communication and interaction difficulties
   - Associated sensory processing difficulties.

8. **Actions already taken by school**: behaviour plan; TEACCH; discussion with parent; school nurse involved (liaising with doctor re medication – on Epilim for possible epilepsy); TAC in place as of July 2012.

9. **Outcome hoped for by school**: to have less incidents where Kim self-harms or harms others.

10. **Other key problems (if any) observed by Psychologist**: noticed during a home visit that the home environment is very quiet; mum said that Kim will play in the lounge with her, and that when Kim has had enough, she will take herself off to her bedroom and close the door; suggested to school they provide a space for Kim where she can be quiet and on her own; discussed after school/holiday clubs with mum; discussed XxXX (local voluntary organisation for children with learning/developmental difficulties) with mum.

11. **Formulation of problem and maintaining contingencies**:
Predisposing factors: Kim only child; lives with mum in an upstairs flat; mum has history of depression; dad moved out of the family home Christmas 2010; mum has impaired vision
Precipitating factors: triggers can be raised voices, or tone change. If another child is being 'told off', Kim will hit them; one particular child's quite high-pitched voice appears to be a trigger; also struggles with sharing and waiting (transition)
Perpetuating factors: Kim tenses and becomes very rigid when distressed; relaxation/massage sessions tried with some success
Protective factors: support from wider family – mgm, auntie, cousin Xxxxx; sees dad 3 x week

12. **Actions taken**: IBP reviewed; support from SALT; a quiet space; massage; a throwing box; now and next teddies; additional TA time (TA moved up with Kim from Year 2 to Year 3); parent and teacher Vineland filled in (parent

version showed clinically significant levels of maladaptive behaviour).

13. **Current situation**: Kim has settled well into Year 3; involvement of Xxxxxx Xxxxx (Children's Disability Team - CDT); referral to XxXX made (voluntary sector organisation); letter written re housing situation; referred for respite care; referral to XxxxxXxxx (befriending service for parents of children with challenging behaviours); Kim is now off her medication and has been discharged from Dr Xxxxxxx.

14. **Current problems**: mum seems to have a somewhat ambivalent attitude towards receiving help; was assessed for behaviour support and for Direct Payment help, however mum gave the impression she did not need additional support as supported by Kim's dad, mgm and auntie, therefore the family did not meet threshold; on the other hand, mum wrote on 15.10.12 in Kim's home/school book 'Help!', as she felt Kim's temper was getting out of control, and that Kim was hitting out and kicking her; Xxxxxx from XxXX had mentioned to CDT that mum had been offered help before (in 2010?) and had not taken it up.

15. **Integrating hypotheses**: to be addressed by the TAC process:

- Kim struggling to communicate when she is feeling overwhelmed
- Kim needing closer supervision during indoor unstructured times
- Kim unable to play outdoors at home unattended
- Mother in need of support

## APPENDIX 2: Ethical considerations

| Ethical Principle | Standards | Application in current study |
|---|---|---|
| Respect | General respect | - respect the knowledge, insight, experience and expertise of clients |
| | Privacy and confidentiality | - data gathered were kept confidential and stored in accordance with LA protocol<br><br>- the school has not been named. The child's name was changed |
| | Informed consent | - informed written consent was obtained from the child's mother<br><br>- direct work with the child was minimal, consisting only of observation, which was unobtrusive |
| | Self-determination | - the mother was made aware of her right to withdraw at any time |
| Competence | Awareness of professional ethics | - maintained familiarity with BPS Code of Ethics and Conduct. |
| | Ethical decision-making | - recognised that an ethical dilemma might arise. No such dilemma arose. |
| | Limits of competence | - practiced within my competence levels<br><br>- sought consultation and supervision weekly during Psychology Service supervision |
| | Recognising impairment | - monitored my own personal and professional lifestyle in order to remain alert to signs of impairment |
| Responsibility | General responsibility | - potential risks to researcher and participants were considered minimal |
| | Termination | - conditions under which professional services |

| | | and continuity of care | could be terminated were made clear |
| :--- | :--- | :--- | :--- |
| | | | - a summary letter was sent to the mother once the TEP's involvement had come to an end, explaining that she could get back in touch with the EPS should any future concerns arise |
| | | Protection of research participants | - potential risks to the psychological well-being, physical health, personal values and dignity of the research participants were considered minimal |
| | | Debriefing of research participants | - the mother was debriefed at the conclusion of the TEP's involvement and informed that she could contact the psychology service again if she had any future concerns |
| Integrity | | Honesty and accuracy | - endeavours were made to ensure that high standards of honesty and accuracy were maintained throughout, for example the mother was aware that I was a Trainee EP |
| | | Avoiding exploitation and conflicts of interest | - parameters of my professional role within the context of the intervention were clarified |
| | | Maintaining personal boundaries | - professional relationships were maintained at all times |
| | | Addressing ethical misconduct | - I aimed to challenge any apparent breach of ethical guidelines, for example in the school |

# CHAPTER 5: An appreciative inquiry into the experiences of staff and young people in a secondary school with regard to the teaching of English as an Additional Language

## Abstract

This report is an appreciative inquiry into the experiences of staff and young people in a mainstream secondary school in a suburban local authority in England, with regard to the teaching of English as an Additional Language (EAL). The intention was to involve parents as well, however the parents declined to take part. Recent research (Training and Development Agency, 2009) suggests that some EAL learners are automatically placed in low ability classes, and that the need to acquire English can be viewed, mistakenly, as a Special Educational Need. Appreciative Inquiry (AI) is an inquiry into the 'best of' what already exists in a system. It differs from more traditional approaches to organisational inquiry in that it is not a method of problem-solving (Norum, 2001); rather it is a way to inquire into what is working well in order to build on that success. In this report, AI is used as a stand-alone interview technique. The interviews used in the report are appreciative in design, intended to draw out examples of good practice, and positive experiences on the part of staff and young people. The aim of the research is to celebrate with the host school what is already working well, and potentially to plan to work towards any positive changes which may have been identified. Key findings are that teaching staff feel they would benefit from more collaborative working with specialist EAL teachers; and that non-teaching staff feel they are not being used to their full potential with regard to supporting EAL learners.

## 5.1 Introduction

The Training and Development Agency (TDA, 2009) identified that there is a need for policy and practice to change with regard to the teaching of EAL, so that every EAL learner is enabled to achieve their full potential, and every member of the teaching workforce is equipped to enable them to contribute to this vision. The population of EAL learners in England is increasing. The term EAL describes pupils who already speak another language and are learning English in addition to this (Mistry and Sood, 2012). The TDA reported that, according to the National Association for Language Development in the Curriculum (NALDIC), between 2004 and 2008 EAL pupil numbers rose by 25%, while the number of specialist EAL/EMA (Ethnic Minority Achievement) teachers increased by only 8% in the same period. Such a discrepancy results in 'additional pressures for the teaching workforce at all levels and undermines the principles of inclusion and equality of opportunity for EAL learners' (TDA, 2009, p.1).

The TDA (2009) identified four key priorities for developing a national school workforce strategy for EAL:

1. Equip the non-specialist workforce to help EAL learners achieve their full potential

2. Identify EAL specialist roles and equip EAL specialists to enable EAL learners to achieve their full potential

3. Enable the best possible use to be made of EAL specialists and embed collaborative working practices so that all EAL learners have access to specialist support

4. Ensure that EAL provision is monitored and evaluated effectively, and that it

promotes raised achievement.

One of the priorities identified in the national narrowing the gaps (NtG) plan (DCSF, 2009), which is tasked to create strategies to improve the outcomes for underachieving groups, is to support the achievement of pupils who have EAL and children from minority ethnic groups. Mistry and Sood (2012) suggest that these pupils 'have multiple needs requiring a more personalised improvement plan' (p.282).

Blaire and Bourne (1998) consider that an ethos of respect with a clear approach to tackling racism; as well as effective teaching, are key factors for raising the attainment of EAL pupils. In addition, Ofsted (2010) attribute outstanding effectiveness to a more tailored curriculum; professional development of staff; a can-do culture; and effective tracking.

This report explores the experiences of teaching and non-teaching staff, and of one Year 9 student, with regard to the teaching of EAL, in a mainstream secondary school in a suburban local authority in England. Seven parents were invited to give permission for their children to take part in the research, and to take part themselves in a parent interview, however only one parent responded. The one parent who responded gave permission for her son to take part, but declined to take part herself. The report considers staff and pupil experiences in the light of the four priorities identified by the TDA (2009) for developing a national school workforce strategy for EAL. It gives particular attention to the role of teaching assistants, and to their relationship with teachers.

The methodology is that of appreciative inquiry (AI) in that I am seeking to draw out positive experiences of staff and pupils in this area. This is not to the exclusion of

interviewees having the opportunity to discuss less positive experiences. AI asserts that if there is 'good' and 'bad' in a system, one can choose to study the good rather than the bad. Michael (2005) claims that many AI practitioners found that 'in starting from the appreciative, they actually arrived at a much more nuanced understanding of the negatives than they might otherwise have done' (p.228). Interviewees are given the opportunity to talk about what they consider needs to be done differently in future, with a view to positive change within the school. The results section considers the findings of an analysis of 13 semi-structured appreciative interviews, using thematic analysis. The discussion considers the findings, with particular regard to what changes might be made to the teaching of EAL within the school, in order to enhance the experiences of pupils and staff.

## 5.2 Literature Review

The literature review draws on research carried out on behalf of the TDA in 2009. Added to this is research which looks at the role of teaching assistants (TAs) in schools, and the potential for maximising the support they offer to EAL learners. The TDA (2009) considers that Priorities One and Two: the training of the non-specialist workforce; and the training of specialists, are seen as inseparable for the success of the strategy. They point out however that the training of the non-specialist workforce has been placed as Priority One 'simply because it involves a larger proportion of the current and future workforce, trainers and providers' (p.3).

### 5.2.1 Collaborative teaching practices and the role of teaching assistants

A recurring theme highlighted in the research commissioned by the TDA (Priority Three) was the need for collaborative working practices, with mainstream teachers

working in partnership with TAs, as well as with EAL specialist teachers. Very little evidence was found of team teaching, and even in cases where TAs received good training, they were not able to put into practice the ideas and strategies they gained because of the lack of a 'partnership culture of joint planning, teaching and assessment' (TDA, 2009, p.3).

Blatchford et al (2009) carried out research into the effect of general support staff on pupil engagement and individual attention. They found positive effects such as increased attention and easier classroom control, and that 'pupils showed more engagement and a more active role in interaction with adults' (p.661). Rubie-Davies et al (2010) consider the need to face the reality that TAs are taking on an instructional role. Rubie-Davies et al (2010) assert that while TAs formerly supported teachers by, for example, completing low-level administrative tasks, they are 'increasingly playing a pedagogical role and working directly with pupils, particularly those with special educational needs' (p.429).

Lindsay (2007) highlights, however, that lack of training is a major concern for successful undertaking of a pedagogic role by TAs. Mackenzie (2011) highlights the 'ambiguity, tension and contradictions' (p.64) amongst the experiences of TAs in mainstream education, as a result of working in an increasingly complex and diverse role. Similarly Butt and Lowe (2012) suggest a need for 'clearly defined duty statements' (p.216) for TAs working with pupils with special needs, as a result of role confusion between TAs and class teachers with regard to the skills required to perform the role of a TA; and Wilson and Bedford (2008) discuss issues amongst TAs of marginalisation and poor pay, not only in relation to working with EAL learners, but generally.

It would seem then that a gap exists between increasing expectations of TAs, and a lack of training to equip them for the complex duties they are required to perform when working with pupils with special needs. Lindsay (2007) highlights that appropriate training for TAs is essential; as well as training for TAs and teachers to promote collaborative working between them. French (2001) found little evidence of scheduled planning meetings between support staff and teachers. Research undertaken by Bedford et al (2008, p.22) identified that 'for an effective partnership and effective practice' between teachers and teaching assistants, there is a need for four main elements: namely 'a supportive organisational culture; effectual systems in place; an appropriate skills set for the staff; and good personal relationships' in the school (Figure 1).
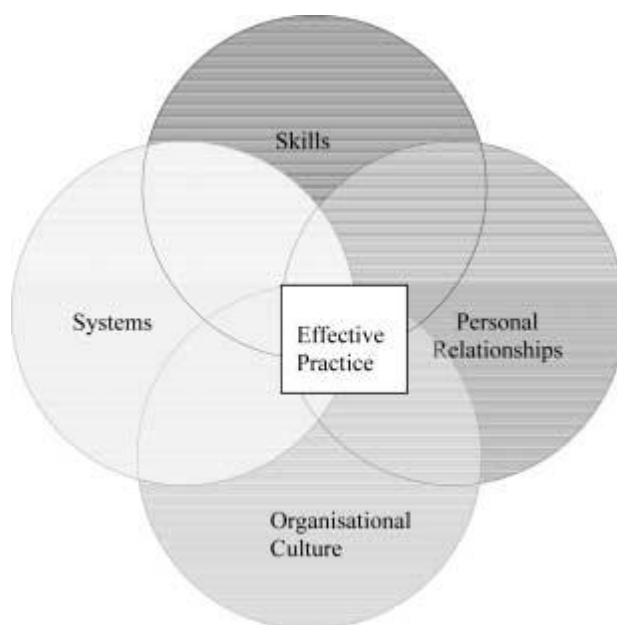


**Figure 1: Model of effective partnerships** (taken from Bedford et al, 2008, p.22)

Bedford et al (2008) highlighted that the 'most important, but least tangible' (p.21) area related to personal relationships: all participants in the study emphasised the importance of showing that all members of the school were valued; as well as the

importance of mutual trust and respect for each other's role – often promoted through shared training that made clear each role in the partnership.

Devecchi and Rouse (2010) did, in contrast to other studies, find evidence of examples of positive collaboration between teachers and TAs. Their results are similar to Bedford et al's (2008), however, in that the same four areas are highlighted. They suggest that the impact of TAs on pupils' learning should be considered and assessed not only in terms of academic achievement, but that it is also important to 'take into account the nature of the support TAs receive from teachers and the school' (p.91). Devecchi and Rouse (2010) make the point that it is important to challenge the view that TAs are marginal to schools, and they suggest that the inclusion of students may in fact be dependent on how well schools as organisations and communities support the inclusion of adults as well.

### 5.2.2 Collaborative teaching practices within the teaching of EAL

The research commissioned by the TDA (2009) identified that 'the ideal model' (p.14) for classroom practice was to have specialist EAL teachers working collaboratively with subject teachers, involved in collaborative planning and partnership teaching, under the management of an EAL co-ordinator. Creese (2006) maintains that EAL teaching is often seen as supporting, and not as important as, subject teaching in the classroom, and that this situation needs to change if EAL teaching is to get the recognition it deserves. Gardner (2006) distinguishes between support, collaborative talk and partnership teaching; and asserts that full partnership teaching is most beneficial to both child and subject teacher. Support and collaborative talk, by contrast, do not, in Gardner's (2006) view, afford EAL teaching equal status with subject teaching, which may be detrimental to the child's needs.

