A RESEARCH PROJECT TO PREVENT THE EXCLUSION FROM SCHOOL OF 'AT RISK' PRIMARY AGED PUPILS.

Andrea Williams

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University of Birmingham

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DEDICATION

'**Tell me and I'll forget, show me and I may remember, involve me and I'll understand' Confucius**

Thank you kindly to all who were part of this research.

For my late mother and father, who taught me from a young age that some of the greatest gifts in life are education and learning. You were here at the start of this journey and I like to think you somehow know I got to the end.

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And to the little people, Olivia, Lily, Roman, Rosanna, Megan and Arya, if someone ever tells you it cannot be done, thank them for their feedback and come and have a chat with me.

CONTENTS

ABBREVIATIONS

ADHD Attention Deficit Hyperactivity Disorder

ASD Autistic Spectrum Disorder

BESD Behaviour, Emotional and Social Difficulties

BPS British Psychological Society

BSS Behaviour Support Service

CAMHS Child and Adolescent Mental Health Service

EP Educational Psychologist

HCPC Health and Care Professions Council

IBP Individual Behaviour Plan

IEP Individual Education Plan

INSET In-Service Training Day

LA Local Authority

LSA Learning Support Assistant

MLD Moderate Learning Difficulties

PAD Panel for Autism Diagnosis

PCP Personal Construct Psychology

PSP Pastoral Support Plan

PRU Pupil Referral Unit

SA School Action

SALT Speech and Language Therapist

SEAL Social and Emotional Aspects of Learning

SEN Special Educational Needs

SMART (targets) Specific, Measurable, Achievable, Relevant and Time Limited

SW Social Worker

TaMHS Targeted Mental Health in Schools

WAG Welsh Assembly Government

ABSTRACT

Significant research and policy has focused on educational inclusion. However, pupils continue to be excluded from schools. Pupils experiencing behavioural, emotional and social difficulties are most likely to form this cohort excluded from school. There is a tension, as within the context of inclusion, this cohort of pupils are often regarded as the most difficult to include. Research shows there are poor outcomes for pupils excluded from school, in both the short to medium term, and often lifelong.

The aim of this research was to prevent the exclusion of a group of primary age pupils who had been identified as 'at risk' of exclusion by school staff. The 'Integrated Framework to Guide Educational Psychologist Practice' was used to secure a holistic investigation of each pupil's circumstances at the level of the individual pupil, school and home levels. Protective and risk factors at each level were identified, with the aim of designing interventions which strengthened protective influences and reduced risk, in order to reduce the threat of exclusion from school.

Five cases from a single school formed the research sample and a range of methods were used to establish risk and protective factors for each case including pupil interview, pupil questionnaire, other assessments judged relevant in each case, parent interview, parent questionnaire, staff interview, staff questionnaire, document analysis and consultation discussion groups.

The findings suggest that a systemic approach to assessment can produce a rich picture of risk and protective factors at individual, school and family levels.

Such a rich picture can inform effective assessment, formulation and intervention. While each case study was unique with its own risk and protective factors, the research found many key themes common to the five cases, including:

misperceptions of developmental delay/learning difficulties by school staff; high pupil satisfaction with school; differences between predicted and actual levels of self-esteem; low levels of hope; external loci of control; absence of the child's voice in previous assessments; identifiable behavioural antecedents; complexity of home circumstances; a lack of home/school liaison; and a lack of monitoring and evaluation of the interventions used with pupils experiencing behavioural, emotional and social difficulties. These findings were harnessed to shape future school policy and practice to support greater inclusion of pupils experiencing behavioural, emotional and social difficulties who are at risk of exclusion from their mainstream school.

CHAPTER 1

INTRODUCTION

1.1   Overview of the thesis

In this chapter, consideration is given to the research context and aims, the construction of behavioural, emotional and social difficulties, the methodology adopted by the research to ensure a comprehensive and holistic assessment of needs.

Chapters 2, 3 and 4 provide the Critical Literature Review, which considers the construction of behavioural difficulties. Chapter 2 focusses on school exclusions within the inclusion agenda as well as specific issues pertaining to the inclusion of pupils experiencing behavioural, emotional and social difficulties (BESD). Chapter 3 seeks to define the construction of behavioural, emotional and social difficulties; review interventions used to support the development of social and emotional skills; and the assessment and monitoring of pupils experiencing difficulties. Chapter 4 introduces problem solving frameworks in which to structure work with pupils experiencing behavioural, emotional and social difficulties and at risk of exclusion; exploration of risk and preventative factors; use of a systemic framework to identify risk and preventative influences and inform intervention; and the implications for school practice and policy.

Chapter 5 outlines the research methodology and details data collection methods. Consideration is given to how reliability and trustworthiness were conceptualised and safeguarded at each stage of the data collection and analysis. Ethical issues relating to the methodology are also explored.

The Presentation and Discussion of Findings forms Chapter 6 and 7, which presents trends and findings within and across the five individual case studies. There is analysis of specific themes, specific to each case study, as well as general, cross-case themes. Finally, Conclusions are presented in Chapter 8, where there is discussion of the implications of the research and findings and how these can inform and translate into school policy and practice. Consideration is also given to the implications for the EP (Educational Psychologist) role as well as future research.

1.2   Background

The study was designed as a small scale collaborative research project to help support a mainstream primary school to prevent the exclusion of 'at risk' pupils currently on roll. An ESTYN (Education and Training Inspectorate for Wales) inspection, the Welsh equivalent of OFSTED (Office for Standards in Education) that is charged with inspecting and regulating services that provide education for learners, had identified the school as performing 'good' in learning and wellbeing (2011). Yet the school was having difficulty meeting the needs of pupils experiencing BESD and had referred a relatively high number for specialist BESD placement. Of note, in England, pupils within this cohort are referred to as experiencing social, emotional and mental health difficulties (DfE, 2015). Since the research is set in Wales, the term behavioural, emotional and social difficulties will be used throughout and as laid down by national policy (Welsh Assembly Government, 2013).

Within the context of a Welsh Local Authority (LA), data held by the LA highlighted an increase in the number of pupils given a temporary exclusion, an increase in the number of pupils who were at risk of permanent exclusion, and consequently a rise in the number of pupils referred by mainstream schools for special placement for behavioural, emotional and social difficulties. These were trends noted in relation to the school hosting the research as well as across the authority as a whole. The school sought help from me in my capacity as an educational psychologist due to concerns in relation to a cohort of pupils within the same year group, year 4 at the time this research was initiated, who were at risk of permanent exclusion.

1.3   Research Context and Aims

The context for the research was a mixed gender, mainstream, primary school in Wales. The aim of the research was to examine current practice and introduce a framework to support pupils experiencing difficulties in their behaviour, emotional and/or social development and prevent their exclusion from school. It was hoped that a framework that encouraged collaboration, would have a positive influence on pupils experiencing BESD through the process of assessment, formulation and intervention, as articulated in the research's propositions:

- A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel,

Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).

- Identifying preventative and risk potentiating factors at the individual, family and school level can lead to effective assessment, formulation and intervention (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).

- A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff in working to reduce the number of pupil exclusions.

An integrated framework (Woolfson, Whaling, Stewart and Monsen, 2003; 2008; 2017) was used to structure the research to ensure a holistic approach to the assessment and intervention, when working with pupils experiencing behavioural, emotional and social difficulties who were at risk of school exclusion. The framework supported the identification of risk and protective factors at the individual, family and school levels.

1.4   Behaviour, Emotional and Social Difficulties

For decades, the national policy trend (DfES, 2001, 2004, 2008, 2015; WAG, 2002, 2013) has focused on the inclusion of all pupils, with an expectation that diverse pupil needs can and will be met within a mainstream setting. However, pupils experiencing behaviour, emotional and social difficulties are largely regarded as one of, if not the most difficult, of cohorts of pupils to include (Clough and Lindsay, 1991; Evans and Lunt, 2002; Grieve, 2009; Meijer, 2001).

These pupils are more likely to be excluded from mainstream schools (Daniels and Cole, 2002; Visser and Stokes, 2003). Pupils who are excluded from school are likely to experience long term difficulties and generally, poorer life outcomes (Cleary, Fitzgerald and Nixon, 2004; Mooij and Smeets, 2009). Behavioural difficulties may be a label assigned to a pupil, but factors do not simply occur within child.

The research examines behavioural, emotional and social difficulties and risk and preventative factors, at the level of the individual, class, school and family, thus adopting a systemic, holistic construction of behavioural difficulties as opposed to a medical model (Laing, 1971) construction of 'within child' difficulties, whereby the focus is on internal causation and remediation, or diagnosis and treatment. Child development is influenced by and the interaction between, the microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979). This is the theoretical orientation of the research. Development does not occur in isolation but as part of interactions i.e. 'Process-Person-Context-Time' (Bronfenbrenner and Morris, 1998). These interactions are representing the role of proximal influences on a child's development, 'between an active, evolving biopsychological human organism and the persons, objects and symbols in its immediate environment' (Bronfenbrenner, 1995, p.620).

1.5   Overview of Research Methodology

The theoretical orientation of the research was social constructivism, where individuals learn and develop their understanding through their interactions and

collaborations with others rather than in isolation. The research represented the collaboration between school staff, parents and me to jointly construct meaning around BESD, protective and risk factors and the most appropriate interventions. A nested case study within collaborative research was used to this aim, with a mix of quantitative and qualitative research methods.

In my dual role of practitioner-researcher, I naturally brought key practice values and beliefs, and these included a desire to work systemically, promote inclusion and ensure pupil voice. However, the aim should never be to enforce beliefs onto others but to encourage enquiry around them. The research's orientation of collaboration and social constructivism complemented such an enquiry. Social constructivism believes learning 'arises through a process of active construction' (Macolo and Fischer, 2005, p.49). Learning was promoted for all including myself, through working jointly with others, as all stakeholders came to understand the stories of others and experience their situation and influences. The 'Process-Person-Context-Time' (Bronfenbrenner and Morris, 1998) model of learning that acknowledges that an individual's development occurs within a range of systems, was both a framework for understanding the pupil's development, but also reflected in the research process as stakeholder influences were also navigated. Research processes safeguarded against researcher influence as actions were guided by the evidence collected and interpreted collaboratively. I learned from the group process and understood the need for flexibility around my values and beliefs as I came to understand the context and practicalities of embedding these into practice. This exemplifies the

EP as a change agent, bringing psychological knowledge to encourage enquiry, that leads to reflection and changes in practice.

Research methods were reflective of the research aims, and the propositions driving these i.e. preventing the exclusion of at risk pupils is possible when there is identification of and accurately targeted interventions at the levels of the individual, class/school and family. To investigate the propositions summarised above (section 1.2), the following broad methods of data collection were employed to ensure a comprehensive evidence base of risk and protective factors was gathered at each different level (see Table 1):

Table 1: Data methods used at the pupil, family and school levels

Level	Data Method
Individual Pupil	Pupil questionnaire Pupil interview Assessment of self-esteem, levels of hope, attainments, and cognitive skills
Family	Parent interview
Class/school	Class teacher questionnaire Class teacher interview Classroom observation Document analysis
Pupil-family-school interface	Multi-disciplinary and multi-agency consultation

CHAPTER 2

THE INCLUSION OF PUPILS EXPERIENCING BEHAVIOURAL, EMOTIONAL AND SOCIAL DIFFICULTIES

This chapter sets the context for the research by introducing the prevalence rates for school exclusions in England and Wales. The aim of the chapter is to develop an understanding of the consequences of school exclusion, and to understand some of the competing tensions within schools including promoting academic achievement and emotional wellbeing; and inclusion and effective provision for pupils experiencing BESD. A further aim is to consider a way forward in managing these tensions such as an ecosystemic approach and the involvement of educational psychologists. There is need to meet staff development and school improvement needs which became a key consideration of research methodology.

The research strategy employed to explore these themes was a University of Birmingham online library search focusing on the following combination of words: emotional, behavioural and social difficulties, supporting behavioural difficulties, inclusion, and pupil exclusions. A more general search was used through google scholar focusing on pupil exclusion figures, government policy and behavioural difficulties, government policy and inclusion. The search began in 2008 to support the reading for the year 1 assignments as part of the Doctorate course. A more thorough and comprehensive review was undertaken in 2010 to inform the specialist research module. In 2016-17 the search was repeated to refine and update earlier phases of the literature review and support the thesis submission in March 2018.

Emotional and social difficulties can manifest in outwardly challenging or inwardly withdrawn behaviour (Heward, 2010; Clough, Garner and Pardeck, 2004; Berkowitz, 2001). Both having a significant impact on education and relationships, short term and long term. The emotional difficulty serves as a barrier to learning in either presentation. Yet pupils who outwardly display challenging behaviour, showing verbal and physical aggression, are the group at risk of exclusion due to the impact and disruption that this has on others in the setting, and the cohort that is the focus of this research. Sadly, it could be argued that as those showing inward behaviours are rarely prioritised for intervention above the other group which can entrench behaviours further (Steward and Nardi, 2003).

2.1   School Exclusions

UK Coalition Government (2010-2015) figures published in July 2013 showed that there were 5,170 permanent exclusions during the academic year 20011/12 in England, which represents 0.7% of pupils in schools (7 pupils in every 1000). 78% of pupils excluded were from secondary schools, 18% from primary schools and 4% from special schools (DCSF, 2013). This represented a rise in the number of permanent exclusions in primary schools on the previous academic year by 13.9%. www.gov.uk.permanent-and-fixed-exclusions-from-school

On a more positive note however, there was a decrease in government figures, published July 2014. A decrease was reported in the number of permanent exclusions occurring in the academic year 2012/13, when compared with the

previous year. The figure for this year was 0.6% (6 pupils in every 1000). In Wales, there were 99 permanent exclusions for the academic year 2012/13 and 15,323 fixed term exclusions. However, the rate of permanent exclusions (3 pupils in every 10,000) showed no change from the previous year. A downward trend was also noted in Wales, in relation to fixed term exclusions which fell from 44.3 per 1000 pupils in 2011/12 to 39.0 in 2012/13. However, since 2012/13 the number of permanent exclusions has risen every year. Government figures published July 2017 (DfES, 2017; www.gov.uk) for the academic year 2015/16 states the following:

- The number of permanent exclusions across all state-funded primary, secondary and special schools has increased from 5,795 in 2014/15 to 6,685 in 2015/16. This corresponds to around 35.2 permanent exclusions per day in 2015/16, up from an average of 30.5 per day in 2014/15.

- The rate of permanent exclusions across all state-funded, primary, secondary and special schools has also increased slightly from 0.07 per cent to 0.08 per cent of pupil enrolments, which is equivalent to 8 pupils per 10,000.

- Most (81 per cent) of permanent exclusions occurred in secondary schools. The rate of permanent exclusions in secondary schools increased from 0.15 per cent in 2014/15 to 0.17 per cent in 2015/16, which is equivalent to 17 pupils per 10,000.

- The rate of permanent exclusions stayed the same in primary schools, at 0.02 per cent, decreased in special schools from 0.09 per cent in 2014/15 to 0.08 per cent in 2015/16.

These prevalence figures are highly significant given the long-enduring detrimental effect of a permanent exclusion for affected children and their families. The figures should also be viewed with a degree of caution, as there are reports suggesting under-reporting of true exclusions, termed 'underhand' and 'backdoor' exclusions (Burton, 2009, Walraven, 2000).

The Department for Education's report on exclusions (DfE, 2014) highlighted that boys are more likely to be excluded than girls, as are pupils who have free school meals. Pupils with a special educational need (SEN) are more likely to have a permanent exclusion and the same trend is noted in relation to fixed term exclusions.

The Special Educational Needs Code of Practice (WAG, 2002, 2013) also known as the Special Educational Needs and Disability Code of Practice in England, (DfES, 2001, 2008; DfE, 2015), identified four broad categories of SEN. The Education Act (1993) required a Code of Practice for SEN to be put in place to provide guidance and advice to schools and local authorities in relation to pupils with special educational needs. The first Code of Practice was introduced in the UK in 1994. Devolution in Wales led to the creation of the Welsh Assembly Government in 1998, which in turned introduced its own Welsh version of the Code of Practice. While the English and Welsh Codes of Practice are similar, different terminology is sometimes used, for example, regarding the four current categories of SEN (2017), of which three are identical but the term used for pupils with behavioural needs differs:

England (DfE, 2015)	Wales (WAG, 2013)
Communication and interaction	Communication and interaction

Cognition and learning	Cognition and learning
Sensory and/or physical	Sensory and/or physical
Social, emotional and mental health difficulties	Behaviour, emotional and social development

Of note, as discussed earlier in the chapter, emotional difficulties can present in outward or inward behaviours with the latter being less likely to be prioritised for intervention. However, the description given in England's Code of Practice may be helpful in addressing this imbalance as 'mental health difficulties' relates to both presentations.

The pupils labelled with the Code's last SEN category who are more likely to be excluded from school (Berridge, Brodie, Pitts, Porteous and Tarling, 2001; Daniels and Cole, 2002; Cole and Knowles, 2011; Pirrie, Macloed, Cullen and McCluskey, 2011; Cole, 2015) and to whom this research pertains. There are poor outcomes for pupils who have been excluded from school (Berridge et al., 2001; Daniel and Wassell, 2005, DfCSF, 2008; Parsons, 2009; NICE, 2013). As noted above, published government figures highlight the prevalence of pupil exclusions despite expectations within SEN Codes of Practice, that appropriate and effective special provisions will be made to address the needs of pupils who experience BESD difficulties, the figures themselves justifying the public focus on this issue. School exclusions seemed to capture the public's attention; for example, Ed Balls, the then Schools' Secretary for Education the Labour Government, stated in 2008 that:

'*Many excluded pupils go on to be unemployed or on the wrong side of the law. If we are to tackle crime then these are the young people for whom we must provide a better quality of education*' (DCSF, 2008). www.dcsf.gov.uk

However, it should be remembered the government will choose to champion particular causes that will resonate with the electorate. Parsons (1999) argues that any government is heavily influenced by the 'comfortable and included section of society' (p.16) and will respond in a way that allows them and their families to feel most protected. The Schools' Secretary making the link between crime and excluded pupils may offer an illustrative example of this. It also shows exclusion as a political issue, not simply a behavioural issue (Cole 2015). This will be explored further in the chapter as the impact of government policies is discussed.

Against this background of exclusion from school of a significant minority of children, inclusion is considered a basic entitlement for all children living in developed nations (UNESCO, 1994). In principle, children have a right to attend their local school, yet this needs to be balanced against a school's capacity to meet their needs, in order for a placement to be successful. Several factors are thought to be essential to inclusive practice, including teachers' attitudes (Ofsted, 2005, 2006; Munn, Lloyd and Cullen, 2000, Cole, 2015), and in particular, their self-efficacy in successfully implementing inclusion (Scruggs and Mastropieri, 1996). The ethos of the school and 'collective efficacy' as promoted by the Headteacher has also been cited as a key factor (Miller, 1996, 2003; Goodard, 2002, Goodard et al., 2004). Ainscow (2005) argues that policy alone cannot make a school more inclusive, advocating a need for well-designed 'social learning' experience, where learning occurs through shared

experiences, both for pupils and for staff. Staff need to feel positive about inclusive polices in order for them to translate into successful practice (Aviramidis and Norwich, 2010; Goodman and Burton, 2010). Teachers themselves identified their own lack of expertise as a barrier to inclusion (Goodman and Burton, 2010) as well as identifying 'extras' that are needed to make it work. Although, the notion of extras is not a universal truth, which again can be unhelpful in reinforcing SEN as something separate, since good practice, which Florian and Black-Hawkins (2010) refer to as inclusive pedagogy which debunks the 'providing for all by differentiating for some' argument. Professional development can be used as an opportunity to increase teachers' confidence in delivering inclusive practice and challenging the need for extras per se. (Stantovich and Jordan, 2004). Extras can often take the form of 'TAs' (Teaching Assistants) or 'LSAs' (Learning Support Assistants) who support the pupil with SEN, becoming responsible for the pupil's learning (Webster, Blatchford, Bassett, Brown, Martin and Russell, 2010). This in turn can serve as a barrier to empowering the class teacher and other mainstream staff to cater for a diversity of need.

The research identifies the importance of collaboration and a shared framework for inclusive practice (Giangreco, 1997). Collaborative research can effectively influence school policy and practice as individuals are involved in the process of inquiry, reflection and problem solving (Levin and Rock, 2003). Many researchers believe inclusion requires each school developing its policy and practices in response to its own context, rather than to simply implement a generic, 'top down' approach (Sebba, 1996; Sebba and Ainscow, 2005; Ofsted,

2006; Cole, 2015), so that the practice and policy that follows is in response to individual need rather than a 'one size fits all' approach.

2.2   Inclusion rather than Exclusion

Inclusion began as a broad 'philosophy of education' whereby it was argued that all children should be educated in mainstream schools (Tilstone, Florian and Rose, 1998). This was highlighted by the Salamanca Statement (UNESCO, 1994) which called for children with special educational needs to have access to 'regular schools'. Arguably this presents a challenge, labelling a pupil with a 'special need' within education but an expectation that they will be catered for in non-specialist provision. A key challenge of inclusion for staff in 'regular' mainstream schools is feeling skilled to meet the needs of all needs including those with special needs.   Inclusive practice can vary depending on context (O'Hanlon, 1995) and there is no fixed definition or definitive guidance (Tilstone and Rose, 2003; Robertson, 2008). UNESCO (2005) in its guidance publication saw inclusion as a 'process' (p.13) of change rather than something that is fixed or prescriptive. Arguably, this lack of structure can be a barrier to change.

Throughout the UK, there has been a varied picture of local authorities closing most, all or some of their special educational provisions (BBC News, 2006) www.bbc.co.uk/specialschools There are however, general agreed principles of inclusion centring on the needs of all pupils and building the capacity of schools. The inclusion agenda has built upon previous integration theory. The

Warnock Committee (DES, 1978) advocated an interactionist view of SEN, where the focus shifted from the individual child's difficulties to the importance of the educational context e.g. the setting, curriculum, pedagogy and resources. Integration theory focused on allowing children with special educational needs to access mainstream settings. However, it has been argued that such an approach still placed the onus for change on individual children (Weddell, 1995; Leadbetter, 2001), maintaining the pre-Warnock 'within child' construction of difficulties. Construing difficulties in this manner was seen to be representative of a medical model of practice, whereby a child's difficulty would more than likely need diagnosing and treating by an outside agency (Walker, 1995), as mainstream schools were not considered accustomed or competent to support a diversity of needs. This allowed for SEN to become in effect, a separate branch of education (Tilstone, Florian and Rose, 1998) where mainstream schools did not take ownership of the factors contributing to pupils' difficulties, solutions in relation to pupils with special educational needs, and nor did their confidence or capacity to support a diversity of needs develop fully. Successive iterations of the SEN Code of Practice (DfES, 2001, DCSF 2008, DfE 2015; WAG 2002, 2013) sought to address this by empowering schools to take ownership of special educational needs, through strengthening their accountability to develop and implement a graduated approach to assessment and intervention and focus on the inclusion of pupils with a variety of needs and the school's capacity to accommodate pupils' needs effectively within mainstream settings.

The Inclusion agenda continues in its process of shifting the focus from the individual pupil to that of the rights of all pupils, with the onus for change placed

firmly on the environment i.e. schools and early years settings (Daniels et al., 2003; DfES, 2004; Ofsted, 2005). While, as noted above, there is no universally agreed definition of inclusion, the Index for Inclusion (CSIE, 2002) identifies the following environmental factors as essential to inclusive practice:

- valuing all pupils and staff equally;

- increasing pupils' participation in, and reducing their exclusion from, the cultures, curricula and communities of local schools;

- restructuring the cultures, policies and practices in schools so that they respond to the diversity of pupils in the locality; and

- emphasising the role of schools in building community and developing values, as well as increasing achievement.

In recent years, there has however, been increasing criticism levelled at the inclusion argument (Aalsvoort and Elliott, 2007). While the dialogue driving inclusion has centred on meeting 'all pupils' needs' there has been in parallel, growing acknowledgement of the need to identify and respond accurately to individual pupil needs. To clarify, whole school approaches need to be balanced with individualised pedagogies (Fox and Ysseldyke, 1997; Heward, 2003). The Salamanca Statement itself stated that every child is unique (UNESCO, 1994). The emphasis has now 'reframed' (Robertson, 2008) from centring on placement i.e. special vs. mainstream, to the quality of the educational experience:

'Inclusion is about much more than the type of school

that children attend: it is about the quality of their

experience; how they are helped to learn, achieve

and participate fully in the life of the school' (DfES, 2004, p.31).

Other tensions within the inclusion agenda are between academic and social inclusion, with the latter sometimes overlooked (Warnock, 2005; Norwich, 2008). Attention should be drawn to tokenistic inclusion, whereby a pupil is attending a mainstream placement and making some academic progress but are marginalised or isolated form their peers and the wider community. Pupils experiencing BESD are often included in mainstream placements in exclusionary ways. Also, schools have found it difficult to promote both achievement of high academic standards by all pupils and truly inclusive, ethos and practices (Weddell, 1985; Audit Commission, 2002; Florian, Black-Hawkins and Rouse 2017). There is an ongoing debate as to the impact of inclusion on achievement in mainstream schools (Florian et al. 2017). Furthermore, there is a lack of evidence on whether inclusion is in fact producing better outcomes for pupils (Weddell, 2006; Gibbs, 2007, Barnard, Prior and Potter, 2010).

Within the context of all of these tensions, the research project utilises collaborative research with a 'good' primary school, where teaching and learning were given a positive rating in an inspection, which reported that 'standards in classes are high' and 'there is good teaching across the school' (Estyn, 2007, www.estyn.gov.uk/inspection_reports). The aim of the

collaboration was to build this school's capacity to support several pupils who were judged at risk of permanent exclusion from school.

The research sought to contribute to the field of inclusive education in striving to:

- improve outcomes for a number of marginalised pupils;

- ensure accurate implementation of evidence-based practice and review/evaluate its outcomes;

- highlight key elements of an inclusive approach that are grounded in research i.e. collaboration (Clark et al., 1995; Giangreco, 1997; Tilstone, Florian and Rose, 2003); working at the whole school, family and individual level (Cooper et al. 1994; Ayers et al. 1995).

The research further sought to contribute to current research and theory development by exploring the key challenges of inclusion of primary aged children judged to express significant BESD by:

- building a mainstream school's capacity to meet diverse pupil needs;

- developing whole school and individualised preventative interventions based on careful assessment of identified needs and harnessing research evidence to inform decisions about intervention design;

- supporting both academic and social inclusion; and

- continuing toward the development of more inclusive ethos and practices within the school's 'good' academic context.

2.3   Including Pupils with Behaviour, Emotional and Social Development Difficulties

A tension has been noted between the UK Labour government's social inclusion agenda (DfES, 2003, 2004a, 2004b, 2004c, and DCSF 2007) and the introduction of policies that focus on standards and raising attainments (Risser, 2006; Burton, Bartlett and de Cuevas, 2009; Florian et al. 2017). Mainstream schools have been directed simultaneously to raise the academic achievements of all pupils and to be inclusive (Didaskalou and Millward, 2002; Ellis and Tod, 2005). It has been argued that this tension has been an historic feature in the education of pupils with behavioural difficulties (Cole and Daniels, 2002). The Welsh Assembly Government illustrated this tension in its paper on Inclusion and Pupil Support (2006): 'mainstream education is not always right for every child'. The SEN Code of Practice (DfE, 2015, WAG, 2015) recognises that pupil needs can be met in a range of placements i.e. mainstream and special and that parent and pupil preferences must be considered. While offering choice is well intentioned, it does somewhat contradict the inclusion agenda of all pupils being accommodated in their local mainstream school.

It is worth noting that there is a downward trend in relation to rates of permanent exclusion from special schools (which includes special schools for pupils with BESD), a decrease from 0.9 per cent in 2014/15 to 0.8 per cent 2015/16. This begs the question is to whether special schools are better equipped to deal with pupils experiencing BESD who at most at risk of exclusion. If this is the case, then specialised practice needs to translate into mainstream settings. It should be noted that the threshold for exclusion from special and mainstream schools would be different, which could also explain

the difference in figures. Also, austerity measures have meant that LA's are no longer able to afford many out of authority residential placements, which has created instead 'bespoke' off-site educational packages that have meant exclusion has been avoided as the pupil remains on roll at the special school. Conversely, as the special school is charged with providing and managing such bespoke packages, their inclusive skills are developing as pupils are supported in local vocational community work experiences.

Pupils experiencing behaviour, emotional and social difficulties are often described as the most difficult cohort to include in a mainstream setting (Evans and Lunt, 2002). Many teachers find pupils with these difficulties more difficult to include than peers with other special educational needs (Meijer, 2001; Clough and Lindsay, 1991). Visser and Stokes (2003) found that these pupils were more likely to be found in 'segregative provision'. Teachers can feel a conflict in promoting academic achievement and including pupils with behavioural difficulties (Grieve, 2009, Cole, 2015). Moreover, pupils with behavioural difficulties have been said to have a negative impact on the attainment of other pupils (Morley, Bailey, Tan and Cooke, 2005): a claim less frequently made in relation to other categories of special needs.

Many pupils experiencing BESD underachieve academically (Smith and Cooper, 1996; Lambley, 1993; Luiselli, Putman, Handller and Feinberg, 2005) and are more likely to be excluded from school (Daniels and Cole, 2002, Macrae, Maguire and Milbourne, 2010). 20% of pupils excluded from school in Key Stage 4 (fixed term or permanent) achieved 5 or more GCSEs at A-C, compared to 58% of their peers without an exclusion (DfES, 2004). Pupils with behavioural difficulties are likely to have more difficulties with literacy and

numeracy (Groom and Rose, 2004) and are more likely to 'drop out' of education when compared to their peers (Mooij and Smeets, 2009). Pupils experiencing behavioural difficulties are not only characterised by poor attainment but are also more likely to engage in anti-social behaviour and criminal activity; these patterns of behaviour often continue into adulthood (Cleary, Fitzgerald and Nixon, 2004; Hodgson and Webb, 2005). Adults who experience exclusion from school are also more likely to be long term unemployed and reliant on benefits. Such poor outcomes may, in part be a consequence of the low academic expectations which are frequently held for pupils with behavioural difficulties (Thomson and Russell, 2007), a pattern Burton (2009) saw reflected in mostly vocational courses offered to this cohort of pupils, suggesting complex 'vicious cycles' of influence on their life trajectories.

The tension between raising standards and including pupils experiencing behaviour, emotional and social development difficulties continues to the present day. The impact of pupils' challenging behaviour for their peers was noted as causing 'misery for other pupils by bullying them and disrupting learning', in the Conservative-Liberal Democrats Coalition Government's white paper (2010, p.9). Burton et al. (2009) note that while there has been an improvement in social inclusion there is an absence of robust research that has 'systematically examined, categorised and synthesised government legislation and provisions for facilitating local inclusive implementation and practice' (p.142). Successful inclusion of pupils experiencing behaviour, emotional and social difficulties in schools would mean that teachers would be confident and equipped and to manage behaviours and meet the educational needs of these

pupils (Reid, 2011). The House of Commons Education Committee reported on Behaviour and Discipline in Schools (HoC, 2011) and identified factors that were causing teachers to become demotivated: 56% workload, 36% new initiatives, 35% target-driven culture and 31% behaviour. The Committee also noted that behaviour has a 'significant impact' on the recruitment and retention of teachers (www.publications.parliament.gov.uk).

A lack of resources and skills is considered a major barrier to inclusion (Goodman and Burton, 2010). A training need in managing challenging behaviour has been noted in much policy and research in England (Estyn 2006a, 2007a, 2008a; OFSTED 2001a, 2002, 2007). The Steer Report (DfES, 2005, p.21) on school behaviour and discipline gave the following advice: 'All staff in schools should be provided with the skills to understand and manage behaviour effectively. This is as important for heads as it is for newly qualified teachers and support staff'. Hodkinson (2009), meanwhile, argues that teacher training does not take account of changes in policy. Reid (2011) notes that in Wales, prior to the National Behaviour and Attendance Review (NBAR) in 2008, there had been no Welsh government reports or guidance on improving the behaviour management training of school staff, despite the advocacy of the inclusion agenda and recognition of the practical challenges inherent in its delivery. A conclusion of the NBAR review (2008) was that Welsh government needs to 'prioritise and increase funding significantly' for training in behaviour.

