

PROFESSIONAL PRACTICE REPORTS

By
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VOLUME TWO

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CHAPTER ONE: INTRODUCTION AND OVERVIEW

1.1 Introduction

The thesis for the Applied Educational and Child Psychology doctorate comprises two distinct volumes: Volume One is an original empirical study and Volume Two is a collection of four professional practice reports (PPRs). These PPRs represent examples of work, undertaken by trainee educational psychologists (TEPs) in Years Two and Three of training, during supervised professional practice placements, within Local Authority (LA) educational psychology services (EPSs). This introductory chapter offers an overview of these PPRs and the contexts within which the work was negotiated and carried out.

1.2 Service Context

In Year Two I was placed in a large LA within the West Midlands where the EPS comprised four teams. I worked within a team serving the southern region of the large ethnically and socio-economically diverse city. When I joined this service, the EPS had been trading for approximately 18 months, offering new challenges and opportunities.

During this year I worked in six schools (five primaries and one secondary) and I was the named EP for a number of early year's cases and 'non-routine' statutory cases, for children and young people from settings which had not purchased educational psychology services. I also carried out work that contributed towards PPRs One and Two which are summarised below in Sections 1.3.1 and 1.3.2.

During Year Three of my training, I completed my professional practice placement within an EPS serving a small ethnically and socio-economically diverse metropolitan borough in the

West Midlands. This EPS operated a part-traded and time allocation model: settings were allocated a number of sessions, which were calculated according to indicators of need, and settings were able to purchase additional sessions for individual casework or project work.

I was the named EP for six schools (five primaries and one secondary school) and for a number of early year's cases. Additionally, I delivered traded sessions where the work varied from individual casework to project work. For example, alongside a colleague, I worked with a cluster of schools to develop a pathway to better meet the needs of newly arrived children. During this year I carried out work that contributed to PPRs Three and Four which are summarised below in Sections 1.3.3 and 1.3.4.

1.3 Overview of PPRs

1.3.1 PPR One: Examining the Risk and Protective Factors Relating to Teenage Pregnancy in the UK and the Role of Educational Psychology

This PPR came to focus on the area of teenage pregnancy due to the high teenage conception rates both nationally in the UK, and locally in the LA where I was on placement. Linked to the changing service context, and the move to trading within the EPS, this piece of work sought to examine whether there was a role for EPs in reducing teenage pregnancies and how the EPS could market itself to play a role in this socially and economically significant area.

The report examines the multiple risk and protective factors associated with teenage pregnancy from a psycho-social perspective and through a Systems Model framework. The report illustrates the complexity of the phenomenon of teenage pregnancy and the need for multi-level and multi-modal interventions which address the multiple factors operating at

different levels. The report also examines whether, and how, EPs can play a role in reducing teenage pregnancy rates. In particular, the report analyses what EPs can offer that is distinctive from other professionals working in this area.

1.3.2 PPR Two: A Casework Example of the Application of Cognitive Behavioural Therapy (CBT) to Treat Anxiety in a Child with Asperger Syndrome

This PPR meets a training requirement to identify a case which would be appropriate for therapeutic work. Whilst working in one primary school, a Year Five child, who had a diagnosis of Asperger Syndrome, was referred to me as he was experiencing considerable anxiety which was influencing his school life. Following initial consultations and assessments, it was agreed that a CBT intervention may be beneficial.

This PPR reports on this work and begins by examining the role of EPs in therapy and explores the area of childhood anxiety more widely, before discussing the nature of anxiety in children and young people (CYP) with Autism Spectrum Disorder (ASD). Additionally, it considers the use of CBT as a treatment for anxiety and analyses the evidence base for the use of CBT to treat anxiety in CYP with ASD. Finally, the PPR discusses the importance of comprehensive case conceptualisation and formulation in effective individualised programmes of treatment and highlights some of the barriers and facilitators to delivering therapeutic interventions for EPs and TEPs, including access to supervision.

1.3.3 PPR Three: Out of Borough (OOB) Placements for Young People (YP) with Autism: Can their Needs be met Within the Home Authority?

This PPR and PPRs Two and Four are closely related as they all concern meeting the needs of YP with autism. This piece of work arose through consultation with the Principal EP who highlighted a need for research that looked at the authority's OOB placements, specifically looking at whether YP who were placed OOB could be educated within the borough, given the large costs of these placements for the LA. The PPR analysed ten cases where YP with autism were currently being educated OOB to examine how individuals' needs were framed, what led to individuals being placed OOB and whether their needs could be met within the borough.

1.3.4. PPR Four: Meeting the Needs of Young People with Autism in a Mainstream Secondary School

The focus of this final PPR arose from my experience of mainstream settings referring CYP with autism to the EPS due to challenging behaviour. I was interested in carrying out work within a mainstream setting, to identify ways in which settings could better meet the needs of YP with autism. A mainstream 11-18 secondary school agreed to take part in the study.

Realistic Evaluation (R.E.) was used as a conceptual framework to identify the contexts and mechanisms that led to good outcomes for students with autism. Initial Programme Theories (PTs) were abstracted from literature and shared with students and the Special Educational Needs Co-ordinator (SENCo) in order to test these PTs against their theories of what works for students with autism. The PPR reports on contexts and mechanisms identified as enabling

by the SENCo and students and makes recommendations regarding ways in which students with autism can be better supported in mainstream settings.

1.4. Reflections

The work reported within Volume Two of the thesis reflects the broad range of work that qualified EPs can be involved in and contribute to. These PPRs have enabled me to work at the individual level (PPR Two), where I carried out therapeutic work over ten sessions, at a whole school level (PPR Four) and at a LA level regarding provision (PPR Three). Finally, PPR One examined teenage pregnancy; exploring this phenomenon at multiple levels. Together this work has given me a broad range of experience and developed my knowledge and skills as an applied psychologist.

**CHAPTER TWO: PROFESSIONAL PRACTICE REPORT ONE:
EXAMINING THE RISK AND PROTECTIVE FACTORS RELATING TO
TEENAGE PREGNANCY IN THE UK AND THE ROLE OF EDUCATIONAL
PSYCHOLOGY**

Abstract

This professional practice report (PPR) explores the phenomenon of teenage pregnancy in the UK: a phenomenon commonly viewed as undesirable due to social and economic costs. Governmental policy, for example, the National Teenage Pregnancy Strategy (DCSF and DoH, 2010) reflects an opinion that teenage pregnancy is a ‘problem’ which needs to be tackled. The UK has one of the highest rates of teenage births in the developed world and Birmingham has one of the highest rates in England (UNICEF, 2001; Birmingham City Council, 2009). The report begins by critiquing the concept of teenage parents as an homogenous group, demonstrating how this population varies, in particular with regards to attitudes to early parenthood and outcomes for teenage parents. It establishes that though there are poor outcomes for young mothers and their children in many cases, this is not the case for all, highlighting specific groups where long term outcomes are more positive.

The report then examines some of the key risk and protective factors associated with teenage pregnancy, from a psycho-social and multi-systemic perspective. Analysing the phenomenon of teenage pregnancy through the application of a systems framework enables its complexity to be captured as it highlights the many interacting factors within different systems and illuminates how teenage pregnancy is a proxy indicator for many forms of disadvantage, rather than being the cause of disadvantage itself. The report demonstrates why any approach

that aims to reduce teenage conceptions needs to address the factors which operate at multiple system levels.

The report goes on to consider how these associated risk and protective factors are relevant to the role of educational psychologists (EPs) and how the current changing landscape of educational psychology offers EPs an opportunity to market themselves in the area of teenage pregnancy and young parenthood. Demonstrating a need for EP contribution in this area, I highlight the request for EP involvement in Birmingham from the School-Age Parent Support Team. The report discusses how EPs are well placed with appropriate knowledge and skills to make a valuable contribution to this complex area through research which applies Moscovici's (2000) Social Representations Theory, in order to build a better understanding of the representations of teenage pregnancy and young parenthood at multiple levels. The report offers how these research findings would inform developments at multiple levels and concludes by highlighting key priorities for EPs.

2.1. What is Teenage Pregnancy and is it a Problem, if so, for whom?

The term teenage pregnancy potentially encompasses a broad population with regards to age, culture, religion, socio-economic status, level of education and other factors. However, this heterogeneity is not always reflected in governmental initiatives, such as the National Teenage Pregnancy Strategy, which aim to reduce teenage conception rates. Teenage pregnancy is commonly seen as undesirable and problematic: a view that is reinforced at many levels and rooted in evidence that shows young parenthood is frequently associated with detrimental effects for both mother and child (Botting et al, 1998; Hobcraft and Kiernan, 2001). Teenage pregnancy is also estimated to cost £63 million a year to the National Health Service (NHS) alone (DoH and DCSF, 2009).

The 2009 Sexual Health Strategy outlined this cost at an individual and societal level relating to 40% of teenage mothers having no qualifications and only 30% being in employment or training, compared to 90% of all 16-29 year olds (DoH and DCSF, 2009). Teenage pregnancy is also viewed as problematic due to transgenerational transmission. For example, teenage mothers are three times more likely to smoke during pregnancy with adverse effects on the health of their children, resulting in treatment costs for the NHS. Secondly, children of teenage mothers are 63% more likely to be born in poverty, be educationally less successful and are more likely to be unemployed by the age of 30 (DoH and DCSF, 2009).

However, figures like those above assume the teenage parent population is an homogenous group with similar negative outcomes for all but research has found differences in outcomes for young parents and cultural differences in attitudes to young parenthood with differing long term consequences. For example, analysis of data by the Teenage Pregnancy Unit (TPU) (2004) attempted to find the 'true causal effects' of teenage pregnancy rather than the associations which they argue can partly rise from the 'selection into' teenage motherhood. The study reported that there was little adverse impact of teenage parenting on a woman's qualifications, employment or pay at age 30 which contrasted previous studies. Secondly, the study found there was not a significant difference on the impact of teenage parenthood between women who gave birth when aged under 18 compared to those who gave birth when aged 18–19.

Highlighting the heterogeneity of the teenage parent population and the differing outcomes for teenage parents, the TPU (2004) also found differences between ethnic groups in Britain. While the research found, for white women, postponing childbearing increased the probability of being in a working family, this was not found to be true for Caribbean, African or Indian

women, for whom the disadvantages of teen-birth were lower. The study also found no evidence of disadvantages associated with young parenthood among Pakistanis and Bangladeshis, communities who have higher rates of teen parenting.

It contrasts the common portrayal that teenage pregnancy results in negative long term consequences. The TPU (2004) note that the data appear to support the hypothesis that there are more disadvantages associated with young parenthood in cultures where early fertility is unconventional, such as in the white population. This raises questions regarding factors which may lead to fewer negative consequences of early parenthood for certain groups compared to others. For example, this research does not discuss the role of marriage and whether it played a role in cultural differences in attitudes towards younger mothers. However, other research by the TPU (2005b) did find a strong disapproval of unmarried parenthood and abortion among Indian and Bangladeshi communities. Yet the research found that fear of rejection from families meant that these young women were more likely to have an abortion. The authors also found that women may be forced to marry if parents became aware of a pregnancy (TPU, 2005b). Research like this illustrates the complexity of the phenomenon of teenage pregnancy as well as highlighting the diversity of the teenage parent population, with implications for any strategies or initiatives which aim to reduce teenage pregnancies and come from a position which assumes teenage pregnancy is a problem for all.

Additionally, Higginbottom et al (2008), in their research with black minority ethnic (BME) young people¹, found that not all young people share the general view that teenage pregnancy is undesirable. They found that perspectives on teenage pregnancy varied between young parents, academics and practitioners, with implications for policy and practice targeting young people's sexual decision making, which assumes that all young people share a fatalistic view

¹ The term 'young people' is used throughout the report and includes individuals aged 11 – 21 years.

of young parenthood. This highlights a need for further research which illuminates the perceptions and health-related behaviours of all young people.

The above research illuminates the diversity in long term consequences, attitudes towards, and pathways to, young motherhood. Overall, research found the negative consequences of teen-birth were not as wide ranging as previous research had suggested (TPU, 2004). It is therefore important to note that this group is not an homogenous population and that risks and benefits are unevenly distributed.

Furthermore, the relative lack of literature relating to positive outcomes for young parents does not mean that there are no positive outcomes. The absence of literature could relate to a lack of economic or social interest. Also, there is some evidence that positive outcomes for young parents come at a cost. For instance, Coren et al (2003) carried out a systematic review of the effectiveness of parenting programmes in improving outcomes for teenage mothers and their children and though the authors recognise their review was based on studies with varying research designs and is therefore limited, their review did suggest that parenting programmes can improve a number of psychosocial and developmental outcomes for young parents, however, these programmes are costly. Nonetheless, it could be argued that we need to explore whether, while costly, these interventions lead to net savings through reducing the social and economic costs highlighted above.

Finally, an examination of the associated risk and protective factors for teenage pregnancy is important for the profession of educational psychology as EPs are committed to supporting all children and young people, including school-age parents. Additionally, like all EPs, I have a responsibility towards anti-oppressive practice and I am committed to strengthening my understanding of the factors which differentially affect outcomes for school-age parents.

Therefore, this exploration of associated risk and protective factors are important in improving our understanding of this complex phenomenon and the possible ways in which the profession of Educational Psychology could contribute to supporting young people and improving outcomes for school-age parents.

2.2. Background and History

Historically, changes in legislation, for example the Abortion Act in 1967 (Addison, 1968) and access to free contraception for single people and under 16s in 1975 (Wellings, 1994) reflected a shift in attitudes relating to sex and relationships in the UK. Despite changes in access to contraception for young unmarried people, overall there has been an upward trend in teenage pregnancy rates in the UK (French et al, 2007). Comparison data for 1998 showed that the UK had one of the highest rates of teenage births (per 1000 women aged 15-19) in the developed world (UNICEF, 2001). Teenage births in the UK were five times higher than those in the Netherlands and three times those in France. Between 1998 and 2007, the pregnancy rate in the under 18s had fallen by 10.7% in England and by 9.5% in Birmingham (Birmingham City Council (BCC), 2009). These reductions have been linked to the Labour government's National Teenage Pregnancy Strategy, launched in 1999, which aimed to halve teenage conception rates in under 18s by 2010. The very low teenage birth rates in most continental Western European countries, has been linked to good sex education and use of contraception.

The Teenage Pregnancy Strategy also aimed to reduce the social exclusion of pregnant teens and to increase the proportion of teenage mothers in education, employment or training by 60% by 2010. By 2010 the conception rate in the under 18s was 13.3% lower than in 1998 and at its lowest for two decades in the under 18s (DCSF and DoH, 2010) but the strategy had

not reached its ambitious target of halving pregnancy in the under 18s. Linked to this national strategy was the Extended Schools Programme which was launched by the Department for Education and Skills (DfES) in 2003 and involved schools extending their services to include health services, adult learning and childcare support. This extended school provision put teenage pregnancy onto the school agenda at a national and local level with the aim of reducing teenage conception rates (DfES, 2007). As professionals who work in schools, this was also relevant to the role of EPs and the work they could be involved in.

Wilkinson et al (2006) analysed the effectiveness of the Teenage Pregnancy Strategy by quantifying the change in conceptions and abortions in the under 18s in England before and after the implementation of the strategy (1994-1998 and 1999-2003). The research focused on 148 local authorities (LAs) in England and aimed to evaluate whether changes in conception rate were related to the quality and extent of local activity. They concluded that the best 'summary marker' of this was the amount of expenditure which they believed was reflected by the Local Implementation Funding (LIF). The LIF was allocated according to local teenage pregnancy rates and the quality of local plans. The researchers report a reduction in conception rates and a fall in births, but an increase in abortions after the implementation of the strategy. The authors found reduction was greater in areas which received more strategy-related funding.

However, the researchers recognise that the LIF alone does not reflect the many complex factors involved in the strategy. Overall, the authors argue the data provide limited evidence for the effectiveness of the strategy and suggest that more data are needed over a longer time period to assess the full effect of local prevention (Wilkinson et al, 2006). Yet, they do not suggest the period of time over which further observations should be carried out. As a largely positivist piece of research, their study does not explain the underlying mechanisms by which

the strategy-related activities led to a reduction in teenage pregnancy or how far different activities reduced teenage pregnancy. The research does not analyse what activity the LIF enabled which may have led to reductions. This research also highlights there was an increase in abortions after implementation of the strategy which raises further questions regarding whether the strategy affected young people's contraception use and/or sexual health, or simply enabled greater access to abortion services.

In 2010, a final report by the Teenage Pregnancy Independent Advisory Group (TPIAG) noted the success of the Teenage Pregnancy Strategy but argued that conception rates remained high in some local areas where there had been a failure to implement strategies effectively. The group highlighted concerns regarding cuts to services by the then new coalition government, which they feared may lead to an increase in teenage conception rates: for example, as a result of the closure of college-based contraceptive and sexual health (CASH) services and the loss of posts and projects related to reducing teenage pregnancy. This report also acknowledged the timescale of the strategy was too short to tackle interlinked factors such as poverty, which is considered to be the biggest risk factor for teenage pregnancy (Social Exclusion Unit, 1999). With respect to the social exclusion of teenage mothers, a multi-method longitudinal study by the TPU (2007) identified factors which reduced social exclusion for teenage parents and were protective factors for this population. These factors included familial support, a positive partner relationship, having employment that they enjoyed and the opportunity to improve their life. Other research by the TPU (2004) also highlighted that improving education and employment opportunities for teenage mothers was likely to be a real benefit for this population and would reduce the likelihood of social exclusion.

It is clear that teenage pregnancy is a multifaceted phenomenon, with many social and economic consequences, and is related to numerous interacting factors which need to be understood in order to begin to find ways to reduce teenage pregnancy rates and the social exclusion of young mothers in the UK. From a psycho-social perspective, and through a Systems Model framework, such as Bronfenbrenner's (2005) Bioecological Theory, this paper aims to examine and provide insight into some of the key risk and protective factors relating to teenage pregnancy. Finally, the paper considers if there is a role for EPs within the current changing landscape of the Educational Psychology profession.

It is important to highlight that this PPR focuses on young women, and not young men, who become school-age or teenage parents. Public and policy perception of young parenthood is biased towards young mothers, who have been a greater focus in UK research and policy over young fathers (Reeves, 2009). However, though teenage fathers will not be a focus in this report, they have previously been the focus of Educational Psychology research where Sheldrake (2010), for example applied Interpretive Phenomenological Analysis to explore the experiences of adolescent fathers, aged 16 – 18 years, and develop recommendations for service provision for young fathers.

Against this background, the paper aims to address the following questions:

1. What are the factors which make teenage pregnancy more likely?
2. What are the factors which protect against teenage pregnancy?
3. Is there a role for Educational Psychologists (EPs) in reducing Teenage Pregnancies?
4. Within the changing service context, as trading services, could Educational Psychology Services (EPSs) market themselves to play a role in the reduction of teenage pregnancy and the social exclusion of young mothers?

2.3. What are the Factors Which Make Teenage Pregnancy More Likely?

There are a number of identified risk factors associated with teenage pregnancy. It is beyond the remit of this paper to discuss all factors, but some will be examined to highlight the complexity of teenage pregnancy, and to understand how psycho-social intervention in comparison to wider social, economic and/or political action might begin to reduce teenage conception rates in Britain. Through this examination of risk factors, it will also highlight how teenage pregnancy is a proxy indicator of other forms of disadvantage rather than being the cause of disadvantage itself.

2.3.1. Socio-Economic Disadvantage

Poverty is one of the biggest risk factors for teenage pregnancy and Baird and Porter (2011) argue that it threatens the effectiveness of any preventative initiative. The relationship between poverty and teenage conceptions can be seen in local data for Birmingham between January and December 2009, (Appendix One) which shows teenage conception rates in different wards of the city. Teenage conception rates are much higher in poorer wards of the city (for example, Aston) than more affluent wards such as Harborne. However, poverty is not the only difference between these areas and this data summary does not show how far other correlated variables have been controlled for, for example, the level of parental education or family stability. There are also considerable demographic differences between areas characterised by similar levels of affluence or poverty, with cultural or religious values and practices which are likely to affect the sexual behaviours of young people. As demonstrated in research by the TPU (2004; 2007) there are considerable differences between ethnic groups regarding attitudes to early parenthood, earlier marriage practices and differences in long term consequences for ethnic groups compared to the white population in Britain.

Smith and Roberts (2011) attempted to understand the complex relationship between poverty and teenage pregnancy through the application of Social Representations Theory (SRT). The researchers explored young parents' views of young parenthood and poverty through semi-structured interviews with young parents in two 'less deprived' and two 'more deprived' areas of London. They found there were differing beliefs about sexual and reproductive behaviour across socio-economic subgroups. These differing values influenced the sexual and reproductive behaviour of individuals. Three major themes were identified which interviewees suggested as reasons for the social gradient in young pregnancy: the status of their relationship with their parents; access to education and career; and acceptance of young pregnancy. The research took a psycho-social and constructionist approach which aimed to understand the relationship between social inequality and place by applying Moscovici's (2000) SRT, in order to offer a fuller understanding of the influences on young people's sexual behaviours.

SRT holds that the psycho-social environment informs and influences our ideas and understanding of the world, through the meanings and representations that circulate in the environment (Moscovici, 2000). The theory assumes that representations are influenced by our past and present experiences as well as by the groups we identify with. Smith and Roberts (2011) argue that we cannot begin to design interventions which enable individuals to make informed sexual decisions, until we understand what informs the representations of young pregnancy which shift within the changing milieu and persist through time and place. The authors believe it is only at this deeper level of understanding that interventions could be designed which empower young people to make informed decisions. The authors accept that further work is required to gain an holistic understanding of how place influences young people's sexual and reproductive health, but the research begins to offer a deeper

understanding of why this pattern exists regarding the social gradient in young pregnancy. An approach such as this could help to offer greater insight into the local data on conception rates in different areas of Birmingham. SRT could help inform understanding of the meanings and cultural values which endure within the different areas of Birmingham, which could, in turn help to offer ways in which conception rates could be reduced and young parents supported to reduce social exclusion. This is discussed further in section 2.6 as an area where EPs could make a contribution.

Bradshaw (2006) argues that reducing teenage pregnancies would reduce child poverty, suggesting that this would be achieved through better sex education, improved access to contraception and abortion services; he also believes it is important that young mothers are supported to remain in education. However, this position risks suggesting that teenage pregnancies cause child poverty and reducing teenage pregnancy would reduce child poverty, which is an over simplistic conceptualisation of the relationship between poverty and teenage pregnancy. Teenage pregnancy is a proxy indicator of many forms of disadvantage, including poverty, but is not the cause of poverty itself. For example, research by the TPU (2004) confirms that young mothers and their children are usually already in a more disadvantageous position, compared to women who start childbearing later, and already disadvantaged teenagers have a higher risk of having a baby.

Additionally, Bradshaw does not recognise the diversity of the teenage parent population, where the association of early parenthood with poverty is smaller, or non-existent, for ethnic minority groups who are already disadvantaged (TPU, 2004). Though, Bradshaw (2006) recognises the multiple factors related to child poverty, he does not attempt to explain the underlying mechanisms through which teenage pregnancy is related to child poverty. As noted in the final report by the TPIAG (2010), one of the reasons why halving teenage

pregnancy rates in the UK in 10 years was ambitious was because the interlinked factor of poverty was difficult to tackle in one decade.

In summary, the evidence shows that poverty is strongly linked to the likelihood of teenage pregnancy and young parenthood. However, research also illustrates that the relationship between economic disadvantage and teenage pregnancy is a complex one that is not fully understood. Teenagers who are already disadvantaged are at a higher risk of having a baby which has implications for governmental initiatives which attempt to reduce teenage pregnancy, as they need to understand the bigger and more complex issue of poverty and how it interrelates with young parenthood.

2.3.2. Individual Wellbeing and Alcohol Consumption

Phillips-Howard et al (2010) highlight the interactive forces that exist between the individual, school and wider society in their research which examines the effect of wellbeing on alcohol use and sexual activity in young people. The study carried out a cross-sectional survey, using self-completed questionnaires, of 3,641 11-14 year olds in schools in North West England. The authors found a significant association between alcohol use and increased sexual activity and between school wellbeing/engagement and sexual activity. Taking a largely positivist approach, the study uses force choice questions, and could be argued to be reductionist, failing to capture the complexity of underlying mechanisms. It does not offer insight into mediating factors at a psycho-social level. However, the authors recognise they cannot infer causal relationships between variables, but their data demonstrate correlations between variables associated with increased risky behaviour which can be targeted at different levels, for example, through the Healthy Child Programme (HCP) (DfES, 2009).

However, interventions such as the HCP could be argued to be simplistic solutions to very complex problems which require multi-level and multi-modal interventions that are aimed at the multiple interacting systemic influences. The researchers highlight that previous multi-component youth development programmes have failed to reduce teenage pregnancies in the UK (Phillips-Howard et al, 2010). At a systemic level however, the research illuminates how schools may be able to influence risky behaviour and promote wellbeing through the use of specific programmes.

Overall, there is evidence that low individual wellbeing and alcohol consumption influence the likelihood of young people engaging in risky behaviours such as early sexual activity. However, it is recognised that more research is needed to understand the role of wellbeing in lessening risky behaviour if effective strategies are to be developed. Secondly, the research focuses on a specific group of teenagers who become parents and does not recognise the diversity of the teenage parent population, which as research has shown varies culturally where binge drinking is not necessarily a risk factor. For example, research by the TPU (2004) into young parenthood in Pakistanis and Bangladeshis in Britain, communities where there are higher rates of teen parenting; teenage pregnancy is not a result of risky behaviour associated with alcohol consumption but related to other factors such as cultural practices of earlier marriage.

2.3.3. Black Minority Ethnic (BME) Young People

Research has found that young BME people in England have higher rates of sexually transmitted diseases and teenage pregnancies (particularly amongst Bangladeshi, African-Caribbean and Pakistani young women) compared to young white British people (Social Exclusion Unit, 1999; Berthoud, 2001). The British BME population is an heterogeneous

group and Higginbottom et al (2008), in their ethnographic study of early parenthood amongst BME young parents in England, recognise the diverse experiences and profile of the British BME population. They also recognise the cultural differences which may explain some young pregnancies amongst BME populations, such as early marriage.

Through the use of focus groups and semi-structured interviews with young BME people; mothers of these young people; and service providers, the study found four important factors which informed sexual decision making: contraception (in terms of advice, access and health professionals' knowledge of the religious, cultural and social impact of contraceptive use); precursors to pregnancy (for example the pregnancy was planned by some women); reactions to pregnancy; and family and service support for young parents.

In the UK teenage pregnancy is generally viewed as undesirable and Higginbottom et al (2008) found the negative views of early parenthood were not necessarily shared in their sample, highlighting implications for the effectiveness of governmental policy that assumes all young people view young parenthood as undesirable. As the authors highlight, there is a need for further research which explores the experiences of those BME young people who are already disadvantaged economically, and through experiences of personal and institutional racism, which may mean that governmental messages that talk of the long term negative consequences of young parenthood do not necessarily have the desired impact. The application of Moscovici's (2000) Social Representations Theory here could offer insight into what informs the representations of young pregnancy for young BME people and as Smith and Roberts (2011) argue, interventions cannot be designed until we have this deeper understanding of what informs and influences young people's sexual decision making.

The TPU (2005a) carried out research to inform the implementation of the Teenage Pregnancy Strategy which explored the attitudes and experiences of a large, diverse and representative sample of BME adolescents (aged 11-18) in East London. As well as surveying a large number, the researchers held focus groups, a web-based discussion forum and individual interviews (including interviewing service providers), enabling them to gather much rich, detailed qualitative and quantitative data. This study found differences in the likelihood of having sex between different BME groups. Bangladeshi, Pakistani and Indian young people of both sexes were less likely to have had sex than their White British counterparts, contradicting findings of the Social Exclusion Unit (1999), and were no more likely to use contraception.

Newby et al (2012) also found that Asian teenagers were the least likely to be sexually experienced; however, unlike the TPU's (2005a) research, the authors found that Asian teenagers reported significantly higher condom use than white teenagers. They also found that Black pupils, when compared to White pupils, were twice as likely to report consistent condom use. The TPU (2005a) found Black Caribbean young men were more likely to report having had sex than White British adolescents, echoing the findings of Newby et al (2012). Depression and low self-esteem also placed women at greater risk of having unprotected sex, irrespective of ethnicity. Findings like these again indicate the complexity of teenage pregnancy and the need for sensitively attuned multi-level interventions.

In conclusion, the review summarised above has illustrated that there are numerous risk factors associated with teenage pregnancy and that teenage pregnancy is a proxy indicator of other forms of disadvantage such as poverty, being BME or having poor mental health, rather than being the cause of disadvantage itself. Evidence links poverty to increased risks of early sexual activity and teenage pregnancy; however, there is a need for further research which is

able to uncover the mechanisms which explain why and how poverty increases the likelihood of teenage pregnancy. Research, such as that by Phillips-Howard et al (2010), has found there is an association between wellbeing and alcohol consumption and the likelihood of engaging in early sexual activity. Finally, there is mixed evidence regarding reported sexual activity and use of contraception amongst BME young people (Social Exclusion Unit, 1999; Higginbottom et al, 2008; TPU, 2005a).

Findings also highlight the differential needs and views of BME young people in the UK with regards to teenage pregnancy which further supports evidence regarding the heterogeneity of the teenage parent population and the need for further research. For example, through the application of theoretical models such as Social Representations Theory (Moscovici, 2000) which could offer a deeper understanding of how the psycho-social environment, which shifts and changes, informs and influences young people's ideas and understanding of the world, through the meanings and representations which circulate in the environment. Findings from such research could help to better inform policy and practice targeting young people's sexual decision making. This is further explored further in section 2.6.

2.4. What are the Factors Which Protect Against Teenage Pregnancy?

There are a number of factors which have been linked to protecting against early sexual activity and teenage pregnancy, including school enjoyment, wellbeing, access to contraception, SRE, familial relationships and religiosity.

2.4.1. School Engagement and Individual Wellbeing

The TPU (2005b) reported support for the link between educational engagement and teenage pregnancy when they found that Bangladeshi, Indian and Jamaican young people who were confident, with high educational and career aspirations, wanted to delay pregnancy until they were financially independent. In their research into wellbeing, alcohol use and sexual activity in young teenagers, Phillips-Howard et al (2010) found that young people with positive school wellbeing were less likely to drink alcohol or engage in sexual activity. However, the study found for males there was not a significant difference between a negative response to school wellbeing and the odds of engaging in any sexual activity. The authors recognised that causal relationships between variables could not be extrapolated; however, their statistical analyses showed a relationship between school wellbeing and the likelihood of engaging in sexual activity. The findings highlight that systems beyond the individual interact with and influence the individual and therefore have implications for schools in their role in enhancing the wellbeing of young people and promoting healthy decisions.

Governmental initiatives, such as the HCP, required schools to promote the wellbeing of young people through personal, social and health education (PSHE) which included SRE (Phillips-Howard et al, 2010). Phillips-Howard et al (2010) suggest that schools can play an important role in engaging disenfranchised young people and those at risk of engaging in risky behaviour but suggest that further research is needed to uncover how and why school engagement can prevent young people from participating in risky behaviour. Furthermore, as noted previously, multi-modal and multi-level interventions are needed for a complex phenomenon like teenage pregnancy where research shows multiple factors play a role at multiple levels.

Phillips-Howard et al's (2010) findings are consistent with those of Harden et al (2009) who investigated interventions that addressed the social disadvantage associated with early parenthood. Through a mixed methodology, involving a meta-analysis of data from controlled trials and a thematic analysis of interview data, the researchers assessed the effectiveness of interventions for early parenthood and explored young people's views. Three main themes emerged from interview data and included a 'dislike of school'. Harden et al (2009) conclude from their analyses that both early childhood interventions and youth development programmes were appropriate strategies for reducing unplanned teenage conceptions as they improve school enjoyment, raise expectations and future aspirations. Furthermore, school enjoyment and engagement affects individual wellbeing which protects against risky behaviour. However, the authors acknowledge that none of the strategies directly tackles all the societal, community and family level factors that influence young people's sexual decisions. The authors recognise the need for strategies that target individuals alongside structural measures. The research has implications for educational settings and for those who work in and with these settings, such as EPs.

2.4.2. Religion and Familial Relationships

In a study of BME adolescents in East London, the TPU (2005a) found that adolescents had their first sexual experience at a later age if they felt a 'connectedness' to their parents' traditional culture. Young people described how parental expectations, linked to their cultural values and ethnic background, prevented them from engaging in sex before marriage. However, Bangladeshi, Indian and Pakistani young people reported not being able to speak to their families about sex and this too was associated with reducing the likelihood of having sex. Newby et al (2012) found similarly that Asian teenagers were less likely to prefer to get information from parents regarding sex. However, the TPU (2005a) did find that Black

African, Black Caribbean, Pakistani and Bangladeshi teenagers sought advice from relatives other than their parents. The study found that Muslim or Hindu young women were more likely not ever to have had sex compared to those who reported no religious identification. For young men, regardless of their faith, only those who frequently observed their religion were less likely to have had sex or unprotected sex. These findings have implications for faith-based sexual health information and highlight the heterogeneity of BME young people, like other research by the TPU (2004) and the Social Exclusion Unit (1999).

With regards to the role of religion in non-BME groups, Lohan et al (2011) explored Irish adolescent males' views of abortion. The study found that religiosity was the strongest predictor of adolescent men's choices. However, young men were considering hypothetical unplanned pregnancies in the study, and considering the national context of Ireland, there could have been a pressure to give socially-desirable responses. However, the study is rare in its focus on young men's views regarding pregnancy, but, as the authors note, the study cannot draw conclusions relating to the young men's actual experiences. There is generally a need for further research that focuses on young men's sexual experiences and decision making.

Meanwhile, Downing et al (2011) carried out a review of the effectiveness of parent and family-based interventions on sexual outcomes for young people in the UK. The authors found parent-based interventions were not consistently effective in reducing sexual risk behaviours. Compared to family-based interventions, parent-based interventions such as 'Parents Matter' (Forehand et al, 2007) and 'Saving Sex for Later' (O'Donnell et al, 2005) had a greater effect on parent-child communication. However, increased parent-child communication did not affect young people's sexual behaviour. A strength of this review is that it looked at a large number of studies. However, it did not consider the background of

families taking part in the programme and the effect of this on parental or familial responses to the intervention programme. The research, again illustrates the heterogeneity of families and the cultural and religious diversity which exists and influences young people's sexual behaviours.

2.4.3. Access to Contraception and Sex and Relationship Education (SRE)

Access to contraception and SRE are believed to contribute to reducing teenage conceptions and was a key part of the Teenage Pregnancy Strategy which led to local strategies aimed at giving young people more information and access to sexual health services (DfES, 2006). In the 1970s, access to contraception led to a reduction in teenage conception rates in the UK when it became freely available to all women irrespective of marital status (Wellings and Kane, 1999). However, this decline did not continue and teenage pregnancy rates remain much higher in the UK than in other European countries. French et al (2007) looked at the impact of the Teenage Pregnancy Strategy on young people's knowledge of and access to contraceptive services. The authors concluded that there had been a statistically significant increase in the use of school-based services for contraception amongst young women since the implementation of the strategy (over a four year period) and there had been a significant decline in young men's use of the commercial sector for contraception over the same period. However, although there had been changes in young people's use of contraceptive services, the authors note that there had not been an overall increase in service use.

A strength of this research was that it looked at a wide age range (13-21) providing information about younger people's knowledge and understanding of contraception services. The research found a large number of young women and men remain unaware that they can receive contraception without parental permission, highlighting the need for appropriate

education and health professionals conveying the correct messages about the confidentiality of sexual health services. The authors also found in some rural areas there are few specific services for young people. Finally, French et al (2007) found the majority of young people 'at risk' for pregnancy do use contraception but are not always using the most appropriate or effective methods of contraception.

Newby et al (2012) carried out a cross sectional survey of 3,334 13–17 year olds in English secondary schools and found Asian pupils were more likely to prefer single gender SRE classes in comparison to White pupils. Sexual experience of pupils also influenced preferences and may be linked to pupils not wanting to reveal their sexual inexperience or ignorance. There were fewer ethnic and gender differences regarding SRE content. However, this contradicted previous research by Coleman and Testa (2007) who found ethnic differences in topic choices. The multivariate analysis used by Newby et al (2012) provides information regarding the independent effects of variables and the possible interactions between them. Another strength of the study relates to the large and diverse sample that was involved, which included a range of socio-economic and ethnic profiles. However, the researchers recognise the homogeneity assumed within ethnic groups and acknowledge the complexity of the concept of ethnicity.

Vivancos et al (2012) found school-based SRE was effective in reducing the risk of unprotected sex and sexually transmitted infections (STIs) in early adulthood in British students. They asked university students to reflect on their school-based SRE and quantified the effectiveness of school-based education on risky sexual behaviour and STIs. This study did not aim to look at teenage pregnancy and therefore did not ask students about whether they had ever been pregnant, had an abortion, or were parents. The study also relied on self-report and people's memories about earlier SRE as teenagers which may be inaccurate. The

study's sample was also taken from one English university and the authors recognise their sample is skewed, as it included those who had higher educational attainment on average. I would argue, based on data on students attending British universities that they were more likely to have come from non-working class and non-BME backgrounds (Gillborn, 2010). As already explored, this reduces key risk factors linked to risky sexual behaviour such as poverty and being BME. However, Vivancos et al's (2012) research does demonstrate that within the university sample, school-based SRE did positively influence sexual behaviour in young adulthood. Like Harden et al (2009) and Phillips-Howard et al (2010) the authors note the need for a systemic approach that addresses the multiple risk factors and promotes protective factors including enhancing familial relationships and the school environment.

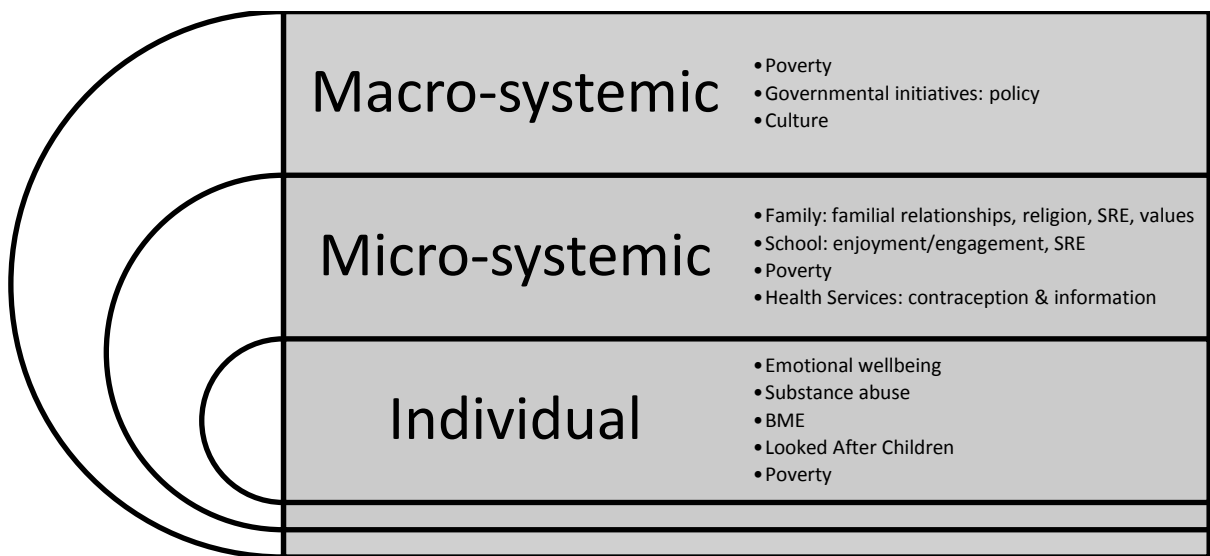
Newby et al's (2012) study highlights the need for an inclusive SRE programme which recognises cultural and gender differences and involves pupils in its development. However, the authors acknowledge the importance of balancing pupil preferences against assessed needs. The above research evidence again demonstrates the important role that schools play in SRE and has implications for all professionals who work with and in schools, including EPs.

2.5. How are these Risk and Protective Factors Relevant to Educational Psychologists (EPs)?

This report has reviewed some of the key risk and protective factors related to teenage pregnancy, highlighting multiple interrelated factors which operate at multiple levels (Figure 2.1) and demonstrate the need for a multi-level approach addressing these multiple factors. Figure 2.1 maps the associated risk and protective factors at the level of the individual, microsystem and macrosystem. As previous research has noted (e.g. Newby et al, 2012), if teenage pregnancy rates are to be reduced in the UK, we need to work at the individual,

micro-systemic and macro-systemic levels and acknowledge the complex and multiple ways in which these systems influence teenage pregnancy and subsequent outcomes for young parents and their children.

Figure 2.1: Teenage Pregnancy: Multi-Level Risk & Protective Factors (derived from literature summarised in sections 2.3 and 2.4)



EPs work at a variety of different levels to support the needs of children and young people (CYP). This can involve working at an individual level with CYP or at a micro-systemic level with families and schools. Therefore, the risk and protective factors examined above are important and relevant to the work EPs do. For example, for several factors related to teenage pregnancy such as educational enjoyment/engagement, SRE and emotional wellbeing, educational settings play an important role and therefore affect all professionals who work with and in these settings, including EPs. The work of EPs includes working with CYP and schools to promote social and emotional wellbeing; improve access to education; and support school improvement. This relates to the needs of school-age parents and those at risk of early

parenthood. The final section, therefore, explores the potential role of EPs in this area and how EPSs could market themselves to play a role in reducing teenage conception rates.

2.6. Is there a Role for EPs in Reducing Teenage Pregnancies, and if so, within a Changing Service Context, how could Educational Psychology Services (EPSs) Market themselves to play a Role in the Reduction of Teenage Pregnancies?

As illustrated in Figure 2.1, the phenomenon of teenage pregnancy is associated with multiple interrelated factors which operate at multiple levels. Targeting these multiple factors involves professionals across different disciplines. This report now considers whether the discipline of Educational Psychology could play a role in reducing teenage conception rates and the social exclusion of young parents in the UK.

2.6.1. Educational Psychology: A Changing Landscape

Governmental policy and legislation have played an important role in shaping Educational Psychology practice. The 1981 Education Act secured the future of EPs with the introduction of the statutory assessment process, and the 1996 Education Act introduced strict time frames for completing these assessments, as well as introducing the Code of Practice and Special Educational Needs (SEN) tribunals (Hill, 2013). Over time, these changes led to a narrowing of the EP role, where time was dominated by statutory assessment work.

The Labour government's Green Paper 'Excellence for All Children' in 1997 emphasised a commitment to improving the achievement of SEN pupils, leading to a shift in focus towards social inclusion, which was underpinned by the understanding that complex problems required multi-faceted responses. This resulted in the establishment of the Social Exclusion

Unit which carried out research to inform policy on complex matters including teenage pregnancy.

A review of the Educational Psychology profession by the Department for Education and Employment (DfEE, 2000) confirmed the wider range of skills that EPs possess which could help to deliver the then new Labour government's agenda. This led to EPs taking up positions within teams which targeted those facing social exclusion, such as Youth Offending Teams (YOTs) (Hill, 2013). In 2004, the Labour government's 'Every Child Matters' (ECM) agenda intended to provide community-based 'wrap around' provision, aimed at prevention and early intervention. This followed on from Lord Laming's (2003) report into the death of Victoria Climbié, which highlighted the need for improved communication between agencies. In relation to the ECM agenda, Farrell et al (2006) conducted a further review of the Educational Psychology profession which demonstrated the skills and abilities through which EPs could make a distinctive contribution to the delivery of the five ECM outcomes.

Though the ECM agenda is not supported by the current Coalition Government which came into power in May 2010, in the recent Review of training for EPs and SEN Green Paper (DfE, 2011a), the ECM agenda was expanded upon (AEP, 2011). Like the previous government, changes implemented by the Coalition Government have had an impact on the future of traditional educational psychology services (AEP, 2011).

With the new government came significant cuts to public spending which led to cuts to LA funding. Secondly, there were structural changes to the delivery of public services which resulted in the employment of fewer staff by LAs. Additionally, there have been significant changes to the nature of 'state schools', leading to an increased number of academies and free schools whose funding comes directly from central government rather than through LAs, as

detailed in the 'School Funding Reform – Proposals for a Fairer System' consultation paper (DfE, 2011b). These changes led to LAs reducing the size of many teams including EPSs.