The reality appears to be, however, that due to a decrease in the number of specialist teachers and funding issues, management of policy and practice of EAL is increasingly given to Higher Learning Teaching Assistants (HLTAs) and TAs, or to Special Educational Needs Co-ordinators (SENCos). The TDA (2009) found that 'the title of EAL teacher was rarely heard even in schools with very high numbers of children with EAL. Furthermore, EAL provision was found within Special Educational Needs (SEN), Ethnic Minority Achievement (EMA), learning support or inclusion teams rather than EAL, and was often managed by the head of that service within the school, who lacked relevant and appropriate knowledge and qualifications. The TDA (2009) highlights that 'this contributes to a lack of visibility and status of EAL within the school, and causes problems for the smooth functioning of EAL provision to children' (p.9).

### 5.2.3 Distinguishing between EAL and SEN

Separating EAL from SEN was found to be 'the most important priority in terms of school structures' (TDA, 2009, p.12). Often EAL is understood to be part of the work of the SEN team, and is managed by the SENCo. The TDA (2009) identified that 'there seems to be a lack of clarity in distinctions between EAL and SEN with the consequence that there is often no clearly-identified criteria for identifying the language needs of pupils' (p.13). In one case study school, all newly arrived pupils who were not regarded as completely fluent in English were placed automatically on the SEN register. The SEN Code of Practice (DfES, 2001) makes it clear that children learning English as their additional language have specific English language learning needs, which should not be confused with SEN:

*'Children must not be regarded as having a difficulty solely because the language or the form of language of their home is different from the language in which they will be taught'* (DfES, 2001, p.6).

Cummins (1984) maintains that the process of English language acquisition is such that within two years, pupils should have acquired social language, but that it takes five to seven years to develop the academic language skills necessary to manage the curriculum in its entirety. The SEN Code of Practice (DfES, 2001, ps.46 and 61) lists guidance on the identification of pupils with EAL who may have SEN:

- Identification and assessment of the special educational needs of children whose first language is not English, requires particular care

- It is necessary to consider the child within the context of their home, culture and community

- If unsure, the school should make full use of any local sources of advice relevant to the ethnic group

- Lack of competence in English must not be equated with learning difficulties but when children who have EAL make slow progress, it should not be assumed that their language status is the only reason: they may have learning difficulties

- Schools should look carefully at all aspects of a child's performance in different subjects

- At an early stage, a full assessment should be made of the exposure they have had in the past to each of the languages they speak, the use they make of them currently and their proficiency in them.

Layton et al (2002) conducted research using a controlled trial where they examined the importance of training in the distinctions between EAL and EAL with SEN. They found that the training increased teachers' sensitivity to specific critical evaluation procedures useful in distinguishing between the two. Rea-Dickins (2001) found that teachers in an EAL context can struggle to distinguish between a language learning need, a special educational need and a curriculum content need. Assessment frameworks are therefore needed for EAL development and achievement (TDA, 2009, Priority Four).

Mistry and Sood (2012) suggest that 'the progress of pupils with EAL, needs to be monitored more closely to assess the small step changes in their progress through different contexts which may be missed otherwise' (p.289). They found that observation is a key tool for monitoring EAL pupils' progress, but that although this appears to be standard practice at Key Stage 1, they found less evidence of it at Key Stage 2. The National Strategies plan (DCSF, 2009) emphasises the need for schools to use data to expose gaps and patterns, and to monitor EAL pupils' progress at all Key Stage levels using robust tracking systems. A strength of the Mistry and Sood (2012) model (Figure 2), is its aim that the needs of pupils continue to be monitored throughout Key Stages 2, 3 and 4, and that the gaps continue to decrease.
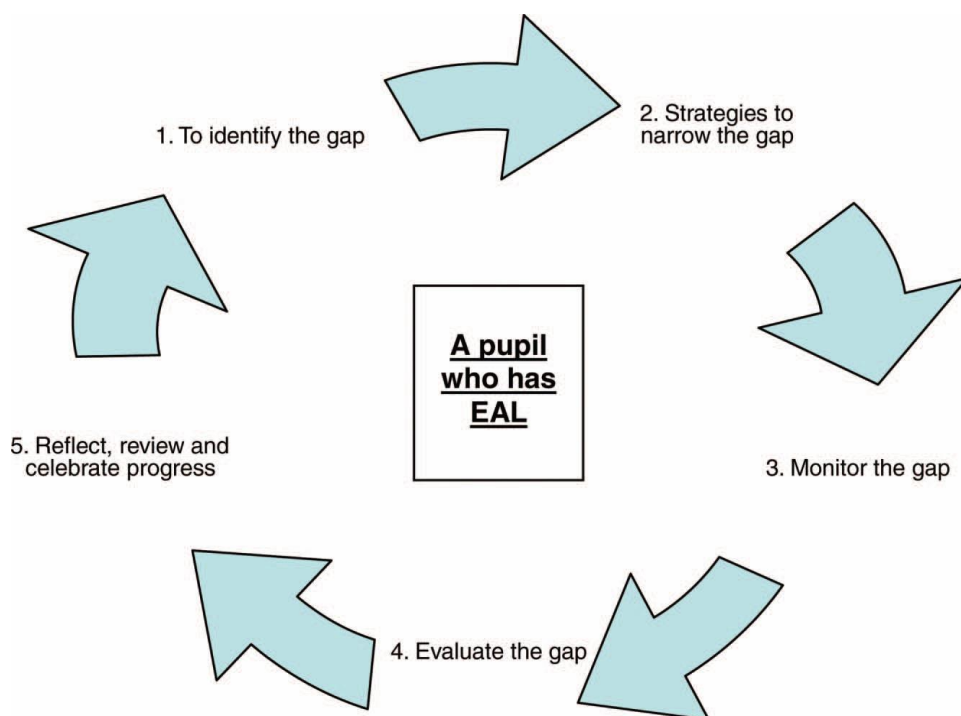
**Figure 2: How the needs of EAL pupils could be met** (taken from Mistry and Sood, 2012, p.290)

### 5.2.4 Advanced stage EAL learners

The TDA (2009) research suggests that there is 'little evidence of explicit provision made for advanced stage EAL learners' (p.11). More advanced learners of EAL may be considered bilingual pupils who are orally fluent, but whose oral fluency can mask the need for continued support to develop academic language proficiency. The DfES (2005) publication 'Aiming High: Guidance on the assessment of pupils learning English as an additional language', points out that 'bilingual is taken to mean all pupils who use or have access to more than one language at home or at school – pupils who are living and learning in more than one language. It does not necessarily imply full fluency in all languages (p.1). Figure 3 illustrates Cummins' (1984) two-dimensional model of language proficiency.
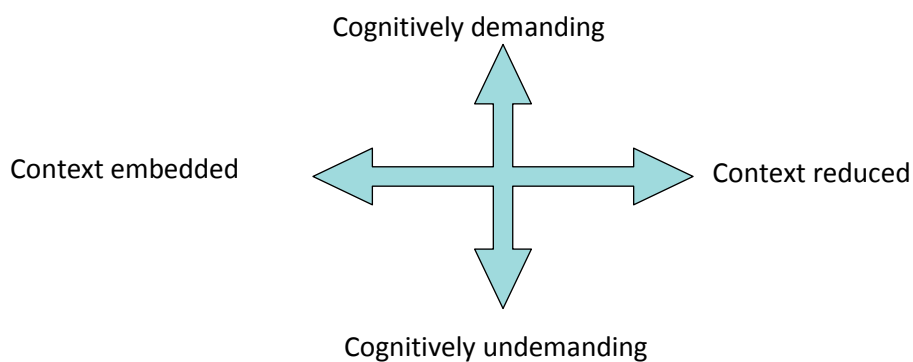
**Figure 3: Cummins' two-dimensional model of language proficiency** (adapted from Cline and Frederickson, 1996, p.14)

Cummins (1984) asserts that if a second language learner is experiencing difficulty with a particular activity, the teacher may respond by making that activity easier - i.e. by reducing the level of cognitive demand. However, Cummins (1984) maintains that to do this may result in the learner being provided with inappropriately easy work which may not stretch them intellectually. It may be that these pupils are able to cope with the cognitive complexity of the task, but have not yet developed the language skills necessary to access the task. Cline and Frederickson (1996) claim that the Cummins framework suggests that:

> *'the teacher can instead facilitate the bilingual child's access to the curriculum by retaining the level of cognitive complexity involved in the task, but embedding the task in a meaningful context so that the child is then able, despite their as yet rather limited linguistic skills, to understand the nature of the task and what is required from them'* (p.16).

The challenge for teachers then, and indeed for senior leadership teams, may be to distinguish between the need to make tasks less cognitively demanding for EAL learners, for example by placing them in lower sets in secondary schools; or to embed tasks in a more meaningful context.

### 5.2.5 Language in context

Several studies highlight the importance of teachers and support staff involved with EAL learners having a knowledge base that includes cultural and linguistic as well as cognitive dimensions. Facella et al (2005) suggest that it would be beneficial for teachers to find out more about language learning in general; Karabenick and Noda (2004) point out the importance of teachers having awareness of cultural issues and of the theory of second language learning; and Mickan (2007) addresses how the curriculum can be used for the socialisation of new arrivals.

The TDA (2009) research highlighted that planning for EAL learners should 'start from their most relevant prior knowledge' (p.14), which is knowledge of their home language and of their subject knowledge in that language. It highlights also that there needs to be 'a move away from a deficit model of EAL towards high expectations' (p.15). This is mirrored in the Aiming High guidance (DfES, 2005) which stipulates that high expectations of EAL pupils should be maintained, and that 'schools should celebrate all the languages spoken in the school and create opportunities to use them within the curriculum' (p.4). Conteh et al (2007) argue for a more contextualised community-based approach to language learning. The findings of Olsen and Land (2007), who studied the effects on English Language Learners (ELLs) of receiving cognitive strategies instruction, 'reinforce the importance of having high expectations for ELLs' (p.269). Mistry and Sood (2012) further emphasise that the ability that EAL pupils have to transfer skills, knowledge and understanding should be recognised and celebrated, rather than undermined. Research suggests that teachers' understanding of the ability of EAL pupils to transfer knowledge and skills is limited.

### 5.2.6 EAL learners placed in low ability groups

The TDA (2009) research highlights that EAL learners are often placed in groups of pupils with SEN, where they work with TAs. In primary schools this can mean EAL pupils being withdrawn from mainstream classes to work outside the classroom; while in secondary schools EAL pupils can be placed in low ability classes or sets, the reason being that these classes have smaller numbers and they tend to have TA support. However, the Aiming High guidance (DfES, 2005), stipulates that 'high expectations of pupils should be maintained and care taken not to wrongly or prematurely place pupils in lower ability sets or groupings' (p.11). Furthermore, the New Arrivals Excellence Programme Guidance (DCSF, 2007) states that 'it is important not to make assumptions about a pupil's ability and place them in lower sets or groups based solely on an assessment of their proficiency in English' (p.40).

The results of the TDA research (TDA, 2009) suggest that EAL is not seen as a good career move in that there is no clear progression route. It is suggested that there could be new routes created for specialists, for example routes for mainstream or subject teachers to become advanced EAL teachers, and for TAs to gain HLTA status as an EAL specialist. The research points to the need for both accredited and non-accredited national training for support staff, ranging from occasional training on awareness of EAL issues to 'equipping TAs with a detailed knowledge of all aspects of EAL to allow them to contribute fully to EAL pupils' language development' (TDA, 2009, p.7). Similarly, Mistry and Sood (2010) prioritise the need to provide teachers, SENCos *and TAs* with continuous professional development in order to develop a 'comprehensive awareness of cultural diversity in the classroom' (p.114).

### 5.2.7 Concluding synthesis and the role of the educational psychologist

To conclude, there appears to be a growing emphasis in government policy, and in research, that the population of EAL learners in England has increased consistently in recent years. New patterns of immigration necessitate different types of EAL provision. The TDA (2009) research highlights the mismatch in the education system between demand and the available specialist workforce, in that the number of EAL pupils rose between 2004 and 2008 by three times more than the number of specialist EAL teachers.

Leadbetter (2010) asserts that 'the uniqueness of EPs lies in the systemic application of psychological theory, research and skills to whatever problems and contexts are presented to them' (p.276). In the context of EAL teaching, the challenge for EPs may be to encourage schools, particularly at senior leadership level, to prioritise the needs of EAL learners. EPs can encourage schools to re-visit their EAL provision in the light of the four Key Priorities identified by the TDA (2009): namely the training of the non-specialist workforce including TAs; the identification and training of EAL specialists within the school; the embedding of collaborative working practices; and the effective monitoring and evaluation of EAL provision. The assessment of EAL pupils was identified by the TDA (2009) research as one of the most pressing needs of the school workforce. Also highlighted was the need for senior leadership teams to ensure 'a whole school approach to EAL in policies, classroom practice and school ethos' (p.17). The research suggests that 'this can be best achieved through prominent inclusion of EAL in the processes of self-evaluation and inspection' (p.17).

The current report concerns an appreciative inquiry into how teaching and non-teaching staff in one secondary school perceive the teaching of EAL and the

provision made for EAL learners in their school; as well as their suggestions for how things might be improved. It also incorporates the views and personal experiences of one Year 9 student with EAL.

## 5.3 The current study

The current study was commissioned by a Principal Educational Psychologist (PEP), and the research carried out by a final year Trainee Educational Psychologist on placement in an Educational Psychology Service. Concern had been expressed by the Head of the EAL Service that EAL learners were continuing to be placed in low ability groups, as identified by Mehmedbegovic, 2011. Two secondary schools were approached. The Head teacher of the first school considered that there were not enough EAL pupils attending the school to warrant the study. One of the SENCos (the job is shared with a colleague) at the second school expressed an interest in the study. The school (referred to in this report as HL School) is a large mainstream secondary in a suburban area of England. The school's Ofsted report in 2009 stated that there were very few EAL students. The school has since achieved Academy status. The SENCo identified in June 2012 that there were 70 EAL students on roll (5.7% of the school population), and that she had been surprised to discover that the number was this high. She stated that EAL was more of an issue than it had been two or three years earlier.

The SENCo said that of these 70 pupils, six had been identified as having EAL, but that the majority were UK born bilingual pupils who were 'unidentified' as having EAL: they were included on the EAL roll purely as a result of the entry data collected on all pupils. The SENCo further clarified that the 'unidentified' EAL pupils tended to come to the fore only if problems arose. Of the 70 pupils, the SENCo said that four had

been identified with SEN, and that one was a looked after child who had arrived as an unaccompanied asylum seeker a year before.

Of the six pupils described by the SENCo as 'identified' as having EAL, one subsequently left the school; one was the unaccompanied asylum seeker; one had arrived four years previously from abroad; and the remaining three were from the same family which was newly arrived within the previous year.

HL School does not have a designated lead for EAL. The six pupils identified are mainly placed in middle to lower sets where the classes have LSAs (Learning Support Assistants). (Although HL School uses the term LSA, and not TA, the two terms are to be considered interchangeable for the purposes of this report). There are no LSAs employed specifically to support EAL learners. Support for EAL learners falls under the management of the two SENCOs and Assistant SENCo, although the school does recognise that EAL is a separate issue from SEN. The Learning Support Department (LSD) of the school, where the SENCOs, Assistant SENCo and LSAs are based, is to some extent set apart from the main building of the school, and is separate from the main staff room.