Florian et al. (2017) argue that the tension between special needs and mainstream needs can and is being managed in some schools, 'high levels of inclusion can be entirely compatible with high levels of achievement' (p.7). What seems to be missing is clear and definitive guidance on how to do this, with

particular regard to the special need of BESD. While research identifies good practice in relation to supporting and intervening with pupils with BESD, this does not translate into one policy for schools to follow. This may be rightly so, given that schools are different and need to adapt to their own intake, and there is a consultative and collaborative role for the EP to support schools in this process.

2.4 Role of the Educational Psychologist in School Improvement for Behaviour, Emotional and Social Development

Educational Psychologists (EPs) have a key role in promoting school improvement and change through their varied and distinctive role, making 'contributions to research, training and policy development' (Dunsmuir and Kratochwill, 2013, p.61). The EP is a practitioner-scientist considered able to engage in successful policy development. (Woods, Stothard, Lydon and Reason, 2013).

Traditionally, EPs have been associated predominantly with reactive one-to-one casework much of which aligned with the statutory assessment process, described by Baxter and Frederickson (2005) as the 'individual attention given to the very few' (p.89). Yet when describing the role of the EP, the British Psychological Society (BPS, 2016) makes several references that go beyond work at the individual child level:

- enabling teachers to become more aware of the social factors affecting teaching and learning;

- liaising with other professionals from the departments of education, health and social services;

- indirect work, requiring consultation and careful discussion; and

- advising and/or joining working/consultation groups on issues concerned with organisation and policy planning.

www.bps.org.uk/careers/areas/educational (2016)

Schools have requested work from EPs at the organisational level. The Report of the Working Group (DfEE, 2000) in a review of the profession noted this new trend: schools wanted wider school development 'beyond the level of the individual pupil' (p.18) and training 'in wider school issues' (p.21).

The NHS Health Advisory Service (HAS, 1995) advised a structure of tiered support for effective mental health/social and emotional promotion, with educational psychologists placed at Tier 2 (see Table 2) to provide amongst other things, training and consultation to school-based staff. Psychologists also have a training and development role at Tier 3.

Table 2: Tiered support structure advised by HAS (1995)

Level	Purpose	Staff
Tier 1	Identify difficulties at an early stage Offer general advice and treatment for less severe problems Promote mental health/social and emotional development	GPs, health visitors, social workers, school nurses, **teachers**
Tier 2	Training and consultation for tier 1 Outreach work Assessment for tier 3/4	Clinical psychologists, **educational psychologists,** community paediatricians, child psychiatrists/nurses
Tier 3	Assessment and treatment of mental health disorders Consultation with tier 1/2 Research and development	**Psychologists,** psychiatrists, psychiatric social workers, psychotherapists

Tier 4	Access to day and inpatient units Very specialised complex interventions	Child psychiatrists, neuropsychiatrists (inpatient specialist unit staff)

There is a distinct link between mental health and behaviour (Parker and Ford 2013; Cole, 2015), and as indicated by the SEN category of social, emotional and mental health difficulties in England's SEN Code of Practice (2015). Cole (2015) argues a link between mental health difficulties and children who at risk of exclusion from school. The prevalence of mental health difficulties is thought to be as high as 1 in 4 of the population. The UK Mental Health Foundation (2017) reports the following statistics:

- 20% of adolescents may experience a mental health problem in any given year

- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem

- 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

www.mentalhealth.org.uk/statistics (2017)

The association of challenging behaviour with mental health difficulties creates its own tensions. Mental health difficulties are usually diagnosed and given a label e.g. Conduct Disorder, ODD (Oppositional Defiant Disorder), ADHD (Attention Deficit Hyperactivity Disorder) which in turn suggests a deficit or within child difficulty or factor. There are concerns about the ongoing diagnosis

of behavioural conditions (BPS, 2013). Behaviour can meet the criteria for a diagnosis but be a temporary presentation and as result of environmental factors (Green, McGinnity, Meltzer, Ford and Goodman (2005). As a starting point, these other factors should be investigated before a label is pursued. BESD occurs and is maintained due to several factors (Audit Commission, 1999; DCSF 2008b; Cole and Knowles, 2011; Murphy and Fonagy, 2012 and NICE 2013). It is important that behaviour and exclusion are not solely viewed as a mental health issue (Parker and Ford, 2013) but as the interaction of many issues described below:

- 'a social issue, linked to disadvantage, family and societal difficulties

- a political issue, as schooling is influenced by national policies

- an educational issue, linking school organisation and staff values and skills' (Cole, 2015).

This would indicate the need for an ecosystemic approach to both assessment and intervention for pupils at risk of exclusion (Cooper, Smith and Upton, 1994; Cooper, 2005; Cole, Daniels and Visser, 2013). A label alone can sometimes detract from consideration of the range of factors contributing and maintaining the behaviour. This highlights a difficulty of multi-agency working (between education and health) where remits are very different but at the same time a benefit of multi-disciplinary working (educationalists) as in the case of the research. There needs to be a role, an 'interface' that mediates between the two different worlds of education and health (Vostanis, Taylor, Day, Edwards, Street, Weare and Wolpert, 2010; Vostanis, O'Reilly, Taylor, Day, Street, Wolpert and Edwards 2012). Such mediation would fit the remit of the EP. The

role of the EP is never to diagnose or attach a label to a pupil. The role has been defined as 'to promote child development and learning through application of psychology' (DfEE, 2000), at the individual pupil, family and school level.

EP practice has evolved to a more consultative approach 'a collaborative and recursive process' (Wagner, 2000, p.1) where EPs work with schools to support joint problem solving in partnership with school staff, parents/carers and children themselves alongside, where appropriate, colleagues from other services and agencies. Within such collaborative processes, there is an onus on supporting the school in its responsibility to make provision for the needs of the child. This echoes the sentiments of The Equality Act (2010) which places the duty on the school to make reasonable adjustments for those pupils with disabilities. This is particularly important when helping schools to become more inclusive and catering for pupils with social and emotional needs, since the onus for change stays with them, and isn't passed on to an outside agency i.e. the EP. This prevents the reinforcement of special educational needs as a standalone entity. Consultation reinforces recent government initiatives (as discussed earlier) of schools becoming more inclusive and catering for a variety of pupil need within a mainstream setting. It prevents a casework model of service delivery, but consultation and collaboration are a different response to a pupil's needs by focusing on supporting staff development and school improvement, in parallel to addressing the needs of a particular focus child.

This chapter has sought to justify the research focus by highlighting the number of pupils excluded from school, and both the short term and long term negative consequences of this. While policy has focused on the inclusion of all pupils, it

could be argued that practice has not kept pace with this with regard to pupils experiencing difficulty with behaviour, emotional and social development.

The literature indicates that exclusion from school is not simply a mental health issue, but encompasses a range of issues from the political, social and educational where numerous factors have influence. BESD occurs and is maintained due to a range of a factors. For schools to become more inclusive to prevent exclusions, all of these issues would need to be explored and the literature suggests an ecosystemic approach in this aim. Evidence based practice for assessing and intervening with pupils with BESD will be explored in later chapters.

Inclusion should be viewed more as a process of change where schools become equipped and confident in meeting the needs of all pupils, with success dependant a range of factors including both educational and social inclusion, whole school ethos, teacher confidence and attitude, training, individual pedagogies and involvement of the community. Equipping schools to face this challenge is a key role for the educational psychologist through consultation, training and research and the dissemination of evidence-based practice at the assessment and intervention stages when working with pupils. Educational psychologists are also able to help mediate some of the tensions between policies, for example improving both academic performance as well as becoming more inclusive. Through working in this way i.e. through consultation and training, the EP does not 'hold' the problem but is part of a capacity building process for those closest to the problem or difficulty. It is fitting that this should be mirrored in the inclusionary approach of this collaborative research project.

CHAPTER 3

WORKING WITH PUPILS EXPERIENCING BEHAVIOURAL, EMOTIONAL AND SOCIAL DIFFICULTIES

This chapter investigates the labels used when referring to pupils experiencing behavioural difficulties. It also considers relevant psychological theory and whether this can promote understanding of why challenging behaviour occurs and how it is maintained. Research in relation to successful interventions is also identified. Psychological theory suggests that behavioural difficulties need to be examined within a context of the child, family and school. This would then prompt consideration of including these different levels of the child, family and school in any assessment and intervention when working with this cohort of pupils. There is an emphasis on collaboration since the aim would be to meaningfully understand these levels and how they interact with each other.

3.1   Pupils experiencing Behavioural, Emotional and Social Difficulties

3.1.1 A Label of Behavioural Difficulties

Different terms have been used to refer to pupils experiencing behaviour, emotional and social development difficulties, including 'maladjusted', 'Emotional and Behavioural Difficulties' (EBD), 'Social, Emotional and Behavioural Difficulties' (SEBD), 'Behaviour, Emotional and Social Difficulties' (BESD) (www. sebda.org.uk) and 'Social Emotional and Behavioural Needs' (SEBN). More recently, in the Welsh Code of Practice for SEN, behaviour, emotional and social development difficulties is used (WAG, 2013) and in England, the term social, emotional and mental health difficulties (DfE, 2015).

While Cole and Visser (2005) would argue there is not one agreed universal definition, but the absence of a succinct definition (Cole, 2015). These following statements encapsulate the breadth in definition:

- 'difficulties lie on the continuum between behaviour which challenges teachers but is within the normal, albeit unacceptable, bounds and that which is indicative of serious mental illness' (DfE, 1994b)

- 'a marked and persistent inability to concentrate; signs that the child experiences considerable frustration or distress in relation to their learning difficulties; difficulties in establishing and maintaining balanced relationships with their fellow pupils or with adults' (DfES, 2001)

- 'complex and chronic difficulties, which place them at risk of school and wider social exclusion' (www.sebda.org.uk 2018)

- 'the nature, frequency, persistence, severity and abnormality of the difficulties and their cumulative effect on the child or young person's behaviour and/or emotional well-being compared with what might generally be expected for a particular age' (DCSF, 2008).

- 'children and young people whose behaviours presents challenges within educational settings, to themselves, their peers and the adults involved in their education (www.birmingham.ac.uk/CPD/sebd 2014).

With such a range and broadness in definition, it could be argued that a pupil labelled with behavioural difficulties in one setting would not necessarily be so in another, depending on the definition being used (Ellis and Tod, 2009, Peaston, 2011). Riddick (2000) points out that difficulties and needs exist with or without a label. A label alone does not solve the difficulty. While it can be

helpful as it can represent a categorisation of need that leads more easily to support and resources (Sutcliffe and Simons, 1993; Lauchlan and Boyle, 2007). While this can be true of many special educational needs categories, the label of behaviour, emotional and social development difficulties can bring particular prejudice and rejection (Phelan, 2002; McSherry, 2012; and Coghill, 2013), and whether the support and resources fit the label or the individual child's needs is a matter of debate. There needs to be differentiation in terms of intervention since BESD represents a broad continuum of need rather than a 'homogenous group' (Lauchlan and Boyle, 2007, p.27).

3.1.2 *Reframing Behavioural Difficulties*

Over time it would seem that the labels for pupils experiencing behavioural difficulties have come to reflect the connectedness between behaviour and the social and emotional components. There appears a growing awareness of behaviour not occurring in isolation. More recently in England's policy (DfE, 2015) the relationship between behaviour and mental health difficulties is encapsulated by the label, 'social, emotional and mental health difficulties'. The word behaviour is in fact absent, which seems to imply the behaviour is a by-product and should not be the initial point of focus. However, it could be argued that the wording mental health difficulties can imply a narrow, medicalised interpretation of behaviour which in turn puts the focus on the child and the behaviour, where the aim would be to seek a medical diagnosis for example, ADHD (Attention Deficit Hyperactivity Disorder). An expectation can also be created that medical professionals such as CAMHS would then manage the

difficulty which can sometimes disempower key stakeholders. However increasingly, mental health difficulties are being viewed within a context of risk and resilience factors that promote good mental health (Cole, 2015). Such a view can mediate some of the differences between health and educational professionals to promote shared understanding and planning. We will discuss in the next chapter how to assess and intervene with these pupils in a way that reflects the multi-dimensional nature of behavioural difficulties.

NICE guidelines (2013) reframe the term BESD as the social and emotional wellbeing of pupils:

> 'Social and emotional wellbeing provides personal competencies (such as emotional resilience, self-esteem and interpersonal skills) that help protect against risks relating to social disadvantage, family disruption and other diversity in life. Such competencies provide building blocks for personal development which will enable young people to take advantage of life chances' (2013, p.7).

Reicher (2010) identifies five core competencies for positive social and emotional development – self-awareness, self-management, social awareness, relationship skills and responsible decision making. Particular groups within society are at greater risk of poorly developed social and emotional skills. Geddes (2006) cited the following categories as making a pupil susceptible to behavioural difficulties:

- Low-socio economic status
- Male
- Being of Black/Afro-Caribbean ethnicity.

3.1.3 Biology

Biological factors can be linked to challenging behaviour (Cole, 2015). They refer to our genes and physiology and how these can influence behaviour. Early life experiences can impact on brain development (Coghill, 2013; Fonagy, Butler and Ellison, 2014). Challenging life experiences encompass a breadth of environmental stimuli which interacts with an individual's biological make up, including diet, parenting, social interactions and experiences of neglect and abuse. Brain imaging has found atypical brain development in children where they have experienced such challenges (Gerhardt, 2014; Cole 2015). This is not a fait accompli as children with challenging early life experiences do not all go on to have challenging behaviour. This suggests that either we are able to repair some of the impact of negative life experiences or that it is possible to increase protective factors against such difficult starts. Medical professionals tend to have a biological understanding of behaviour and educationalists, a social understanding. I will discuss later in the chapter, the importance of marrying these two understandings in an ecosystemic approach.

3.1.4 Good Mental Health

Mental health difficulties can be linked to behavioural difficulties (OFSTED, 2005; Macleod, 2006 and 2010). Many pupils who are excluded from school will have a diagnosis (Cole, 2015). Making the link between the two, can lead to the medicalisation of behavioural difficulties (Slee, 2013; Norwich, 2014). Viewing behaviour in a narrow way clearly does not improve it, seen by the fact that so many pupils supposedly with their needs identified via a diagnosis, are still at

risk of and have experienced school exclusion. In that respect, it would be interesting to know how many pupils are diagnosed pre and post exclusion.

It may be helpful to think of mental health in positive terms, a continuum of essential qualities that promote good mental health. A range of attributes have been cited that characterise positive mental health are as follows:

- the ability to learn

- the ability to feel, express and manage a range of positive and negative emotions

- the ability to form and maintain good relationships with others

- the ability to cope with and manage change and uncertainty.

www.mentalhealth.org.uk (December 2017)

Pupils with good mental health are more able to engage with learning and education. Maslow's theory (1943), discussed later highlights the importance of meeting physiological needs and then emotional needs before anything else can be realised or achieved. This can be a helpful pathway for understanding child development and readiness for learning.

3.1.5 Behavioural Difficulties and Inclusion

Policy in England and Wales focuses on including pupils with behaviour, emotional and social development difficulties in mainstream settings. These pupils would be managed within a mainstream school within the framework of the school's behaviour policy. Significantly, disruptive behaviour will often be managed by a consequence of an 'exclusion'. Jull (2008) notes this tension

between managing an inclusive placement with the consequence of an exclusion and prompts the question to how inclusive and meaningful the experience really is for these pupils. While pupils experiencing significant difficulties can then go on to be placed in specialist placement to support the development of core social and emotional competencies, with a view that one day they will be able to succeed in mainstream, research notes that reintegration is often unsuccessful (Burton et al. 2009).

Historically, pupils experiencing behavioural difficulties are often excluded from an activity or a setting as a consequence of their behaviour. The very nature of behaviour, emotional and social difficulties is that these are usually manifested in verbal and physical aggression and means responses to it are often reactive for example, moving the pupil out of the immediate environment to ensure a return to the status quo. Mowat (2015) highlights how consequences for misbehaving have often been exclusionary for example, being sent out of the class, kept in and away from peers at playtime, excluded from 'golden time'. When behaviours are more protracted, the graduated response would include fixed term exclusions and permanent exclusions where pupils would continue their education in specialist provision i.e. Pupil Referral Units (PRUs) and BESD special schools, and including at times, residential provision. The inclusion agenda brought a desire to decrease segregated provision for pupils with special educational needs. It could also be argued that this coincided with ongoing financial pressures on local authorities at a time of austerity measures (Parsons, 1996; Wise, 2000) where mainstream placements were far cheaper to maintain than specialist BESD school placements i.e. BESD special school and Pupil Referral Units. However, despite this, in the case of pupils

experiencing behaviour, emotional and social difficulties there has been an ongoing need to maintain special provision (Chazan, Laing and Davies, 2014). While, Hariss, Barlow and Moli (2008) identify positive parent/carer, staff and pupil perceptions of emotional and behavioural changes following specialist BESD school placement, generally there has been little research undertaken on the long-term benefits to pupils experiencing behavioural difficulties following these placements (Jahnukainen, 2010).

It is possible to meet the needs of pupils experiencing BESD within a mainstream setting (Swinson, 2003). Some schools are more successful than others (Cole, Visser and Daniels, 1999). Certain classroom features have been identified that promote positive behaviour i.e. explicit rules, expectations and boundaries, consistency of approach and positive relationships (Bennet, 2016; Swinson, 2017). It is a combination of whole school approaches/practices and individualised programmes responsive to pupil need that is likely to lead to successful inclusion and prevent exclusion. This combination is a theme that runs throughout this research project, whereby there is assessment and intervention at both the individual, family and whole school level in order to prevent school exclusion.

Research identifies key elements to promote the successful inclusion of pupils experiencing BESD (Daniels and Williams, 2000; Groom and Rose, 2005):

- whole school ethos, policies and approaches
- curriculum development
- classroom management
- individual and group intervention.

3.1.6 Early Intervention

Early intervention in relation to pupils experiencing behavioural difficulties is recommended to prevent an escalation in behaviour. The Elton report (DfES, 1989) recommended that pupils showing BESD should have an assessment of SEN within 6 months. This was reinforced by guidelines for working with pupils with behavioural difficulties in recent years (DCSF, 2008). Reports from school found this difficult as they report long waiting lists for such an assessment to be made by outside agencies such as an Educational Psychologist (Goodman and Burton, 2010). However, this shows a further conflict with the inclusion agenda, where schools are supposed to become equipped to meet a diversity of need. Yet waiting for an outside agency to identify and meet a need and waiting a long time with a likely escalation in behavioural difficulties is somewhat exclusionary. A further difficulty is that it is difficult to identify a pupil with behaviour, emotional and social development difficulties until the behaviours become so problematic and pronounced that a window of opportunity has been lost. The SEN Code of Practice (2001, 2008, 2015) does set out a graduated response which is more in keeping with inclusion and skilling up front-line professionals. Reicher (2010) notes that attention should be 'diverted' from the 'problem child' and to the whole school.   In order to manage challenging behaviour in a mainstream setting there can be an over reliance on learning support units and learning support assistants (Dyson, Farrell, Polat, Hutcheson and Gallannaugh, 2004; Goodman and Burton, 2010) which it could be argued is ongoing segregation rather than true inclusion. The school as a whole should become skilled at fostering positive learning experiences and behaviour for all (Daniels and Williams 2000).

Pupils experiencing behaviour, emotional and social difficulties are no different from other pupils, in terms of benefitting from effective teaching skills (Daniels, Visser, Cole and de Reybekill, 1998). Disorganised classrooms impact on the behaviour of all pupils (Swinson, Woof and Melling, 2003, Lloyd-Bennett, 2016). Teaching approaches can be used that meet the needs of all pupils (Rose, 2002). There is a positive correlation between positive verbal teacher feedback and on task behaviour in all pupils (Swinson and Knight, 2007, Swinson, 2017). Pupils experiencing behavioural difficulties are more likely to show off task i.e. disruptive and unrelated to task, behaviours and disengagement with learning in larger classes seen in a mainstream setting. However, small classes such as those offered in segregated provision can be just as problematic, in terms of poor peer relations and levels of aggression (Blatchford, Edmonds and Martin, 2010). Fox and Avramidis (2003) discuss the role of outdoor education in supporting pupils with these difficulties, as both an inclusive tool and means to prevent disengagement with education. Close home/school liaison is also key to supporting pupils (DfES, 1989; DfE 1994; DfES, 2001; DCSF, 2008).

Group interventions targeting behaviour, emotional and social skills can be helpful in empowering pupils to self regulate their behaviour (Mowat, 2010). While targeting a particular SEN group could be deemed segregative, it is empowering pupils to recognise and manage their behaviour. Identifying them as a major stakeholder is in keeping with inclusive practice since they are empowered to change. Individual and group interventions that focus on developing emotional literacy and theory of mind can be effective as a means to revisit skills that were not developed at an earlier age (Goodman and Burton, 2010). Smith, Travell and Worton (2015) noted an improvement in behaviour

when delivering group sessions to encourage peer support, at a mainstream school in special measures, where a key failure was identified in relation to behaviour.

3.2   Influences linked to Behavioural, Emotional and Social Difficulties

The research identifies risk and protective factors for each pupil at the level of the individual, family and school. Risk and protective factors can be better understood through discussion around influences. Psychological theory can also be a means to understand these further.

	risk and protective factors	
Biological Social Psychological		Child Family School
ecosystemic factors	**Psychological theory can help us understand and support these factors**	ecosystemic factors
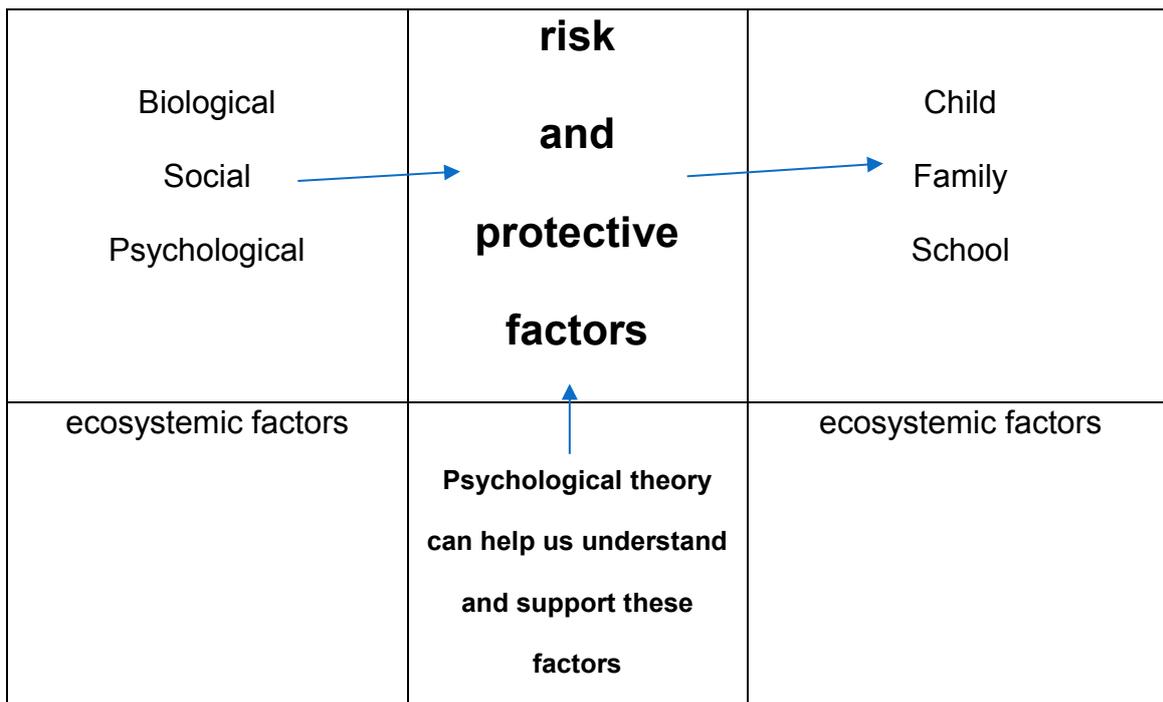
Understanding the influences on risk and protective factors

3.2.1 Risk and Protective Factors

Mental health and behavioural difficulties can be viewed within the context of risk and protective factors. These factors are located at the level of the individual, family, school and wider community and the balance influencing an individual's resilience to adversity (Audit Commission, 1999; DCSF, 2008; Cole and Knowles, 2011; Murphy and Fonagy (2012; NICE, 2013).

While it is helpful to view mental health as a balance between risk and protective factors, arguably it would seem that many of the protective factors are not a moveable feast e.g. sense of humour, supportive extended family, good housing (DCSF, 2008b). What is important is the identification and focusing on some of the factors that can be changed or supported in some way. It offers an explanation as to why some children are resilient, where they are able to overcome challenges and problem solve and look to the future with hope.

3.2.2 Ecosystemic Factors

An ecosystemic approach reflects the influences of biological, social and psychological factors on behaviour, social and emotional development.

Challenging behaviour occurs and is maintained as a result of many factors. Viewing behaviour narrowly, such as a within child difficulty can itself be a maintaining factor. These factors occur at and between the different levels of individual child, family and school. Given this, a straightforward solution is not likely, and several hypotheses would need to be explored. Psychological theory

can be used to further understanding on the influences on risk and protective factors, the implications for learning and behaviour, and inform interventions.

3.3 Psychological Theory

Psychology is the scientific study of mind and behaviour (Gross, 2015). Psychological theories can be used as frameworks to understand thoughts, feelings and behaviours. They can help in the identification of influences and maintaining factors as well as plan for changes. What follows is discussion of key psychological theories of particular relevance to emotional, behavioural and social difficulties. The theories were helpful to inform group discussions that arose from the various stages of: generating hypotheses, interpreting data collected and planning interventions.

Psychological Theory	Relevance to the research	Implications for Practice
Positive Psychology	Resilience Risk and protective factors	Identification of risk and protective factors (overarching framework for the research)
Behavioural psychology	Importance of teaching and learning environment	Functional analysis Identification of antecedents, behaviour,

		consequences and communication
Developmental psychology	Interactions and attachments	Nurturing approaches Social and emotional needs should be met first
Humanistic psychology	Holistic approach Personal construct psychology Hierarchy of needs	Eliciting pupil voice Social and emotional needs should be met first
Social cognitive psychology	Role of self esteem Locus of control Hope	Promotion of self esteem Pupil participation

Psychological theory that can help in the identification of and support of risk and protective factors.

3.4. Positive Psychology

Positive psychology has its roots in creating more fulfilled and meaningful life with the individual at the heart of this. It is the study of human strengths and virtues (Sheldon and King, 2001). It is optimistic in approach since it seeks to identify factors that allow individuals to thrive, conducive to greater happiness

and resilience. This moves away from a deficit model to redress the balance in a more favourable way, both a positive and optimistic approach.

3.4.1 Resilience Theory and Social and Emotional Development

Gilligan (2001) defined resilience as: 'A set of qualities that helps a person to withstand many of the negative effects of adversity. A resilient child has more positive outcomes, than might be expected given the level of adversity threatening their development' (p.5). Resilience is viewed in terms of competing protective and risk factors (Rutter 1993; Dent and Cameron, 2003; DCSF, 2008b; Daniels and Cole, 2010; Cole, 2015). The higher the number of risk factors the more likely a negative outcome in terms of behaviour, relationships, engagement with learning, mental health etc. These risk and protective factors are competing at the levels of within child, family and school (Fonagy, Steele, Higgitt and Target, 1994; Garmezy, 1993; Newman, 2002; Honey, Rees, Griffey, 2011;) and can include an individual's self-esteem, parental mental health and teacher support. These factors are not always obvious and would require a level of holistic investigation in order to establish correctly. Consideration would also need to be given to ensuring that the stakeholders' voices are involved in the correct identification of risk and protective factors for example, the child, parent and teacher's voices rather than simply incorporating the researcher's perceptions of risk and protective factors. The importance of the voice of the child will be discussed later in this chapter.

Resilience theory can be a powerful tool when working with disadvantaged groups, since its approach of identifying 'risk' and 'protective' factors can lead to the former being outweighed by the latter. Evidence suggests that the identification of protective factors can promote positive outcomes despite disadvantage (Rutter, 1985; Werner, 1990; Werner and Smith, 1992; Cole, 2015) and signals that much can in fact be done to support pupils experiencing significant behaviour, emotional and social difficulties and who are at risk of exclusion. Gilligan (2001) identified the following 'protective' factors for children, that can be offset against the risks to promote resilience and more positive outcomes: secure base, education, friendships, talents and interests, positive values and social competencies. In terms of the case studies, at the assessment stage many if not most of these protective factors were found to be absent for the pupils concerned and this was then used to inform the intervention stage. Figure 2 serves to provide a framework for assessment and intervention:

Protective factors

Vulnerability   Resilience

Risk factors
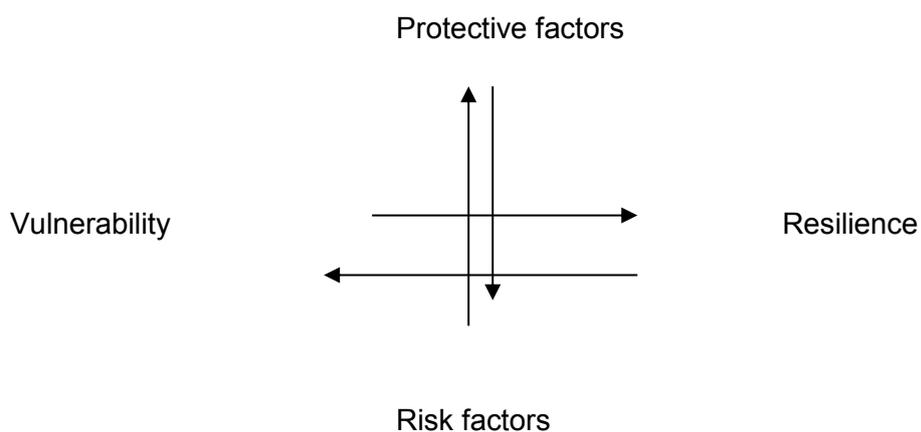
Figure 2: Framework for assessing resilience (Daniel and Wassell, 2005).

There is scant published evidence which criticises resilience theory but there is more that lends its support to this approach (Deardon, 2004; Harker et al, 2003). Advocates may view this as unequivocal approval for the theory. It could also be argued that there is in fact a gap in research evidence, and as resilience is not easily quantifiable, reporting statistics is easier, which would account for the amount of published evidence in relation to statistics i.e. exam, exclusion and attendance rates.

It should not be taken for granted that teachers, parents, carers and other relevant parties have an understanding of psychological theory and its relevancy to their practice (Golding et al. 2006). It is key that advice and training is offered to all involved to ensure a common approach and serve as framework from which to interpret behaviour. Attachment and Resilience theory, are particularly helpful in refocusing attention on the positive and hopeful, moving away from often highly emotive and complex cases, since protective factors and small developmental steps, can be built upon to transcend adversity.

3.5   Behavioural Psychology

Behavioural psychology also known as behaviourism believes that all behaviours are a result of conditioning, whereby responses are a result of reinforcement. Skinner (1953), Watson (1930) and Thorndike (1932) pioneered this theory which focuses on what is going on outwardly as opposed to inwardly. Behaviour is believed to be shaped purely by reinforcement, whereby positive behaviours are given positive reinforcement i.e. rewards, and negative behaviours are given negative reinforcement i.e. consequences.