The impact of these changes has affected Services to varying degrees but the AEP (2011) report the loss of 200 substantive EP posts between autumn 2010 and autumn 2011. These cuts and changes have led to alterations in the nature of current services. For example, though some services continue to be funded directly by the LA, others have made the shift to becoming semi-traded or fully traded/commissioned services, where core/statutory functions are still funded by LAs but EPSs are able to generate income by trading with schools and organisations by marketing services in order to contribute to improved outcomes for children and families.

In their paper on the delivery of educational psychology services, the AEP (2011) state that regardless of the models of service delivery, EPSs should be funded and organised to fulfil certain principles, including undertaking a full range of work as outlined in 'Every Child Matters: Change for Children' (DfE, 2006). Furthermore, this paper highlights the change in working practices of EPs and the potential ethical issues that arise. For example, there is an increase in the number of self-employed EPs or EPs working within non-LA groups. This is creating tensions between EPs and EPSs which are a product of a 'semi-free market' (AEP, 2011).

So the profession of Educational Psychology continues to evolve and adapt to this changing landscape as an increasing number of EPSs become trading services, with implications for the role of EPs and for the ways in which EPSs work with schools and other potential commissioners. It is evident that evolving governmental policy and legislation have, at times, both narrowed and widened opportunities for the profession of Educational Psychology. I

would argue current changes to the profession, which have led to trading services, offer opportunities for EPs to market themselves in areas they may not have previously considered. We are currently in a position where applied psychologists can work in complex multi-faceted areas where the complex profiles of individual psychological needs are leading to a need for EPs to be placed within teams such as YOTs (Ryrie, 2006). There is an increased requirement for a multi-faceted management approach which aims to reduce risk, through specifically tailored, multi-modal interventions, for complex problems.

2.6.2 Teenage Pregnancy: An Opportunity for Educational Psychology

Teenage pregnancy is one such complex area which, as the evidence shows, is associated with multiple factors, requiring a multi-level and multi-modal approach. Following a request for EP involvement from the School-Age Parent Support Team, there was an interest in developing commissioned services within the area of teenage pregnancy whilst I was on placement within Birmingham EPS. The School-Age Parent Support Team contacted the EPS as it wished to better understand the phenomenon of teenage pregnancy, and enquired as to whether the EPS could support them to develop their knowledge and understanding of this complex area. Similarly, Arai (2003) found a desire for further information when interviewing Teenage Pregnancy Coordinators who were aware of the association between young parenthood and poverty but were unable to explain the reasons for this association. The Coordinators wanted further information to be able to do their jobs more effectively. I would argue there is a place for Educational Psychology in enabling a better understanding of teenage pregnancy and I will now consider how EPs could contribute to this domain through the application of Moscovici's (2000) Social Representations Theory (SRT).

I return to Moscovici's SRT as it offers a framework of concepts that allow us to study psychosocial phenomena such as teenage pregnancy (Wagner et al, 1999). As discussed earlier, Smith and Roberts (2011) applied SRT in order to attempt to understand the complex relationship between poverty and teenage pregnancy. The authors emphasised the importance of understanding how young people make sense of their world; identifying the psycho-social factors that young people believe to contribute to young pregnancy; and appreciating the representations around them that inform their decision making, in order to design effective prevention strategies for young people and appropriate support programmes for young parents (Smith and Roberts, 2011).

SRT holds that representations arise through social interaction between individuals and groups. Importantly, these representations reflect historical, cultural and economic contexts (Hojjer, 2011) and in relation to teenage pregnancy, the associated risk and protective factors can be linked to historical, cultural and economic influences at micro-systemic and macro-systemic levels (Figure 2.1). An understanding of the representations of teenage pregnancy that exist can aid in developing a deeper understanding of differing representations of teenage pregnancy amongst different groups and at different levels. For example, comparing how teenage pregnancy is constructed and understood at the individual level with how it is constructed at a macro-systemic level, in terms of governmental representations, as reflected in policy and initiatives. These social representations of teenage pregnancy at different levels may differ in important ways which can help to inform governmental policy and the practice of service providers and in turn produce new social representations of teenage pregnancy by transforming old representations which may not reflect the representations of young people.

Additionally, as noted earlier, SRT could be applied to understand the representations of teenage pregnancy in different areas of Birmingham. This could offer a deeper understanding

and possible reasons for different teenage conception rates across Birmingham wards (Appendix One). This in turn could inform the development of appropriate and effective interventions or support strategies. Through the application of SRT, and the deeper understanding it could offer, EPs could then support educational settings in the development of tailor-made programmes of SRE.

Furthermore, and perhaps most significantly, in their commitment to anti-oppressive practice, EPs could play an important role at multiple levels, sensitively challenging misunderstandings relating to the relationship between teenage pregnancy and associated factors and the perceived outcomes for young parents. This could be achieved through consultation, delivery of training and contribution to the development of SRE programmes.

A range of methods have been used in social representations research (Hojjer, 2011; Smith and Roberts, 2011) which include the use of focus groups and interviews. In social representations research, researchers are interested in observing the talk and action which is related to the phenomenon of interest and EPs possess the research skills and theoretical knowledge to design and carry out research which applies SRT. For example, through the use of narrative interviews or focus groups, EPs can build a psychological understanding of teenage pregnancy and young parenthood and illuminate representations of this phenomenon at multiple levels in order to understand how risk and protective factors operate and influence the likelihood of young parenthood.

With this in mind, I would argue EPs are potentially well placed to contribute to this complex area and support other teams, such as the School-Age Parent Support Team, in order to improve outcomes for young people and their families. I highlight the following two areas as priorities for EPs in the broad domain of teenage pregnancy and young parenthood:

- At macro and micro-systemic levels: Research

EPs, as noted above, possess the skills and knowledge to design and carry out research applying SRT to gain a deeper insight of the representations of teenage pregnancy across different Birmingham wards. This could involve holding focus groups or semi-structured interviews with young people, parents and service providers such as the School-Age Parent Support Team. The analysis of this data could lead to new understandings of the area of teenage pregnancy that is specific to the wards of Birmingham and could contribute to identifying areas of need, leading to the development of appropriate and effective interventions that meet the needs of this population.

- At a micro-systemic level: Training

A training package could be developed by EPs which is informed by theory and research evidence. This training would target individuals who work with young people at different levels, for example, school nurses, sexual health advisors, SRE teachers and school-age parent support teams, in order to build their knowledge and understanding of this complex area and to support them to design interventions which are based on a better understanding of the area.

As discussed above, the profession of Educational Psychology is changing, due partly to cuts in funding, and this has led to uncertainties with regards to the future of the profession. However, it is also a time of opportunity as more and more EPSs begin successfully trading services to potential commissioners and I would argue that EPs are well placed to make a unique contribution to the broad domain of teenage pregnancy and young parenthood. EPSs need to market what they can contribute to this area in terms of training, research, consultation or school improvement, through their service marketing materials in order to

raise awareness of this potential work to commissioners and to further broaden the role of EPs.

2.7. Conclusions

This PPR has explored the socially and economically significant area of teenage pregnancy from a psycho-social perspective and through a Systems Model framework. Teenage pregnancy is commonly portrayed and perceived as problematic and undesirable, and there is research evidence (for example, Botting et al, 1998; Hobcraft and Kieran, 2001) that has found poorer outcomes for both young mothers and their children in many cases. However, this is not true for all young mothers and their children: this report has critically analysed the concept of teenage parents as an homogeneous group by highlighting the heterogeneity that exists in the teenage parent population with regards to attitudes towards young parenthood and the long term outcomes for young parents. For example, research by the TPU (2004) found there was little adverse impact of teenage parenting on a woman's qualifications, employment or pay at age 30 which contradicted previous research findings. The long term consequences of young parenthood also differ greatly when comparing ethnic groups. For example, research found the disadvantages of teen-birth were lower for Caribbean, African and Indian women when compared to white women (TPU, 2004). The research found there more disadvantages associated with early parenthood in cultures where early fertility was unconventional, whereas in communities who have higher rates of teen parenting, for example, Pakistani and Bangladeshi communities, research found no evidence of disadvantage (TPU, 2004).

The UK has one of the highest rates of teenage pregnancy in the developed world and this led to the implementation of the Teenage Pregnancy Strategy in 1999, which aimed to halve

teenage pregnancy rates in the under 18s and reduce the social exclusion of young parents by increasing the proportion of teenage mothers in education, employment and training by 60%, by 2010. This strategy did reduce teenage conception rates to the lowest in two decades but failed to achieve its ambitious target of halving its teenage conception rates in the under 18s by 2010 (DCSF and DoH, 2010). With regards to reducing the social exclusion of young parents, a longitudinal study by the TPU (2007) found protective factors for this population included familial support, positive partner relationship, employment that was enjoyable and having the opportunity to improve one's life.

This report has examined some of the risk and protective factors associated with teenage pregnancy including poverty, wellbeing, school engagement and access to SRE. Much research evidence demonstrates that poverty is one of the biggest risk factors for teenage pregnancy (Baird and Porter, 2011). However, research is yet to fully explain the underlying mechanisms through which poverty and teenage pregnancy are related. Though, Smith and Roberts (2011) use of SRT begins to offer a way of gaining insight into the reasons why a pattern exists regarding the social gradient in teenage pregnancy. The PPR also highlights that the relationship between poverty and young parenthood is a complex one, as teenage pregnancy is a proxy indicator of many forms of disadvantage, including poverty, but is not the cause of poverty itself since teenagers who are already disadvantaged are at a higher risk of having a baby.

Individual wellbeing is also an important correlate for teenage pregnancy and is interrelated to several other factors such as school engagement and substance abuse which have also been found to affect the likelihood of early sexual activity (Phillips-Howard et al, 2011). Access to SRE has also been found to be an important factor in teenage pregnancy. In countries with lower teenage conception rates, access to SRE is reported to be better (NHS, 2012). Findings

of the TPU (DfES, 2006) demonstrated that SRE and access to services was the most effective at reducing teenage conception rates in the under 18s. However, research into preferences regarding the content and delivery of SRE programmes found gender and ethnic differences, with implications for educators (Newby et al, 2012).

Research into teenage pregnancy with regards to the BME population has further demonstrated the heterogeneity of the teenage parent population. Higginbottom et al (2008) found cultural differences, such as early marriage, which may explain young parenthood amongst BME populations for whom, the long term outcomes are not as detrimental in comparison to their white counterparts (TPU, 2004). This has implications for governmental initiatives, like the Teenage Pregnancy Strategy, which arise from a position which perceives teenage pregnancy to be problematic and undesirable for all and does not recognise the diversity of experiences and cultural practices in the UK.

Factors which have been found to protect against early parenthood include school enjoyment/engagement, wellbeing, access to contraception, SRE, familial relationships and religiosity. Research evidence shows young people with positive wellbeing are less likely to engage in sexual activity or drink alcohol (Philips-Howard et al, 2010). However, school engagement did not make a significant difference for males. Research findings do illuminate that systems beyond the individual interact with and influence the individual, with implications for schools in their role in enhancing young people's wellbeing. Supporting this, Harden et al (2009) found early interventions and youth development programmes, which enhanced school enjoyment and raised expectations, reduced unplanned teenage pregnancies.

Research by the TPU (2005a; 2004) and others (Social Exclusion Unit, 1999; Newby et al, 2012) have found religiosity and familial relationships play a role in the likelihood of early

sexual activity. The research also highlights differences between BME adolescents and white adolescents. Familial expectations, cultural values and ethnic background prevented some young people from engaging in sex before marriage. Consequently, BME adolescents had their first sexual experience at a later age, compared to their white peers. Additionally, those who frequently observed their religion were less likely to have had sex or unprotected sex.

With regards to the role of SRE, research by Newby et al (2012) highlighted the need for inclusive SRE which recognises cultural and gender differences and involves pupils in its development, balancing pupil preferences against assessed needs. This protective factor again placed schools in an important position in influencing the sexual behaviour of young people and has implications for those who work with and in schools.

Examination of the above associated risk and protective factors for teenage pregnancy demonstrate its complexity and the need for a multi-modal, multi-level approach to reduce teenage conception rates and the social exclusion of young parents. Figure 2.1 illustrated the multiple levels at which these factors operate with implications for interventions which target individual, micro-systemic and macro-systemic levels. EPs work at a variety of different levels to support the needs of CYP and this report has considered the potential role of Educational Psychology, highlighting reviews of the profession which have demonstrated the skills and abilities through which EPs could make a distinctive contribution to complex areas like teenage pregnancy (Farrell et al, 2006). A number of the identified factors associated with teenage pregnancy such as school engagement, wellbeing and SRE relate to schools and therefore concern EPs who work with and in schools.

This report has explored how recent cuts to funding have led to changes to the profession of Educational Psychology, including the reduction in the size of educational psychology teams

and a move towards trading services in increasing numbers of EPSs. I have argued how this time of change offers an opportunity for EPs to work in areas they may not have considered previously and why they have the skills and knowledge to be able to contribute to the broad domain of teenage pregnancy and young parenthood. Furthermore, supporting the need for EP involvement, I highlighted how, whilst on placement within Birmingham EPS, the Service was approached by the School-Age Parent Support team who requested support to improve their understanding of this phenomenon.

I have explored how EPs could uniquely contribute to this area through research which applies Moscovici's (2000) SRT, in order to build a deeper understanding of the representations of teenage pregnancy and young parenthood. SRT could be used to understand representations of this phenomenon at macro-systemic and micro-systemic levels. This could inform the development of governmental policy and initiatives which are more appropriately attuned to the needs of young people. Secondly, it would inform the practice of individuals and organisations operating at micro-systemic levels such as educational settings and health advisors. I have also discussed how EPs could apply SRT to build a better understanding of the representations of teenage pregnancy and young parenthood across different wards of Birmingham where there are differing teenage conception rates.

I highlight two areas which I believe should be priorities for EPs within this broad area: firstly, research which applies SRT to gain a better understanding of teenage pregnancy and young parenthood at multiple levels; and secondly, training, informed by theory and research evidence, which targets individuals and organisations who work with young people. Within the changing landscape of Educational Psychology, EPs have an opportunity to market themselves to potential commissioners to meet a need within this area and offer a

psychological understanding of the complex phenomenon of teenage pregnancy, in order to improve outcomes for young people and their families.

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APPENDICES

A1: Teenage Conception Rate (per thousand) for Birmingham: January 2009 – December

2009 (Birmingham City Council, 2009)

Area	Data
Birmingham	40.33

Constituency

Area	Data
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Ward

Area	Data
Acocks Green Ward	58.64
Aston Ward	60.65
Bartley Green Ward	52.72
Billesley Ward	58.56
Bordesley Green Ward	22.78
Bourneville Ward	35.50
Brandwood Ward	35.79
Edgbaston Ward	15.38
Erdington Ward	48.95
Hall Green Ward	14.23
Handsworth Wood Ward	32.47
Harborne Ward	8.930
Hodge Hill Ward	35.59
Kings Norton Ward	57.80
Kingstanding Ward	78.33
Ladywood Ward	65.79
Longbridge Ward	41.43
Lozells and East Handsworth Ward	30.34
Moseley and Kings Heath Ward	30.16
Nechells Ward	58.39
Northfield Ward	29.96
Oscott Ward	49.91
Perry Barr Ward	49.65
Quinton Ward	59.73
Selly Oak Ward	32.26
Shard End Ward	57.04
Sheldon Ward	26.00
Soho Ward	48.51
South Yardley Ward	52.45
Sparkbrook Ward	22.50

Springfield Ward	18.26
Stetchford and Yardley North Ward	50.97
Stockland Green Ward	57.52
Sutton Four Oaks Ward	14.35
Sutton New Hall Ward	27.46
Sutton Trinity Ward	27.56
Sutton Vesey Ward	16.00
Tyburn Ward	64.89
Washwood Heath Ward	30.93
Weoley Ward	35.00

CHAPTER THREE: PROFESSIONAL PRACTICE REPORT TWO:

A CASEWORK EXAMPLE OF THE APPLICATION OF COGNITIVE BEHAVIOURAL THERAPY (CBT) TO TREAT ANXIETY IN A CHILD WITH ASPERGER SYNDROME

Abstract

This professional practice report (PPR) examines a piece of therapeutic work that I carried out as part of the initial doctoral training in educational psychology, which requires trainee Educational Psychologists (EPs) to identify a case which would be appropriate for therapeutic work, during their placement with a Local Authority (LA) Educational Psychology Service (EPS).

I worked with a pupil who had a diagnosis of Asperger Syndrome and was reported to be experiencing considerable anxiety, which was affecting his school life. To protect the identity of the child, the pseudonym Andrew will be used throughout this report. An adapted CBT programme (Stallard, 2002) was implemented with the aim of reducing Andrew's anxiety levels. By the end of the CBT programme, Andrew's anxiety levels had reduced, evidenced by school and parental reports, as well as self-reports.

The PPR begins by briefly discussing the role of educational psychology in therapy before focusing on anxiety as one of the most common psychological difficulties experienced by children and young people (CYP) (Cartwright-Hatton et al, 2006; Muris and Broeren, 2009). I explore the nature of anxiety in CYP with and without an Autism Spectrum Disorder² (ASD), to highlight the distinct features of anxiety in CYP with ASD.

² Where the term Autism Spectrum Disorder (ASD) is used, it includes 'autistic disorder', 'Asperger Syndrome/disorder' and 'PDD-NOS' (pervasive developmental disorder not otherwise specified), unless otherwise stated.

The report discusses CBT as a therapeutic approach and examines the evidence base for the use of CBT to treat anxiety in CYP, including CYP with ASD. It highlights the skills required by CYP, including those with ASD, to engage with cognitive-behavioural therapies. The report highlights the evidence for the effective use of CBT with CYP with Asperger Syndrome (high-functioning autism).

The PPR also discusses why comprehensive case conceptualisation and formulation is necessary for the development of effective individualised programmes of treatment, and illustrates how it was used in the present casework example.

Finally, the therapeutic work reported here adds to the evidence base that CBT can be effective in treating anxiety in CYP with high-functioning autism and has implications for future EP practice in the area of therapy. However, the report highlights some of the barriers and facilitators to delivering effective therapeutic interventions for EPs and for trainee EPs, including access to supervision for therapeutic work.

3.1 Introduction

Andrew was a Year Five pupil who had a diagnosis of Asperger Syndrome and had been described, by school staff and his mother, as a very anxious individual who struggled to cope with many aspects of life including home and school. This PPR reports selectively on my work with Andrew, where I adapted a CBT programme which aimed to reduce Andrew's anxiety. The PPR begins by offering a brief synopsis of the case, followed by a short discussion of the role of EPs in therapy. It then moves on to look more widely at issues relating to anxiety in CYP with ASD and the effectiveness of CBT in treating anxiety in CYP with ASD. The PPR details my assessment, conceptualisation and formulation of Andrew's

needs and considers the importance of comprehensive case formulation in therapeutic work. The PPR also considers ethical issues that are common to any therapeutic work as well as those specific to educational psychology practice. The PPR ends with my reflections on delivering CBT for the first time as a trainee EP, highlighting some of the barriers and facilitators for me personally and for EPs more widely. Table 3.1 gives an overview of the PPR.

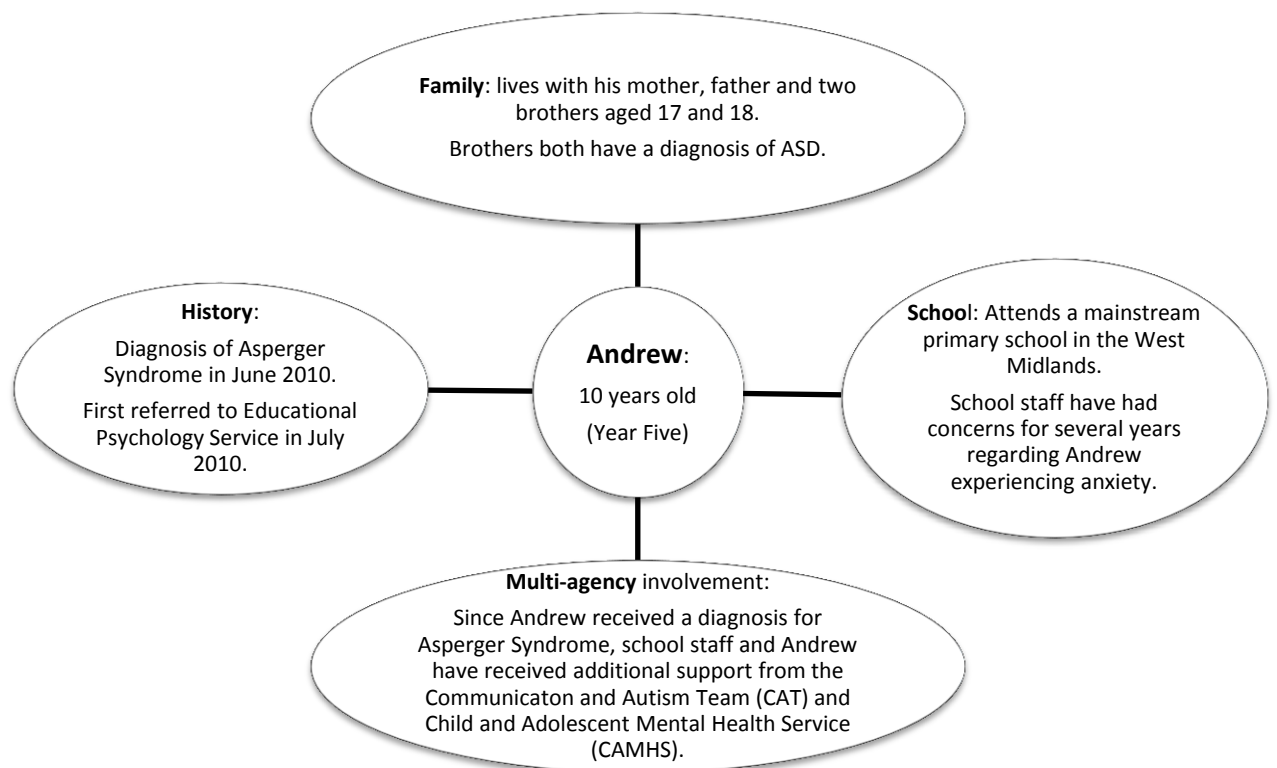
Table 3.1: Overview of PPR

Section	Description
3.2	Case Synopsis
3.3	Educational Psychology and Therapy
3.4	Anxiety in CYP
3.4.1	Measuring Anxiety
3.4.2	Anxiety and ASD
3.5	Treatment of Anxiety in CYP with ASD
3.5.1	CBT as a Therapeutic Approach
3.5.2i	Use of CBT to treat Anxiety
3.5.2ii	Use of CBT to treat Anxiety in CYP with ASD
3.6	Case Conceptualisation and Formulation
3.6.1	Assessment: Andrew
3.6.2	Formulation: Andrew
3.6.3	CBT Intervention: Andrew
3.7	Ethical Considerations and Reflections
3.8	Concluding Comments

3.2 Case Synopsis

Andrew was first referred to the EPS in July 2010 following parental and school concerns regarding anxious behaviour which was affecting his wellbeing and ability to cope with many aspects of life. I became involved in January 2013 after the school Special Educational Needs Coordinator (SENCo) referred Andrew to the school EP as there remained concerns about Andrew's levels of anxiety at school. Additionally, Andrew's mother was concerned about whether Andrew would be able to cope at secondary school and she was keen for Andrew to receive additional support before school transfer. Figure 3.1 offers a summary of key information about Andrew.

Figure 3.1: Andrew



3.3 Educational Psychology and Therapy

Historically, in early educational psychology practice, EPs were involved in therapeutic work. Mackay (2007) argues that it should be rehabilitated in the profession, stating that EPs can play a key role in providing therapeutic interventions for CYP. This argument is supported by the rise in mental health difficulties in CYP in Great Britain (Office for National Statistics, ONS, 2004). EPs are increasingly involved in supporting young people's emotional wellbeing through work at the individual and school level and there has been much support for EPs implementing therapeutic interventions in schools (DoH, 2008; Rait et al, 2010). It is argued that the knowledge and skills which EPs possess mean they are well placed to support schools and individuals in the area of emotional wellbeing. This was noted in the 2011 Green Paper 'Support and Aspiration: A New Approach to Special Educational Needs and Disability' (DfE, 2011).

Additionally, Atkinson et al (2011) reported an increase in EPs and trainee EPs undertaking training in therapeutic work, as part of the initial doctoral training programme in educational psychology and through CPD. Since the introduction of the doctoral programme, training providers have prioritised training in a range of therapeutic interventions including CBT, thereby equipping EPs with the skills and knowledge to work therapeutically. The therapeutic work reported in this PPR reflects the prioritisation of training in therapeutic interventions within the doctoral programme.

Atkinson et al (2013) argue that EPs are potentially well placed to deliver therapeutic interventions as they are based in schools, which removes logistical problems and reduces potential stigma attached to accessing external services. The authors surveyed UK EPs regarding the delivery of therapeutic interventions and identified four EPSs, which claimed to

deliver effective therapeutic interventions. Focus groups were held with EPs, stakeholders and commissioners within these services. Through thematic analysis, the authors identified three overarching themes including service context. The study found the service context could support the delivery of therapeutic interventions through: contracting and promoting; leadership; opportunities to practise; supervision; time and resources; and training. The study highlights factors which can facilitate therapeutic work in EPSs but it is important to acknowledge that, except for interviews with Principal EPs, only focus groups were held with others. The presence of colleagues or other stakeholders and commissioners, may have influenced and limited individual responses and discussions: limitations which need to be borne in mind when interpreting data.

Overall, there is growing involvement of EPs in therapeutic work; however, challenges remain linked to schools' use of EPs' time and EPSs' commitment to therapeutic work. This is further discussed in Section 3.7.

3.4 Anxiety in CYP

With regards to CYP's wellbeing, anxiety disorders are recognised to be one of the most common psychological problems that CYP can experience (Cartwright-Hatton et al, 2006; Muris and Broeren, 2009). Barlow (1988) defined anxiety as a strong negative emotion in response to real or imagined threatening situations. Anxiety is a complex phenomenon which comprises responses at three levels: cognitive, physiological and behavioural (Essau et al, 2013). The cognitive response can include distorted, negative and anxious thoughts relating, for example, to fear of the future (Beck, 1976). This cognitive response is interrelated to a physiological response where anxious thoughts activate the sympathetic nervous system, leading to physical and chemical changes in the body which prepare the body for action

(Rapee et al, 1995). This fight/flight response results in behavioural responses which could include avoidance behaviour (Essau et al, 2013).

Anxiety is seen in infancy and early childhood and is a normal part of growing up (Essau et al, 2013). For example, at 6-18 months it is normal for babies to experience anxiety in response to separation from their main carers. During adolescence individuals can experience social anxiety relating to identity or personal appearance (Essau et al, 2013). So experiences of anxiety change as a result of cognitive development and developmental progression relating to age and the maturation process. Furthermore, anxiety can be advantageous and valuable in avoiding dangerous stimuli. Additionally, moderate anxiety can enhance performance in some situations (Essau et al, 2013).

Since anxiety is normal at certain developmental stages, Essau et al (2013) highlight that this can result in difficulties identifying when anxiety is 'abnormal' (an anxiety disorder). Beesdo et al (2009) differentiate 'normal' fears and worry from anxiety disorders in terms of severity of symptoms, duration and the degree to which anxiety affects one's life. Similarly, Essau (2007) differentiates an anxiety disorder from 'normal' fear in terms of duration and intensity and how this corresponds to actual harm; as well as the degree to which anxiety impairs and interferes with psychological, academic and social functioning.

3.4.1 Measuring Anxiety

Anxiety disorders are grouped within categories which are believed to be discrete and distinct disorders (American Psychological Association, APA, 2000). However, Ferdinand et al (2006), in their research into anxiety subtypes argue that distinctions between symptoms of different subtypes are not useful as there are often high comorbidity rates between disorders.

Childhood anxiety and depression have long been measured using self-report measures (Chorpita et al, 2000). After publication of the revised Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) in 1994 (APA, 1994), there was a need for symptom-specific measures which related to the constructs used in the DSM-IV diagnostic criteria and enabled the systematic identification of disorders in children. However, as noted above, anxiety changes through life and Essau et al (2013) argued that, except for separation anxiety, there was a lack of developmental consideration in DSM-IV.

The Spence Children's Anxiety Scale-Child (SCAS-C) (Spence 1997) was created with the aim of being a symptom-specific measure, relating to the constructs used in DSM-IV, and comprised a 45-item scale with 38 items designed to assess children's reporting of anxiety symptoms that corresponded to DSM anxiety disorders (Chorpita et al, 2000). It is a self-report measure commonly used to assess anxiety levels in CYP (Appendix One) and was used with Andrew to assess his levels of anxiety before and after the implementation of a CBT programme. Research demonstrated the SCAS has good internal consistency for total score ($r=0.92$) and the SCAS has also been shown to demonstrate adequate test-retest reliability over a six month interval ($r=0.60$) (Chorpita et al, 2000). Recent research by Essau et al (2012) found the SCAS was a reliable instrument with strong psychometric properties when it replicated Spence's (1998) findings in Australia, with adolescents in Iran, challenging previous research which could not replicate Spence's six factor model (e.g. Essau et al, 2008; Ishikawa et al, 2009).

Overall, the SCAS is reported to be a robust measure of anxiety in children and has been much used since its development. However, the use of SCAS with CYP with ASD, like Andrew, raises difficulties as the SCAS has not been standardised for this population. This is

discussed further in Section 3.4.2. Despite these drawbacks, there is much evidence that the SCAS is a robust and reliable instrument and was therefore used in the present case.

3.4.2 Anxiety and ASD

It is well known that anxiety is more common in individuals with ASD than in those without ASD (White et al, 2009). ASD is a lifelong neurodevelopmental disorder associated with cognitive, social, communication, behavioural and mental health impairments (APA, 2000). However, what is less clear is whether what is referred to as anxiety in CYP with ASD is the same phenomenon as anxiety in neurotypical CYP (Ollendick and White, 2013). Kerns and Kendall (2012) state the difficulty in answering this question relates to the lack of validated instruments which measure anxiety in CYP with ASD. Ollendick and White (2013) proposed a theoretically informed model of the processes which are unique to anxiety in CYP with ASD and those processes that are shared. These processes were drawn from existing research within the area (for example, Muris et al, 1998; White et al, 2009; Wood and Gadow, 2010) and on empirically informed models of anxiety that typify anxiety in all CYP.

Shared processes included biased information processing, automatic and unhelpful thoughts and physiological hyper-arousal. Processes distinct to anxiety in ASD included social confusion and consequent fear/apprehension, difficulties in perceiving emotions in self and others, sensory defensiveness, social interaction difficulties and cognitive factors (for example, rigidity) (Ollendick and White, 2013). The authors accept that they cannot assert empirical validation of their model, but they argue that it offers a theoretical conceptualisation of the shared and unique features of anxiety as it is experienced in ASD, which they argue may have implications for the assessment and treatment of anxiety in individuals with ASD.

As noted earlier, the SCAS (Spence, 1997) was used in the present case to assess anxiety levels in Andrew before and after the implementation of a CBT programme. The SCAS requires users to have moderate language and cognitive abilities and is therefore useful with CYP with high functioning autism. Through school curriculum data, staff consultations and then individual work with Andrew, I was able to establish that Andrew possessed the required language and cognitive abilities. However, like many instruments which measure anxiety, the SCAS has not been standardised and validated for CYP with ASD (Ollendick and White, 2013) and therefore lacks psychometric properties for ASD (Grondhuis and Aman, 2012). Ollendick and White (2013) argue that clinicians need to be able to assess individuals in the absence of validated measures and more should be done with existing instruments with the aim of developing evidence-based instruments for CYP with ASD.

With the lack of validated measures of anxiety in CYP with ASD, Ozsivadjian et al (2012) attempted to understand the nature of anxiety in this group through the application of qualitative methods. The researchers held focus groups with parents (n= 17) and children (n=4). The research found that the anxiety had a greater impact than the ASD itself. The study identified a number of autism-specific triggers and symptoms of anxiety, where triggers included disruptions to routines, sensory sensitivities and social difficulties. Symptoms of anxiety differed in intensity, pervasiveness and persistence. However, the authors recognise the small purposive sample that their findings are based on and that very few children agreed to take part, highlighting a difficulty in gaining insight into the perspective of CYP with ASD.

3.5 Treatment of Anxiety in CYP with ASD

3.5.1 Therapeutic Approach: CBT

CBT is based on the relationship between cognitions (what we think), affect (how we feel) and behaviour (what we do) (Stallard, 2002). The core principle of CBT relates to identifying and addressing maladaptive thinking styles which affect an individual's emotions and behaviour. The aim of CBT is to address the errors in thinking and change cognitive processes in order to reduce psychological distress (Greig, 2007). Maladaptive cognitive schemas (core beliefs) are thought to develop during childhood and to lead to processing information in particular ways, for example, by selectively attending to information which can lead to and sustain automatic thoughts (Stallard, 2002; Greig, 2007). These automatic thoughts can go on to affect every day cognitive processing and contingent emotions and, in turn, behaviour.

CBT assumes that addressing thinking errors will bring about changes in feelings and behaviours (Beck, 1976) and reduce psychological distress. However, it is important to highlight that the link between thoughts, feelings and behaviours is an interdependent cycle whereby causation or intervention can be related to any part of the cycle (Greig, 2007; Graham, 2005).

There is much evidence for the effectiveness of CBT with adults in treating various mental health difficulties (Greig, 2007). However, CBT was once thought to be considerably less useful with children as it was believed that children, as concrete thinkers, lacked the abilities of abstraction. However, evidence from Fonagy et al (2002) found that CBT could be effective in treating CYP, especially when taking into account a child's cognitive development. Literature in this area has focused on children's development, their cognitive

capacities and how this affects the degree to which they can participate in CBT (Fuggle et al, 2013). Fuggle et al (2013) believe CBT is a promising approach for children but note that its effectiveness with complex difficulties is yet to be established. For example, Fonagy et al (2002) found CBT to be the least effective approach with more severe problems.

Fuggle et al (2013) note the evidence is strongest for CBT in treating anxiety disorders but highlight research by Cartwright-Hatton et al (2004) which found 30–40% of cases were still experiencing anxiety by the end of the intervention. However, the authors also highlight research (Clark et al, 2009; Layard, 2005) which found CBT to be a useful approach in treating distress in adults as part of IAPT (Improving Access to Psychological Therapies) and which has led to the funding of an IAPT programme for CYP, which aims to support the need for practitioners to be trained in using CBT with CYP (Fuggle et al, 2013).

3.5.2i Use of CBT to treat Anxiety

There is increasing evidence for the efficacy of CBT in CYP. This includes evidence for the use of CBT in treating anxiety in CYP (Greig, 2007). Kendall (1994) found 64% of 47 9 – 13 year olds in a clinical sample were symptom-free after a ‘Coping Cat’ programme (Kendall, 1994) and this compared to only 5% of the waiting list control group. Furthermore, follow-up one year later found the positive changes were maintained. This contradicts Cartwright-Hatton et al’s (2004) research above and may be explained by the specific CBT programme used. The ‘Coping Cat’ programme may be a more effective CBT programme than that used by Cartwright-Hatton et al (2004). Alternatively, the contradictory findings may be related to differences between individual CBT and group/whole class CBT interventions such as the ‘Coping Cat’ programme.

Additional evidence for CBT came from a meta-analytic review of Randomised Controlled Trials (RCT) of therapies for treating anxiety disorders in CYP by Reynolds et al (2012). It found CBT to be effective in the treatment of anxiety in CYP when compared to control groups. However, the authors illustrated that disorder-specific CBT had a larger effect size than generic CBT and there were few studies to date of generic CBT including children with OCD or PTSD and relatively few which include children with specific phobias. Therefore, the only disorder to be seen specifically and generically is social phobia. This review also found individual treatment to be more effective than group treatment; longer durations of treatment to be more effective than shorter treatments; parental involvement was not linked to increased effectiveness of treatment and they found that older CYP reported larger treatment effects than younger children. This latter finding could be explained by the abilities of older children to engage in psychological therapies and/or self-report anxiety symptoms.

Other research has found individuals beyond the child to be significant in the effectiveness of treatment (for example Spence et al, 2000; Derisley, 2004). Studies have found including parents and school staff in any CBT programme will lead to better outcomes for the child, contradicting the above research by Reynolds et al (2012). Dummett (2010) emphasises that CBT is a collaborative approach which should incorporate systemic factors, for example, interpersonal and familial. She argues for the value of systemic cognitive-behavioural formulation which can lead to systemic work at the individual, parent-child or wider-system level. A systemic approach can help to identify developmental or attachment issues as well as maintaining factors outside of the child, and how they are interrelated to surrounding individuals and involved agencies (Dummett, 2010). This was relevant in the present case and is further explored in Section 3.7.

3.5.2ii Use of CBT to treat Anxiety in CYP with ASD

Reaven et al (2009) highlight the need to recognise that when using CBT with CYP with ASD, the social, cognitive and linguistic needs of CYP with ASD may influence the degree to which they are able to engage with the intervention. These challenges can be overcome by modifying CBT programmes (Moree and Davis, 2010; Reaven et al, 2009).

Lickel et al (2012) assessed the prerequisite skills for CBT in children with and without ASD. In a sample of 40 7-12 year olds, the groups were similar with regards to nonverbal IQ but children with ASD had significantly lower verbal IQ. The study found the groups performed comparably, in three CBT-related tasks, but not in tasks requiring emotion recognition. However, older children with ASD performed better in the emotion recognition task, suggesting that older children with ASD are more accurate in recognising emotions. The study's findings support the idea that some aspects of causal reasoning may be outside the cognitive and developmental capacities of young children with ASD and raises awareness of the need for research that contributes to a better understanding of the developmental capabilities of CYP with ASD.

Further support for the use of CBT in CYP with high functioning autism comes from Sung et al (2011), who compared the effectiveness of a CBT and a social recreational (SR) programme in reducing anxiety in high functioning children with ASD. Measures used by the researchers included the Spence Child Anxiety Scale–Child (SCAS-C) (Spence, 1994). The RCT found significantly lower anxiety levels (across different anxiety subtypes) with both programmes at post treatment and at 3 and 6 month follow ups. The SR programme was likely to have been effective in reducing anxiety because it gave individuals opportunities to develop and practice pro-social skills and as it is known, ASD is associated with social and

communication difficulties (APA, 2000) and this programme developed individuals' skills in these areas and would have, in turn, reduced their anxiety in social situations.

The authors found autism-friendly strategies, such as the use of structure and visual cues which encouraged behavioural regulation, were important components of an effective framework in anxiety management in CYP with ASD. Sung et al (2011) recognise that although they could detect a statistical significance between the two groups, their sample could have been too small to compare two active treatments. They also recognise that their research did not involve parents despite previous research (e.g. Sofronoff et al, 2005) having demonstrated that parental involvement improved the effectiveness of CBT for anxiety in children with Asperger Syndrome.

Supporting the previous findings of Greig (2007), White et al (2009) recommend the use of individual and group CBT interventions for CYP with ASD, as this combination allows explicit teaching as well as social practice. As well as working with me individually, Andrew was also taking part in a group CBT-based intervention, which served to reinforce key ideas and created opportunities for Andrew to practise his new skills and strategies with other children and adults.

3.6 Case Conceptualisation & Formulation

Case conceptualisation and formulation is an important step in the planning of any therapeutic work as it enables a better understanding of the multiple factors which contribute to any presenting problem (Dummett, 2006; Murphy and Christner, 2012). Comprehensive case conceptualisation enables the development of individualised programmes of treatment which address underlying mechanisms rather than dealing with symptoms of presenting problems

alone. Dummett's (2006) template for systemic cognitive-behavioural formulation addresses this and she argues it enables practitioners to assimilate a range of perspectives and manage underlying causative and maintaining factors when developing treatment plans for CYP.

Murphy & Christner (2012) also offer a CBT case conceptualisation model which outlines the steps to formulation that can lead to working hypotheses that move from theory to idiographic formulation. Like Dummett (2006), Murphy and Christner (2012) highlight the importance in understanding the antecedents/precipitating factors, maintaining factors/impediments to change as steps in formulation/conceptualisation. Similarly, Persons and Tompkins (2007) offer a cognitive-behavioural case formulation which highlights three elements: assessment, formulation and intervention. Information gained through assessment is used to develop the formulation, which Persons and Tompkins (2007) define as an hypothesis which encapsulates an individual's problems, origins of mechanisms and precipitants which are currently activating the mechanisms (schemas) to cause the problems. Cognitive-behavioural formulation emphasises psychological mechanisms but can include biological and somatic mechanisms (Persons and Tompkins, 2007). The origins of these mechanisms can be linked to distal causal factors as well as to proximal or immediate factors and can include social factors such as those related to family.

Deciphering how the origins, mechanisms, precipitants and problems are related leads to hypotheses which are used to develop appropriate interventions. Persons and Tompkins (2007) highlight the need for repeated assessment and changes to formulation and interventions as a result of assessment and monitoring of treatment. Additionally, Dudley and Kuyken (2006) emphasise how in CBT formulation, the biopsychosocial environment is recognised in the development of emotional difficulties but in CBT the client's agency and perspective are the focus. The following sections (3.6.1 – 3.6.3) describe my cognitive-

behavioural case formulation for Andrew, detailing how my methods of assessment informed my formulation of Andrew's difficulties and led to a cognitive behavioural intervention.

3.6.1 Assessment: Andrew

I employed a multi-method approach to assess Andrew's difficulties. This assessment process included an initial assessment as well as on-going assessment which shaped my formulation, since formulation is an iterative process (Fuggle et al, 2013). Assessments included consultations with Andrew's mother, his class teacher and an advisory teacher from the Communication and Autism Team (CAT). Additionally, I carried out individual work with Andrew, which included use of a standardised measure of anxiety (Appendix One), indirect approaches e.g. describing a recent difficult situation, direct questioning and application of Personal Construct Psychology (PCP) (Kelly, 1955).

Appendices Two and Three detail the information I gained through different methods of assessment which informed my formulation of Andrew's difficulties, and in turn helped to develop appropriate interventions, as discussed in Sections 3.6.2 and 3.6.3. Multi-source assessment also enabled triangulation and analysis of different sources of information. I found similarities in what school staff and Andrew's mother were describing with regards to behaviour they were seeing from Andrew. Individual work with Andrew enabled me to gain more insight into how Andrew related to school life and whether he was experiencing difficulties. Andrew described some similar difficulties to his mother and school staff. However, it is difficult to decipher to what extent Andrew's views may have been influenced by others' views about his difficulties.

From school curriculum data and my individual work with Andrew, I was able to learn that Andrew had strong language and cognitive abilities. As an individual with high functioning autism, as well as having very good verbal skills, Andrew also demonstrated an understanding of abstract concepts. These language and cognitive abilities influenced my application of CBT.

3.6.2 Formulation: Andrew

As described in Appendices Two and Three, initial and on-going multi-source assessment found that Andrew's difficulties related to school work, certain foods and swimming. Through collaborative goal setting with Andrew, I established that Andrew's most important goal was to not cry in response to difficult work in class. Therefore, my work with Andrew focused on this area which was causing Andrew great anxiety and, in my judgement, affected his wellbeing and ability to cope at school.

The Beckian model (Beck, 1976) of formulation used for depression lends itself well to illustrating the development of Andrew's difficulty in terms of predisposing/precipitating factors and how maintaining factors influenced each other. Figure 3.2 below uses Beck's model to illustrate my formulation and hypotheses regarding the development and maintenance of Andrew's difficulties regarding school work.

Consultations with Andrew's mother and school staff, revealed that Andrew had two older brothers who had 'severe autism' and attended local special schools. Andrew's mother was very anxious about how Andrew would cope in a mainstream school and she drew on her experiences with Andrew's siblings. Furthermore, it became apparent that Andrew felt strongly about not being like his brothers and he stated that his brothers were not 'clever'.

Therefore, one of my hypotheses was that Andrew's anxiety regarding performance in school work may be related to a fear that he was not 'clever' 'like his brothers' who attended special school, where Andrew commented, 'they do easy work'. Furthermore, Andrew's mother's anxieties may have also affected Andrew's early experiences, development of anxiety related to school and maintenance of this anxiety. Additionally, Andrew's mother's parenting style, influenced by experience with Andrew's older brothers, may have influenced Andrew's development of anxiety.