The main aims of the research are:

1. To explore with staff and pupils their experiences of EAL provision
2. To explore what is valued by staff and pupils about the EAL provision
3. To explore with staff and pupils what the strengths of the school are with regard to EAL provision
4. To explore with staff and pupils how EAL provision might be improved

### 5.3.1 Methodology

The research is exploratory in nature. It involves a single setting. The design was that of appreciative inquiry (AI). AI as a process is described as:

> 'a collaborative search to identify and understand an organisation's strengths, its potentials, the greatest opportunities, and people's hopes for the future' (Cooperrider et al, 2008, p.151).

The 4-D Cycle of Discovery, Dream, Design and Destiny is shown in Figure 4.
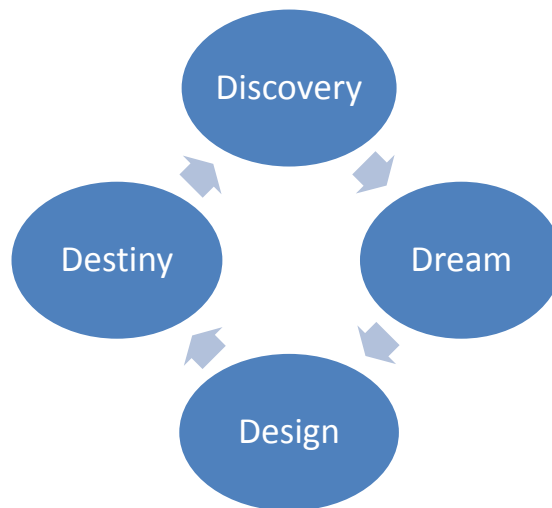


**Figure 4: The 4-D Cycle of Discovery, Dream, Design and Destiny**

The basic philosophy underpinning AI is that every organisation has something working well and that those strengths can be the starting point for creating positive change. Instead of looking at problems to solve, AI looks at what works and how the people in the organisation can feel energised and motivated to do more of it.

Ludema and Fry (2008) consider that AI can be used as a generative form of action research. Within the cycle of action research – plan, act, observe, reflect (Cohen et al, 2011) – the SENCo of HL School could be considered to be at the observation stage in that she was open to the provision for EAL learners at HL School being

explored. The hope would be that the results of these explorations might be reflected upon, with a view to planning and implementing any changes that might be deemed appropriate.

Michael (2005) considers that AI is a powerful research tool, but that it can also be used as an equally powerful stand-alone interview technique. Like Michael (2005), the current study involves mainly the Discovery phase of the AI 4-D Cycle, and touches to some extent on the Dream phase. Michael (2005) considers that her interviews could be conceived of as 'a mini-version of the Discovery phase of the appreciative framework' (p.224).

Norum (2001) maintains that AI suggests four basic types of questions that can be 'crafted to elicit the best of the current system and to understand how these are life-giving factors' (p.326). They are:

- A deep story question – asks the interviewee to describe a peak experience or an example of good practice (research aim 1)
- A value question - asks the interviewee to consider what they value about the organisation, about themselves, and about the work they do (research aim 2)
- A core factors question - asks the interviewee to consider what gives life to the organisation or to the work they do (research aim 3)
- A future question - asks the interviewee to think about how the organisation could be improved (research aim 4)

I used these four questions as the bases for my interview questions (Appendix 1).

Norum (2001) considers how educational systems can be reinvented through appreciative design. Willoughby and Tosey (2007) examine an application of AI as a participatory means of school improvement. Their findings suggest that 'AI may assist in the creation of a positive and democratic ethos' (p.515), and that 'AI can involve an entire school community in a process of collaborative school review, and can engage with school ethos and culture' (p.517).

I interviewed 13 members of staff: 8 non-teaching (7 LSAs and 1 Assistant SENCo) and 5 teaching staff members; as well as one Year 9 student. I took good quality notes during the interviews, and checked my understanding throughout the interviews. These notes (Appendix 2) were used as the data set which I subjected to a thematic analysis, using a constant comparative method (Thomas, 2009). Appendix 3 explains in detail the steps I took.

My chosen methodology is informed by an interpretivist epistemology. By interviewing the members of staff, and the Year 9 student, I gained their views on, and their experiences of, EAL provision at HL School. Findings are embedded in the participants' subjective experiences, but their interpretation is guided by relevant published literature. Willoughby and Tosey (2007) suggest that 'AI's optimistic epistemological stance is likely to remain contentious, but deserves to be taken seriously as a radical alternative to many strategies for change' (ps.516-517). Ludema and Fry (2008) assert that 'AI is much more than just a wish to be positive', but rather is 'a robust process of inquiry and anticipatory learning that enables participants in social systems to shape the world they most want by building new knowledge, spurring inventiveness, creating energy, and enhancing cooperative capacity' (p.280).

## 5.3.2 Sampling

I identified with the SENCo four of the most recently arrived EAL learners, as well as three UK born bilingual pupils whom the SENCo and I had identified as being in lower sets. Letters were sent to the parents of three of the most recently arrived pupils, as well as three of the UK born bilingual pupils. These letters requested parental consent for the pupils to take part in the research, and also invited the parents to take part in separate interviews. Care was taken to ensure that in all cases, at least one parent or family members could read English. Only one parent responded. This parent gave consent for her son to take part, but declined to take part herself. The pupil was in Year 9 at the time of the interview, and had arrived in the UK in 2008 from Afghanistan via Pakistan, where he had attended a Pashto speaking school for three years. He was new to English when he arrived in the UK, but is now considered by the school to be 'an advanced learner of English'. He is in sets 4 and 5 for all of his subjects. Sets range from 1 to 5, where 1 is high and 5 is low.

Of the other thirteen interviewees, the breakdown was as follows:

- 7 LSAs
- 1 Assistant SENCo (AS)
- 2 SENCos
- 2 subject teachers (STs)
- 1 form tutor (FT)

The LSAs and the Assistant SENCo were invited to take part in the research because they worked with EAL students, in their capacity as general LSAs

supporting students in class. The SENCos were involved in the teaching of EAL students. The subject teachers and form tutor were selected because they expressed an interest in the research. The form tutor had three of the most newly arrived pupils in her form group. Three other teachers were invited to take part, as well as three Heads of Year, however they did not respond to the invitation.

### 5.3.3 Ethical considerations

According to the British Psychological Society (BPS, 2009), research should adhere to the four ethical principles of respect, competence, responsibility and integrity. Appendix 4 sets out how these principles have been applied in the current study. Appendix 5 shows the letter of consent for parents.

### 5.3.4 Reliability

The semi-structured format used for the interviews brings some consistency of content and structure to the thirteen interviews. Cohen et al (2011) refer to the infinite complexity and open-endedness of social interaction, which could be used to argue the case for semi-structured as opposed to highly structured interviews. Norum (2001) considers that within AI, appreciative design questions evoke storytelling and are sometimes ambiguous. It could be argued then that just as there may be ambiguity in an interviewer's interpretation of data, which cannot be controlled too tightly; so too will there be ambiguity in how an interviewee interprets a question. Thomas (2009) maintains that reliability is 'irrelevant in interpretative research' (p.106). It is acknowledged however that the researcher's positionality will have affected the interpretation of the data, and that reliability would have been strengthened by having a second researcher to identify and agree themes.

### 5.3.5. Validity

It is arguably impossible to achieve validity in interpretative research owing to the inherently subjective nature of knowledge or experience. Because interviews are interpersonal encounters between human beings (Cohen et al, 2011), it is inevitable that the researcher will have some influence on the interview, and on the data. The researcher has sought to minimise the scope for bias by taking careful, detailed notes. A range of views have been sought, from non-teaching and teaching staff, as well as from students in an effort to avoid prejudices. Although only one student took part, it was considered essential to include his views, as the ultimate aim of the research is to consider how EAL provision might be improved for the benefit of the EAL students. Robson (2011) considers that one of the characteristics of 'good' flexible design is that 'the story and findings become believable and realistic, accurately reflecting the complexities of real life' (p.132). He considers also that relationships sometimes evolve which emerge later in the study. This is arguably the case here in that the collaboration between non-teaching and teaching staff, particularly in regard to support for EAL learners, has emerged as a theme which the school may wish to explore in more detail.

It is acknowledged that data gathered from the interviews are subjective, not only in terms of the views expressed by the interviewees, but in their subsequent interpretation by the researcher. They are therefore subject to bias. Validity may have been strengthened by taking audio-recordings of the interviews and asking the interviewees to verify the transcripts.
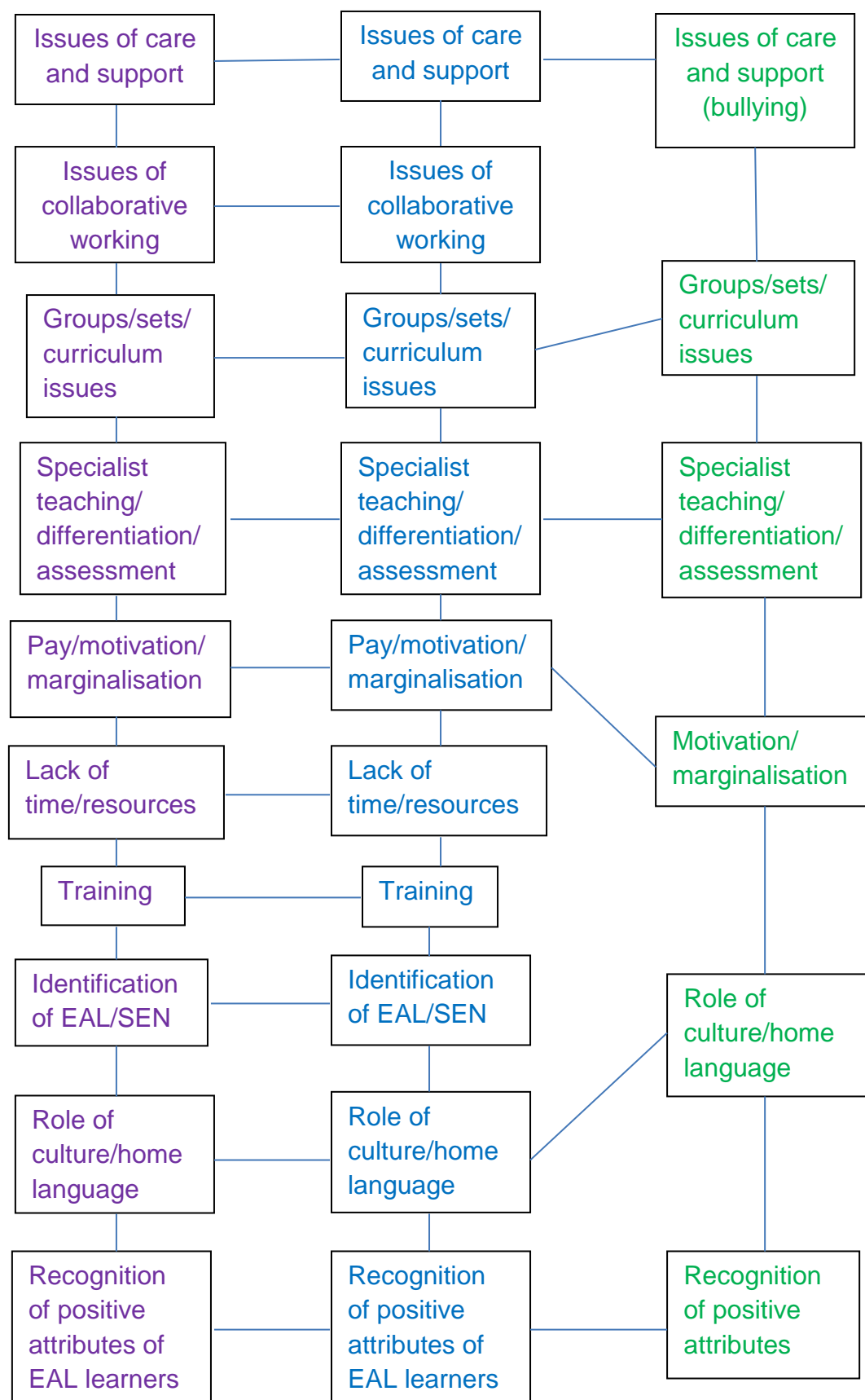
## 5.4 Results and discussion

Answers to the four questions of the semi-structured interview were subjected to a thematic analysis, using a constant comparative method (Thomas, 2009, p.198. See Appendix 3 for details). Numerous readings of the raw data led to 10 themes, 6 of which were common between the three groups of people interviewed (non-teaching staff, teaching staff and student). Figure 5 shows the overall conceptual map.

| Non-teaching staff | Teaching staff | Student |
|---|---|---|
| Issues of care and support | Issues of care and support | Issues of care and support (bullying) |
| Issues of collaborative working | Issues of collaborative working | |
| Groups/sets/ curriculum issues | Groups/sets/ curriculum issues | Groups/sets/ curriculum issues |
| Specialist teaching/ differentiation/ assessment | Specialist teaching/ differentiation/ assessment | Specialist teaching/ differentiation/ assessment |
| Pay/motivation/ marginalisation | Pay/motivation/ marginalisation | Motivation/ marginalisation |
| Lack of time/resources | Lack of time/resources | |
| Training | Training | |
| Identification of EAL/SEN | Identification of EAL/SEN | Role of culture/home language |
| Role of culture/home language | Role of culture/home language | |
| Recognition of positive attributes of EAL learners | Recognition of positive attributes of EAL learners | Recognition of positive attributes |

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**Figure 5: Overall conceptual map showing how the themes interrelate between the three groups**

Appendix 7 shows the themes with supporting quotations, broken down into responses from non-teaching staff, teaching staff and from the student. The findings will be discussed here with subtitles linking to the ten themes. The themes are presented in 4 sections, each relating to one research aim. Each subsection starts with supporting quotations taken from Appendix 7. I then relate each theme to the supporting literature.

### 5.4.1 Research aim 1: To explore with staff and pupils their experiences of EAL provision (AI 'deep story' question)

This section contains one theme relating to research aim 1.