3.5.1 Teaching and Learning

For pupils to learn there needs to be engagement with the learning task (Emmer and Stough, 2001). Behavioural psychology can promote pupil engagement and on task behaviour through rewarding positive behaviours and giving consequences for the negative ones. Good classroom management strategies to support this would include explicit rules, expectations and boundaries, consistency of approach and positive teacher feedback (Bennet, 2016; Swinson, 2017).

A behaviourist approach in the classroom can ensure good routines and a predictable school day and in turn have a positive impact on behaviour (Nichols and Houghton, 1995; Swinson and Cording, 2003). The effect of clear rules and boundaries can be the creation of a safe and secure base for pupils and opportunities to develop self-regulation through initial adult regulation. These outcomes are reminiscent of theories within different psychological paradigms I will discuss later.

There are drawbacks to a purely behaviourist approach for example, research has also found that negative consequences such as 'teacher telling off' produces a high occurrence of disengagement and disruptive behaviour (Swinson and Harrop, 2002). Yet on the plus side, positive reinforcement seen in positive teacher feedback has the opposite effect and produces greater engagement and positive behaviour (Hattie and Timperly, 2007). Swinson (2017) notes that such positive feedback can shape self-esteem. Also, while

pupils are on task they may not be reaching their full learning potential as curriculum targets may not be met (McCaslin and Good, 1992, 1998).

The approach alone does not take account of intrinsic motivators and unmet needs influencing behaviour. Typically, it is a blanket approach where rules, boundaries and expectations are applied to all, a top down approach. Interestingly, it has been argued that person-centred classrooms have the most positive learning environments for all (Freiberg and Lamb 2009). Walker (2009) notes the importance of both control and nurturance in effective classrooms.

Behaviour serves a function, 'every action of the child has a purpose' (Dreikurs, Grunwald and Pepper, 2013 p.13). Functional analysis can be a helpful behaviourist tool since while it is based on observable behaviours it considers internal triggers, since it asks, 'what is the behaviour trying to communicate'. An 'ABCC' observational schedule can be used to record observable behaviours i.e. Antecedents, Behaviour, Consequences and Communication. The 'communication' element can also be explored further when eliciting the pupil's view.

3.6   Developmental Psychology

Developmental psychology looks at thoughts, feelings and behaviour during stages of development, particularly childhood as this is when the most influential changes are believed to occur. Stages in development are believed to be the result of both nature and nurture influences i.e. biological and environmental factors, that shape child development and behaviours. It could

be argued that this branch of psychology sees the child as having been constructed and without agency, where factors act on the disempowered individual.

3.6.1 Attachment Theory and Behaviour

One of developmental psychology's significant contributions is that relating to infant-parent relationships and the attachments formed. Attachment theory originated in the work of John Bowlby. Bowlby (1951) cited a link between maternal care and a child's social and emotional development, identifying a particular maternal attachment that was desirable in the early years: 'a warm, intimate and continuous relationship with his mother' (p.11) to prevent psychological damage. Bowlby proposed that a child between 6 months and 3 years of age needed this continuous relationship of love and care, where the child had a secure base in which to explore the world from. Ainsworth et al. (1978) also placed great emphasis on the carer-child relationship and the security of the attachment. Early attachments have the power to impact on a child's whole development and serve as a blueprint for all subsequent relationships (Gerhardt, 2004; Golding, 2006). If an attachment figure is responsive to a child's needs, this introduces this child to a 'complimentary model of himself as a potentially loveable and valuable person' (Bowlby, 1980). This in turn shapes a skill set and behaviours where the child becomes equipped when faced with difficult challenges, able to overcome them independently or ask the help of others (Bowlby, 1973).

A baby begins a relationship with its primary carer from birth. Fonagy (2009) stated that 'the early attachment relationship (is) a signalling system to the newborn as to the kind of an environment she or he might expect'. Typically, this would be a period where the primary care giver nurtures the child. A baby is completely reliant on its carer to have its needs met. A baby will cry to signal a need, i.e. hunger, pain, tiredness. The baby will look to have any need or anxiety soothed by a primary caregiver. When this happens, the foundations of a secure base, from which the baby can move from to explore the world, are established. Hughes (2009) also identifies that through this process, a child is able to establish a sense of self. A baby feels secure and safe when a carer meets their needs. Over time, the carer will differentiate between different cries, to know when they need to attend to the baby immediately and when to wait. Since initially, the carer would always have attended to the baby on hearing he/she cry, the baby feels safe and will trust the carer's judgement at a later stage when they do not attend immediately. This process is known as attunement, where both carer and baby are in tune with each other's needs. It is best described as a pathway of regulation. Initially, the baby is totally dependent on the carer e.g. the baby cries when he/she is hungry, and their carer gives them milk and they stop crying. The baby has been reliant on the adult to regulate their emotions. From this, comes co-regulation, for example, when the baby becomes older he/she cries when they drop something on the floor. The carer does not attend immediately as they know it is not an emergency. Based on previous experience, the baby learns to wait or self sooth, also identifying that this is not an emergency as such. The adult does eventually come and help the baby to reach the item. As the toddler becomes older, he/she is able to

independently reach something that has dropped, without any emotional arousal. From this example, the pathway of social and emotional development becomes clearer.

Through the interactive relationship between baby and carer, an attachment is formed. The quality of the attachment is based on the quality of the interaction. The attachment, positive or negative, has also been found to impact on the child's brain development (Schore, 2001; Cozolino, 2006; Kaplan, Evans and Monk, 2008; Pearson, Cooper, Penton-Voak, Lightman and Evans, 2009). Rackett and Holmes (2010) describe the 'dire and far reaching' (p.44) consequences of an insecure attachment. Elevated levels of the stress hormone cortisol have been found in children who have experienced attachment difficulties (Dozier, Manni, Gordon, Peloso and Gunnar, 2006) which in turns creates a flight or fight response in behaviour (Minnis and Bryce, 2010). There is a link between a child's attachment experiences and cognitive functioning (Jacobsen, Edelstein and Hoffman, 1994). A correlation has also been found between early attachment experiences and early academic achievement (at the primary phase of schooling) and later academic achievement (secondary schooling). Research has found poor early attachments to impact on cognitive functioning and academic achievement (Jacobsen, Edelstein and Hofmann, 1994; Teo, Carlsoon, Mathieu, Egeland, Stroufe, 1996). Similarly, Pianta and Harbers (1996) and Moss and St-Laurent (2001) found that the quality of an early attachment could serve as a predictor of school academic performance.

Not surprisingly, given the pathway of social and emotional development, there is also a significant link between attachment and behaviour. It is worth noting

that males and females can experience attachment difficulties, it is not gender specific. However, how such a difficulty is manifested tends to have gender specific traits. Boys are more likely to have outward behavioural difficulties i.e. physical aggression, consistent with them being more likely to be at risk of school exclusion than girls, while girls are more likely to show inward behaviours i.e. anxiety, withdrawal (Geddes, 2006). Munn and Reynolds (2010) note that 'children with attachment disorders .... are likely to display seriously disturbed behaviour which is developmentally inappropriate' (p.19).

There are different types of attachment difficulties (Ainsworth, Blehar, Waters and Wall, 1978). These are known as avoidant, resistant/ambivalent and disorganised attachments. Links have been made between these attachment styles and behaviours that would be observable in the school setting (Gedes, 2006):

Attachment style	Observable school behaviours
• Avoidant Attachment	Apparent indifference to uncertainty in new situations Denial of need for support and help from the teacher Sensitivity to proximity of the teacher.
• Resistant/Ambivalent Attachment	High level of anxiety and uncertainty in the classroom Need to hold onto the attention of the teacher Apparent dependence on the teacher in order to engage in learning Expressed hostility towards the teacher when frustrated.
• Disorganised Attachment	Intense anxiety which may be expressed as controlling and omnipotent Great difficulty experiencing trust in

	the authority of the teacher May be unable to accept being taught, and/or unable to 'permit' the teacher to know more than they do.'

Geddes (2006) p. 76 -114.

Advocates of attachment theory note its interpretation of behaviour amongst environmental factors as opposed to locating behaviour purely within the child. This is particularly helpful when considering the role of the 'inclusive' school and how they can provide an environment that supports children rather than label them (Tilstone et al. 2003). Attachment theory stressing the importance of a secure base in order to provide more positive outcomes, laid the foundations for understanding risk and protective factors (Zeanah, 1996) which became the focus of resilience theory, also discussed in this chapter.

Early work on attachment has been classified as representative of a 'pessimistic paradigm' (Slater, 2007, p.210) due to the fatalistic nature of early experiences believed to create negative outcomes throughout life. Others argue that there is a lack of biological evidence to support attachment theory (Kagan, 1998). Attachments are not easily measured (Belsky et al. 1996; Barth et al. 2005) which cause some to question the validity of the theory. Others have stressed that focusing purely on the consequences of an early attachment discounts a whole range of other factors that could be maintaining a problem or difficulty (Lewis et al. 2000). For this last reason many prefer the explanations of resilience theory where a range of factors are measured via identification of risk and protective factors.

Emotional bonds and attachments that a child has with its primary carer/parent lay the foundation for bonds between that child with his/her peers and teachers

in school (MacKaay, Reynolds and Kearney, 2010). Future relationships mirror early relationships, both the positive and the negative. Research shows that in order to repair the difficulties associated with poor early attachment, interventions should focus on relational attachments. Mackay, Reynolds and Kearney (2010) describe the positive impact of nurture groups as an intervention, which will be discussed later in this chapter.

Randall (2010) identifies the key role of the Educational Psychologist in working with pupils with attachment difficulties. This role encompasses sharing the psychological theory related to attachment, as well as through casework assessment and intervention, and policy development. It has long been argued that early intervention is best in terms of prevention. Randall (2010) identifies the need for EPs to work with mothers when they are pregnant to educate about attachment styles. Yet while this is preventative work, it is an additionality that would stretch Educational Psychology services to capacity, given the current remit of birth to 25 years but the gains in years to come would be far reaching.

3.7   Humanistic Psychology

Humanistic psychology is concerned with looking holistically at the individual person rather than at observable behaviour in isolation. Maslow (1943) and Rogers (1946) saw behaviour as being motivated by the stage an individual had reached in their personal growth and fulfilment. It could be argued that this paradigm is more helpful than some, since it acknowledges a level of self determinism rather than the individual as lacking in agency and being acted on

by factors out of their control. Personal Construct Psychology is closely linked to this branch of psychology. It sees individuals as active rather than passive and as creating their own meanings based on their experiences.

3.7.1 Personal Construct Psychology

Personal Construct Psychology (PCP) is concerned with how individuals develop their understanding of the world. Individuals do this by developing 'constructs' (Kelly, 1955; 1991). Constructs represent constructed knowledge based on experiences and which the individual continually uses as a reference point. PCP techniques are a meaningful way to elicit an individual's view (Ravenette, 2002) to see the knowledge they hold. Methods would investigate bipolar opposites for example, if we were interested in how a pupil feels about school, we could ask them to identify 'positives' and 'negatives' about school. Such an exercise may in turn alter a held 'construct' for example, the pupil may have thought school was wholly negative but in reflecting in this way on both positives and negatives, this may be reframed or reveal ways to make school more positive. This provides valuable information to the individual, and adults who are seeking to help.

3.7.2 Maslow's Hierarchy of Needs and Social and Emotional Development

Maslow was a humanistic psychologist. He proposed a theory where social and emotional needs, must be addressed before there can be effective learning. Maslow's 'Hierarchy of Needs' (1943) (see figure 1) has 5 stages or levels, with the first four (physiological, safety, belongingness and love, and esteem)

represent basic needs whereas the final stage of self-actualisation is reflective of a growth need. The basic needs are what motivates behaviour and thinking on a daily basis, only when deficiency needs are met can the attention turn to growth i.e. creativity, problem solving, morality, acceptance and spontaneity. The hierarchy shows the satisfactory provision to address social and emotional needs of belonging, love and esteem as a pre-requisite to self-actualisation. Furthermore, the hierarchy shows physiological and safety needs are a pre-requisite to social and emotional development. This correlates with recent research, cited later, where factors such as poverty and violence are detrimental to social and emotional development. Gorman (2010) argues that there is a corresponding relationship between an individual's social and emotional wellbeing and the level of need achieved on Maslow's Hierarchy. Every level of need has to be achieved in order to progress to self-actualisation and reaching one's full potential. Behaviour and thoughts will be preoccupied by the level in the hierarchy until these needs are met, in effect 'stuck'. For example, if an individual has belonging and love needs that are unmet then they are not able to progress to the level of esteem needs and would have therefore show low self-esteem. The role of self-esteem is discussed in detail later, as it is a key requisite to positive mental health and behaviour. There can also be variation between where an individual lies on the hierarchy at different times in their life, based on life experiences which highlights the need for ongoing assessment and monitoring in line with changing needs.

Figure 3: Maslow's Hierarchy of Needs (1943)
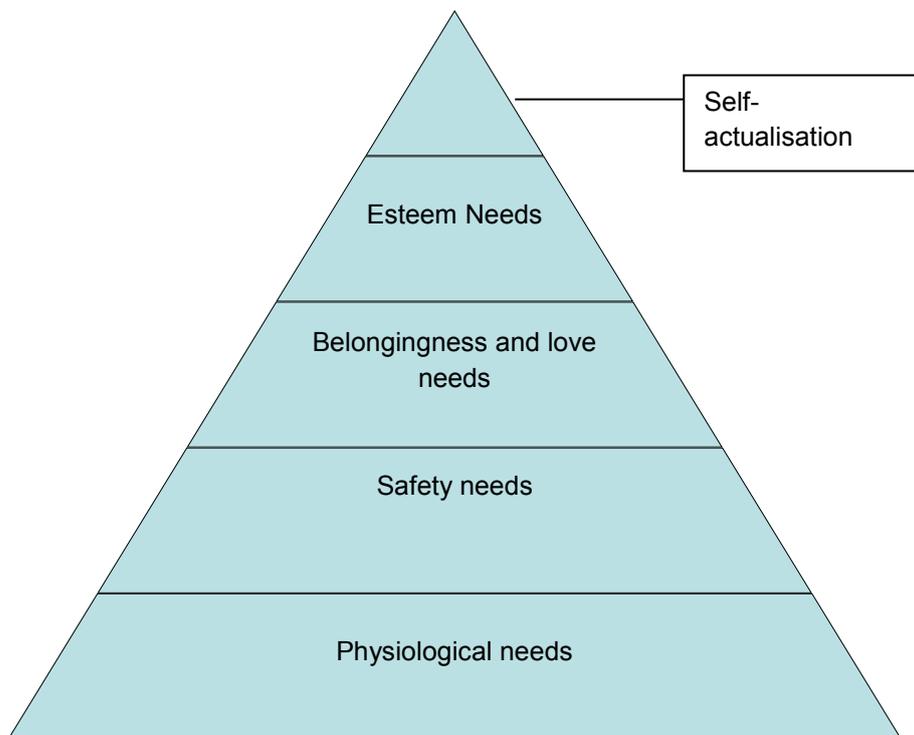
There is a vital role for schools to play in promoting social and emotional development, as an aid to academic success (DfEE, 2000; DfES, 2001a; HMI, 2005, DCSF, 2007b; DCSF, 2009a; Wolpert et al., 2001; Cole, 2015). Surprisingly, an Ofsted report (HMI, 2005) found that only a small minority of schools were meeting the criteria for promoting the emotional health and wellbeing of pupils. The report also found awareness of the issue in UK schools as low. While awareness is greater presently due to initiatives such as SEAL (DCSF, 2007a) and TaMHS (2008-2011), concerns persist to the present day due to the rise in mental health difficulties in children and young people and the link with their disengagement with learning (Cole, 2015). The following statistics

reinforce the link between social and emotional difficulties and poor academic achievement:

- 20% fewer 18-year olds stay on in education than the EU average

- UK have the highest figures in Europe for teenage pregnancy rates and drug abuse among young people

- UK has highest rates of adult illiteracy within Europe

- 10% young men aged 18-24 are alcohol dependent.

www.socialexclusion.gov.uk (2010)

It is worth noting that social and emotional development (under the term Personal and Social Development, Well-Being and Cultural Diversity in Wales; Personal, Social and Emotional Development in England) is in fact an espoused priority in early education, as one of the six areas of learning within the foundation phase (WAG, 2015; DfE 2014). Early years practitioners will make continuous assessments of a child's development within each area, as a means to provide a 'picture of the whole child at the end of the foundation stage' (DfES, 2003, p.1). However, this monitoring has not usually continued into the primary and secondary school years where core subjects of Maths and Literacy, as well as Science have more emphasis, with social and emotional development tending to be addressed predominantly by a weekly PSHE lesson by the time children progress to secondary school. This can be viewed within the context of the government trying to raise achievement in these subject areas (www.ofsted.gov.uk/pressreleases).   It is particularly interesting that the government's focus on raising standards in these core subjects, is in response to some of the statistics reported by the social exclusion unit, quoted earlier, for

example, the UK has the highest rates of adult illiteracy Europe. However, in prioritising these subjects the focus detracts from that of social and emotional development of pupils, when, according to research, (Cockett, 1994; Burghes, 1994; DCSF, 2007; DCSF, 2009) focusing on social and emotional development would in fact serve as a preventative measure for these very statistics. The role of schools within social and emotional development could be seen as both preventative and reactive; where more of the former would hopefully decrease the latter.

3.8   Social Cognitive Psychology

Social cognitive psychology seeks to understand the role cognitive processes play in social interactions i.e. an individual's thoughts about others as well as their thoughts about their self in relation to others. Behaviour is viewed as the interaction between cognitive, behavioural and environmental factors. In this model, Bandura (2005) described individuals as 'contributors' rather than 'products' of their life experiences (p.1). Social Learning theory (Bandura, 1977) noted that behaviour is learnt from observation, imitation and modelling and draws on attention, memory and motivation to do this. Self-efficacy i.e. an individual's belief in their own ability and skill, is a key component of Bandura's work, essential to motivation and learning, and which links closely with measures of self-esteem and hope.

3.8.1 Role of Self-esteem

Self-esteem is identified as a protective factor within resilience factors (Rutter, 1985; Werner, 2000; Steinhardt and Dolbier, 2010; Martinez-Marti and Ruch, 2016) and as a significant need in Maslow's pathway to growth and self-actualisation (Maslow, 1962). Self-esteem relates to the view we have of ourselves that is always present and influences how we behave, learn, relate and react. It was an important stage in Maslow's Hierarchy of Needs, as positive levels of self-esteem need to develop before an individual can reach self actualisation and develop their inner potential and talents. Self-concept is an umbrella term that encompasses self-image, ideal self and self-esteem. Self-concept develops in developmental stages and as a direct result of our interactions and relationships with others, again reinforcing the link with attachment figures:

- The primitive self 0-2 years approximately

- The exterior self 2-13 years approximately, and

- The interior self 13+ years.

Self-concept is the view we hold of who we are, and the ideal self is who we feel we should be. Craven and Marsh (2008) highlight the significant impact that self-concept has on other areas of social and emotional wellbeing including, 'happiness, motivation, anxiety, depression' (p.104). Self-concept is based on feedback an individual has from parents/carers, teachers, peers and other significant relationships. Self-esteem is often described as the difference (or discrepancy) between our self-image and our ideal self.

Good self-esteem is important to mental health and appropriate social and emotional development. Children develop their self-esteem from messages that they get from their parents/carers. They will measure how loveable, clever or successful they are based on feedback from parents/carers from a very young age. Positive self-esteem comes from positive attachments. Self-esteem impacts on the individual, family and wider relationships (Plummer, 2007). Our self-esteem is said to be the gap between how we feel about ourselves and how we want to feel about ourselves, a comparison between the real and ideal self. The goal of any intervention would be to improve a child's self-worth. Plummer (2007) identifies 7 underlying factors that contribute to self-esteem i.e. self-knowledge, awareness of self and others, self-acceptance, self-reliance, self-expression, self-confidence and self-awareness. She also highlights the role of a familiar adult in developing these elements and overall self-esteem as follows as supporting children by:

- 'Being curious about their internal monologue

- Showing genuine warmth and respect

- Being fully aware of how our actions and words (as adults) directly impact on a child's self-concept and self-esteem

- Helping children develop self-awareness and realisation of how their behaviour affects other people

- Helping them to develop the ability to make realistic self-evaluations

- Helping them to understand that self-esteem can change in form and intensity according to many different factors, that this is normal and that it need not have a negative effect on overall sense of self'.

Plummer (2007) p.26.

Self-esteem should not be seen as a skill in isolation but as having an impact on almost everything else including relationships, approach to learning, engagement with learning etc. These very things help reinforce our level of self-esteem and then in turn that level impacts on these things for example, having difficulty reading can lower self-esteem, the impact of which could be to avoid reading activities and fail to progress which would lower self-esteem further. Tew (2007) cites greater flexibility and an ability to cope with change if children and young people have positive levels of self-worth. Cook and Brown (2003) and Dodgson and Wood (1998) found that individuals with good self-esteem performed better following negative feedback than individuals with poor self-esteem who had also received negative feedback. Craven and Marsh (2008) discuss positive self-concept and self-esteem as a tool to promote greater resilience in pupils. They argue that positive self concepts can protect pupils becoming either bullies or the victims of bullying. Maines and Robinson (1983) authors of the BG Steem assessment tool used to measure self-esteem, link levels of self-esteem to behaviour but also offer hope, since as levels of self-esteem change so to can behaviour, 'An improved picture of self might reduce inappropriate behaviour...old patterns of behaviour become incompatible with the improved sense of self'.

Closely linked to self-esteem are the following areas of locus of control and levels of hope:

3.8.2 Locus of control

Locus of control is the extent of control an individual believes he/she has over their own life. Rotter (1966) proposed both internal and external loci of control. A person's locus of control is linked to their social and emotional literacy skills. An individual with an external locus of control, has a rather helpless stance in that they feel they lack any power or control over their life events. However, if there is an internal locus of control, the individual is empowered and is more in control of their life events. McCrory and Cameron (2009) describe the difference as not being able to influence major life events (external locus of control) versus being able to influence many or most important life events (internal locus of control). There is a correlation between an internal locus of control and achievement and success. Resilient individuals are more likely to have an internal locus of control (Zimbardo, 1985).

3.8.3 Hope

Hope theory relates to agency and goals ('Snyder, 1991). It can be defined as when an individual has hope ' (they have) the will and determination that goals will be achieved' (www.psycholgytoday.com/thewillandwaysofhope2018) which is reminiscent of Maslow's (1943) hierarchy that leads to this skill through self-actualisation. Pupils at risk of exclusion tend to have a narrative lacking hope,

since often their experiences are anything but hopeful i.e. failing school placement, failing relationships and failing attainments. The research sought to explore the concept of hope within such a context. Valle, Huebner and Suldo (2004) highlighted a link between children's hope levels and behavioural difficulties. McCrory and Cameron (2009) link hope to mental health and emotional wellbeing. Snyder, Irvine and Anderson (1991) found a correlation between high levels of hope and positive emotional wellbeing. An individual's levels of hope are thought to be linked to a range of skills including social and emotional competencies including self-worth, academic achievement and creativity (Onwuegbuzie, 1999). Conversely, Kazdin, French, Unis, Esveldt-Dawson and Sherick (1983) link low levels of hope with low expectations of self and one's future. Hope theory does not see hope as a passive element but an adaptive stance where individuals actively participate, 'actively set, pursue and reflect on key objectives in their lives' (McCrory and Cameron, 2009 p.17). This gives further weight to the importance for meaningful pupil participation and pupil voice. Also, of note, is the fact that an individual's level of hope develops from their early interactions and relationships and reinforces the importance of positive attachment as a pathway to greater resilience.

3.9   Assessment

An identification and monitoring system for pupils experiencing behavioural, emotional and social difficulties needs to be in place in schools, similar to that used to monitor learning and academic progress (Mooij and Smeets, 2009).

Success would need to measure gains in the BESD domain as well as learning and academic progress.

Ongoing inclusion in a mainstream setting for pupil with BESD is a major achievement for all stakeholders but is this the same as success? i.e. behavioural progress is made but the pupil continues to have difficulty accessing the curriculum or has increasingly low self-esteem. Essentially, it is difficult to evaluate success for this cohort of pupils (Heath, Petrakos, Finn, Karaglannakis, Mclean-Heywood and Rousseau, 2004).

Pupils experiencing BESD are disadvantaged socially and educationally and these disadvantages can often follow into adulthood, creating continued marginalisation and offending behaviour. BESD does not occur in pupils for any singular reason. It is due to a complexity of factors, both intrinsic and environmental (Mooij and Smeets, 2009). The whole child and its environment are the key and the focus should not simply be on the individual (Maras and Kutnik, 1999; Hermanns, Ory and Schrijvers, 2005; Cole and Knowles, 2011; Murphy and Fonagy, 2012; NICE, 2013; Cole, 2015). An approach that looks holistically is therefore needed (Evans, Lunt, Wedell and Dyson, 1999, Daniels and Cole, 2010) and that which is provided by the collaborative research to prevent the exclusion of 'at risk' primary aged pupils. Using a problem-solving framework, that involves all stakeholders, both acknowledges and establishes the complexity of factors surrounding BESD leading to more effective assessment and intervention.

The research's aim was to help a mainstream primary school to become better equipped at identifying, assessing and offering interventions for pupils

experiencing behavioural, emotional and social difficulties. Measuring an individual's difficulty and intervening accordingly, is a way to track and support progress. Such measuring can be difficult in relation to pupils experiencing behavioural difficulties. It has been argued that there is a mixed terminology when supporting the development and promotion of social and emotional skills, which can make gaining a measurement difficult. Wigelsworth, Humphrey, Kalambouka and Lendrum (2010) refer to the following labels – 'social and emotional skills', 'social and emotional intelligence', 'emotional literacy' and 'social and emotional competence' (p.174). Weare and Gray (2003) argue that in terms of measurement, these are very different elements rather than a singular definition/measurement. This argument is reminiscent surrounding the actual label of BESD, where different labels used interchangeably can make things confusing.

Consideration should also be given to the challenges of assessing behaviour in general terms for example, how often does the child show a particular trait in comparison to constructed behavioural observations i.e. scoring observable behaviour in a group collaborative working task. This is termed the 'typical' versus 'maximal' behaviour debate highlighted by Wigelsworth et al. (2010). There are pros and cons to both these measures.

A further consideration is who completes the assessment for measuring social and emotional skills. There are a range of available measures, some ask for the individual child to compete, others the parent/carer or school staff. A lesser used measure, but arguably one leading to greater insight, is one completed by the peer group. Frederickson and Cline (2009) argue that peer perceptions can

shed valuable information on why particular pupils are problematic for their peer group and how social behaviours are interpreted.

The research elicits the views of all of the above, with the exception of the peer group to assess risk and protective factors that feed into the actual behaviour. This would be a completely different assessment tool to the ones described previously, allowing for a more holistic approach to understanding and changing behaviour. It would ensure that need is matched to intervention and occurring at the correct level or 'wave' ((DCSF, 2008b; BPS, 2017).

3.10 Evidence Based Interventions

While the inclusion agenda created an expectation for schools to manage a diversity of need, CAMHS (Child and Adolescent Mental Health Service) have often been viewed as the best placed to treat pupils with mental health difficulties/BESD (Cole, 2008) However access to CAMHS input has and can be problematic (Murphy and Fonagy, 2012; Crow, 2014) due to a range of reasons including staff and resource shortages as well as confusion over the actual role/remit of the service. This in turn has created an opportunity, for school-based staff to become 'mental health professionals' (Cole, 2015, p.60), encouraging schools to take greater ownership and action in relation to their pupils. Outside agencies can support this upskilling, including professionals from an educational background and ensuring evidence-based interventions are used. Leadbetter (2013) saw the integral role of the EP when specialist help was needed given the educational and psychology background. Joint working between educationalists and mental health services would be the most effective

way forward (Vostanis et al., 2010; Wolpert et al., 2011) to share knowledge and best practice and build the capacity of stakeholders. Capacity building of good practice can range from the general to the specific.

There are 3 waves of mental health and social and emotional development support (DCSF, 2008b) or graduated responses of universal approaches, selective interventions and indicated interventions (BPS, 2017) that schools can follow to meet BESD needs within their schools:

Wave /Approach	Supports
1 Universal	Whole school framework for promoting social and emotional skills e.g. effective and responsive teaching/positive classroom environment
2 Selected interventions	Skills focused interventions e.g. nurture groups
3 Indicated interventions	Therapeutic work e.g. individual and small group work

The following are some examples of evidence-based interventions that are incorporated into the research and reflective of both a multi-level assessment of BESD and informed by psychological theory. The examples discussed are embedded practices/considerations within the local authority (LA) EPS in which the research was undertaken:

3.10.1   Effective and responsive teaching/positive classroom environment *(Wave 1)*

Behavioural difficulties occur due to many reasons. These difficulties can be exacerbated by pupils' classroom experience. Geddes (2006) writes that the learning context should be recognised as 'both pupils and teachers contribute to the overall experience of learning for all the pupils in a class or school' (p.10). Matthews (2007) highlights that the most effective learning environments are those with positive teacher and peer relationships. Interventions that target and enhance classroom relationships are showing positive results (Fernie and Cubeddu, 2016). While some pupils need specific targeting, monitoring and intervention in this respect, the development of social and emotional skills should still be part of a wider whole school ethos that promotes the social and emotional development of all pupils. The DfES (2005) introduced the publication 'Social and Emotional Aspects of Learning' (SEAL) which saw the development of these skills placed within a whole school curriculum. However, a curriculum alone will not simply improve the social and emotional skills of pupils. The delivery is as important as the content, in order for pupils to engage with the subject matter, teachers would genuinely need to engage too.

McGrath and Nobel (2010) and Hughes and Cavell (2001) report that peers are influenced by teachers in terms of perceptions around particular children. Wentzel and Asher (1995) found that teachers could also be influenced by pupil attitudes, and that they were more likely to be less accepting of pupils excluded by their peer group. This shows the vicious circle dimension to the problem of acceptance.

Tew (2010) highlighted the importance of staff-pupil relationships, as a means to achieving a range of positive outcomes including positive behaviour and learning. Again, positive staff-pupil relationships needed to be part of a wider school ethos and the idea of a sense of connectedness on both sides, was thought key to demonstrating and maintaining positive relationships and learning environments. Promoting connectedness is about 'foster(ing) warm relationships, encourage participation and develop pupil and teacher autonomy' (Tew, 2010, p.131). Interestingly, the research took place in a recently amalgamated primary school, the joining together of two separate schools, infants and juniors, with two very different cultures. Roffey (2010) highlights the need for a whole school culture that fosters connectedness and a social and emotional curriculum such as SEAL. The latter cannot be delivered effectively, without the former being in place. To clarify, the delivery of a structured social and emotional curriculum cannot be tokenistic, but rather policy needs to mirror practice, what Roffey (2010) refers to as 'features of a school that would support and sustain learning about relationships' (p.164). A truly socially inclusive school is more likely to lead to better pupil relationships and better pupil learning (Battistich, Schaps, Watson, Soloman and Lewis 2000; Resnick, Bearman and Blum, 1997). This in turn creates a connectedness to school. McLaughlin and Clarke (2010) cite pupil connectedness to school as a key protective factor diminishing the risks of negative behaviour and poor school outcomes. That way you are matching like with like. In order for success, schools need to have a self-awareness of their strengths and weaknesses within the social and emotional domain to prevent a tokenistic approach, such awareness extends to staff as well as policy and practice evaluation, best

highlighted by Elias et al. (2003) (an awareness that prevents) 'inadequate attention to characteristics of adults who must carry out planned reforms' (p.303). McLaughlin and Clarke (2010) while acknowledging the importance of and link between pupil-teacher relationships and social and emotional promotion, highlight that there has been very little exploration and dissemination of this into both policy and practice.