As illustrated in Figure 3.2, my assessment methods revealed that Andrew's core beliefs included that he would not be able to complete school work and that he would fail. Assessment also found Andrew's conditional beliefs included an assumption and belief that if he worked hard, his teacher would be happy, and that his work had to be perfect.

The main triggers to Andrew's school-related anxiety appeared to be linked to maths lessons and any tests in school which activated negative automatic beliefs: 'I cannot do the work', 'I will fail' and 'I will disrupt the lesson'. Andrew developed schemas (mechanisms) of himself as socially anxious and unable to cope with Maths lessons and tests. These beliefs would lead Andrew to becoming upset and feeling embarrassed.

Figure 3.2: Andrew: Formulation (adapted from Beck, 1976)

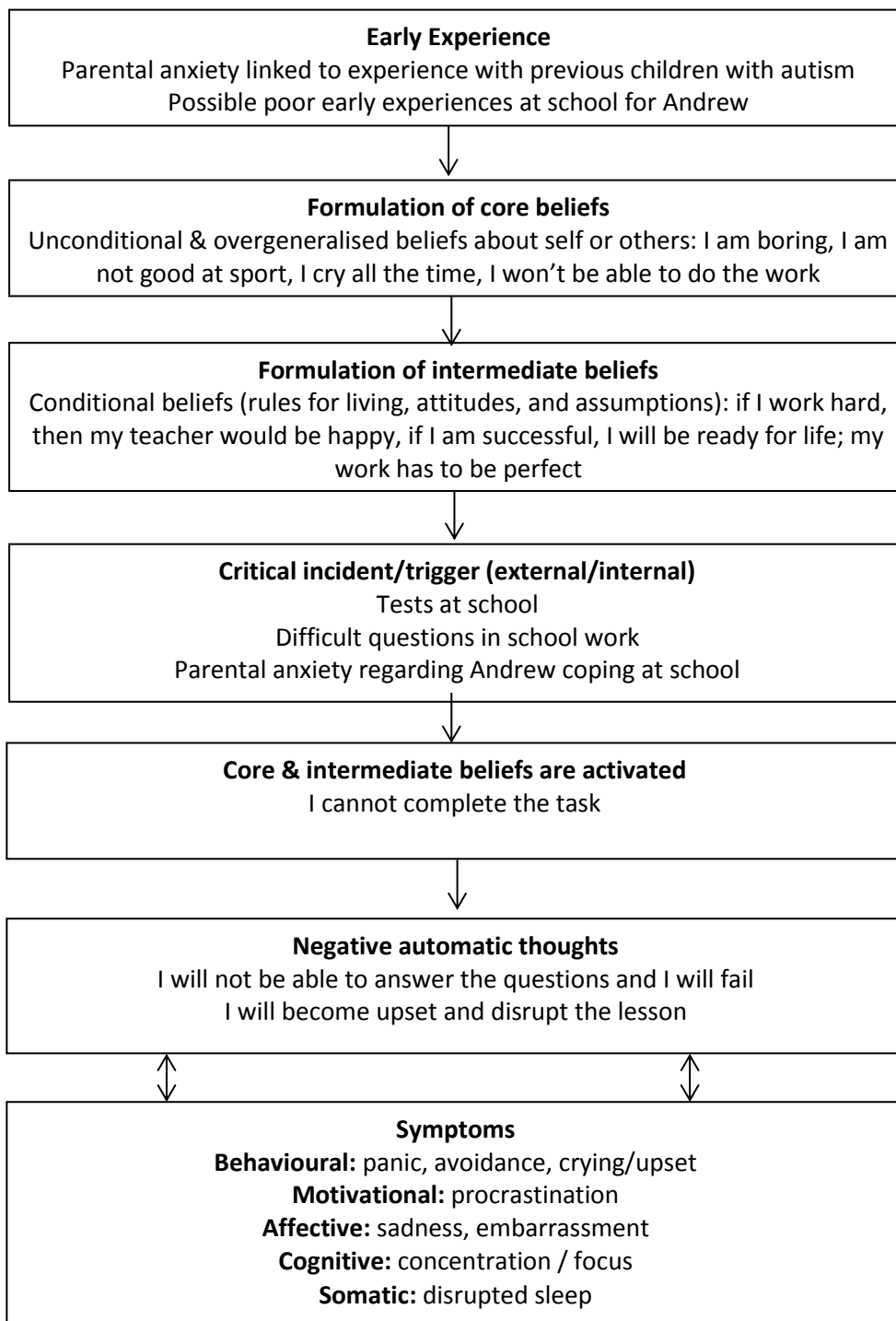
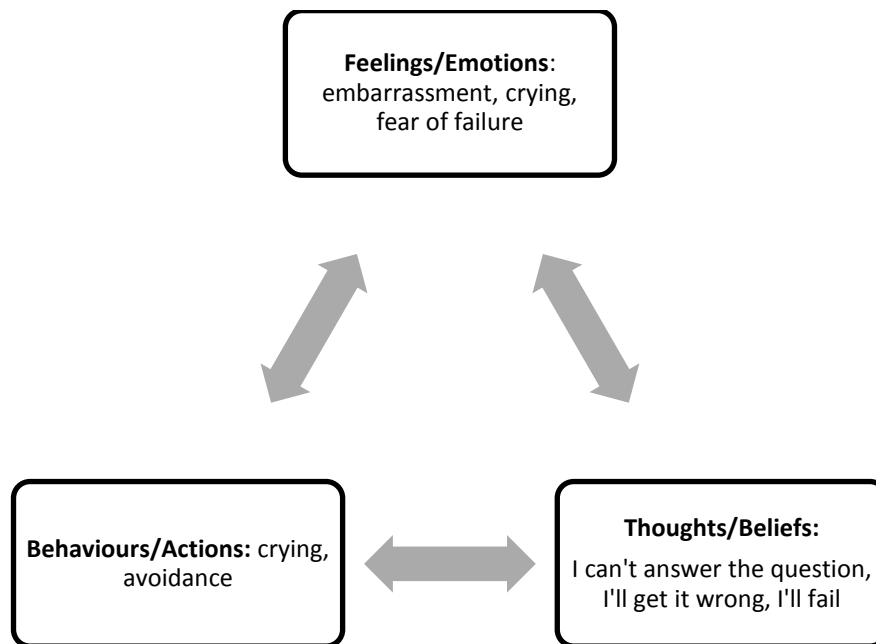


Figure 3.3 below applies cognitive-behavioural theory to bring together and illustrate how Andrew’s thoughts, feelings and behaviours were interrelated with regard to his difficulties at school. For example, Andrew’s behaviour could maintain and/or reinforce his beliefs if he

avoided the school test, as he would be removing himself from opportunities to challenge his thoughts and experience otherwise.

Figure 3.3: How Andrew's feelings, thoughts and behaviours were interrelated



3.6.3 CBT Intervention: Andrew

My multi-method assessment of Andrew informed my formulation and hypotheses and enabled me to assess how Andrew's autism may influence the way I implemented an intervention. Initial individual work indicated that he had very good language skills and he demonstrated a good understanding of how feelings, thoughts and behaviours are related. Andrew was able to apply this idea to different scenarios and this meant I could employ a CBT approach to support Andrew to learn new ways of thinking, feeling and behaving.

Research shows that visual strategies and structured approaches can support understanding in children with ASD (Gray and White, 2002). I developed an individualised CBT programme

(Appendix Four) for Andrew which recognised his strengths (for example, his excellent imagination and enjoyment of drawing), protective factors (such as his relationship with his class teacher) and areas of need (such as anticipating failure in relation to maths lessons and school tests). This programme was based on Stallard's (2002) 'Think Good, Feel Good' programme and I adapted suggested activities and exercises to suit Andrew's needs. I used visual strategies such as drawing, using pictures and flowcharts with Andrew. Some activities also involved Andrew using his imagination, for example, in imagining potentially difficult scenarios. I began with the aim of developing rapport with Andrew and creating a safe environment in which Andrew felt able to talk about his difficulties. Fortunately, Andrew was keen to work with me and had been briefed by his class teacher and his mother, which I felt had been influential in how comfortable Andrew was.

The CBT programme involved talking about negative automatic thoughts and encouraging Andrew to think of examples of his own automatic thoughts. Through the use of thought diaries Andrew was taught to identify, evaluate and challenge cognitive distortions (for example, predicting failure or catastrophising). Through role play and imagining difficult situations, Andrew was taught to practise looking at the evidence, responding more rationally and imagining alternative responses. Furthermore, Andrew was taught problem-solving strategies and with the support of Andrew's class teacher, a 'coping card' was developed which was placed on Andrew's desk which reminded Andrew of his coping strategies and helped him to apply and master these strategies.

Andrew attended 10 sessions with me but was also engaging in group CBT in school. The systemic CBT complemented the individual CBT as it created opportunities to practise coping and problem-solving skills. The SCAS-C (Spence, 1994) was used again near the end of the CBT and found that Andrew's anxiety levels had reduced (Appendix Two). Additionally,

school staff and Andrew's mother reported reductions in Andrew's anxiety levels which were evidenced by a decrease in the number of occasions when Andrew was becoming upset or was unable to cope with the demands of school life.

A review meeting was held soon after my final session, where Andrew's mother and the school were very pleased with his progress. As noted earlier, Andrew's mother was concerned about whether Andrew would be able to cope at a mainstream secondary school and though Andrew had made great progress, Andrew's mother was still concerned about whether he would manage in the larger environment of a mainstream secondary school. Therefore, Andrew and his mother visited several local secondary schools and discussed his needs with those schools. As a result of these visits, Andrew and his mother both liked one of the smaller secondary schools and planned to make an application for Andrew.

3.7 Ethical Considerations & Reflections

Oral consent was first sought from Andrew's mother at an IEP review meeting, where a brief description of the individual therapeutic work that I could use with Andrew was given, which would aim to address Andrew's anxiety. Andrew's mother was keen for Andrew to receive this additional support. At the beginning of the first meeting with Andrew I addressed the following ethical issues (British Psychological Society, 2008; Health Professions Council, 2008):

- Informed consent
- Right to withdraw
- Confidentiality
- Voluntary participation

These issues were addressed through a prepared script (Appendix Ten). I explained the principles of CBT to Andrew once I had had an opportunity to assess Andrew's language and cognitive abilities. Fuggle et al (2013) highlight the importance of sharing information about what the therapy would involve with parents and children. Sharing information with Andrew was very beneficial to the therapeutic alliance and it helped to address power imbalances that exist between a client and therapist, especially when the client is a child. It was important regularly to 'check' with Andrew that he was OK with our sessions and I also asked Andrew when I wanted to share something with staff or parents.

Dummett (2006) believes it is important to involve all relevant people who may be significant to the problem precipitation and maintenance, arguing for a systemic approach where the family or wider system may need to change rather than the individual child. This was important when considering the role of Andrew's mother and the school. I judged that Andrew's mother's anxiety about her son may have been precipitating and maintaining Andrew's anxiety about school work and his future schooling. As noted above, Andrew's brothers had both moved to special schools after attending mainstream primary schools and Andrew's mother was considering special school for Andrew as she felt Andrew would not be able to cope in a mainstream secondary school. Dudley and Kuyken (2006) discuss this issue where a parent may be contributing to the perpetuation of the child's difficulty. I did not work with Andrew's mother, beyond consultations at review meetings. On reflection, working with Andrew's mother as well as Andrew may have been influential in targeting one the perpetuating and/or maintaining factors.

Looking at wider ethical considerations for Educational Psychology, Atkinson et al (2013) highlight important ethical and logistical issues that come with greater commissioning of

EPSs and the opportunity for EPs to expand their role into therapeutic interventions. If EPs are to work therapeutically with CYP, the authors argue that mechanisms need to be in place which ensure professional competence and effective supervision.

Like Atkinson et al (2013), others (e.g. Roth and Pilling, 2008; Milne et al, 2008) have also highlighted the important role of supervision in effective therapeutic work. Squires and Dunsmuir (2011) studied the facilitators and barriers for trainee EPs in undertaking CBT casework during their placements within EPSs. Through focus groups, the researchers developed a conceptual framework which outlined the barriers and facilitators to implementing CBT interventions in schools. Amongst other facilitators, the authors found that trainee EPs found supervision facilitated their therapeutic work. As a trainee EP using CBT for the first time, I found a lack of effective supervision to be a limiting factor in my therapeutic work. Fuggle et al (2013) highlight that CBT practitioners can lose their way during the course of therapy and feel 'stuck', and this was certainly something that I experienced in my work with Andrew. The lack of supervision of my therapeutic work could be related to: the service's and/or supervisor's low commitment to therapeutic work; the limited time available for supervision; the skills and confidence of the supervisor to supervise CBT; or, as a trainee EP, my confidence in highlighting this need sooner and seeking effective supervision elsewhere. The absence of supervision of therapeutic work was a concern as I increasingly needed opportunities to discuss it. This affected my learning and development as a therapeutic practitioner and may have constrained the effectiveness and fidelity of my CBT intervention and the effectiveness of its outcomes.

In summary, when working therapeutically, there are a number of ethical issues that need to be addressed. With regards to the need to practice in accordance with ethical and professional standards, I found the absence of effective supervision influenced my confidence and

competence as a developing CBT practitioner. Additionally, this CBT intervention may have benefited from systemic CBT which targeted Andrew's mother's anxiety regarding his future schooling: an omission which may have compromised the durability of the positive adaptation made by Andrew in response to the group and individual CBT.

3.8 Concluding Comments

This PPR has reported on a piece of therapeutic work where I worked with Andrew, a Year Five pupil, who had a diagnosis of Asperger Syndrome and was reported to be experiencing considerable anxiety at school. I worked with Andrew for ten sessions delivering an adapted CBT programme (Stallard, 2002) (Appendix Four). CBT was chosen over other approaches due to the large body of evidence that has found CBT to be useful in the treatment of anxiety (e.g. Greig, 2007; Reaven et al, 2012), including with CYP with ASD when materials are appropriately adapted (Reaven et al, 2009).

I took a cognitive-behavioural approach to case formulation which consisted of three elements: assessment, formulation and intervention. As well as individual CBT, Andrew also took part in group CBT, and on reflection, it is difficult to differentiate between the outcomes of the individual CBT compared to the group CBT. I am unable to comment on the extent to which the individual CBT, or the group CBT alone, reduced Andrew's anxiety relating to school work. Furthermore, as well as working with Andrew, I think it would have been beneficial to have worked more closely with Andrew's mother. This work could have focused on developing a fuller understanding in Andrew's mother, of his autism and how his needs and abilities may differ to his siblings, who I understand had diagnoses of 'severe' autism.

Unfortunately, due to a change in placement, I was unable to personally follow-up how Andrew was coping in Year Six and whether he had continued to apply the strategies learnt. School staff and the school EP were going to continue to support and monitor Andrew; however, it is difficult to comment on the long term outcomes of this CBT programme for Andrew, especially as he moves onto a mainstream secondary school.

This PPR has emphasised the importance of supervision in effective therapeutic work (Fuggle et al, 2013) and how it is identified as a barrier for EPs when carrying out therapeutic work (Milne et al, 2008; Atkinson et al, 2013). As a trainee EP, this was the first time I had carried out a CBT intervention and I did not have access to appropriate supervision. This has implications for the effectiveness and fidelity of the CBT intervention, as well as for my own learning and development as a therapeutic practitioner. My findings add to the existing evidence base that has identified supervision as a barrier to effective therapeutic work and highlights implications for EP practice which ensures standards of service delivery and ethical practice (Fuggle et al, 2013). However, despite the challenges, this work provides further evidence for the effectiveness of CBT in treating anxiety in CYP with high functioning autism.

In summary, this therapeutic work has implications for professional practice with regards to the long term effects of CBT; systemic approaches to therapeutic interventions and effective training and supervision of trainee EPs in carrying out therapeutic work. Overall, this work offers support for the role of EPs in working therapeutically with CYP.

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APPENDICES

A1: Spence Children's Anxiety Scale – Child (SCAS-C) (Spence, 1994)

SPENCE CHILDREN'S ANXIETY SCALE

Your Name: Date: _____

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1.	I worry about things.....	Never	Sometimes	Often	Always
2.	I am scared of the dark.....	Never	Sometimes	Often	Always
3.	When I have a problem, I get a funny feeling in my stomach.....	Never	Sometimes	Often	Always
4.	I feel afraid.....	Never	Sometimes	Often	Always
5.	I would feel afraid of being on my own at home.....	Never	Sometimes	Often	Always
6.	I feel scared when I have to take a test.....	Never	Sometimes	Often	Always
7.	I feel afraid if I have to use public toilets or bathrooms.....	Never	Sometimes	Often	Always
8.	I worry about being away from my parents.....	Never	Sometimes	Often	Always
9.	I feel afraid that I will make a fool of myself in front of people.....	Never	Sometimes	Often	Always
10.	I worry that I will do badly at my school work.....	Never	Sometimes	Often	Always
11.	I am popular amongst other kids my own age.....	Never	Sometimes	Often	Always
12.	I worry that something awful will happen to someone in my family.....	Never	Sometimes	Often	Always
13.	I suddenly feel as if I can't breathe when there is no reason for this.....	Never	Sometimes	Often	Always
14.	I have to keep checking that I have done things right (like the switch is off, or the door is locked).....	Never	Sometimes	Often	Always
15.	I feel scared if I have to sleep on my own.....	Never	Sometimes	Often	Always
16.	I have trouble going to school in the mornings because I feel nervous or afraid.....	Never	Sometimes	Often	Always
17.	I am good at sports.....	Never	Sometimes	Often	Always
18.	I am scared of dogs.....	Never	Sometimes	Often	Always
19.	I can't seem to get bad or silly thoughts out of my head.....	Never	Sometimes	Often	Always
20.	When I have a problem, my heart beats really fast.....	Never	Sometimes	Often	Always
21.	I suddenly start to tremble or shake when there is no reason for this.....	Never	Sometimes	Often	Always
22.	I worry that something bad will happen to me.....	Never	Sometimes	Often	Always
23.	I am scared of going to the doctors or dentists.....	Never	Sometimes	Often	Always
24.	When I have a problem, I feel shaky.....	Never	Sometimes	Often	Always
25.	I am scared of being in high places or lifts (elevators).....	Never	Sometimes	Often	Always

26.	I am a good person.....	Never	Sometimes	Often	Always
27.	I have to think of special thoughts to stop bad things from happening (like numbers or words).....	Never	Sometimes	Often	Always
28.	I feel scared if I have to travel in the car, or on a Bus or a train.....	Never	Sometimes	Often	Always
29.	I worry what other people think of me.....	Never	Sometimes	Often	Always
30.	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).....	Never	Sometimes	Often	Always
31.	I feel happy.....	Never	Sometimes	Often	Always
32.	All of a sudden I feel really scared for no reason at all.....	Never	Sometimes	Often	Always
33.	I am scared of insects or spiders.....	Never	Sometimes	Often	Always
34.	I suddenly become dizzy or faint when there is no reason for this.....	Never	Sometimes	Often	Always
35.	I feel afraid if I have to talk in front of my class.....	Never	Sometimes	Often	Always
36.	My heart suddenly starts to beat too quickly for no reason.....	Never	Sometimes	Often	Always
37.	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.....	Never	Sometimes	Often	Always
38.	I like myself.....	Never	Sometimes	Often	Always
39.	I am afraid of being in small closed places, like tunnels or small rooms.....	Never	Sometimes	Often	Always
40.	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).....	Never	Sometimes	Often	Always
41.	I get bothered by bad or silly thoughts or pictures in my mind.....	Never	Sometimes	Often	Always
42.	I have to do some things in just the right way to stop bad things happening.....	Never	Sometimes	Often	Always
43.	I am proud of my school work.....	Never	Sometimes	Often	Always
44.	I would feel scared if I had to stay away from home overnight.....	Never	Sometimes	Often	Always
45.	Is there something else that you are really afraid of?.....	YES	NO		
	Please write down what it is _____				

	How often are you afraid of this thing?.....	Never	Sometimes	Often	Always

A2: Pre and Post Measurements for Andrew using the Spence Children’s Anxiety Scale –
Child (SCAS-C) (Spence, 1994)

SCAS-C Subscale	Before CBT (Jan 2013)	Classification	After CBT (May 2013)	Mean Scores for males aged 8 – 11 years	Classification
Separation Anxiety	4	Above Average	6	3.98	Above Average
Social Phobia	5	Below Average	3	5.23	Below Average
Obsessive Compulsive	7	Above Average	5	5.71	Below Average
Panic / Agoraphobia	0	Below Average	1	3.46	Below Average
Physical Injury Fears	2	Below Average	1	2.78	Below Average
Generalized Anxiety	5	Below Average	4	5.49	Below Average
Total Scores	18		16		

Interpretation of results

Andrew’s scores on the SCAS-C before the start of the CBT intervention showed that his levels of anxiety were above average for his age and gender for Separation Anxiety and Obsessive Compulsive subscales. However, Andrew’s anxiety levels were below average for all other anxiety subscales. Interview data here were important in providing more information regarding the nature of Andrew’s anxiety. Following the CBT programme, the measure found a decrease in scores across all subtypes except Separation Anxiety and Panic/Agoraphobia. The increase in Separation Anxiety could be explained by Andrew’s then recent residential trip which was very successful and would not have been possible previously, but may have elevated Andrew’s separation anxiety.

A3: Multi-Source Assessment of Andrew's Difficulties

Method of data collection / assessment	Key information
Consultations with Andrew's mother (Dec 2012, Feb 2013)	<ul style="list-style-type: none"> • Very anxious about school, homework and tests • Only eats certain foods – sees a dietician, as he is overweight. Andrew eats potatoes, chips and Weetabix. • Dietician does not understand Andrew's condition (autism), and how it affects his eating habits • Andrew will now sit at a table where the family are eating food he will not eat. Previously, Andrew would not sit at the table if others were eating food he did not like. • Plays on the trampoline at home, where he will talk to himself (plays out stories – lots of imaginative play) • Andrew's brothers have severe autism and attend special schools • Very concerned and anxious about how Andrew will cope with secondary school.
Consultations with Andrew's class teacher (Dec 2012 – May 2013) (regular brief meetings)	<ul style="list-style-type: none"> • Andrew frequently gets upset in lessons in response to classwork. Will become upset if he feels he cannot complete a task. Maths is especially stressful for Andrew. • Plays alone – does not really play with other children. • Very anxious at times • Has a restricted diet – only eats white foods. • Andrew tried some chocolate during a food week. Also made fruit kebabs but did not want to try them. This is progress as he would not have handled the food previously. • Fewer incidents now (Mar 2013), less anxious in school • Will 'lock down' if he does not want to talk about something • Responding well to the Friends programme
Consultations with advisory teacher (Communication and Autism Team) (Dec 2012, Feb 2013)	<ul style="list-style-type: none"> • Andrew hides his anxiety quite well but finds school life very difficult. • Has been working with a member of the CAT team who developed a 'person-centred plan' for Andrew that staff have implemented. This includes supporting Andrew complete a daily diary before he goes home. This has helped Andrew to reflect on anything that's happened during the day and helped him to cope with school life. • Concerned that Andrew will find secondary school very difficult due to the size of the school and number of new staff.
School curriculum data	<ul style="list-style-type: none"> • Data showed that Andrew was achieving between a level 4 and 5 across all subject areas, meaning that Andrew was a bright able pupil who was making good progress academically. • This data also confirmed that Andrew had the cognitive and language

	abilities required to take part in the CBT programme. This also became clear through individual work with Andrew.
<p>Individual work with Andrew (Jan 2013 – May 2013):</p> <ul style="list-style-type: none"> - Semi-structured interview - indirect approach - direct questioning 	<ul style="list-style-type: none"> • Lives with mother, dad, and three brothers. Two brothers have a diagnosis of ‘severe’ autism and attend a local special school. Andrew does not get on with one of his brothers who ‘winds’ him up regularly. Andrew states he’s not like him. • Does not like swimming – incident in the sea on holiday where he ended up in the deep end. Andrew’s mother takes him swimming regularly and Andrew worries about this. • Andrew likes using his imagination and re-enacting ‘stuff’. • Worries about getting things wrong in lessons – gets upset if he can’t answer a question – especially in Maths • If/Then Quiz: if I get things wrong then I may cry, if I work hard, then the teacher would be happy, if am successful, then I will be ready for life • Recent difficult situation: couldn’t answer a question in a science test: thoughts: if the question is in the test, we must have done it in class, feelings/behaviour: felt ‘stupid’, got really upset and started crying, other thoughts: ‘not again’, ‘has happened before’ (but ‘I’m getting better at accepting mistakes’) • Positives thoughts: ‘I have loads of friends, I have good handwriting, I am very kind, I am good at riding my bike’ • Negative thoughts: ‘I’m awful at sport, I cry a lot and disturb the lesson, I am boring, I’m the odd one in my class (I cry a lot, I’m taller than people’) • ‘I cry one/twice a week and disturb the lesson’ (Jan 2013). Example: ‘I felt rushed when everyone else was going outside and I thought I better hurry up because everyone has finished’. When the feelings became strong: ‘oh I’m crying again’. ‘I feel annoyed, feel silly, think others will think I’m silly’. • Worries about upsetting his class teacher • Worries about going to appointments with his mother. Very resistant to telling me more about these appointments, just that they ‘invade my privacy’ (appointments with dietician) and ‘mum tells her things I wish she wouldn’t, like what I eat’, ‘some things are private and so I don’t want to share them’ • Andrew said he often thinks things are not good enough unless they are perfect • Difficulties experienced with peers: example: did not understand that another pupil wanted to play with him. Andrew did not want to play with him and shouted at him; peer became upset which upset Andrew. • School work makes Andrew anxious, fear of not being able to do it. Especially anxious if he has an upcoming test. • When working with Andrew, he often wanted to move me on or his attention was not on what I was saying. This may have been a result of Andrew preferring to focus on things that interested him or to avoid

	<p>talking about difficult things or at times.</p> <ul style="list-style-type: none"> • I had to use strategies to re-focus Andrew’s attention and to stop him from ‘moving me on’. One strategy that was effective was asking Andrew to draw pictures as he was talking to me – these could be pictures which were in response to what we were discussing or pictures that Andrew just enjoyed drawing. • Individual work with Andrew confirmed that he had the cognitive abilities to participate fully in the CBT programme as he demonstrated a good understanding of the relationship between thoughts, feelings and behaviour and was able to discuss examples. • Andrew also had a very good memory, being able to draw on things that were discussed in previous weeks and applying them to new situations.
<p>Self-report measure: Spence Anxiety Scale-Child (SCAS-C, Spence, 1994) Pre-test: Jan 2013 Post-test: May 2013</p>	<ul style="list-style-type: none"> • Appendix Two gives information regarding Andrew’s scores in the pre-test and post-test measures on the SCAS-C and interpretation of these scores. • As can be seen in Appendix Two Andrew’s scores on the SCAS-C were relatively low. Andrew’s mean total score before and after treatment was below the mean total score for 8 – 11 year old boys (Spence, 1994). • The post intervention scores showed a decrease in anxiety overall but a slight increase within the Separation Anxiety subscale. This may have been linked to Andrew’s recent residential trip, which had been very successful as it was not something Andrew could have participated in previously, but it may have elevated Andrew’s separation anxiety.
<p>Personal Construct Psychology (PCP) (Kelly, 1955; Moran, 2001; Burnham, 2008) (Feb, 2013)</p>	<p>As part of my assessment, I applied techniques drawn from PCP to inform my understanding of Andrew’s construing of the world. One of the core principles of Kelly’s (1955) PCP is ‘constructive alternativism’ which is the view that an alternative can be imagined and change can be achieved by imagining alternative possibilities. PCP aims to elicit people’s ‘constructs’ which Burnham (2008) describes as verbal tools that help us to make sense of the world. Kelly (1955) believed that people perceive experiences or objects in dichotomous ways: good/bad, happy/unhappy and so on. Each construct therefore has two ends or ‘poles’. The ‘emergent’ pole, for example ‘good’ might be elicited first and then the ‘contrast’ pole (bad) would be revealed through questioning.</p> <p>I used a variety of PCP techniques, which enabled the elicitation of Andrew’s constructs. Further exploration and elaboration of these constructs, helped me to gain insight into Andrew’s subjective construing of the world, including revealing any maladaptive thinking. The philosophy of ‘constructive alternativism’ means PCP aligns well with the principles of CBT, which also states that constructions/beliefs can be changed. The two approaches are therefore complementary and were useful in informing my assessment and formulation of Andrew’s difficulties.</p> <ul style="list-style-type: none"> • <i>Technique 1: ‘How would you describe yourself?’</i> (Burnham, 2008).

Andrew was asked to imagine that someone who did not know him, who wanted to get to know him. For example, they wanted to know what his personality was like and what kind of character he was. Andrew was asked to pick only 5/6 short phrases or words to describe himself. This technique enabled the elicitation of 6 emergent poles for Andrew:

- cheerful
- happy
- emotional
- upset
- friendly
- kind

By asking Andrew what he would call someone who was not ‘cheerful’ or ‘happy’, I was able to elicit the contrast pole for each emergent pole, which gave me the complete construct. For example, the contrast pole for ‘cheerful’ was ‘doubtful/unhappy’.

- *Technique Two: ‘Drawing Me as I Am’ and ‘Drawing Me as I’d Like to be’* (Burnham, 2008; Moran, 2001): Andrew was asked to draw two pictures entitled ‘Me as I am’ and ‘Me as I’d like to be’ and he was then asked to describe the drawings and tell me more about them. Andrew’s responses to this activity are shown below:

Drawing ‘Me as I am’ and ‘Me as I’d like to be’ (Moran, 2001; Burnham, 2008)

Prompts/Questions	Me as I am	Me as I’d like to be
What are you doing in the picture? Where are you? How do you look? How do you feel? What are you thinking about? What do you think about you?	I’m at home; stood in front of my brothers because they’ve done something – played a trick – I got a new bike and my brother kept saying ‘thanks for buying me a bike’. I’ve got my hands on my hip and I’m confronting my brothers. My brother Ben (pseudonym) annoys me sometimes but he’s also helpful. He argues with mum if he comes home in a mood. I’m thinking about my family, friends, my tablet, that I only eat certain foods and that I get upset.	I don’t get upset. I know a bit more about school subjects. I always look at the positive, I’m a regular guy. I get my work correct. I eat vegetables, fruit but some things I still wouldn’t like.

- Technique Three: Pyramiding and Laddering** (Burnham, 2008):
 Pyramiding and Laddering are techniques which are used to further explore and elaborate constructs that have been elicited through other techniques such as techniques one and two described above. Laddering and Pyramiding are complementary techniques that can offer more information about an individual's construing. Laddering involves asking an individual which pole of a construct they would prefer to be and why. Through repeated questioning, this can lead to eliciting an individual's core beliefs and basic values, complementing CBT. Pyramiding involves asking an individual how they can tell an individual is [the *emergent/contrast pole*]. Pyramiding can lead to revealing more practical or surface behaviours that are associated with a construct (Burnham, 2008). The table below illustrates one example of pyramiding and laddering with Andrew taking the constructs of 'happy' and 'upset':

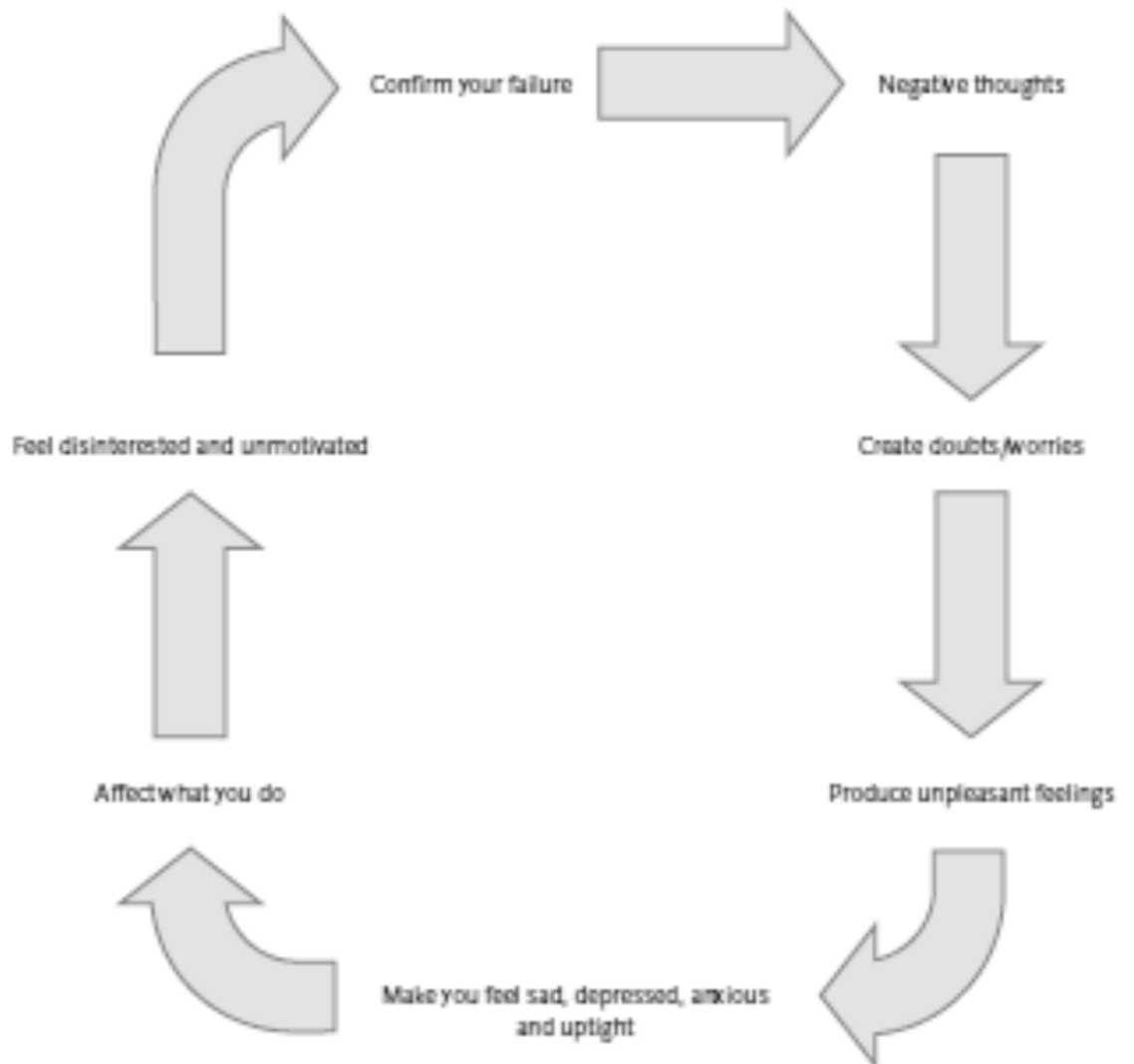
Pyramiding (How can you tell if someone is...?)	Laddering (Which would you prefer to be? Why?)
Affects the group you're in ↑ Might affect teacher's opinion of the work ↑ Only half complete ↑ Won't get your work done ↑ Affects your work ↑ Upset	Happy ↓ More people like you ↓ If you're upset, no one can talk to you ↓ It's difficult if they want to know what's wrong with you

A4: Outline of CBT Programme

Session	Content
<p>Session 1: Getting to know you 1: rapport building exercises, introduction to CBT & thoughts, feelings and what you do</p>	<ul style="list-style-type: none"> - Introductions and consent - Getting to know you: likes/dislikes: use of rating scales - How feelings, thoughts and behaviours are connected: drawing the 'magic circle' and applying it to an example - Difficult situations: exploring an example of a difficult situation: maths test, difficult question in class: identifying the thoughts feelings and behaviours
<p>Session 2: Getting to know you 2: PCP Automatic Thoughts</p>	<ul style="list-style-type: none"> - Getting to know you: application of PCP (see Appendix Three above) to lead onto core beliefs and assumptions - Core beliefs & assumptions - Negative thoughts: using diagram to explore negative thoughts (see Appendix Five) - Thoughts and feelings (diary)
<p>Session 3: Thinking Errors</p>	<p>Identifying which thinking errors are present for Andrew in difficult situations:</p> <ul style="list-style-type: none"> - The Downers - Blowing things up - Predicting failure - Feeling thoughts
<p>Session 4: Balanced Thinking</p>	<ul style="list-style-type: none"> - Looking at the evidence (diary): using Andrew's diary to discuss the evidence in the situation he has recorded.
<p>Session 5: Core Beliefs</p>	<ul style="list-style-type: none"> - Identifying core beliefs - Using the thought tracker: see Appendix Six below - Exploring different scenarios - challenging core beliefs
<p>Session 6: Controlling your thoughts</p>	<ul style="list-style-type: none"> - Coping self-talk - Thought stopping - Looking at examples (Appendix Seven) and applying it to Andrew's thoughts
<p>Session 7: How You Feel</p>	<ul style="list-style-type: none"> - What feelings do I have? - Feelings and what you do - Using the feeling thermometer when discussing different situations (Appendix Eight) - Putting it all together
<p>Session 8: Changing your behaviour</p>	<ul style="list-style-type: none"> - Map how you feel and what you do - Small steps

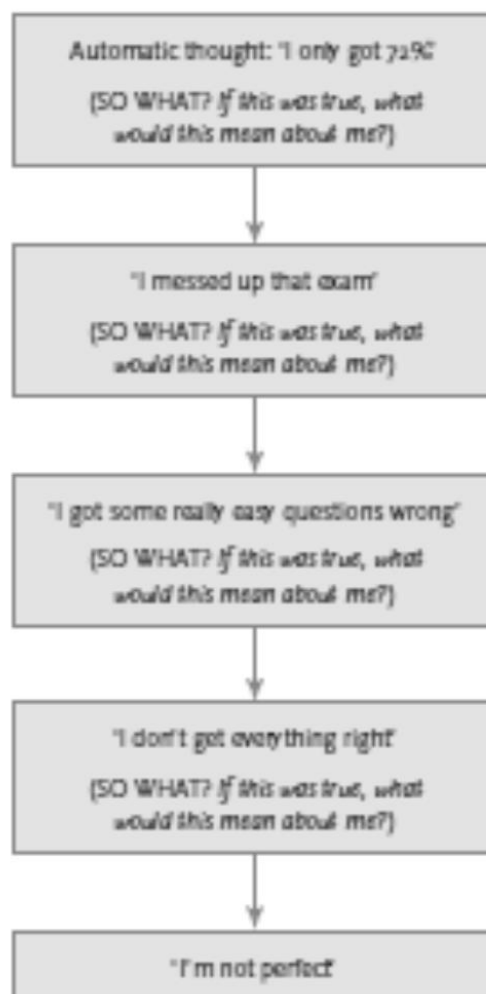
	- Face your fears
Session 9: Controlling Your Feelings Changing Your Behaviour	- Controlling your feelings - Learning to Relax - Controlled Breathing - Map how you feel and what you do - Face your fears (Appendix Nine)
Session 10: Learning to Solve Problems	- Learn to stop and think - Identify different solutions - Practise getting it right - Plan to be successful

The negative cycle



► James takes his exams

James received his examination marks and became very upset. Although he had obtained good marks, they didn't seem good enough to him. With the help of the **Thought Tracker**, James explored his thoughts and identified his core beliefs.



Identifying core beliefs can help you to understand why you always end up thinking the same way and how you get stuck in your negative trap.



Test them

Sometimes it is useful to test your thoughts and beliefs by setting up experiments to find out whether what you expect actually happens. This is particularly useful if you often make the mind-reader and fortune-teller thinking errors, which predict that things will not work.

Julie's schoolwork

Julie did not believe that she was good at any of her school subjects. She thought that she always got her work wrong. To test this belief, Julie wrote down the results of her next 10 homework assignments.

Core belief: I'm not clever

Automatic thoughts: I always get my homework wrong. I can't do this

Test: The marks I get for my next 10 homework assignments

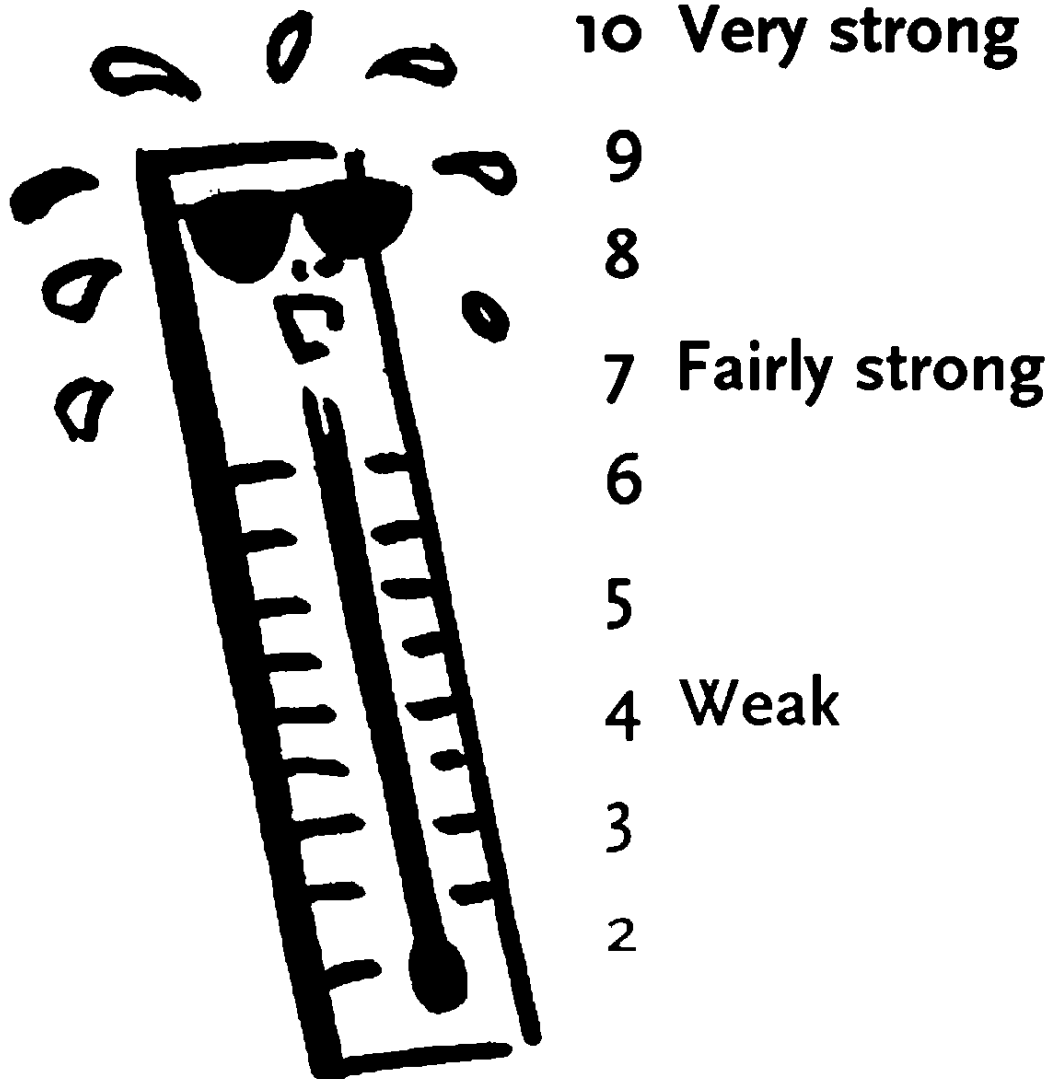
What I expect to happen (my prediction): To get poor marks (less than 6/10) for all of my homework assignments

- 1. English 3/10. You need to write more, Julie, and make sure that you answer the question.*
- 2. Maths 7/10. Well done, Julie. Good work.*
- 3. Maths 7/10. Keep it up, Julie.*
- 4. English 4/10. Answer the questions please, Julie.*
- 5. Geography 6/10. Nice map.*
- 6. Art 9/10. Excellent work.*
- 7. English 2/10. Can you please see me, Julie. This is not good enough.*
- 8. History 5/10. Not your best work.*
- 9. Maths 8/10. Good work.*
- 10. English 4/10. Check your spelling and please write more neatly.*

This test showed that Julie was having a problem with her English. As Julie had thought, she was getting poor marks and she wasn't answering the questions. Her history teacher also thought that she could do better, **but** the marks that Julie obtained for her other five homework assignments in maths, art and geography were good. It was possible to find a more balanced way of thinking about her schoolwork, after all.

The Feeling Thermometer

Use the Feeling Thermometer to show how strong your feeling is.





Face your fears



My challenge is:

Stage 1. Use **small steps** to break down your challenge into easier stages.