### 5.4.1.1 Role of specialist teachers/EAL Service/differentiation of teaching and learning/assessment

**Responses from non-teaching staff**
More support from the EAL Service/SISS (Specialist Inclusion Support Service)…more specialist help needed, especially in the first few months…specialist EAL roles needed (AS)
More input from the EAL Service (LSA1)
Individual instructions are needed… they need individualised learning (LSA2)
No place for EAL. Very low priority, especially in this borough – thought of as an inner-city issue…no differentiation…no money…not a priority…how do you teach Shakespeare to a child with EAL? (LSA2)
EAL issues are neglected…I haven't done a lot of EAL support…not a priority (LSA4)
No good strategies witnessed; LSA support is too general (LSA5)
No example of a good EAL lesson…Ideally the YP need someone who speaks their language (LSA6)
There is specialised help from the EAL Service, but it is sporadic and there is not enough of it… Translators are needed for the YP (LSA6)
It would be nice to have an LSA who was an EAL specialist. We LSAs use our SEN skills, not our EAL skills (LSA7)
They (EAL Service) offer an advisory service: if an LSA had a query, the 2 SENCos and the Assistant SENCo would seek advice from the EAL Service and report back to the LSA (LSA7)
**Responses from teaching staff**
it's just good teaching…the same as any other differentiated lesson (SENCo1)
Xxxxxxxx EAL package; seeking advice when we need it (SENCo1)
We need EAL teachers *(as opposed to LSAs)* who are trained specifically to support

in class (SENCo1)

The EAL learners need translators…They need to be properly assessed i.e. in their own language…Exam papers can be produced in any language – the Government could do this – why not? That way, you are assessing their ability i.e. what they know, not their ability in English (FT)

Sometimes contextual language is an issue…for example A-S and J didn't understand the concept of an 'invention' (ST2)

We need someone to touch base with…an EAL lead…maybe an EAL lead could work on placing key words in classrooms in other languages…Visual aids are good (ST2)

Not sure about an EAL lead…would have to investigate more…the 2 SENCos end up being the link…RM is the Inclusion Manager but the SENCos end up being the link (SENCo2)

Head teacher went for full package because the SENCos made it very clear that the support teachers, for example those from the EAL Service…are very valuable…think idea of bilingual LSAs not a good idea as might be isolating…YP need to be independent

**Responses from student (S)**

Don't like Science so much…I find the language difficult

I struggle to remember things in Science…I can read the words but I don't always understand them…Science is more tricky…harder concepts

**Table 1: Quotations to support the theme of the role of specialist teachers/EAL Service/differentiation of teaching and learning/assessment**

There is evidence that the EAL Service do provide an invaluable service such as initial assessment; teaching strategies to support Key Stage 3 and 4 learners with EAL; and training for specific children. There is evidence also that the senior management team have invested financially in provision for EAL learners. Furthermore, there is evidence among the teaching staff of a recognition of the importance of language in context for EAL learners (Cummins, 1984; DCSF, 2007); and that EAL learners should be assessed for their level of understanding and knowledge, as well as for their proficiency in English (Leung and Rea-Dickens, 2007; DfES, 2007). The student's comment further reinforces the importance of language in context.

There is evidence among teaching and non-teaching staff however that more could be done to support EAL learners. The majority of staff suggested that they would

welcome an EAL lead as a permanent member of staff. The LSAs highlighted that the use of bilingual assistants, or TAs who have received appropriate training and support (DCSF, 2008; TDA, 2009), would be useful. LSAs suggested that they would welcome opportunities to work more closely with specialist EAL teachers, or to be involved in EAL training.

**5.4.2 Research aim 2: To explore what is valued by staff and pupils about the EAL provision (AI 'value' question)**

This section contains three themes relating to research aim 2.

**5.4.2.1 Issues of care and support**

| |
|---|
| **Responses from non-teaching staff** |
| 1:1 breakdown…getting them feeling comfortable…improve their confidence/self-esteem…a little bit scared at first…Learning Support Department (LSD) put support in…get them buddied up (AS) |
| the LSD is a secure base…they can come here for moral support…it's a safe base…buddying is good…once they have found social groups, they come less often…it's like a nursery until they mature (LSA1) |
|  EAL clubs might help…an EAL representative/prefect…'Inspire' workshops for YP and parents – reading with parents (LSA3) |
| It's about helping YP to survive at secondary school who otherwise wouldn't survive. Day-to-day it's about helping the YP to develop and make friends; helping them to access the learning is worth a million GCSEs (LSA5) |
| Some YP need help socially to integrate more – would an EAL club help?...give EAL YP more responsibility…empower them…make them feel enabled rather than disabled (LSA6) |
| The department is very approachable…a central point…at break times and after school there's always someone there to help with homework…it's a secure base (LSA7) |
| **Responses from teaching staff** |
| Strengths of the department are providing time for those that need it (particularly beginners); availability; after school time; relationship with parents (SENCo1) |
| The  LSD is a nurturing environment…YP such as A-S, J and L access the LSD because they need emotional support, not EAL support (SENCo2) |
| **Responses from student (S)** |
| The boys in set 5 are my enemies because they pick on me |
| My teachers are very kind…one told me about a revision guide which would help me… |
| I do my homework in the library and I use the LSD after school. |
| Bullying is a big problem for me and has been since Year 7…I have spoken to my teachers about it…nothing really changes…Mrs C (SENCo) and Mr J (Assistant |

SENCo) help…have spoken to my Head of Year too and the pastoral manager…I would like to take it to Mr S (Head teacher) as I think he might be able to do something about it.
I have been advised not to talk to the bullies/fight back, but if I do this it spreads and makes things worse…I get angry and I am asked to control my temper…I get into trouble when it should be the bullies who get into trouble.

**Table 2: Quotations to support the theme of issues of care and support**

There is evidence that the LSD is seen very much as a nurturing environment and a secure base – a place to which the EAL students can come for moral and emotional support. The student comments that the teachers are very kind. There is also evidence however, particularly amongst the non-teaching staff, that their role is to help the EAL students to 'survive' rather than to thrive. SENCo 2 highlights that the EAL students come to the LSD for emotional support rather than for EAL support. As already identified, this emotional support is very important for EAL learners, but does not detract from their need for language support. There are no LSAs at HL School allocated specifically to EAL learners. The unaccompanied asylum seeker who had arrived the previous year, had support initially from an LSA, but this support was subsequently removed. The TDA (2009) research highlights that once a new arrival is 'considered to be beyond the early stages of English fluency, they often appear to no longer get support' (p.11). The TDA (2009) adds that 'this would appear to be because of a lack of specialist staff' (p.11), as appears to be the case at HL School.

The student (S) comments that bullying is a 'big problem' for him, and has been for two years. Blaire and Bourne (1998) highlight an ethos of respect with a clear approach to tackling racism as one of the key factors for raising the attainment of minority ethnic pupils; and Bhattacharyya et al (2002) suggest likewise that minority ethnic students' attainment is enhanced when there is a clear approach to tackling racism-related bullying.

## 5.4.2.2 Issues of collaborative working

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**Responses from non-teaching staff**
LSAs just sometimes sit 1:1 with the child and try to explain…they do as the teacher suggests…it's up to the teacher (AS)
only teachers have INSET days (LSA1)
time to know what the teachers are going to teach would be helpful (LSA 2)
LSAs are very depended on but very much second class citizens (LSA5)
LSAs not being used properly (LSA6)
Strategies to be used by the teachers are on the FROG (IT support) system: LSAs can access…Cascading – has not witnessed formal feedback from a training course – done informally and randomly, for example over a cup of coffee during a break (LSA7)
**Responses from teaching staff**
LSAs do have access to schemes of work…an LSA for each department would be ideal…department meetings are half-termly…INSET meetings…information from courses is passed on…cascaded…there are courses run for LSAs by the LA…for example on speech and language, literacy and physical disabilities (SENCo1)
FROG learning platform (IT support) – LSAs can access, but no paid time to access. Would they use it if it were?...Organisational way of secondary schools is different; different tensions between teaching and non-teaching staff. In primary schools, TAs stay with one class (SENCo1)
Cascading of training info – teachers to LSAs; LSAs to LSAs; this may not always happen, specifically with regard to EAL…Half-termly meetings treated as INSET rather than department meetings…SENCo sets the agenda (SENCo1)
Communicating with specialist support teachers and getting resources (SENCo2)

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**Table 3: Quotations to support the theme of issues of collaborative working**

Reference is made by teaching staff to communicating and collaborating with specialist EAL teachers, rather than with LSAs. Creese (2006) does indeed highlight the importance of subject teachers and EAL teachers working together. Blatchford et al (2009) consider also, however, the increasingly pedagogical role of support staff' (p.684). Rubie-Davies et al (2010) consider that collaborative working between teachers and TAs can enhance the learning of pupils. The 'lack of meaningful time for preparation before, and for feedback and reflection after, lessons' (Rubie-Davies et al, 2010, p.444) was highlighted by research carried out by the Deployment and Impact of Support Staff (DISS) Project (Blatchford et al, 2009). As a result, TAs are forced to respond reactively 'to the immediate demands of the lesson and the pupil',

rather than proactively 'building on prearranged instructional aims' (Rubie-Davies et al, 2010, p.444). Bedford et al (2008) consider the importance of a model of effective partnerships starting with teachers and senior leaders taking the initiative (p.21). And Devecchi and Rouse (2010) assert that 'collaboration between teachers and TAs is beneficial both to the adults and to the children they support (p.98).

### 5.4.2.3 Role of culture/home language

**Responses from non-teaching staff**
languages of the EAL learners could be used more in lessons...bilingual dictionaries are used…other YP can learn words from the EAL learner's language…the EAL learner's culture does not come into the lessons so much apart from perhaps in RE, or Life and Morality (AS)
EAL learners have seen a different world, have a different world-view, different perspective (AS)
We need displays for new children when they arrive; words in their home language (LSA1)
it's a cultural thing too…different language, different culture (LSA2)
words like 'zoo' and 'dinosaur' are difficult to translate into Pashto (LSA2)
let them do a GCSE in their own language as this is something they are good at (LSA2)
balance is needed as the YP are in this country and need to speak English…I have heard a member of staff ask 2 boys speaking in Pashto in their presence not to, as they could not understand what they were saying (LSA6)
Home languages could perhaps be valued more…YP could be encouraged to speak in their home language and perhaps to teach a few words of their language to staff and/or peers (LSA6)
Mr B might use EAL students' experiences to his advantage, for example he might ask 'what was it like in your school?', and K might say 'oh we weren't allowed to go to the toilet during class', and Mr B would then say to the other children, 'there you go! Stop asking to go to the toilet then!'…he used humour to good advantage (LSA7)
**Responses from teaching staff**
We need to be aware of cultural issues, for example in some cultures there is no such thing as a 'zoo' (SENCo1)
Sometimes there are cultural issues…we have one lad from Germany whose English is good but there are cultural issues (for example, when studying WWII) (ST2)
Parents don't want home languages used in school, in my experience…More important to build background knowledge…contact with peers essential…joining clubs very important…YP get much more contact with their peers than they do with adults…LSAs are mostly middle-aged women whereas the students need YP their own age for language with rich or at least relevant content (SENCo2)
**Responses from student (S)**
I don't get asked to use Pashto in class…I wouldn't want to…and I wouldn't want my teachers or peers to use Pashto

**Table 4: Quotations to support the theme of the role of culture/home language**

Mistry and Sood (2012) comment that 'progress of minority ethnic pupils was not hindered if pupils spoke their first language in the classroom', and that 'in fact, this spoken language was seen to support academic success' (p.283). Similarly, the TDA (2009) research highlights that the integration of home languages in teaching and learning can be an advantage. The student (S) in the current study said that he would not want to use his home language in class; however this may be because of his negative experiences of bullying, or because the use of first languages is not valued by the school. Hastings (2012), in a study of male adolescent refugees transferring to UK secondary schools, found that although the young men personally valued their home language, they 'all tried to avoid using their first language in school' (p.342). Hastings (2012) suggests that their misperception that speaking their first language in school was a barrier to learning English, 'seemed to have come from advice from parents, other children and directly from teachers' (342).

### 5.4.3 Research aim 3: To explore with staff and pupils what the strengths of the school are with regard to EAL provision (AI 'core factors' question)

This section contains three themes relating to research aim 3.

### 5.4.3.1 Recognition of positive attributes of EAL learners

**Responses from non-teaching staff**
being able to speak another language, resilient, have seen a different world, have different world-view, different perspective (AS)
their determination to learn English is incredible (LSA1)
Determination, competitiveness, hunger to achieve (LSA1)
The YP don't complain, they get on with it, they are resilient…don't know if their resilience is celebrated in assemblies (LSA2)
Enthusiastic; want to learn…hard-working (LSA4)
Surviving; wanting to try; the richness if their experience; empathy (LSA5)
They are keen to please and to get it right; keen to join in with the other pupils; motivated (LSA6)
We need to concentrate more on what they *can* do/what they do well, for example

their ability to speak other languages (LSA6)
The whole class (set 3 and 4) benefitted from having an EAL student. Sometimes K (EAL pupil) understood and the other YP didn't, so the other YP benefitted too (LSA7)
Brave, amazing, scared at first (LSA7)
**Responses from teaching staff**
Resilience and determination; drive; seeking support (SENCo1)
The EAL students are very polite; they value being at school; and they will make a point of saying 'thank you' for time spent with them, or for a gift (FT)
Polite, hard-working, thankful, don't take education for granted, value being at school, value teachers and teaching (FT)
Keen to learn…learn so quickly…some students are very quiet; the ones who do well generally are more vocal and ask questions…it's a matter of confidence (ST1)
Keen, enthusiastic, happy, get on well with peers (ST2)
Very good personalities…got to be confident (SENCo2)
**Responses from student (S)**
I have a good memory, so I enjoy remembering facts in History and RE
My strengths are that I have a strong faith (Islam), I am good at learning and languages, I am good at cricket

**Table 7: Quotations to support the theme of the recognition of the positive attributes of EAL learners**

The DfES (2005) recognises that the ability to speak two or more languages is a valuable skill in itself. In addition, the staff at HL School recognise the many other positive attributes of EAL learners such as their attitude to learning and their determination to succeed. The TDA (2009) research highlights that EAL students need to be recognised for the value they bring to the classroom (p.11), and that there is a need to move away from a deficit model of EAL and bilingualism to celebrating the achievement of bilingualism and multilingualism (Butcher et al, 2007; Conteh et al, 2007).

### 5.4.3.2 Identification of EAL/SEN

**Responses from non-teaching staff**
Sometimes unclear what is SEN and what is EAL (AS)
Another boy is queried EAL (LSA1)
A's problems over the years may have started as an EAL issue (has a reading age of 6), may have got behind in primary school…as the work gets harder in secondary school, sometimes it becomes easier to be the class clown because the work is hard and the behaviour is bad, and any motivation that was there, dwindles…positive

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| reinforcement works well with A (LSA1)<br>Often they have got behind at primary school (LSA4)<br>…with some young people (YP) it's unclear whether EAL or SEN (LSA5)<br>EAL is difficult because it's not SEN (LSA7)<br>**Responses from teaching staff**<br>EAL has risen in profile…the school has responded well to the need, but the SEN department remains the first port of call (ST2)<br>EAL is <u>not</u> an SEN issue (SENCo2)<br>EAL learners are not on the SEN register…come to the Learning Support Department (LSD) for emotional support…not EAL support (SENCo2) |

**Table 6: Quotations to support the theme of identification of EAL/SEN**

There is recognition in HL School that EAL is distinct from SEN (DfES, 2001).

Despite this however, in the absence of an EAL lead, the provision for EAL learners

is managed by the SENCos, as identified by the TDA (2009). It is important for the

cultural and social needs of EAL learners to be catered for, as identified by Yoon

(2007); however it is equally important for EAL learners' language development that

teachers in an EAL context are able to distinguish between a language learning

need, a special educational need and a curriculum content need (Rea-Dickens,

2001). Liaison exists between HL School and the EAL Service, and the school is

aware of assessment frameworks which can be used, however there may be a need

for more thorough and more frequent monitoring and assessment of EAL learners in

order that the gaps in learning continue to reduce (DCSF, 2009; Mistry and Sood,

2012).