3.10.2 Nurture Groups (Wave 2)

Nurture groups are a focused group intervention and an example of inhouse provision already established in the host school. They are an attachment intervention and can be extremely effective in supporting pupils experiencing behaviour, emotional and social development difficulties (Cooper and Tiknaz, 2005, DfE, 2008b; Couture, 2013; DfE, 2014b). Majorie Boxall, an Educational Psychologist, introduced the idea of nurture groups, as a means to 'provide a restorative experience of early nurture in the children's neighbourhood school' (Boxall, 2002). As an individual's early attachment to their parent/carer serves as a blueprint for all future relationship attachments, nurture groups serve to revisit these building blocks. The goal of a nurture group is to create missing nurturing experiences that typically occur between mother and baby/toddler/child. They are inclusive since their role is to prepare pupils so that they can function effectively and positively in a mainstream setting (Boxall, 2002). Iszatt and Wasilewska (1997) found that 87% of pupils who has attended sustained nurture provision were able to return to mainstream placements long

term. This was also the case when a follow up of the group was undertaken by the same researchers.

Nurture groups began initially as in-house group provision for pupils experiencing behavioural, emotional and social difficulties. Pupils are often at risk of exclusion from school. Boxall (2005) argues that traditionally, pre-1970s, assumptions were made of pupils starting school for example:

- they would feel secure and engage positively with staff and other children
- they would be keen to build on previous experiences (from the home)
- they would view school as stimulating.

However, from the 1960s onwards this traditional view was challenged, in line with a rise in the number of pupils excluded from school. It became apparent that some pupils did not enter school with the skills expected and that this was linked to their earlier experiences. Nurture groups revisit early experiences, those interactions and key emotional and social developmental building blocks, that occur between birth to 3 years. Boxall defines a nurture group as follows:

- a class of 10-12 children with a teacher and a learning support assistant
- located within a pupil's catchment school, part of rather than separate to the school
- Features of both home and school e.g. breakfast, reading
- Activities that centre around baby and toddler level as well as the foundation phase of the National Curriculum.

The model has adapted over time, beyond in-house, to specialist provision with a catchment of school access. Cooper, Arnold and Boyd (2001) found four different types of nurture provision with only two of these adhering to Boxall's key characteristics. MacKay, Reynolds and Kearney (2010) argue as to whether it can be an attachment intervention if these key elements are absent. It also begs the question then if it is an appropriate intervention i.e. using a model which is not supported by research.

A pupil will not attend a nurture group full time, it will be coupled with a mainstream placement, in preparation for a full return to a mainstream placement. While ideally a nurture group should be hosted by the pupil's catchment school due to a host of reasons including finance and space, this is not always the case. The ideal version allows for a smooth transition from a class into the wider school. While it cannot always be prevented, it is difficult for a pupil experiencing attachment difficulties and a need to explore the world from a secure base, to attend nurture provision in an unfamiliar school. Mackay et al., 2010 argue that there should be more research on the impact of nurture groups that do not follow the traditional model as advocated by Majorie Boxall. However, arguably, this arrangement would be more desirable as an interim measure if it helps prevent a permanent exclusion from a mainstream catchment school.

Nurture groups while beneficial to individual pupils, can also positively influence an inclusive culture and ethos within a school. Since they are traditionally run from a mainstream base, with pupils having outside contact with the rest of the school, this serves to promote shared ownership of pupils with difficulties. Good practice from the nurture class can also be shared and translated into the

mainstream setting, which is always the hope and plan for the child i.e. a return to a full time mainstream placement. Conversely, it could be argued that when less traditional nurture group interventions are used, for example where the host school is different to the pupil's catchment school, this is reinforcing the idea of special educational needs in particular emotional, behavioural and social difficulties as something that can only be addressed outside of the mainstream site, which is rather exclusionary. Mackay et al. (2010) discuss the importance of whole school ethos including 'nurturing classrooms' and 'nurturing schools' (p.107) outside of the nurture class that would benefit not just vulnerable but all pupils. This is particularly important for secondary schools where nurture classes have extended (Hughes and Schlosser, 2014) and where a larger school environment can be a challenge to the traditional nurture model (Couture, 2013).

Increasingly, a Boxall Profile is used as exit and entry criteria for pupils attending a nurture class. It allows for a profile of an individual's social and emotional development to be measured, mapping individual skills and behaviour. This is crucial as it serves as a baseline in which to set targets and monitor progress as well as highlighting pupils who are now sufficiently equipped to succeed in a mainstream setting, which can often be a challenging dialogue for pupils who have shown BESD. The Boxall profile can provide an evidence base to inform discussions in this respect.

3.10.3   Therapeutic Work (Wave 3)

Pupils experiencing behavioural, emotional and social difficulties may have experienced singular or multiple traumatic events including family breakdown, attachment difficulties, bereavement, and that coupled with other at-risk factors impact on their emotional literacy and interactions with others. Consequently, the involvement of professionals to support these difficulties, through therapeutic work can be extremely beneficial (McNamara, 1998). Such therapeutic input can be beneficial on an individual or group basis. Often pupils with behavioural difficulties will struggle to maintain positive relationships with peers and adults alike. McGrath and Noble (2010) stress the detrimental effect of poor peer relationships. The outcomes for pupils who are unable to maintain positive peer relationships are poor and far reaching including a negative effect on school learning, school attendance, mental health and behaviour (Ladd, 2003; Ladd and Burgess, 2001; Marks, 2000; Ollendick et al. 1992). Cullen and Monroe (2010) places relationships as being central to a child's development, with everything else feeding off this i.e. emotional skills, social skills and abilities. Gresham, MacMillan and Bocian (1996) stated that pupils who were socially rejected or isolated from peers were at high risk of developing behavioural difficulties. Conversely, pupils who present with behavioural difficulties are more likely to be socially rejected or isolated from peers. It is in effect, a vicious circle. Klein (2000) argues that the most important aspect of a helping a child to engage with the learning environment, is the relationship between the child and the adults in this environment.

To address the gap between social and emotional development and other skills, group interventions can be particularly helpful. In a group intervention, particular skills can be targeted, as well as the very nature of a group situation being able to reinforce the idea and practice of collaborative working.

Group work has long been offered as an intervention to children and young people, by Educational Psychologists. Squires (2002) highlights when group work can be more effective over individual work, for example, when helping pupils to understand that others share the same feelings and difficulties as them and this allows for normalisation. The peer group can be used to offer solutions and also be a source of support for each other, both in and outside of the group sessions. Chessor (2008) notes the dichotomy of the peer group, as a 'source of support' and a 'source of stress' (p.82). When working to change behaviour, Burton (2006) cites the internal and external factors that influence behaviour and that group work should be the internal and focus on the 'principle of self-change' (p.217). To promote and reinforce self change, different psychological theories can feed in, in part or whole, to a group intervention for example, cognitive behavioural approaches, behaviourist approaches, counselling approaches (McNamara, 1998).

3.10.4   Voice of the Child within Interventions

The research is underpinned by social constructivism which locates learning and growth from our interactions with others. My aim was to learn more from the pupils to grow my understanding. The research also reflected an ecosystemic approach which views behaviour using a range of psychological

theory rather than the reliance on just one for example, social cognitive psychology highlights the link between thoughts and interactions while humanistic and positive psychology seek to empower individuals by placing them central to any change. While behaviourism is based on observable behaviours, a functional analysis (ABC of Antecedents, Behaviour, Consequences) does generate hypotheses around the communication of the behaviour (ABCC). Verbal communication could further understanding of behavioural communication. A dialogue with pupils could investigate all of these features i.e. thoughts, empowerment and communication, further.

Pupils can provide invaluable information on factors that maintain a problem and realistic action to address difficulties. It is important to elicit the views of pupils for legal, moral and pragmatic reasons (Gersch, 2001). Hart (1992) created a ladder visual to represent the scope of pupil participation ranging from tokenism (bottom of the ladder) to pupils sharing decision making (top of the ladder).

Personal Construct Psychology can be a helpful tool in eliciting pupil views since it seeks to understand individuals through their lens, a tool for the 'systemic investigation of an individual's subjectivity' (Ravenette, 2002, p.21). PCP techniques can draw out an individual's constructs (or hypotheses) about how they make sense of their world for example, what things do they view as positives about school? And what things do they see as negatives? Discussion focuses on the polar opposites, as understanding their differences creates clues about change. The research drew on the method of a Salmon Line (Salmon,1998, 2003) to elicit pupil views and will be discussed in greater detail

later. This allowed for the constructs of school likes and dislikes to be explored and identify ways to shift the balance between the two.

The United Nations Convention on the Rights of the Child Article 12, (UNICEF,1989) introduced the formal notion of ensuring a child's participation in decisions that affect them. The Special Educational Needs Code of Practice (1994) and revised (2001,2008 2015) echoed that this was true for educational decisions:

'Children, who are capable of forming views, have a right to receive and make known information, to express an opinion, and to have that opinion taken into account in any matters affecting them' (DfES, 2001, p.6).

Although there is a caveat that the child's age, maturity and capability should be considered alongside the views expressed. Further legislation, including the Education Act (2002) and followed by 'Every Child Matters' (2004) also placed importance on including the child or young person as active participants in their own lives by prioritising the outcome of 'making a positive contribution: being involved with the community and society and not engaging in anti-social or offending behaviour' (p.7). The idea being that if a child is actively involved in something then this leads to positive levels of engagement and motivation, which can be true for a pupil being involved in their community, the School Council, to agreeing targets for their Individual Education Plan (IEP).

The Children's and Families Act (2014) set out core principles for local authorities to follow when supporting pupils with SEN, and places emphasis on 'the views, wishes and feelings of children and their parents and young people'. In Wales, the Social Services and Wellbeing Act (2015) echoed this

involvement, stating that individuals will have 'equal say in the support they receive'.

This seems even more crucial with regard to children at risk of exclusion, since they may be experiencing feelings of disempowerment due to the whole host of decisions being made by external agencies on their behalf. The Children Act (1989) promoted self-advocacy for children stressing the need for consideration to be given to children's views. Morally, it is important to involve and consult children where possible so that they are able to give informed consent. From a pragmatic viewpoint, children hold substantial information on pupil perspectives which can help inform professionals' practice. Griffiths and Davies (1995) found that consulting with and listening to pupils improved pupils' self-esteem, concentration and created a 'more mature' attitude to school work from all pupils (Tilstone et al., 2003, p.99). Giving pupils a voice within the decision-making processes at school can overcome negative attitudes towards education (Mac An Ghaill, 1992) improve motivation and diminish behavioural problems (Bennathan, 1996). Including the voice of the child or young person has been identified as an element of an inclusive school. Aston and Lambert (2010) highlight the barriers to pupil participation including culture, attitudes, systems and environment. They also identify a conflict between professionals being asked to act as both an 'advocate' of and 'guide' the views of pupils. Clearly, this indicates a role for the Educational Psychologist who in their role as a 'critical friend' to schools, one who is both supportive and constructive, can challenge and promote good practice in this field.

Hartas (2011) suggests that pupils who are disaffected is a means of them demonstrating their voice. Pupils who are not listened to over time become

disengaged in response, a reflection of their internal thoughts. In order for true rather than tokenistic approaches to pupil participation, the school ethos, policy and practice in relation to inclusion are particularly important (Fielding, 2004). Again, the Educational Psychologist can have a significant role in facilitating this.

This chapter has explored the various labels of behavioural, emotional and social difficulties. While such labels represent a general cohort of pupils showing challenging behaviour, they unfortunately, do not reflect the continuum of need, context or criteria. This in turn raises the question of how really helpful the label of BESD or the like really is, since it is simply labelling a child within a particular setting. To address this there would need to be a holistic approach to assessment and intervention, taking account of both individual need and context, and to some extent criteria, by identifying and quantifying risk and protective factors at the levels of individual pupil, family, class/school.

The literature highlights that some children overcome adversity, and some do not which can influence the development of significant behavioural, emotional, and social difficulties which in turn can lead to school exclusion and lifelong problems. This adversity can be experienced at the levels of the individual child, family and school. Research is suggesting that there can be a period of intervention between the adversity and the exclusion which can in fact change this outcome. The balance of risk and protective factors can determine which pupils overcome adversity. This balance can serve as an explanation as to why some pupils overcome adversity (and show no BESD needs) but also as a framework to support pupils to overcome adversity (where there are BESD needs).

It is widely acknowledged that influences and factors linked to BESD are present at the level of child, family and school. There are various psychological theories that can further understanding of BESD, some take account of these levels as separate entities, others acknowledge the interaction and influence of some or all. Resilience theory seems particularly fitting as a model for understanding BESD since it examines all three levels but also gives a practical framework in which to assess and intervene e.g. increase protective factors to minimize risk factors. It also turns the focus from pathology and the individual child, which feels particularly important at this time given the interchangeable use of the term BESD with mental health difficulties in current policy, and which is reflective of inclusive practice. The next chapter will explore in detail problem solving frameworks that can achieve similar goals.

There is clearly a significant role for schools to play in promoting the social and emotional wellbeing of pupils. A role that looks at both individual needs and whole school approaches. Traditionally, BESD was managed outside of the mainstream setting for example, by outside professionals, outside of the classroom interventions, and outside placement. The onus has however changed with clear expectations on schools to manage challenging behaviour and staff can be supported by the Educational Psychologist to fulfil this responsibility. The chapter has made links between some of the influences of BESD, psychological theory and evidenced based interventions which would be a key role for the EP in practice, to ensure a needs led and evidence-based approach that benefits all pupils.

CHAPTER 4

CONCEPTUAL FRAMEWORKS

This chapter will explore conceptual frameworks that can be used to guide assessment and intervention in a systemic way and that take account of the interaction of and between factors at the level of the individual, family and school. Frameworks allow for understanding and knowledge to be developed in situ as stakeholders become part of the process. This is reminiscent of the theory of social constructivism whereby an individual's growth and development arise out of interactions with others. Consideration will also be given to the implications of using such frameworks for school policy and practice to promote positive behaviour, emotional and social development and prevent school exclusions.

The shift in views towards special educational needs can also be seen in the evolution of problem solving frameworks that guide practice. Earlier frameworks were regarded as linear in approach and located difficulties within the child (Weddell, 1970; Gillham, 1978, Kirkaldy, 1997). In more recent years frameworks have come to adopt an interactionist perspective and situate difficulties within the contexts (Monsen, Graham, Frederickson and Cameron, 1998; Monsen and Frederickson, 2008; Gameson, Rhydderch, Ellis and Carroll, 2003; Woolfson, Stewart and Monsen, 2003; 2008; 2017; Frederickson and Cline, 2009). The Division of Educational and Child Psychology (2002) notes this shift in approach from positivist frameworks to ones that now reflect:

'the body of psychological knowledge which emphasises the dynamic, interactive nature of children's learning and social behaviours with the environments in which they develop' (2002, p.23).

Using an interactive framework to gather information can have many benefits. Working collaboratively with the problem holder, which in the case of this research was key members of school staff, allows for a more meaningful piece of work. BPS guidelines note the importance of personal meaning within practitioner practice (2011) whereby stakeholders are encouraged to make sense of what is going on for them through collaboration (Harper and Moss, 2003; Harper and Spellman, 2006). Annan, Chua, Cole, Kennedy, James, Markusdottir, Monsen, Robertson and Shah (2013) refer to the involvement of the problem holder in this way as creating 'meaning seekers' and 'problem solvers' (p.80) as opposed to problem holders defaulting to the EP for the meaning/solution. This will clearly have a positive impact on capacity building and enabling school staff to manage similar experiences with greater ease in the future.

Effective intervention is more likely when the Educational Psychologist has collected information from a variety and wide range of sources (Wicks, 2013). It has been argued that using a framework to guide information gathering and therefore practice can allow for more in-depth understanding of the difficulty and its context (Kelly, 2008; 2017). Use of a framework supports the formulation stage, whereby psychological theory which was discussed in previous chapter, is drawn upon to generate hypotheses around the presenting difficulties (Johnstone and Dallos, 2014). Case formulation is co-constructed with stakeholders to reliably inform the next stage of intervention and therefore must

'involve careful clinical history and concise summation of social, psychological, and biological factors that may have contributed' (DSM 5, 2013 p.19). Use of a framework creates an opportunity for greater understanding of a difficulty (Kelly, Woolfson and Boyle eds. 2008), as it becomes understood in a variety of contexts i.e. the classroom, the school, the home. Wicks (2013) regards this approach as a way to 'gather information and formulate assessments in the real world with its messy change issues without being reductionist or prescriptive' (p.156). Flexibility has also been cited as a benefit of using a systemic framework (Woolfson et al., 2003; Gameson et al., 2003; Fredrickson and Cline, 2009) where an EP can tailor their approach to the individual and case. However, given that the framework provides a structure, a sequence of steps in which to approach a case where a visual representation is made of factors attributing to the difficulty (Morton and Frith, 2005); it could be argued that the approach is less flexible than first thought, and for good reason.

Using a systemic framework where maintaining factors to a problem have been identified at the various levels of individual, school and family leading to intervention that takes account of these, is more likely to be successful. This point is illustrated by the following piece of casework:

A primary age pupil 'A' who was frequently late for school would show challenging behaviour on being reprimanded and punished for his lateness. A referral was made to the Educational Psychologist due to concerns in relation to this behaviour. A linear framework might highlight that the pupil is late, punished and this leads to the behavioural difficulties that need to be modified, reminiscent of a behaviourism. In contrast, a systemic framework would encourage investigation at all the different levels. Using the latter, it transpired

that the parent had another child who she had great difficulty getting into his school taxi in the morning (this child had a diagnosis of ASD and his taxi arrangements had unfortunately suffered several changes as of late including frequent changes in pick up time and changes in the route taken to school, which all caused considerable distress) which had the knock on effect of making 'A' late for school. The school behaviour policy dictates that unexplained lateness is punishable by loss of some 'playtime minutes'. 'A' would state that he couldn't explain why he was late but did feel losing his play was unfair. Once the 'facts' had been established at the various levels then intervention could occur at these same levels. For example, discussion with the taxi company to establish a better routine, 'A''s lateness being explained to staff and viewed out of the context of needing punishment, 'A' to continue to access morning play as appropriate. This case highlights a more effective intervention as the problem has been explored in different contexts.

Psychological knowledge and theory can also be better demonstrated within a framework whereby links are made between theory and practice. While this encourages transparency and accountability (Annan, 2013) it is also likely to lead to greater success since if the problem holder is aware of the theory behind the intervention, they are more likely to engage with it (Porter, 2000). Such transparency is vital to the ethics of any practitioner as well as to increasingly outcome focused institutions. The Health and Care Professions Council (HCPC) sets out in its standards of conduct, performance and ethics that practitioners must make 'informed' and 'reasonable' professional judgements (2012): 'by informed we mean that you have enough information to make a decision...... By reasonable we mean that you need to make sensible,

practical decisions about your practice, taking account of all relevant information of the people who use or who are affected by your services' (2012, p.6). Use of a framework would ensure these competencies by showing the explicit reasoning behind actions. Wicks (2013) however argues that the 'underlying psychology' is not always made explicit within frameworks (p.157).

Systemic frameworks also encourage practitioner evaluation. This is important in evaluating success and positive change and informing future evidence-based practice. Evidence based practice is key for the survival of the profession of Educational Psychologists (Boyle, Mackay and Lauchlan, 2008). However, it has been noted that given the constraints on EP time, it is not always clear whether this stage is followed within the frameworks. When working within limited time allocations, the information gathering, and intervention stage are likely to be given the greatest focus.

4.1 Understanding risk and protective factors using conceptual frameworks

Disengagement from learning and school occurs because of a complexity of factors (DfEE, 1999; Parsons, 1999; Rendall and Stuart, 2005) which interact at the micro and macro systemic levels (Cooper and Upton, 1991). For this reason, a framework that takes a holistic account of a child's difficulties is important (Evans et al., 1999, Audit Commission, 1999; DCSF, 2008; Cole and Knowles, 2011; Murphy and Fonagy, 2012; NICE, 2013). A systemic approach to problem solving is more likely to produce a positive outcome (Woolfson,

Stewart and Monsen, 2003). Working in this way seeks to identify risk and protective factors at the level of the individual child, family and school. The extent of a pupil's difficulties can be dependent on the balance between protective factors that promote resilience and the number and nature of risk factors that can create vulnerability (Daniel, Wassell and Gilligan, 1999. Table 3):

Table 3: Assessment at the levels of the individual child, family and community:

Level within the ecological framework	What type of resources are we assessing?	Example of a risk factor	Example of a protective factor
Child	Personal characteristics e.g. self-esteem, motivation, social skills, attitudes to learning, emotional regulation	Academic failure e.g. non-reader	Secure early relationships
Family	Secure attachments/secure base	Death and loss	Supportive long-term relationship
School	Engagement with learning/ peer relationships	Academic failure	Peer support
Wider community	Extra familial supports	Socio-economic disadvantage	Range of positive sport/leisure activities

Adapted from Daniel and Wassell (2005).

Within an ecological framework (Bronfenbrenner, 1989) the research assessed the balance of risk potentiating and compensatory (protective) factors (Cicchetti

et al. 2000; figure 3) within the pupils' immediate and wider environment i.e. the macro, meso and micro levels. Within the research micro level analysis will focus on the family; the meso on the school, while the macro system represents the influence of wider cultural values and their impact at exosystemic, microsystemic and ontogenetic levels. There will be focus on the ontogenetic factors whereby the effect on the processes of individual development will be fully explored within the five case studies.

Figure 4: Cicchetti et al. (2005) conceptual framework to examine protective and risk factors relevant to the process of social and emotional development and risk of permanent exclusion from school.
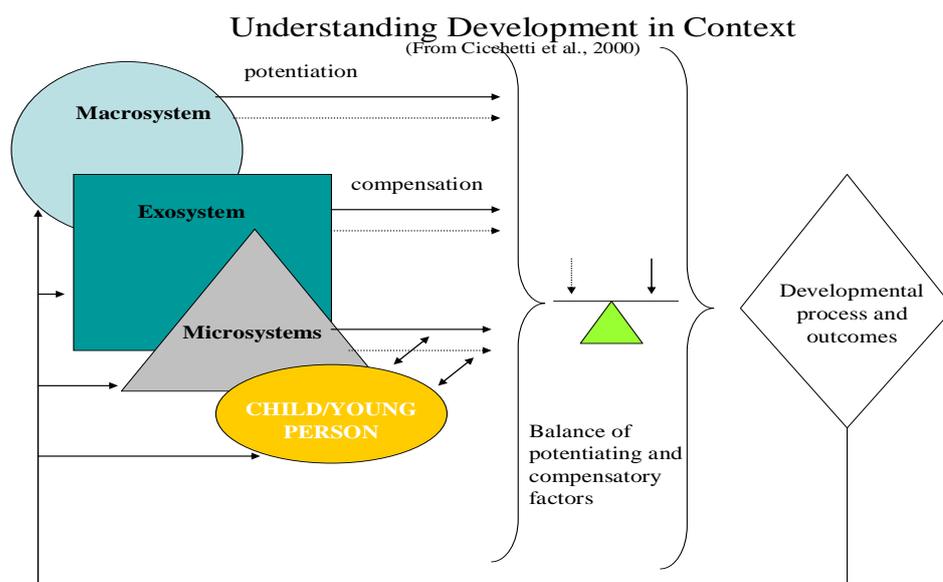
Using frameworks such as this allows for a clearly focused assessment of the resources available, underused or absent in supporting pupils, at the different levels of individual pupil, family and school. The framework acknowledges that the environmental context interacts with the pupil/pupils to create complex interdependent pathways of causality (Miller, 2003). Tew (2008) argues that

understanding the interaction between the personal and the social is key to 'recovery' i.e. change in cases where development is atypical, and/or where emotional needs are significant. Formulations should clarify the presenting difficulties and should 'draw on and integrate a wide range of interpersonal, biological, social and cultural factors' (BPS, 2011, p.5).

This approach to research is in keeping with my personal and professional values since it is seeking to examine behaviour in context (Beaver, 2011) and elicit the views of all who are involved. I feel particularly influenced both as an individual and in my practice by humanistic psychology where there is a holistic approach to which the individual is central. I also believe that every child has the right to be educated in their local school, a right to be part of their community, and that is more achievable when there has been a systemic approach to meeting needs that has included all stakeholders. The research mirrors these principles.

4.2   Chosen framework for research

Woolfson, Stewart and Monsen's (2003; 2008; 2017) Integrated Framework was chosen to guide assessment and intervention when working with the identified pupils who are at risk of exclusion and support the identification of risk and protective factors. This framework evolved from the earlier framework of Monsen et al. (1998) which had been designed to:

- Provide a systemic structure to aid trainee thinking about the complex, messy problems that are presented by schools, families and young people for EP/trainee involvement

- Encourage trainee EPs to reflect on and to be explicit about what assessments they were undertaking and why

Woolfson, 2008 p.121.

This original model was influenced by the work of Argyris and Schon (1974) and Robinson (1987) and offered Educational Psychologists a problem-solving tool in which to guide systemic practice. Kelly (2008; 2017) argues that both the Woolfsen et al. and the Monsen at al. frameworks are the 'two clearest examples (that) present an innovative, systematic approach to clarifying professional objectives and evaluating outcomes of professional involvement' (p,17). The original model made the thinking behind actions explicit. The new Integrated Framework (Woolfson et al., 2003; 2008; 2017) retains all the elements of the original framework put has evolved under additional influences, namely Bronfenbrenner (1979) ecological systems approach; collaborative and transparent approach which is shared by all stakeholders (Dunst et al, 1988 and Wagner, 2000); and interdisciplinary team working (Bailey, 1984). While the thinking behind steps is still explicit, the model is also shared with others i.e. the stakeholders. It allows for the generating of hypotheses at the individual, class/school, and home/community levels. The EP can facilitate others generating the hypotheses. The Integrated framework is comprised of 5 phases:

Phase 1 Establishing roles and expectations

Phase 2 Guiding hypotheses and information gathering

Phase 3 Joint problem analysis

Phase 4 Joint action plan and implementation

Phase 5 Evaluate, reflect and monitor.

4.3   Intervention

Using a systemic framework to assess difficulties allows for intervention at the different levels and more likely success (Wicks, 2013; Kelly, 2008; 2017). Parsons (1999) concluded in his research the importance of the identification of socio-economic, cultural, institutional and individual factors that cause pupil exclusions. Protective factors are important at the individual, family and school level to promote an individual's resilience and prevent exclusion; and that there needs to be a collaborative approach to action at the individual, family and school level given the interrelationships that exist between them (Rendall and Stuart, 2005). Currie and Goodall (2009) found that EPs were ideally placed to take on the role of working systemically, to bridge the gap between schools and other agencies, and action research is a key way to help bring agencies together with a common goal of identifying and supporting 'at risk' pupils. While Neven (2008) found that improving services for children, parents and families is inextricably linked to improving the professional relational and organisational environment in which these services are delivered. Professionals need to positively engage with both the child and the family if they are to promote child

and family wellbeing. The research identifies the importance of engaging with the child and the family (as well as the school) from the onset, engaging with the family at the information gathering stage. Intervention/s also mirrored this practice. Discourse did not focus solely on 'deficits' but on a balance of protective and risk factors. Similarly, Hartas (2008) found active parental partnership can be achieved through parents and professionals being responsive to, and of, each other's views.

Burton (2006) found that participants in a differentiated group intervention proved able to reduce their conflicts with teachers and avoid exclusion. Burton concludes that while promoting the social and emotional wellbeing of pupils has become a topical issue with an emphasis on whole school approaches, there is still a need for pupil centred work to ensure differentiation of need and support. This idea is implicit in the research, since while the process may be hypothesis driven any intervention is not, instead based on the information comprehensively gathered on a case by case basis.

4.4   Role of the Educational Psychologist

Educational psychology practice involves working at the level of the individual, group, school/setting, Local Authority/policy. Core practice domains are assessment, intervention, consultation, training and research. Educational Psychologists (EPs) have a key role in promoting systemic change through their varied and distinctive role, making 'contributions to research, training and policy

development' (Dunsmuir and Kratochwill, 2013, p.61). The EP is a scientific practitioner able to engage in successful policy development. (Woods, Stothard, Lydon and Reason, 2013).

Educational psychologists can play an integral role in working with pupils experiencing behavioural difficulties and preventing school exclusion, and this can be delivered within individual, group or whole school approaches. It can range from delivering specific therapies grounded in psychology such as Cognitive Behavioural Psychology (Atkinson, Corban and Templeton, 2010; Squires, 2010; Pugh, 2010; Squires and Caddick, 2012,), as well as group interventions to enhance social and emotional skills and improve behaviour (Boxall, 1976, 2002; Bennathan and Boxall, 2013; Burton, 2006). EPs can also be part of multi-agency teams and which have been found to be effective in preventing exclusions due to the sharing of knowledge and best practice (Macrae, Maguire and Milbourne, 2003; Lloyd, Stead and Kendrick, 2006; Currie and Goodall, 2009). EPs can also be central to the process of eliciting the views of others, including pupils', where solutions to behavioural difficulties can be found (Gordon, 2001) as well as parents (Neven, 2008; Hartas 2008). As EPs hold a wealth of knowledge regarding psychological theory and evidence-based interventions for working with pupils disengaged with learning and experiencing BESD, they can share this with other professionals and parents through consultation and training, to promote greater understanding of behavioural difficulties (MacConville and Rae. 2012; Rae and MacConville, 2014).

Of note, Wolpert et al. (2011) in an evaluation of the Targeted Mental Health in Schools project (TaMHs) noted the following interventions present in schools to support mental health and behavioural needs:

- Behaviour for learning and structured support for pupils

- Individual therapy

- Group therapy for pupils

- Information and training for parents

- Counselling for parents

- Consultation for staff

- Training for staff

Leadbetter (2010, 2013) highlighted the varied and multi-level role of the EP when working with behavioural difficulties, which would encompass these areas. Cole (2015) echoed this '(these interventions) cover the standard spectrum of approaches offered over many decades by behaviour support, educational psychology and counselling services' (p.50) and that EPs were in fact a 'major source of support for mental health promotion in schools' (p.54). EPs can work at the levels of the individual, group, family and school to support positive mental health development.

4.5   Implications for School Policy

It has been argued that research does not easily translate into policy, the two being distinct and separate entities (Caplan, 1979). The translation process is not without difficulty (Wilmott, 1994; Grimshaw, 1998; and Kirst, 2000). If we

focus on the area of school improvement, it has been noted that desired change is difficult, and not brought about by isolated methods i.e. 'external inspections' and 'self-evaluation methods' (Evans and Cowell, 2013, p.220). Positive school improvement is more likely when staff are actively involved and 'own' the process (Harding, 2004; Bubb and Earley, 2009). Lomas (1993) cited in Dunsmuir and Kratochwill (2013) identified the following three ways in which psychological theory, research and practice become integrated:

- Diffusion (to raise awareness through publicity)

- Dissemination (to educate and change attitudes through sharing research findings)

- Implementation (to change service delivery and professional behaviour).

Dunsmuir and Kratochwill, 2013, p.65.

Further to these, integration and translation is likely to be successful when there has been collaboration between researcher and stakeholder (O'Keefe and Medway, 1997). The EP can act as a 'bridge' in this process (Woods et al. 2013). EPs have the psychological knowledge and understanding of how it translates to school settings to create a context of partnerships (Colville, 2013).

The research aimed to identify the preventative and risk factors of individual pupils at the level of the child, family and school, with other professionals and parents (stakeholders) using a systemic framework. It is hoped that such an approach would continue within the school, where school staff have a framework to assess risk and preventative factors within 'at risk' pupils and intervene accordingly based on information gathered at the level of the child, family, school and wider community.

4.6   Research Contribution

The research aims to contribute the following knowledge to the field of inclusive education:

- reinforce the concept of inclusion as a process rather than a fixed definition;

- identify ways to include pupils who are often excluded both socially and academically; and

- establish ways that an academically orientated school can be more inclusive.