My steps to success are:

Stage 2. What is your **coping self-talk**?

Stage 3. **Relax and imagine** yourself being successful. Repeat your coping self-talk as you imagine successfully achieving your first step. Practise this a few times.

Stage 4. Choose a time when you will face your fear, relax and **test it out**. Remember to use your coping self-talk.

Stage 5. **Praise and reward** yourself for being successful.



You may want to practise each step a few times, but once you feel confident move on to the next one, and repeat each step until you have overcome your fear.

A10: Ethical Considerations: Script for the first meeting with Andrew

Hello Andrew, thank you for meeting with me today. Firstly, my name is Anjam and I am training as an Educational Psychologist and one of the things I do is work with children and young people to help them in school.

Do you know why I am here today?

If it is OK with you Andrew, I would like to work with you once a week for about 50 minutes, for about eight weeks, where I would like us both to try, together, to find out more about the things that can be difficult for you and to see how we can help you. It would involve doing activities with me and sometimes doing activities at home and then talking about them.

It is important for you to know that you do not have to see me if you don't want to and you don't have to answer any questions you don't want to. Also, if you ever wanted to leave and go back to your classroom that would be absolutely fine. You could just say 'I'd like to go back now'.

Finally Andrew, if you decided you wanted to work with me, I would make notes sometimes about things we have talked about and you would be able to see these notes if you wanted to. I would also sometimes talk to your mother, Mrs G***** or Mrs H***** about what we've been doing and how they can help you in school or at home. Does that make sense Andrew?

Is there anything you don't understand or would like to ask me?

CHAPTER FOUR: PROFESSIONAL PRACTICE REPORT THREE:

OUT OF BOROUGH (OOB) PLACEMENTS FOR YOUNG PEOPLE (YP) WITH AUTISM: CAN THEIR NEEDS BE MET WITHIN THE HOME AUTHORITY?

Abstract

This PPR and PPRs Two and Four are closely related as they all concern meeting the needs of YP with autism³. This piece of work arose whilst on placement in an EPS in Banton⁴ Metropolitan Borough Council (MBC): there was a review of SENs and disability (SEND) provision under way when I joined the service, and through consultation with the SEND Strategic Manager, it was agreed that it would be useful for me to explore the local authority's OOB⁵ placements given the large costs of these placements to Banton MBC. I chose to focus on one particular group of children: those with a diagnosis of autism, as this group make up a large number of OOB placements (Audit Commission, 2007).

I analysed ten cases of YP placed OOB: this analysis included an examination of how individuals' needs were framed and what led to individuals being placed OOB. Additionally, I considered whether their needs could have been met within Banton and I compared OOB provision with provision within Banton. Finally, I reflected on future SEN provision within the borough and considered what is needed in order to cater for children with autism in Banton MBC.

³ In this professional practice report (PPR) the term autism includes autism disorder, Kanner's or classical autism, childhood disintegrative disorder, Asperger's syndrome, pervasive developmental disorder (PDD), pervasive developmental disorder not otherwise specified and semantic pragmatic disorder.

⁴ Banton is a pseudonym to protect the identity of the authority

⁵ Out of borough placements are defined here as day or residential independent or non-maintained special schools (Audit Commission, 2007)

The study found YP's needs were framed in terms of autism but also described non-ASC disorders such as social, emotional and behavioural disorders. The data indicated the needs of this population were multiple, complex and interrelated. This echoed much previous research, for example, Green et al (2005). Analysis of YP's files found the majority of files did not include information regarding how diagnoses were made and by whom. A number of commonalities were identified across cases including the exclusion of YP from settings before transferring to specialist settings.

The study also established that file information alone did not enable one to identify a clear rationale for movement to an OOB placement for many of the files analysed. Overall, the study identified a need for improved assessment and monitoring of SEND provision in order to enable comparisons and judgements to be made regarding outcomes for YP and value for money for the home authority. I suggest the application of four functions (Placement Management, Budget Management, Placement Decisions and Strategic Planning) which are believed to influence value for money of OOB placements, as a method of assessing the costs of OOB placements and the quality of resulting outcomes for Banton MBC (Audit Commission, 2007).

4.1. Introduction

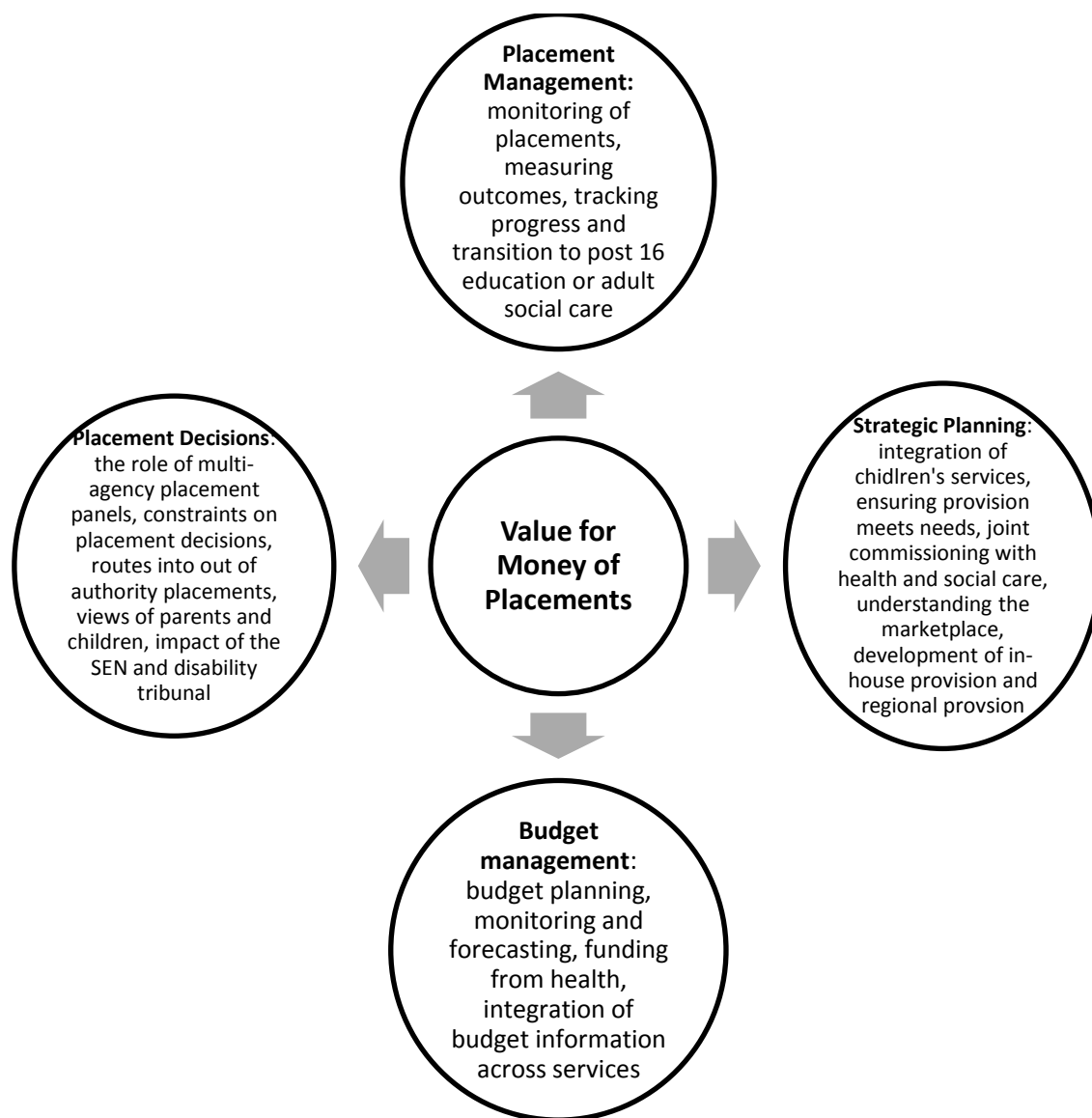
The Audit Commission (2007) carried out a study into pupils with behavioural, emotional and social difficulties (BESD) and/or autism, placed outside a home authority. The study involved an electronic survey of SEN teams of all English councils, and interviews with representatives from relevant national organisations and government departments. Fieldwork was carried out in ten councils (including Banton MBC), which were high and low spenders on OOB placements and five independent or non-maintained special schools. The fieldwork included

staff interviews, examination of documentation, observations of meetings of joint complex needs panels and parent meetings.

The report highlighted the high costs of out of authority placements: at the time approximately £500 million was spent per year by English councils on OOB placements. The report also noted that over 11000 pupils with SEN were educated OOB, of whom 23% of children had autism (DfES, 2005). Similarly, in Banton, OOB placements are a large expense to the council and a number of children with diagnoses of autism are educated OOB.

Loughborough University has developed a cost calculator for Looked After Children which the Audit Commission (2007) suggest could be adapted to enable authorities to calculate the costs of provision for children with complex SEN. The Audit Commission assessed the overall costs of OOB placements and the quality of outcomes resulting from OOB placements through four key functions. These four functions are presented in Figure 4.1 below. The Audit Commission (2007) found OOB placements usually arose through a failure in the current provision. There was not usually careful planning for the OOB placement or early consideration of an OOB placement. The study found the timings involved were often quite short and could lead to less cost-effective placements. The Audit Commission found some authorities addressed this matter through expert panels where individual cases could be jointly discussed in order to reach decisions regarding appropriate provision. This links to one of the four functions (placement decisions) that influence value for money of OOB placements according to the Audit Commission (2007).

Figure 4.1: Key Functions that Influence the Value for Money of Out of Authority Placements for SEN (taken from Audit Commission, 2007)



With regards to ‘Placement Management’, the home LA is responsible for monitoring progress of the child at the OOB placement and ensuring there is appropriate provision when the YP leaves school (Audit Commission, 2007). The Audit Commission found this monitoring was usually through annual reviews and that information was not shared with home authorities at other times of the year. The involvement of EPs also varied. The Audit

Commission argues that annual reviews alone were not adequate to monitor the progress and safety of the child.

In terms of ‘Strategic Planning’ and ‘Budget Planning’, the Audit Commission (2007) found authorities wanted to develop in-house provision as the complexity of need was increasing. This would have the advantage of enabling children with SENs to remain in their home community, rather than living away from home and experiencing dislocation. Additionally, the Audit Commission notes that spending for in-house provision, can be managed and planned more effectively. One of the low-spending authorities in the Audit Commission’s (2007) study had carried out a detailed analysis of their use of OOB special schools and they had concluded that there was a need to develop more in-house provision for secondary autism and for pupils with challenging behaviour. This links to the focus of Chapter Five where I explored how mainstream settings could meet the needs of YP with autism (Sultana, 2014).

The reported incidence of special needs may be rising due to higher rates of diagnosis, rather than increasing prevalence, especially for autism (Audit Commission, 2007). SENs assessment and identification have been guided by the SEN Code of Practice (DfES, 2001). The 1996 Education Act and Disability Act 2001 have informed how children’s SENs are identified and met. However, the 2006 Education and Skills Select Committee (House of Commons Education and Skills Committee, 2006) stated that the current system was no longer fit for purpose and called for change. It highlighted the high exclusion rates of pupils with autism and BESD as evidencing the failure of the present system. This year a new Children and Families Act (DfE, 2014) was passed and Part Three of the Act detailed the new SEND Code of Practice (0-25 years). This new Code places a greater emphasis on joint working between education, health and social care and links to one of the key findings of the Audit Commission’s (2007) study into OOB placements of pupils with SENDs, which

reported a need for greater joint working between services in order to monitor and assess the effectiveness of OOB placements.

Except for this large study by the Audit Commission (2007), there is relatively little research which has investigated out of borough/authority placement of children with additional needs. I draw on this study throughout this paper, particularly as Banton was one of the authorities which took part in the study. This report begins by describing what autism is and the difficulties individuals with autism can experience. I also outline how autism is currently diagnosed in Banton before considering the provision presently available in Banton in Section 4.3. I also outline the OOB provision which children from Banton attend.

Section 4.4 then describes the research aims of the present study and the method of data collection employed. I present the data collected in Section 4.5, organised along my research aims. Trends within the data are analysed in Section 4.6 before I discuss the key findings of the study and consider how Banton MBC could better assess and monitor OOB provision in order to judge value for money for the authority.

4.2. What is Autism?

The autism spectrum condition, as the name suggests, includes a spectrum of presentations of a neurodevelopmental condition. This spectrum was first suggested by Wing (1996) who observed the variation in the levels of symptoms and intelligence seen in individuals with the condition. Autism is often characterised by difficulties in three key areas:

1. social interaction;
2. communication; and
3. flexibility of thought and behaviour.

However, more recently, the 5th edition of the Diagnostic and Statistical Manual (DSM 5), describes autism as comprising two behavioural domains: difficulties in social communication and social interaction, and restricted, repetitive behaviours and interests (Lai et al, 2013). Research using large and diverse samples over the last two decades has informed this two-domain model (Grzadzinski et al, 2013).

Additionally, by removing categories within the spectrum and using a single term of Autism Spectrum Disorder (ASD), DSM 5 recognises the spectrum nature of autism more than the previous DSM IV (Lai et al, 2013). It is argued that this unitary label of ASD is more useful for individualised assessment which recognises the diversity of this population with regards to cognition, behaviour and biological mechanisms with implications for educational, occupational, social, medical and mental health interventions that autistic individuals may need (Lai et al, 2013).

Taking a dimensional approach, DSM 5 has attempted to move away from subgrouping of individuals with autism and Lai et al (2013) argue this can help in acknowledging the heterogeneity of this population. However, Lai et al (2013) recognise the umbrella term of ASD could also suggest a homogeneous group. However, DSM 5 highlights the variability amongst individuals with autism with regards to non-ASD symptoms such as cognitive ability (individuals with autism can range from severe intellectual disability to superior intelligence), expressive language skills and comorbid psychopathology. Individuals with ASD can often present with additional non-ASD disorders such as attention deficit/hyperactivity disorder (ADHD), anxiety disorders or mood disorders (Grzadzinski et al, 2013) with implications for educational, health and social care needs.

Autism, a strongly genetic condition, affects approximately one in a hundred children (Baird et al, 2006) which means all schools are likely to have children with an autism spectrum condition. Additionally, it has been long known that the occurrence of autism is four times higher in boys than girls, though the reasons for this sex difference have not been fully established (AET, 2011). Consequently, nine out of the ten cases analysed, in the present study, were boys.

Autism, alongside other characteristics of both the child and the context(s), can influence the degree to which an individual can cope in school, with challenges in meeting the complex needs of some YP with autism conditions alongside their neuro-typical peers, leading to some pupils being educated in special schools, within and outside their home authority. These difficulties can include problems in forming peer relationships, difficulties in understanding non-verbal cues, sensory difficulties or difficulties managing transitions (WHO, 1992). The AET (2011) notes the increase in diagnosis of autism in children before the age of 5 years (Charman and Baird, 2007), which has led to earlier interventions and for some, depending on their specific abilities and/or disabilities, influenced educational provision. For example, as noted above, individuals with autism can vary with regards to cognitive ability which has implications for the degree to which they can engage with curricula in mainstream settings.

4.2.1. What is known about Good Autism Practice?

There has been much guidance and research published in recent decades about good autism practice, including guidance for those who work in educational settings. Guldberg et al (2011) carried out an international review of the evidence on best practice in educational provision for children on the autism spectrum. The authors highlighted there was little evidence of how practice in different types of provision impacts on outcomes for children with autism. The

authors conclude there is a need for more research which assesses what constitutes inclusive provision and what the outcomes are for pupils with autism, of different educational provision and interventions. However, the authors note there is a need for a range of provision for this population of learners, including mainstream, special and specialist settings.

The paper also reports the need for the formalisation of multi-agency responsibilities and protocols, to ensure support from education, social care and health is well co-ordinated. This is something that should be supported by the new Code of Practice (DfE, 2014). Guldberg et al (2011) also found that decisions regarding interventions needed to take into account the characteristics of the individual and staff expertise, but should focus on developing functional spontaneous language and communication, peer interaction, joint attention and social understanding. Training of staff and parents was also considered to be important as specialist knowledge and understanding of the needs of YP with autism was argued to be required.

Lloyd's (2014) recent reporting of a case study demonstrates how a relational approach supported a four-year old to develop his expressive language skills and interactions with peers. The approach was based on the work of Clements and Zarkowska (2000) and focused on building high quality relationships with individuals, which was believed to lead to a decrease in challenging behaviours. This was achieved by creating intensive one-to-one play sessions which aimed to give the child a positive experience of the nursery community. Additionally, reciprocal communication was developed in the child by adopting Murray's (2009) suggestion of joining in with the child's interest.

Individual music therapy was also used to support the development of trusting relationships. Lloyd (2014) described a number of strategies that were used to target the goals of supporting development of language, communication and social skills. However, the author does not

explain how these goals were decided upon and, additionally, where staff might begin to develop goals and design interventions to target these goals. Nonetheless, the author describes encouraging results, where a child has experienced a positive first six months in Reception: a transition both parents and staff had been concerned about.

Furthermore, as I discuss in detail in Chapter Five (Sultana, 2014), much other research has also identified interventions and strategies which enable children and YP with autism to engage with the school curriculum. For example, Attwood (2000) states children with Asperger's can be supported to develop their friendship skills by identifying pupils with similar interests and supporting them to develop a friendship. Dann (2011) has also previously identified the importance of teaching pupils school rules and routines. This is thought to reduce children's anxiety in school. Like Guldberg et al (2011) and Osborne and Reed (2012), Dann (2011) also highlights the importance of appropriate training for staff in order to enable staff to better understand and manage the needs of YP with autism.

4.2.2. How is Autism Diagnosed in Banton?

Beecham (2014) highlights that earlier diagnosis and early intensive treatment are recommended for children with autism, but notes that we know little about how best to use resources to reduce the immediate and/or lifelong effects of autism. There is not a single, universally accepted diagnostic test or protocol, and professionals can disagree over diagnosis. As illustrated in Section 4.5 this was the situation in one of my case examples, where one team of professionals diagnosed autism in a YP but another team of professionals disagreed with the diagnosis.

The diagnosis of autism in Banton is currently through a multi-disciplinary approach from birth to the end of the Foundation Stage (five years). This includes professionals from speech and language, clinical psychology, paediatric medicine and early years SEN advisory teachers. However, diagnoses are, on occasion, made independently by individual community paediatricians as well. I have also known community paediatricians to diagnose autism where the multidisciplinary team have concluded that a child is not autistic, despite the stronger ecological validity and breadth of evidence upon which the team's opinion was based.

4.3. Context: Banton MBC

4.3.1. Current Provision in Banton MBC and OOB Provision attended by YP

Banton is a small ethnically and socio-economically diverse borough in the West Midlands, which borders a number of other authorities. It currently has seven special schools. All special schools include varying numbers of pupils with diagnoses of autism and there are no 'single needs' schools. There is also a mainstream secondary school which has an additional provision for children with autism. This school undertakes outreach work, supporting local settings in understanding and meeting the needs of children with autism. Table 4.1 offers a brief summary of these special schools in Banton and a summary of OOB provision accessed by Banton. Figure 4.1 illustrates where the provision outlined in Table 4.1 sits within the continuum of provision in Banton.

Figure 4.2: Current Continuum of Provision in Banton

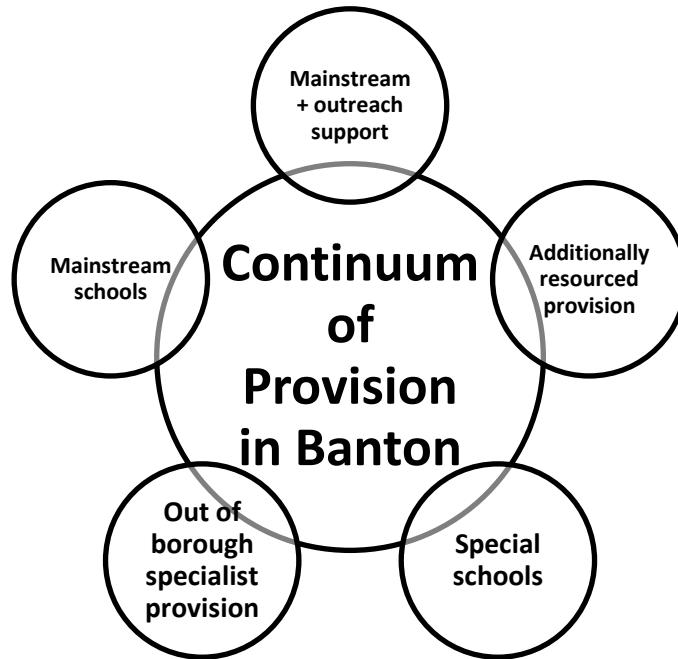


Table 4.1: Special Schools in Banton and OOB Provision accessed by Banton

Special School⁶	Description⁷
Mansion College	A special school for children aged 7-19 years which caters for children with moderate learning difficulties (MLD); however the majority of children have additional needs, including autism. In its last inspection of Mansion College, Ofsted (2013) judged it to be outstanding with regards to the quality of teaching, the behaviour and safety of pupils and leadership and management.
Hillside	A special school for children aged 11-16 years who have complex SENs which have led to behavioural, emotional and social difficulties. The last Ofsted (2014) inspection found the quality of teaching, behaviour of pupils and the leadership and management of the setting was good.
Suzanne Smith	A special school for children aged 11-19 years with profound and multiple complex learning difficulties (PMLD). The school has a teaching department for autism. Ofsted (2012) found Suzanne Smith was a good setting across key areas, including the achievement of pupils, and outstanding with regards to pupils' behaviour and safety.
Harwood	A special school for children aged 3-11 years with severe, profound and multiple learning difficulties. An increasing proportion of pupils have complex learning needs, such as those with autism. Ofsted (2014) judged Harwood to be an outstanding provision across key areas including the achievement of pupils.
Wedgehill Hall	A special school for children aged 3-11 years with severe, complex and multiple learning difficulties including children who experience communication, physical, sensory or behavioural difficulties including children with autism. Ofsted (2014) found this was a good school where pupils' achievement across the curriculum was good. Pupils' behaviour was judged to be outstanding.
Swan Primary	A special school for children aged 4-11 years, whose primary need is emotional, behavioural difficulties (EBD). Some pupils enrolled have autism. Ofsted (2011) found pupil achievement was good. The quality of learning for all pupils, including those with additional needs or disabilities was judged to be outstanding.
Langley Wood	A special school for children aged 7-19 years with MLD including children with autism. Langley Wood was judged to be a good school across key areas including the achievement of pupils (Ofsted, 2014).
Mainstream school with additionally resourced provision for autism	
Middleton High	A mainstream secondary school for children aged 11-16. This setting has an additionally resourced provision which caters

⁶ Pseudonyms have been used to protect the identity of schools

⁷ These descriptions were compiled using information from school websites and recent Ofsted reports. Ofsted reports are not included in the references in order to protect the identity of educational settings.

School	exclusively for children with autism. In 2012, Ofsted (2012) found Middleton High required improvement across all key areas assessed by Ofsted. However, it noted that autistic students made good progress in their communication skills and their progress in English was at a rate equal to their peers. This, Ofsted commented, enabled this population of students to gain worthwhile external qualifications at the end of Key Stage Four.
Out of Borough School (Distance from Banton in miles)	
Rockton Hall (43.9)	An independent day and residential school for boys with diagnoses of Asperger's Syndrome, attention deficit disorder and attention deficit hyperactivity disorder aged 8-19 years, offering a range of therapeutic and developmental programmes: language therapy, music therapy, aromatherapy, structured play development, HANDLE (holistic approaches to neuro development and learning efficiency). The most recent Ofsted inspection found YP made good progress and the curriculum was 'outstanding' (Ofsted, 2012).
Waterfall Way (47.7)	A mixed day and residential school for YP aged 5 – 20 years with Asperger's syndrome, high functioning autism and communication difficulties. There is an onsite team of speech and language therapists and occupational therapists. There is development and review of individualised placements and transition plans offer twice-yearly opportunities for all stakeholders to discuss the YP's transition pathway and set targets. A broad and extensive curriculum is offered to meet individual needs. Ofsted (2011) found that occupational therapists and speech and language therapists contributed to the planning and delivery of curriculum and that this was a strength of the provision and enabled a multi-disciplinary approach where expertise were shared and had a significant impact in these areas.
Prospect (16.4)	Day / residential school for children with autism, MLD and SLD aged 4-19 years offering a 24 hour curriculum. There are two speech and language therapists and high staff: pupil ratio where staff are trained in working with YP with MLD, SLD and autism.
Bright Futures (21.7)	A residential special school for YP aged 6-19 years with complex learning needs including autism. There is a working farm, sensory play area and educational centre. There is an approach that provides structure and routine. Approaches including TEACCH, PECS and intensive interaction are used. Ofsted (2012) found the quality of education was good. The setting was reported to provide an individualised curriculum which fulfilled the objectives and requirements of students' statements of special educational need.
Old Tudor (28.6)	A school for children aged 7-19 years with learning differences or for those who cannot access typical large class sizes. Includes YP with ADHD, dyslexia, dyspraxia, anxiety disorders, attachment disorder. YP educated through thematic and experiential learning as an extension of the national curriculum (using drama, art, play and occupational therapies).
Murray Hills (9.0)	Day school for students with dyslexia or specific learning difficulties (SpLD) aged 7-17 years. Ofsted (2011) reported that Murray Hills was an outstanding provision which offered a unique approach to teaching literacy.

This report is concerned with the OOB specialist provision which some children with autism attend when other provision within Banton is judged inadequate to meet the needs of the young person. The in-borough provision includes: mainstream schools, mainstream schools with outreach support, additionally resourced provision and special schools.

In the ten cases analysed, the student was attending one of the six specialist OOB provisions summarised in Table 4.1. Murray Hills is a special school for children with dyslexia which one child attended, although his primary need was reported as autism. A comparison of Banton's special schools and OOB provision in Table 4.1 allows for identification of what this specialist provision is judged to offer, that some students with autism are considered to need, which cannot be offered within Banton. Evidence from school prospectuses and recent Ofsted reports suggests this includes smaller class sizes, higher staff: pupil ratios and residential facilities, while some OOB provision is single needs autism-specific provision. Although smaller class sizes and high staff: pupil ratios are available in many of the special schools, the OOB provision offer even smaller class sizes and higher pupil: staff ratios compared to Banton special schools. Overall, it is difficult to judge from information in recent Ofsted reports, what the within-borough specialist provision lacked in comparison to OOB provision as all reports rated provision as 'good' or 'outstanding' with regards to curriculum and pupil attainment.

The most distinct aspect of OOB provision is that a number offer residential facilities which include a curriculum for YP with autism and activities before and after normal school hours. Residential provision is also important in offering respite and support for families of children with autism. Additionally, some OOB provision had in-house speech and language and occupational therapists allowing greater interdisciplinary working which informed their curricula.

4.4. Research Aims and Method

The above review of literature and guidance regarding autism highlights that the autistic population is a heterogeneous one. DSM 5 describes non-ASD disorders that YP with autism can experience such as anxiety and mood disorders. Additionally, research also indicates that YP with autism experience higher rates of exclusion from school. Research into OOB provision argues for the need for greater joint working between services to monitor and assess the effectiveness of OOB placements (Audit Commission, 2007).

This review of literature informed the present study in a number of ways and eventually led to four key research aims. Firstly, through my file audit I wanted to identify how YP's needs were framed and what were the main needs of these individuals. I hoped to reach an understanding of how diverse this population of YP was and if these YP experienced non-ASD disorders as described by DSM 5. Additionally, with respect to literature regarding good autism practice, I wanted to develop a timeline of events for YP in order to understand what had happened before YP transferred to an OOB provision and to understand what had been the rationale for this transfer. Through these aims I also hoped to get a sense of how different provision could or could not meet the needs of these YP.

There were approximately thirteen children with a diagnosis of autism placed outside Banton in the academic year of 2013/14. I chose ten files, at random, to analyse in detail. Informed by previous literature regarding the education of YP with autism, the research aims for the present study were:

1. to develop a profile of needs for each YP;

2. to abstract how the YP's needs had been framed;
3. to ascertain what had happened before OOB placement (to develop a timeline of events for the YP); and
4. to determine the rationale for the OOB placement.

In order to achieve these research aims, I undertook specific forms of data collection as detailed in Table 4.2 below and all involved detailed reading and, at times re-reading, of file notes where required.

Table 4.2: Data Collection

Research Aim	Forms of data collection
1. to develop a profile of needs for each YP	For this research aim I was seeking to find information in students' files which evidenced their needs, for example, in a Statement of Special Educational Needs, medical letters or assessment reports from an educational psychologist (EP), clinical psychologist or speech and language therapist.
2. to abstract how the YP's needs had been framed	For this research aim I looked for school reports, EP reports, medical reports and parental reports regarding descriptions of the YP, in order to ascertain how the needs of this YP were being framed by those around them.
3. to ascertain what had happened before OOB placement (to develop a timeline of events for the YP)	To achieve this research aim, I noted key information and dates such as age of diagnosis, schools attended and significant events in order to develop a timeline for each YP.
4. to determine the rationale for the OOB placement	Research aim three helped to determine the rationale for decisions relating to OOB provision.

4.5. OOB Cases in Banton MBC: Data from File Analysis

This section presents the data against each research aim. Ten files were analysed with reference to my four research aims and led to a large amount of data. This detailed data for each YP is included in the appendices (see Appendix One to Ten). Firstly, Table 4.3 below

provides an overview of the ten cases analysed, their current age and the OOB provision they currently attended and Table 4.4 presents the data gathered for each research aim.

Table 4.3: Overview of Cases Analysed

Name⁸	Age (Summer 2014)	Current OOB Provision
Jack	18	Rockton Hall
David	19	Prospect
Craig	15	Rockton Hall
Geoffrey	15	Waterfall Way
Salmaan	11	Prospect
Elliot	16	Murray Hills
Michael	18	Bright Futures
Samantha	15	Old Tudor
Scott	18	Waterfall Way
Kevin	14	Rockton Hall

⁸ Pseudonyms have been used to protect the identity of students

Table 4.4: Data Collected from File Analysis

Research Aim	Data from File Analysis
What is the Profile of Needs?	<p>I found the age at which YP were diagnosed with an autism spectrum condition varied from the age of two (David, Appendix Two) up to 14 (Scott, Appendix Nine): this included Asperger’s syndrome, semantic pragmatic disorder and pathological demand avoidance. However, files did not contain information regarding how diagnoses were made and/or what evidence diagnosis was based on. In Scott’s case there was a difference in opinion between two CAMHS teams regarding the diagnosis of autism: one team felt Scott’s behaviour was manipulative rather than an expression of ASC.</p> <p>Additionally, several YP were described as experiencing poor mental health (Geoffrey, Michael, Samantha, Scott [Appendices Four, Seven, Nine]) and displaying challenging behaviour (Jack, Craig, Scott, Kevin [Appendices One, Three, Nine and Ten]). Analysis found some YP also experienced learning difficulties including dyslexia. A number of YP were reported to have social difficulties. Some were also described as having sensory difficulties (Kevin, Jack) and delayed language and communication skills (Michael, Samantha). Furthermore, in Salmaan’s (Appendix Five) case, there were child protection concerns regarding sexualised behaviour.</p>
How are YP’s Needs Framed?	<p>Young people’s needs were often framed by professionals, parents and school staff in terms of behaviours displayed by YP. For example, in the majority of cases (Jack, David, Craig, Geoffrey, Salmaan, Elliot and Michael) staff and parents described aggressive and destructive behaviour from YP, which staff and parents found difficult to manage, and which often led to temporary exclusions from school. Challenging behaviours included: shouting loudly, being angry, rolling on the floor and being physically aggressive towards adults and other children.</p> <p>Young people were also described in terms of their emotional wellbeing, for example, Geoffrey (Appendix Four) was described as quiet, with low self-esteem and reportedly sensitive to others’ comments and intolerant of others’ views. Similarly, a number of YP were described in terms of social and school-related anxiety/phobia, obsessive compulsive behaviour, depression and as having a social, emotional and behavioural disorder (SEBD).</p>
What happened before movement to	<p>Figure 4.2 illustrates the route to an OOB provision for each of the cases studied. As can be seen, of the ten files analysed, only Michael and Salmaan, went to a special school as pre-schoolers and David was the only one not to attend a mainstream primary school, as he went straight to a special school within Banton. In Salmaan, David and Michael’s cases (Appendices Two, Five, Seven), file notes indicated they had more severe autism and so were placed in specialist provision at a much younger age. In the seven other cases</p>

<p>an OOB provision?</p>	<p>analysed, YP attended a mainstream primary school (Sam, Craig, Scott, Kevin) and secondary school in the case of Geoffrey, Elliot and Jack.</p> <p>Geoffrey (Appendix Four) and Elliot (Appendix Six) appeared to experience few difficulties whilst attending a mainstream primary school, but movement to a secondary school led to difficulties for these children. File notes described Geoffrey becoming terrified at secondary school where rocking behaviour was frequently observed. Reports stated he would not engage with staff or students and threatened self-harm. Staff and parents believed he could not cope with the number of pupils and the volume of noise at the mainstream secondary school.</p> <p>In Elliot’s case, concerns were raised whilst he was in primary school, about his movement to secondary school as parents were worried that Elliot would struggle in secondary school. Elliot was diagnosed with dyslexia and autism in Year 5 and his parents wanted him to attend a school which could meet his SpLD. Following parental requests for statutory assessment and a tribunal, the authority named an OOB provision for children with SpLD and therefore Elliot was different to other cases analysed as he attended a specialist provision for SpLD rather than autism. The role of tribunals is discussed further below.</p> <p>As mentioned previously, in the majority of cases analysed, movement to OOB provision was preceded by exclusions from mainstream settings, which was usually related to challenging and often aggressive behaviour. There was usually a history of multiple exclusions and this would often trigger the involvement of external professionals, if they were not already involved, for example, EPs, the exclusion team or behaviour support team.</p> <p>In four out of the ten cases (Jack, David, Elliot and Samantha) there were tribunals held, as parents did not believe the provision recommended by the authority was able to meet the needs of their child. In all four tribunals, the outcome led to children being placed OOB and therefore, favoured the parents. In two cases, parents home-schooled their children or self-funded their child’s placement in the OOB provision whilst awaiting the outcome of the tribunal.</p>
<p>What was the rationale for OOB placement?</p>	<p>The rationale for movement to an OOB provision was not clear in all the files analysed but in the majority of cases it related to challenging behaviour displayed by the YP which mainstream or specialist in-borough settings stated they could not manage. For example, in Jack’s case it led to repeat exclusions from his mainstream secondary school despite a reduced timetable and additional TA support. Similarly, Michael’s file described his behaviour as being very challenging to manage in the in-borough special school and</p>

annual review paperwork reported that he was experiencing fewer difficulties at the OOB provision. However, there was a lack of information about what was happening at Bright Futures which was enabling Michael to make progress. Similarly, in the case of Samantha, it was not clear why Langley Wood Special School was judged unsuitable for Sam and why Old Tudor was considered more appropriate. Additionally, there was no paperwork about how Sam was doing at Old Tudor.

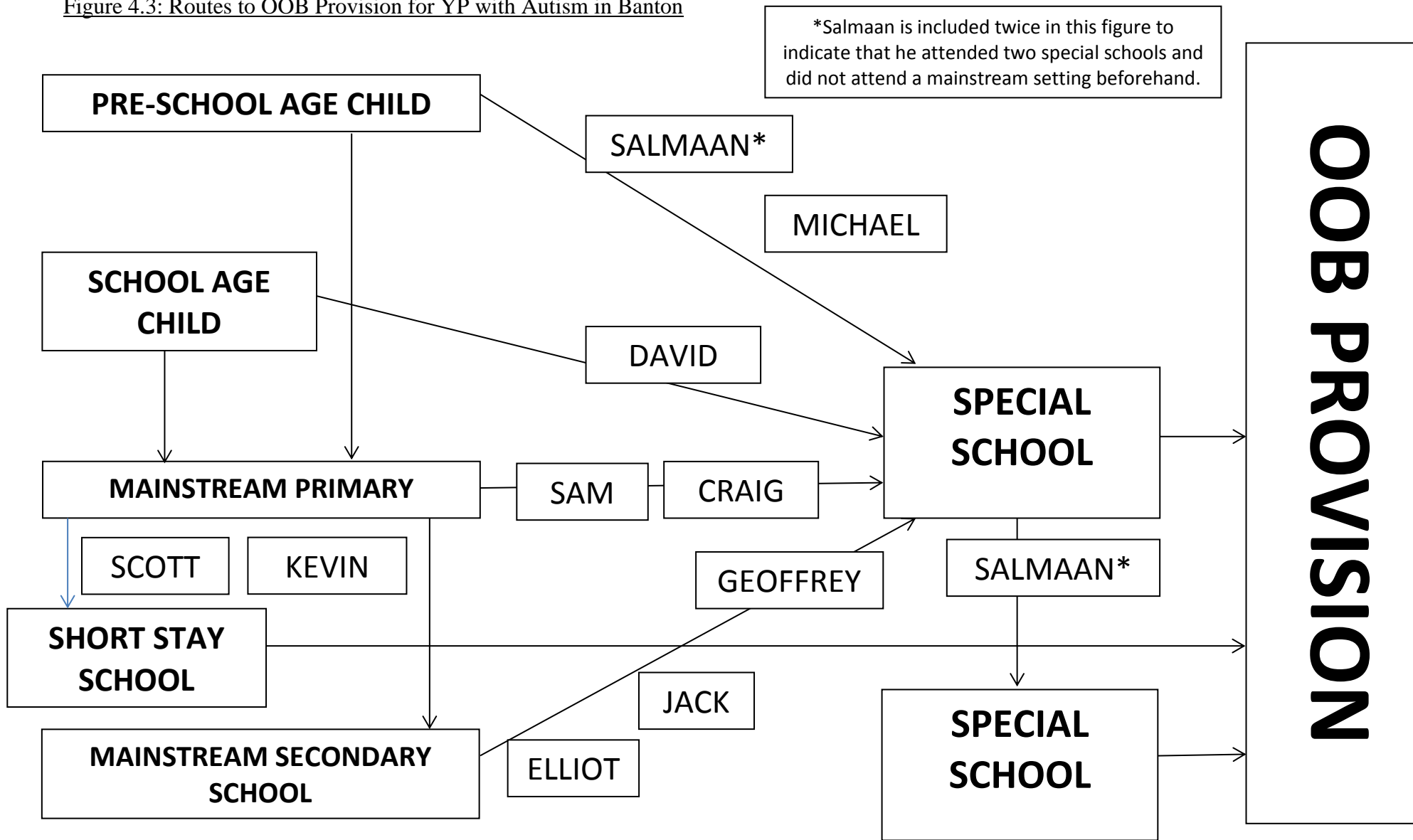
In David's case it was again not clear why there was a move to an OOB provision as there were reports that he was making good progress in his special school. The only possible reason that I could extract from file notes was the reported breakdown in relationship between the in-borough special school and David's parents; however, paperwork in the file did not clarify this any further. As mentioned above, David's parents took the authority to court in order to secure the OOB provision for David.

Additionally, increasing the cost to the authority, David moved from a day to residential placement when he was in Year 8. Again, the reasons for this are not entirely clear from David's file, but possibly linked to David's aggressive behaviour at home. This move was reported to have a positive impact on David and he continued to thrive. At the time of writing this report, David was due to be attending a specialist college for YP with autism which offered a personalised learning programme which aimed to develop David's functional communication and life skills. David's engagement in previous courses at a local university was not positive and I understand from his EP, this may have been related to the inappropriateness of the courses for David.

In Elliot's case, file notes indicate the reason for his movement to an OOB specialist provision for SpLD, related to his parent's concerns that he would become over-reliant on his TA in a mainstream setting and they felt this provision did not recognise his anxiety. Parents believed Elliot would benefit from smaller class sizes where he was taught by a teacher rather than supported by a TA. Again, there was a tribunal which led to Elliot being placed at Murray Hills.

Finally, Kevin and Scott both reportedly struggled to cope with secondary school. Scott, according to CAMHS, experienced very poor mental health and was described to have made better progress in a short stay school. Both Scott and Kevin were reported to display challenging behaviour such as temper tantrums and violence towards staff and other students. I was unable to ascertain from information contained in files what the triggers were for Kevin and Scott, for the reported outbursts of challenging behaviour and, in the case of Scott, what were the exact factors at the short stay school which enabled Scott to thrive.

Figure 4.3: Routes to OOB Provision for YP with Autism in Banton



4.6. Analysis of Findings

This section summarises patterns and trends seen in the data presented in Table 4.4 above, before I discuss the meaning of these trends in Section 4.7.

The file analysis found that the age of diagnosis of autism varied from two to 14 years. In a few cases a subcategory of autism was used to describe YP's needs such as pathological demand avoidance or Asperger's syndrome but in the majority of cases diagnosis was as ASC. However, none of the files contained information regarding how the diagnosis was made and it was not always clear who had made the diagnosis. It was only clear in one case where there was disagreement between two CAMHS teams.

A common feature across a number of cases was that non-ASC difficulties such as SEBD, anxiety and dyslexia were also reported. Most often YP were described in terms of observable behaviours and usually focused on challenging behaviour such as physical violence or aggression. In these cases, parents also reported similar difficulties at home. Additionally, a number of YP were excluded from a mainstream setting before transferring to a specialist setting.

Furthermore, the majority of the YP attended mainstream settings before moving to specialist provision and difficulties usually arose in primary school, although in two cases there were no reported concerns in primary school. In these cases difficulties arose following transition to secondary school and were reportedly linked to the large number of pupils and volume of noise at secondary school.

As seen in the data in Table 4.4, four of the ten cases involved tribunals because parents were not satisfied with the provision recommended by the authority. In all four cases, parents were successful in securing an OOB provision for their child. In all cases, YP attended specialist provision within Banton before transferring to an OOB provision. However, none of the files contained information relating to what different provision offered and how they did or did not meet the needs of the young person. Similarly, on transfer to OOB provision, where available, annual review paperwork reported that the young person was making good progress but there was no paperwork as to what was enabling the young person to thrive in this setting and what was lacking from the previous setting.

Overall, analysis suggested there were many similarities in needs across cases and often multiple, complex and interrelated difficulties experienced by the ten young people. However, file analysis alone did not enable me to ascertain exactly what provision offered and therefore to be able to see if and why OOB provision was more suitable for these YP. I explore this further in Section 4.8 when I discuss how provision could be monitored and assessed for outcomes in order to enable a calculation of value for money for authorities.

4.7. Discussion of Findings

4.7.1. What was the Profile of Needs for YP and how were YP's Needs Framed?

Analysis of YP's files to identify the profile of needs, and how these needs were framed, revealed that as well as having a diagnosis of an autism spectrum condition, the majority of YP were also described as experiencing non-ASC disorders. The data indicated that the needs of this population were complex, multiple and interrelated with implications for educational provision.

Firstly, in Geoffrey's case (Appendix Four), he was an individual with complex needs since he also suffered from severe mental health difficulties. However, it was difficult to establish whether the mental health difficulties were a result of his autism or whether the mental health difficulties constituted a largely independent area of need. His father suffered from bipolar disorder, which was reported to have had a big impact on family life. Beecham (2014) notes that approximately 30% of children with autism in the UK have an additional diagnosis of a clinically recognisable emotional or anxiety disorder (Green et al, 2005). Geoffrey, like a number of other YP, suffered from low self-esteem which his medical doctor stated was a result of Geoffrey internalising his social difficulties.

However, there was reportedly a contrast between Geoffrey's behaviour at home and school which has been found in previous research where children with autism appear to be coping well at school and then 'let go' at home (for example, English, 1999, as discussed in Chapter Five). Geoffrey's behaviour at home was reported to be very challenging, interpreted by his parents as reflecting anxiety building over the school day. Like a number of other children, things got worse for Geoffrey when he moved to secondary school. The information contained in the file suggested that Geoffrey's primary school were not aware of any additional needs, since Geoffrey presented as coping well and academically bright. This meant there may not have been a careful transition plan for Geoffrey and consequently, he found secondary school all the more difficult. There is little information available following Geoffrey's move to Waterfall Way and so it is assumed that Geoffrey is doing well.

This case raises questions over communication between home and school, and whether earlier recognition of Geoffrey's needs by educational settings may have resulted in earlier

intervention, and improved secondary school transition planning which could have changed outcomes at secondary school.