### 5.4.3.3 Groups/sets/curriculum issues

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| **Responses from non-teaching staff**<br>Their abilities are difficult to gauge…behaviour can become an issue…if the motivation is there, they will survive…if not, they will struggle…certain practicalities don't help like being in the bottom set, but then where do you put them? (LSA1)<br>The curriculum does not allow for this (differentiation)…there are hugely different levels of ability…the National Curriculum (NC) needs to be more visual for EAL learners…the school does not have to follow the NC (LSA2)<br>EAL learners normally in bottom set anyway…In the lower groups the LSA support is more general (LSA4)<br> EAL learners often in bottom sets because of small numbers in class (12), but |

downside is that behaviour is often an issue. These classes need strict control, and they need to be highly structured (LSA7)

**Responses from teaching staff**

Most of them are in bottom sets and they shouldn't be…they have restricted options in bottom sets…they have to take tests to get out of the bottom sets but they need English to access the tests…it's a vicious circle (FT)

Should be set according to what they know i.e. their general ability, not how well they speak English (FT)

We need LSAs in higher sets: EAL students are placed where the support is i.e. in the lowest sets (behaviour support rather than learning support)…We need LSAs in the higher sets too (FT)

Not much support in IT. Any support we do have is general i.e. not specific to EAL students – stretched between too many students (ST1)

Sets can be an issue…some students do move up…M moved from set 4 to set 1 (ST2)

It would be interesting to see how they would cope in higher sets…it's frustrating for the teachers because we want to help…we understand (ST2)

EAL students are best placed in the lower sets because here they get a lot of reinforcement of the language (SENCo2)

In the bottom sets, the EAL students get the language reinforcement…and they get access to computer systems…the level of work is very relevant to them…access to 'Lexia' programme (for grammar, spellings, reinforcement, also used by SEN children)…20 mins sessions…ideally daily but this doesn't happen (SENCo2)

**Responses from student (S)**

In set 5 in English…been in set 5 since Year 7…didn't let me move up…would like to be in set 3…In set 3 for Maths and set 4 for Science. Am happy with being in set 4 for Science as I feel this is the right level for me, but would like to move up to set 3 in English. I have asked, as has my English teacher, but we have been told 'no'. If I moved up to set 3, the behaviour would be better and the work would be harder…sometimes in set 5 it is too easy for me.

If I was allowed in higher sets this would make life easier for me…I would be much happier

**Table 7: Quotations to support the theme of groups/sets/curriculum issues**

The guidance on the assessment of pupils learning English as an additional language (DfES, 2005), states that 'care needs to be taken in interpreting the results of literacy based tests which have been standardised against a monolingual population' (p.10); and that 'initial placement in low ability sets is not helpful because pupils new to English will benefit more from access to strong models of English language and confident learners' (p.8). Furthermore, the EAL Service involved with HL School highlight that close attention needs to be paid to appropriate setting for

EAL students, as they may not have the linguistic competence in English to show their abilities in all subjects. The EAL Service suggests that this can lead teachers to decide to place pupils in sets which reflect their level of English, but do not match their ability, believing that a slower pace and more restricted use of English will support achievement. This misperception may be relevant to some extent to HL School.

One of the LSAs points out that when students are placed in bottom sets, although the advantages are that class sizes are smaller and there is LSA support, a disadvantage can be the behaviour of the other children, the majority of whom have special educational needs. This is reinforced very strongly by the student (S), who expresses a wish to move up to set 3 in English where, he believes, 'the behaviour would be better and the work would be harder'.

### 5.4.4 Research aim 4: To explore with staff and pupils how EAL provision might be improved (AI 'future' question)

This section contains three themes relating to research aim 4.

### 5.4.4.1 Issues of pay/motivation/marginalisation

**Responses from non-teaching staff**
I often feel out of the loop (LSA4)
What gives me the most satisfaction is watching the lights go on; seeing progress; making friends with the YP (LSA5)
LSAs are very depended on but very much second class citizens (LSA5)
LSAs not being used properly (LSA6)
no time to access it (EAL Service info on the computer)…I am timetabled and paid for 20 hours, but all of these 20 hours are direct work with YP…no time timetabled for preparation or follow-up (LSA6)
balance is needed as the YP are in this country and need to speak English…I have heard a member of staff ask 2 boys speaking in Pashto in their presence not to, as they could not understand what they were saying (LSA6)
I feel satisfied when the lesson's been good and the children can tackle a piece of homework (LSA7)
we would have to do this in our own time (LSA7)
there are external courses which are free, but you have to go in your own time and

they are unpaid (LSA7)
**Responses from teaching staff**
I value spending time to go through the work beforehand; provide pre-reading; if PowerPoint, give out before the lesson (SENCo1)
Language can come on very quickly when given a chance – one year if YP motivated to learn (SENCo1)
LSAs paid for 5 hours a day – all teaching time – not paid for lunch break times, whereas teachers are…a capacity issue (SENCo1)
Some YP are less motivated – SEN issue/cultural issue? (SENCo1)
They (EAL learners) need a chance to shine (FT)
UK born bilingual YP in bottom sets have issues with learning so they become demotivated (ST2)
**Responses from student (S)**
I enjoy writing, stories, describing things, watching clips in English, learning interesting facts in History…like Maths and PE, favourite subject is RE, am Muslim and interested in the Qur'an
I would like to be an Islamic judge or an Imam…I have become more religious lately…I am memorising the Qur'an
I might like to study Arabic at university…maybe live in Arabia…I would like to travel
I may have the opportunity to get into business…like my uncle…he works in computers and technology, but I wouldn't like to do this 'cold' job…I want to earn good money, for example if you are a doctor and your patients don't turn up, you still get paid!
If I was allowed in higher sets this would make life easier for me…I would be much happier

**Table 8: Quotations to support the theme of issues of pay/motivation/ marginalisation**

Mackenzie (2011) has studied how TAs' experiences can demonstrate 'ambiguity, tension and contradictions' (p.64). Bedford et al (2008) consider that issues of poor pay amongst TAs can lead to them feeling marginalised and under-valued. Bedford et al (2008) suggest that both teachers and TAs should be 'paid time in school hours for planning and liaison'; and that TAs should have a funded enhanced pay scale' (p.17). Rubie-Davies et al's (2010) view that TAs are taking on more of an instructional role but are not being given the appropriate training or status, is echoed strongly in LSA5's comment that 'LSAs are very depended on but very much second class citizens'. Devecchi and Rouse (2010) found that collaboration between teachers and TAs takes into account the TAs' 'personal needs for autonomy,

independence and reciprocity' (p.97). Furthermore, Devecchi and Rouse (2010) suggest that the achievement of such collaborative working can be 'helped by the schools' training practices and organisational systems' (p.97).

### 5.4.4.2 Lack of time/resources

**Responses from non-teaching staff**
I have created my own exercises (LSA1)
They (YP) use bilingual dictionaries/visual dictionaries …resources are often obtained too late (LSA1)
we do what we can…we need better resources (LSA1)
I have done a sheet of common words…have to come up with your own strategies (LSA 3)
We need more resources (LSA 4)
Whiteboards can be a blessing as they help to reinforce learning…it's about knowing what to pull out of a lesson…the YP need words written on desks in English…resources/staff are limited (LSA 5)
You have to get on with it…It's a learning curve for the LSAs as well as for the EAL students…We do our best (LSA7)
We play it by ear (LSA7)
**Responses from teaching staff**
Preparation of worksheets is important…It's about using resources to maximum effect…I have one pupil who has speech and language issues…the resources I use for him are suitable also for one of my EAL students (SENCo1)
It's a time issue…limited time for lesson planning…it's the same for special needs students…in an ideal world we could plan every lesson for every student, but in a class of 31 this is just not possible (ST1)
We need more time…I would like to be able to plan separate activities for different students but there is no time…it's a great idea but there is no time to implement…I don't know what I'm teaching tomorrow…more LSAs needed…we are getting less, not more…in a class of 14 that I have, 12 out of the 14 need support (ST1)
teachers are left to come up with their own resources (ST2)
We just do our best…no guidelines…we muddle through…no model for EAL as in other aspects of teaching (ST2)

**Table 9: Quotations to support the theme of lack of time/resources**

Despite Bedford et al's (2008) assertion that both teachers and TAs should be 'paid time in school hours for planning and liaison' (p.17), ST1 clearly feels that there is limited time for lesson planning. Devecchi and Rouse (2010) consider that effective collaboration between teachers and TAs in secondary schools requires that teachers 'share the lesson plan in advance', and are 'clear in their instructions about the

lesson and learning objectives' (p.96). The TDA (2009) research makes the point that, because the increase in the numbers of EAL pupils is disproportionate to the number of specialist teachers for EAL, or to the amount of specialist training given to subject teachers, with the time to implement the training, this can only result in 'additional pressure for the workforce at all levels' (p.1). Many of the comments from both teaching and non-teaching staff echo the results of Murakami's (2008) study that 'everybody is just fumbling along' (p.265).

### 5.4.4.3 Training

**Responses from non-teaching staff**
no good examples of generic training…EAL Service tend to come in and assess individual students and then give training specific to that individual (AS)
training in EAL is needed, specifically for LSAs (LSA1)
One teacher said 'how much more can I dumb down the lesson?'…unhelpful phraseology as not about being 'dumb' (LSA2)
We need more training (LSA4)
no training (LSA5)
need more training…We are paid to do child protection training, but not EAL training…different priorities (LSA6)
If the EAL Service trained the LSAs then we would be able to help more (LSA6)
The EAL Service have done some training…They offer an advisory service: if an LSA had a query, the 2 SENCos and the Assistant SENCo would seek advice from the EAL Service and report back to the LSA (LSA7)
Meetings are not used for training. Training does happen – there are external courses which are free, but you have to go in your own time and they are unpaid (LSA7)
**Responses from teaching staff**
If the EAL learners are treated as stupid, they will feel stupid; it's about pushing them and stretching them, and drip-feeding them the English as well at the same time (FT)
Not sure EAL training is relevant to LSAs (SENCo1)
Training has been specific to one particular student, with some generic concepts…a focus on key words (ST1)
Training has been specific to A-S and J… EAL guides…training given… worksheets…information on Cummins and EAL issues…regular refresher courses would be useful (ST2)
Refresher courses would be useful…only 6 out of 12 of A-S's teachers attended his EAL training session (ST2)
been no (generic) training…we have informal discussion with HR from the EAL Service…we have had formal sessions (for specific YP) with teachers, but not LSAs (SENCo2)
EAL training not very relevant to LSAs (SENCo2)

**Table 10: Quotations to support the theme of training**

There is evidence here that the concept of Cummins' (1984) model of language proficiency may need reinforcing, so that all staff understand the difference between conceptual development and English language development, and in order that teaching staff can plan accordingly (DCSF, 2008). Mehmedbegovic (2011) states that descriptions such 'children with severe EAL' or 'children with bilingual problems' are unhelpful, and reinforce a negative bias towards bilingualism, as does the notion of 'dumbing down' the lesson in the current study.

One teacher points out that only six out of an EAL student's twelve teachers attended his EAL training session, which may be evidence that EAL issues are not the priority they should be according to the Teachers' Standards (DfE, 2012). As the TDA (2009) research points out, EAL training may need to form part of all teachers' initial teacher training, rather than being considered an optional extra.

Both of the SENCos suggest that EAL training may not be very relevant to LSAs. HL School may wish to consider, in the light of the TDA (2009) research, that training of the non-specialist workforce, including support staff as well as subject teachers, may be of benefit to students with EAL. Furthermore, Bedford et al (2008) point out the benefits of shared training opportunities between teachers and TAs.

## 5.5 Limitations and conclusions

The greatest limitation may be that the senior leadership team (SLT) were not involved in the study. The TDA research asserts that EAL can only have a high status at the school level of it permeates from the school leadership. Similarly, when adopting AI as a methodology, the ideal is a collaborative approach involving all

levels of an organisation. Norum (2001) suggests also that 'we change a system's basic shape or pattern by changing it at its core, at its thinking' (p.331). However, the hope is that the results of these explorations might be reflected upon by the SLT, with a view to planning and implementing any changes that might be deemed appropriate. A further limitation was that no parents took part in the research, despite care being taken to ensure that there was no issue with the parents not understanding English.

To conclude, as the number of EAL students continues to rise, HL School may wish to give further thought to its provision for EAL learners, particularly in the light of the four key priorities in the TDA (2009) research.

The teaching staff at HL School do benefit from training from the Local Authority EAL Service, in whose support the school has invested financially. Further thought might be given to including support staff in this training. This may prove beneficial to the school as it is often the support staff who work most closely with the EAL pupils.

Thought might be given to identifying EAL specialist roles within HL School, for example by appointing an EAL lead. Findings evidence that every effort is made to support EAL learners emotionally and to provide a nurturing environment in the form of the LSD. However, further thought may need to be given to providing for the learning needs of EAL learners, such as setting/grouping arrangements, with particular reference to high cognitive challenge. Further thought might be given also to producing a policy specifically for EAL (for which a detailed process and framework has been suggested by the EAL Service). The possible misperception that placing EAL pupils in sets which reflect their level of English, but do not match their ability, may need to be addressed.

Collaborative working practices such as partnership teaching between subject teachers and EAL teachers may need to be further embedded. This would be helped by having EAL staff permanently at the school. Further thought might be given to including collaborative working between teachers and LSAs, particularly with regard to EAL provision. The appointment of bilingual teaching assistants may need to be considered. Attention may need to be given to the idea that the achievement of such collaborative working can be helped by a school's training practices and organisational systems, such as shared training, and the inclusion of adults as well as of students.

Finally, further thought may need to be given to ensuring that EAL provision is monitored and evaluated effectively, and that it promotes raised achievement, narrowing the gap between progress made by EAL learners and non-EAL learners at Key Stages 3 and 4.

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# APPENDIX 1: Interview questions

1. Deep story question: can you tell me about an example of a good EAL lesson?
   (Student - Which lessons do you enjoy the most? Why?)


2. What is valued in the school/department in which you work?
   - How do you help the young people (YP) with EAL?
   - What is valued in the nature of the work you do?
   - What do you value about yourself?

   (Student - What do you value most about learning in this school?
   - What do you enjoy most about school?
   - What do you enjoy most about lessons?)


3. What gives life to the work?
   - Strengths of the school/department?
   - Strengths of the YP with EAL?

   (Student - What are your strengths, challenges, opportunities? What makes learning easier for you?
   - Do the teachers help?
   - Does the LSD help?)


4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?
   (Student - What do you plan to do after you leave school? What are your dreams?)

# APPENDIX 2: Examples of notes from interviews

**Interview 3: LSAs 2 (LSA for English) and 3 (LSA for Maths)**

1. Deep story question: example of a good EAL lesson?

Have not seen a well-differentiated EAL lesson (LSA 2)…lessons need to be differentiated even further…the curriculum does not allow for this…there are hugely different levels of ability…it's a cultural thing too…different language, different culture…

Individual instructions are needed…the system is at fault…the NC needs to be more visual for EAL learners…the school does not have to follow the NC

If they were my children, I would home school them until they were at a level appropriate for secondary school…they need individualised learning…need to get English up to a certain level before being placed in a secondary school

2. What is valued in the school/department in which you work?
   - How do you help the YP with EAL?
   - What is valued in the nature of the work you do?
   - What do you value about yourself?