The research's broad aim was to support a mainstream primary school become more inclusive in its policies and practices in relation to pupils who are at risk of permanent exclusion from school. Given the systemic approach employed by the research, whereby the involvement of the pupil, family and school are identified as key, informed by previous research in this field, the possibility of wider social inclusion could be tackled, crucial given inclusion can have wider implications than the school level, with the potential to create a more cohesive society (Wedell, 1995; Robertson, 2008).

The research project will make an original contribution to theory development and future practice in the following ways:

- The study will illuminate the extent to which a systemic approach to assessment and intervention will help prevent the exclusion of vulnerable pupils.

- The study will illuminate the extent to which the involvement of all 'problem holders' in the assessment and intervention process will produce better outcomes for children and young people at risk of exclusion.

- Theory development will inform preventative strategies.

This chapter introduced the idea of a conceptual framework to identify risk and protective factors that are interacting at the levels of the individual child, family and school, to better inform intervention. This literature notes that this allows for a collaborative approach, in keeping with inclusive practice, where all stakeholders are engaged to plan for change. Such an approach is also hopeful since it allows for the identification of both risk and protective factors, with the goal being to increase protective factors to minimise challenging behaviour and prevent school exclusion. The EP as a researcher can encourage a collaborative approach. While it could be argued to assess and intervene within and between the three levels is very time consuming for an EP to undertake on a case by case basis, the EP can promote 'capacity building' within schools where staff can be trained in adopting this approach in-house, with a more consultative role for the EP within the process over time.

CHAPTER 5

METHODOLOGY, RESEARCH DESIGN AND PROCEDURES

This chapter provides an appraisal of the following areas of the study: the research context, study aims, methodological considerations informing study design, chosen study design, methods of data gathering, ethical considerations and a description of the approaches to be taken in the data analysis. The research was structured and guided using The Research and Development in Organisation (RADIO) model (Timmins, 2003).

5.1   Research Context

The aim of the research was to investigate whether the exclusion of a group of primary age pupils within a Local Authority primary school who had been identified as 'at risk' of exclusion by school staff, could be prevented through at systemic approach to assessment and intervention. This approach would seek to identify risk and protective factors in collaboration with school staff at the level of the child, family and school. The data collected at the assessment stage would inform actions at the intervention stage.

The overarching rationale for the study was to support the primary school in developing assessment and intervention programmes to prevent the exclusion of 'at risk' pupils. The study aims can be viewed in three stages (Table 4):

Table 4: Study phases

Stage 1	collaborative identification of risk and protective factors at the levels of pupil, family and school
Stage 2	case by case analysis to inform case interventions
Stage 3	cross case analysis to support the identification of preventative strategies

The study was driven by the following key propositions:

- A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).

- Identifying preventative and risk potentiating factors at the individual, family, school and community levels can lead to effective assessment and intervention (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).

- A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff in working to reduce the number of pupil exclusions.

At the time the research was undertaken, the primary school was a recently amalgamated infant and junior school. There were 491 pupils on roll at the school which was two form entry. Catchment was formed mostly from the local residential area which is considered neither advantaged or disadvantaged. 16%

pupils are considered eligible for school meals which is below the national and LA average. 17% of pupils are named on the Special Educational Needs register, a number again below the national and local averages. Nearly all pupils have English as a first language, with no pupil identified as needing support with English as an Additional Language (EAL). No pupils have Welsh as the language of the home. The school underwent an Estyn inspection in 2011 and the following information is taken verbatim from the Estyn report:

Area and standard	School outcome	Additional comments
Learning outcomes 'good' (March 2011)	Year 2 national assessments: the proportion of pupils reaching the expected level, Level 2 was above local and national averages in all three subjects. Year 6 national assessments: the proportion of pupils reaching the expected level, Level 4 was below local and national averages. The proportion of pupils reaching the higher level, Level 5 was also below.	results at the higher level, Level 3, were better than the local and national average. nearly all pupils make good progress on entry to the nursery (value added) nearly all pupils with ALN however, achieved in line with their abilities
Wellbeing outcomes 'good' (March 2011)	Attendance is good, averaging 93.4% which is marginally better than the national attendance rate. The school itself also seeks pupils' views so that they	Nearly all pupils have a strong sense of ownership of their school. Many pupils say that they

	are appropriately involved in decision making.	like school and enjoy working with each other and their teachers

Despite this 'good' performance, very shortly after the inspection 5 pupils had been identified as at risk of exclusion by school staff. Each case was approached using a problem-solving framework that supported both a multi-level ecological and multi-agency approach through a 5 phase process:

- Phase 1 Establishing Roles and Expectations

- Phase 2 Guiding Hypotheses and information gathering

- Phase 3 joint problem analysis

- Phase 4 Joint action plan and implementation

- Phase 5 Evaluate, reflect and monitor.

The 'Integrated Framework to Guide Educational Psychologist Practice' (Woolfson, Whaling, Stewart and Monsen, 2003; 2008; 2017) was used to secure a systemic investigation of each pupil's circumstances to inform assessment and intervention aiming to prevent their exclusion from school. The framework provided a record of hypotheses to be investigated at different ecological levels.

The Woolfson et al. integrated framework (2003; 2008; 2017) harnesses the principles of collaborative research in its approach. Collaborative research facilitates problem solving and changes in practice, from inquiry into current practice, as evidenced from several data sources (Riel and Rowell, 2016; Rowell, Riel and Polush, 2016). The integrated framework was designed to

assist educational psychologists in this aim, providing a 'practical tool for informing systemic EP practice within an interdisciplinary, collaborative context by employing ecological analysis of problems to facilitate reformulation of within-child problems as group, class or school-based issues' (Woolfson et al., 2003, p.301). The framework linked with the research stages (Table 5) as follows:

Table 5: Integrated Framework Phases

Integrated Framework Phases	Process steps	Stage of research and stakeholders
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP
2	Guiding hypotheses	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP
	Information gathering	Stage 1/ EP
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers, parents and EP Rich data collection created at this stage for a profile of risk and protective factors to be identified
4	Joint action plan and	Stage 2/ Meeting with Headteacher,

	implementation	SENCo, year 4 class teachers, learning support assistant, parents and EP
5	Evaluate, reflect and monitor	Stage 3/Consultation meeting with multi-disciplinary team (attendees as above) and multi-agency team

5.2 Methodological Considerations Informing Study Design

The research's ontological position is that of interpretivism whereby reality is subjective and socially constructed. The epistemology of the research is social constructivism. Social constructivism locates human development and learning and so the 'construction of reality' (Berger and Luckmann, 1966) in social interactions. Kelly (2008) notes that this constructed reality is a 'product of a complex system of transactions and interactions' (p.23). The choice of methodology was a case study within collaborative research.

At an early stage when deciding on which research paradigm to utilise I considered it important to look at the compatibility of both positivist and non-positivist paradigms. A decision could then be reached on the best fit for investigating the key hypotheses summarised above.

Positivist research would assume the following:

- objective knowledge (fact) can only be gained from direct experience or observation;

- there is a separation of facts and values; the research is value-free;

- Positivist research is based largely on quantitative date derived from strict rules and procedures;

  the purpose is to generalise findings and develop universal causal laws and establish causal relations.

Adapted from Robson (2013).

Working with school staff to prevent the exclusion of at risk pupils emphasises the importance of gaining direct experience of the school context e.g. through 'direct experience or observation' to build a comprehensive picture of the current system and level of need. An incompatibility with a positivist approach was that it would be difficult to separate fact and values since schools have their own value systems, and to ignore these from the outset might damage the feasibility of any interventions. Collecting data based on strict rules and procedures e.g. timed observation exercises where pupils partake in exercises designed to trigger a breakage of a school rule did not seem a good choice for ethical or practical reasons. Working in this way might impinge on the rules and procedures already in place as part of the school system e.g. existing timetable, which could have the overall effect of causing a school day that was not familiar to pupils or staff.

For the above reasons a positivist approach was rejected, and the interpretive paradigm considered. The interpretive, non-positivist approach assumes that:

- behaviour is examined in a context;

- the social world should be studied in its natural state, without the intervention of, or manipulation by, the researcher;

- there are multiple interpretations of, and perspectives on, single events and situations;

- researchers need to examine situations through the eyes of the participants rather than the researcher; and

- the objective is not to produce a universal theory, but multi-faceted image of behaviour as varied as the situations and contexts supporting them.

(Cohen et al, 2000, p.22).

This approach seemed more compatible with the research since it acknowledges the uniqueness of a situation and the importance of examining the context i.e. the daily occurrences at school. It was essential to witness the reality of the current situation, so a reliable measure of risk and protective factors could be ascertained. This measure was the foundation of the research and key to brining positive changes (Audit Commission, 1999; DCSF, 2008; Cole and Knowles, 2011; Murphy and Fonagy (2012; NICE, 2013).

To complement the approach of researcher observation, it was essential to elicit participant perspectives and gain access to their subjective accounts since they experienced the daily reality of the situation. My aim was not to promote a universal theory relevant to all schools since the data gathering was specific to one school, and generalising would risk producing and applying a simplistic interpretation to all schools. This would not be effective or helpful since different

schools would have different needs and be at different stages of preventing exclusions.

Consequently, the epistemological stance of the research quickly became that of constructivism/interpretivism, whereby a researcher acknowledges the importance of eliciting the subjective perspectives of participants, on the belief that their reality is 'socially constructed' (Robson, 2013). There would need to be a 'systemic model of enquiry' (Rendall and Stuart, 2005), a process of understanding a host of social constructions at the pupil, family and school levels, which in the case of the research related to behavioural difficulties. In the host school, behaviour was managed by the school's behaviour policy, arguably a top down approach limited to behaviourist approaches. The policy (appendix 11) outlines the rewards and consequences for positive and negative behaviours. Within the policy, it states that there is:

- a partnership around agreeing school rules. The Headteacher and school leadership team are responsible for setting whole school rules. Every class agrees class rules at the beginning of the school year

- a graduated response to behaviour, whereby there are increasing consequences for escalating behaviour

- an expectation that all pupils will follow the rules, 'having behavioural special needs does not exempt the child from the consequences for misbehaviour' (p.5)

- Rewards are both individualised, and class based e.g. self-assessment board, target booklet, house points, merit card and certificate and class activity reward.

- Consequences are individualised e.g. reminder, choice, time out, miss play, inform parents, warning letter home, exclusion.

  The child's voice is elicited when behaviour is categorised at level 2 i.e., 'persistent level 1 misbehaviour, stealing, significant damage to property, physical abuse, verbal abuse.

- Parents are involved at level 2 behaviour i.e. 'inform parents and carers of their child's misbehaviour and invite them into school to discuss their child's education'. For level 3 behaviours, 'send a warning letter home that the child may be excluded from school for any subsequent misbehaviour'.

Given that a significant number of pupils were at risk of exclusion, the policy which is solely a framework for managing observable behaviours, evidently was not working for all, and an investigation of practice was warranted to understand this further.

Critics have argued positivist and interpretive approaches are: 'essentially technicist, seeking to understand and render more efficient an existing situation, rather than to question or transform it' (Cohen et al, 2003, p.29). Since the research's aim was to bring about change and improvement through collaboration, further research approaches needed consideration. Kemmis (1982) talks of four types of educational research: scientific, interpretive, and technical which represents a combination of the former two, and subsequently a fourth, collaborative research, which takes account of the partnership between a school and researchers; the active involvement of the participants; the need to analyse the current situation; and placing emphasis on change. Whitehead (2009) notes that collaborative research supports the translation of 'rhetoric into

reality' (p. 92) as individuals are part of the process and explore their own ontological assumptions i.e. their understanding of the reality. This approach seemed particularly appropriate since it was congruent with 'desired' EP practice of working through consultation (Wagner, 2000; Ashton and Roberts, 2006; Boyle and Lauchlan, 2009) to empower others, in the role of 'enabler' rather than 'expert'. (Dennis, 2004, p.22).

5.3   Chosen Study Design

A nested case study within a design of collaboration formed the research design. The Research and Development in Organisation (RADIO) model was used as the framework for the research. (Timmins, 2003) and is explored in detail in Table 6.

The reason for choosing this research method was to improve learning and so practice, advance knowledge and theory, and contribute to new understandings (McNiff, 2017, p.3).   Improvement can be a sensitive issue and can be perceived as a criticism which can embed the status quo further. Improvement through collaboration can reduce this issue since it is a learning experience where stakeholders will make judgements about their own practices (McNiff and Whitehead, 2015). The method seeks to fully experience the situation first hand in its natural setting, through working collaboratively and gathering a variety of data from a range of sources and viewpoints, with attempts at triangulation. This type of research facilitates professional learning.

The focus of the research was for me (Educational Psychologist) to work with designated members of staff and 5 pupils highlighted as at risk of school exclusion by current procedures, to form a series of case studies, to aid: 'development of detailed, intensive knowledge' (Robson, 2013, p.89) of each pupil's risk and protective factors. Collaborative research takes account of the active partnership between the school and the researchers. It empowers individuals to 'generate their own explanations' about what is going on to support the transition of policy into practice (Whitehead, 2009, p.87).

5 case studies formed part of the collaborative research. A case study allows a case to be seen in its circumstances or context (Simons, 2009; Stake, 2005). Thomas (2015) argues that a case study allows you to 'get closer to the why and how' (p.4) of what is being researched. Case studies involve the use of qualitative and quantitative methods. The focus on qualitative data highlights the close link between researcher and participants, where the elicitation of the participants' perspectives was key to understanding the current level of need and elicited through pupil, staff and parental interviews and questionnaires. Some quantitative data was also examined from school-based assessments, where numerical data contributed to a more detailed picture of each pupil's assessed abilities and attainments. A range of methods of data collection were used to investigate the research propositions of:

- A systemic approach to assessment and intervention can prevent the exclusion of 'at risk' pupils.

- Identifying preventative and risk potentiating factors at the individual, family and school level can lead to effective assessment and intervention.

- A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff to reduce the number of exclusions.

The Research and Development in Organisations (RADIO) Model (Timmins et al, 2003) was used to take account of all the elements discussed above, in the formulation of the study design (see Table 6).

Table 6 Formulation of design: RADIO Model

RADIO phases	RADIO Stages	Action Taken
Clarifying concerns	1. Awareness of a need	The awareness of need arose in the school context, at an Educational Psychologist planning meeting at the beginning of the academic year (September 2010) where discussion with the Headteacher and SENCo highlighted concerns around a cohort of pupils demonstrating behavioural difficulties that staff did not feel able to support and were at risk of exclusion from school. These concerns were also supported by a review of EP casework from the previous academic year. This would be translated into an Ed Psych D research proposal.
Clarifying concerns	2. Invitation to act	January 2010: Meeting with LA stakeholders (Principal Educational Psychologist and Access and Inclusion Service Manager). Meeting with school-based stakeholders (school headteacher and school SENCO). These meetings allowed for discussion around the finalised research proposal, identification of participants, agreement of time scales, resources, purposes and methods aligned with the research proposal of preventing the exclusion of 'at risk' pupils from school.
Clarifying concerns	3. Clarifying organisational and cultural issues	February 2010: Meeting with school-based stakeholders: • Discussion about behaviour systems

		• Tour of the school Information indicated that the research process alongside any changes to the current system/policies to prevent the number of Ellisxclusions, would need to be sympathetic to several school based issues i.e. during the previous academic year the school had amalgamated from a split site infants and junior school into a sole primary school; the infants and junior staff were accustomed to different leadership styles and working in different ways so staff were currently in a 'transition' phase; a 10-15minute work separates the infant and junior departments which can serve as a barrier to effective communication and consistency of approach.
Clarifying concerns	4. Identifying stakeholders in area of need	Research co-ordinating group established: EP, Headteacher and SENCo. The Headteacher is based on the Juniors site and the SENCO the Infants site which should combat some of the challenge outlined above. Group to co-ordinate research activities and maintain communication with other stakeholders e.g. PEP, form tutors and pupils.
Clarifying concerns and Research methods mode	5. Agreeing focus of concern	April 2011: Co-ordinating group agree stakeholder group (school staff, parents, EP and other involved professionals as appropriate) and focus of concern: a cohort of 5 pupils currently at risk of exclusion. Hypotheses agreed: • A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003). • Identifying preventative and risk potentiating factors at the individual, family and school level can lead to more effective assessment and intervention (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003). • A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff in working to reduce the number of Ellisxclusions. Phase 1 and 2 of research process also discussed and agreed. Phase 1: • collaborative identification of risk and protective factors at the levels of pupil, family and school

		Phase 2: • case by case analysis to inform case interventions Phase 3: • 3 cross case analysis to support the identification of preventative strategies Decision made to use collaborative research as part of study design.
Research methods mode	6. Negotiating framework for information gathering	May 2011: Following ethical approval by the University of Birmingham School of Education Ethics Committee the following framework is agreed (following initial parent/pupil consent meetings): • Classroom observations of each of the 5 pupils • Meeting with parent/s of each pupil • Pupil interview • Pupil assessment • Questionnaire to pupils to measure self-esteem 'B/G Steem' (Maines and Robinson,1983) and levels of hope using 'The Children's Hope Scale/ Goals Questionnaire' of 'Measures of children's mental health and psychological wellbeing' (McCory and Cameron, 2009) • Questionnaire to class teachers regarding behaviour management style/role; review of pupils' academic performance • Class teacher interview in relation to individual children • Document analysis i.e. reading of school policy documents on behaviour management; professional reports pertaining to individual case studies; IEPs/PSPs, Estyn inspection reports. • Multi-disciplinary consultation group to identify 'supports'. Multi-agency consultation group to review process/inform future practice Both qualitative and quantitative methods represented in information gathering.
Research methods mode	7. Gathering information	May 2011: Information is gathered using agreed methods.
Research methods mode and Organisational change mode	8. Processing information with research sponsors/stakeholders	2nd half of Summer Term: Research findings are shared with stakeholders. Discussion to focus on implications of findings and begin interventions.
Organisational change mode	9. Agreeing areas for future action	July 2011: Planning next steps to improve/develop school practice: • Staff training • Policy development • Practice development

5.4   Research Stages

The collaborative research can be viewed in the following 3 stages (table 7):

Stage of research	Process	Stakeholders
• Stage 1 collaborative identification of risk and protective factors at the levels of pupil, family and school	Use of Integrated framework over time for • Establishing roles and expectations; guiding hypotheses; information gathering; joint problem analysis. • Rich data collection from the framework allowed in-depth identification of risk and protective factors	Meetings with Headteacher, SENCo, year 4 class teachers, parents and EP Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP.
• Stage 2 case by case analysis to inform case interventions	Continued use of Integrated framework for • Joint action plan and implementation • Also, collaboration continued as professionals reviewed each case study profile of strengths and difficulties, risk and protective factors, to identify the most appropriate interventions. The aim was to match current need with evidence-based interventions. • evaluation, reflection and monitoring	Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP.
• Stage 3 cross case analysis to support the identification of preventative strategies	• Identification of themes and that would inform future school practice to support pupils with BESD and prevent school exclusion.	Meeting with Headteacher, SENCo, all year 4 class teachers, parents and EP (multi-disciplinary) Meeting with Headteacher, SENCo, Behaviour Support Advisory Teacher, Primary Mental Health therapist, Trainee EP and maingrade EP. (multi-agency)

Table 7: Research stages

5.5   Ethical Considerations

An evidence base needs to exist in schools showing a graduated response to justify the referral of a pupil to the Educational Psychology Service. This evidence would detail difficulties and progress over time and represent a staged 'plan, do, review' approach to pupils with special educational needs, as advocated by the SEN Code of Practice (DfES, 2001, 2013; WAG, 2015). As an Educational Psychologist, I use a script to promote the informed consent of pupils whereby they are informed that what they share with me is in confidence, providing that they themselves or others are not at risk of harm. The use of this script is standard practice for EPs working in my service.

The research process is thought likely to inform practice in other schools. As the focus of the research is identifying risk and preventative factors, what we discover about the child including what they and others tell us, becomes key information to disseminate to others. To safeguard against intrusion, pupils' and other stakeholders' identity will remain anonymous, using codes, for example 'Ben' would be known by another name. Furthermore, life details can be coded against set criteria: for example, in place of a narrative description of Andrew's academic record would be the code 'delayed literacy and numeracy skills'. Establishing life events reflects an ecosystemic approach whereby influences of biological, social and psychological factors on behaviour, social and emotional development can be recorded.

in as Informed consent for this method of reporting findings to a wider audience needed to be elicited from pupils and parents to proceed (as detailed in form EC2).

The British Psychological Society's Ethical Principles for Conducting Research with Human Participants (BPS, 2000) were followed. The following were key considerations:

- pupil and parental consent

- confidentiality

- storage of data

- dissemination of findings.

- Consent

Participation in the research is optional. Informed consent was elicited from parents and pupils as outlined in the attached forms (Appendices 4 and 5). The forms represent that establishing consent is a process where there was the opportunity for questions and reflections before consent was asked for/given.

The pupil consent form was a result of a meeting with a pupil who has been highlighted as a possible participant in the study. Children often have the solutions to their problems (Gersch, 2001) so it seemed appropriate to engage a pupil in providing a framework in which he would be expected to work. The idea of using a 'fake name' to protect the identity of pupils was one outcome of eliciting the pupil's perspective.

The following dimensions of the planned study were made explicit in introductory meetings with participants:

- the nature of the research

- the research aims

- how the research came to be

- each respondent's role in the research

- methods of data collection and analysis

- planned dissemination of findings.

There was an opportunity for questions and for respondents to have time to give informed consent based on the information they have been given. While it would have been helpful in terms of the research timeline, there was no expectation for participants to give their consent at the introductory meeting but rather encouragement to have time to think further about their decision.

- Confidentiality

Anonymising participants ensured confidentiality for example, removal of the forenames and surnames of pupils, parents and professionals and the school name from documents and replacing these with systematic codes. As mentioned previously, when I discussed with a primary age pupil about the possibility of participating in the research and the findings being shared with others, he suggested the idea of being able to choose a 'fake name' to hide his identity. This idea was reflected in the research practice. The 5 pupils will be known by the pseudonyms Alex, Ben, Chris, Dave and Ellis for the purpose of this research

- Storage of data

I followed the Local Authority's data protection guidelines. Storage files and boxes of documents, transcripts and recordings were marked confidential and kept in locked storage. Unwanted copies of materials would be destroyed. Typed records as part of the thesis write up, would not use any actual names of individuals or school. There would be the immediate coding of responses so that no actual names are recorded in any information/documents.

- Dissemination of findings

Participants were debriefed following the conclusion of the research and provided with a synopsis of the research's findings and implications. To ensure that this was delivered in a developmentally appropriate way with children I sought the advice of other EP colleagues via peer supervision, as well as consultation with school staff to ensure pupils accessed the information in a meaningful way.

5.6   Methods of Data Gathering

Methods to establish risk and protective factors for each case study (stage 1) included:

- Classroom observation

- Parental interview

- Pupil interview

- Pupil questionnaire

- Pupil cognitive assessment

- Class teacher questionnaire.

- Class teacher interview

- Document analysis of school policy documents on behaviour management; IEP/PSPs, Estyn inspections and professional reports pertaining to individual case studies

Methods to inform case by case analysis and case intervention (stage 2):

- Consultation group (multi-disciplinary)

Methods to inform identification of preventative strategies/inform future practice (stage 3):

- Consultation group (multi-agency)

5.6.1 Classroom Observation

Classroom observations were undertaken, the purpose being to observe current practice of behaviour management, strengths and areas for development. Primarily, a narrative observation format was used that included an ABC (Antecedents, Behaviour, and Consequences) log to record incidents. Direct observation was chosen as a method as it allows for the researcher to become familiar with the daily reality of the participants: 'a matter of collecting information about the nature of the physical and social world as it unfolds before us directly via the senses, rather than indirectly via the accounts of others' (Foster, 1996, p.vii). An advantage of this method is that it is implemented simultaneously as an event unfolds and is not reliant on memory or an involved participant's perspective, which may hold bias due to their active involvement. However, critics argue that the introduction of an outsider into the environment has an impact on the situation: 'How do we know what the behaviour would have been like if it hadn't been observed?' (Robson, 2013, p.311).

5.6.2 Parental Interview

A structured interview format (see Appendix 3) was used when meeting with parents to explore the family context, including development, pupil strengths, areas of concern, family difficulties/challenges, involvement of other agencies and progress over time. The interviews reflect the standard questions I use when meeting with parents/carers in my daily practice as an EP.

5.6.3 Pupil Interview

Personal Construct Psychology (PCP) was used as a framework for pupil interviews (appendix 4). Pupils participated in a semi structured interview where their feelings about school and home were assessed using an extended Salmon line (Salmon, 1998, 2003) rating scale. Pupils were asked to rate their feelings about each out of a possible '10', with '0' representing 'awful', 5 'ok' and '10' as 'fantastic'. This then led to discussion about: what things were going well; what things weren't going so well; and what would help to move up the rating scale. In exploring pupil's understanding of these opposites or constructs (positive and negative things about school), pupils were also able to identify ways to improve things. A PCP technique gave a clear purpose to the interviews rather than tokenistic. Constructs are based solely on the individual's life experiences.

The interview also focused on the pupil's Individual Education Plan (IEP) or Pastoral Support Plan (PSP) (if these are in place) to discuss the pupil's views of their targets and their progress.

5.6.4 Measures of Children's Mental Health and Psychological Wellbeing – Resilience: The Children's Hope Scale (Snyder, Hoza, Pelham, Rapoff, Ware, Danovsky, Highberger, Rubinstein, Stahl, 1997)

and B/G Steem Questionnaire: Self-esteem questionnaire (Maines and Robinson, 1988).

Pupils' views were elicited using the Measures of Children's Mental Health and Psychological Wellbeing – The Children's Hope Scale (Snyder, Hoza, Pelham, Rapoff, Ware, Danovsky, Highberger, Rubinstein, Stahl, 1997) and the BG

Steem Questionnaire (Maines and Robinson, 1988). The Children's Hope Scale (Goals Questionnaire) is comprised of 6 questions rated using a six-point Likert-type scale ranging from 'None of the time' at one end of the scale to 'All the time' at the other end (appendix 6).

This questionnaire measures two elements of hope, 'agency (the thoughts and beliefs relating to the likelihood of achieving the task) and pathways to achievement (the sequence of events and task which form the route from the present performance to the final goal achievement)' (McCrory and Cameron, 2009, p.18).

The B/G Steem questionnaire is a measure of an individual's self-esteem based on self report. There are 27 questions, each requiring a 'yes' or 'no answer', 20 questions relating to self-esteem and 7 questions relating to locus of control. Questions ranged from 'Is your school work good?', 'Are your parents proud of you?' to 'Do children like playing with you?' (for self-esteem) and 'Do you choose your friends?' and 'Do other people decide everything about your life?' (for locus of control).

These questionnaires were selected to provide an assessment of elements of each pupil's social and emotional development, quantifying risk and protective factors within the pupil's own attitudes and skill set.

5.6.5 Cognitive Assessment

Pupils' cognitive abilities were assessed using the Wechsler Abbreviated Scale of Intelligence (WASI, Wechsler, 1999), a standardised assessment (appendix

7). The assessment is comprised of subtests that measure verbal and non-verbal (visual reasoning and spatial) abilities. Combining scores in these areas, can give an indication of an individual's overall cognitive ability (IQ). The assessment is made up of the following subtests:

Vocabulary: assessment of expressive language skills and the individual's understanding of key words

Block Design: assessment of non-verbal reasoning and spatial visualisation skills

Word Similarities: assessment of verbal reasoning and verbal knowledge

Matrix Reasoning: assessment of inductive reasoning skills and application of rules governing relationships among abstract figures.

A cognitive assessment can be viewed as a very narrow view of a child's strengths and difficulties as well as unreliable as it views intelligence as fixed rather than fluid. The WASI is an abbreviated scale, which can be used to measure cognitive abilities when the full battery is 'not necessary or feasible' (McCrimmon and Smith, 2012, p.1). This felt an appropriate measure in the research as it would be capable of challenging a generalised learning difficulties hypothesis held by staff, but with minimum time and task intrusion for pupils. However, the results should be viewed with a degree of caution as it was not a comprehensive full battery assessment. Establishing a cognitive profile felt justified in relation to the case studies as a hypothesis put forward for all was that the pupils' behaviour was in line with their learning abilities, and that learning difficulties were present. Coupled with the fact, that alternative placement in a special class for generalised learning difficulties was being

considered, as an alternative to exclusion, and a measure of an individual's IQ forms part of the referral criteria. There is a view within the panel processes in the LA that once an individual's cognitive abilities are identified, academic achievement can be quantified and that academic skills should generally be commensurate with cognitive abilities. However, cognitive ability is not the only indicator of academic achievement and so a limitation of any cognitive assessment is that it does not take into consideration the other factors of achievement, where an ecosystemic assessment does.

5.6.6 Class teacher Questionnaire

A self-completion questionnaire (see Appendix 8) was given to class teachers to elicit their perspective on their knowledge and practice of behaviour management: how confident and effective they believed they were in its promotion. The questionnaire could be completed anonymously. Since I was asking questions essentially about professional practice I considered that a questionnaire afforded an appropriate method for achieving an honest response rather than a face to face interview. The questions were as follows:

- How well does the school promote positive behaviour in pupils?
- How well does the school monitor positive behaviour in pupils?
- Do you feel that the current Behaviour Management Policy is effective?
- As a class teacher, how confident do you feel in managing the behaviour of pupils' in your class?
- As a class teacher, how effective do you feel in managing the behaviour of pupils' in your class?

- As a class teacher, how knowledgeable do you feel in managing the behaviour of pupils' in your class?

- What supports/interventions are available to pupils who are thought to show behavioural difficulties? (Please list any you aware of at your school)

Class teachers were asked to rate their answers ranging from '1 not at all' to '5 extremely confident'. There will also be some open-ended question: What supports are available to pupils who are thought to show behavioural difficulties? which were aimed to 'capture the specificity of a particular situation' (Cohen et al., 2000, p.248). The questionnaires are time saving at the administration stage since the researcher did not have to be present. However, substantial time had been previously spent in their design, pilot and redesign before finalisation.

5.6.7 Class teacher Interview

Class teachers participated in a semi-structured interview (appendix 9) that focused on identifying each focus pupil's strengths, difficulties, progress over time, strategies/interventions tried and their outcomes and a review of academic progress.

5.6.8 Document Analysis

The reading of school policy documents on behaviour management, pupil IEPs and Estyn inspection reports, produced qualitative data to establish the supports/or lack of for pupils. The purpose of this technique was to form part of the needs analysis and investigate the relationship between policy and practice: 'a supplementary method in a multimethod study' (Robson, 2013, p.352). Policy represents a formulation of values/espoused theory and document analysis can facilitate exploration of this. This method is unobtrusive since documents can be taken and read outside of the school environment.

5.6.9 Consultation Groups

- A multi-disciplinary consultation group of school staff i.e. Headteacher, SENCo, Year 4 class teachers, Learning Support Officer and the EP/researcher was organised at stage 2 of the research. The focus of the meeting was to 'provision map' i.e. identify supports and resources within school and outside of school relevant to pupils 'reported needs which could be accessed by these particular pupils.

- A multi-agency consultation group was also organised at stage 3 of the research that comprised of different professionals including Headteacher, SENCo, Behaviour Support Advisory Teacher, Primary Mental Health therapist, Trainee EP and maingrade EP. The purpose of

the meeting was to elicit feedback on the process and identify preventative measures/inform future practice.

5.7   Data Analysis

Data analysis was undertaken collaboratively, since change is more likely to occur when practitioners are involved in the inquiry, interpretation and application of findings (Bassey, 1998). Furthermore, presentation of the various data and emphasis on trends encourages ongoing reflection on the current situation and current practice, promoting 'unexpected insight into situational realities' (Little, 1981, p.4). Kemmis and Wilkinson (1998) argue that working collaboratively at all stages, allows participants to further their knowledge and research skills which can in turn be applied to future concerns.