In Salmaan's case, his story differed from other children's with regards to his early life experiences as his mother frequently travelled between the UK and Pakistan to visit Salmaan's father in Pakistan. This case raised questions regarding how Salmaan's early experiences may have influenced his attachment to key caregivers and his social and emotional development during his early years. There was no recognition of the impact of this in Salmaan's file.

Additionally, Salmaan's needs appeared to extend beyond the primary effects of autism, as school staff reported sexualised behaviour and there were investigations undertaken due to concerns about Salmaan's safety. Unlike other children, Salmaan attended two special schools within the authority before then securing a place at Prospect, an OOB specialist provision. There was also evidence of a medical doctor making educational recommendations, with implications for parental expectations and the authority that was making decisions regarding provision for Salmaan.

Sam (Appendix Eight) also reportedly experienced mental health difficulties and high anxiety levels which led to her moving to a special school within the borough. Sam's needs reflected findings of other research that showed children with autism frequently experienced poor mental health (Attwood, 2000; Green et al, 2005). Although paperwork suggested Sam was happy at Langley Wood Special School, her parents judged the provision inadequate and appealed, securing a place for Sam at an OOB provision. It was difficult to ascertain from file information alone, what led to the move to Old Tudor from Langley Wood, and why the outcome of the tribunal supported parental wishes.

Scott's (Appendix Nine) difficulties began at primary school where he suffered from anxiety and depression, and he was moved to another primary school, where he appeared to have a more positive experience. As with many children with similar needs, secondary school was when difficulties escalated (Dann, 2011; Osborne and Reed, 2011). Scott's autism diagnosis came several years after he had been experiencing difficulties in school, but there was disagreement between different Child and Adolescent Mental Health Service (CAMHS) teams. It was difficult to tell if this disagreement delayed treatment or interventions for Scott. It also appeared from the file that Scott was moved to School Action Plus on the Code of Practice several years after concerns had been raised, and his referral to an EP also appeared to have been relatively late. Additionally, Scott's needs were defined at SEBD at this point, which some would argue was an inaccurate description of his needs and failed to recognise what was leading to these observed social, emotional and behavioural difficulties for Scott.

I wonder if Scott's transition to high school was poor because there was no recognition or understanding of Scott's needs at that point and therefore the receiving school was unable to plan for Scott. It was again unclear how the OOB placement, to which he transferred at 15, was meeting Scott's needs and how his needs were being framed at Waterfall Way. Therefore, as the Audit Commission (2007) found, there was no information which could enable the monitoring and assessment of this placement in terms of outcomes for Scott and value for money for Banton.

In the case of Jack (Appendix One) when he moved to Rockton there was a marked shift in the way in which his needs were framed by staff in comparison to previous settings. I would argue this reflected the staff's level of understanding of the condition and a commitment to making environmental adjustments to suit Jack's needs. I believe there is great value in

partnership between such specialist settings and mainstream settings in order to support the development of knowledge and skills of staff in mainstream settings, to enable mainstream staff better to meet the needs of YP with autism, which could, in turn, reduce the likelihood of exclusions and long-term failure of placements.

Overall, the needs of YP were framed in terms of their diagnosis of an autism spectrum condition as well as non-ASC disorders such as social, emotional and behavioural disorders. This reflects previous research findings where individuals with autism also experience additional mental health difficulties. However, it was difficult to ascertain from file information alone the ways in which different difficulties were interrelated and/or caused by the autism spectrum condition. Furthermore, file information did not include detail regarding interventions which were implemented to support the YP across settings.

4.7.2. What Happened Before Transfer to an OOB Provision?

By developing a timeline of key events for each young person, I aimed to build an understanding of the factors that led to an OOB placement for the young person. As can be seen from the data collected (Appendices One to Ten), there were a number of commonalities across cases with regards to events which led to the OOB provision. For example, a number of YP were excluded from mainstream settings due to challenging behaviour, which then led to the involvement of external agencies and an assessment of the most appropriate provision for the young person. An analysis of events also raised a number of questions regarding how decisions had been made in Banton with regards to placing YP with autism in OOB provision.

Firstly, in my analysis of Jack's file, Jack was not offered a place in an additionally resourced provision (ARP) for autism in his mainstream high school and I wondered if the outcome

would have been different if Jack had been offered a place at the ARP and whether Jack could have had a more positive experience in a mainstream secondary school. This case also raises the issue of increasing funding to the ARP so that more children with autism are able to access targeted specialised support within a mainstream setting.

This also links to Chapter Five where I used Realistic Evaluation to explore how a mainstream secondary school can better meet the needs of YP with autism (Sultana, 2014). An increase in places in ARPs could potentially reduce the number of OOB placements for children with autism. Secondly, it is apparent in the file that some staff in mainstream settings lacked understanding of autism and/or of Jack's needs, highlighting a training need and also questioning the ARP as a centre of expertise, since there was no evidence of an appropriate understanding of autism across the setting.

Furthermore, Jack was not unusual in his experiences of exclusion from mainstream settings. This supports research that has found children with SEN are seven times more likely to be excluded (Hayden and Dunne, 2001). The main reason for exclusion in my file analysis was aggressive behaviour towards staff and peers, which echoes research of Gross and McChrystal (2001), which investigated the factors behind the permanent exclusions of children with Statements of SEN. Relating to this, Jack's parents were not always informed by the secondary school when Jack's behaviour had been violent, but records of this behaviour were kept as evidence. It could be argued that the school were compiling evidence against which to exclude Jack, which was understandably very upsetting for parents and unhelpful in addressing these behavioural matters.

Craig was also excluded from mainstream settings due to challenging behaviour. Additionally, like other children, there is a difference in his reported behaviour as he moved

to an OOB setting. One factor that emerges from Craig's file is that he did not appear to be sanctioned for negative/undesirable behaviour at Rockton Hall and I wondered if this was an important strategy in managing Craig's behavioural needs. The approach to behaviour management appeared to be very different at Rockton Hall compared to the mainstream school that Craig came from, which raises questions regarding the nature of behaviour policies in mainstream settings and whether there is a need for adjustments to improve management of the behavioural needs of children with autism. This corresponds with the research of Evans and Lester (2012), who state that teachers may work against students with additional needs by using approaches which are predominantly punitive. Evans and Lester (2012) argue for an approach to behaviour management which sees students' behaviour as an opportunity to teach students and provide them with the tools to manage in the long term (Morrison, 2007).

Like Jack's parents, David's parents took the LA to tribunal, which was seen in four cases, and in all cases resulted in the LA agreeing with parental wishes regarding provision. In David's case it is unclear why David's parents moved him from Harwood Special School where he appeared to be doing well. There was a lack of information in files relating to the content of tribunals and regarding how the suitability of placements was assessed.

Like David, Elliot's story also involved a tribunal; however, Elliot was unusual as his assessed primary need (of autism) was not the driver for provision. Elliot secured a place at a dyslexia special school following a tribunal. Elliot's parents were not happy with the authority's initial decisions that Elliot should receive 10 hours of TA support in a mainstream setting. The parents believed this would make Elliot over-dependent on adult support and stated a smaller class room would meet Elliot's needs better. Paperwork suggests that Elliot continued to experience some social and sensory difficulties whilst at Murray Hills; however,

overall Elliot's educational experiences were more positive. I would argue the small classroom size suited Elliot's autism-related needs.

In Kevin's case, his file indicated that he attended mainstream settings and moved to a short stay school because he had reportedly struggled to cope in the mainstream environment. Kevin appeared to do well at the short stay school and I wonder if there had been any transition work and liaison between the short stay school and the secondary school before Kevin moved, as Kevin's transition to secondary school was not successful.

Additionally, Kevin was another child with a diagnosis of Asperger's Syndrome where needs have been described as more invisible by some researchers (Generett et al, 2013). Furthermore, like other children, medication seems to be the driving force in managing Kevin's behaviour. Therefore, I would argue the approach taken was to focus on Kevin rather than looking at adjustments which could be made to the environment. Linked to this, there was an absence of evidence regarding attempts to identify the antecedents of challenging behaviour. Like a number of children, Kevin was excluded on numerous occasions due to his aggressive behaviour and these exclusions, in turn triggered action such as referral to external agencies.

Comparing the analysis of these ten cases can illuminate factors common to OOB placements for children with autism in Banton, as illustrated in Figure 4.2. This figure shows that in the majority of these cases, children attended a mainstream setting before moving to special school. Similarly, most children attended a special school within the borough before moving to an OOB provision. Only Salmaan attended more than one special school within Banton before moving to an OOB provision. Furthermore, analysis reveals that most children were of secondary age before being placed OOB. This could reflect the authority's aim to meet

children's needs within the authority. However, it could be argued that these children are misplaced before being placed OOB. Although, a more detailed case analysis and data collection which assesses outcomes would be needed to make such judgements.

4.7.3. What was the Rationale for OOB Provision?

Analysis of the ten files found there was not a clear rationale for transfer to an OOB provision in the majority of cases. In four of the ten cases, it related to parental wishes and the outcome of a tribunal. However, as mentioned previously, there was no information in files detailing the reasons the OOB provision was believed to be more suitable than the in-borough provision recommended by the authority. In cases where parents had appealed it raised questions about the equity of the allocation of resources, as it appeared that some parents were more empowered to disagree with the authority, and secure their preferred outcomes than others. For example, Salmaan was moved between a number of settings within the borough before being placed in an OOB provision, whereas parents who had appealed more immediately appear to have secured an OOB place for their child sooner than those parents who have not taken the authority to tribunal or court.

In the case of Elliot, it seems that the authority would be paying for an expensive OOB post-16 provision because this was what the parents would like, when possibly equally suitable provision within the borough had not been fully explored (Appendix Six). The Audit Commission (2007) highlighted that if parents are unhappy with the provision offered by an authority, they can appeal through the SEND tribunal, which is a stressful process and delays placement for the child. Importantly this study highlighted that parents who are able to afford and access support through this process have an advantage, and as I found in my analysis, the Audit Commission (2007) also found appeals influenced the outcomes of OOB placements

and that decisions were often made early, in favour of the parent, to decrease the overall cost of the process. In the ten cases I analysed, four went to tribunal where the outcome favoured the parents in every case.

Michael's story was similar to a number of other cases analysed: he moved from a special school in Banton to one outside the borough because his behaviour became increasingly difficult to manage, despite staff expertise in autism. However, as with other files, it was difficult to ascertain what was different at Bright Futures and enabled Michael to make better progress. Annual review paperwork did not offer detail with regards to targets, interventions, or outcomes, which is again congruent with an area of need which the Audit Commission (2007) previously noted, where LAs were not assessing and monitoring outcomes of OOB placements sufficiently.

Similarly, there is an absence of paperwork once Salmaan moved to Prospect, which could be argued to reflect a lack of monitoring and assessment of outcomes by the home authority, supporting the Audit Commission's (2007) findings that authorities often did not have the information to assess the value for money of OOB placements or children's progress and wellbeing within these. Additionally, the file analysis highlighted a need for information regarding the costs of different provision alongside the outcomes for children in order to make informed decisions regarding the best provision for individuals and best value for money for authorities.

I conclude this report in Section 4.8 by exploring this further through an application of some of the four key functions ('Placement Management', 'Placement Decisions', 'Strategic Management' and 'Budget Management') which are believed to influence the value for money of OOB placements for SEN as previously illustrated in Figure 4.1.

4.8. Conclusions

Analysis of the files of ten children with diagnoses of autism, who were currently attending OOB provision helped to identify changes needed in order to support Banton MBC to monitor and assess outcomes and value for money from OOB placements.

4.8.1. Placement Management

Across all cases, once a child moved to an OOB provision, annual reviews demonstrated that children had settled well and were making good progress across the board. Additionally, I observed that the way in which some children's needs (for example Scott [Appendix Nine]) were framed differed between mainstream and specialist settings. In particular, there was a shift from seeing the condition as reflecting inherent features of the child to focusing on the environment and how it could be adapted to suit the young person. I believe there is a place for closer liaison between specialist and mainstream settings in order to develop more inclusive practice in mainstream settings. However, there was a lack of information in files regarding how the nature of provision compared between in-borough and OOB provision and therefore why OOB provision was believed to be more suitable than in-borough provision.

The home LA is responsible for monitoring progress of the child at the OOB placement and ensuring there is appropriate provision when the young person leaves school (Audit Commission, 2007). File analysis found monitoring of the placement was usually through an annual review. There was often no other paperwork in a child's file once they had moved to an OOB provision which suggests that an EP or a representative of the LA only attended annual reviews and/or that OOB settings did not share other information with the LA. The involvement of EPs at these reviews also varied across the cases. The reviews were usually

attended by assessment and monitoring officers from the Banton SEN Service. The Audit Commission (2007) found similarly and argued that annual reviews alone were not adequate to monitor the progress and safety of the child. Relating to this, I found variation across files with regards to targets included in paperwork and the degree to which these targets were appropriate and SMART (specific, measurable, achievable, realistic and time sensitive). This has implications for assessing and monitoring outcomes for YP.

‘Placement Management’ currently appears to be addressed through annual reviews. Improved rigour in monitoring placements, measuring outcomes, tracking progress and planning transition to post-16 education, training, employment and living and/or adult social care appears to be an area of need. Linked to this, annual review paperwork could be adapted to require greater focus on outcomes data. The New Code of Practice (DfE, 2014) places a greater emphasis on outcomes and therefore changes implemented by Banton SEN services in order to meet the requirements of the new Code may help to rectify this and support the authority in monitoring placements.

4.8.2. Placement Decisions

This key function relates to a number of factors including: the role of multi-agency placements panels, constraints on placement decisions, routes into OOB placements, views of parents and children and the impact of SEND tribunal. As noted previously, four out of the ten cases involved tribunals which favoured parents and led to YP being placed OOB. However, there was inadequate information within YP’s files regarding criteria or information which decisions were based on and, as discussed above, there was a lack of information regarding the monitoring and assessment of places in order for this to have informed tribunal decisions.

This key function also refers to parental and children's views and one significant finding of the analysis of these YP's files was the absence of the young person's voice. In only one file did I find in-depth work carried out by an EP to elicit the views of a young person. The AET (2011) identified a need for further research to develop and disseminate good practice regarding engaging with and incorporating the pupil voice within specialist and mainstream settings. Additionally, the findings of the Audit Commission (2007) highlighted the need to include the child's voice in decisions about the child. Again, this is something that is given greater importance in the new Code of Practice and the Education, Health and Care Plans (DfE, 2014).

4.8.3. Strategic Planning

With regards to strategic planning, research from the DfES (Gray et al, 2005) encouraged greater regional partnerships in order to develop regional centres of expertise in support for complex SENs. The AET (2011) found good autism practice can occur through local partnerships between experts within specialist provisions, teachers and professionals within local schools, especially mainstream schools, and with parents/carers. One suggestion of the AET (2011) was to develop 'centres of excellence' or autism specialist schools or units in order to support the community. The AET (2011) states that this is a potentially powerful and cost-effective model of service delivery which could enhance local communities' expertise regarding autism. This in turn could contribute to a reduction in the numbers of OOB placements for some autistic children whose needs could be met within the borough. Additionally, where respite care is needed and can lead to residential OOB placements, these centres would offer better support and communication with parents and help to elicit parental concerns earlier. Banton borders a number of authorities, where greater cross-border

collaboration and partnership would hold reciprocal benefits for a number of authorities within the West Midlands.

In summary, the present study analysed ten files of YP with autism, who were currently being educated OOB, in order to understand:

- the profile of needs of these YP;
- how their needs were framed,;
- events which led to their placement OOB; and
- what the rationale was for the OOB placement.

The study found many commonalities across cases and often multiple, complex and interrelated needs which included non-ASC disorders such as mental health difficulties. Corresponding with previous research, I found behavioural difficulties often led to YP with autism being excluded and contributed to their eventual transfer to an OOB provision. Furthermore, I found the educational experiences of these YP often reportedly improved once they moved OOB; however, it was difficult to ascertain from file information alone, what OOB provision offered that was not offered within the borough. Additionally, current assessment and monitoring methods did not appear to enable adequate assessment of outcomes and/or value for money for the home authority. Finally, use of Loughborough University's (Audit Commission, 2007) model for the assessment of value for money of authority placements for SEN, is suggested in order to enable Banton MBC to assess the overall costs of OOB placements and whether YP are most appropriately placed.

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Appendices

Appendix One: File Analysis: Jack

Number / initials	1/J
M/F / Age	M/18
Day/ Residential	RESIDENTIAL
Setting	Rockton Hall: independent special school for Asperger/AS for boys (Ofsted, 2008) aged 8-19 years. 36 LAs fund pupils currently (2008)
EPs involved	XX
Diagnosis / Profile of Needs	ASD (ASPERGER'S – PDA TYPE), ANGER/AGGRESSION, OVERWEIGHT
HOW HAVE NEEDS BEEN FRAMED?	<p>2004: speaks loudly, physically aggressive, behavioural concerns, unhelpful targets – all behaviour – no learning targets! Picked up on by CISS.</p> <p>Paediatrician's letter: Oct 2005: behaviour difficulties, attention difficulties, probable underlying Asperger's, overweight: Asperger's screening questionnaire=diagnosis of Asperger's . Dr. felt J had a confusing combination of difficulties of oppositional behaviour, poor attention and socialisation difficulties. Dr felt socialisation difficulties (Asperger's) was the main cause of his problems. Dr would contact school to seek specific ASD assessment and advice.</p> <p>May 2006: EP notes: parents reported self-esteem issues, unacceptable behaviour, possible bullying from peers, social difficulties, rigidity of thought and behaviour. Doesn't like change.</p> <p>July 2006: same paediatrician: letter: Asperger's, major behaviour difficulties (liable to aggression / apparent rudeness), overweight</p> <p>Nov 2006: advice describes J's sensory difficulties which would require adjustments in the environment</p> <p>Educational advice Sept 2006: aggressive behaviour, unable to form appropriate friendships, danger of permanent exclusion</p> <p>J's views: didn't feel he needed help with anything – didn't want to go to a school for children with AS. Angry and adamant he doesn't need help.</p> <p>Feb 2008: J put on medication: Atomoxetine</p> <p>Unstructured times were the most difficult for J at secondary school.</p> <p>Feb 2008: teacher reports: very negative, aggressive behaviour, attention seeking: suggests possible lack of awareness of how AS influences behaviour and reports suggest teachers were not trained to manage J's behaviour differently to neuro-typical children.</p> <p>Rockton Hall: Y8: Nov 2008: JM is a very able pupil with problems concentrating his mind. He must try not to be drawn into other pupils'</p>

	<p>problems, stop calling out in class and focus on tasks. Making some progress across subjects but similar behaviours reported but appears to be on a smaller scale. History: behaviour generally good but easily distracted. R.E: J is very good and always polite – what different in R.E. to the majority of other lessons?</p> <p>Aggression appeared to have been managed much better – J took himself away to calm down.</p>
<p>WHAT HAPPENED BEFORE?</p>	<p>At MS primary school: EP involvement since 2002</p> <p>Moved to SA+ in November 2005</p> <p>SALT: March 2006: understanding of non-literal language (idioms) is age appropriate</p> <p>May 2006: EP consultation notes: clinical psychologist to offer counselling shortly, questioning possibility of statutory assessment and special school. Notes that J has been excluded for fixed term periods.</p> <p>June 2006: EP consultation with parents: J excluded as he punched LSA. Dad fed up. Diagnosis not confirmed. Pragmatics group started last week. Parent queries ‘reasonable adjustments’ at school. Provision: mum wants place that will offer best support. J wants to stay at MS school. Work station in place at school. Request for statutory assessment queried by EP. Strategies suggested to support behaviour and AS needs: calming, work station, social stories. Parental concerns re. relationship between teacher and J. Routines are important.</p> <p>June 2006: parent phone call to EP: J excluded again and this is his last chance before he is permanently excluded from his MS primary. BST involved by now – for some time?</p> <p>July 2006: strategic leader for SEN sends letter to Dr because he as sent a letter to SEN requesting an ARP place for JM. This letter basically asks the Dr not to do this and that Educational X has systems which aim to ensure an equitable system.</p> <p>Autumn 2006: EP supporting: reduced timetable at MS primary, receiving regular support from Clinical Psychologist. CR notes that the school and parents will make a request for statutory assessment</p> <p>Nov 2006: Different EP wrote this child’s advice: new term – change of EP for school? this advice recommended ‘specialist education programmes, delivered in a MS context as far as possible...’</p> <p>1st statement doesn’t appear to suggest a change of provision (Jan 2007)</p> <p>J supported by EP in Year at MS primary – transition planning mentioned. Reduced timetable still with a phased increase. Behavioural difficulties still.</p> <p>June 2007: offered anger management programme by clinical psychologist</p> <p>July 2007: letter from autism specialist AT: one MS secondary placement has been unsuccessful, going to try new secondary in Sept 2007 (with an ARP with AS). 32 ½ hours LSA support.</p> <p>June 2007: tribunal hearing – parents appealed against statement issued in Feb 2007. Tribunal report notes that EP advice stated that J’s needs could be met in a MS setting. The parents were challenging the secondary school (without ARP) stated on statement by LEA. Parents wanted ARP place at secondary school. Only two ARP places a year. The LEA in the meantime had increased LSA support to 32.5 hours so that J could be supported all day, including during unstructured times. Also the LEA were going to provide transport as this had been raised by parents as a key issue. Additionally, new information came out that the MS secondary HT reported that J had a bad induction day, displaying challenging behaviour. However, LEA reported that the school had not prepared itself for J and with appropriate training could meet J’s needs but the secondary itself were now unsure. Clinical psychologist at tribunal stated that J displayed high degree of opposition to adult authority and peer group. CP stated that J needed a skilled emotional environment – CP liked the idea of an ARP and that MS</p>

integration should be the aim for J rather than a special school. CP emphasised the need for collaborative working between all involved to ensure a smooth transition to whichever new setting in September. Tribunal decisions: secondary school had by now, following the induction day, stated that they could not meet J's needs. Therefore, the tribunal felt this school should not be named in Part 4 of the statement. Therefore it was agreed that the MS secondary with the ARP should be named but not as an ARP place but that J would be able to benefit from this with the hours he has. Also noted that CP said there's a risk that J's behaviour becomes the principal focus rather than his AS.

Oct 2007: J is in Y7 now and is raised with the EPS again as there are 'significant concerns'. J was up to now under the AS advisory teacher. The access to the ARP appears unclear too and not as the tribunal noted. J on part-time timetable.

Nov 2007: minutes of multi-professionals meeting: Dr raised possibility of PDA and medication. Meeting also discussed X Base place for JM.

Jan 2008: another tribunal 'looming' re. suspension discrimination

Jan 2008: discharged by CP because J didn't want therapy any longer

Feb 2008: mum taking school to court over excluding J. Around this time, teachers were going to their unions and there were suggestions re. going to the union to do a ballot on refusal to teach J. This email also mentions the school EP has talked about visits to OOB provision – X and X Strategic leader mindful about taking a child OOB because of judicial review over provision. Also concerns that YP at X have wider spectrum of need. However, visit to X to be arranged.

Feb 2008: relationships between parents and school appear to have deteriorated where parents feel the school have failed to 'implement his statement'. There are H&S concerns and mum wants an assessment for Rockton Hall

19.2.08: visited Rockton Hall

March 2008: Dr letter: ASD (Asperger's – PDA type), anger problems and overweight. Increased Anti-ADHD medication – mum reported positive response

3rd Statement: June 2008: Rockton Hall named as provision

April 2008: letter reported successful trial period at Rockton Hall and officially offered a place to JM.

Nov 2008: A/R at Rockton Hall: Y8: very positive

A/R: Y9 2009: again positive, relationships appear to have further improved and ways of managing anger

2010: transition plan: connexions involved, discussing post 16 provision. Mum concerned about leaving Rockton – exploring post 16 courses at Rockton as well as at Banton College

August 2011: visited post 16 provision and parents and J want him to attend X college – EP notes funding implications in CR and to invite AMO and X College staff to next review

Similar behaviours are seen in Y11 but it is managed.

September 2012: started BTEC performing arts at Shrewsbury college. Verbal abuse is no longer an issue! Still takes some medication but reduced dosage.

Jan 2014: J is being supported to be semi-independent, family receiving support to transition to adult services. Concerns re. Hygiene and laundry, managing budget and meals. Courses at college appear to have been unsuitable and J is disengaged and does appear to have good staff relationships.

<p>WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?</p>	<p>Aggressive, violent behaviour Bullying by other pupils Inappropriate management by staff?? Failure to implement statement? How were the hours used? Was this person adequately trained? The ARP was involved which has appropriately trained staff. He was at risk of permanent exclusion in primary and secondary school. EP CR dated March 2008: secondary education presents many barriers for J's learning and social development. behavioural difficulties are leading to a reduced timetable and J is unable to access the full curriculum. He is angry and unhappy.</p>
<p>QS ARISING / REFLECTIONS</p>	<p>When medical professionals interfere with educational decisions – parents I assume are going to Dr stating that their child needs X provision and asking Dr to support this by writing to the SEN department. Parental comments for statutory assessment comment on the CT's lack of understanding of J's behaviour in relation to his disorder – seeing him simply as rude and naughty. There had been a negative parents evening in the presence of J it appears. Implications of school exclusion policies – to what degree can schools make adjustments to this for CYP with AS? Does the LA need to increase the size of ARPs and enable more pupils to attend – could this ultimately reduce the number of children ending up OOB? At one point LEA suggest a non-ARP place at the secondary could enable J to still benefit from the ARP, especially with the hours he would be taking with him – raises money issues! One thing that came out in the hearing was the understanding of the function of the ARP and whether it was a discrete unit or not or a way of getting funding into the school to be a centre of expertise on AS and do outreach work. Teachers rude?? At ARP secondary – implications for training Guidance on exclusion – children with sen 7x more likely to be excluded – NAS website could be good source of info Parent was not always informed of violent incidents though school were keeping records of 'violence at work' logs. Observation notes from an assistant EP suggest J was bullied and the target of groups of students – how far is there guidance and teaching for fellow students of AS? This is a complex long story – is there any way in which the OOB placement could have been avoided? Why wasn't the ARP school able to meet J's needs? How do his needs compare to other AS CYP at the ARP? Secondary IEP targets were not SMART Rockton Hall fees: £89,250/year Could interview Sue Thomas re. J as she has been involved longest period Is there a shift in how needs are framed at Rockton Hall compared to MS schools? Why? Definitely more understanding that he feels insecure during unstructured times – there did not appear to be this understanding in MS schools. Has key worker at Rockton – was this tried in MS school? He is placed in the Barn when behaviour is challenging – not possible in MS setting? Rockton is NAS accredited – what does this mean/involve? Develop under NAS guidance – could the NAS work more closely with MS settings</p>

Appendix Two: File Analysis: David

Number / initials	2/D
M/F / Age	M/19
Day/ Residential	RESIDENTIAL
Setting	Harwood (Special school), X Hall (residential and day for ASD and complex developmental delay), Prospect (school for children with autism, MLD to SLD too), XX (4-19 mixed day/residential special school for AS)
EPs involved	Eps involved since Early years (XX), then XX, XX
Diagnosis / Profile of Needs	ASD with learning difficulties and social and communication difficulties SEN Placement Panel March 2014 doc: SLD, ASD, communication and Language difficulties and associated challenging behaviour
HOW HAVE NEEDS BEEN FRAMED?	Significant developmental delay in all areas except gross motor, in particular severely impaired social and communication – typical of autism skills since age 2 1996: diagnosis of ASD: no verbal communication, doesn't play with others, no sense of danger so has to be in pushchair when out, doesn't like crowded places 2000: aged 5: speech and communication severely delayed, not toilet trained, eating and drinking problems, high non-verbal ability, poor self-help skills August 2001: dr's letter: diagnoses: autism, learning difficulties, sleep problems, on gluten and casein free diet. Major problem is behaviour at home. Sept 2013: parents: D seems to have three separate lives and they never transfer over to another.
WHAT HAPPENED BEFORE?	1997: request for stat asst, on medication for sleep Parents were not happy with their first EP as she disagreed with the AS diagnosis. Parents requested new EP and, after first refusal, the PEP agreed as parents distressed, though the PEP agreed with EP that the diagnosis and educational needs may have been pre-emptive and that there should be a focus on understanding XX needs and get beyond the category/diagnosis. New EP (XX) who wrote advice, appears to agree with AS diagnosis but thinks, due D's high non-verbal ability, this may be re-diagnosed as Asperger's Oct 1997: first statement released – specifying Harwood (Special school) May 1998: parents happy with D's progress at Harwood but see it as interim measure At Harwood develops well socially and emotionally Sept 1999: parents accept place at X Hall, X – unclear why the change as he was doing well, except for some behavioural concerns Dec 1999: complaint letter from parents about Oakwood linked to incident in June 1999 and other events – concerns that staff did not deal appropriately with D's upset behaviour.

Sept 2000: parents want another OOB placement – XX school was closing in July
Statement review in Oct 2000 mentions the LA maintaining D's place at X hall pending the outcome of an investigation re. difficulties the school are currently undergoing.

May 2001: D can be sent back to Oakwood due to breakdown in relationships between parent and school. LA would like to suggest Old Hall but parents would like another OOB school (X) which a previous EP felt was not 100% happy with.
Assessment of D at X outcome: it is a suitable school for D.

NB: There were children with similar needs to D at Oakwood and staff are TEACHH trained

June 2001: D is reassessed – XX (EP) does this

May/June 2001 – family concerned and stressed as D provision still not sorted. X Hall was closed due to major concerns from Social Services.

July 2001: new EP advice is encouraging developing D's independence now and decreasing his level of adult dependence.

Sept 2001: Statement: Old Hall noted. But parent self-funded alternative provision.

Oct 2001: parents seek advice from private EP: who recommends a school for AS children!?

January 2002: parents take LA to tribunal over D's placement. Statement then changed to X which is what parents had been self-funding. Statement notes the great progress D has made at X

This statement is then amended to Horizon but unsure why? (April 2002)

First A/R at Horizon: Oct 2002: parents feel he's a completely different child since Sept 2001 (is this when he started at Horizon or X?) however, still developing strategies with school to manage challenging behaviour. Style of teaching suits D. Enjoys the physical activity available, developing academically and globally

Oct 2003: A/R 2: making good progress across a range of areas – happy and calm most of the time
Key difficulty is coping with changes in routine – heavily dependent on a strict routine and structure

Oct 2004: A/R 3: social interactions improved, change can still cause incidents but they're usually short-lived. Self-help skills improving

Oct 2005: A/R: social skills continuing to improve, beginning to accept and manage some change

Sept 2007: parents happy with progress at Prospect and X House, can be unpredictable and can 'lose it'.
Sept 2007: SALT: eye contact improving when talking, will make requests.
2007: moves from day to residential pupil?

Sept 2007: aggression is still a concern and he is a big boy now – mostly directed at mum

2008: transition plan (Y9)/ A/R: been residential for last two years – this has been the making of him (principal of Prospect). He has matured and his social skills and tolerance of change has improved.

Sept 2009: A/R: behaviour can be challenging though he had generally become better at managing change. Still limited speech and does not always choose to talk to others. Parents think it's best for D not to rest home after he finishes school – looking at supported living – X at the moment. Parents report great concerns re. behaviour at home and in the car – can be dangerous and difficult to manage – request for help.

Sept 2010: A/R: high level of sensory sensitivity – D is better at coping with noise from other pupils and with change around him that

	<p>doesn't directly affect him.</p> <p>Sept 2010: email communication between EPs: consideration was being given to terminating D's residential place at Prospect.</p> <p>Sept 2010: behaviour plan put in place due to challenging, aggressive behaviour</p> <p>Sept 2011: A/R: EP report notes D's behaviour being explained through factors internal to D rather than looking at situational factors.</p> <p>Sept 2011: LAC review for D – is this the first time that D is known as a LAC due to his supported / residential situation. Parents still have contact – less or the same? D has started construction course at X uni.</p> <p>May 2012: A/R / Transition review: very independent, needs prompting – contradictory?</p> <p>May 2013: A/R: any behaviour difficulties are due to changes in routine – therefore he has a strict routine</p> <p>May 2013: behaviour plan reviewed</p> <p>Sept 2013: A/R</p> <p>March 2014: has been assessed for and offered a place at seashell trust – specialist college which offers personalised learning programme aimed at developing functional communication and life skills (X LA High Level Need Funding)</p>
WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?	<p>There's no information regarding how the LA agreed to a move from a LA special school to an OOB special school – there was a complaint made which made have led the parents to move their child but it seems to have been an unquestioned move??</p> <p>Severity of needs?</p>
QS ARISING / REFLECTIONS	<p>How do Harwood and X compare? What was the case at the tribunal?</p>

Appendix Three: File Analysis: Craig

Number / initials	3/C
M/F / Age	M/15
Day/Residential	RESIDENTIAL
Setting	Rockton Hall (since Feb 2012 - Year 9)
EPs involved	EPs in Hull, XX
Diagnosis / Profile of Needs	ASD, some gross and fine motor difficulties
HOW HAVE NEEDS BEEN FRAMED?	Behavioural difficulties, physical aggression towards staff and peers, hypersensitivity to touch and sound. Since at Rockton – improvements in behaviour, levels of aggression lower compared to when he first arrived
WHAT HAPPENED BEFORE?	Behavioural difficulties – aggression leading to permanent exclusion from mainstream primary. Diagnosis followed exclusion: EPS previously involved and recommendations made but assessment for ASD came 2 years later.
WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?	Was home educated following exclusion from mainstream and new setting (unclear about this type of provision) parent felt it was inappropriate – C copied other children’s behaviour, ran out of school – safety concerns for mother.
QS ARISING / REFLECTIONS	Unclear why family moved to Banton – was this linked to C’s needs? C isn’t sanctioned for negative behaviour – is this an important strategy for managing C’s behaviour and what may have been lacking before???

Appendix Four: File Analysis: Geoffrey

Number / initials	4/G
M/F / Age	M/15
Day/ Residential	DAY
Setting	Waterfall Way
EPs involved	XX
Diagnosis / Profile of Needs	<p>ASD (Asperger's) since 2010? Epilepsy (developed this when he was 8 years old – not taking any medication in August 2012). Has developed drop attacks – unsure whether these are due to anxiety or epilepsy (behavioural response?? Psychosomatic?) Social and emotional behaviours associated with Asperger's High levels of anxiety Self-harming and suicidal behaviours Social interaction difficulties Low self-esteem May 2010: admitted to tier 4 hospital due to suicidal tendencies Takes medication: Aripiprazole (2.5 mg) (previously risperidone) and Melatonin (2mg), took sodium vaprare until Nov 2010. Sertraline 75mg (antidepressant) started in oct/nov 2010, weaned off by Dec 2010. Fluoxetine (antidepressant) tried prior to this. Assessment through CAMHS: didn't feel he had a severe mental illness but that social difficulties led to J internalising and being self-critical and this was leading to self-harms</p>
HOW HAVE NEEDS BEEN FRAMED?	<p>He is medicated to control these conditions (epilepsy and Asperger's?) At school: quiet and withdrawn, lacked confidence. At home: very hyperactive, anxious, often aggressive towards family and likely to self-harm. Bright academically. Finds it difficult to contribute in class, tolerates others views Whilst in hospital, his behaviour was described as volatile and unpredictable – smashed up the ward. Finds social interaction very difficult, especially if not in small group or situation. Becomes withdrawn in these situations. Difficult to assess by EP as he doesn't respond well to strangers – would only give one word answers. Reported to have good language and cognitive skills/ levels though. Others find him difficult to follow. His anxiety and emotional difficulties are triggered by his educational needs and low self-esteem (Educational needs or in response to attending school?). Displayed a range of self-harm behaviours and suicidal behaviours.</p>

	<p>Anxiety can lead to epilepsy or drop attacks. This especially happens at home.</p> <p>Previous school reports have not reported any behavioural concerns, had good attitude to learning.</p> <p>Avoidance behaviours were observed at school, e.g. fainting, dizziness, linked to his fear of failure and anxiety of the situation.</p> <p>Usually sensitive to others' comments which can lead to severe reaction from him.</p>
WHAT HAPPENED BEFORE?	<p>Always hyperactive (parent) when younger, behavioural concerns when he was about to start primary school.</p> <p>Primary school never reported any difficulties – stated he was very quiet but not deemed to have SENs. Never placed at SA+</p> <p>Found transition to high school very traumatic. Unable to cope with volume of pupils and noise levels. Became terrified and started rocking when anyone spoke to him. Wouldn't engage with staff or pupils and threatened to self-harm.</p> <p>Dec 2010: SA application.</p> <p>Feb 2011: AD by EP</p> <p>Was admitted to hospital – CAMHS assessment – due to risk to himself. In hospital for 4 months. Became so distressed in hospital, parents were asked to take him home. Following discharge → slow reintegration into a short stay school for YP with medical issues (Jan 2011). However, severe anxiety made this impossible and he stopped attending after a short while.</p> <p>August 2012: being home tutored by the LA. Whilst home schooled, parental request was made for SA.</p> <p>Didn't respond to some medication. File notes that he responded to praise when he calmed himself down. Experienced side effects from some medication which led to being changed.</p> <p>No information since statement was issued and student moved to OOB special school.</p>
WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?	<p>Parental framing of needs and rationale: MS school can't offer what JS needs. He needs a SALT, OT, small class, staff trained about Asperger's. The special school will meet all his needs and would 'maintain his mental health'. The right school would reduce his anxieties.</p> <p>Don't know of any school in Banton that could do this.</p>
QS ARISING / REFLECTIONS	<p>Did the primary school miss his needs? Could there have been earlier intervention which may have prevented the development of mental health difficulties??</p> <p>This child seems to have difficulties that are more complex than just ASD. he appears to have severe mental health problems – difficult to establish whether the mental health problems are a result of the AS or whether the mental health difficulties are a separate need. Literature: YP with AS often have MH problems. In this case was it the AS or the anxiety and low self-esteem? Or are they all intertwined?</p> <p>How have things been going at OOB placement – no information since he's been placed there. Parental interview would be useful?</p>

Appendix Five: File Analysis: Salmaan

Number / initials	5/S
M/F / Age	M/11
Day/ Residential	DAY
Setting	Prospect (previously: X nursery, X infants, X, Suzanne Smith, Harwood)
EPs involved	XX
Diagnosis / Profile of Needs	ASD
HOW HAVE NEEDS BEEN FRAMED?	<p>Nursery age: mum: likes to play on his own, will only communicate with close family members, didn't make friends at nursery.</p> <p>Reception class: rolls on floors, starts shouting or using loud voice without an obvious reason, hurts other children, pushes past other children not realising he is hurting them. Wanders out of reception area. Limited eye contact and verbal response. Have observed him talking Urdu to his mother.</p> <p>Oct 2009: dr's letter: confirmed diagnosis of ASD, severe learning difficulties, neurodevelopmental regression – possible disintegrative psychosis, neurological investigations underway, difficult to manage at home, sleep onset problems, urgently need specialist educational provision, needs higher level component for mobility DLA.</p> <p>June 2010: Dr's letter: mum's just returned from Pakistan, ASD, marked loss of interpersonal / communication skills, normal imaging EEG, blood and urine tests, hyperactive behaviour, needs specialist SEN environment, allergy, limited sleep</p>
WHAT HAPPENED BEFORE?	<p>Attended nursery – X, then went to Palfrey Infants. EP XX involved since nursery.</p> <p>YR 1: nov 2008: referred to AT: lack of engagement with staff and other pupils, speech and language, concentration. Autism-friendly strategies suggested.</p> <p>2008: Staff reported that mum went to Pakistan and left him with family with long periods – happens a lot.</p> <p>Outcomes from AT: move to SA+, diary of incidents, range of autism friendly strategies suggested</p> <p>Dr's letter: Dec 2008: major behaviour problems, poor eye contact, poor concentration, difficulty with social skills, language delay, rocks, flaps and will hit unprovoked</p> <p>Same Dr – letter to SALT: needs framed differently! Severe learning difficulties and major emotional problems (may have single mom who I note disappeared back to Pakistan) or he has an ASD. He look as if he is going to need a statement and probably a different school</p> <p>June 2009: parental request for statement</p> <p>July 2009: request declined: reasons: lack of time for interventions from outside agencies to see impact. EP became involved.</p> <p>Nov 2009: SALT report: needs complex communication clinic support</p> <p>Umar lost his place at Palfrey and went to Whitehall because he went to Pakistan. Father lives there. Then returned to Palfrey after a place</p>

	<p>was a available: staff reported a marked change in S compared to before – he was now aggressive to staff and peers. April 2010: statutory assessment agreed – mother goes to Pakistan again though Advice written in June 2010 Statement July 2010 states that LA must make special provision because his needs are severe and complex – suggest a school for children with MLD. Visits arranged for XX and Harwood – July 2010 December 2010: review at MLD school, Suzanne Smith School: request for change of placement because his needs are more complex than can be met at Suzanne Smith School. Only there for a term – parent concern that now he'll move to Harwood Feb 2011: starts at Harwood: staff concerned re. sexualised behaviour, July 2012: Child concern meeting at Harwood: concerns re. challenging behaviour- different in different contexts – sexualised, urinating and defecating at school, at Action for children: absconding, some sexualised behaviour, at home: destruction. There appear to be a lot of difficulties in coping with S at home – mum feeling increasingly strained and stressed Jan 2013: following A/R and reassessment(?) statement changed to Prospect – independent special school because it was felt Harwood could not meet his needs What's happened since Jan 2013 – since he started at Horizon – no A/R paperwork??</p>
<p>WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?</p>	<p>Complex needs could not be met at Suzanne Smith or XX.</p>
<p>QS ARISING / REFLECTIONS</p>	<p>Medical professionals making educational recommendations – implications of this for EPs. What was the impact of the visits to Pakistan – his behaviour was violent on return S appears to have been through many settings – I wonder where parents are more empowered and vocal, this doesn't happen and the child is appropriately placed sooner?? Ask ST why there's no paperwork since Jan 2013</p>

Appendix Six: File Analysis: Elliot

Number / initials	6/E
M/F / Age	M/16
Day/ Residential	DAY
Setting	Murray Hills
EPs involved	XX, XX (AT for SpLD)
Diagnosis / Profile of Needs	ASD Dyslexia (Oct 2007 by consultant clinical psychologist) Provision is determined by dyslexia not ASD so why is his difficulty recorded as ASD only?
HOW HAVE NEEDS BEEN FRAMED?	Year 5 referred to EPS: want strategies to help him ‘access the world’. Primary school wanted assessment of needs and a statement to ensure he has the appropriate support especially at secondary school. Main concerns: finds it difficult to cope – doesn’t like change; social difficulties; reading and writing. Sept 2007: psychiatrist: difficulties coping with change, receptive language difficulties, poor eye contact, happy with own company, rigid in routines, sensitive to noise Dec 2007: Asperger’s diagnosis: difficulty interpreting and dealing with social situations, multi-tasking and dealing with abstract stimuli. Intellectual ability and memory is normal. (Dyslexia appears to be already diagnosed??) June 2008 in paperwork submitted by school to panel: gets angry, withdraws to toilets, disruptive when angry, shouts out and cries. Looks for distractions, watches the clock Greatest need seems to be dyslexia over ASD – so why is ASD recorded as the area of difficulty – doesn’t match the provision.
WHAT HAPPENED BEFORE?	Sept 2007 referred to EPS when PS was in Year 5 Sept 2007: psychiatrist: moderate dyslexia, features of autism. Nov 2007: letter from child psychiatrist states autistic traits and dyslexia (reading retardation) December 2007: clinical psychologist letter states Asperger’s syndrome Appears trigger for EP support was concerns re. Secondary school and how PS would cope. E was assessed by consultant psychologist at Dyslexia Action and by a clinical psychologist Raised at IPM in Sept 2007 and EP involvement requested at SA+ May 2008: parental request for formal assessment made June 2008: request declined June 2008: parent wanted XX ARP place (SpLD) Sept 2008: school request for formal assessment Dec 2008 Psych advice written

	<p>Jan 2008: draft statement released: 10 hrs TA time indicated, no special school mentioned.</p> <p>Feb 2009: Parents involve solicitor re. draft statement as it doesn't state dyslexia diagnosis. Parents not happy that the statement does not recognise the E's anxiety. not happy 10 hrs TA time would meet his needs – stating it would make him dependent on TA and instead he would benefit from 'smaller classes where the entire teaching approach is modified'. Additionally needs somewhere where his SALT needs could be met. 'A TA is not as qualified to teach children as a teacher'. Solicitor's letter states that parents would like PS to attend Murray Hills. Solicitor states that if the SEN department do not agree with parents' preference, they are willing pursue the SENs Tribunal.</p> <p>March 2009: finalised statement states MS secondary in Part 4 – against parental preference (following tribunal?): Dec 2009: SEN department amend statement to make reference to dyslexia and Murray Hills is stated as provision</p> <p>By April 2010 attending Murray Hills</p> <p>May 2010: evidence of progress – academic and social. Parental comments reflect improvement and progress for E.</p> <p>May 2011 review: parental comments: difficulties appear to link to ASD rather than SpLD – social difficulties, sensory sensitivities. Supported and monitored by AT for SpLD</p> <p>Copes better socially at Murray Hills</p> <p>No further AT involvement from July 2011 due to changes to AT service</p> <p>Latest review: Jan 2014: PS leaving Murray Hills at end of this academic year.</p>
<p>WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?</p>	<p>Parents: Dyslexia needs could not be met within MS setting because E needs teachers who are trained to differentiate work for children with SpLD.</p>
<p>QS ARISING / REFLECTIONS</p>	<p>ASD noted as area of difficulty but it appears this child's provision has been determined by his dyslexia not ASD. His ASD needs appear to be met by the smaller classes at Murray Hills though.</p> <p>E may have always found MS school difficulty due to AS but dyslexia appears to have been the driver for his parents.</p> <p>E leaves Murray Hills this year – what next for E? Post 16 provision? Interview with EP attending complex needs panel</p>

Appendix Seven: File Analysis: Michael

Number / initials	7/M
M/F / Age	M/18
Day/Residential	DAY
Setting	Bright Futures (previously Suzanne Smith)
EPs involved	XX, XX
Diagnosis / Profile of Needs	
HOW HAVE NEEDS BEEN FRAMED?	Global developmental delay Severe and complex emotional, communication, social and learning needs
WHAT HAPPENED BEFORE?	First referred to X Children’s Assessment unit in July 1998 by health visitor due to delayed speech, language and play skills. Feb 2000: aged 4: psych advice written: educational psychology notes indicated severe learning difficulties. Gross motor within normal limits. Attended social and communication groups. Was involved in an intensive 1:1 behaviour intervention programme since July 1999 (Lovas Method) at his home. Mother trained in this method to use it at home. Attends Suzanne Smith School following statementing May 2009 (Y7): referred to EP due to challenging behaviour – aggressive, violent, severe anxiety, needs 1:1 at all times. Despite staff expertise with TEACCH and experienced in behaviour management – effectiveness is short term A/R: June 2009: since last review, his behaviour has deteriorated considerably. Triggers link to others talking to each other, students leaving or entering the room, moving around school, travelling on the bus. AB was temp excluded from Suzanne Smith due to behaviour Aug 2009: 4 th Statement: where’s 1-3? This statement is due to change of placement: Bright Futures May 2011: A/R at Bright Futures April 2012: A/R at Bright Futures April 2013: A/R at Bright Futures
WHAT WAS THE	Needs too complex – behaviour unmanageable at Suzanne Smith School – requires more 1:1 – behaviour deteriorated.