Being there in lessons; repeating things for the YP; being a voice for them, especially when they are too shy to speak up for themselves

No differentiation for EAL…I had an EAL issue (LSA 2)…went to the teacher…went to the SENCo who said it was not an SEN issue…went to Head of English…said not to worry it would be taken care of…but nothing has changed

I (LSA 3) have done a sheet of common words…have to come up with your own strategies…words like 'zoo' and 'dinosaur' are difficult to translate into Pashto

We don't have department meetings

3. What gives life to the work?
   - Strengths of the school/department?
   - Strengths of the YP with EAL?

The YP don't complain, they get on with it, they are resilient…don't know if their resilience is celebrated in assemblies

No place for EAL. Very low priority, especially in this borough – thought of as an inner-city issue…no differentiation…no money…not a priority.

One teacher said 'how much more can I dumb down the lesson?'…unhelpful phraseology as not about being 'dumb'

4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?

Need someone to take responsibility…provide strategies…more 1:1…half an hour every day or 2 to 3 times a week…how do you teach Shakespeare to a child with EAL?

Specific reading scheme needed for EAL learners; EAL clubs?; EAL representative/prefect?; 'INSPIRE' workshops for YP *and* parents – reading with parents; time to know what the teachers are going to teach would be helpful (LSA 2)

Science/History/Geography – are these subjects a waste of time for EAL learners…need to concentrate on English…a 3 month course in rapid progression in English before they are introduced to mainstream would be more useful…

In the USA and India, YP are held back each year until they are up to a certain level. YP in UK set for ability…is this wrong?...may need an EAL class…more assessment…different curriculum…no sets…let them do a GCSE in their own language as this is something they are good at…is there any point in them learning Spanish and French when they are struggling to master English?...could they have extra English instead?...on the other hand, MFL may be the only lessons where the EAL learners are on a par with their English-speaking peers.

**Interview 8: LSA 7**

1. Deep story question: example of a good EAL lesson?

Yes, Mr Broomhead in English. The YP wrote out responses to questions. Then they had to pick out a word from their response, like 'unique' for example, and they had to explain the word to K, one of the Kosovan boys at the school at the time. If the YP is not able to explain the word to K, then the next YP has a go. Then they move on to another word. The whole class (set 3 and 4) benefitted from having an EAL student. Sometimes K understood and the other YP didn't, so the other YP benefitted too. Idea re-visited in other lessons, for example Mr B might say 'so what does unique mean K?' It was a lovely lesson to go to.

LSA for EAL tends to be in English mostly because that's where word reinforcement is often needed the most. In Maths the YP can cope; Science is more difficult

EAL learners often in bottom sets because of small numbers in class (12), but downside is that behaviour is often an issue. These classes need strict control, and they need to be highly structured.

2. What is valued in the school/department in which you work?
   - How do you help the YP with EAL?
   - What is valued in the nature of the work you do?
   - What do you value about yourself?

EAL is difficult because it's not SEN. You have to get on with it. We are de-briefed by the 2 SENCos and the Assistant SENCo who read the IEPs. It's a learning curve for the LSAs as well as for the EAL students. We do our best. The children learn alongside the adults…it's good for the children to realise that the adults are learning too.

Mr B might use EAL students' experiences to his advantage, for example he might ask 'what was it like in your school?', and K might say 'oh we weren't allowed to go to the toilet during class', and Mr B would then say to the other children, 'there you go! Stop asking to go to the toilet then!'… he used humour to good advantage.

I feel satisfied when the lesson's been good and the children can tackle a piece of homework. The department is very approachable…a central point…at break times and after school there's always someone there to help with homework…it's a secure base.

3. What gives life to the work?
   - Strengths of the school/department?

Approachable, accessible, YP can have lunch there, YP can come without a specific reason, no one asks why the YP are there, department has good contact with parents and good relationship with the parents

   - Strengths of the YP with EAL?

Brave, amazing, scared at first

4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?

It would be nice to have an LSA who was an EAL specialist. We LSAs use our SEN skills, not our EAL skills

The EAL Service have done some training. They offer an advisory service: if an LSA had a query, the 2 SENCos and the Assistant SENCo would seek advice from the EAL Service and report back to the LSA.

Strategies to be used by the teachers are on the FROG system: LSAs can access (no mention of needing to use her own time or lack of pay). We play it by ear.

Cascading? – has not witnessed formal feedback from a training course – done informally and randomly, for example over a cup of coffee during a break

Meetings are half-termly and are used to discuss problems. Not used for training. Training does happen – there are external courses which are free, but you have to go in your own time and they are unpaid.

**Interview 9: Form Tutor (FT)**

1. Deep story question: example of a good EAL lesson?

When I taught in another school, we had a 'strong wall', on which we used to produce key words in the other language(s) and on the other side of the word would be written in English. I have a student who recently started at the school who used to ask questions of a fellow student who speaks his own language, but who has recently started to ask questions in English and respond in English

If the EAL learners are treated as stupid, they will feel stupid; it's about pushing them and stretching them, and drip-feeding them the English as well at the same time.

Most of them are in bottom sets and they shouldn't be…they have restricted options in bottom sets…they have to take tests to get out of the bottom sets but they need English to access the tests…it's a vicious circle

2. What is valued in the school/department in which you work?
   - How do you help the YP with EAL?
   - What is valued in the nature of the work you do?
   - What do you value about yourself?

As a Form Tutor I see the YP every morning, I liaise with home, I write form reports, I keep a note of what is going on in other subjects, I monitor the merit system, I do spelling tests, monitor homework and get their planners signed.

The EAL students are very polite; they value being at school; and they will make a point of saying 'thank you' for time spent with them, or for a gift; whereas non-EAL students take school for granted; they don't value gifts and they rarely say 'thank you'.

3. What gives life to the work?
   - Strengths of the school/department?
   - Strengths of the YP with EAL?

Polite, hard-working, thankful, don't take education for granted, value being at school, value teachers and teaching

4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?

The EAL learners need translators
They need a chance to shine
They need to be properly assessed i.e. in their own language
Exam papers can be produced in any language – the Government could do this – why not?
That way, you are assessing their ability i.e. what they know, not their ability in English
Should be set according to what they know i.e. their general ability, not how well they speak English
We need LSAs in higher sets: EAL students are placed where the support is i.e. in the lowest sets (behaviour support rather than learning support)
We need LSAs in the higher sets too

**Interview 11: subject teacher 2 (ST2)**

1. Deep story question: example of a good EAL lesson?

History teacher
Visual resources are good…key words…linking words to resources
It's with the more developed sentences…this is where they need help…it's about putting it into context…become more prevalent over the last couple of years…A-S, M, J…with M her written word is not as developed as her spoken word…it's limited in terms of content
Training has been specific to A-S and J…produces an EAL guide…training given…worksheets…information on Cummins and EAL issues…regular refresher courses would be useful
Sometimes there are cultural issues…we have one lad from Germany whose English is good but there are cultural issues (for example, when studying WWII

2. What is valued in the school/department in which you work?
   - How do you help the YP with EAL?
   - What is valued in the nature of the work you do?
   - What do you value about yourself?

EAL has risen in profile…the school has responded well to the need
The SEN department is the first port of call
Sets can be an issue…some students do move up…M moved from set 4 to set 1

Sometimes contextual language is an issue…for example A-S and J didn't understand the concept of an 'invention'.

It would be interesting to see how they would cope in higher sets…it's frustrating for the teachers because we want to help…we understand

3. What gives life to the work?
    - Strengths of the school/department?
    - Strengths of the YP with EAL?
        Keen, enthusiastic, happy, get on well with peers

An EAL lead would be useful, but are there enough students to justify this?

The school has been reactive because of A-S and the B family…needs to start to be more proactive

There has been some good discussion with J around Christianity and Islam…J might well value more 1:1 work…WWI difficult concept to get across…use Blackadder video…life in the trenches…good visual aid but the humour is completely missed by the EAL students

EAL students have a different attitude to learning…confidence issues…UK born YP in bottom sets have issues with learning so they become demotivated, whereas EAL students have issues with the English language, not with the learning

4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?

Ideally the EAL students would have someone with them in class who speaks their language…they could then help with contexts and concepts…they need this for at least a year to kick-start them…then they could have someone every now and then

We need someone to touch base with…an EAL lead…teachers are left to come up with their own resources…maybe an EAL lead could work on placing key words in classrooms in other languages

Refresher courses would be useful…only 6 out of 12 of A-S's teachers attended his EAL training session

Visual aids are good…we just do our best…no guidelines…we muddle through…no model for EAL as in other aspects of teaching


**Interview 12: SENCo 2 (member of the <u>teaching</u> staff)**

1. Deep story question: example of a good EAL lesson?

Both SENCos teach bottom set English and Maths (Year 7)

Visual reinforcement works well…LSAs to reinforce…buddy up…the statemented YP are allocated first, then SA+, then SA…LSAs are not allocated to EAL students

A-S (an unaccompanied asylum seeker) had an LSA allocated initially because of his emotional needs more than his EAL needs

It's a funding issue and a capacity issue

EAL students are best placed in the lower sets because here they get a lot of reinforcement of the language

Been here 3 years – been no (generic) training…we have informal discussion with HR from the EAL Service…we have had formal sessions (for specific YP) with teachers, but not LSAs

2. What is valued in the school/department in which you work?
- How do you help the YP with EAL?
- What is valued in the nature of the work you do?
- What do you value about yourself?

The  LSD is a nurturing environment…(SENCo very clear that EAL is not an SEN issue)…YP such as A-S, J and L access the LSD because they need emotional support, not EAL support In the bottom sets, the EAL students get the language reinforcement…and they get access to computer systems…the level of work is very relevant to them…access to 'Lexia' programme (for grammar, spellings, reinforcement, also used by SEN children)…20 mins sessions…ideally daily but this doesn't happen

3. What gives life to the work?
- Strengths of the school/department?
- Strengths of the YP with EAL?

Very good personalities…got to be confident

Can access free initial assessment of any child…Head teacher (HT) bought in the EAL Service…assessment package cost £1000?...HT went for the full package…can pay for interpreters…school now has academy status
EAL learners not on the SEN register…come to the LSD for emotional support…not EAL support
Not sure about an EAL lead…would have to investigate more…the 2 SENCos end up being the link…RM is the Inclusion Manager but the SENCos end up being the link…communicating with support teachers and getting resources…

4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?

HT went for full package because the SENCos made it very clear that the support teachers (for example, those from the EAL Service – specialist teachers as opposed to LSAs) are very valuable…we communicated this to the HT…includes INSET…EAL training not very relevant to LSAs
Idea of EAL (bilingual) LSAs? – thinks not a good idea as might be isolating…YP 'need to be independent'
'Quality teaching should be enough'
Parents don't want home languages used in school, in my experience
*(formerly worked in city schools, as does partner currently)*
More important to build background knowledge…contact with peers essential…joining clubs very important…YP get much more contact with their peers than they do with adults…LSAs are mostly middle-aged women whereas the students need YP their own age for language with rich or at least relevant content

**Interview 13: Year 9 student (S)**

1. Deep story question: example of a good EAL lesson? Which lessons do you enjoy the most? Why?

Writing, stories, describing things, watching clips in English, learning interesting facts in History, likes Maths and PE, favourite subject is RE, am Muslim and interested in the Qur'an
Don't like Science so much…I find the language difficult
In set 5 in English…been in set 5 since Year 7…didn't let me move up…would like to be in set 3
In set 3 for Maths and set 4 for Science
Am happy with being in set 4 for Science as I feel this is the right level for me, but would like to move up to set 3 in English. I have asked, as has my English teacher, but we have been told 'no'. The boys in set 5 are my 'enemies' because they pick on me. If I moved up to set 3, the behaviour would be better and the work would be harder…sometimes in set 5 it is too easy for me.

2. What do you value most about learning in this school?
   - What do you enjoy most about school?
   - What do you enjoy most about lessons?

I have a good memory, so I enjoy remembering facts in History and RE…in Science there is more explaining to do so I find it more difficult…my uncle wants me to be a lawyer…my mum wants me to be a doctor…I would like to be an Islamic judge or an Imam…I have become more religious lately…I am memorising the Qur'an…I go to mosque
(Ask about using his own language in the classroom) I don't get asked to use Pashto in class…I wouldn't want to…and I wouldn't want my teachers or peers to use Pashto

3. What are your strengths, challenges, opportunities? What makes learning easier for you?
   - Do the teachers help?
   - Does the LSD help?

My strengths are that I have a strong faith (Islam), I am good at learning and languages, I am good at cricket. At weekends I help my mum, I revise, and I visit my family and visit the mosque. I struggle more with Science but my teachers are very kind…one told me about a revision guide which would help me…I struggle to remember things in Science…I can read the words but I don't always understand them…Science is more tricky…harder concepts
I may have the opportunity to get into business…like my uncle…he works in computers and technology, but I wouldn't like to do this 'cold' job…I want to earn good money, for example if you are a doctor and your patients don't turn up, you still get paid!

I do my homework in the library and I use the LSD after school. Bullying is a big problem for me and has been since Year 7…if I was allowed in higher sets this would make life easier for me…I would be much happier…I have spoken to my teachers about it…nothing really changes…Mrs C (SENCo) and Mr J (Assistant SENCo) help…have spoken to my Head of Year too and the pastoral manager…I would like to take it to Mr S (H/T) as I think he might be able to do something about it. I have been advised to not talk to the bullies/fight back, but

if I do this it 'spreads' and makes things worse…I get angry and I am asked to control my temper…I get into trouble when it should be the bullies who get into trouble

4. The 'future' question: What do you plan to do after you leave school? What are your dreams?

At the moment I would like to be an Islamic judge or an Imam…I am memorising the Qur'an…I might like to study Arabic at university…maybe live in Arabia…I would like to travel…I watched a programme on TV: 'History of the World'…I really enjoyed it…the reporter travelled and then reported on what he saw/learned…this seems like a good job…a journalist maybe

**APPENDIX 3: The constant comparative method, adapted from Thomas, 2009, p.199**

1. I read through the notes from the 13 interviews and made an electronic copy of the raw data (Appendix 2).
2. I made a separate copy of the raw data and read through this copy (working data files), underlining and highlighting parts that I thought were important (Appendix 6 shows an example). As I started to get an impression of important ideas that were recurring, I made a list of these *temporary constructs*.
3. I read through the data again, using the list of temporary constructs from my first reading to check against. I drew up a grid (Appendix 7) with the temporary constructs in black type and the quotes from the interviewees evidencing the construct in red type. I divided these into quotes from non-teaching staff, teaching staff and from the student.
4. I eliminated one of the temporary constructs (bullying), which was pertinent only to the student. The actual data itself though was not deleted, but merely incorporated into another construct (issues of care and support). One of the constructs (issues of pay, motivation and marginalisation) alters slightly (issues of motivation and marginalisation) when applied to the student, as the issue of pay is irrelevant. The remaining 10 constructs became my *second-order constructs.*
5. After further readings of the data, I was satisfied that these second-order constructs captured the essence of my data, and labelled these as my *themes*.
6. Six of the themes were common amongst the three groups (non-teaching staff, teaching staff and student). Figure 5 in the report illustrates the overall conceptual map.
7. The overall conceptual map shows how the themes interrelate between the three groups.