The purpose of data analysis is to categorise and summarise data to relate to the original research questions. Data analysis focused on the triangulation of data, which can be defined as 'the use of two or more methods in the study of some aspect of human behaviour' (Cohen et al., 2000, p.112). The rationale is that analysis of several data sources will emphasise trends highlighting an accurate assessment of need. Analysis also focused on identifying risk and protective factors at the individual, family and school level for each case study. This occurred within a framework of established theory, with regard to following a systemic approach (Bronfenbrenner, 1989, Woolfson et al. 2003) to make an assessment of protective and risk factors (Cicchetti, 2000; Daniel and Wassell 2005; Daniel, Wassell and Gilligan, 1999.)

5.8   Reliability and Trustworthiness

Robertson (2000) argues that the underlying principles of collaborative action research are reflexivity, reciprocity and reflection and notes that '(researchers) may find their research methods become part of the participants' practice being researched' (p.307). There is also the threat of confirmation bias whereby the researcher's existing preconceptions and beliefs influence the research outcomes. These were safe guarded within this collaborative research in a number of ways. Firstly, the data gathered was interpreted collaboratively with professionals from other disciplines i.e. school staff and not just me as an educational psychologist. Confidence should also be found in the educational psychologist's distinct contribution as one of scientist practitioner (Fallon, Woods and Rooney, 2010). While, Rumble and Thomas (2017) indicate that this is fulfilled through the EP's use of 'psychological skills, knowledge and understanding' which arguably could support a confirmation bias standpoint.

Interpretations and actions in the research were informed by psychological theory and evidence-based interventions (as discussed in chapter 3). It should also be noted that EPs work within a framework of ethical guidelines that ensure fitness to practise (HCPC, 2016) where this is a duty for knowledge and skills to be kept 'up to date and relevant to your scope of practice' (p.7); and an expectation of honesty and trust, 'make sure your conduct justifies the public's trust and confidence in you and your profession' (p.9) and 'declare issues that might create conflicts of interest and make sure that they do not influence judgement' (p.9). As discussed in the previous chapter (4) use of a problem-

solving framework supports these expectations since steps in actions are made explicit, logical and evidenced based.

The reliability and trustworthiness of the study was also protected in these ways: use of a variety of information gathering methods for triangulation purposes, perspectives of all participants were elicited (pupils, teachers and parents), the school was researched through time and not just the present, since the research spanned a whole academic year and I had been the link EP to the school for 2 years prior to this. Historical consideration could be given to why the school operates in the way it does, what is going on now and what would be feasible to implement in the future. Furthermore, reliability and trustworthiness were also protected at the individual method of data gathering (see Table 8):

Table 8: Protection of reliability and trustworthiness at each stage of data collection

Threats to Reliability and Trustworthiness	Research Procedure or Instrument	Reliability and Trustworthiness
Response bias	**Pupil Resilience Questionnaires** **Pupil Interview**	Pupils were told that the information would not be shared with their peers and would be anonymised using a 'fake name' when I wrote up my research. Pupils had developed a rapport with myself, conducive to trust, prior to this piece of work due to my previous visits to the school as the visiting EP, observations undertaken in their class and a session where I elicited their informed consent. (See Appendix 1 for a record of eliciting pupil consent session).
Researcher selecting information to share	**Consultation Group Discussions**	Pupils' profiles were discussed with professionals, but these were anonymised to prevent bias and protect confidentiality. This is particularly important since the project's aim was to promote systemic change rather focusing purely on 'within child' difficulties'.
Researcher presence influencing events	**Classroom Observation**	To safeguard against the researcher's presence having an influence on the situation, I started with an unobtrusive observation, non-participatory, positioning myself at the back of the class. I also observed the cohort of pupils on 2 separate occasions. The second took the form of a participant observation. There were two reasons for my change in practice. Firstly, I felt it would benefit the research to act as an active participant in a lesson, to experience first-hand a lesson. Secondly, I felt interaction from the researcher produced a more relaxed class rather than one on its best behaviour because of a 'special visitor'. I would add that participating in a lesson is difficult to combine with the writing of detailed notes, however if the end result is a more realistic observation I feel this is sufficient justification for its use. Another means to secure reliability and validity is the removal of any bias through the absence of tight categories being pre-imposed. Ideas were therefore able to emerge from the analysis of the collected data, reminiscent of 'grounded theory' (Robson, 2002). Critics of the technique argue observations are based on subjective interpretation by observer. I feel that this was safeguarded since further clarification was achieved through debriefing with the teachers following a lesson. Also, some observations were categorical, and posed little risk of biased subjective interpretation (e.g. 30 pupils in class organised around tables of in groups of 4).

Bias through data set not being a fair indicator of policy in action	**Document Analysis**	A problem with content analysis is that policies are not written for the purpose of research. For example, on examination of one of the pupil's IEP it became clear that all his targets and interventions to date focused on the development of literacy skills, with no reference to behavioural difficulties and how to support these. Yet this does not mean that this is not a priority in practice. To prevent any bias/distortion findings are to be triangulated with other information gathered.
Researcher bias introduced via subjective opinion/experience	**Parental Interviews/Class teacher Interviews**	Sensitivity was used in asking questions: careful use of language so as not to lead, confuse, or cause the interviewee to feel judged, and active listening demonstrated so as encourage elaboration and a fuller understanding. Opportunities to ask questions were welcomed and the anonymity of responses stressed.
Response bias/Small sample size	**Class teacher Questionnaires**	It was considered important to avoid an accusatory or authoritative tone to the set questions since teachers might feel their practice is being monitored, and so provide 'model' answers, 'the social desirability response bias' (Robson, 2013 p.233). Reliability was promoted by the presence of an introductory paragraph 'Please fill in this questionnaire so that we can help to carry out a needs analysis of behaviour management in the school as a whole. All responses will remain anonymous'. The questionnaires were given to two class teachers who share responsibility for the teaching of the year 4 classes in which the cohort of pupils identified attend. While this is a small sample size, these class teachers' views were a priority as it was only during year 4 that the pupils were felt to be at risk of exclusion.

CHAPTER 6

6. PRESENTATION AND DISCUSSION OF FINDINGS
CASE BY CASE ANALYSIS

This chapter details a case by case analysis of findings within the five individual case studies. It outlines the collaborative assessment, formulation and intervention processes of the research. Meanings were constructed from group processes that will be illustrated in the chapter. Risk and protective factors were identified at the individual pupil, school and family levels which in turn informed interventions that would in turn increase protection and reduce risks including the risk of school exclusion. The findings are supportive of previous research in relation to BESD, whereby difficulties occur due to a multitude of reasons and at different levels. The research also indicates that the use of the integrated problem-solving framework (Woolfson et al. 2003; 2008; 2017) was conducive to a collaborate approach and that this collaborative approach supported more efficient assessment, formulation and intervention. The framework had a positive influence on addressing BESD needs in a mainstream setting. This chapter will interpret the data collected within the context of the research stages 1 and 2:

- Stage 1 collaborative identification of risk and protective factors at the levels of pupil, family and school
- Stage 2 case by case analysis to inform case interventions

The final stage, stage 3 cross case analysis to support the identification of preventative strategies, will be discussed in chapter 7.

Table 9 outlines the stages and processes in the research, and where the use of the integrated problem-solving framework supported collaboration with school-based stakeholders at every stage:

Table 9: Overview of research stages and processes

Stage of research	Process	Stakeholders
• Stage 1 collaborative identification of risk and protective factors at the levels of pupil, family and school	Use of Integrated framework over time for • Establishing roles and expectations; guiding hypotheses; information gathering; joint problem analysis. • Rich data collection from the framework allowed in-depth identification of risk and protective factors	Meetings with Headteacher, SENCo, year 4 class teachers, parents and EP
• Stage 2 case by case analysis to inform case interventions	Continued use of Integrated framework for • Joint action plan and implementation • Collaboration continued as professionals reviewed each case study profile of strengths and difficulties, risk and protective factors, to identify the most appropriate interventions. The aim was to match current need with evidence-based interventions. • evaluation, reflection and monitoring	Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP.

Chapter 7 will detail the final stage, stage 3 of the research:

• Stage 3 cross case analysis to support the identification of preventative strategies	• Identification of themes and that would inform future school practice to support pupils with BESD and prevent school exclusion.	Meeting with Headteacher, SENCo, all year 4 class teachers, parents and EP (multi-disciplinary) Meeting with Headteacher, SENCo, Behaviour Support Advisory Teacher, Primary

		Mental Health therapist, Trainee EP and maingrade EP (multi-agency)

5 pupils who will be known by the pseudonyms Alex, Ben, Chris, Dave and Ellis for the purpose of this research, had been identified as at risk of school exclusion by school staff. School staff had referred all 5 pupils to the LA's Pupil Placement Panel for specialist BESD school placement. The school detailed a graduated response as follows to support their referrals:

- At least 2 Individual Behaviour Plans (IBPs)

- Involvement of the advisory teacher from the Behaviour Support Service (BSS)

- Pupils had accessed school-based interventions that targeted social and emotional development

- At least one fixed term exclusion

- Risk assessment that outlined the challenging behaviour (a document used in schools in the LA to specify challenging behaviour where there is concern around harm to self or others, the risks associated with it and how these risks will be managed in school)

- Despite the above, ongoing verbal and physical aggression (at level 3 of the school's behaviour policy categorised as 'significant levels of persistent misbehaviour').

6.1 The Integrated Framework (Woolfson et al. 2003; 2008; 2017)

The integrated framework was used to explore BESD collaboratively with school-based stakeholders. BESD can be a sensitive and emotive issue whereby

stakeholders can feel judgements are being made on their skills. The framework's phased transparency and collaboration set a tone of shared ownership. The findings will demonstrate that using the framework for each case study led to more effective and needs led assessment and intervention. Table 10 details the framework's phases and how this linked to the research's stages and involvement of stakeholders:

Table 10: The Integrated Framework (Woolfson et al. 2003; 2008; 2017)

Integrated Framework Phases	Process steps	Stage of research and stakeholders
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, EP and other involved professionals
2	Guiding hypotheses	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents, EP and other involved professionals
	Information gathering	EP
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers and EP Rich data collection allowed also at this stage for a profile of risk and protective factors to be identified
4	Joint action plan and implementation	Stage 2/ Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP
5	Evaluate, reflect and monitor	Stage 3/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP

6.2 Identification of Risk and Protective Factors

Risk and protective factors are key as the extent of an individual's difficulties can be dependent on the balance between the two. It can be helpful to view them as factors on a balance, where the highest number (heaviest) of either protective or risk factors will have the greatest influence (Figure 9). Protective factors promote resilience while risk factors create vulnerability (Daniel et al., 1999; DCSF, 2008; Cole and Knowles, 2011; Murphy and Fonagy, 2012; NICE, 2013). The findings will show a detailed profile of risk and protective factors identified for each pupil that were then matched to the most appropriate interventions.
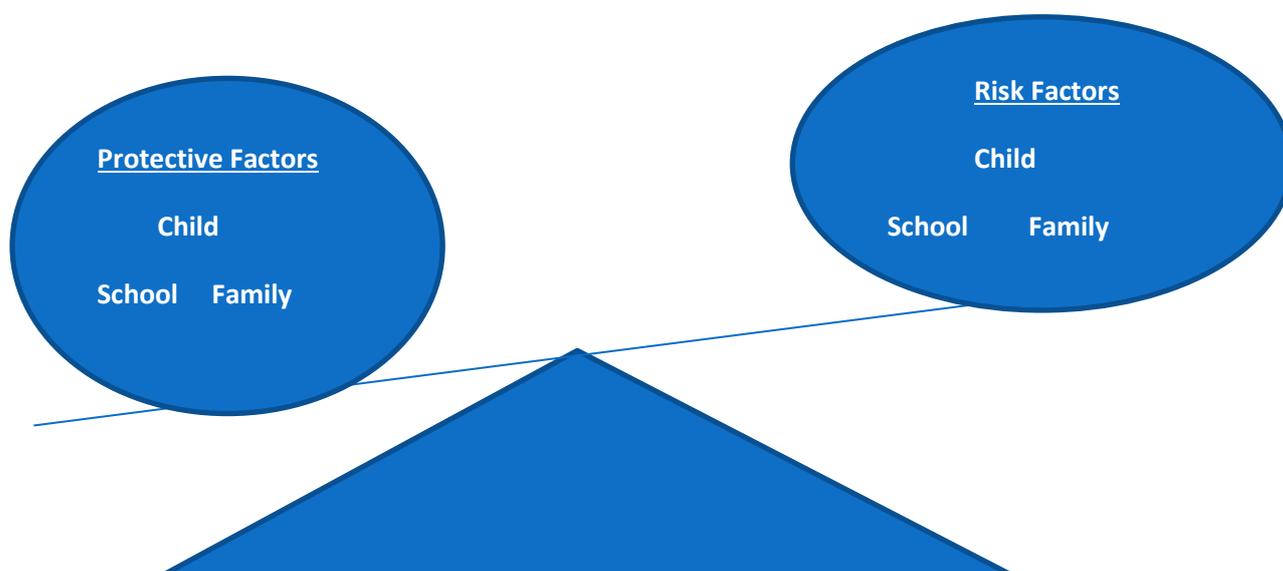
Figure 5: Viewing risk and protective factors as balancing act

6.3 Themes

Through the use of the integrated framework and the identification of risk and protective factors, several themes were identified. These themes could be classified as general and specific:

- General themes were common to all case studies (expected, as these were the research propositions)
- Specific themes were pertinent to each case study.

6.3.1 General themes

These relate to the research propositions which sought to explore the connection between working systemically and collaboratively, and more effective assessment and intervention:

- A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of and between, the individual child, family and school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson, Whaling, Stewart and Monsen, 2003).
- Identifying preventative and risk potentiating factors at the individual, family and school level can lead to effective assessment and intervention.
- A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff in working to reduce the number of pupil exclusions.

6.3.2 Specific Themes

For each case study protective and risk factors were identified base on the rich information gathered. As each case is different, risk and protective factors were specific to each (see table 13) and therefore highlighted specific themes.

6.4 Case Study Findings

The chapter will focus on a case by case analysis of findings. There will be consideration of how and who made sense of the rich data collection to better inform assessment, formulation and intervention. Through discussion, general and specific themes will also become apparent.

Each case followed the 5 phases of the Integrated framework, colour coded for ease of reference as set out below (table 11 below):

Integrated Framework Phases	Process steps	Stage of research and stakeholders	How/ Where	Outcome
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, EP and other involved professionals	Group meeting Headteacher's room	Group understanding and agreement of roles and expectations
2	Guiding hypotheses Information gathering	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents, EP and other involved professionals EP	Group meeting Headteacher's room	Group to have generated hypotheses for investigation and agree appropriate data collection methods EP to collect data
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers and EP Rich data collection allowed also at this stage for a profile of risk and protective factors to be identified	Group meeting Consultative process Headteacher's room	Group to review data collected Group to agree risk and protective factors
4	Joint action plan and implementation	Stage 2/ Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP	Group meeting Headteacher's room	Group to review risk and protective factors Group to agree a plan of action. Discussion to identify current available resources to meet pupil needs
5	Evaluate, reflect and monitor	Stage 3/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP	Group meeting Headteacher's room	Group to review progress and process

6.5 'Andrew' Findings

6.5.1 Phase 1 of the integrated framework 'Establishing roles and expectations'

For each case, at phase 1 of the integrated framework, roles and responsibilities were identified and consensus agreed on desired outcomes i.e. to prevent the exclusion of the 5 pupils currently 'at risk'. As an EP it was important to demonstrate key skills which would be conducive to making stakeholders realise they were key to the process for example, active listening, reflecting back, giving thanks for contributions, and checking for understanding and questions frequently, and a general 'unconditional positive regard' (Rogers, 1957) whereby there is an attitude of value and acceptance, rather than correction and judgement, to facilitate the change process.

6.5.2 Phase 2 of the integrated framework 'Guiding hypotheses and information gathering'

At phase 2, a meeting was attended by key stakeholders including Andrew's mother, school staff and the family's social worker where hypotheses for Andrew's behaviour was discussed (see appendix 13). At the start of the session the outcome for the session was agreed, that by the end of the meeting, the group would have generated hypotheses to be investigated and agreed the data collection methods that would be used to do this investigation. From the outset all contributions were welcomed, with the EP reinforcing that this was an opportunity for a full investigation of the presenting difficulty, so all thoughts and queries were valid. Hypotheses were generated from all stakeholders with discussion as to the reasons behind them (see table 10):

- Attention Deficit Hyperactivity Disorder (ADHD), because of impulsive and demanding behaviour in the home.

- Lack of self-esteem, due to a lack of confidence and withdrawal in school and in the home.

- Developmental delay, due to lack of independent learning and skill demonstration observed in school, as well as performance on school-based tests;

- A need for effective behaviour management, given that pupil was 1 in 5 pupils at risk of exclusion within the same year group

- Challenging family life circumstances based on reports from home and the family social worker.

Following the agreement of these hypotheses for investigation, data collection methods were agreed. I undertook the data collection and then in a subsequent meeting, stakeholder's hypotheses were either rejected or accepted based on what the data was telling us as a group. This then created a profile of the influencing factors on Andrew's behaviour and areas for targeting via intervention.

Table 12: Assessment at phases 2 and 3 of the problem-solving framework for Andrew.

Phase 2 Guiding Hypotheses and Information Gathering			Phase 3 Joint Problem Analysis	
Level	Source	Hypotheses	Type of Information Gathering (see appendices 2-9)	Hypothesis Confirmed
Individual	Parent	Underlying medical reason for behaviour such as ADHD	Staff Interview Classroom observation Pupil interview	No

	School staff	Low self-esteem	B/G Steem questionnaire	**Yes**
	School staff	Developmental delay	Assessment	No
	EP	Behaviour serves a function/means of communication	Classroom observation Staff/Parent Interview	**Yes**
Class/School	EP	Staff need input on identifying and supporting pupils with BESD	Staff questionnaire Staff interview Classroom observation/Policy	**Yes**
Home/Community	Social Worker	Significant challenges /traumatic events in the home	Parent Interview	**Yes**

Table 12: Assessment at phases 2 and 3 of the problem-solving framework for Andrew

6.5.3 Phase 3 of the integrated framework 'Joint Problem Analysis'

The following hypotheses were accepted as influencing factors on Andrew's behaviour, by the stakeholder group, based on the data collected:

- Low self-esteem

- Behaviour serves a function/means of communication

- Staff need input on identifying and supporting pupils with BESD

- Significant challenges /traumatic events in the home.

At phase 3 problem dimensions were identified with stakeholders to inform target areas. In Andrew's case these were found at the individual, school and family levels. As frequent reference was made to the 3 levels, it felt that it removed the pressure from individuals as there was a role for everyone. The evidence base for these 'problem dimensions' is noted in the brackets with the corresponding appendix. At

the individual level, Andrew's self-esteem needed to be targeted. This had been highlighted as an issue due to observations made by school staff (class teacher questionnaire, appendix 8) and his mother (parent interview, appendix 3) and confirmed by a questionnaire that measured self-esteem (appendix 5). At the school level, it was identified that staff would benefit from support in identifying and supporting pupils experiencing BESD, as his behaviour was more withdrawn then outwardly challenging (classroom observation, appendix 2; parent interview appendix 3; and classteacher questionnaire, appendix 8) and not traditionally reflective of a pupil needing special BESD placement. They would also benefit from viewing behaviour as a function of communication and the implications of this for behaviour management. Dreikurs, Grunwald and Pepper (2013, p.14) view all behaviour as purposeful and as an attempt at belonging, citing 'four mistaken goals of behaviour': to gain undue attention; to seek power; to seek revenge or get even; and to display inadequacy (real or assumed). If teachers were able to notice and respond to the psychological motivation driving the behaviour and intervene accordingly then the behaviour is likely to decrease or disappear.

At the family level, a need for support in the home was identified due to a range of challenging circumstances including mum's mental health and a bereavement (parent interview, appendix 3). During the meeting, the social worker agreed that she would organise a medical appointment for Andrew's mother to discuss concerns with GP as well as referring for bereavement counselling. It was also noted that the family met the criteria for support from the integrated working team which the social worker would action.   These target areas would become more refined following a more detailed discussion and identification of profile of risk and protective factors and

would involve a provision mapping type of exercise to problem solve further (see section 6.5.3).

Figure 6: Joint Problem Analysis (Phase 3) (Woolfson et al. 2003; 2008; 2017)

Target areas:

Individual: promotion of self-esteem

School: promotion of attainments (given cognitive abilities)

promotion of effective behaviour management, to include assessment and monitoring procedures

closer home/school links to ensure greater communication and consistency of approach

Home: support from Social Services re: bereavement counselling/medical appointment.

6.5.4 'Andrew' Collaborative Identification of risk and protective factors

Data analysis was a group process. This involved all stakeholders. I explained that the aims of the session were to have identified a picture of risk and protective factors at the level of Andrew as an individual, the home and the school environment. It was

reinforced that this was not a judgmental process but a necessary process so that we as a group would be more successful with our interventions as they became needs led. As information was read out by myself, the group were asked where we should place these facts i.e. a risk or protective factor or neither. I would record the answers on a whiteboard as the group agreed them.

I used the Audit Commission's Children in Mind (1999) document as a framework to identify risk and protective factors, reading out a comprehensive list of their examples. Here are some of the examples:

Risk factors	Protective Factors
Low self-esteem (individual)	Intelligence (Individual)
Death and loss (family)	Secure attachment (family)
Poverty (community)	Good schooling with strong pastoral
Discrimination (school/community)	sides (school/community)

based on Audit Commission (1999)

The group were then asked to locate the information collected in relation to Andrew in the same way. The end result was a powerful visual as it showed a vast number of risk factors as well as protective factors (see table 13).

At phase 3 of the integrated framework the focus is joint problem analysis which allows for understanding of how 'problem dimensions impact on the problem at different ecological levels' (Woolfson et al., p,292). A number of risk factors, 'problem dimensions', were identified that were likely to be influencing Andrew's behaviour as follows:

Table 13: Andrew's Risk and Protective Factors

Level	Protective Factors including data sources	Risk Factors including data sources
Individual/Pupil	**average cognitive abilities** (assessment appendix 7) **likes school** (pupil interview, appendix 4) excellent attendance at school **skilled artist** (teacher interview appendix 9) **talented sportsman** (teacher interview appendix 9) **improvement in behaviour following intervention** (teacher interview appendix 9)	**low self-esteem** **external locus of control** (B/G Steem appendix 5, Parent interview appendix 3, teacher interview appendix 8) **low levels of hope** (Hope Scale appendix 6) **delayed attainments** (teacher interview appendix 9) **Behaviour difficulties manifested in anxious and angry behaviour** (teacher interview appendix 9 and parent interview appendix 3)
School	**Several interventions offered by school to target social and emotional development** (teacher interview appendix 9) **Setting up of in-house nurture provision** (teacher interview appendix 9) **Employment of extra year 4 class teacher (now 3 in post for 50 pupils) creating smaller teaching groups** (teacher interview appendix 9) **Identification of classroom antecedents leading to challenging behaviour** (classroom observation appendix 2)	**Pupil/Parent unaware of IEP/PSP targets** (parent interview appendix 3 and pupil interview appendix 4) **Lack of pupil /parent voice** (document analysis of Behaviour policy appendix 11) **Cohort of pupils within the year 4 class showing significant behavioural difficulties** (teacher interview appendix 9) **No monitoring or evaluation of interventions** ((teacher interview appendix 9) **Recent amalgamation of school – previously split infant/junior site** **Different approach to behaviour management in infants and juniors**

		(historical information known by link EP) **Discrepancy between teacher views of school role and policy in behaviour management as rating 'very/extremely well' but rate own role/performance lower as 'mostly' effective and knowledgeable.** (teacher questionnaire 5)
Home	**Pupil describes a positive relationship with his mother** (pupil interview appendix 4) **SW offering support/resources to family – bereavement counselling, arranging medical review. Meeting criteria for referral to integrated working team to support mother.** (social worker input at meeting)	**Pupil wishes for more 1:1 time with mother** (pupil interview appendix 4) **1 of 5 children** (parent interview appendix 3) **Several adverse life experiences** (parent interview appendix 3 **Lack of home/school liaison/contact** (teacher interview appendix 9)

6.5.5 Phase 4 of the integrated framework 'Joint Action Plan and Implementation'

This represented the joint action plan and implementation phase of the integrated framework (phase 4) where a plan is agreed for the 'problem dimensions priorities' (Woolfson et al. p.294). Of note, when the risk and protective factors for Andrew were identified with staff, and they were asked to feedback their thoughts and feelings, they used the following words of 'empathy' (towards the pupil) 'hopeful' (as there were so many positives) 'surprise' (at pupil's life experiences). As a result, discussions focused more readily on intervention rather than change of placement/exclusion. The process had changed the focus from the initially desired outcome of special class placement. To generate interventions that would be appropriate, I queried what things were currently available inhouse to support BESD and what things had been successfully used in similar circumstances for example, an able pupil that was underachieving academically. It was also an opportunity for me to share good practices that I had observed in other schools. The following practical interventions were then discussed and agreed by the group, as a means to increase protective factors and support underdeveloped areas which were causing risks:

Table 14: Consultation group to identify interventions for Andrew.

Professionals Involved	Suggestions for intervention based on risk factors identified in stage 1	Level
Year 4 class teacher Learning Support Assistant	• High expectations of learning (given cognitive abilities) • Promotion of achievements – art/sporting talents	School School/home

SENCo Headteacher Mother EP	• Promotion of self-esteem via group work and general class/school ethos	School
	• Continued access to nurture provision (mornings in current mainstream school)	School
	• Use of Boxall Profile to track skill acquisition/monitor progress/guide intervention	School
	• Close home/school liaison to ensure communication/consistency.	School/home
	• Importance of stability/security. 1:1 time with parent. Checking in time with consistent adult at school to discuss the day.	Home/school/individual
	• Behaviour chart. Involvement of pupil in target setting and meaningful rewards.	Individual/school
	• Teaching coping strategies to manage anxiety/anger – 'time out' card, 'help' card.	Individual/school
	• Sharing of triggers (antecedents) for behavioural difficulties with all staff.	School
	• Optional access to school counsellor.	Individual

6.5.6 Phase 5 of the integrated framework 'Evaluate, reflect and monitor'

Stakeholders met again 3 weeks following the implementation of interventions. While this was very close to implementation, we were keen to meet before the end of the Summer term. Andrew was said to have settled, described as 'happier, more relaxed and talking more' by school staff. He had shown some Art work in a whole school sharing assembly last week. Staff had met with him to agree behavioural targets and this was now reflected in a child friendly IEP. The Boxall Profile (Bennathan and Boxall, 1998) had also been completed and would be used as a baseline in which to

monitor progress from. It also fed into a child friendly IEP where targets had been agreed with the pupil. Andrew's mother had also been part of the IEP meeting. A referral had also been made by school staff to the school counsellor. He also started a group intervention to develop his self-esteem further and this was in week 2. He had used his 'help card' a strategy for when he was feeling a bit overwhelmed as a signal he needed some support. The LSA who ran the group intervention also checked in with him during the morning, just for a few minutes and this seemed to be highly effective in settling him. He had also had some 1:1 time at home with his mother. All agreed that was already progress and this seemed related to Andrew being engaged with the interventions. Concerns were raised that the Summer holidays were fast approaching where many of the interventions would cease, which prompted discussion about the timing of the research and a wish that it had begun at the beginning of the academic year. It was agreed that the interventions would continue in September, with overall social and emotional development being monitored using the Boxall Profile (Bennathan and Boxall, 1998). The group also noted that many of the resources being used were readily available and underused previously.

6.5.7 'Andrew' case analysis within the context of the research propositions

Findings in relation to Andrew's case study were also linked to original research propositions:

- **A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels**

of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).

A systemic approach advocates the identification of risk and protective factors at and between the different levels as detailed in table 13 for Andrew. Data collected suggested a host of factors competing and influencing Andrew's behaviour. Investigation also served to reject hypotheses that can often become thought of as facts, for example, Andrew was regarded as having generalised learning difficulties when in fact delayed attainments were competing with average cognitive abilities. As we were able to understand 'true' factors at the assessment phase, this better informed the intervention phase. This is reflective of evidence-based practice.

In Andrew's case, several protective and risk factors were identified at the individual pupil level, while his behaviour described as 'angry' and withdrawn' had placed him very close to a permanent exclusion from school and earned the term 'disengaged with learning and school' in his referral to BESD special school, when he was in fact, engaged he could show skills as both an artist and sportsman, performing to an above average standard in comparison to peers based on staff observations. Academically, while he performed below average, his cognitive abilities were found to fall in the average range, and his attendance at school was found to be excellent. However, his level of self-esteem was low. So, he had the ability and opportunity to achieve more academically but his behaviour was serving as a barrier to his learning.

Factors were also identified at the school level. Firstly, the school offered several interventions to support the social and emotional development of pupils. Pupils felt to

need the greatest input, accessed several interventions running at the same time. The school had also set up its own on-site nurture provision. However, the lack of monitoring and evaluation of these interventions became a risk factor. It was also highlighted that Andrew and his mother were unaware of IEP and PSP targets that were in place, seeming outside of the process which meant they had no investment or ownership of targets, again causing a risk. Some factors could be more easily offset against each other for example Andrew was in a particularly challenging year group where a high number of pupils were showing behavioural difficulties. Yet to address this, the school had employed extra staff so that the 2-form entry year 5 class could be divided into 3 smaller classes.

The family factors highlighted a significant number of risk factors, the highest seen in all the levels. School staff had not been aware of most of these factors. Despite several adverse life experiences, both Andrew and his mother were able to identify a positive relationship between them both. Andrew is one of 5 children and was able to articulate that he wished for more 1:1 time with his mother. It was also noted that alongside the significant challenges in the home, there was limited contact between school and home. During the data collection, this was poignantly illustrated by the fact that Andrew's behaviour had been particularly difficult one day which had led to a temporary exclusion, and that this had occurred the day following his grandfather's funeral. His grandfather had been a 'father figure' to him but school staff had not been aware of his death at the time.

Using a systemic approach allowed for supports or lack of, to be identified. It also allowed for the challenging of assumptions. For example, Andrew was on the child in need register and school staff had assumed that Social Services where offering

support to the family unit. While support was planned due to a lack of resources this had not been formalised. However, as the social worker collaboratively identified the significant impact between the levels, she was able to formalise a plan of support following the meeting. On beginning the research, the school felt they had a fairly robust approach to managing behavioural difficulties and presented their behaviour policy to illustrate this. Yet it transpired the policy was arguably limited and it focused purely on observable behaviour and within child difficulties and ignored the interplay between the different factors and levels.

- **Identifying preventative and risk potentiating factors at the individual, family and school level can lead to effective assessment and intervention**

In Andrew's case, his attainments i.e. his performance on literacy and numeracy tasks and tests was significantly below average and school staff queried whether he had learning difficulties and should access the SEN classes specifically for pupils with more generalised global delay. Such a move could possibly have impacted further on Andrew's self-esteem and this was already found to be low, since his attainments solely were found to be delayed. A pupil's strengths are more easily built upon following this approach rather than a blanket approach, for example, Andrew was a very skilled artist and sportsman. A reward for good behaviour previously had been 'choosing time' which was limited to construction type activities in the classroom, but it was changed to reflect his skills and motivation, where he could choose art or sport for achieving a behavioural target each session.

While the integrated framework (Woolfson et al., 2003; 2008; 2017) promoted evidence-based practice, this was an area lacking in current school practice. The school were well intentioned in offering several emotional literacy interventions but there was an absence of ongoing assessment, monitoring and evaluation. In fact, an outcome of the research was that this would be addressed in the future thorough the use of a tool such as the Boxall Profile, to monitor emotional and social development.

Shared ownership of the problem, through involvement of the pupil, parent and school staff also created a context where change and success were more likely, the adage 'a problem shared is a problem halved' ringing true. Through comprehensive assessment, clearly defined roles were created at the intervention phase, which encouraged responsibility and motivation for example, school staff to share behavioural antecedents with all school staff as a means of preventing an escalation; mum to organise 1:1 time with Andrew on weekends.