RATIONALE FOR THE OOB PLACEMENT?	
QS ARISING / REFLECTIONS	<p>His file is very empty – has gaps in terms of what led to placement at Suzanne Smith and then statements 1 -3 are missing.</p> <p>How is Bright Futures chosen over other AS schools?</p> <p>What caused behaviour to deteriorate whilst at Suzanne Smith?</p> <p>Lack of medical letters</p> <p>Lack of information about the lovas programme implemented by parents.</p> <p>Is there another file?</p>

Appendix Eight: File Analysis: Samantha

Number / initials	8/S
M/F / Age	F/15
Day/ Residential	DAY
Setting	Old Tudor
EPs involved	XX
Diagnosis / Profile of Needs	ASD, Summer 2006: diagnosis of Asperger syndrome, semantic pragmatic difficulties and anxiety
HOW HAVE NEEDS BEEN FRAMED?	<p>Asperger syndrome. Has twin brother with diagnosis of ASD but at severe end of spectrum. Assessed by independent psychologist as having difficulties of a dyslexic nature re. phonological dyslexia ad dysgraphia, visual dysgraphia and auditory working memory</p> <p>Summer 2007: Statement one noted: S had made progress and showed no anxiety re. attending school in spite of displaying temper tantrums at home and being increasingly fearful attending school. Teachers note difficulties in forming friendships and needs much adult reassurance and support. Difficulties with social relationships and acquiring age appropriate literacy and numeracy levels.</p> <p>Anxiety is masked at school but she lashes out at home at her brother and shows very challenging behaviours to other members of the family.</p> <p>Mild to moderate language delay</p> <p>Sleeping difficulties</p> <p>Organisational difficulties, tendency to forget</p> <p>Acute awareness to noise</p> <p>Severe levels of anxiety</p> <p>Low academic self-esteem</p>
WHAT HAPPENED BEFORE?	<p>Early social problems in nursery. Attended semantic-pragmatic group in Y1.</p> <p>Summer 2006: diagnosis of Asperger syndrome, semantic pragmatic difficulties and anxiety</p> <p>Jan 2006: Placed at SA+, moved from lodge farm in sept 2005, attended X nursery school and X X primary previously.</p> <p>Dec 2006 (8 years): following period of illness after Christmas, S became very anxious, unable to sleep, tearful, and preoccupied with her own death. Therefore, parents elected to home school. Referral was made to clinical psychologist and EPS for statement. Following tribunal KM was placed in X Wood for assessment placement. Statement was outcome of assessment placement.</p> <p>At Suzanne Smith – anxiety reduced (psych advice) at home and school</p> <p>Dec 2006: dyslexia assessment at Murray Hills Hall. Assessed by independent psychologist as having difficulties of a dyslexic nature re. Phonological dyslexia ad dysgraphia, visual dysgraphia and auditory working memory.</p>

	<p>EPS became involved in June 2007 following tribunal decision in May 2007 to arrange a statutory assessment of K's needs. Psych advice written June 2007 Summer/Autumn 2007: Statement one noted X wood as provision (following tribunal) Attended X Wood until 2012 – this was an assessment placement Was home educated Feb 2012: Statement Two stated Old Tudor school</p>
WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?	<p>Old Tudor followed the assessment placement at X Wood – unclear why X Wood was inappropriate or unsuitable since reports were positive. Old Tudor is day setting for Asperger</p>
QS ARISING / REFLECTIONS	<p>What led to Old Tudor from X Wood? Langley Wood is for MLD so is that why? X wood has CYP with ASD.</p>

Appendix Nine: File Analysis: Scott

Number / initials	9/S
M/F / Age	M/18
Day/ Residential	DAY
Setting	Waterfall Way
EPs involved	XX
Diagnosis / Profile of Needs	ASD (HF Asperger's) (2010), extreme anxiety, depression, OCD. Investigated for bipolar disorder (father has bipolar disorder) X CAMHS disagree with Y CAMHS who have diagnosed ASD (Asperger's)
HOW HAVE NEEDS BEEN FRAMED?	Displays extreme anxiety, depression, OCD (around cleanliness) and high functioning Asperger's which is impacting learning, achievement and social skills. Father's bipolar disorder impacts family negatively. S's was assessed for Bipolar disorder – never confirmed due to S's mood swings, depression and irritability but was diagnosed with Asperger's at this time (2010). However, two professionals from Banton CAMHS do not believe he displays features of ASD and believe most of his behaviour is manipulative and aimed at achieving what he wants. SB is aware of this and feels that they just think he's naughty and feels let down by them. Communication difficulties, becomes withdrawn when he finds it difficult when he's anxious and stressed. Negative self-image Misinterprets others. Able to talk to others through his X box but not face to face. Takes things literally, rigidity of thinking Good sense of humour, can describe emotions but when anxious, withdraws and can't express his needs/feelings Aggressive outbursts, temper tantrums (CBT had been ineffective as S was reported to not be open to thinking about how he should be controlling his behaviour)
WHAT HAPPENED BEFORE?	In 2003 (age 7) – parent raised concerns about his social, emotional difficulties with GP and he was referred to CAMHS – seen by multiple professionals here. Bullied in primary school – first noticed S's difficulties. Referred to CAMHS and moved to another primary school where he appeared to settle well. However, when he started high school anxieties and difficulties escalated and this affected his education. Attendance was very poor. Following multi-professional involvement, a reduced timetable was put in place in year 8. But he gradually became more anxious and refused to go to school. During year 9 he attended short stay school where he made good progress and was thought to be ready to reintegrate into MS school but return was difficult and resulted in SB being in an annex most of the time and he didn't want to go into the main building. At time of statement, attended another short stay school on a reduced timetable.

	<p>No AT or EP involvement until Oct 2010 when XX became involved. Dec 2010: moved to SA+ due to SEBD March 2011: Stat Asst declined June 2011: Stat Asst agreed (parental request) July 2011: XX psych advice Attended short stay school (medical) before moving onto OOB placement – left Nov 2011 Got to repeat Y10 in OOB school May 2013: statement review: S has made pleasing progress and now appears more settled at Waterfall Way. After careful consideration, children’s services decided they will continue to support SB in sixth form providing his attendance is maintained.</p>
HAT WAS THE RATIONALE FOR THE OOB PLACEMENT?	<p>Extreme anxiety related to school, leading to distress for him Statement stated that he required to be in a setting with a high pupil: teacher ratio with staff trained in AS needs</p>
QS ARISING / REFLECTIONS	<p>What was it that meant he did well at the second primary school? Could other schools have learnt from this? Was there an appropriate transition plan for S to high school? What do parents think of the questioned AS diagnosis? Parents disagree with X CAMHS, they believe their son does have AS. Have they told S what they think and has this influenced what he thinks? Father displayed some of the same behaviour: OCD, anxiety, paranoia – nature or nurture? Finds living with his dad difficult – what role has this had in S’s difficulties? Has SB only known his dad with this illness and therefore what were S’s early attachments like? Was there detachment, anxious behaviour displayed by dad – has there been any learned behaviour and would this explain the questioning of some CAMHS professionals that S doesn’t meet the criteria for a diagnosis of AS??? Again are we therefore seeing a child with more complex needs than straight AS (which is complex enough in itself)? Needs that could not be met in a MS setting but anywhere else in the borough? Said he doesn’t want to be like his dad – implications of this? When there was change in staffing at short stay centre and person wasn’t as experienced at or did not know SB enough to support SB which led to difficulties for S but prior to this S had been doing well. Therefore highlighting the role of staff in outcomes for YP with AS. Also this short stay school changes frequently in terms of its pupil population which was difficult for SB. What was the impact of their having not been AT or EP involvement until 2010? Why wasn’t an AT involved sooner? Should behaviour support have been involved?</p>

Appendix Ten: File Analysis: Kevin

Number / initials	10/K
M/F / Age	M/14
Day/ Residential	DAY
Setting	ROCKTON HALL
EPs involved	Previously based in X – AD written by EP XX from X EPS XX from Y
Diagnosis / Profile of Needs	ASD ADHD confirmed in 2007 June 2009: ADHD and possible pathological demand avoidance disorder Oct 2008 medical letter: significant dyspraxia, sensory integration difficulties, sensory modulation disorder, autistic traits Occasional tics (2009) Suggestion that he should be investigated for differential diagnosis of PDA (document source unknown)
HOW HAVE NEEDS BEEN FRAMED?	Referred to SIPs (specialist inclusion pupil support) 2006 linked to CT having negative view of self, linked to how he felt he was perceived by peers. Low self-esteem (2006/07) Behavioural concerns – aggression (July 2009) Responded well to 1-2-1. Medical letter (June 2009): excluded persistently, anxiety, low self-esteem, Risperidone to be tried to treat anxiety, extreme difficulties at home. Also takes Concerta and Melatonin at this time. Sensory integration difficulties- overwhelmed by sensory information Inappropriate impulsive behaviour Found unstructured playtimes very difficult (Nov 2005) November 2009: medical letter: ‘problems’: ADHD, autistic features, frequent tics, concerns about PDA disorder Framed as SEBD in some places
WHAT HAPPENED BEFORE?	First concerns arose following birth of sister. Behavioural difficulties since age 18m months. Attended a MS school with MLD resource base in Wolverhampton Referred to SIPS team in Dec 2006. Some improvement in behaviour through weekly work with SIPS workers but behaviour began to deteriorate in these sessions. Linked to change in medication. OT (June 2006) offered 6 sessions based on sensory integration theory – improving sensory processing, with aim of lessening sensory

	<p>sensitivity. June 2009: AD noted current reduced timetable; no learning difficulties, PDA and Aspergers. Request for stat asst made in July 2009 and it was agreed in Sept 2009. Oct 2009 AD written by EP XX 2007: Behaviour reported to have improved dramatically following medication, by number of professionals. May 2009: behaviour deteriorated rapidly and medication reported to be not working according to parent, staff concerns as well. Medication was increased. Suggestion of trial at a PRU (who's suggestion?) but parents not keen as K was due to move in the following year anyway. June 2009: EP referred to PRU for support. Medication being increased at this time – doctor considering additional medication to treat anxiety and aggression. Parental behavioural management group had positive affect on managing K's behaviour (2007) 3rd Final Statement (following AR Nov 2010) the review was called due to second exclusion: 22.5 hrs TA support in MS secondary school (transferred from PRU to this secondary). School requested more hours, initial statement stated 17 hours of support. A lot of support of being put in for K by the school and he was already being supported by a TA in all 30 hours. School noted he was very bright. Following aggressive behaviour and physical violence against other pupils, parents demanded to speak to HT and this led to K being moved to another year group. However, parents were threatening to move their daughters to another school and therefore the school were going to permanently exclude the child. A number of exclusions resulting from physical aggression/violence from K. Feb and March 2011: pre exclusion meetings. This led to an updated psychological advice been written as he was on the cusp of permanent exclusion (April 2011)</p>
<p>WHAT WAS THE RATIONALE FOR THE OOB PLACEMENT?</p>	<p>Dec 2011: amended statement stated residential provision in a special school for children with ASC. In the end linked to behavioural difficulties – could not manage in large secondary. Difficult to ascertain what worked at the PRU – could the PRU and the secondary have liaised – outreach support for the secondary school??</p>
<p>QS ARISING / REFLECTIONS</p>	<p>How is the medication influencing K's behaviour? Strong sense that medication has been the driving force or approach to managing K. Medication over environmental changes?? Key point: movement of K in secondary school to a different year – more detrimental or helpful? Moving him away from any friends he'd made? Little information available on triggers/antecedents leading to the aggressive behaviour. Others safety is needed but could we reduce the likelihood of violent outbursts from children with AS by educating peers as well as staff about AS?? 5 times K was excluded due to violence – what were the triggers? What led to these violent outbursts?</p>

CHAPTER FIVE: PROFESSIONAL PRACTICE REPORT FOUR

MEETING THE NEEDS OF YOUNG PEOPLE (YP) WITH AUTISM IN A MAINSTREAM SECONDARY SCHOOL

Abstract

Research by Humphrey and Lewis (2008) has illustrated that the inclusion of YP with an Autism⁹ Spectrum (AS) condition is a complex and poorly understood area of education and the needs of YP with autism have been considered to be harder to meet than other special educational needs (SENs) (House of Commons Education and Skills Committee, 2006). This study arose from my observations, as a trainee educational psychologist (EP), that a comparatively large number of children with autism were being referred to me, due to concerns regarding challenging behaviour.

This led me to explore how mainstream settings can meet the needs of this population of students, as part of my doctoral thesis. This PPR details a study which used Realistic Evaluation (R.E.) as a conceptual framework to investigate the contexts (Cs) and mechanisms (Ms) which lead to positive outcomes (Os) for YP with autism in a mainstream secondary school. I describe how R.E. was applied, starting with a realist synthesis of extant literature to identify Programme Theories (PTs) regarding what works, for whom, and in what circumstances (Pawson and Tilley, 1997). These PTs were then shared with, and tested against, student and practitioner theories through a student focus group and a semi-structured

⁹ In this professional practice report (PPR) the term autism includes autism disorder, Kanner's or classical autism, childhood disintegrative disorder, Asperger's syndrome, pervasive developmental disorder (PDD), pervasive developmental disorder not otherwise specified and semantic pragmatic disorder.

interview with a SENCO. The data were analysed to identify CMO configurations (CMOCs) and led to some revision of the original PTs. I present the revised PTs and describe the Cs and Ms that lead to better outcomes for students with autism in a mainstream secondary school. For example, the study found Cs and Ms that led to positive Os for YP with autism included an inclusive whole school culture, a highly structured school day and a space for students to use during less structured times. The study also found differences between student and SENCO views regarding staff knowledge and understanding of autism.

The strengths and limitations of the study are considered, including an examination of R.E. Finally, implications of the study's findings for educational and educational psychology practice are considered: these include the role of EPs in the early identification of autism through consultation and assessment, the training of staff at a whole school level and the assessment and monitoring of students' emotional wellbeing over time.

5.1. Introduction

Since the SENs and Disability Act (DfEE, 2001) children with a Statement of SEN have been able to attend a mainstream setting ("unless this is incompatible with parental wishes or with the provision of efficient education for other children", Section 324). Governmental data in the UK have suggested that 55.6% of YP with SEN statements are now educated in mainstream schools (DCSF, 2009) and this reflects the drive towards greater inclusion¹⁰ of YP with SENs, including those with autism (DfEE, 1997; DfES, 2001, 2004). However, Warnock (2005) shares concerns regarding the poor social outcomes for YP with autism in

¹⁰ Inclusion in this PPR refers to how settings attempt to meet the needs of individuals by making changes to curriculum organisation and provision, in order to enable equality of opportunity for all (Sebba and Sachdev, 1997).

secondary schools. Similarly, during my training as an EP, I found a number of YP with autism being referred to me by mainstream schools due to concerns regarding challenging behaviour. These YP were often at risk of permanent exclusion. Gibb et al (2007) also highlight the need for further research which identifies the facilitators and barriers for YP with autism in secondary schools. Furthermore, Gibb et al (2007) argue that EPs could play a unique role in applying their research skills to investigate what works in particular contexts. Therefore, with regards to the inclusion of YP with autism in mainstream secondary schools, this study set out to establish what leads to positive outcomes for this population in a mainstream setting.

A large mainstream 11-18, mixed secondary school (Hollowledge¹¹ High) in the West Midlands agreed to take part in this study, which would explore “what works” for YP with autism in a mainstream secondary school. Hollowledge currently had over 60 full-time students enrolled with diagnoses of autism, across Years 7 to 13. Using R.E. as a conceptual framework, the study aimed to identify the contexts and mechanisms that lead to positive outcomes¹² for YP with autism in this mainstream secondary school.

Autism refers to a range of neurodevelopmental conditions which result in difficulties in social interaction, social communication and rigidity and repetition of thought and behaviour (Autism Education Trust (AET), 2011). There are a number of subgroups within the spectrum of autism, but all involve impairment in the following three areas: difficulties in using and understanding verbal and non-verbal communication; understanding of social behaviour; and the ability to think and behave flexibly (DfES and DoH, 2002). This means individuals

¹¹ Hollowledge High is a pseudonym to protect the identity of the school.

¹² In this PPR positive outcomes linked to a range of different factors such as YP’s educational engagement and attainment, YP’s emotional wellbeing and how well they coped with school life.

diagnosed with autism can vary greatly in their strengths and difficulties, with implications for educational settings. DSM 5 (APA, 2013) reflects this variability in its definition of autism, through its use of levels of symptoms: ‘mild’, ‘moderate’ or ‘severe’. The condition also changes with age but these changes can vary where some experience rapid improvement, whereas for others’, development can plateau and/or deteriorate (AET, 2011).

This PPR begins in Section 5.2 with a description of the methodology of the study, explaining how R.E. was employed in the present study to identify the contexts and mechanisms that lead to positive outcomes for YP with autism in a mainstream secondary school. An R.E. approach begins with a realist synthesis of literature, which is presented in Section 5.3, and led to the abstraction of six Programme Theories (PTs) which were tested against practitioner and student theories through the present study. Section 5.4 describes the design of the study explaining how these PTs were tested against practitioner and students’ theories. Finally, Section 5.5 presents the findings of the study and examines how staff and students’ theories compared with each other and how they compare with the literature. The PPR ends by reflecting on the strengths and limitations of the study and considers the implications of the findings for practice.

5.2. Methodology and Epistemology

A case study design, using R.E. as a conceptual framework, was employed in this study, as case studies are useful in the analysis of complex phenomena (Yin, 2002) and the inclusive education of YP with autism in mainstream schools is one such complex phenomenon.

R.E. is a theory-based approach where evaluations aim to check the validity of theories (Pawson and Tilley, 1997). As an applied psychologist, evaluation is a very important component of applied research. R.E. has been increasingly applied within education (for example, Timmins and Miller, 2007; Davies, 2011; Soni, 2013 and Stevens, 2013). R.E. aims to develop theories of practitioners, participants and policy makers (Pawson and Tilley, 1997) and provided a useful framework when investigating how a mainstream secondary school was meeting the needs of students with autism.

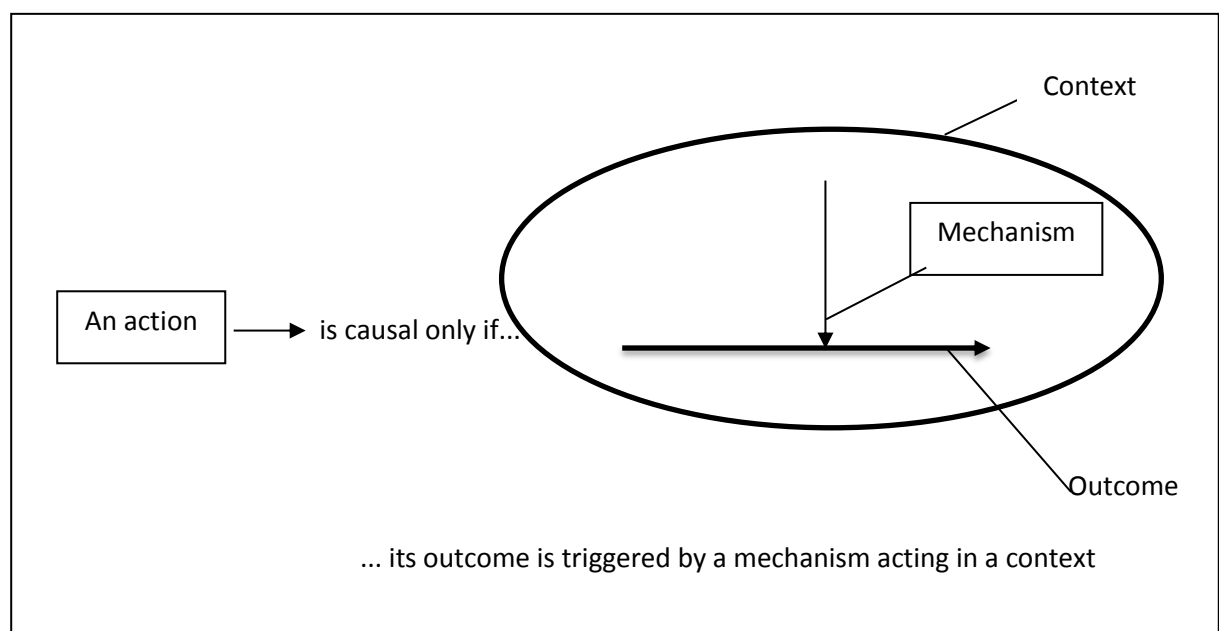
R.E seeks scientific explanation and is therefore rooted in realism, a philosophy of science positioned between positivism and relativism, which holds that the social world can be studied objectively, but recognises that reality is complex and is cautious about human error and the adequacy of measures (Pawson and Tilley, 1997). Pawson and Tilley (1997) argue that R.E. aims to understand why a social programme works, as opposed to experimental evaluation, which focuses on whether a programme works but not why it works. Pawson and Tilley (1997) assert that causation in the social world can be understood through the following formula:

$$\text{Context (C) + Mechanism (M) = Outcome (O)}$$

R.E. sets out to determine the contexts which are most effective in triggering the mechanisms that result in the desired outcomes (Timmins and Miller, 2007). Figure 5.1 expands on this formula: it shows how realist explanations hold that causal outcomes are the result of mechanisms acting in contexts. An action will only cause a particular outcome if a mechanism is acting in a specific context (Pawson and Tilley, 1997). In the present study I was interested

in the contexts and mechanisms that lead to positive outcomes for YP with autism in a mainstream secondary school. Here the social programme or intervention relates to an institution and Pawson and Tilley (1997) describe how social programmes are social systems linked to the interrelationship of the individual and the institution, and social processes at micro and macro-systemic levels. R.E. therefore recognises the role of complex social interactions at play between different systems in any social programme and offers a useful framework for evaluating the CMO configurations (CMOCs) that lead to positive outcomes for YP with autism.

Figure 5.1: Generative Causation (from Pawson and Tilley, 1997, p58)



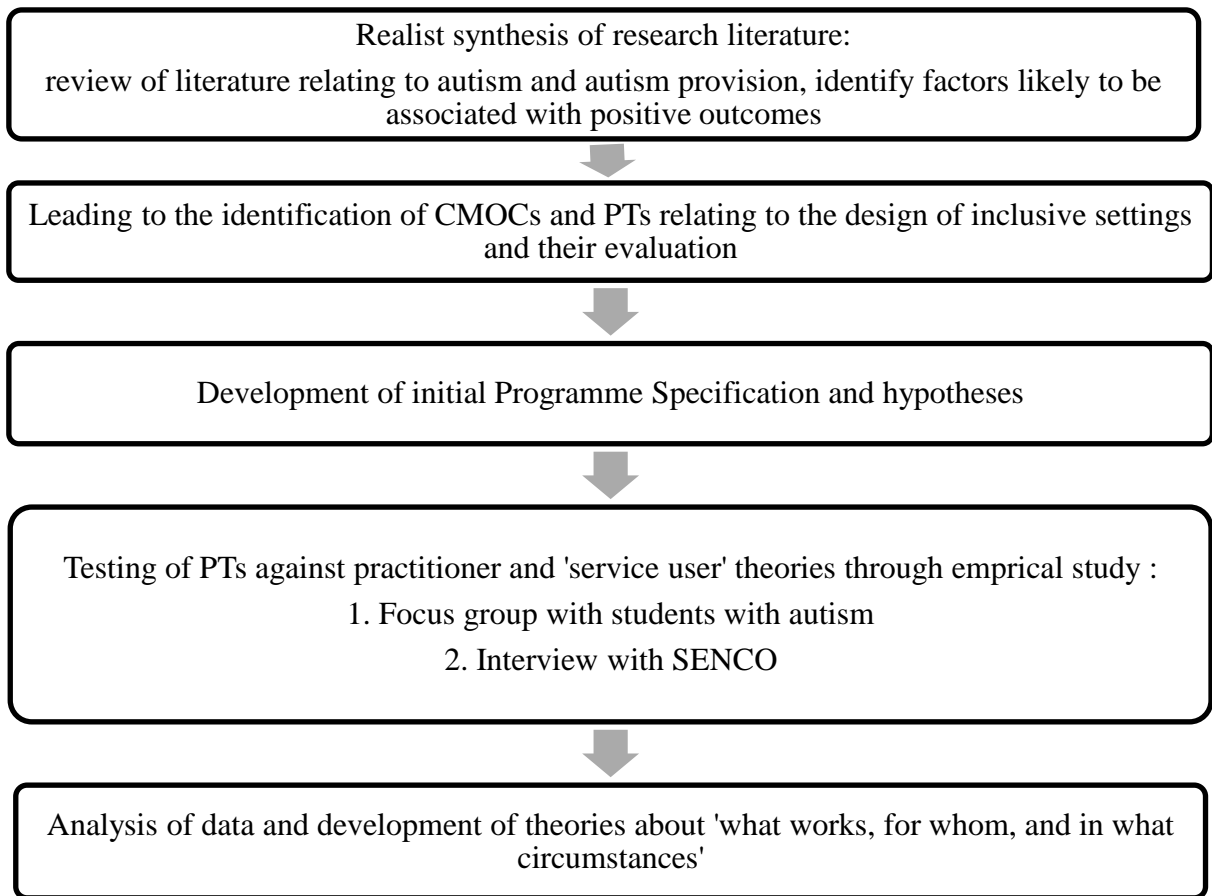
Realists proclaim that outcomes can be explained by particular mechanisms in particular contexts. Unlike in classic experimental design, a realist believes the experimenter needs to trigger the mechanism which is the focus of the study and ensure there is nothing interfering with the firing of the mechanism (experimental control) which yields the expected outcome (Pawson and Tilley, 1997). In contrast, the classic experiment sees the experimenter aiming to

change only one variable which is believed to lead to the outcome and control all other variables. The realist experimenter knows the likely mechanisms and the conditions (context) required to lead to particular outcomes and will aim to manufacture the mechanisms and contexts, controlling extraneous mechanisms, to lead to the expected outcomes (Pawson and Tilley, 1997).

The explanatory mechanism illustrates what it is about a programme that makes it work and explains what lies beneath that which is observable (Pawson and Tilley, 1997). In R.E. the mechanism is not viewed as a variable but as a theory of the human resources and reasoning which leads to the regularity, and social interventions which only work through the action of mechanisms (Pawson and Tilley, 1997). These theories are abstracted from research literature as the starting point in R.E.

Figure 5.2 summarises the stages involved in R.E and gives an overview of the present study. Firstly, a realist synthesis of literature was constructed, which involved looking at previous research and abstracting the identified Cs and Ms which had led to particular outcomes for YP with autism. This review of literature led to the identification of CMOCs and the development of Programme Theories (PTs) and hypotheses about what works for whom and in what circumstances for YP with autism.

Figure 5.2: Overview of the study



Once PTs have been developed from a realist synthesis of literature, the researcher must test these theories through empirical research. In the present study this involved a focus group with students with autism and an interview with the school SENCO. These methods are further detailed in Section 5.4. The present study was interested in comparing the PTs abstracted from literature, with the theories of students and a practitioner in order to develop theories about what works, for whom, and in what circumstances (Pawson and Tilley, 1997). Section 5.5 describes how data from the focus group and interview were analysed to arrive at theories about the contexts and mechanisms that lead to positive outcomes for YP with autism in a mainstream secondary school.

5.3. Meeting the Needs of YP with Autism in Mainstream Settings: A Realist Synthesis of Literature

A realist synthesis of published research represents the beginning of R.E. where the researcher reviews previous research with the aim of illuminating possible processes by which a programme works (Pawson and Tilley, 1997). In my search for literature I used the following search terms to identify relevant published research:

- Autism spectrum conditions
- Autism and mainstream schools
- Autism and education
- Inclusion and autism
- Autism good practice
- Asperger's and inclusion

This section presents a realist synthesis of literature, organised along multiple levels since the CMOs arising from the literature fell within different systems/levels. Consequently, the realist synthesis presented in this section is organised into the following subsections:

1. The individual
2. The classroom, including staff and peers
3. The whole school and beyond

Informed by Timmins and Miller (2007), throughout my review of literature I have indicated how I have interpreted the research in terms of R.E. by coding elements of the findings as

C/M/O in the boxes below. I did find it difficult to distinguish between contexts and mechanisms at times, which Timmins and Miller also highlight as a difficulty, and like them, I drew on my practitioner knowledge to make decisions regarding CMOs apparent in research literature. The literature I chose to include related to research looking at the inclusion of children and young people with autism in mainstream settings and/or literature which had explored the challenges faced by learners with autism in mainstream settings.

This realist synthesis of literature leads to the development of initial programme specifications of CMO configurations which are presented later in Table 5.2.

5.3.1 CMOs at the Individual Level

A review of literature found a number of contexts, mechanisms and outcomes that fell at the level of the individual student who had a diagnosis of autism. Importantly, as will be seen in Sections 5.3.2 and 5.3.3, the majority of contexts and mechanisms influencing outcomes for YP with autism, related to factors beyond the individual. This has implications for the levels at which action is needed in order to improve outcomes for YP with autism. However, it is important to highlight the factors that research has illuminated that link to the individual: these are presented in Box 5.1. Contexts, mechanisms and outcomes are highlighted in brackets where appropriate.

Box 5.1: CMOs at the individual level

- Dann (2011) looked at the secondary transition experiences of pupils with autism. The study focused on three pupils who had moved to a secondary school with specialist provision for autism and three pupils who transitioned to a secondary school without specialist provision. The author interviewed parents, held focus groups with staff and used Talking Mats with pupils. The findings

were analysed using thematic analysis. Dann found that pupils were generally positive about the move to secondary school and looked forward to new lessons (O). This contrasted with parents' feelings which are discussed in Section 5.3.3.

- Eldar et al (2010) found the individual's severity of disability (C) could make or break inclusion such as student's functioning in terms of personal/internal factors like social skills, communication and language skills, stereotypical behaviour and other individual abilities (M). Furthermore, Osborne and Reed (2011) found the usefulness of teaching support may vary by the type of autism (autism vs. Asperger's) (C).
- Similar to the present study, Osborne and Reed (2011) examined factors promoting inclusion of YP with autism in mainstream secondary schools. The study followed the progress of 105 YP with autism, aged 11-16, who attended mainstream secondary schools for one academic year (8-9 month period). The study included a large number of schools across geographical areas and LAs. The study used progress measures which focused on behavioural and emotional functioning (Strength and Difficulties Questionnaire) (as these are aspects that YP with autism find most stressful) and perceptions of school belonging (which is strongly related to school exclusion). The study identified a number of factors influencing outcomes for these YP. The authors recognised that families and children who volunteered may have caused a bias in the schools selected as these families may display different characteristics to those who do not volunteer. However this is a limitation in all community-based studies. The authors reported high levels of behavioural and emotional difficulties (O) in pupils with autism attending mainstream schools. However, they also found improvements in several aspects of pupils' functioning over the school year, these improvements tended to be for emotional and behavioural problems (O) for pupils with autism but in social behaviours (O) for pupils with Asperger's.
- Attwood (2000) aimed to explain the difficulties in social integration experienced by YP with Asperger's. The paper clarified our understanding of the nature of these difficulties and described strategies that aim to develop greater competence with the skills needed to achieve effective social integration. A number of CMOs were extracted from this paper. Attwood (2000) accepts that we do not currently have the scientific evidence regarding whether or how strategies work but states that they provide a source of ideas for further examination and research, to inform programmes for practitioners. He reported that unlike other types of autism, individuals with Asperger's do seek friendship but often unsuccessfully and clumsily (O). He also highlights that Asperger's is an invisible disability so others may not be able to understand or conceptualise the individual's genuine difficulties (O). Behaviours may be misinterpreted by others and seen as intentional malevolent behaviour (O). The author recommends identifying children with similar interests and introducing them to each other (M). He also argues that there is a need to take into account the child's cognitive skills (C) because verbal abilities vs. visual skills will influence techniques used (O).
- Gibb et al (2007) investigated a primary schools partnership program which had achieved an unusually high level of reintegration of YP with SEN from special to mainstream schools. The majority of former special school children had autism (11 out of 14). The study aimed to identify the barriers and facilitators to successful inclusion. The paper considers a model of special school-mainstream school partnerships in promoting inclusion from the factor identified. The study found the success was linked to targeted individual support for the child (M). The study raises questions regarding how this would compare to a secondary school which was the focus of the present study, for example: could a special school be partnered with a mainstream secondary school in order to

promote inclusion?

- Frederickson and Cline (2009) draw on examples of good practice for meeting the needs of YP with autism from the DfES' (2002) Good Practice Guidance, which enabled me to identify further CMOs. For example, at the level of the individual: individuals with high functioning autism benefit from behavioural approaches which teach problem-solving and emotional understanding of social interaction skills (for example Bauminger, 2002) (M).

5.3.2 CMOs at the Classroom Level including Staff and Peers

A review of literature also identified a number of factors which could be linked to factors beyond the individual at the level of classroom, including the impact of teachers and peers.

CMOs linked to this level are summarised in Box 5.2.

Box 5.2: CMOs at the classroom/staff/peer level

- Dann (2011) found knowing and trusting teachers (M) played a role in how safe pupils felt (O). Consequently, the potential change in staff (C) every year and new curricula presented challenges (O) for YP with autism. The study identified mechanisms that were identified as supportive and facilitative: these included use of learning strategies that were flexible and motivated YP; being proactive in planning for forthcoming changes; staff sharing information about the YP; good transition planning with additional visits planned; and good home/school communication (Ms). Dann (2011) also reports that teaching pupils the rules, routines and structure of the school day (M) was viewed as supporting pupils' successful transition (O). Importantly, the study notes the stress (O) that staff experienced in working with YP with autism, highlighting the need for appropriate planning and training (M) for mainstream staff working with YP with autism. Relating to this, the attitudes of subject staff were important (C): all staff needed to take responsibility to ensure inclusion (M). Additionally, staff valued a key person (C) in school passing information onto all staff (M). However, subject staff felt it was more difficult to organise support (O) in a secondary school compared to a primary school for YP with autism because of the number of people involved (C). Parents and staff discussed the need to motivate and support pupils with their learning flexibly including strategies such as visual timetables and smaller groups (M). The study highlighted the need for individual support for learning based on changing pupil needs (M).
- In their examination of factors which promote the inclusive education of YP with autism in mainstream schools, Gavalda and Qinyi (2012) reviewed a number of publications which referred to strategies that were considered facilitative to inclusive education. Like Dann (2011), they found further specialized training (M) was required for all staff (teaching and non-teaching) with regards to receiving and integrating YP with autism in mainstream settings. Importantly, Osborne and Reed (2011) found teacher training (M) reduced pupils' social problems (O). It also promoted

pupils sense of school belonging (O). Gavalda and Qinyi (2012) also found teachers identified special classrooms and psychologists (M) as things that were needed to provide better support (O) for YP with autism. Additionally, they found positive outcomes were linked to supporting peers of YP with autism with strategies (M) to understand and be able to support the learning and relationships (O) of YP with autism.

- Governmental publications such as *Guidance on Autism Spectrum Disorders* (DfES and DoH, 2002), have aimed to meet the needs of a growing population of children diagnosed with autism. The guidance focuses on educational provision as it states that the education service makes the most sustained intervention for children with autism. However, it also claims to recognise the important role of other agencies. The guidance was informed by consultations with parent support organisations, practitioners, government agencies, LAs and researchers to collect examples of good practice. Like staff in Gavalda and Qinyi's (2012) study, this publication identified the importance of key workers (M) in supporting the inclusion of YP with autism.
- Osborne and Reed (2011) found exposure to typically developing pupils was associated with improved social behaviours (O). Additionally, exposure to other children with SEN was associated with improvements in many aspects of functioning except social behaviour (O). Osborne and Reed (2011) also found support teachers and assistants helped reduce emotional and behavioural difficulties, however they also reduced improvements in pro-social behaviour (O). Like other research this study also found good staff training had a positive influence on pupils' social behaviours and their sense of belonging (O). Furthermore, the greater the teachers' perception of their own training and competency, the better the children socialized and experienced a sense of belonging (O). Osborne and Reed (2011) also reported that class size and the number of pupils (C) had relatively small effects (O). This has implications for one of the perceived benefits of special school relating to the smaller class sizes.
- The AET was awarded governmental funding in 2011 to develop a set of standards for the delivery of good practice in education provision for YP with autism. It focused on identifying and recording existing practice in schools perceived as providing excellent care and education for YP with autism. The AET carried out research in 16 schools (which were special schools or mainstream schools with an autism base) and covered 0-19 years. Primary data collection was in-depth interviews with school staff, 11 pupils and parents/carers. They found established strong relationships (M) were important starting points for supporting learning and wellbeing (O). Supporting the research of Dann (2011) and Osborne and Reed (2011), the study found all staff were trained and motivated (O) in settings where there was good practice. Similarly, Attwood (2000) recommends practical guides for teachers (M). Additionally, the AET (2011) found secondary school staff provided strong leadership and vision which took account of their own school and the community (C).
- In his exploration of how the social integration of YP with Asperger's can be supported, Attwood (2000) suggests developing theory of mind (O) using photographs, drawings, text and individual and group tuition to teach specific mental state concepts.
- Nilholm and Alm (2010) aimed to develop methodology to investigate inclusiveness in classrooms through a case study of a class of 15 (a heterogeneous group: five with diagnoses of disability, including two with Asperger's). The study interviewed teachers, carried out a sociogram analysis, interviewed children and asked them to complete a questionnaire. These methods were used to evaluate the level of social inclusion. The study found feelings of belonging, membership and acceptance on behalf of the children were considered to be necessary pre-requisites for inclusive

classrooms to work (O). They found the teachers' strategy was to focus on all children with some modifications with regards to the children with disabilities (M). The study also found the co-teacher was mediator between the children with disabilities and the activities of the classroom (M). The authors also report that teachers provided some non-negotiable ground rules (C) and tried to establish an egalitarian classroom community (C). Consequently, the study found children felt safe and secure (O); they appropriated the ground rules and appreciated the group work (O). Additionally, contrasting the findings of Osborne and Reed (2011), both teachers felt the small class size was important (C). The study also found children with disabilities were less socially included (O), however, the general level of social inclusion of the class was high (O).

- In their investigation of the partnership programme between a special and mainstream school, Gibb et al (2007) found inappropriate teaching strategies (M) were seen as a barrier (O) for YP with autism. Additionally, they found cooperative teaching strategies (M), peer tutoring (M) and in-class support (M) and socially mediated instructional activities (M) enabled included children to make progress (O). Like Scruggs and Mastriopieri (1994), they also found disability-specific teaching strategies (M). Finally, the study found peer acceptance was an important feature of an inclusive school (M). This was achieved through a peer group package with workshop activities aimed at promoting pupil interaction in mainstream settings (M).
- Dillon and Underwood (2012) explored parental perspectives of students with autism transitioning from primary to secondary schools in the UK. They held focus groups and in-depth interviews with 15 parents, pre and post transition. The study found transition was problematic but things usually improved by the second year. Parents viewed friendship groups and peer acceptance as the key to successful integration (echoing the findings of Gibb et al, 2007). However, only four out of nine parents were interviewed after 15 months and so findings should be interpreted with this in mind and one should consider why other parents may not have taken part. Additionally, the group was very heterogeneous and therefore, tailor-made solutions are needed to support each child. The authors state the use of parental knowledge of their child's need was vital. Like Dann (2011), the turnover of teachers (C) was difficult and resulted in a lot of stress (O) for YP with autism. The role of support worker (C) was again identified as very fortunate by one family and impacted on outcomes for the child (O). The study also found reduced timetables (M) supported one child during the first year. Echoing other research (Gavalda and Qinyi, 2012), staff needed an in-depth understanding of autism according to parents which was not always apparent (O). Teachers shared this view as they felt ill-equipped (O).
- At the level of the classroom, Frederickson and Cline (2009) highlight a number of strategies that are thought to support positive outcomes. These include: classroom learning environments (C) should be adapted to ensure they are facilitative; the environment should be structured (C); the environment should be encouraged to prompt and support social interaction (M). Additionally, learning tasks should be modified by using visual forms of instructions (M). The authors also state that specific social skills should be taught in situ through work with typically developing peers (C, M). Modelling should also be used to teach specific skills (M). Video-taped models can also be used and enable the focusing in on cues which can be difficult for YP with autism to do in reality due to their difficulties in regulating attentional skills which means they may not notice important cues in social interactions (M).
- Frederickson and Cline (2009) also recommend the use of Circle of Friends (CoF) (M) which has been used to support children with a variety of SENs (Newton et al, 1996; Pearpoint and Forest, 1992). A circle of friends is established and then they meet regularly to work on meeting specific

targets and devise ways to help achieve them (M) (e.g. Haring and Breen, 1992 used the approach with a child with autism). Attwood (2000) also recommends the use of material that explains the disorder to other children (M) and the teaching of friendship skills (M). This would also support peer relationships.

- Frederickson et al (2005) investigated the impact of whole class and small group CoF in a primary school, with children with a variety of SEN, including one with autism. They found that modifications were needed where children joining the circle needed to have appropriate expectations (M) and who were more directive rather than only supportive, in order to enable the student with autism to achieve their behavioural targets (O) which had been agreed in the weekly meetings. Some limited evidence for the effectiveness of CoF with children with children with social, emotional and behavioural difficulties (Frederickson and Turner, 2003) but less systematic evidence on its use with pupils with autism.
- The use of TEACHH (Treatment and Education of Autistic and Communication Handicapped Children) has also been influential in mainstream schools (O). Techniques aim to structure and organise the learning environment (M). It offers a transparent structured environment (C) which uses visual timetables which shows the sequence of activities and tasks of the day or week. It supports access to the curriculum where pupils know what they need to do, when they will have finished and what will happen after they have finished (O).