## APPENDIX 4: Ethical considerations

| Ethical Principle | Standards | Application in current study |
|---|---|---|
| **Respect** | **General respect** | - respect the knowledge, insight, experience and expertise of clients<br><br>- respect individual, cultural and role differences, including those involving age, education, ethnicity, language, national origin, race and religion |
| | **Privacy and confidentiality** | - data gathered were kept confidential and stored in accordance with LA protocol<br><br>- the school has not been named, nor the names of the clients<br><br>- when the student disclosed issues of being bullied, the researcher ensured that the student had made staff at the school aware of these issues, and informed the student that the researcher had a responsibility to inform staff of the issues |
| | **Informed consent** | - informed consent was obtained verbally from clients<br><br>- written consent was obtained from the student's uncle<br><br>- clients were given the opportunity to understand the nature and purpose of the intervention |
| | **Self-determination** | - clients were made aware of their right to withdraw at any time |
| **Competence** | **Awareness of professional ethics** | - maintained familiarity with BPS Code of Ethics and Conduct |
| | **Ethical decision-making** | - recognised that an ethical dilemma might arise. No such dilemma arose. Clients were asked to speak generally about their experiences, rather than naming names |
| | **Limits of competence** | - practiced within my competence levels<br><br>- sought consultation and supervision weekly during Psychology Service supervision |
| | **Recognising** | - monitored my own personal and professional |

| | impairment | lifestyle in order to remain alert to signs of impairment |
|---|---|---|
| **Responsibility** | **General responsibility** | - potential risks to researcher and participants were considered minimal |
| | **Termination and continuity of care** | - conditions under which professional services could be terminated were made clear<br><br>- the researcher ensured that staff were aware of the bullying issues talked about by the student |
| | **Protection of research participants** | - potential risks to the psychological well-being, physical health, personal values and dignity of the research participants were considered minimal |
| | **Debriefing of research participants** | - participants were debriefed at the conclusion of their participation, thanked for taking part, and given the opportunity to ask questions |
| **Integrity** | **Honesty and accuracy** | - endeavours were made to ensure that high standards of honesty and accuracy were maintained throughout, for example the clients were aware that I was a Trainee EP<br><br> - the accuracy of notes being taken during the interviews were checked throughout |
| | **Avoiding exploitation and conflicts of interest** | - parameters of my professional role within the context of the intervention were clarified |
| | **Maintaining personal boundaries** | - professional relationships were maintained at all times |
| | **Addressing ethical misconduct** | - I aimed to challenge any apparent breach of ethical guidelines |

**APPENDIX 5: Letter of consent for parents**

Dear

I am pleased to let you know that we will have Trainee Educational Psychologist Jacquie Lomas working with us over this school term. Jacquie is conducting research into EAL (English as an Additional Language). As part of this, she would like to conduct some work to gather young people's views on being an EAL/bilingual learner. This would involve Jacquie coming into school and speaking with the young people individually for between 20 and 30 minutes.

Jacquie is also interested in involving parents/carers in the research, and in gaining their views. This would involve Jacquie meeting with parents at school, or coming to their homes if that were more convenient.

Please complete the form below to indicate whether or not you would like your child to take part in the research, and whether you as a parent/carer would like to take part. Please return the form to the Learning Support Department by 19th October 2012.

Yours sincerely

Mrs X Xxxxx

**SENCo**

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Name of child _____

☐  I **would** like my child to take part in the EAL research

☐  I **would not** like my child to take part in the EAL research

*Please tick one box*

I _____ (parent/carer)

☐  **would** like to take part in the EAL research

☐  **would not** like to take part in the EAL research

*Please tick one box*

I can be contacted on this number _____

Signed _____     Date _____

# APPENDIX 6: Examples of notes from interviews with themes highlighted

Theme 1: <mark>issues of care and support</mark>

Theme 2: <mark>issues of collaborative working</mark>

Theme 3: <mark>groupings/sets/curriculum issues</mark>

Theme 4: <mark>role of specialist teachers/EAL Service/differentiation of teaching and learning/assessment</mark>

Theme 5: <mark>issues of pay/motivation/marginalisation</mark>

Theme 6: <mark>lack of time/resources</mark>

Theme 7: <mark>training</mark>

Theme 8: <mark>role of culture/home language</mark>

Theme 9: <mark>identification of EAL/SEN</mark>

Theme 10: <mark>recognition of positive attributes of EAL learners</mark>


Interview 1: Assistant SENCo (AS) (<u>non-teaching</u> staff member)

1. Deep story question: example of a good EAL lesson?
   <mark>Games are good. Use of spongebag, beanbag – when young people (YP) get answer right, can throw it against the wall</mark>
   <mark>Buddying is good</mark>…one child was bright but had a language barrier…<mark>buddying and having an LSA (Learning Support Assistant) helped</mark>
   Teaching materials…<mark>EAL Service give strategies</mark>…<mark>no good examples of generic training</mark>…<mark>EAL Service tend to come in and assess individual students and then give training specific to that individual</mark>
   <mark>LSAs just sometimes sit 1:1 with the child and try to explain…they do as the teacher suggests…it's up to the teacher</mark>
   The LSD (Learning Support Department) can help with homework…
   <mark>languages of the EAL learners could be used more in lessons...bilingual dictionaries are used…other YP can learn words from the EAL learner's language</mark>…<mark>the EAL learner's culture does not come into the lessons so much apart from perhaps in RE, or L&M (Life and Morality)</mark>

2. What is valued in the school/department in which you work?
   - How do you help the YP with EAL?
   - What is valued in the nature of the work you do?
   - What do you value about yourself?

<mark>1:1 breakdown…getting them feeling comfortable…improve their confidence/self-esteem…a little bit scared at first…LSD put support in…get them buddied up</mark>

At break times they come down to the LSD…it's a secure base for them…at lunchtimes they go on the computers…moral support…there's a homework club…2 pupils J and A-S who used the base a lot when they first came…now they touch base now and then…come and see me for a chat…

Sometimes unclear what is SEN and what is EAL…A not very bright…has a reading age of 6…brothers call him 'thick'…mother's English very poor…auntie translates…

3. What gives life to the work?
   - Strengths of the school/department?
     accessibility, humour, positivity
   - Strengths of the YP with EAL? – being able to speak another language, resilient, have seen a different world, have different world-view, different perspective

The YP see it as positive when they have settled in – the first few months are the worst. The YP are told when they are new, where the LSD is, and that they are free to use it at break times and after school. They need to belong…seen as more of a social issue?...job of the department is to help the YP settle and find friends…academic side secondary to social side?...that is dependent on the YP – those with the determination to learn will thrive; those without, won't

4. The 'future' question: describe the ideal department, for example 5 years from now, if you had 3 wishes, what would be different?
   More support from the EAL Service/SISS (Specialist Inclusion Support Service)…more specialist help needed, especially in the first few months…specialist EAL roles needed, but would the LA pay for it?...learning support/SEN different budget from EAL…a capacity issue

**Issues of care and support**

**Responses from non-teaching staff**

Buddying is good…buddying and having a Learning Support Assistant (LSA) helped (AS)
1:1 breakdown…getting them feeling comfortable…improve their confidence/self-esteem…a little bit scared at first…Learning Support Department (LSD) put support in…get them buddied up (AS)
a secure base for the young people (YP)…moral support…some pupils still come and see me for a chat (AS)
accessibility, humour, positivity (are strengths of the department) (AS)
The YP need to belong…seen as more of a social issue...job of the department is to help the YP settle and find friends…academic side secondary to social side (AS)
the LSD is a secure base…they can come here for moral support…it's a safe base…buddying is good…once they have found social groups, they come less often…it's like a nursery until they mature (LSA1)
Accessibility of the department (is a strength)…9 times out of 10 we can sort out the problem (LSA1)
(I value) being there in lessons; repeating things for the YP (LSA3)
EAL clubs might help…an EAL representative/prefect…'INSPIRE' workshops for YP and parents – reading with parents (LSA3)
I am asked to sit with the child…explain and reinforce (LSA4)
The more vulnerable YP come to the LSD, for example those with ASD. Some are requested to come in an attempt to make break times more manageable/enjoyable or safer for them… some are quiet and lacking in confidence (LSA4)
The children are supported emotionally by the LSD…We solve things reasonably quickly (LSA5)
We steer YP through very rough times; listen; help them socially; give them life skills…Other YP, and staff, need to empathise (LSA5)
It's about helping YP to survive at secondary school who otherwise wouldn't survive. Day-to-day it's about helping the YP to develop and make friends; helping them to access the learning is worth a million GCSEs (LSA5)
We try to get them to a basic level so that they can survive and get through school (LSA6)
Some YP need help socially to integrate more – would an EAL club help?...give EAL YP more responsibility…empower them…make them feel enabled rather than disabled (LSA6)
The department is very approachable…a central point…at break times and after school there's always someone there to help with homework…it's a secure base (LSA7)
(strengths of the department) Approachable, accessible, YP can have lunch there, YP can come without a specific reason, no one asks why the YP are there, department has good contact with parents and good relationship with the parents (LSA7)

**Responses from teaching staff**

Strengths of the department are providing time for those that need it (particularly beginners); availability; after school time; relationship with parents (SENCo1)
LSAs to reinforce…buddy up…LSAs are not allocated to EAL students (SENCo2)
A-S (an unaccompanied asylum seeker) had an LSA allocated initially because of his emotional needs more than his EAL needs…It's a funding issue and a capacity issue (SENCo2)
The LSD is a nurturing environment…YP such as A-S, J and L access the LSD because they need emotional support, not EAL support (SENCo2)

**Responses from student**

The boys in set 5 are my enemies because they pick on me
My teachers are very kind…one told me about a revision guide which would help me…

I do my homework in the library and I use the LSD after school.

Bullying is a big problem for me and has been since Year 7…I have spoken to my teachers about it…nothing really changes…Mrs C (SENCo) and Mr J (Assistant SENCo) help…have spoken to my Head of Year too and the pastoral manager…I would like to take it to Mr S (Head teacher) as I think he might be able to do something about it

I have been advised not to talk to the bullies/fight back, but if I do this it spreads and makes things worse…I get angry and I am asked to control my temper…I get into trouble when it should be the bullies who get into trouble

**Issues of collaborative working**

**Responses from non-teaching staff**

LSAs just sometimes sit 1:1 with the child and try to explain…they do as the teacher suggests…it's up to the teacher (AS)

only teachers have INSET days (LSA1)

We don't have department meetings (LSA 2)

time to know what the teachers are going to teach would be helpful (LSA 2)

we get to know how the teachers work (LSA5)

LSAs are very depended on but very much second class citizens (LSA5)

LSAs not being used properly (LSA6)

We are de-briefed by the 2 SENCos and the Assistant SENCo who read the IEPs (LSA7)

Strategies to be used by the teachers are on the FROG system: LSAs can access…Cascading – has not witnessed formal feedback from a training course – done informally and randomly, for example over a cup of coffee during a break (LSA 7)

Meetings are half-termly and are used to discuss problems (LSA7)

**Responses from teaching staff**

New entrants are catered for well…it's largely up to the classroom teacher (SENCo1)

LSAs do have access to schemes of work…an LSA for each department would be ideal…department meetings are half-termly…INSET meetings…information from courses is passed on…cascaded…there are courses run for LSAs by the LA…for example on speech and language, literacy and physical disabilities (SENCo1)

FROG learning platform (IT support) – LSAs can access, but no paid time to access. Would they use it if it were?...Organisational way of secondary schools is different; different tensions between teaching and non-teaching staff. In primary schools, TAs stay with one class (SENCo1)

Cascading of training info – teachers to LSAs; LSAs to LSAs; this may not always happen, specifically with regard to EAL…Half-termly meetings treated as INSET rather than department meetings…SENCo sets the agenda (SENCo1)

Communicating with specialist support teachers and getting resources (SENCo2)

**Groupings/sets/curriculum issues**

**Responses from non-teaching staff**

Their abilities are difficult to gauge…behaviour can become an issue…if the motivation is there, they will survive…if not, they will struggle…certain practicalities don't help like being in the bottom set, but then where do you put them? (LSA1)

The curriculum does not allow for this (differentiation)…there are hugely different levels of ability…the National Curriculum (NC) needs to be more visual for EAL learners…the school does not have to follow the NC (LSA2)

Specific reading scheme needed for EAL learners (LSA2)

Science/History/Geography – are these subjects a waste of time for EAL learners?…need to concentrate on English…a 3 month course in rapid progression in English before they are introduced to mainstream would be more useful…In the USA and India, YP are held back each year until they are up to a certain level (LSA2)

Need a different curriculum…no sets…is there any point in them learning Spanish and French when they are struggling to master English?...could they have extra English

instead?...on the other hand, MFL may be the only lessons where the EAL learners are on a par with their English-speaking peers (LSA2)

EAL learners normally in bottom set anyway (LSA4)

lower ability taken out of class regularly but then they miss a lot… In the lower groups the LSA support is more general (LSA4)

EAL learners often in bottom sets because of small numbers in class (12), but downside is that behaviour is often an issue. These classes need strict control, and they need to be highly structured (LSA7)

**Responses from teaching staff**

With some YP, they are in bottom set, but could do better if they applied themselves (SENCo1)

Most of them are in bottom sets and they shouldn't be…they have restricted options in bottom sets…they have to take tests to get out of the bottom sets but they need English to access the tests…it's a vicious circle (FT)

Should be set according to what they know i.e. their general ability, not how well they speak English (FT)

We need LSAs in higher sets: EAL students are placed where the support is i.e. in the lowest sets (behaviour support rather than learning support)…We need LSAs in the higher sets too (FT)

Not much LSA support in IT…The most accessible (IT) languages for EAL learners are practical software tasks, lessons on websites, interactive images, where text is limited and skills can be learned without language (ST1)

Not much support in IT. Any support we do have is general i.e. not specific to EAL students – stretched between too many students (ST1)

To begin with, the EAL students need the level of mediation that is available in the lower sets (ST1)

Sets can be an issue…some students do move up…M moved from set 4 to set 1 (ST2)

It would be interesting to see how they would cope in higher sets…it's frustrating for the teachers because we want to help…we understand (ST2)

EAL students are best placed in the lower sets because here they get a lot of reinforcement of the language (SENCo2)

In the bottom sets, the EAL students get the language reinforcement…and they get access to computer systems…the level of work is very relevant to them…access to 'Lexia' programme (for grammar, spellings, reinforcement, also used by SEN children)…20 mins sessions…ideally daily but this doesn't happen (SENCo2)

**Responses from student**

In set 5 in English…been in set 5 since Year 7…didn't let me move up…would like to be in set 3…In set 3 for Maths and set 4 for Science. Am happy with being in set 4 for Science as I feel this is the right level for me, but would like to move up to set 3 in English. I have asked, as has my English teacher, but we have been told 'no'. If I moved up to set 3, the behaviour would be better and the work would be harder…sometimes in set 5 it is too easy for me. If I was allowed in higher sets this would make life easier for me…I would be much happier