- **A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff and reduce the number of pupil exclusions**

Some key areas were identified from Andrew's assessment and intervention that had implications for wider school policy and these will be discussed in greater detail in the next chapter (7):

- need for greater tracking of pupils' social and emotional development using an assessment, monitoring and evaluation tool. While the school should be commended for taking on many emotional literacy initiatives and investing in

staff training in various areas, interventions should meet the individual pupil's needs and be guided by an evidence base. If this had been in place there wouldn't have been an expectation for specialist placement for Andrew for example, it would have been realised that it would not appropriate for a pupil with average cognitive difficulties to be placed in a special class setting for pupils with generalised learning difficulties. Similarly, as the pupil's behaviour was largely expressed inwardly rather than outwardly, it would not be appropriate for the pupil to have been referred for BESD school placement. Following the research, I was given responsibility for setting criteria (appendix 13) for referral to special BESD provision in the authority which captured the frequency and significance of behaviour, and which would have ruled out Andrew as an appropriate referral. While my view is that any intervention and educational placement should be needs led rather than criteria led, the introduction of criteria was felt by the LA to be an equitable way to allocate BESD placements at a time of shortage.

- greater pupil involvement in meaningful target setting to ensure shared ownership of targets. Andrew had been unaware of IEP targets that he was expected to achieve. Rewards for achieving did not seem particularly motivating or meaningful either. This highlighted the importance of pupil participation for greater success.

- Limited home/school liaison, with the mother describing her contact with the school in terms of when she was asked to pick Andrew up from school for his behaviour. School staff had been unaware of the difficulties and experiences in the home and on discovery, they immediately had more empathy towards the pupil and able to look beyond the behaviour.

A systemic approach also moves away for the deficit and within child model of behavioural difficulties. Such an approach brings out greater empathy from stakeholders and more of a proactive approach in terms of the onus being on the context and the different levels to make change rather than the just the pupil. The nature of behavioural difficulties becomes reframed as social and emotional development

6.6. 'Ben' Findings

Phase 1 of the framework was undertaken in the same way as outlined for 'Andrew' where I facilitated a group discussion regarding roles and expectations within the research. The phases outlined in the table below (table 15) were then followed.

Integrated Framework Phases	Process steps	Stage of research and stakeholders	How/ Where	Outcome
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, EP and other involved professionals	Group meeting Headteacher's room	Group understanding and agreement of roles and expectations
2	Guiding hypotheses Information gathering	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents, EP and other involved professionals EP	Group meeting Headteacher's room	Group to have generated hypotheses for investigation sand agree appropriate data collection methods EP to collect data
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers and EP Rich data collection allowed also at this stage for a profile of risk and protective factors to be identified	Group meeting Consultative process Headteacher's room	Group to review data collected Group to agree risk and protective factors
4	Joint action plan and implementation	Stage 2/ Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP	Group meeting Headteacher's room	Group to review risk and protective factors Group to agree a plan of action. Discussion to identify current available resources to meet pupil needs
5	Evaluate, reflect and monitor	Stage 3/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP	Group meeting Headteacher's room	Group to review progress and process

Table 15: Integrated Framework Phases

6.6.1 Phase 2 of the integrated framework 'Guiding hypotheses and information gathering'

The same process was followed for Ben. A meeting was attended by the Headteacher, SENCO, year 4 class teacher, Ben's mother and father and the EP where hypotheses were generated and discussed. Staff and parents felt that Ben's behaviour may be influenced by speech and language difficulties. While the speech and language therapist was unable to attend the meeting, her views were elicited by school staff following a recent assessment and represented at the meeting, and she was supportive of this hypothesis. As staff and parents described a pupil with social interaction difficulties, I proposed the hypothesis of a wider investigation of his social and communication skills. Parents felt these difficulties may be compounded by him having limited contact with peers outside of school as they live out of catchment, which had also been highlighted as a concern by SALT. Similarly, as the pupil was one of five at risk of exclusion, I queried whether staff would benefit from input in supporting what was being described as Ben's presentation, as they responded positively to this we were able to agree the inclusion of a staff development hypothesis, in a positive rather than judgemental way. Next, data collection methods were agreed and in the following weeks I collected the data before we met again to accept/reject hypotheses, as detailed in table 16:

Table 16: Assessment at phases 2 and 3 of the problem-solving framework for Ben.

Phase 2 Guiding Hypotheses and Information Gathering			Phase 3 Joint Problem Analysis	
Level	Source	Hypotheses	Type of Information Gathering	Hypothesis Confirmed
Individual	SALT, staff, parents	Expressive/receptive language difficulties	Staff Classroom observation SALT assessment	Yes
	EP	Difficulties in other areas i.e. social communication difficulties	Observation 1:1 work	Yes
Class/School	EP	Staff require input in relation to behaviour management/language development	Staff questionnaire Staff interview Classroom observation/Policy	No but input needed in relation to social and communication difficulties (ASD traits)
Home/Community	SALT	Limited opportunities to interact with peers, usually adults only outside of school	Interview	Yes

6.6.2 Phase 3 of the integrated framework 'Joint Problem Analysis'

From discussion of the data collection and triangulation of data sources a new and key hypothesis was proposed by me, that the pupil's behaviour was linked to social and communication difficulties. There was then agreement that input to staff should focus on supporting a pupil with these difficulties. Interestingly, parents had explained that Ben's was easily managed in the home as they had come to put in

place strategies which worked in this respect. While originally all had acknowledged the recursive impact of factors at the different levels on influencing behaviour, the process had shown that conversely there can be a positive recursive influence as good practice had an opportunity to be shared amongst stakeholders.

At phase 3 problem dimensions were identified to inform target areas:

Figure 7: Problem Analysis (Phase 3)
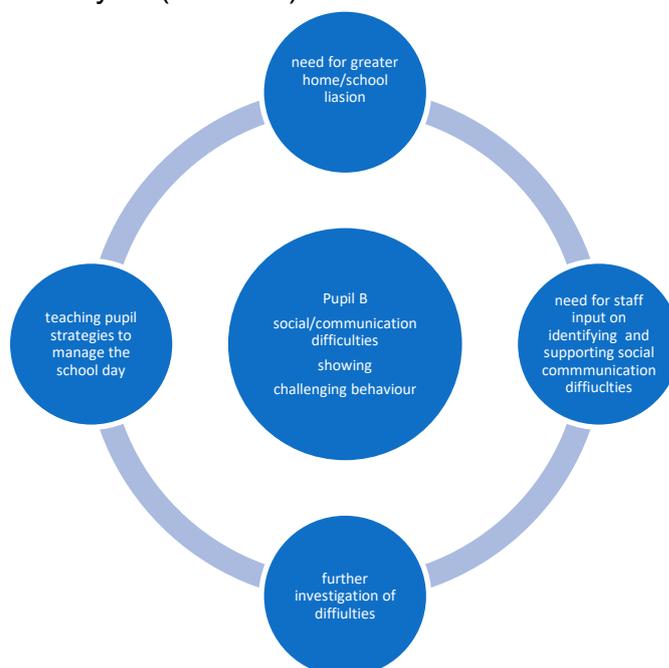
Target areas:

Individual:　teaching strategies to manage the school day

School:　developing procedures for identification and support of pupils with social communication difficulties

closer home/school links to ensure greater communication and consistency of approach

Home/Wider:　support from Speech and Language Service re: communication difficulties; multi-agency assessment of social communication difficulties

6.6.3 'Ben' Collaborative identification of risk and protective factors

As the group discussed 'problem dimensions' and risk factors were identified, it felt important particularly with Ben given that a medical label was to be pursued, to also identify protective and positive factors. While not an explicit component of the integrated framework, it is a natural progression to simply ask stakeholders what is going well? And where? Table 17 is an account of this discussion:

Table 17: Ben's Risk and Protective Factors

Level	Protective factors including data sources	Risk factors including data sources
Individual/Pupil	Excellent attendance at school (record, appendix 10) Non-verbal skills fall in the average range (assessment appendix 7) Likes his class teacher (pupil interview appendix 4) Creative/enthusiastic – skilled at drawing (parent and teacher interviews appendices 3 and 9)	low self-esteem external locus of control (questionnaire appendix 5) low level of hope (questionnaire appendix 6) Delayed attainments (assessment appendix 7) Cognitive assessment found verbal skills to fall in low range (assessment appendix 7) Pupil has a dislike of school (pupil interview appendix 4) Behavioural difficulties manifested in verbal and physical aggression (teacher interview appendix 9) Difficulties with social/peer interactions (teacher interview appendix 9)
School	Several interventions offered by school to target social and emotional development (teacher interview appendix 9) Setting up of in-house nurture provision (teacher interview appendix 9)	Pupil unaware of IEP/PSP targets (pupil interview appendix 4) Cohort of pupils within the year 4 class showing significant behavioural difficulties (planning meeting, teacher interview appendix 9) No monitoring or evaluation of interventions (planning meeting, teacher interview appendix 9)

	Employment of extra year 4 class teacher (now 3 in post for 50 pupils) creating smaller teaching groups (teacher interview appendix 9) Identification of classroom antecedents leading to challenging behaviour (classroom observation appendix 2)	Recent amalgamation of school – previously split infant/junior site Different approach to behaviour management in infants and juniors (Planning meeting/ historical information known by link EP) Possibility of an undiagnosed medical difficulties i.e. ASD (classroom observation, pupil interview, parent interview and teacher interview appendices 2,3,4 and 9) Discrepancy between teacher views of school role and policy in behaviour management as rating 'very/extremely well' but rate own role/performance lower as 'mostly' effective and knowledgeable. (teacher questionnaire appendix 8)
Home	Parents unsure how to support pupil with his difficulties experienced in school. They describe him as 'very different' in the home and school setting. He responds well to strategies used in the home. (parent interview appendix 3)	Limited contact/liaison between home and school (parent and teacher interview appendices 3 and 9)

Following the identification of this rich picture of risk and protective factors,
intervention matching individual pupil/school/family need/s could be planned and
agreed (see table 18).

6.6.4 Phase 4 of the integrated framework 'Joint Action Plan and Implementation'

Interventions were next discussed to minimise some of the risk factors. The focus
was to provision map Ben's needs to supports and resources. It was also
acknowledged that as risk occurred at all the levels of individual, school and family
then so to would interventions.

Table 18 Consultation group to identify interventions for Ben.

Professionals Involved	Suggestions for intervention based on risk factors identified	Level
Year 4 class teacher Learning Support Assistant SENCo Headteacher Parents EP	• Supporting verbal difficulties. • Use of visual strategies to support teaching and learning and language. • Developing social interaction/communication skills via group intervention. • Multi-agency assessment regarding a possible ASD. • Promotion of achievements – drawing. • Promotion of self-esteem. • Use of Boxall Profile to track skill acquisition/monitor progress/guide intervention. • Close home/school liaison to ensure communication/consistency. Parents to share effective strategies. • Behaviour chart. Involvement	School/Family School School School/Family/Individual School/Family School/Family School School/Family

	of pupil in target setting and identifying a bank of motivators for success.	Individual
	• Teaching pupil visual coping strategies to manage anxiety/anger – 'time out' card, 'help' card.	Individual
	• Sharing of triggers (antecedents) for behavioural difficulties with all staff.	Individual

6.6.5 Phase 5 of the integrated framework 'Evaluate, reflect and monitor'

At a review meeting with stakeholders it was reported that B's behaviour had 'settled'. Visual strategies were working well. Ben particularly liked the visual timetable to help him structure his day. He also seemed to benefit if less language was used, when instructions were explicit and short. A home school book was also in place which allowed for the sharing of good practice. The family was already using a visual timetable with the pupil. All staff were aware of triggers i.e. use of too much language, for his behaviour including midday meals supervisors. A referral had been made to PAD (Panel for Autism Diagnosis) for further investigation of the pupil's social and communication difficulties. On reflection, this does seem to mark a return to a within child construction of behaviour difficulties, yet the group acknowledged that any within child difficulties could be improved or exacerbated by the different levels of family, school and pupil, and interventions still needed to occur at these levels to support the balance of protective and risk factors.

6.6.6 'Ben' case analysis within the context of the research propositions

- **A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).**

Many positives were found at the individual level including an excellent attendance record and Ben's creative side, where he was described as very skilled at drawing. A discrepancy was noted in his cognitive profile, with assessment showing his non-verbal skills to fall in the average range (his verbal skills however fell in the low range). His self-esteem and academic skills were found to be delayed. He possessed an external locus of control and low levels of hope for the future. His behavioural difficulties manifested in verbal and physical aggression and he had significant difficulty with social/peer interactions. Ben also identified a positive relationship with his teacher which was agreed by school staff, yet he expressed a dislike of school generally.

The same factors as Andrew were highlighted for Ben, at the school level, where there was no assessment, monitoring or evaluation of interventions accessed by pupils. Ben had no awareness of targets that he was expected to be working towards. He was placed in a class where several pupils were showing behavioural difficulties. There was also the school context of an ongoing cultural adjustment as the school strove for more unity in practice and approach following recent

amalgamation. Interestingly, it had been noted that many of the pupil's behavioural difficulties deteriorated following transition from infants to juniors. The school were committed to supporting pupils' social and emotional difficulties, as evidenced by the range of interventions they offered, including the setting up of on-site nurture provision and the recent employment of an additional year 4 teacher to support smaller teaching groups. Evidence collected also suggested a new hypothesis that Ben's behavioural difficulties may be influenced by social and communication difficulties, and that a multi-agency assessment of an Autistic Spectrum Disorder (ASD) was an appropriate outcome. At the family level, parents provided key information in planning around this case. They shared what strategies they had in place at home that they used to alleviate many of the difficulties that they had previously experienced in the home for example, a clear routine with minimal changes, preparation in advance for change using a countdown format, a sequential order to the day which was depicted in a visual timetable on display in the kitchen etc. These were strategies that had made a significant difference in the home, but school staff were not aware of their use. Parents shared that they had come to use these strategies through 'trial and error' in response to trigger points. This highlighted the need for greater home/school liaison. Ben had been one of the first pupils to access nurture provision within the school and had continued to access it over a longer period. Yet evidence showed a stable, secure home environment with nothing to suggest attachment difficulties, which it could be argued would not make a nurture setting the most appropriate intervention for this pupil. If there had been an appropriate assessment and tracking tool in place, such as the Boxall Profile, which is commonly used in nurture class settings, then underlying difficulties may have come to light sooner rather than later.

- **Identifying preventative and risk potentiating factors at the individual, family and school level can lead to more effective assessment and intervention**

Once Ben's protective and risk factors had been identified then a plan was agreed and put in place on how to intervene for maximum effect. Assessment had found delayed verbal skills, so it was agreed that a referral to the Speech and Language Therapy Service would be made for further advice. Further assessment was also agreed as an appropriate next step including a referral to the Panel for Autism Diagnosis (PAD), the authority's pathway for exploration an underlying social and communication difficulty. Strategies that were found to have been significantly effective in the home were to be mirrored in school, and greater home/school liaison would be needed to achieve this end. There would be greater involvement of the pupil in target setting as well as using strengths and interests i.e. drawing, as a motivator/reward for success. A need for targeted group work to develop self-esteem and social interaction skill was thought appropriate alongside the direct teaching of coping strategies using visual cues such as a time out card, help card etc., given the pupil's strength in relation to non-verbal skills. Stakeholders were asked to identify good practice they used in relation to other pupil sin the school with social and communication difficulties as well as reflecting on the strategies used in the home by parents. As a result the following strategies were recommended: use of a visual timetable to help Ben structure his day; social stories may help the pupil understand social practices and expectations; building time into the school day for Ben to have some catch up time with his class teacher where difficulties could be discussed in a relatively immediate way to prevent a build-up of anxiety; use of a 'diary' to record

minor difficulties to give a level of closure at the time of an incident and for later discussion with his class teacher; and a designated one to one slot set aside at the same time of the school day.

- **A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff and reduce the number of pupil exclusions**

Ben's primary need became identified as social and communication difficulties, and this was identified as the greatest influencer on his behavioural difficulties. The primary need became evident on reflection of all the evidence gathered at the different levels. This in turn highlighted the need for school to incorporate a systemic framework into school practice and policy to ensure an accurate picture of needs. Following a multi-agency assessment Ben was in fact diagnosed with an Autistic Spectrum Disorder (ASD). This highlighted that there needed to be a clearer pathway, assessment and monitoring, of both pupils with social and communication difficulties and those pupils with social and emotional difficulties. Other key findings were the lack of home/school liaison, lack of pupil involvement in target setting as well as similarities with Andrew in terms of low self-esteem, absence of generalised learning difficulties and good attendance at school.

6.6 'Chris' Findings

Phase 1 of the framework was undertaken in the same way as outlined for 'Andrew' and 'Ben' where I facilitated a group discussion regarding roles and expectations

within the research. The phases outlined in the table below (table 19) were then followed.

Table 19 Integrated Framework Phases

Integrated Framework Phases	Process steps	Stage of research and stakeholders	How/ Where	Outcome
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, EP and other involved professionals	Group meeting Headteacher's room	Group understanding and agreement of roles and expectations
2	Guiding hypotheses Information gathering	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents, EP and other involved professionals EP	Group meeting Headteacher's room	Group to have generated hypotheses for investigation and agree appropriate data collection methods EP to collect data
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers and EP Rich data collection allowed also at this stage for a profile of risk and protective factors to be identified	Group meeting Consultative process Headteacher's room	Group to review data collected Group to agree risk and protective factors
4	Joint action plan and implementation	Stage 2/ Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP	Group meeting Headteacher's room	Group to review risk and protective factors Group to agree a plan of action. Discussion to identify current available resources to meet pupil needs
5	Evaluate, reflect and monitor	Stage 3/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP	Group meeting Headteacher's room	Group to review progress and process

6.7.1 Phase 2 of the integrated framework 'Guiding hypotheses and information gathering'

While all 5 pupils were at risk of permanent exclusion, Chris's behaviour was described by school staff as the most challenging of the 5 pupils. At the stakeholder meeting which included parents, Headteacher, SENCo, year 4 class teacher and a Behaviour Support advisory teacher, it was reported that Chris's behaviour deteriorated as the family experienced significant life events. These events including the breakdown of Chris's parents' marriage which had not been amicable, and this was proposed as a hypothesis for the behaviour. These life events were also felt to

have impacted on Chris's self-esteem, which was second hypothesis proposed by parents. Given that the behaviour followed a path of deterioration as the parents separated, divorced, had children with respective partners, a logical hypothesis seemed that these had been a key influence in the deterioration of C's behaviour. He was also underachieving academically, and school staff queried whether a profile of generalised learning difficulties was a source of frustration and anger. As the family had been dealing with significant challenges, the Behaviour Support Advisory Teacher who had recently been working with Chris and the family, suggested that the family were in need of support. Staff needing input in relation to BESD was an additional hypothesis proposed by myself, given the trend that had been noted by the LA of the school making high numbers of referrals for BESD school placement.

Table 20: Assessment at phases 2 and 3 of the problem-solving framework for Chris.

Phase 2 Guiding Hypotheses and Information Gathering			Phase 3 Joint Problem Analysis	
Level	Source	Hypotheses	Type of Information Gathering	Hypothesis Confirmed
Individual	Parents	Family breakdown/discord	Parent Interview	**Yes**
	Parents	Low self-esteem	Questionnaire	No
	Staff	Bereavement	Parent interview	**Yes**
	Staff	Developmental delay	Assessment	No
	EP	Life experiences	Observation	**Yes**
Class/School	EP	Staff need input on identifying and supporting pupils with BESD	Staff questionnaire Staff interview Classroom observation/Policy	**Yes**
Home/Community	BSS	Parents needing help and support	Parent interview	**Yes**

6.7.2 Phase 3 of the integrated framework 'Joint Problem Analysis'

When problem dimensions were considered by the group, it was noted that Chris had faced significant challenges in his young life as had the family as a whole. There was a picture of instability and this continued due to the discord between parents and use of different approaches. Chris's behaviour was said to be challenging for his mother, and easily managed by his father. When this was discussed further, it became clear that there were different approaches which highlighted the need for consistency of approach between parents, as well as between parents and school. Given this adversity, the importance of stability and developing personal resilience was felt particularly important for Chris.

At phase 3 problem dimensions were identified to inform target areas:

Figure 8: Problem Analysis (Phase 3)
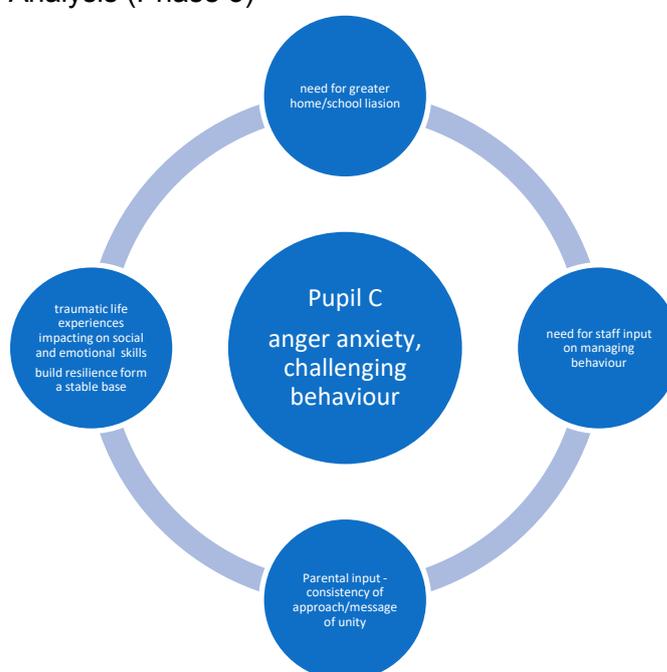
Target areas:

Individual: building resilience

School: providing a stable, secure base to develop social and emotional skills

promotion of effective behaviour management, to include assessment and monitoring procedures

closer home/school links to ensure greater communication and consistency of approach

Home: Mother/father to communicate to ensure consistency of approach. Planned hand over times to discuss.

6.7.3 'Chris' Collaborative identification of risk and protective factors

The next task for the group was to consider in greater detail the risk and protective factors likely to be influencing C's behaviour. Table 21 lists these and these are discussed fully in section 6.7.4:

Table 21: Chris's Risk and Protective Factors

Level	Protective factors including data sources	Risk factors including data sources
Individual/Pupil	Good school attendance (record appendix 10) *High self-esteem Internal locus of control (BG Steem questionnaire appendix 5) High levels of hope for the future (hope scale appendix 6) High rating for feelings about home and school – maximum 10 out of 10 (pupil interview appendix 3) Cognitive assessment found non-verbal skills and IQ fell in the average range (assessment appendix 7)	Behavioural difficulties in school: shows anger, difficulties co-operating with others (teacher interview appendix 9) Academic underachievement (teacher interview appendix 9) No improvement reported following previous interventions (teacher interview appendix 9) *Cautious and quite reticent presentation. Pupil gave quick, often model answers on individual assessments i.e. self-esteem, locus of control, levels of hope, feelings about both school and home (BG Steem, hope scale and pupil interview appendices 5, 6, 3)
School	Several interventions offered by school to target social and emotional development (teacher interview appendix 9) Setting up of in-house nurture provision (teacher interview appendix 9) Employment of extra year 4 class teacher (now 3 in post for 50 pupils) creating smaller teaching groups (teacher interview appendix 9) Identification of classroom antecedents	Pupil unaware of IEP or PSP targets (pupil interview appendix 4) Cohort of pupils within the year 4 class showing significant behavioural difficulties (planning meeting, teacher interview appendix 9) No monitoring or evaluation of interventions (planning meeting, teacher interview appendix 9)

	leading to challenging behaviour (classroom observation appendix 2)	Recent amalgamation of school – previously split infant/junior site. Different approach to behaviour management in infants and juniors (Planning meeting/ historical information known by link EP) Discrepancy between teacher views of school role and policy in behaviour management as rating 'very/extremely well' but rate own role/performance lower as 'mostly' effective and knowledgeable. (teacher questionnaire appendix 8)
Home	Parental separation. Both parents have new partners and subsequent children. (parent interview appendix 3) Relationship between mum and dad not always amicable. (parent interview appendix 3) Grandmother terminally ill. Pupil unaware of illness. (parent interview appendix 3) Frequent temper tantrums with mum, excessive anger. Thought to carry guilt when he spends time/has positive experiences with stepdad (parent interview appendix 3)	Behaviour more positive when he is with dad, described as 'easily managed'. Behaviour described as 'challenging most of the time' by mum. (parent interview appendix 3)

6.7.4 Phase 4 of the integrated framework 'Joint Action Plan and Implementation'

As mentioned earlier Chris had experienced significant instability and the group agreed it was important to create a secure base for him. This secure base could be from access to the nurture class as well as though consistency of approach between parents and parents and school. As greater liaison between these levels was planned, it was agreed that Chris should be similarly empowered, and it would be key to involve him in setting and reviewing his own targets as well as incorporating meaningful and motivating rewards. It was also felt that he would benefit from a group intervention where he could develop social skills further and establish a network of support. A circle of friends intervention was suggested and the LSA in the meeting had had training in this approach already from me as the school EP, in relation to another pupil. An assessment and monitoring tool was deemed important as when the behaviour is challenging to the extent that C's was it can be difficult to know 'where to start'. Use of framework such as the Boxall Profile (Bennathan and Boxall, 1998) instilled confidence when working with complex issues, which of note, was part of the reason the integrated framework was used to frame the research.

Table 22 Consultation group to identify interventions for Chris

Professionals involved	Suggestions for intervention based on risk factors identified	Level
Year 4 class teacher	• Group work focusing on	Individual/Family

Learning Support Assistant SENCo Headteacher Parents EP	social skills i.e. collaboration, co-operation, team building. Opportunities for Chris to be part of successful group processes to prevent his increasing 'loner' stance. Circle of Friends. • Stable/secure base from which to develop social and emotional skills i.e. access to the nurture class • Use of Boxall Profile to track skill acquisition/monitor progress/guide intervention • Close home/school liaison to ensure communication/consistency. • Consistent approach to behaviour management between both family settings and school with regular liaison that included both parents. • Behaviour chart. Involvement of pupil in target setting and agreeing meaningful rewards. • Sharing of triggers (antecedents) for behavioural difficulties with all staff.	School School/Family School School/Family School/Family Individual School

6.7.5 Phase 5 of the integrated framework 'Evaluate, reflect and monitor'

The meeting was attended by the Headteacher, SENCo, class teacher and EP. Apologies for non-attendance had been received from parents. Sadly, C's maternal grandmother had died during the later stages of the research. There were ongoing concerns regarding C's challenging behaviour. While outbursts were less frequent there were still present. During the last 2 weeks it was reported that he has returned to calm a lot quicker. The home situation had deteriorated, and parents were not on good terms which had impacted on C's visiting arrangements with his father and created several changes in routine. There was also the bereavement and C had not been told that grandmother was terminally ill. C refused to attend the social skills group intervention. He did engage with setting his own targets for learning and identifying rewards. He chose the reward of a 'kickaround' with the football with a male LSA. The Circle of Friends intervention was to begin shortly, so the pupil would feel a network of support from peers at this challenging time. There was limited communication with home, but school would keep making attempts, keen to support as a sense of empathy had developed following the collaborative process. The group discussed the difficulty of when one level (family) continues to influence on risk factors. As the EP, I encouraged staff to not feel helpless but reflect back on the research phase of identification risk and protective factors and how it had been acknowledged that some factors cannot be changed, but the target is always to create more protective ones. It was also agreed that despite the ongoing concerns there was some small steps in progress. This progress was to be monitored closely.

6.7.6 'Chris' case analysis within the context of the research propositions

- **A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).**

Including school based and family-based stakeholders actively in the research allowed for the identification of problem dimensions at the levels of the individual, school and family. This in turn created rich data collection that created a profile of Chris's risk and protective factors. This profile showed significantly challenging behaviour in school, including difficulties co-operating with others and angry outbursts, all manifested in physical aggression. Chris was underachieving academically, although assessment found cognitive strengths including his non-verbal skills and overall cognitive ability to fall in the average range. This was the opposite of the developmental delay questioned by staff. His attendance at school was good. He accessed several interventions designed to promote social and emotional skills, but no improvement had been reported. Interestingly, information collected at the individual level suggested several, surprising protective factors. His self-esteem was found to lie in the high range and assessment found him to have an internal locus of control. He possessed high levels of hope for his future and rated both and home and school as positive, giving maximum scores. Based on this information, Chris would have had the highest number of protective factors at the individual level out of all the pupils in the group, however, when school staff were

asked to rank which pupil was most at risk of exclusion, this pupil was first. This pupil information seemed in conflict with other sources including the pupil's own presentation which was both cautious and reticent where he appeared to give model answers to questions. This highlighted the importance of the triangulation of data and the importance of drawing on several data sources.

Several risk factors were identified at the family level which school staff had not been fully aware of. Parents had separated, and both had new partners and additional children. Both parents shared custody of the pupil. The parental separation had not been amicable, by the parents' own admission. Chris was said to have had a very close relationship with his maternal grandmother, who had sadly died during the course of the research. The grandmother had been terminally ill, but Chris had not known this.

There was a discrepancy in the behaviour reported outside of school. Dad described Chris's behaviour as 'easily managed'. However, mum described the pupil's behaviour as challenging 'most of the time' which was how he also presented in school.

Some of the school level risk and protective factors were the same for all pupils in the research, for example, access to several interventions but no monitoring or evaluation of these; a high number of pupils with significant behavioural difficulties and at risk of exclusion within the year group; a high adult to pupil ratio as school had employed additional staff. Again, the pupil was unaware of his IEP targets indicating the need for greater pupil participation and ownership. However, during the data collection when in fact Chris's views were elicited, triangulation of data would suggest that these views were not strictly reflective of the true situation for

example, he rated his feelings about school and home with a maximum score of 10 out of 10 in terms of positive feelings and happiness yet this seemed discrepant with stakeholder observations of behaviour. It could be argued that the pupil's behaviour is the most reliable form of communication, shown in expressions of anger and non-compliance, reminiscent of Hartas (2011) who suggested disengagement itself is a means of a pupil demonstrating their voice, and with other sources for example, behavioural triggers and understanding of early and home experiences, we can establish a plan for intervention.

- **Identifying preventative and risk potentiating factors at the individual, family and school level can lead to more effective assessment and intervention**

As the assessment of risk and protective factors highlighted 'gaps' the consultation group of stakeholders could problem solve to fill these gaps and create more favourable conditions for the pupil's social and emotional growth. A stable/secure base was identified as being key to the intervention given the turmoil and changes that had occurred during the pupil's life to date and that which could be provided by the nurture class. There would need to be close liaison between school and home, that included both parents to ensure consistency of approach and communication. Consideration was also given to the role of the peer group in providing stability and security. Due to his behaviour and alienation from peers at times, it was agreed that a circle of friends type intervention may be beneficial to help Chris feel a sense of belonging. The Boxall Profile would be used as an assessment tool to identify targets and inform next steps.

- **A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff and reduce the number of pupil exclusions**

This case highlighted the instability created by a family breakdown. There were many changes for the pupil to contend with, parents living apart, parents having new partners, new partners moving in with the respective parents, additional step and biological children, Chris spending separate time with his father and mother due to shared custody arrangements. While there had been limited contact between school and the family, what contact there had been was limited to the pupil's mother. Chris's father had not been aware of how significant his son's behaviour had been in school and that his son was in fact at risk of exclusion. His father also reported that he didn't have difficulty managing the pupil's behaviour, a fact corroborated by the pupil's mother, which may have been helpful at an earlier stage in discussing strategies that worked. The framework created an opportunity for all stakeholders to have a voice and consider the problem dimensions as well as how best to address these. It can also help to repair to some extent, relationships that have broken down which in the case of C was between C's parents, as the focus shifts from contributory factors to change with clearly defined roles and responsibilities. Greater involvement of all stakeholders would become a key area for development within school policy.