5.3.3 CMOs at the Whole School Level and Beyond

Much published research has also identified factors at a whole-school level and beyond which influence outcomes for YP with autism. I have summarised some of these factors, drawing out CMOs, in Box 5.3.

Box 5.3: CMOs at a whole school level or beyond

- Dann (2011) found it was important for pupils to know their physical environment such as where the toilets were (O). However, the social environment was found to be more of a concern for parents than pupils (O). Parents were anxious about the change in structure from primary to secondary and whether their child would cope (O). Where there was specialist provision, the benefits of the provision included having your own safe, small space to go to at break times (M). Dann (2011) found pupils who moved to a mainstream setting without specialist provision generally had a more negative experience (O) where pupils had not settled as well and were struggling to cope with the large secondary school environment. Parents were often very anxious about their child's move to secondary school and children themselves were anxious about the transition (O). The study found YP who attend a school with specialist provision experienced more positive outcomes (O) than those pupils who attended a setting without specialist provision. The author notes that this could also be explained by individual differences (M). For example, pupils who attended the mainstream setting with a specialist setting had high functioning autism or

Asperger's whereas the pupil who attended the mainstream setting without specialist provision did not have the language skills or understanding of social systems (M), which the other pupils possessed. This may have affected this pupil's ability to settle (O) in the new setting and form relationships with other pupils (O). Supporting this, other research has highlighted the role of individual differences on outcomes (for example, Eldar et al, 2010). Similarly, Tufvesson and Tufvesson (2009) found the school environment (C) influenced (O) YP with autism differently due to the spectrum of difficulties within this disability.

- Gavalda and Qinyi (2012) found small schools with low numbers (C) of students were helpful as it did not involve excessive social interaction for YP with autism. Similarly, Aness (2008) found small schools (C) enabled closer relationships between staff and children, where staff could communicate with students more closely (O). Like Frederickson and Cline (2009), Gavalda and Qinyi (2012) found highly organised and structured schools (M) support YPs' understanding of routines and anticipation of aspects of the day (O). They also found instructional models (M) were important for support and needed to involve collaborative planning and problem solving (M), including the use of specialists (M) who's expertise could be complementary to staff expertise (O).
- Close collaboration (M) between home and school was also found to lead to successful home-school partnership (O) (Gavalda and Qinyi, 2012). Additionally, collaboration (M) between school and health was important: there was a need to adapt and review knowledge (M) about YP's autism and how to take account of it in the educational setting (Hortal et al, 2011).
- Crisman (2008) argues that if all in a school (C) understand the needs of pupils with autism things will go more smoothly (O). Similarly, schools are more inclusive if they are led by principles which foster a climate (C) that focuses on the achievement of all (Horicks et al, 2008). This should include ensuring everyone has the resources and information (M) needed to support and meet the needs (O) of YP with autism.
- Governmental guidance (DfES and DoH, 2002) states that early identification and intervention (M) is needed. This document also highlights the need for active partnership with parents and communicating information sensitively (M), supporting other research findings (Gavalda and Qinyi, 2012). This guidance states that coordinated assessment (C) of needs should lead to a Family Service Plan (O) and there should be continuing monitoring and evaluation (M) of provision. This guidance also recommends programmes focused on communication (M), involving social interaction, play, leisure and life skills (M). The document also highlights the need for access to the curriculum that is not dependent on social or communicative skills and takes into account particular difficulties (M). It also states that behaviour management should involve assessing the function of behaviour (M) and teaching an acceptable alternative to achieve the same result (O).
- At a whole-school level, Osborne and Reed (2011) found the number of other pupils with SEN statements and ratio of support staff to pupils (C) were both positive factors in school progress for children with autism, but not Asperger's Syndrome (O).
- In their exploration of good practice, the AET (2011) found inclusive settings went further than individualised curriculum and saw the need for a unique 'autism curriculum' which captured children's learning needs but also addressed social, emotional and communication needs and nurtured independence and wellbeing (C). The findings of the research were strongly reflected in the SEND Green paper (DfE, 2011): joint working between education, health and care and voluntary organisations, the need for high staff expectations, to be well-trained, to understand autism and for networks of schools to work together with specialist schools as 'centres of

excellence' in autism education practice. This research also concluded that there was a need for further research that evaluated the effectiveness of measures used to monitor progress; research on the fidelity of implementation of generic and specialised practice and programmes; need to test outcomes of education, health and care professionals joint working; evaluation of ways in which parent-school partnerships have positive effects for YP with autism in terms of learning, behavioural or wellbeing outcomes (AET, 2011).

- At a whole-school level, Gibb et al (2007) found the Inclusion Team were important in offering expert knowledge (C). Planned regular contact (M) with the inclusion team was important to successful inclusion of YP (O). They also found effective school management influenced an inclusive school culture (C) where staff and pupils were involved in school policy decisions (O). Also, echoing previous findings, a small school (C) appeared to be a facilitative factor (O). in comparison to the mainstream school, the special school offered a professional development programme (M) with specific, concrete and intense support which built on existing knowledge, skills and resources (O).
- Gibb et al (2007) found, like Dann (2011), parental anxiety was a barrier to successful inclusion (O) where parents were worried that the curriculum was not appropriate (O).
- Dillon and Underwood (2012) however, also found the increased formality and structure of secondary school (C) was viewed as being potentially better for children with autism (O). Frederickson and Cline (2009) state there should be an overall pattern to the day (C) which is predictive and appropriate for social interaction with access to typically developing peers (M).
- Dillon and Underwood (2012) also found the size and bustle of secondary schools proved difficult, distracting and disorienting for children in this sample (O). Especially for those with hypersensitivity to any senses. One child would break out of the school regularly because the size of bustle of the school was overwhelming (O). However, a safe space (C) where a child could go was important in coping with the large school which could be overwhelming for the senses (O). Dillon and Underwood (2012) found there were individual members of staff who did not understand children's needs (C) and parents spoke of the need for an understanding at a global and micro level (C).
- NIASA (2003) recommended local areas' services should have an autism trained specialist (M) who can visit and support parents and schools following six weeks of diagnosis and support the development of an IEP (O). IEP targets should focus on three/four areas: communication, literacy, maths, behaviour and social skills (M).
- DfES (2002) reported that an Autism Working Group argued that a whole-school approach is most effective in supporting children with autism. Their guidance states that staff should be trained and aware of autistic pupils' needs. They should understand the reasons for behaviours seen. Staff can prevent much challenging behaviour if the environment is appropriately arranged and behaviour is managed sensitively (C). The working group also suggested programmes should be characterised by: visual learning and modelling of activities and behaviours; an approach to behaviour management should involve an analysis of the function of behaviour looking at the antecedents and consequences of behaviour seen, with the development of interventions which address the antecedents and consequences as appropriate (M).

The realist synthesis of literature, presented in Sections 5.3.1 to 5.3.3, led me to cluster the emerging Cs, Ms and Os: Table 5.1 lists some of these CMOs, organised into three levels.

This clustering helped me to extract and construct a number of PTs, of which I chose to focus on six, as I believed exploring more than six PTs with participants would be difficult in the time available. The final six PTs were based on their frequency of occurrence in the literature and on my experience as a trainee EP.

Table 5.1: Contexts, Mechanisms and Outcomes Arising from Literature

Contexts	Mechanisms	Outcomes
At the Level of the Individual		
<ul style="list-style-type: none"> • Eldar et al (2010): individual’s severity of disability could make or break inclusion 	<ul style="list-style-type: none"> • Gibb et al (2007): success linked to targeted individual support for the child • Attwood (2000): to support social integration of pupils with Asperger’s: identify children with similar interests and introduce them to each other 	<ul style="list-style-type: none"> • Osborne and Reed (2011): usefulness of teaching support varies by the type of autism. • Osborne and Reed (2011): found high levels of behavioural and emotional difficulties for autistic pupils in mainstream schools • Osborne and Reed (2011): found improvements in several aspects of pupils’ functioning over the school year • Attwood (2000): pupils with Asperger’s do seek friendship but clumsily and others may not understand or conceptualise individual’s genuine difficulties. Behaviours may also be misinterpreted by others and seen as intentional or malevolent behaviour.
At the Level of the Classroom/Staff/Peers		
<ul style="list-style-type: none"> • Dann (2011): change in staff every year and new curricula presented challenges for pupils with autism. • Dann (2011): pupils valued a key person. • AET (2011): secondary school staff provided strong leadership and vision which took account of their own school and the community. • Nilholm and Alm (2010): Teachers 	<ul style="list-style-type: none"> • Dann (2011): knowing and trusting teachers played a role in how safe pupils felt. Teaching pupils the rules, routines and structure of the school day supported pupils’ successful transition. Appropriate planning and training is required for mainstream staff to reduce their stress and support their working with YP with autism. 	<ul style="list-style-type: none"> • Dann (2011): staff experienced stress in working with YP with autism • Osborne and Reed (2011): teacher training improved pupils’ sense of belonging. Support teachers and assistants reduced behavioural and emotional difficulties in YP with autism. Good staff training had a positive influence on pupils’ social behaviours

<p>provided some non-negotiable rules and found children felt safe and appropriated the rules</p> <ul style="list-style-type: none"> • Dillon and Underwood (2012): role of support worker was identified as very fortunate by one family and impacted on outcomes for their child. • Frederickson and Cline (2009): classroom learning environments should be adapted to ensure they are facilitative; the environment should be structured and encourage and prompt and support social interaction. 	<ul style="list-style-type: none"> • Osborne and Reed (2011): teacher training reduced pupils' social problems • Gavalda and Qinyi (2012): teachers identified special classrooms and psychologists as things that were needed to provide better support. • DfES and DoH (2002) and Gavalda and Qinyi (2012): role of key workers important in supporting inclusion of YP with autism. • Gibb et al (2007): inappropriate teaching strategies were seen as a barrier for YP with autism. In-class support enabled included children to make progress. • Dillon and Underwood (2012): staff needed an in-depth understanding of autism according to parents which was not always apparent. Teachers shared this view as they felt ill-equipped. • DfES and DoH (2002): highlights importance of consulting with parents in improving educational provision for YP with autism 	<p>and sense of belonging.</p> <ul style="list-style-type: none"> • Osborne and Reed (2011): Greater teacher perception of own training and competency, the better the children socialised and experienced a sense of belonging • AET (2011): all staff were trained and motivated in settings where there was good practice
At the Level of the Whole School and Beyond		
<ul style="list-style-type: none"> • Dann (2011): it was important for pupils to know their physical environment • Tufvesson (2009): the school environment influenced YP with autism differently to the spectrum of difficulties within this condition • Gavalda and Qinyi (2012): highly 	<ul style="list-style-type: none"> • Gavalda and Qinyi (2011): close collaboration between home and school was found to lead to successful home-school partnership • Gibb et al (2007): the Inclusion Team were important in offering expert knowledge. Planned regular contact with 	<ul style="list-style-type: none"> • Dann (2011): parents were often more anxious about their child's move to secondary school • Dann (2011): parents were anxious about the change in structure from primary to secondary and whether their child would cope (O).

<p>organised and structured schools supported YP's understanding of routines and anticipation of aspects of the school day.</p> <ul style="list-style-type: none"> • Crisman (2008): schools are more inclusive if they are led by principles which foster a climate that focuses on the achievement of all (Horicks et al, 2008). • AET (2011): inclusive settings went further than individualised curriculum and saw the need for a unique 'autism curriculum' which captured children's learning needs but also addressed social, emotional and communication needs and nurtured independence and wellbeing. • Gibb et al (2007): effective school management influenced an inclusive school culture where staff and children were involved in school policy decisions. • Dillon and Underwood (2012): the increased formality and structure of secondary school was viewed as being potentially better for children with autism. 	<p>the inclusion team was important to successful inclusion of YP.</p> <ul style="list-style-type: none"> • Frederickson and Cline (2009): there should be an overall pattern to the day which is predictive and appropriate for social interaction with access to typically developing peers. • DfES (2002): a whole school approach is most effective in supporting children with autism. • Dann (2011): where there was specialist provision, the benefits of the provision included having your own safe, small space to go to at break times. 	
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The clustering of Cs, Ms and Os enabled the identification of themes in the literature which led to six PTs. These themes related to an inclusive culture/environment, the role of support staff, a structured school environment, autism-trained staff, a space during unstructured times and communication between home and school. All these themes were seen in the literature to varying degrees. Table 5.2 presents the initial programme specifications of the CMO configurations arising from this extant literature. The six PTs in Table 5.2 were taken forward and tested through the empirical study. Section 5.4 describes the design of this empirical study and how I investigated these PTs with students with autism and a SENCO at Hollowledge High School.

Table 5.2: Initial Programme Specifications of CMO configurations

Programme Theory	Context	+ Mechanism	= Outcome
YP with autism experience positive outcomes when the school culture and environment includes everyone	An inclusive culture and ethos which aims to meet the needs of all YP. (Horicks et al, 2008; AET, 2011; Gibb et al, 2007; Frederickson and Cline, 2009)	Adjustments are made to take account of YP's autism condition, strategies are implemented which meet the needs of YP with autism. (Nilholm and Alm, 2010)	YP are happy, feel included and are able to engage with the curriculum fully. (Nilholm and Alm, 2010; Gibb et al, 2007)
The role of TAs is important in enabling positive outcomes for YP with autism	TAs support YP with autism to ensure their needs are met and they are able to engage with the curriculum.	TAs support YP with autism so that they are able to engage with the curriculum and other aspects of school life. (Nilholm and Alm, 2010; Gibb et al, 2007; Frederickson and Cline, 2009)	YP are able to contribute in lessons and make expected progress. YP with autism do not experience anxiety in lessons or around school. The likelihood of challenging behaviour is reduced. (Gibb et al, 2007; Dillon and Underwood, 2012)
YP with autism are able to cope better where the school is highly organised and structured	The school day is clearly structured and this structure is consistent and unchanging. (Dillon and Underwood, 2012; Gavalda and Qinyi, 2012; Frederickson and Cline, 2009)	YP are taught the structure of the school day and are able to follow it. (Dann, 2011)	Students are aware of the structure of the school day and the systems which operate in school. Students are able to get on with their school day independently without stress and anxiety. (Dillon and Underwood, 2012)
The needs of YP with autism are better met where all	Staff training is considered to be important and all	Teachers receive appropriate training about autism which	Students feel their teachers understand their condition and

staff are appropriately trained	staff receive adequate training about autism. (Dillon and Underwood, 2012; DfES, 2002; Dann, 2011; NIASA, 2003)	informs their practice and enables them to better meet the needs of students with autism. (Gibb et al, 2007; Gavalda and Qinyi, 2012)	have their needs better met in lessons. (Dillon and Underwood, 2012; Osborne and Reed, 2011; AET, 2011)
Students with autism cope better when there is a space that students can go to during unstructured times	The school has an identified area where students can retreat when required and appropriate. (Dillon and Underwood, 2012; Frederickson and Cline, 2009)	The school has an identified area which is appropriately managed by staff and meets students' needs during unstructured times by offering a safe space. (Frederickson and Cline, 2009)	Students' anxiety levels are reduced and they are happier. Students can engage in activities they enjoy in this space.
Regular communication between home and school is important in meeting the needs of students with autism	School staff are in regular contact with parents. (Gavalda and Qinyi, 2012; DfES and DoH, 2002)	There are mechanisms in place which enable parents and staff to contact each other if needed.	Parents and staff are able to share any concerns with each other in order to plan ways forward to address difficulties that may be being experienced by parents, teachers or students. (AET, 2011; Dillon and Underwood, 2012)

5.4. Research Design

Research design in R.E. does not involve a single approach. Instead, a variety of methods can be employed which are designed from the theory of programme Ms, Cs and Os. The aim is to try to answer why a programme works, for whom and in what circumstances (Pawson and Tilley, 1997). Timmins and Miller (2007) highlight the challenge of deciding who to ask about the workings of a programme. They state that this can be determined by the nature of the Ms and Os the evaluator is researching and who would be most likely to offer information with regards to the programme. The six PTs (Box 5.4) taken forward helped me to decide what data I needed in order to test these theories and whom it would be best to ask.

Box 5.4: Programme Theories

Programme Theories:

1. YP with autism experience positive outcomes when the school culture and environment includes everyone
2. The role of TAs is important in enabling positive outcomes for YP with autism
3. YP with autism are able to cope better where the school is highly organised and structured
4. The needs of YP with autism are better met where all staff are appropriately trained
5. Students with autism cope better in when there is a space that students can go to during unstructured times
6. Regular communication between home and school is important in meeting the needs of students with autism

The mainstream secondary school which I approached, with regards to this study, was identified through colleagues who commented that this school appeared to do well in meeting

the needs of their autistic students. I contacted the SENCO at the school (see Appendix One) who kindly agreed to take part in the study.

5.4.1. Methods

Firstly, I determined that I would need to talk to students with autism at Hollowledge High in order to elicit their educational experiences and to share PTs with them. This led to my carrying out an audio-recorded focus group with seven students (two female and five male) with diagnoses of autism (ranging from Years 7 to 11). A focus group was chosen over individual interviews in light of time considerations; I also believed that the students would feel happier to be interviewed within a group rather than individually, although I recognise that both methods have their strengths and limitations.

Thomas (2009) highlights some of the limitations of using a focus group or group interview over individual interviews. It is important to firstly differentiate between the terms *focus group* and *group interview* which are often used interchangeably but do differ in important ways: in group interviews the researcher is leading and directing the conversation more; however, with focus groups, the researcher is facilitating a discussion about a topic of interest (Thomas, 2009). In the present study I employed a focus group approach as I was planning to explore students' views of the PTs by facilitating a discussion of PTs and related matters.

In assessing the use of focus groups, Thomas (2009) firstly notes how participants can behave differently in groups than individually; making reference to 'risky shift phenomenon' where research has shown groups make riskier decisions than individuals. Additionally, in a focus

group one or two individuals can dominate or influence the responses of other participants (Thomas, 2009). This is something that I found in the present study and which I discuss in Section 5.5. Furthermore, focus groups involve the co-construction of meaning between participants and the researcher which has implications for the ultimate knowledge produced. The above limitations needed to be borne in mind in my interpretation of focus group data.

Alongside these drawbacks, using a focus group presented additional challenges for the present study linked to the participants' autism condition and their age. As discussed in Section 5.1 individuals with autism can experience difficulties in social interaction and social communication and therefore they may have struggled to participate in a focus group. This was discussed with the SENCO before the focus group was held and it was agreed that students may find it easier if a Learning Support Assistant (LSA), who they are familiar with, was present in the focus group. However, it became apparent that not all students participated as fully as others, without encouragement. Additionally, some students may have felt they could not be honest in the presence of a staff member despite being informed that information shared in the room was confidential.

Therefore, if there had been more time, it would have been useful to hold individual interviews as well. Furthermore, students' age was a significant factor in their understanding of the aims of the focus group, the PTs and my questions. It is difficult to assess if all students understood the PTs or how they were interpreting them, although I aimed to explain the PTs fully to students when first introducing each one. For example, I explained what 'unstructured time' meant in PT 5 and I replaced TA with LSA in PT 2. Despite these potential limitations,

as explored in Section 5.5, the focus group did enable a number of students to engage in discussion and gave rise to rich data.

Purposive sampling was employed and sample criteria for students included: students needed to have a diagnosis of any autism spectrum condition: the students' SEN position on the Code of Practice did not matter (they did not have to have a statement of SENs). Students were identified for me by the school SENCO. Table 5.3 below summarises information about students which was provided by the SENCO. Unfortunately, she was unable to include sixth formers in the study as it was during the exam period and these students were not available.

Table 5.3: Students in the Focus Group: background information from the SENCO

Student¹³	Year Group	Stage on Code of Practice	History and Background
Kevin	11	Statement of SENs	The SENCO explained that before attending secondary school, Kevin was taught in a separate unit within his mainstream primary school. The secondary school were informed that Kevin could not work in groups bigger than three and that his behaviour could be challenging at times, for example, he had thrown filing cabinets. The SENCO reported that Kevin had had two/three referrals in Year 7 and one in Year 11 for challenging behaviour. There had been no violence at secondary school. P.E. was reported to be difficult for Kevin because he was a perfectionist and could become distressed when his performance was not perfect in P.E.
Harry	10	School Action Plus	The SENCO reported that Harry saw things in black and white, but he could be taught to view things differently. I understand from the SENCO that when he arrived in Year 7, the school was told he would never wear a tie and he had sensory issues but there had been no such difficulties at Hollowledge High.

¹³ Pseudonyms are used

Lucy	7	School Action Plus	The SENCO reported that Lucy had been recently diagnosed and was very literal in her interpretation of the social world.
Elliot	7	School Action Plus	Elliot was diagnosed with autism when aged 11. At primary school, the SENCO reported, Elliot threw things when he got angry but this had not been observed at secondary school. The SENCO reported that Elliot had threatened teachers when angry at secondary school.
Andrew	7	School Action Plus	Andrew was reported to have diagnoses of autism and ADHD. The SENCO reported that Andrew got into trouble frequently.
Susan	8	School Action Plus	Susan reportedly hated junior school and her parents were reported to have hated it too. The SENCO stated that at junior school Susan was 'allowed' to display 'odd' behaviour, but at secondary school she was told you could not display certain behaviours. The SENCO reported that Susan's parents were relieved that this behaviour was being challenged, rather than accepted.
Nathan	9	School Action Plus	The SENCO reported that when Nathan came from his primary school, school staff were told he needed his flag book but he's never needed it. The SENCO also stated that Nathan was described as a 'filing cabinet thrower', but this has not been a concern at secondary school.

Firstly, it is important to note the student sample outlined on Table 5.3 was selected by the school SENCO who explained that she had tried to select students from across Years 7 to 11. The sample lacked diversity and the SENCO later realised all students were of White British heritage and that a black or minority ethnic student could have been included. Additionally, the sample was limited by the parents who the SENCO approached. I do not know if the SENCO contacted all possible parents and if not, how she decided who to approach.

Secondly, it is essential to highlight in the background information offered by the SENCO, there was a strong opinion that all these students had been happier and settled better at Hollowledge High than their previous primary schools. Additionally, one got a strong sense

that the SENCO believed previous settings had made too many adjustments for these students, for example, small group teaching, acceptance of certain behaviours or the need for specific items such as a flag book, and that such adjustments, in the SENCO's opinion, were not needed. Furthermore, it is important to recognise that the SENCO's descriptions of the students reflect her social constructions of these students and cannot be accepted as reliable profiles of these students' attributes.

Additionally, I wanted to interview the school SENCO to gain insight into her views about what works for students with autism and how she felt the school met the needs of these students. A method known as a realistic interview is used in R.E. to test PTs with recipients or delivers of a programme (Timmins and Miller, 2007). The approach involves sharing PTs with participants and ascertaining their views regarding these theories. In the present study I shared PTs with the SENCO and students and asked them to comment on these theories and to what degree they believed they were important in leading to positive outcomes for YP with autism, in mainstream settings. Additionally, participants can be asked about the relative importance of different PTs. I asked participants to rank the PTs in order of 'most' to 'least' important. This method of ranking was used to facilitate a discussion between students in the focus group and in the individual interview; it enabled a deeper exploration of each PT with the SENCO as she was asked to justify her ranking of each theory. Ranking of PTs had been effective in previous educational research by Stevens (2013) and Davies (2011) and I similarly found it effective in eliciting views and initiating dialogue about the theories. The PTs were presented to students and the SENCO in a simplified form as illustrated in Box 5.6 below. I chose to simplify the PTs when presenting them to participants to minimise the amount of information presented to students and to ensure that all students would be able to

understand the PTs. Simplification of PTs led to the removal of outcomes but these were included in my explanation of each PT to participants in the focus group and the individual interview.

Box 5.6: PTs as presented to participants

Programme Theories:

1. The school culture and environment includes everyone
2. The role of TAs is important
3. The school is highly organised and structured
4. All staff are appropriately trained
5. There is a space available that students can go to during unstructured times
6. There is regular communication between home and school

As well as presenting PTs to the SENCo and asking her to rank the PTs, I began by eliciting other information, through open questions, about the SENCO's professional experience and about the school (See Appendix Two for the SENCO interview schedule). The aim of this was to elicit potentially relevant contextual information relating to the setting and the SENCO's professional training and experience. I then moved onto sharing and exploring the PTs with the SENCO.

The interview schedule was informed by the realist synthesis of literature which illuminated multiple factors which could influence the educational experiences of students with autism such as the size of the setting (Osborne and Reed, 2011), inclusive ethos and culture (AET, 2011; Frederickson and Cline, 2009; Nilholm and Alm, 2010), training of staff (Dillon and Underwood, 2012; DfES, 2002; Gavalda and Qinyi, 2012) and parental experiences (DfES and DoH, 2002; AET, 2011).

Similarly, informed by extant literature, I began the student focus group by asking open questions about students' experiences at their school (see Appendix Three for focus group schedule). After participants had ranked PTs, I used a series of questions relating to each PT to elicit further information from participants (See Appendix Four for PT questions). For the focus group, I asked the group to try to reach an order of importance as a group. This was very effective in creating dialogue between students regarding the different PTs and their relative importance. I report the analysis of these findings in Section 5.5.

5.4.2. Ethical Considerations

Informed consent was obtained from parents and students through letters which were sent to parents (Appendix Five) and students (Appendix Six). Information sheets and consent forms detailed the high level of confidentiality offered; they highlighted what would happen to audio-recordings and stated that students would not be identifiable in the reporting of the study.

For the student focus group, an LSA who was the specialist LSA in autism, joined the focus group in case students found it difficult to talk to a stranger, as previously discussed in Section 5.4.1. I met with the LSA before the focus group and was able to discuss confidentiality matters, including protecting students' identity. The LSA gave me her assurance regarding such matters. The focus group also started with agreeing ground rules with students which included 'confidentiality', 'the right to pass' and 'respect each other's

views' which aimed to put students at ease and create a safe environment in which students, would feel able to share their thoughts with me and each other.

Section 5.5 presents and discusses the findings of the student focus group and interview with the SENCO.

5.5. Discussion of Findings and Conclusions

I begin in Section 5.5.1 by discussing participants' rankings of PTs before discussing the participants' views relating to each PT in Section 5.5.2 and offering revised PTs following analysis of data.

5.5.1. Ranking of PTs

Table 5.2 below illustrates how the students and SENCO ranked the six PTs. The students ranked staff training (M) as the most important of the six PTs. They wanted to rank PTs 1 and 3 jointly as the second most important, since they could not decide which was more the important of these two theories. They ranked the role of LSAs as the next most important. Finally they viewed the availability of a space during unstructured times and communication with parents as the least important. A number of students stated there was not any unstructured time, and so they did not need a space (C). This is something that was apparent in the interview with the SENCO. However, it became clear that a computer suite and a separate centre were available for students to complete homework and receive additional

interventions during times which would normally be less structured, such as at the beginning of the day, during registration, or at the end of the day.

Table 5.4: Student and SENCO Rankings of PTs

Programme Theory	Student Ranking	SENCO Ranking
1. The school culture and environment includes everyone	2*	1
2. The role of TAs is important	3	3
3. The school is highly organised and structured	2	2
4. All staff are appropriately trained	1	3
5. There is a space that students can go to during unstructured times	4	5
6. There is regular communication between home and school	4	4

* 1=most important, 6=least important

With regards to home-school communication, more than one student commented that they did not like school staff communicating with their parents as it would lead to negative consequences at home (O), for example, the removal of their computer. This suggested communication with parents related to poor behaviour at school. Similarly, the SENCO commented that parents were usually contacted when all parents would be, such as for parents' evening, but may additionally be contacted regarding poor behaviour. Additionally, the SENCO commented on difficulties she had experienced with parents who reported their children being highly stressed about school (O), but the SENCO felt she saw no stress at school. In one such case the parent was going to move their child to another secondary school (O). I will return to this matter again in my discussion of identified CMOs.

Significantly, a number of the students said all the statements (PTs) were important and so they found them difficult to order.

Kevin: 'There's no order...they're all in conjunction with each other...can't do one without the other...'

The SENCO similarly, stated that all the statements were important and so did not like to use the term 'least important' as she considered all the theories important. Like the students, the SENCO ranked PTs 1 and 2 as highly important. Both students and the SENCO believed the highly organised and inclusive school environment were important in leading to positive outcomes for students with autism. The SENCO ranked the role of LSAs and training of staff as equally important. Like the students, the SENCO ranked a space for unstructured times and communication between home and school, as less important than other PTs. The low ranking of a space during unstructured times by students and the SENCO was linked to the highly structured day and short supervised lunchtimes.

After participants had ranked PTs, I questioned participants' rankings (see Appendix Four). This enabled me to elicit participants' views regarding what works, for whom and in what circumstances. In my initial analysis of interview and focus group data, I listened to the audio again and recorded any identifiable Cs, Ms and Os for each PT in a table such as Table 5.3. In the following sections I discuss the potential CMOCs arising from my data analysis of these data and consider what the implications are for each PT. I also compare these findings to extant literature.

5.5.2. Findings

5.5.2.1. Programme Theory One: YP with autism experience positive outcomes when the school culture and environment includes everyone

Context	Mechanism	Outcome
An inclusive culture and ethos which aims to meet the needs of all YP	Adjustments are made to take account of YP's autism condition, strategies are implemented which meet the needs of YP with autism.	YP are happy, feel included and are able to fully access the curriculum.

Analyses of data relating to this PT are presented in Table 5.3 below, however, analyses of data relating to all other PTs is presented in the appendix. PT 1 was ranked highly by students and the SENCO. When questioning participants about how the school created this inclusive culture, students referred to the school House system, being a prefect and having subject choices (M). They also felt the no bullying policy (M) supported the inclusive culture:

Lucy: 'they have no-bullying policy coz then you can't not feel included coz even if someone's being mean to you they can't...'

Table 5.5: Analysis of Data relating to PT One: The School Culture and Environment Includes Everyone

PT One	Context	+ Mechanism	= Outcome
Student Focus Group	<ul style="list-style-type: none"> • A school curriculum that gives students options in the subjects they choose to study. • Each student belongs to a House. • There are activities where the Houses compete against each other • The range of subjects offered. • Halal meat for Muslim students • A no bullying policy 	<ul style="list-style-type: none"> • Having options is important and enables an individualised approach. • Houses enable inclusion / belonging. We do a form assembly each year • There’s a prefect assembly. • Sports days. • Activities week Y7-9. • There’s a no bullying policy. • Offer loads of different subjects. • Including halal meat – for Muslim students. 	<ul style="list-style-type: none"> • Students can choose subjects they enjoy. • Students experience a sense of belonging by being in Houses • Muslim students can eat a greater range of foods. • People don’t get bullied because of there’s a ‘tell’ policy.
SENCO Interview	<ul style="list-style-type: none"> • There are two stop points everyday: rather than going to form at the beginning of the day, there is a speech and language group (almost exclusively YP with autism). • There are two points of contact in the week: students do a focused activity in speech and language but there’s also the opportunity to talk about things. There are 20 minutes with LSAs. • At end of the day we have open access, you don’t need to book, it’s a homework club. It is run by 3 LSAs in the computer room. Any child can pop in to get help with homework. They also 	<ul style="list-style-type: none"> • We’re inclusive in that we don’t allow children to have a different path and I know that sounds like we’re not making adaptations, we are, we adapt and we remove barriers but we never lose sight of the fact that these youngsters become economically viable and happy with their lives. • Philosophy that underpins everything we do. We don’t take children out and put them in a separate unit. If we do clubs we invite everybody • Nobody’s so different that they can misbehave: same expectations all. • I’m not a big fan of treating children 	<ul style="list-style-type: none"> • Be academically successful and get a job • In some schools children are so special that they won’t survive outside • Enables children to successfully complete their GCSEs and stay on at A’ level – don’t want to lose YP to other sixth forms – investment in these YP over the five years.

	<p>share incidental concerns – a lot of fence mending goes on. Students share their stresses.</p> <ul style="list-style-type: none"> • The homework club is also a social network where students support each other. • SENCo talked about having never read an IEP before taking up her role so she wanted to establish systems that made it easier for teachers to access the information they needed to inform their planning. • It is a fully comprehensive school – whatever students bring. • The inclusive culture comes from the top (senior leadership). • The X Centre is where withdrawal clubs happen – SENCO doesn't agree with TAs teaching – she thinks teachers should teach children but if there's an anger management course or something then they may be part of that. The Centre is run by pastoral, non-teaching staff. They run all sorts of clubs and interventions – exam stress, school phobics, half-way house. Works well for KS3. • There is a learning mentor who works with students to help them to see an alternative perspective to situations – 	<p>differently – we have one boy in ear defenders and he looks like an idiot but he is in year 11 and it is his choice. It's due to his autism but we shouldn't change our expectations. If they're in that ability group they should do what everyone else is doing in that group.</p> <ul style="list-style-type: none"> • Would prefer it if this child didn't wear the headphones, it's because he's in so much trouble, he's doing anything to stay out of trouble for the last couple of weeks. In year 6 we would ask why – what will it help? I would say try it without – if you make people too different it can work against them. • Highly differentiated lessons – three separate tracks in each lesson so child is on the right track. • Children are set quite finely but the planning is difficult. • Children are sat by ability taking into account their needs. • By the end of the first week every teacher has information in their planner about every child including any SENs. this information in their planner. • We use IEPs – set targets with parents and child and the targets go onto the system so that every teacher can access these targets on a card for every child 	
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	<p>she is the key person but we don't call it that because no one can expect it.</p> <ul style="list-style-type: none"> • We're not a special school therefore we're not going to treat them completely differently. 	<p>they teach at SA+. The card has the child's three targets. Some teachers don't use the register and don't check. Some don't realise what SA+ means. When we get rid of SA and we just have a monitor list that will be better as there's more time to spend on the children who are on the register for a very good reason.</p> <ul style="list-style-type: none"> • Specialised toolkit for different SENs available for staff in case they teach a child with that SEN. • Try to match child with teacher where it's possible • Occasionally use Circle of Friends lower down to support peers to understand a child's needs. • Use sixth formers to support children lower down with autism. 	
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Analysis of interview data indicates that the SENCO feels strongly that these students should not be treated differently due to their autism (C); however, the school also makes many adjustments (M) which very successfully support these students. There is some cynicism from the SENCO regarding what autism is and the needs of those diagnosed with autism (C); for example, the SENCO comments that the school does not allow students to take a different path and they [the school] do not allow 'odd' behaviour:

SENCO: 'We're fully comprehensive and we do take in all children regardless of what they bring to us...lots of philosophy that underpins what we do...'

SENCO: 'We don't take children out and put them in an anti-cupboard and say they're having additional this and that...if we do clubs, we invite everybody...all clubs are on the activity sheet...nobody's so different they can misbehave, that's not allowed...nobody's so different they have to be treated in a completely different way, yes adjustments are made and barriers are removed but on the whole children are expected to come here, be polite, wear their uniform, get an education, get a job...and they've got to work the same as everybody else...I'm not a big fan of treating children completely differently, I do have one boy in ear defenders and he does look an idiot but he is in Year 11 and it's his choice-'

Interviewer: 'is that linked to hearing sensitivity-?'

SENCO: 'it's autism and I don't believe in it coz they've got their squashy ball and they're allowed to play differently and they don't have to do all that work, they can do some, no – if they're in that group, with that ability, they work to the utmost of their ability and we don't dilute what we expect of them..'

SENCO: 'I've been into some schools where the children are so special that they're too special to live in the outside world and I think where are they going to get their independence from? Who's going to follow round, them round after school and help them with this and pick that up for them and say 'oh look they can't go into a crowd' – are they never going to go to Birmingham then? Are they never going to college?...we've got to introduce and de-sensitize. We're not always successful but we pretty much are.'

Interviewer: 'So with the child with the headphones, you'd prefer if he didn't wear them?'

SENCO: 'I would but it's his choice, if I said to him at 11 that you've got to wear those ear defenders, he would have said not...but at 16 he's saying its helps me so OK if that's what you want for the last few weeks of school – you look an idiot- but do it.'

The above quotes arguably suggest some resistance and a lack of understanding and/or acceptance of the condition (C). This attitude could also reflect the invisibility of Asperger's where Attwood (2000) states others may not be able to understand or conceptualise an individual's difficulties, and behaviours may be interpreted as intentional or malevolent. Additionally, this child could be experiencing hypersensitivity: Dillon and Underwood (2012) found secondary schools were difficult and disorienting for children with autism, especially for those with hypersensitivity within of the senses.

The SENCO describes the systems (M) she has put in place which support staff to access information easily regarding students' SENs. The SENCO also commented that this inclusive culture comes from the 'top', referring to the senior leadership team in the school (C). This can be linked to previous research which has found schools are more inclusive if they are led by principles which foster a climate that focuses on the achievement of all (AET, 2011; Horicks et al, 2008). Gibb et al (2007) also found effective school management influenced an inclusive school culture, which is echoed in the SENCO's opinion that inclusion comes from the 'top'.

The use of an 'isolation room' was mentioned by a couple of students, which was used to manage children who were displaying challenging behaviour, and as the quote below

suggests, separated the student from the school. In response to a question regarding things the students found difficult, Kevin mentioned the isolation room:

Kevin: 'Err sitting in isolation, er cuts you off from the rest of the school...'

Andrew also had experience of isolation but for him, it enabled him to avoid lessons:

Andrew: 'Don't mind [being sent to isolation] coz when I have isolation yeah, I had, they had all the lessons I don't like so I didn't really mind'.

Interviewer: '...what caused you to be sent to isolation?'

Andrew: 'Err...I think it was behaviour...it's just that if someone says something and then I think it's not right then I say it out and the teacher says don't shout and I say 'other people do, why can't I?'

It appears that being placed in isolation has a different impact on different students and has implications for the effectiveness of this strategy in managing challenging behaviour.

The SENCO also sees the structured nature of the school as enabling inclusion. This reflects the findings of Dann (2011) where teaching pupils the rules, routines and structure of the day supported pupils' transition:

SENCO: 'The children have these lovely little chunked days and they just thrive...we have a quick 20 minute break...they have a 30 minute lunch break which is supervised by senior teachers so there is no opportunity for kind of off-task, odd behaviours.'

SENCO: 'I think the youngsters here respond to the fact that we are very firm, have classroom expectations, every single class and we're inclusive in that we don't allow children to have a different path and I know that sounds like we're not making the adaptations, we are, we adapt and we remove barriers but we never lose sight of the fact that that these youngsters

have got to become economically viable and happy with their lives. Can't live in a cupboard can you? Can't live at home all their lives?'

SENCO: 'We have highly differentiated lessons...every lesson is at least three separate tracks um the child on the appropriate part of the lessons for them but we do set children quite finely. So ability-wise there probably aren't many adjustments coz they're in the same level...but if they have autism and need to sit near a door coz they need the space, then that's there's no fuss, there's no bother – the adjustments are personal.'

SENCO: 'It is expected by the first week that our planners and mark books will have all the tracking children, both usually, that we've got an annotated seating plan so with their need, with their level, with their target grade on, reading age, every single teacher has that...but I know that some teachers go 'oh I didn't know that' ...there's only so many times you can say – check.'

The above quotes illustrate how differentiation (M) at the classroom level is believed to be another way in which the school includes everyone.

5.5.2.2. Programme Theory Two: The role of TAs is important in enabling positive outcomes for YP with autism

Context	Mechanism	Outcome
TAs support YP with autism to ensure their needs are met and they are able to access the curriculum.	TAs support YP with autism so that they are able to access the curriculum and other aspects of school life.	TAs support YP with autism to ensure their needs are met and they are able to access the curriculum.

Analyses of participants' responses relating to PT 2 are presented in Appendix Seven. Both students and the SENCO ranked LSAs as third most important out of the six PTs. Students refer to LSAs supporting them in lessons and during homework club (M). This supports

previous research by Osborne and Reed (2011), who found support staff helped to reduce emotional and behavioural difficulties. The students gave examples of where they felt the LSAs enabled them to move forward in developing a skill (O) or engaging with a lesson as illustrated through the quotes below:

Henry: 'if it's like a more serious type of autism like, I don't know...needs to be dealt with, then the LSAs need to be in the majority of the lessons with the student, but right, if it's as serious then in lessons the student's struggling with, then the LSA could go in there like I think Year 8 when I found out I had my, my wheat and gluten intolerance, virtually all my DT cooking, coz my mum and dad wanted to make sure none of my food was like contaminated.'

Susan: 'I think they're [LSAs] quite important coz things like when I was in Year 7 um things like my handwriting, I was helped like that and I've recently come off the handwriting club but miss does and that helps me a lot because I didn't particularly like half an hour of my Wednesday doing handwriting: it helped me a lot, even if I would preferred being at my media stuff, it was important...and she came into my geography lesson...'

The SENCO clearly valued the LSAs in her department and explained that the LSAs always worked with students in class rather than removing them to work with them separately (M).

SENCO: 'We've got a team of very good LSAs...they're [children] not sent outside, they work in the classroom all the time: we do not move children out, if there's an issue, we talk about it there and resolve it...'

SENCO: 'Mine [LSAs] are now highly trained and skilled in their post...[LSA's name] specialism is autism spectrum...so they're highly skilled in their area and a lot of the training of staff comes from staff saying to so and s, 'how do you do that then?'

LSAs were trained (M) to have specialisms and one LSA (who supported the focus group) was trained in autism. Although the SENCO spoke of her LSAs being highly trained and one being trained by a local school in autism, it appeared that the degree to which training was implemented was dependent upon how well it fitted within the existing culture and structure of the school:

SENCO: 'And they came back saying read this, done this – yeah whatever...they came back with all the ideas, we imported some of the ideas but it doesn't work if that child can then go out because we don't do that, so we have to tailor what we learn, it's why I'd rather bring people in to work with us in situ, this is how we are, how can we make it better.'

Although the SENCO did not like the use of the term 'key person', it appeared that at times a learning mentor was a key person (M) for students who needed extra support:

SENCO: 'We have mentoring basically XX (LSA), coz she's very very good with these youngsters who have challenges with their autism and she's very good at giving them an alternative perspective and saying how could you have tackled that. She seems to kind of calm them down in rather beautiful way and that's helped to get youngsters through to Year 12/13, so she meets a sixth former, an hour a week in his free time-

Interviewer: 'It's like they've got a key person'

SENCO: 'Yes, so we don't call it that...we don't call it anything coz no one else can expect to have it, with only five learning support assistants, their time is intensely precious but by the time they get to the sixth form, they're very precious to us coz they've been the successful product of our previous five years, so we don't want to lose them'.

The use of a key person appears to be an important mechanism in enabling positive outcomes for students with autism. The relationship (M) between LSAs and these students was also very important and the SENCO described it as 'maternalistic'. This supports guidance (DfES

and DoH, 2002) that identified the importance of key workers in supporting the inclusion of YP with autism. Additionally, during discussion of this PT, it became apparent that the homework club, run by LSAs, offered a useful source of support (M) enabling students to leave later than other children and to de-stress before going home (O). These are all examples of mechanisms which support these students with autism.

5.5.2.3. Programme Theory Three: YP with autism are able to cope better where the school is highly organised and structured

Context	Mechanism	Outcome
The structure of the school day is clearly structured and this structure is consistent and unchanging.	YP are taught the structure of the school day and are able to follow it.	Students are aware of the structure of the school day and the systems which operate in school. Students are able to get on with their school day independently without stress and anxiety.

This PT was ranked second most important by students and the SENCO. Appendix Eight summarises key CMOs from the data. The students spoke about knowing what happened during the day and where they had to be (O). Frederickson and Cline (2009) similarly highlighted a structured environment (M) as a supportive factor for students with autism. One student commented she had found it stressful (O) that the school had re-numbered some of the rooms because she had only just managed to learn them all. Students appeared to like the structure to the day (M) and appeared happy:

Lucy: 'The school is highly organised and structured [as most important]'

Nathan: 'I agree [with Susan and Harry]...I say the school is highly organised [most important]'.

It was difficult to encourage all students to speak however: Elliot was one student who appeared very shy and quiet and tended to offer short answers in agreement with the majority. This is something I reflect on in Section 5.5.3 in relation to the method used.

The SENCO's response to this PT gave the impression of a tightly structured school day which ensured there was little opportunity for undesirable behaviour from any student (O):

SENCO: 'We have two stop points: at the beginning of the day we have language group...almost exclusively youngsters with ASD...they have two points of contact in the week where they can go to speech and language, do a focused activity where there's also the opportunity to talk about things that concern them...rather than going for form sessions, they register and then they spend 20 minutes with two of my LSAs'.