**Role of specialist teachers/EAL Service/differentiation of teaching and learning/assessment**

**Responses from non-teaching staff**

Games are good. Use of spongebag, beanbag – when YP get answer right, can throw it against the wall…EAL Service give strategies (AS)

More support from the EAL Service/SISS (Specialist Inclusion Support Service)…more specialist help needed, especially in the first few months…specialist EAL roles needed (AS)

I do Toe-by-Toe (phonics programme) (LSA1)

More input from the EAL Service (LSA1)

Have not seen a well-differentiated EAL lesson…lessons need to be differentiated even

further (LSA2)

Individual instructions are needed… they need individualised learning (LSA2)

No differentiation for EAL…I had an EAL issue…went to the teacher…went to the SENCo who said it was not an SEN issue…went to Head of English…said not to worry it would be taken care of…but nothing has changed (LSA2)

No place for EAL. Very low priority, especially in this borough – thought of as an inner-city issue…no differentiation…no money…not a priority (LSA2)

Need someone to take responsibility…provide strategies…more 1:1…half an hour every day or 2 to 3 times a week…how do you teach Shakespeare to a child with EAL? (LSA2)

more assessment needed (LSA2)

EAL issues are neglected…I haven't done a lot of EAL support…not a priority (LSA4)

Reading schemes like Toe-by-Toe…EAL learners need to be seen regularly and often… more specialist staff needed (LSA4)

No good strategies witnessed; LSA support is too general (LSA5)

For some YP there needs to be a member of staff with them all the time in lessons…the problem is where to put people…we have YP from China, Kosovo, Poland…how do you solve this?...We need translators for YP…a pool of translators?...maybe a school in one area with a pool of translators? (LSA5)

No example of a good EAL lesson…Ideally the YP need someone who speaks their language (LSA6)

Involved with some of the EAL students in a computer course to help with phonics – 'Lexia reading' (LSA6)

The EAL Service does more and sometimes information is put on the computer… (LSA6)

There is specialised help from the EAL Service, but it is sporadic and there is not enough of it… Translators are needed for the YP (LSA6)

Yes, Mr B in English. The YP wrote out responses to questions. Then they had to pick out a word from their response, like 'unique' for example, and they had to explain the word to K, one of the Kosovan boys at the school at the time. If the young person is not able to explain the word to K, then the next young person has a go. Then they move on to another word (LSA7)

It would be nice to have an LSA who was an EAL specialist. We LSAs use our SEN skills, not our EAL skills (LSA7)

They (EAL Service) offer an advisory service: if an LSA had a query, the 2 SENCos and the Assistant SENCo would seek advice from the EAL Service and report back to the LSA (LSA7)

**Responses from teaching staff**

My strategies are to make the learning visual; and to make explicit reference to the vocabulary (SENCo1)

it's just good teaching…the same as any other differentiated lesson (SENCo1)

Xxxxxxxx EAL package; seeking advice when we need it (SENCo1)

We need EAL teachers *(as opposed to LSAs)* who are trained specifically to support in class (SENCo1)

When I taught in another school, we had a 'strong wall', on which we used to produce key words in the other language(s) and on the other side of the word would be written in English (FT)

The EAL learners need translators…They need to be properly assessed i.e. in their own language…Exam papers can be produced in any language – the Government could do this – why not? That way, you are assessing their ability i.e. what they know, not their ability in English (FT)

The EAL Service do a matching activity using key words…the vocabulary for each unit (ST1)

Visual resources are good…key words…linking words to resources

It's with the more developed sentences…this is where they need help…it's about putting it into context (ST2)

Sometimes contextual language is an issue…for example A-S and J didn't understand the concept of an 'invention' (ST2)

An EAL lead would be useful, but are there enough students to justify this?

The school has been reactive because of A-S and the B family…needs to start to be more proactive (ST2)

WWI difficult concept to get across…use Blackadder video…life in the trenches…good visual aid but the humour is completely missed by the EAL students (ST2)

EAL students have a different attitude to learning…EAL students have issues with the English language, <u>not</u> with the learning (ST2)

Ideally the EAL students would have someone with them in class who speaks their language…they could then help with contexts and concepts…they need this for at least a year to kick-start them…then they could have someone every now and then (ST2)

We need someone to touch base with…an EAL lead…maybe an EAL lead could work on placing key words in classrooms in other languages…Visual aids are good (ST2)

Visual reinforcement works well (SENCo2)

We can access free initial assessment of any child…Head teacher (HT) bought in the EAL Service…assessment package cost £1000?...HT went for the full package…can pay for interpreters (SENCo2)

Not sure about an EAL lead…would have to investigate more…the 2 SENCos end up being the link…RM is the Inclusion Manager but the SENCos end up being the link (SENCo2)

HT went for full package because the SENCos made it very clear that the support teachers, for example those from the EAL Service…are very valuable…think idea of bilingual LSAs not a good idea as might be isolating…YP need to be independent

Quality teaching should be enough (SENCo2)

**Responses from student**

Don't like Science so much…I find the language difficult

I struggle to remember things in Science…I can read the words but I don't always understand them…Science is more tricky…harder concepts

**Issues of motivation/marginalisation/pay**

**Responses from non-teaching staff**

Making a difference to the children's education (LSA1)

Being a voice for them, especially when they are too shy to speak up for themselves (LSA2)

ability *and* motivation are issues (for the students) (LSA4)

I value 1:1 work in class; keeping the YP on task…I value helping and making a difference; reading schemes are valuable…There is a move away from 1:1 work (LSA4)

some can develop behavioural issues (LSA4)

I often feel out of the loop (LSA4)

What gives me the most satisfaction is watching the lights go on; seeing progress; making friends with the YP (LSA5)

LSAs are very depended on but very much second class citizens (LSA5)

I value making a difference and seeing progression, especially with the Year 10 and 11s as it is their last academic year…50% of my time is spent giving 1:1 support; and 50% giving general support…I like both…I don't have a preference (LSA6)

no time to access it (EAL Service info on the computer)…I am timetabled and paid for 20 hours, but all of these 20 hours are direct work with YP…no time timetabled for preparation or follow-up (LSA6)

It was a lovely lesson to go to (LSA7)

I feel satisfied when the lesson's been good and the children can tackle a piece of homework (LSA7)

we would have to do this in our own time (LSA7)

there are external courses which are free, but you have to go in your own time and they are unpaid (LSA7)

**Responses from teaching staff**

I value spending time to go through the work beforehand; provide pre-reading; if PowerPoint, give out before the lesson (SENCo1)

Language can come on very quickly when given a chance – one year if YP motivated to learn (SENCo1)

LSAs paid for 5 hours a day – all teaching time – not paid for lunch break times, whereas teachers are…a capacity issue (SENCo1)

Some YP are less motivated – SEN issue/cultural issue? (SENCo1)

As a Form Tutor I see the YP every morning, I liaise with home, I write form reports, I keep a note of what is going on in other subjects, I monitor the merit system, I do spelling tests, monitor homework and get their planners signed (FT)

They (EAL learners) need a chance to shine (FT)

UK born bilingual YP in bottom sets have issues with learning so they become demotivated (ST2)

**Responses from student**

I enjoy writing, stories, describing things, watching clips in English, learning interesting facts in History, likes Maths and PE, favourite subject is RE, am Muslim and interested in the Qur'an

I would like to be an Islamic judge or an Imam…I have become more religious lately…I am memorising the Qur'an

I might like to study Arabic at university…maybe live in Arabia…I would like to travel

I may have the opportunity to get into business…like my uncle…he works in computers and technology, but I wouldn't like to do this 'cold' job…I want to earn good money, for example if you are a doctor and your patients don't turn up, you still get paid!

**Lack of time/resources**

**Responses from non-teaching staff**

I have created my own exercises (LSA1)

They (YP) use bilingual dictionaries/visual dictionaries …resources are often obtained too late (LSA1)

we do what we can…we need better resources (LSA1)

I have done a sheet of common words…have to come up with your own strategies (LSA 3)

We need more resources (LSA 4)

Whiteboards can be a blessing as they help to reinforce learning…it's about knowing what to pull out of a lesson…the YP need words written on desks in English…resources/staff are limited (LSA 5)

You have to get on with it…It's a learning curve for the LSAs as well as for the EAL students…We do our best (LSA7)

We play it by ear (LSA7)

**Responses from teaching staff**

Preparation of worksheets is important…It's about using resources to maximum effect…I have one pupil who has speech and language issues…the resources I use for him are suitable also for one of my EAL students (SENCo1)

It's a time issue…limited time for lesson planning…it's the same for special needs students…in an ideal world we could plan every lesson for every student, but in a class of 31 this is just not possible (ST1)

We need more time…I would like to be able to plan separate activities for different students but there is no time…it's a great idea but there is no time to implement…I don't know what I'm teaching tomorrow…more LSAs needed…we are getting less, not more…in a class of 14 that I have, 12 out of the 14 need support (ST1)

teachers are left to come up with their own resources (ST2)

We just do our best…no guidelines…we muddle through…no model for EAL as in other aspects of teaching (ST2)

**Training**

no good examples of generic training…EAL Service tend to come in and assess individual students and then give training specific to that individual (AS)

training in EAL is needed, specifically for LSAs (LSA1)

One teacher said 'how much more can I dumb down the lesson?'…unhelpful phraseology as not about being 'dumb' (LSA2)

We need more training (LSA4)

no training (LSA5)

need more training…We are paid to do child protection training, but not EAL training…different priorities (LSA6)

If the EAL Service trained the LSAs then we would be able to help more (LSA6)

The EAL Service have done some training…They offer an advisory service: if an LSA had a query, the 2 SENCos and the Assistant SENCo would seek advice from the EAL Service and report back to the LSA (LSA7)

Meetings are not used for training. Training does happen – there are external courses which are free, but you have to go in your own time and they are unpaid (LSA7)

**Responses from teaching staff**

If the EAL learners are treated as stupid, they will feel stupid; it's about pushing them and stretching them, and drip-feeding them the English as well at the same time (FT)

Not sure EAL training is relevant to LSAs (SENCo1)

Training has been specific to one particular student, with some generic concepts…a focus on key words (ST1)

Training has been specific to A-S and J…produces an EAL guide…training given…worksheets…information on Cummins and EAL issues…regular refresher courses would be useful (ST2)

Refresher courses would be useful…only 6 out of 12 of A-S's teachers attended his EAL training session (ST2)

been no (generic) training…we have informal discussion with HR from the EAL Service…we have had formal sessions (for specific YP) with teachers, but not LSAs (SENCo2)

EAL training not very relevant to LSAs (SENCo2)

**Role of culture/home language**

**Responses from non-teaching staff**

languages of the EAL learners could be used more in lessons...bilingual dictionaries are used…other YP can learn words from the EAL learner's language…the EAL learner's culture does not come into the lessons so much apart from perhaps in RE, or L&M (Life and Morality) (AS)

EAL learners have seen a different world, have different world-view, different perspective (AS)

We need displays for new children when they arrive; words in their home language (LSA1)

it's a cultural thing too…different language, different culture (LSA2)

words like 'zoo' and 'dinosaur' are difficult to translate into Pashto (LSA2)

let them do a GCSE in their own language as this is something they are good at (LSA2)

balance is needed as the YP are in this country and need to speak English…I have heard a member of staff ask 2 boys speaking in Pashto in their presence not to, as they could not understand what they were saying (LSA6)

Home languages could perhaps be valued more…YP could be encouraged to speak in their home language and perhaps to teach a few words of their language to staff and/or peers (LSA6)

Mr B might use EAL students' experiences to his advantage, for example he might ask 'what was it like in your school?', and K might say 'oh we weren't allowed to go to the toilet during class', and Mr B would then say to the other children, 'there you go! Stop asking to go to the

toilet then!'…he used humour to good advantage (LSA7)

**Responses from teaching staff**

We need to be aware of cultural issues, for example in some cultures there is no such thing as a 'zoo' (SENCo1)

Motivation – is it a cultural thing?... Some YP have had a lot of help and support but have not improved – sometimes it is an issue to do with the home environment, for example a cultural issue – attitude to women? Some cultures have different expectations of YP (SENCo1)

I have a student who recently started at the school who used to ask questions of a fellow student who speaks his own language, but who has recently started to ask questions in English and respond in English (FT)

Sometimes there are cultural issues…we have one lad from Germany whose English is good but there are cultural issues (for example, when studying WWII) (ST2)

Parents don't want home languages used in school, in my experience…More important to build background knowledge…contact with peers essential…joining clubs very important…YP get much more contact with their peers than they do with adults…LSAs are mostly middle-aged women whereas the students need YP their own age for language with rich or at least relevant content (SENCo2)

**Responses from student**

I don't get asked to use Pashto in class…I wouldn't want to…and I wouldn't want my teachers or peers to use Pashto

**Identification of EAL/SEN**

**Responses from non-teaching staff**

Sometimes unclear what is SEN and what is EAL (AS)

Another boy is queried EAL (LSA1)

A's problems over the years may have started as an EAL issue (has a reading age of 6), may have got behind in primary school…as the work gets harder in secondary school, sometimes it becomes easier to be the class clown because the work is hard and the behaviour is bad, and any motivation that was there, dwindles…positive reinforcement works well with A (LSA1)

Often they have got behind at primary school (LSA4)

with some YP it's unclear whether EAL or SEN (LSA5)

EAL is difficult because it's not SEN (LSA7)

**Responses from teaching staff**

EAL has risen in profile…the school has responded well to the need, but the SEN department remains the first port of call (ST2)

EAL is not an SEN issue (SENCo2)

EAL learners not on the SEN register…come to the LSD for emotional support…not EAL support (SENCo2)

**Recognition of positive attributes of EAL learners**

**Responses from non-teaching staff**

being able to speak another language, resilient, have seen a different world, have different world-view, different perspective (AS)

their determination to learn English is incredible (LSA1)

Determination, competitiveness, hunger to achieve (LSA1)

The YP don't complain, they get on with it, they are resilient…don't know if their resilience is celebrated in assemblies (LSA2)

Enthusiastic; want to learn…hard-working (LSA4)

Surviving; wanting to try; the richness if their experience; empathy (LSA5)

They are keen to please and to get it right; keen to join in with the other pupils; motivated (LSA6)

We need concentrate more on what they *can* do/what they do well, for example their ability to speak other languages (LSA6)

The whole class (set 3 and 4) benefitted from having an EAL student. Sometimes K understood and the other YP didn't, so the other YP benefitted too (LSA7)

Brave, amazing, scared at first (LSA7)

**Responses from teaching staff**

Resilience and determination; drive; seeking support (SENCo1)

The EAL students are very polite; they value being at school; and they will make a point of saying 'thank you' for time spent with them, or for a gift (FT)

Polite, hard-working, thankful, don't take education for granted, value being at school, value teachers and teaching (FT)

Keen to learn…learn so quickly…some students are very quiet; the ones who do well generally are more vocal and ask questions…it's a matter of confidence (ST1)

Keen, enthusiastic, happy, get on well with peers (ST2)

Very good personalities…got to be confident (SENCo2)

**Responses from student**

I have a good memory, so I enjoy remembering facts in History and RE

My strengths are that I have a strong faith (Islam), I am good at learning and languages, I am good at cricket