SENCO: 'The autistic children generally fare better in secondary school than primary school...because they have six hours together and they can niggle and poke, niggle and poke, get on each other's nerves for six hours, whereas here they move every hour and it's that geographical...I'm not saying things don't leak from one lesson to another but sometimes they change children and they go onto different rooms; whatever was niggling them at 9 o'clock is no longer niggling them at 11.'

There is a strong sense that these students are being prepared for life after school. The SENCO frequently referred to developing 'economically viable' YP (O). She also recognised the difficulties of the highly structured school day not preparing students for university life:

SENCO: 'Youngsters fare better with structure and realise where they fit in...once they

realise they've got to make two sub-levels of progress [like everyone else]...lessons are structured, the day is structured...there's very little independent learning going on at all at the moment but it's all structured...I don't think that prepares people for the next step...but when it then comes to getting ready for college, university [pause] [laughs]...'

The SENCo raises an important matter here regarding whether secondary school is preparing autistic students for life after school. It could be argued that the school day is too structured and removes opportunities for YP to learn to problem solve and/or adapt to changing circumstances, as would be experienced in the outside world.

5.5.2.4. Programme Theory Four: The needs of YP with autism are better met where all staff are appropriately trained

Context	Mechanism	Outcome
Staff training is considered to be important and all staff receive adequate training about autism.	Teachers receive appropriate training about autism which informs their practice and enables them to better meet the needs of students with autism.	Students feel their teachers understand their condition and have their needs better met in lessons.

Data relating to PT 4 are presented in Appendix Nine. Like PT 3, this PT was also ranked very highly by students, but ranked third most important by the SENCO. Students felt strongly that their teachers needed to have training about autism, and some commented that this would help teachers to understand the condition (O). Students referred to how they'd been treated (M) by different teachers and they believed this related to the degree to which the teachers understood autism (O):

Harry: 'All staff are appropriately trained, most important...some teachers that understand me better than what other teachers...if something I said wasn't exactly right in the lesson,

he'd be like 'I understand where you're coming from but in an exam I'm not sure if that would get you the marks...he doesn't straight away go into 'oh don't do that – that'll get you no marks' - he's quite understandin,g whereas with some teachers, they just like 'no, don't do that' ...just straight in'.

Susan: 'I think the next is important, that staff are appropriately trained.'

Kevin: 'All staff are appropriately trained [most important]...if they're not trained then people's differences are not taken into account...some are trained better than others...like some teachers take you to the side and have a word with you but others have a go at you in the middle of the room....some teachers make you copy off the board and some pupils, like I'm a visual learner I prefer to do stuff like physically; some teachers go like go on the computers and copy stuff down...I don't learn form that...I can't concentrate when they do stuff like that.'

Elliot: 'This one [pointing to 'All staff are appropriately trained']'

Andrew: 'the same [as Elliot]'

Nathan: '...teacher just talking at you about the same thing for like two lessons...like more visual learning would be better, video something like that: I learn more from it.'

The students highlight particular teaching methods in the quotes above as more facilitative than others; this reflects the findings of Dann (2011) who found learning strategies which were flexible and motivated YP were supportive for this population. Dann (2011) also highlighted the need for appropriate planning and training for mainstream staff working with students with autism. Gavalda and Qinyi (2012) also found further specialized training was required for all staff in order to support the integration of autistic children into mainstream settings. Additionally, Osborne and Reed (2011) found teacher training reduced social problems and promoted pupils' sense of belonging.

The SENCO felt it was difficult to find (O) good training about autism. She had previously participated in training from an advisory teacher which she greatly valued, but this person had since retired. Interestingly, the SENCO did not appear to view EPs as professionals who could offer training or expertise in autism, although, she said she would “use them”, when I asked her about her school EP. I will return to this matter in Section 5.3.3. Consequently, the SENCO appeared to offer training to school staff herself (M) and when asked about what informed the training she provided, she joked that this was a good question:

SENCO: ‘We do programmes throughout the year as part of the training...autism’s cropped up there...it’s usually me [running it] ...it’s difficult to find an expert agencies that can deliver to a very mixed ability group of teachers coz some have got years of knowledge and others have started the job two days ago. So sometimes it’s better from a friendly face that knows everybody. If you can find somebody who’s good, I’ll have them...haven’t found anybody, it was [advisory teacher’s name] who’s absolutely brilliant, but I don’t know if she’s got a successor.’

Interviewer: ‘And there’s the EPs –‘

SENCO: ‘Yes we have used EPs in the past and I think we’re looking at using [school EP] for something, not that she knows yet’.

Interviewer: ‘...how are you informing yourself in order to plan that training?’

SENCO: ‘That’s a very good question! Training courses if they’re good...it’s not easy being told things you already know...we use the websites, we update ourselves...’

SENCO: ‘We need more training, there’s no doubt about that, always need more training...the TAs we try to train as often as possible...we tend to do all of our training in school, we don’t go out and spend a lot of money...’

As the data show in Appendix Nine, the SENCO felt she could ‘manage’ students with autism in her lessons. However, at times, her comments suggested she lacked understanding of the condition and/or was unsympathetic to the needs of autistic students as the quote below shows

(C). Additionally, the data would suggest that several students felt a number of their teachers did not understand their condition and that they needed more training. Gibb et al (2007) found inappropriate teaching strategies were seen as a barrier for YP with autism and this was certainly apparent in the student focus group. In contrast, although the SENCO commented that it was difficult to secure good training and believed staff needed more training, she also felt she had the understanding she needed and could disseminate this to staff herself:

Interviewer: 'What would you like see at training?'

SENCO: 'If I'm honest, I know it sounds arrogant but I'm not that concerned...because I think we cover most bases...I've not yet come across a training course coz all the training course are about 'poor little so and so needs a squeezey ball, likes to play with blue tack in their lessons'. Can't tell you how distracting that would be in my lessons so it won't happen. I'm very rigid and I seem very inflexible but I can actually manage autism in my classroom.'

SENCO: 'We can't see them as just their condition can you – you have to – coz we've got children from top set and some of them have got a diagnosis and we're like 'really?!'...and then you have a blip when they're 14 and you go, oh 'get it now'...quite a lot of people function well in society so it's not a diagnosis that's dire by any means but it's very much need-directed with these youngsters...we don't make an issue if we don't need to.'

SENCO: 'If you make children too different and too special...I think it works very much against them...they'll be outside in the corridor with the learning support assistant...we're not a special school, if they want to be treated specially then I don't think we're the school for them.'

SENCO: 'My door is always open, people are encouraged if they don't know something, coz I don't think it's necessarily about conditions but about individuals...so if they're on the register and you've got a concern, come and talk to me...and I'll find out, if I don't know I'll find somebody who does knows the best way of working with that youngster.'

This has implications for the training needs of all staff including the SENCO, and implications for who is best placed to deliver such training: this is further explored in Section 5.3.3.

5.5.2.5. Programme Theory Five: Students with autism cope better when there is a space that students can go to during unstructured times

Context	Mechanism	Outcome
The school has an identified area where students can retreat when required and appropriate.	The school has an identified area which is appropriately managed by staff and meets students' needs during unstructured times by offering a safe space.	Students' anxiety levels are reduced and they are happier. Students can access activities they enjoy in this space.

This PT was ranked as less important than most other presented theories by both students and the SENCO. This related to the organisation of the school day which the SENCO commented meant there was not much unstructured time. This was intentional to reduce the likelihood of other difficulties such as bullying for all students. However, this approach does raise questions regarding the requirement of educational settings to offer curricula which support the development of skills that enable students to mediate community demands. This is especially important for students with autism as they often experience difficulties in social problem solving. It could be argued that such strategies, which minimise potentially problematic behaviour for staff, are not enabling students to develop problem solving skills and social skills.

CMOs relating to this PT are presented in Appendix Ten. It becomes clear that both students and the SENCO relate positive outcomes for autistic students to clubs at the start and end of

the day. During the day lunch time is kept short and is closely supervised, with all students staying in the dining hall for 30 minutes. The SENCO explains that this prevents bullying and fighting as well as making it easier for students with autism:

SENCO: 'It cuts out bullying...cuts out fights [laughs] ...but we do have unstructured time um before and after school and that's when we operate our learning support clubs. So we've got spelling club, we've got speech and language club um we've got this wonderful area here – the [name] Centre where if I went round in the morning and I put a little tag on the children who were mine it would 2:1 my children coming-a place of safety in school where they can go...and the after school we have homework club where they can have structured support or they can come in here and go on the internet – play games – hate to say it...go home in their own time so they don't have to leave the site at the same time as anyone else, they don't have to arrive at the same time as everyone else...we definitely have homework club for that reason...it is homework club for children with autism but we don't actually add that bit at the end...it's homework club and they have to be invited.'

The main unstructured times identified by participants are before and after school, where participants are able to attend clubs. This is rated highly important by students and the SENCO and the data suggest this is a key mechanism in addressing anxieties relating to homework and in arriving or leaving school with other students:

SENCO: 'And at the end of the school day we have open access – don't need to book homework club where we have three LSAs working in the computer room...and any child can pop in and have homework clarified, err one of the LSAs will go to the teacher who hasn't understood the work...they [children] also tell us incidental concerns, fallen out with so and so...there's a lot of fence mending there and a lot of de-stressing.'

The students valued (O) having this space in which to complete homework or play games on the computer, echoing Dann's (2011) findings that it was beneficial for students to have a safe, small space to go to at break-times:

Susan: 'it's nice to have a dance club to go to after school...about an hour and a quarter everyday...coz I don't think the lunch really counts because you can't go to things like the drop-in because you just go and have your lunch...half an hour and you can't leave that place until you're dismissed to go to the next lesson, so you can't really do anything but talk to people and have your lunch and so I don't really count that as the unstructured time.'

5.5.2.6. Programme Theory Six: Regular communication between home and school is important in meeting the needs of students with autism

Context	Mechanism	Outcome
The school staff are in regular contact with parents.	There are mechanisms in place which enable parents and staff to contact each other if needed.	Parents and staff are able to share any concerns with each other in order to plan ways forward to address difficulties that may be being experienced by parents, teachers or students.

Appendix Eleven presents CMOs relating to PT 6. For students and the SENCO, home-school liaison was ranked least important. For most students, school contact with their parents was usually linked to poor behaviour, and Andrew comments that he did not like it because it meant sanctions were imposed at home:

Andrew: 'This is least important...that's why I don't like it because I get into trouble loads and I can't go on my X-box and that's hard.'

Callum: 'Doesn't bother me coz I don't listen to what my mum says.'

For the SENCO, contact was important but infrequent: she referred to the level of contact for all students. Importantly, the SENCO notes that parental concerns were usually about social and emotional difficulties, rather than learning difficulties:

SENCO: '...it's so and so's fallen out...we encourage them to ring pastoral care, not me...if it's a learning need linked to their condition then it comes to me but if it's so and so fallen out with so and so...pastoral...that's the head of house...they're often incidents...the first three weeks in September are fraught because somebody hasn't understood something or they can't remember where they're supposed to meet mum or they don't understand their homework, so sometimes it will come through to me, sometimes it will go to the house and if it's the other person they need, I'll deal with it then say to the parent, but next time you need to approach so and so.'

SENCO: 'I think a lot of the time we don't always know, we offer ways of them de-stressing and coming to tell us things at the end of the day but if they don't make use of those systems, then it's very difficult for us to do more; we can only say so many times 'how are you?', 'are you OK?'. You know 'come to homework club, talk through your worries'.'

SENCO: 'We can't get a net and go catch them and bring them [to homework club]'

The SENCO shared examples where parents had been concerned about their child's stress levels at home, which the parents felt linked to experiences at school. However, the SENCO felt that these students appeared to be doing well in school:

SENCO: 'We do have our failures; we've got one at the moment who um is so stressed at home, he's now applying to go to a different a school...'

Interviewer: 'And what do you think has led to that?'

SENCO: 'This is a very, very academic boy, top set science um [pause]; we have never had a problem with him in school, but mum says he's very stressed at home; his stress levels are so high that she's going to have a break down. I have no evidence of that but Birmingham are now looking into a different placement, and he's going to have support. He's never needed support other than the incidental support...other than that we have massive success, we got our first child – we've got one child at university, ex-pupil at university...'

English (1999) found similarly that a child may present at school as coping on the surface but then 'let's go' at home. She notes that for many families, children with autism present very challenging behaviour at home. This is interpreted as the child or YP controlling their anxieties while at school, but then relaxing when they get home and unwinding like a coiled-up spring (English, 1999). Home-family collaboration (M) is seen as very important in addressing this so that families can be supported. However, it could be that the young person is not as well managed at home as they are at school. This would require closer assessment of behaviours at home and school.

Other research has also found close collaboration between home and school supports pupil success at school (Gavalda and Qinyi, 2012). Further data ascertaining parental views would have been fruitful here in order to appreciate the nature of parental concerns and what they believed was making their children anxious at school. The SENCO certainly placed some of the anxiety on the parents where she felt some parents wanted someone to be attached to their child all day at school. This reflects previous studies where parental anxiety was a barrier to successful inclusion (Gibb et al, 2007; Dann, 2011):

SENCO: '...we're never going to be everybody's best fit and I think the one thing we do

struggle with still is trying to work with parents who don't seem to want their children to be independent and who want somebody grafted to their side all the time. That would be our problem area.'

The SENCO noted it was a minority of parents who were not happy with their child's experiences at school but this does highlight the need to more fully understand the educational experiences of this population and highlights important matters regarding the inclusion of YP with autism and parental wishes.

5.5.3. Revised Programme Theories

Following analysis of participant responses regarding each PT, as presented in Sections 5.5.2.1 – 5.5.2.6, I offer the following revised PTs in Table 5.4 below. As can be seen, the theories have not changed greatly but have been adjusted to include student and practitioner (SENCO) views:

Table 5.6: Revised PTs

PT	Context	+ Mechanism	= Outcome
1	An inclusive culture and ethos which comes from the senior leadership team and aims to meet the needs of all students, but has high expectations of all pupils regardless of additional needs.	Adjustments are made to remove barriers for students with autism and strategies are implemented which meet the needs of students with autism such as having short supervised lunchtimes, highly differentiated lessons, a House system and an anti-bullying policy.	Students achieve a sense of belonging. Students appreciate having subject choices at Key Stage Four.

2	LSAs support YP with autism during lessons and outside lessons, to ensure their needs are met and they are able to access the curriculum.	LSAs support YP with autism during lessons to develop key skills and so that they are able to access the curriculum and other aspects of school life. For example, running clubs before and after school to support children during unstructured times.	LSAs support YP with autism to ensure their needs are met and they are able to access the curriculum. Students with autism are happier as they are able to de-stress before going home and get support with their homework.
3	The school day is clearly structured and this structure is consistent and unchanging: 6 lessons, 20 minute break and 30 minute lunch with clubs before and after school.	Students are taught the structure of the school day and are able to follow it.	Students know how the day is structured and some take advantage of clubs before and after school as well. Students are able to navigate school life with less stress and anxiety.
4	Staff training is considered to be important by students and the SENCO. Staff access expert knowledge from the school SENCO. Access to quality training is a concern; however, the SENCO does not feel she herself needs further training. Students feel some teachers appear to have a better understanding of autism than others.	Teachers receive training from the SENCO. The SENCO finds it difficult to access good training to inform her knowledge. Staff with a good understanding of autism are better able to cater for students with autism.	Staff who are appropriately trained are able to differentiate lessons appropriately and take account of students' autism in their interactions with, and responses to, students with autism.
5	Students are able to access clubs before and after school during less structured times.	Students can attend a range of clubs before and after school. Students do not have to arrive or leave school at the same time as other students.	Students are able to de-stress before going home. Students can avoid crowds at home time which would otherwise be stressful. Students feel happy and less anxious.
6	The school make regular contact with all parents regardless of need. The school recognise communication with	Parents are able to contact the SENCO or head of house if needed and vice versa.	Parents are able to share any concerns with school. The school are able to contact parents if there has been unacceptable

	<p>parents is important. The SENCO or pastoral head of house will meet with parents if needed. There are concerns regarding the needs and concerns of some parents.</p>		<p>behaviour in school. Some parents have concerns that their child is very anxious when they get home, where this behaviour is not seen in school.</p>
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5.5.4. Conclusions, Limitations and Implications for Practice

This study has employed R.E. as a conceptual framework in order to explore how the needs of students with autism can be met in a mainstream secondary school. I began with a realist synthesis of literature which helped to identify PTs. These PTs were shared and tested against student and practitioner theories through a focus group and interview.

Following an analysis of data, I have offered revised PTs for how Hollowledge High meets the needs of students with autism. This final section summarises the key conclusions which can be drawn from this evaluation of practice at Hollowledge High and I consider the strengths and limitations of the study, before offering possible implications for educational and educational psychology practice.

5.5.4.1. Conclusions

This study has found that Hollowledge High appears to offer some positive experiences for students with autism. This is achieved in a number of ways which the revised PTs aim to capture. I found Hollowledge High had very high expectations of all its students, a context which echoes previous research that found schools which had high aspirations for pupils to be

included and to reach their full potential, led to positive outcomes for these pupils (AET, 2011). Again supporting previous research (AET, 2011) there was an emphasis on developing independent, 'economically viable' YP who could function in the outside world. However, it could be argued that a highly structured and rigid environment and curriculum was limiting learning and development opportunities for YP with autism, with implications for these students once they left school.

A key strength of Hollowledge High, in supporting children with autism, is the space for students before and after school. This helped to reduce students' anxiety by enabling them to leave school after other children and to complete their homework before they get home. Linked to this, the role of LSAs appears to be very important in including and supporting these students. LSAs offer social, emotional and educational support which is vital in offering a holistic approach in supporting this population of students.

An area of need identified by students, and partially by the SENCO, was far improved training of staff with regards to autism. Students felt staff needed more training in order to understand their condition and they believed staff understanding influenced the way in which teachers responded to them and managed their behaviour. Students' comments suggested that appropriately trained staff responded more sensitively to them in the classroom. In support of this, Betts et al (2007) state that teachers need to know more about students with Asperger Syndrome than about 'typical' students. They believe this knowledge is important in enabling the teacher to notice different social and emotional concerns that can arise for students with Asperger Syndrome.

This relates to how students with autism are disciplined, which was highlighted by the students: Kevin mentioned the isolation room and both Henry and Kevin spoke about teachers who told them off in front of everyone, compared to those who spoke to them individually. They related this to the training and understanding of staff and Betts et al (2007) highlight the complexity of disciplining children with autism, since the behaviour can be related to an expression of the student’s anxiety, rather than a desire to misbehave. Therefore, a teacher needs to know the student well in order to evaluate the situation. Betts et al (2007) recommend that teachers learn which behaviours arise from the disorder and what they can consider to be intentional misbehaviours. However, this is arguably true for all students and not specific to students with autism

5.5.4.2. Strengths and Limitations of Study

Table 5.5 considers some of the key strengths and limitations of the present study, including in relation to the use of R.E.:

Table 5.7: Strengths and Limitations of Study

Strengths	Limitations
<ul style="list-style-type: none"> • The focus group and semi-structured interview were methods which enabled the gathering of rich data and the testing and exploration of PTs. • The ranking of the PTs supported dialogue about PTs and elicited participants’ views. • The focus group included students of a 	<ul style="list-style-type: none"> • The process of completing a realist synthesis and identifying CMOCs is underpinned by the researcher’s subjective interpretations. This is a common critique of R.E. (Davies, 2011; Stevens, 2013). • Timmins and Miller (2007) also recognise the difficulty in identifying Cs and Ms in

<p>range of ages. However, sixth form students were not included.</p> <ul style="list-style-type: none"> • I limited the number of the PTs to be tested in order to make this study manageable. • Although analysis is subjective, the reader is able to check the researcher's interpretation through the use of quotes to evidence CMOs. This aids the transparency of the study and enables the reader to check the researcher's identified CMOs. • The use of R.E. has enabled the exploration of a complex phenomenon and supported the elicitation of contexts, and mechanisms which lead to positive outcomes for children with autism. It has been a useful tool in evaluating a programme, in this case how a school meets the needs of students with autism. 	<p>literature and in data analysis.</p> <ul style="list-style-type: none"> • Pawson and Tilley (1997) do not offer a method or procedure for carrying out a realist synthesis of literature. • Interpretation of focus group and interview data is also a subjective process leading to revised PTs which are influenced by the researcher's subjective interpretations. • The study did not ascertain the views and theories of parents or teachers which would have been fruitful. • Some students in the focus group spoke more than others and very little was heard from some students. Individual interviews may have been more effective with some individuals who found it difficult to share their views in front of other students. Relating to this, there was more interview data than focus group data and therefore it could be argued the findings of the study reflected the SENCo's voice more than the students'. • Another limitation and challenge for the study related to what the SENCo perceived to be acceptable outcomes for students with autism and how these compared to wider research findings and good practice regarding students with autism.
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5.5.4.3. Implications for Practice

The findings of the present study have implications for educational and educational psychology practice. Firstly, the study highlights the need for quality training for school staff, including SENCOs, who train and advise staff to develop their understanding of the condition and inform practice in the classroom. There appeared to be a mismatch between the SENCO's and students' views relating to the degree to which teachers understood the condition and applied this understanding to their practice. There is a potential role here for EPs in auditing staff knowledge and understanding of autism and the adjustments they can make for students with autism, in order to identify gaps in knowledge and areas of need. This could in turn inform the SENCO's knowledge of staff understanding of autism and identify training needs. Supporting this, Gibb et al (2007) state, EPs have research skills which they can apply in order to evaluate interventions and work with practitioners to inform and develop their practice (Stevens, 2013).

Importantly, there appeared to be a lack of awareness of the expertise of the school EP, which could be drawn upon. This links to the fact that historically, schools drew on the knowledge of an advisory teacher with regards to autism and therefore, it seems there is a need for the EPs to communicate the range of expertise they can offer and the training to which they could contribute in developing staff knowledge and understanding of autism. Supporting this, past research (for example, English, 1999) demonstrates the expertise EPs have to offer and the role they can play in supporting schools and families in meeting the needs of children with autism.

EPs work at a number of different levels (individual, group, whole school, parent, LA and with other agencies) and carry out a range of activities including consultation, assessment, intervention, research and training. Therefore, as well as delivering whole staff training, EPs are involved in individual casework where they consult with SENCOs and other staff regarding supporting the needs of students of autism. There are implications for EP work at this individual level with regards to assessing needs of YP and contributing to the early identification of autism. As discussed above, EPs can then also be supporting relevant staff to assess and develop their knowledge and understanding of autism through consultation and/or training. Additionally, EPs can work with schools to continue to assess the needs of YP over time in order to inform interventions and individual targets for YP.

The study found a number of students with autism settled well at Hollowledge High and appeared to be happy at school. However, with regards to students' social, emotional and behavioural needs, Hollowledge High did not appear to use any specific methods or measures to assess or monitor these needs of autistic students. The use of tools to measure student wellbeing would be invaluable for the school to develop and use in order to share with staff and parents. Data gathered from such measures could also be used to demonstrate impact and could be shared with other mainstream settings, in order to support them to meet the needs of students with autism.

Additionally, such measures would support in the monitoring of student wellbeing and in identifying students who might be struggling. This would be important in situations where parents are reporting that their children are stressed at home due to school-related anxiety: an

assessment of their child's social and emotional wellbeing could help to identify areas of need and inform interventions to such the young person. The SENCO at Hollowledge identified this as an area of need and therefore, it will be important for the school to develop ways of working more closely with parents to identify what is leading to the reported high levels of stress after school. There is a potential role for EPs here in developing assessment tools with schools in order to achieve this.

Linked to this there was little mention of the potential value of joint working with specialist health professions, for example speech and language or mental health professionals, which is recommended by the AET (2011). I believe this is something that may need to be further considered by the school for students who are having difficulties and where parents are struggling with their child's anxiety at home, as suggested by previous research by English (1999) and Dillon and Underwood (2012).

Finally, it would have been useful to have ascertained the views of teachers in order to elicit their theories and their understanding of autism. Additionally, as mentioned previously, not all the school's students with autism contributed to the focus group and some students spoke more than others. If there had been more time available, I would have liked to have held some individual interviews to give students who had a more negative experience, an opportunity to share their views. It would also have been useful to have interviewed some parents including parents whose children were displaying challenging behaviour at home. This could have helped to inform other areas of need at the school level and beyond.

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APPENDICES

Appendix One: Letter to SENCO at Secondary School

Meeting the Needs of Young People with Autism in Mainstream Secondary Schools

Background

Hello, my name is Anjam Sultana and I am in the final year of my training as an educational psychologist and I am currently on placement in X. As part of my doctoral training, I am carrying out a piece of research which is looking at how mainstream secondary schools can better meet the needs of students with autism. In particular, I am interested in focusing on a school which is viewed as an example of good practice in this area and XX School was recommended to me by XX (SEN Strategic Manager and Principal Educational Psychologist), as a school which demonstrates much good practice in meeting the needs of students with autism.

I have offered further information below about what the research would involve and would be most grateful if you would consider taking part in this research in order to support the development of good practice in other mainstream secondary schools. Please do get in touch if you have any further questions or if you would like to arrange to meet regarding this research. Many thanks for reading this information and considering this request.

What would the research involve?

- A semi-structured interview with the Special Educational Needs Coordinator (or other member of staff who may be able to share information about ways in which the school supports students with autism) (about 60 minutes).
- A focus group with some of your students who have a diagnosis of autism (supported by a member of staff if needed) (about 60 minutes). I would liaise with the school in identifying appropriate students who would be willing and able to talk about their experiences at X X. The focus group would cover topics such as transition to the school, experiences in lessons and during unstructured times, things students find difficult and what is helpful.

When would the research take place?

I hope to carry out the interview, focus group and lesson observation during this term or the first half of the summer term and would arrange times that are convenient for the school.

Consent and Confidentiality

Signed, informed consent would be obtained from staff, students and students' parents (I am happy to follow school procedures regarding this). The focus group and interview would be audio-recorded but individuals would not be identifiable in any transcripts as pseudonyms would be used. In the write up of the research the school would also be anonymised. The information would be highly confidential and audio-recordings would be deleted following analysis of data and write up of the research.

Contact information:

Researcher: Anjam Sultana (Trainee Educational Psychologist, X Educational Psychology Service / University of Birmingham)

Supervisor: XX (School of Education, University of Birmingham)

Mobile: X, **Email:** XX

Appendix Two: SENCO Interview Schedule

* Reminder re. confidentiality and use of pseudonyms, consent form, is it still OK to audio-record the interview (explain what will happen to the recording)?

Introduction: This research is using an approach called realistic evaluation and it aims to identify what works, for whom and in what circumstances. In this case it would be about what works for AS students in MS secondary's. The approach aims to identify what you think are the Cs and Ms that lead to positive outcomes for CYP with AS in MS secondary's. I will share with you what the literature says about what works for CYP with AS in MS settings and I'll be interested in what your thoughts or opinions are about them. There is no right or wrong answer and there aren't any particular answers that I'm looking for. I'm interested in your theories. I will begin by having a general chat with you about BB and students with AS at BB and then I will share theories from the literature with you.

SENCo's background and professional experience:

- Can I begin by finding out a little bit more about your professional experience and expertise as SENCo here at X?
 - Can you tell me a bit about how you came to begin working in education and what has led to your current role as SENCo? Key duties and responsibilities
1. Background to school: size, population diversity, age range
 2. How many students enrolled at X, have a diagnosis of autism¹⁴? Which years are they in and have they been here since Year 7? Gender of these students?
 3. Do you have any students with AS who do not attend full-time? Any split placements?
 4. Could you tell me a bit about the range of needs of these students in terms of the autism spectrum?
 5. Can you tell me about how students with AS were supported in their transition from primary school? Can you tell me a bit about the induction process for these students?
 6. From your experience what would you say students with AS find most difficult at X?
 7. Can you tell me about the ways in which students with AS are supported at X?
 8. From your experience what do you think are the main barriers for the school in meeting the needs of students with AS?
 9. From your experience what do you think helps the school and/or staff to support these students most effectively?
 10. Are there students with AS who are closely supported by a member of staff such as support staff? What is the nature of this support? How many hours are they supported? Are there particular times at which students require support?
 11. Are there any staff who have had specialist training in AS? What is their role in the school?
 12. At a classroom level: how are students supported?
 13. In your role as a SENCo, what do you find helps you to fulfil your role in meeting the needs of students with AS, either directly, or indirectly in supporting staff who work with these students?
 14. In your opinion, what role do you think the SLT play in the inclusion of students with autism?
 15. Is there external support that the school draws upon with regards to supporting children with AS? What is the nature of this support?
 16. Would it possible to have access to progress data for this population of students?
 17. How are students with AS supported with regards to post 16/18?
 18. Are you able to say a little about the destinations of autistic students who have left BB in recent years?

Focus Group Planning

¹⁴ Autism includes Asperger's Syndrome, autism disorder, Kanner's or classical autism, childhood disintegrative disorder, pervasive developmental disorder (PDD) and pervasive developmental disorder not otherwise specified and semantic pragmatic disorder.

19. I will do something similar with students in a FG in terms of what they think of the theories about what works and also I will ask them generally about their experiences here. I hope this will help to identify what works for these students at BB and which could support other students with AS in MS schools
20. Range of students 11-18 if possible to gain information from across the age range
21. Would you be able to identify students who would be willing and able to take part in a FG asking them to discuss their school experiences with some other students? Do you think individual interviews may be more effective? Are there any particular challenges you can foresee?
22. Do you think it might be helpful, and possible, for the FG to be facilitated by a member of staff who the students are familiar with? Language and communication skills of students: potential barriers?
23. Gaining consent: school procedures? Feeding back findings: - meet with SENCo in July or in the form of a report to the school depending on both parties availability

Appendix Three: Student Focus Group Schedule

- * Context: circle of chairs
- * Thank you taking part today. Introducing myself and brief background to my role and the study
- * Consent, confidentiality and audio recording
- * Is it OK if you could all pop a sticker on with your name to help me to learn your names?
- * Establishing ground rules (write them up): confidentiality, right to pass, listening to each other, not talking over each other, respecting each other's opinions

1. Icebreaker: going around introducing self. Ascertain which year each student is in and how long they have attended X.
2. Sharing things that the students like at X: What's good about X?
3. What things have you/do you find helpful at X?
4. What things have been/are difficult at X?
5. Thinking back to when you started X, can you describe what you found difficult? What was helpful?
6. If a Year 6 pupil was starting here in September, what would be your one piece of advice to them? What do you think the school could do to help them settle?
7. What would you find helpful that doesn't currently exist at X? Are there things that could be improved or that would make your life easier at X?
8. What would you like to see on X that would help you – write on a piece of paper and leave on chair
9. Ranking PTs: share PT on pieces of paper, briefly describe the idea/statement: these are ideas that relate to the theories I am investigating. **I will describe each one to you and then I would like you to rank each idea/statement in order of the most important for helping you to do well at school.** I would like you to work together. **These are just theories and I want to find out what you think. There is no right or wrong answer. I would like you to talk about your opinions about how important each factor is with each other.**
10. Following ranking, ask students about each PT: see table

Thank you for your time – help yourself to chocolates!

Appendix Four: Questions Relating to Each Programme Theory

Programme Theory	Questions to students
1. The school culture and environment includes everyone	Do you think the school includes everyone? How do you think the school includes everyone? Is there anything it could do better?
2. The role of LSAs is important	How do LSAs work with you at school? Do you find this helpful? Why? What would be difficult if you did not have support from LSAs? Are there any disadvantages to being supported by LSAs?
3. The school is highly organised and structured	Would you say this school is very structured and organised or not? What is structured or organised about it? Is this a good/bad thing? Why?
4. All staff are appropriately trained	Do you think all your teachers know you have autism? Do you think your teachers know what that means? How can you tell? Are there teachers who you think are better at understanding you than others? How are they better? How good are your relationships with your teachers? What do you think might help your teachers to help you better? Or to understand you better?
5. There is a space available that students can go to during unstructured times	Are there times of the day that you find more difficult than other times? Why are these times more difficult? What is helpful during these times? Do you think you need a space to be able to go to if you need to? Is there somewhere you can go to? Why do you like going to this place? What does it have that isn't available in the rest of the school?
6. There is regular communication between home and school	Do you know if the school communicates with your parents? How does the school do this? Do you think it's important for your parents and the school to be in regular contact? Why do you think this? When does the school contact your parents? Are there times when it happens more?

Appendix Five: Parent/Carer Consent Form

Dear Parent / Carer

My name is Anjam Sultana and I am a trainee Educational Psychologist and as a part of my training, I am carrying out a study at XX School which I would like to invite your child to take part in. I have provided some information below about the study and what it would involve:

- The study is investigating how mainstream secondary schools can meet the needs of students with autism.
- It aims to inform the practice of all staff who work with students with autism.
- The study would involve your child taking part in a focus group with five/six other students for about 60 minutes. This focus group will be supported by a member of staff who students know.
- With your consent, the focus group will be audio-recorded. This is to enable me to listen to students' answers again where I have not been able to write everything down.
- The study will be written up as part of my doctoral studies but students' will not be identifiable and pseudonyms will be used where needed.
- The findings will be shared with Ms H, (Special Educational Needs Co-ordinator), who is also taking part in the study, with the aim of informing the practice of all.

If you would like more information, please do not to hesitate to contact me, Anjam Sultana by email (xxxx).

If you agree to your child taking part, please sign below and return to Ms X at XX School

Many thanks for your time.

Kind Regards

Anjam Sultana
Trainee Educational Psychologist
X Educational Psychology Service

I agree to my child taking part in a focus group led by Anjam Sultana at XXX School. The information will be confidential and no student will be identifiable when the research is reported.

Signature: _____ Date: _____

I agree to the information given by my child being used in the doctoral research of Anjam Sultana. The information will be confidential and no individual will be identifiable when the research is reported.

Signature: _____ Date: _____

Appendix Six: Student Information and Consent Form

Background

Hello, my name is Anjam Sultana and I am a trainee Educational Psychologist, which means I work in schools to support teaching and learning. As a part of my training as an Educational Psychologist, I am carrying out a study in your school which I would like to invite you to take part in. I have provided some information below in order to help you to decide whether you would like to take part. **After reading the information below, if you would like to volunteer to take part, please sign the bottom of the sheet and return it to Ms X.**

What is the study about and why is it being carried out?

The study is interested in learning about the experiences of students with autism at X X School. It is being carried out in order to provide information for the school about ways in which it can support students with autism.

If I decide to take part in this research, what will it involve and will my participation in the research be kept confidential?

The study will involve taking part in a group discussion with about five/six other students for about 60 minutes at your school. The group discussion, with your consent, will be audio-recorded. This is because, if I am unable to write down everything that you say, I can listen to your answers again. The recording will be confidential and students' real names will not be used in the write up of the study.

Can I withdraw from the study if I change my mind?

You have the right to withdraw from the study and if you decide to withdraw after the group discussion, you can do so any time up until 1st June 2014.

What do I do if I want to take part?

If you think you might like to take part, please sign and complete the sheet below, and/or if you would like more information, please contact myself, Anjam Sultana (X) or Ms X.

Many thanks for your time.

Anjam Sultana

Trainee Educational Psychologist

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I have read and understand the information above	
I understand that I am volunteering to be involved and I can leave if I want to without giving a reason	
I understand that the group discussion is being audio-recorded and will be confidential.	
I understand that when this study is written up no real names will be used	
I understand what I say will be shared with others, but no one will know who said what	
I agree to take part in this study	

My full name is _____ Date: _____

Appendix Seven: Analysis of Data relating to PT 2: The role of TAs is important in enabling positive outcomes for YP with autism

PT 2	Context	+ Mechanism	= Outcome
Student Focus Group	<ul style="list-style-type: none"> • LSAs are in lessons and at after-school club 	<ul style="list-style-type: none"> • LSAs offered individual support in lessons • They're important because they helped me with my handwriting and it helped me a lot. • They came to my geography lesson to help. 	<ul style="list-style-type: none"> • Students develop skills needed. • Students are better able to manage in lessons.
SENCO Interview	<ul style="list-style-type: none"> • Got a team of very good LSAs • They support students at the start and end of the day as well as during lessons, therefore YP know them well and rely on them for social and emotional support as well as learning support. • Maternalistic relationship – very important. • LSAs are always in the rooms – they do not remove children to work with them separately. 	<ul style="list-style-type: none"> • Very good at working with these YP and encouraging them to face their fears, for example, a child who didn't like red: in cooking the LSA would apply the red tomato sauce and the student would do the rest until he got to Year 9 and he was doing the whole thing. • Step –by –step approach but always with the strong assumption that they're going to be independent, economic young beings. • We see them as LSAs not TAs and they are trained to have specialisms including one is a autism specialist who trained at XX – has an 	<ul style="list-style-type: none"> • De-stress before going home • Help with homework – successful completion of homework • De-briefing before going home.

		<p>additionally resourced provision for autism (outreach). However school will only apply what suits their environment and way of doing things e.g. they did not implement anything that involved removing children from the classroom.</p> <ul style="list-style-type: none">• One LSA is trained in MLD. Highly skilled in their area.	
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Appendix Eight: Analysis of Data relating to PT 3: YP with autism are able to cope better where the school is highly organised and structured

PT 3	Context	+ Mechanism	= Outcome
Student Focus Group	<ul style="list-style-type: none"> • Students had good knowledge of how the school was organised and rated this highly important 	<ul style="list-style-type: none"> • The day is structured • Students know where they need to be and when • Unstructured time is minimised 	<ul style="list-style-type: none"> • Students feel safe and secure • The day is predictable • Students experience less anxiety
SENCO Interview	<ul style="list-style-type: none"> • Very autism friendly school: 9-4: short chunked lessons (1 hour), chunked day • Quick 20 minute break, 30 min lunch supervised by senior teachers • Children do better in a structured environment. • They understand better where they slot in. • Breakfast club and after-school clubs – there’s very little independent learning going on at all – all structured. I don’t think that prepares people for the next step. • Structure is for all children and it benefits YP with autism but it comes to getting ready for university it could be difficult. 	<ul style="list-style-type: none"> • No opportunity for off-task, odd behaviours • Students respond to the fact that we’re very firm, we have classroom expectations in every single class. 	<ul style="list-style-type: none"> • They just thrive and can attend all lessons • Become economically viable and happy with their lives – they can’t live in a cupboard – they can’t live at home – so that’s not what we want for them here • Children are happy, don’t present with challenging behaviour e.g. no chair throwing, violence or aggression

Appendix Nine: Analysis of Data relating to PT 4: The needs of YP with autism are better met where all staff are appropriately trained

PT 4	Context	+ Mechanism	= Outcome
Student Focus Group	<ul style="list-style-type: none"> • Teachers that understand the condition. • Consistency in teacher. • Teachers that have been appropriately trained. 	<ul style="list-style-type: none"> • If they're appropriately trained then students' differences are taken into account. • Some staff are trained better than others. • You can tell because some teachers understand me better than other teachers. Teacher's approach isn't to say no immediately – he's understanding – some teachers are straight in with 'no' • Some teachers take you to the side and talk to you, whereas others will have a go at you in the middle of the room. • Some teachers make you copy off the board but some students don't learn like that – they learn through doing. Some teachers get you to go on the computers and write stuff down – cant access this – I don't learn from that. I can't concentrate when they do stuff like that. I take it in more when it's visual. 	<ul style="list-style-type: none"> • Can understand and learn the information if appropriately presented. • Not humiliated by teachers. • Can complete the exam paper when presented visually rather than just through text book.

		<ul style="list-style-type: none"> • I understand that when I have to copy things down, I got quite stressed about it in my head – I was relieved when it was over – I wanted to get to the end of it – I don't know why. • History: you can't learn it from a text book – I'm watching a film instead and it gets you into it. • Don't like standing in the middle of room. • More visual learning rather than talking at me. 	
SENCO Interview	<ul style="list-style-type: none"> • Newly qualified teachers have SEN training • SENCO runs training as part of whole school programme of training • SENCO's training: very good question! She been on training courses if they're good – aren't very many out there. £200 and a day and it's not good – hard to know beforehand. • NASEN training was good. Not good if you're being told things you already know to justify coming away for a day. 	<ul style="list-style-type: none"> • A lot of young staff who come through from university and they've done an SEN course so they're very aware of autism. We also do programmes throughout the year which includes autism. Training run by SENCo – it's difficult to find expert agencies that can deliver to a very mixed ability group of teachers. Therefore, sometimes it's better from a friendly face. If it was good training I would have it. Haven't found anyone yet. • Used to use an AT who's retired – she was brilliant – don't know if she's got a successor. 	<ul style="list-style-type: none"> • Teachers are able to meet the needs of their students with autism • Teachers understand what autism is and how they may need to differentiate lessons to meet their needs. • Teachers go to SENCO for support • SENCO does not know where to receive good training from • Managing parental concerns can be problematic.

	<ul style="list-style-type: none"> • We need more training. • Have a rolling programme. New teachers have better training too. Try to train the LSAs as well. Tend to do training in-house. 	<ul style="list-style-type: none"> • We have used Ed psychs in the past. • Thinking of using current EP for something next term. • SENCo updates knowledge through websites. • I'm not that concerned about training – we cover most bases – we only struggle with parents who don't seem to want their children to be independent and who want someone grafted to their side all the time. All the training is about 'poor so and so needs a squeeze ball and blue tack through the lessons' and that's not happening in my lessons. I'm very rigid and I seem very inflexible, I can actually manage autism in my classroom. • Staff come to SENCO for support with children with SEN. Staff share knowledge about the child as well. 	
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Appendix Ten: Analysis of Data relating to PT 5: Students with autism cope better when there is a space that students can go to during unstructured times

PT 5	Context	+ Mechanism	= Outcome
Student Focus Group	<ul style="list-style-type: none"> The clubs before and after school. 	<ul style="list-style-type: none"> Like having somewhere to go after school and before school. 	<ul style="list-style-type: none"> Students have somewhere safe to go and this reduces their anxiety during unstructured times.
SENCO Interview	<ul style="list-style-type: none"> There is no unstructured time so this not required which reduces bullying and fighting. We have unstructured time before and after school and that's where we operate our learning support clubs so we've got speech and language club, the computer centre – a place of safety where they know . After school: homework club or go on the internet and play games and go home in their own time. These students don't have to leave the site at the same time as other children, they go to club and leave a little later when everyone else has gone. Same in the morning – they don't have to arrive at the same time. 	<ul style="list-style-type: none"> It's evolved naturally but it's why we put homework club in place for children with autism. We have to find the most cost effective way of tackling the difficulty. At KS4: to the main school homework a club – which is brilliant because they're joining the rest of their year for coursework catch up etc. Some don't want to attend – because they don't want to, don't want to write it down – linked to rigidity of thought – get punished for not doing their homework. Not encouraged to wander around here [school]. They can stand outside and calm down but then they return. 	<ul style="list-style-type: none"> Children with sensory difficulties don't have to feel that pressure at the start or end of the day. Takes away homework burden and difficulties doing homework at home.

Appendix Eleven: Analysis of data relating to PT 6: Regular communication between home and school is important in meeting the needs of students with autism

PT 6	Context	+ Mechanism	= Outcome
Student Focus Group	<ul style="list-style-type: none"> • The school contact parents when behaviour is bad • Parents are contacted if a student is hurt 	<ul style="list-style-type: none"> • It's important if something happens. • They're contacted when behaviour is poor – I don't like it – coz life is hard at home then • I don't listen to what my mum says anyway 	<ul style="list-style-type: none"> • Activities withdrawn at home by parents for poor behaviour at school • Don't listen to parents at home
SENCO Interview	<ul style="list-style-type: none"> • Don't think it's less important – think it's absolutely vital but it happens less frequently. • See parents twice a year. • All the parents would say their children are stressed at home and it's why we have to have the two meetings a year. 	<ul style="list-style-type: none"> • See parents twice a year, send paperwork out monthly for KS4 or six weekly for KS3 – attainment data. • Any concerns let us know. • Liaison is vital because it's no good if parents aren't happy and feel that their child isn't making progress. • Issues are very rarely related to progress – its social emotional stuff – falling out. But parents are encouraged to contact pastoral team (head of house) for that not SENCO. • Parents need to build relationship with the head of house because they stay with the child for seven years. • Transition points are a trigger – parents need to be involved. 	<ul style="list-style-type: none"> • Improves behaviour – manages stresses. • Helps Year 9 transition.