6.7 'Dave' Findings

Phase 1 of the framework was undertaken in the same way as outlined for the other pupils where I facilitated a group discussion regarding roles and expectations within the research. The phases outlined in the table (table 23) below were then followed.

Integrated Framework Phases	Process steps	Stage of research and stakeholders	How/ Where	Outcome
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, EP and other involved professionals	Group meeting Headteacher's room	Group understanding and agreement of roles and expectations
2	Guiding hypotheses Information gathering	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents, EP and other involved professionals EP	Group meeting Headteacher's room	Group to have generated hypotheses for investigation and agree appropriate data collection methods EP to collect data
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers and EP Rich data collection allowed also at this stage for a profile of risk and protective factors to be identified	Group meeting Consultative n process Headteacher's room	Group to review data collected Group to agree risk and protective factors
4	Joint action plan and implementation	Stage 2/ Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP	Group meeting Headteacher's room	Group to review risk and protective factors Group to agree a plan of action. Discussion to identify current available resources to meet pupil needs
5	Evaluate, reflect and monitor	Stage 3/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP	Group meeting Headteacher's room	Group to review progress and process

Table 23 Integrated Framework Phases

6.8.1 Phase 2 of the integrated framework 'Guiding hypotheses and information gathering'

Dave and Ellis were non-identical twin brothers, and both had been identified as at risk of exclusion. While shared genetics and shared experiences could be used as explanations for behaviour, the framework allowed for their needs to be investigated as individuals. Both pupils had been taken into care as babies and placed in foster

care until they were adopted at 3 and half years of age. Given this separation from birth parents and then separation from foster carers, a plausible hypothesis was generated relating to attachment difficulties and its impact on behaviour. D's mother also believed these life experiences to be impacting on behaviour. Both D's adoptive mother and school staff raised the influence of being a twin on behaviour, with parent describing Dave as 'easily led' by his brother and school suspecting sibling rivalry, describing him as 'living under (his brother's) shadow' and noting that Dave's behaviour was observed to be worse in the company of his brother. This circumstance was thought to be causing a negative impact on Dave's self-esteem, which was put forward as a hypothesis by his mother. Given this, a maintaining factor to Dave's behaviour could be that he was largely in the company of his brother, with limited opportunities for separation. Staff accounted for a delay in social and emotional development being linked to global developmental delay given Dave's delayed academic skills.

Table 24: Assessment at phases 2 and 3 of the problem-solving framework for Dave

Phase 2 Guiding Hypotheses and Information Gathering			Phase 3 Joint Problem Analysis	
Level	Source	Hypotheses	Type of Information Gathering	Hypothesis Confirmed
Individual	Parent	Easily led by twin brother	Classroom observation Parent/teacher interview	**Yes**
	Parent	Low self-esteem	Questionnaire	**Yes**
	School staff	Sibling rivalry	Pupil/parent/staff interview	**Yes**
	EP (staff query developmental delay)	Other delays	Assessment	No

	EP	Attachment difficulties	Pupil/parent/staff interview	Possibly
	EP	Traumatic life experiences	Parent interview	**Yes**
Class/School	EP	Staff need input on identifying and supporting pupils with BESD	Staff questionnaire Staff interview Classroom observation/Policy	**Yes**
Home/Community	EP	Opportunities for greater separation from twin	Pupil/parent/staff interview	**Yes**

6.8.2 Phase 3 of the integrated framework 'Joint Problem Analysis'

Except for global developmental delay, all the hypotheses that had been generated were accepted following examination of the data collected. Attachment difficulties was classified as 'possibly' since there is no definitive way to assess for this. Data collection showed difficult early life experiences. The pupil had been removed from the biological parents and placed in foster care and then adopted. Challenges continued when adoptive parents divorced. While there had been contact with his adoptive father following the split, this then ceased coinciding with the death of the grandfather (paternal adoptive grandfather). It was thought that life story type work may be helpful in allowing Dave to make sense of his family circumstances as well as developing his own sense of identity, starting with the 'Who Am I?' booklet an inhouse activity the school typically used with pupils on transition to secondary school. The development of Dave's social and emotional skills should include an assessment and monitoring tool to support target setting and a baseline from which

to monito progress from. Dave's self-esteem was found to lie in the low range, likely influenced by his early life experiences. Concerns had been raised regarding Dave's brother's influence on his behaviour. Dave identified a somewhat fractious relationship with his brother to account for the low '5 out of 10' school for his feelings about home. Of note, the brothers both named the same person as their best friend. Also, Dave had to move schools when his brother, was subject to a managed move from their previous primary school due to a threat of exclusion. As a result, opportunities to separate the boys for some of the time were to be trialled to see if this had a positive impact.

At phase 3 problem dimensions were identified to inform target areas:

Figure 9: Problem Analysis (Phase 3)
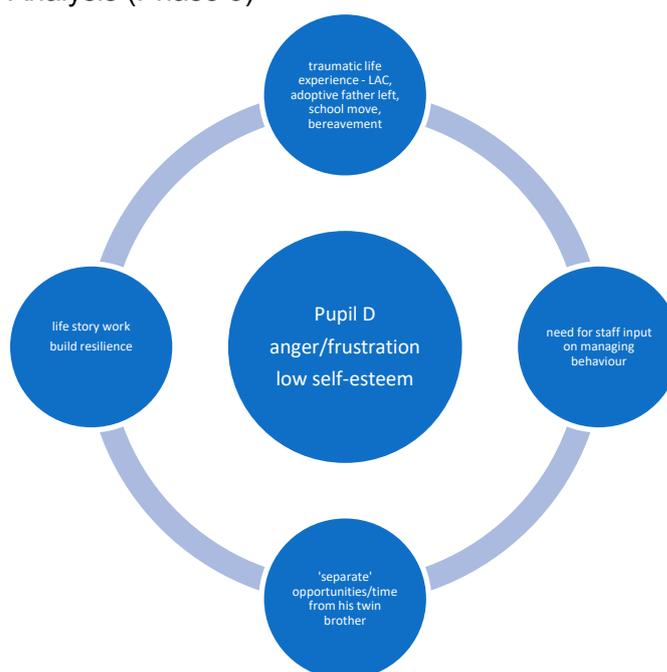
Target areas:

Individual: developing social and emotional skills

School: promotion of attainments/build resilience

      promotion of effective behaviour management, to include assessment and monitoring procedures

Home: separate opportunities (from twin brother). Individual time with each
parent.

6.8.3 'Dave' Collaborative Identification of Risk and Protective Factors

The stakeholder group identified risk and protective factors for Dave from the data

collection, and as outlined in table 25 below.

Table 25: Dave's Risk and Protective Factors

Level	Protective factors including data sources	Risk factors including data sources
Individual/ Pupil	Pupil likes school (pupil interview appendix 4) Attendance at school is very good (record appendix 10)	Academic underachievement (teacher interview appendix 9) Cognitive abilities fall below average (assessment) Shows an awareness of his academic underachievement (pupil interview appendix 4) Low self-esteem (B/G Steem questionnaire appendix 5) External locus of control (B/G Steem questionnaire appendix 5) Goals questionnaire shows low levels of hope (hope scale appendix 6) Has same best friend as his twin brother (pupil interview appendix 4) Aggressive presentation, in home and school (parent and teacher interviews appendices 3 and 9)
School	Several interventions offered by school to target social and emotional development (teacher interview appendix 9) Setting up of in-house nurture provision (teacher interview appendix 9) Employment of extra year 4 class teacher (now 3	Pupil unaware of IEP or PSP targets (pupil interview appendix 4) Already experienced one school move, previously attended another primary school (due to twin brother having a managed move to another primary school) (parent interview appendix 3) Cohort of pupils within the year 4 class showing significant behavioural

	in post for 50 pupils) creating smaller teaching groups (teacher interview appendix 9) Identification of classroom antecedents leading to challenging behaviour (classroom observation appendix 2)	difficulties (planning meeting, teacher interview appendix 9) No monitoring or evaluation of interventions (planning meeting, teacher interview appendix 9) Recent amalgamation of school – previously split infant/junior site. Different approach to behaviour management in infants and juniors (Planning meeting/ historical information known by link EP) Comparisons made between him and his twin brother frequently. Pupils discussed interchangeably. (EP observations throughout process) Discrepancy between teacher views of school role and policy in behaviour management as rating 'very/extremely well' but rate own role/performance lower as 'mostly' effective and knowledgeable. (teacher questionnaire appendix 8)
Home	Stable home situation now. Call mum's partner 'dad' now. (parent interview appendix 3) Grandmother has been consistently involved in pupil's care (parent interview appendix 3) Identifies a help i.e. having more time on his own such as 1:1 time at home or when working in the classroom helps his behaviour. (pupil interview appendix 4)	Previously in foster care. Adopted at 3 and a half years of age. (parent interview appendix 3) Adoptive father 'walked out' on family after 2 years. Adoptive parents then divorced. He had some contact initially but there has been no contact for 2 years. (parent interview appendix 3) Sudden death of grandfather 2 and a half years ago. (parent interview appendix 3) Pupil says he doesn't get on with twin brother (Ellis). (pupil interview appendix 4) Less positive feelings about home compared to school. (pupil interview appendix 4)

6.8.4 Phase 4 of the integrated framework 'Joint Action Plan and Implementation'

Intervention focused on the three levels of individual, family and school as significant risks had been identified. The focus was to develop social and emotional well-being including self-esteem and self-identity. It was proposed that this would be achieved through individual, small group and nurture class input. There would be opportunities for 1:1 time at home as well as opportunities for separation from his twin brother during the school day so that Dave could develop a sense of self. He would also be given special jobs/responsibility to reinforce this i.e. watering the class plants, putting out and taking out the play equipment at playtimes. That would be greater liaison between home and school as well as pupil participation in target setting and monitoring progress.

Table 26 Consultation group to identify interventions for Dave

Professionals Involved	Suggestions for intervention based on risk factors identified in stage 1	Level
Year 4 class teacher Learning Support Assistant SENCo Headteacher Mother EP	• Developing own identity/life story work. 'Who Am I?' resource, usually used with pupils on transition to high school • Access to a group intervention to develop self-esteem • Supporting learning needs via differentiation of work • Use of Boxall Profile to track skill acquisition/monitor progress/guide intervention • Close home/school liaison to ensure communication/consistency. • Behaviour chart. Involvement of pupil in target setting and	**School** **School** **School** **School/Family** **Individual**

	identifying meaningful rewards	
	• Offer roles of responsibility or special 'jobs' to reinforce idea of an internal locus of control	**Individual**
	• Access to the nurture class, ideally at least initially, at a different time to his twin brother	**School**
	• Differentiated academic work given cognitive abilities	**Individual/School**
	• Move to a different year 4 class, this would be possible due to employment of additional staff so that there would be smaller teaching groups	**School**
	• Sharing of triggers (antecedents) for behavioural difficulties with all staff.	**School**
	• Designated 1:1 time with parents/grandmother	**Family**

6.8.5 Phase 5 of the integrated framework 'Evaluate, reflect and monitor'

A meeting was attended by the Headteacher, SENCo, class teacher, Dave's mother and EP. It was reported that Dave had 'settled very well'. He was enjoying more of his 'own space' and attention. He was said to be showing more confidence and less challenging behaviour. He was engaging with all strategies and interventions. Dave had the responsibility of watering the class plants which he enjoyed. He was having 1:1 time with adults at home too. He had also been happy to move into another year 4 class for a fresh start. His social and emotional skills would continue to be monitored by a Boxall Profile. On reflection, I think the Boxall Profile would have

been a helpful as a data source for the research, and one regret is that it wasn't part of the data collection phase.

6.8.6 'Dave' case analysis within the context of the research propositions

- **A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).**

Dave and Ellis are twin brothers. Both pupils showed significant social and emotional difficulties manifested in verbal and physical aggression. They are in the same class at school and are both at risk of permanent exclusion. As a result of these factors, they were often discussed interchangeably by stakeholders as if the same person. The benefit of a systemic approach is that it allows you to look at a Andrews an individual. This is particularly important in the case of Dave and Ellis as a possible influencing factor on their difficulties was a lack of them being viewed as individuals, by both stakeholders and themselves. While their backgrounds (family level) were similar there were in fact differences identified at both the individual and school level.

There was a correlation between Dave's cognitive abilities and his academic attainments, with both falling below average. He showed an awareness that his academic skills were delayed, identifying school work as difficult. His self-esteem fell in the low range and his difficulties with school work would serve to reinforce and

possibly maintain this. During a classroom observation, a trigger to a behavioural outburst was when his peers noted errors in his work and were advising on how to do it correctly. He possessed an external locus of control signifying a lack of control over life events and this is likely reflected by his low score on the level of hope assessment. Dave demonstrated a level of engagement with school, he reported that he liked school and his attendance record at school was very good. Previously, Dave had attended another mainstream school but moved as his brother was subject to a managed move and it would have been logistically impossible for parents to transport them to two different sites each day. It could be argued that Dave had faced the same significant consequence as his brother, when he had not been culpable. Of note, no behavioural difficulties had been reported by Dave's previous school in relation to him.

- **Identifying preventative and risk potentiating factors at the individual, family and school level can lead to more effective assessment and intervention**

Rather than one size fitting all, the integrated framework allowed for individual pupil need and circumstances to be understood. This then led to needs led intervention/s. This was reflected in the twin brothers being assessed separately. A key focus of the intervention then was for each to be given opportunities to develop greater independence from each other , and for interventions to meet their needs as individuals, for example, assessment found one brother to have below average cognitive abilities and for the other to have average cognitive abilities; different

antecedents to behavioural difficulties; different helps and hinders for example, Dave identified 'other pupils helping me with my work' as a particular difficulty while Ellis stated 'not having help with work' was a difficulty for him. Dave was characterised as a 'follower' while Ellis a 'leader'. This meant each needed a different, individualised approach in relation to managing their difficulties. It was also agreed that the pupils would have a degree of separation in terms of accessing the nurture class at different times and being in different year 4 classes.

Dave and Ellisa had experienced many challenges in their early lives, which school staff had not been fully aware of i.e. taken into foster care as babies, adopted at aged 3 and a half, breakdown of adoptive parents' marriage, no contact with adoptive father and death of paternal figure (grandfather). Once school-based stakeholders were aware of all these factors it seemed to generate empathy and a focus on inclusion rather than exclusion.

- **A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff and reduce the number of pupil exclusions**

Dave's case study highlighted the importance of understanding individual pupil need and circumstances. While pupils may present similarly in that they show challenging behaviour, their needs can be very different. This gives an insight into why blanket policies such as the school behaviour policy, can be ineffective with pupils showing individualised difficulties. The needs were established using a systemic approach which saw the individual within the context of both home and school, now and in the past to inform the most effective intervention for the future.

6.9. 'Ellis' Findings

Phase 1 of the framework was undertaken in the same way as outlined for the other

pupils where I facilitated a group discussion regarding roles and expectations within

the research. The phases outlined in the table below (table 27) were then followed.

Integrated Framework Phases	Process steps	Stage of research and stakeholders	How/ Where	Outcome
1	Establishing roles and expectations	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, EP and other involved professionals	Group meeting Headteacher's room	Group understanding and agreement of roles and expectations
2	Guiding hypotheses Information gathering	Stage 1/ Meeting with Headteacher, SENCo, year 4 class teachers, parents, EP and other involved professionals EP	Group meeting Headteacher's room	Group to have generated hypotheses for investigated and agree appropriate data collection methods EP to collect data
3	Joint problem analysis	Stage 2/ Meeting with Headteacher, SENCo, designated year 4 class teachers and EP Rich data collection allowed also at this stage for a profile of risk and protective factors to be identified	Group meeting Consultative process Headteacher's room	Group to review data collected Group to agree risk and protective factors
4	Joint action plan and implementation	Stage 2/ Meeting with Headteacher, SENCo, year 4 class teachers, learning support assistant, parents and EP	Group meeting Headteacher's room	Group to review risk and protective factors Group to agree a plan of action. Discussion to identify current available resources to meet pupil needs
5	Evaluate, reflect and monitor	Stage 3/ Meeting with Headteacher, SENCo, year 4 class teachers, parents and EP	Group meeting Headteacher's room	Group to review progress and process

Table 27 Integrated Framework Phases

6.9.1 Phase 2 of the integrated framework 'Guiding hypotheses and information gathering'

Ellis was described by his mother as a dominant character a 'leader' and saw himself

as the 'man' of the family. School staff viewed him as the dominant character in his

relationship with his twin brother, Dave. It was proposed that Ellis liked to have his

own way and control the situation, and the behavioural difficulties were possibly a

way to achieve this. School staff described Ellis's social and emotional skills as delayed and it was not clear whether this was linked to more generalised delays or possibly attachment difficulties and/or early life experiences. Ellis had been taken into care as a baby and placed in foster care and was adopted at 3 and a half years of age. Since his adoption while his adoptive mother and grandmother have remained a stable influence, there has been instability in that his adoptive father left the family home and there has been no contact for the last 2 years. Ellis also experienced the loss of his grandfather at this time. He had also shown behavioural difficulties at his previous school and placed in alternative placement at the Pupil Referral Unit (PRU) to support this. Following this placement, Ellis experienced a managed move to his current school. A hypothesis is that these experiences have all influenced Ellis's behaviour.

Table 28: Assessment at phases 2 and 3 of the problem-solving framework for Ellis.

Phase 2 Guiding Hypotheses and Information Gathering			Phase 3 Joint Problem Analysis	
Level	Source	Hypotheses	Type of Information Gathering	Hypothesis Confirmed
Individual	Parent	Role of leader (the 'man' of the family))	Classroom observation/Pupil/staff/parent interview	**Yes**
	School staff	Poor social and emotional skills	Classroom observation/Pupil/staff/parent interview	**Yes**
	EP (school staff query developmental delay)	Other delays/ Attachment difficulties/ Traumatic life experiences	Assessment Pupil/parent/staff interview " " " "	No Possibly **Yes**
Class/School	EP	Staff need input on identifying	Staff questionnaire Staff interview Classroom	**Yes**

		and supporting pupils with BESD	observation/Policy	
Home/Community	EP	Life story work needed	Pupil/parent interview /questionnaire	**Yes**

6.9.2 Phase 3 of the integrated framework 'Joint Problem Analysis'

Data collection ensured the rejection of the global developmental delay hypothesis, which of note was the outcome in all 5 case studies. There was acceptance of the following hypotheses: delayed social and emotional skills, staff needing input, early life experiences, personality traits, where data collection suggested these were impacting on the behavioural difficulties. Given his early life experiences, and reports that he had questions about this, some 1:1 work around identity and life story type work was felt to be an appropriate way to address this problem dimension.

At phase 3 problem dimensions were identified to inform target areas:

Figure 10: Problem Analysis (Phase 3)
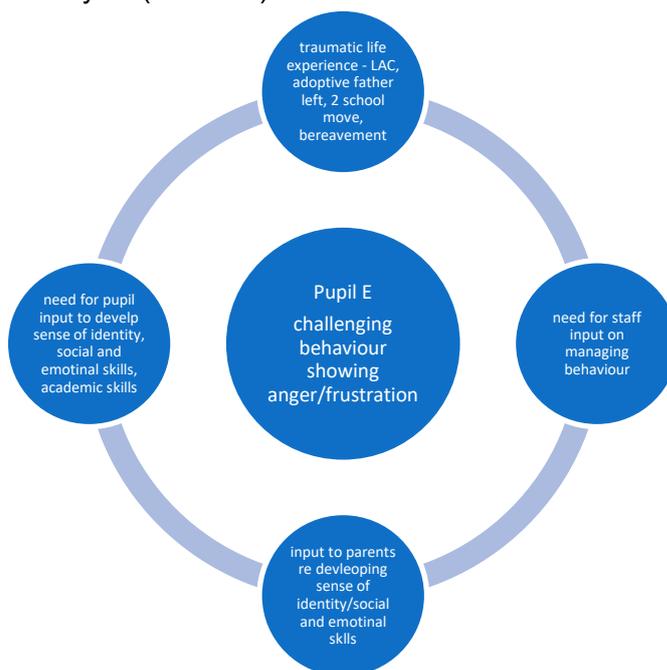
Target areas:

Individual: promoting social and emotional skills

School: promotion of social and emotional skills

promotion of effective behaviour management, to include assessment and monitoring procedures

Home: developing sense of identity/life story work.

6.9.3 'Ellis' Collaborative identification of risk and protective factors

Information gathering for Ellis at the different levels to identify risk and protective factors:

Table 29: Ellis's Risk and Protective Factors

Level	Protective factors including data sources	Risk factors including data sources
Individual/Pupil	Good school attendance (record appendix 10) Cognitive abilities fall in the average range (assessment appendix 7) Pupil likes school (pupil interview appendix 4) Self-esteem falls in the high range (BG Steem questionnaire appendix 5)	Academic underachievement (assessment appendix 7) Same best friend as his twin brother (pupil interview appendix 4) Behavioural difficulties – aggressive, self-directed, non-compliant, difficulties working collaboratively. An elder twin, adopts the role of 'leader' (teacher interview appendix 9) Self-esteem falls in the high range (BG Steem questionnaire appendix 5) External locus of control (BG Steem questionnaire appendix 5) Goals questionnaire – shows low levels of hope (hope scale appendix 6)
School	Several interventions offered by school to target social and emotional development (teacher interview appendix 9)	Pupil is unaware of IEP/PSP targets (pupil interview appendix 4) He has already experience done school move, previously attended another primary school

	Setting up of in-house nurture provision (teacher interview appendix 9) Employment of extra year 4 class teacher (now 3 in post for 50 pupils) creating smaller teaching groups (teacher interview appendix 9) Identification of classroom antecedents leading to challenging behaviour (classroom observation appendix 2)	(parent interview appendix 3) Previously attended short term placement at the Pupil Referral Unit (PRU) (parent interview appendix 3) Cohort of pupils within the year 4 class showing significant behavioural difficulties (planning meeting, teacher interview appendix 9) No monitoring or evaluation of interventions (planning meeting, teacher interview appendix 9) Recent amalgamation of school – previously split infant/junior site. Different approach to behaviour management in infants and juniors (Planning meeting/ historical information known by link EP) Discrepancy between teacher views of school role and policy in behaviour management as rating 'very/extremely well' but rate own role/performance lower as 'mostly' effective and knowledgeable. (teacher questionnaire appendix 8)
Home	Stable home situation now. Calls mum's partner 'dad'. (parent interview appendix 3) Grandmother has been consistently involved in pupil's care (parent interview appendix 3) Pupil expressed positive feelings about home. (pupil interview appendix 4)	Previously in foster care. Adopted at 3 and a half years of age. (parent interview appendix 3) Adoptive father 'walked out' on family after 2 years. Adoptive parents then divorced. He had some contact initially but there has been no contact for 2 years. (parent interview appendix 3) Sudden death of grandfather 2 and a half years ago. (parent interview appendix 3)

6.9.4 Phase 4 of the integrated framework 'Joint Action Plan and Implementation'

To target the gaps in Ellis's social and emotional development at the levels of the pupil, school and family, interventions were planned. It was important, as had been the case with the other pupils in the study, that resources identified were both practical and available to limit any delay. For example, adoptive mum had reported that she had requested life story work from Social Services but told there were not currently resources to offer this. As the data suggested that this was a problem dimension, we discussed resources currently in the school which currently supported pupils' identity and sense of self. They used the 'Who am I? resource with pupils on transition to high school and it was agreed that this would be used with Ellis (and Dave). Close home school liaison was identified as important to ensure consistency and communication, as well pupil participation in target setting, both actions to encourage shared ownership and responsibility. This had been an outcome for all 5 case studies, as had the need for and effective assessment and monitoring BESD tool for staff and again the Boxall Profile was suggested as it was being used by other schools in the catchment which could create opportunities for peer supervision. Group work was identified to support the development of Ellis's social and emotional skills, through a targeted social skills group intervention as well as access to the nurture class. It was also agreed that there should be higher expectations on learning given Ellis's cognitive abilities.

Table 30 Consultation group to identify interventions for Ellis

Professionals involved	Suggestions for intervention based on risk factors identified in stage 1	Level
Year 4 class teacher Learning Support Assistant SENCo Headteacher Mother EP	• Access to a social skills/interaction group where he experiences collaborative experiences and learns different roles (not always a leader) • Life story work. Who Am I? resource/booklet • Offer roles of responsibility or special 'jobs' to reinforce idea of an internal locus of control • Access to nurture provision • Use of Boxall Profile to track skill acquisition/monitor progress/guide intervention • Developing academic skills given cognitive abilities • Close home/school liaison to ensure communication and consistency • Behaviour chart. Involvement of pupil in target setting and establishing meaningful rewards • Sharing of triggers (antecedents) for behavioural difficulties with all staff. • Use of exit strategies. Time out card.	**School** **Individual** **Individual/School** **Individual/School** **School** **School** **Individual/School/Family** **School/Family** **Individual** **School**

6.9.5 Phase 5 of the integrated framework 'Evaluate, reflect and monitor'

A meeting was attended by school-based stakeholders, Ellis's mother and the EP. Ellis showed ongoing challenging behaviour but less incidents were reported. It was reported that he didn't like being separated from his brother, both in the mainstream class and the nurture class. Stakeholders felt it hadn't been explained to him properly and he saw it as a punishment. Once it was reframed more positively, as a move to give the boys space to grow, Ellis seemed to better accept the arrangement. He had started the social skills group and was described as 'very much the leader' and staff were using a sand timer to that other pupils could have a turn. Ellis accepted this approach and it was noted that he is 'better with clear boundaries'. He was constantly using his 'time out' card and this over use led to it being withdrawn. He now puts his hand up if there is a problem, to prevent an escalation, and the class teacher finds it easier to respond to this in the small class setting as 50 pupils are now spread out over 3 classes with 3 teachers.

Phase 5 also encourages the EP to reflect on their role in the process interestingly Woolfson (2017) notes that this should be done outside of the group 'personal reflection is best carried out at the psychological base with a colleague as a mentor' to identify 'strengths and weaknesses and to address continuing professional development needs' (p.161). One concern in this area was the time scale for the research. The intervention phase coincided with the end of the academic year, with little time to embed before the school holidays. School staff had commented themselves that it would be like 'starting from scratch' in the September term. While

the interventions could restart in the new academic year, it would have been more efficient to have started the research in the Autumn term.

6.9.6 'Ellis' case analysis within the context of the research propositions

- **A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).**

Ellis had good school attendance and his cognitive abilities fell in the average range. However, his academic attainments fell significantly below average suggesting once again that the pupil's behaviour was impacting on learning and preventing access to the curriculum. Considerable discord had been noted between Ellis and his twin brother, Dave. Interestingly, both these pupils identified Ben as their best friend. This led to considerably strained peer relations and was often felt to be a trigger for behavioural outbursts particularly during play and lunch times. Interestingly, Ellis's self-esteem was found to lie in the high range and this was classed as both a protective and risk factor. While healthy levels of self-esteem are important to social and emotional development, too high a level can be detrimental, giving an inflated sense of self. Given that Ellis was classed as a 'leader' who was extremely self-directed and non-compliant with request and who had significant difficulty with any form of collaboration, it felt important to monitor rather than promote his self-esteem.

He had been accessing a self-esteem group intervention prior to the start of the research as it was felt that he may have poor levels of self-esteem. Ellis expressed a liking for school. Despite social and emotional interventions offered by school, access to the nurture class as well as the employment of different staff, there had been limited impact on behaviour which placed the pupil at risk of immediate exclusion. This pupil (after Chris) was ranked second closest to exclusion out of the 5 pupils, and this seemed intensified by the fact that he had attended specialist placement previously at the Pupil Referral Unit (PRU) due to behavioural difficulties exhibited at his previous school. On return to mainstream following this specialist placement, a managed move was agreed as the school felt they could no longer meet Ellis's needs and he transferred to his current school. The reason for the school move had never been discussed with the pupil, and on questioning Ellis thought that he had moved because 'they didn't like' him at his previous school.

Significant information was shared by the family, which led to the identification of several risk factors and which school staff had not been fully aware of. In terms of protective factors in the home, Ellis expressed positive feelings about home. His grandmother had been heavily involved in his care and has been a constant figure since he was adopted into the family. There is currently a stable home situation with mum's partner living in the home and who Ellis now calls 'dad'.

- **Identifying preventative and risk potentiating factors at the individual, family and school level can lead to more effective assessment and intervention**

It was agreed that Ellis would access a group intervention to target specific 'risk' areas, namely social skills and collaborative work and play. While Ellis was described as a 'strong' personality and somewhat of a 'leader' there seemed to be an element of disempowerment especially given his early home circumstances and changes in school placement from a PRU and a different primary school. The pupil also had an external locus, suggestive of disempowerment. As a result, it was agreed that a behaviour chart would be written by school staff, parents and the pupil to agree targets and rewards. It was hoped that involving the pupil in this way would also lead to the identification of meaningful motivators. Due to a reported lack of improvement in behaviour over time, it was also agreed that it would be a priority to monitor and track social and emotional skills development. There would need to be high expectations regarding learning given the pupil's cognitive abilities fell in the average range. It also seemed reasonable that the pupil could be directly taught some strategies to manage his difficulties for example, use of a time out card as an exit strategy when anger is building.

- **A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff and reduce the number of pupil exclusions**

As the fifth case analysis was completed by stakeholders it become clear that there were common themes across the cases. These themes were identified as key considerations for future school policy and practice and will be discussed in some detail in the following chapter (7).

- Misperceptions of developmental delay/learning difficulties

- Pupil satisfaction with school

- Absence of the child's voice

- Low versus high self-esteem, external locus of control and low levels of hope

- Complexity of home circumstances

- Lack of home/school liaison

- Identifiable behavioural antecedents

- Lack of monitoring and evaluation of interventions used with pupils experiencing emotional, behavioural and social difficulties.

CHAPTER 7

7. PRESENTATION AND DISCUSSION OF FINDINGS
CROSS CASE ANALYSIS

This chapter details a thematic analysis of trends and findings across the five case studies to highlight preventative measures and inform wider school policy and practice. The focus was on constructing meaning from group processes, collaboratively identifying themes, and this new learning leading to changes in practice. The literature review discussed the complexity of factors that influence BESD. Behaviour and exclusion cannot be viewed as a within child problem or mental health difficulty (Parker and Ford, 2013). This was illustrated in the research through the identification of a multitude of risk and protective factors that were influencing the individual pupil at the class, family and school levels.

The literature also highlighted the challenge of meaningful inclusion versus detrimental exclusion, which can be mediated through a systemic approach as all systems are the focus of change as they respond to meet individual pupil need.

This chapter will explore stage 3 of the research which examines trends within systems:

• Stage 3 cross case analysis to support the identification of preventative strategies	Identification of trends or interests that would inform future school practice to support pupils with BESD and prevent school	Meeting with Headteacher, SENCo, all year 4 class teachers, parents and EP

	exclusion.	

Themes across the five case studies were noted at the levels of pupil, home and school as follows:

- Misperceptions of developmental delay/learning difficulties

- Pupil satisfaction with school

- Absence of the child's voice

- Low versus high self-esteem, external locus of control and low levels of hope

- Complexity of home circumstances

- Lack of home/school liaison

- Identifiable behavioural antecedents

- Lack of monitoring and evaluation of interventions used with pupils experiencing emotional, behavioural and social difficulties.

7.1   Cross case themes

While case by case analysis highlighted individual themes pertinent to each case study, as discussed in chapter 6, there were also themes identified common across the case studies.

7.1.1 Misperceptions of developmental delay/learning difficulties

For all of the case studies, during interviews with staff, it was suggested that all pupils were experiencing academic delays and that social and emotional development was part of generalised global difficulties. The group's literacy and numeracy attainments were below that which would be expected for their age. Staff

felt that there was possibly evidence of global developmental delay, and that the pupil's academic attainments and social and emotional skills were commensurate with their cognitive abilities. I agreed that this was a reasonable initial hypothesis. However, cognitive assessment found that of the 5 case studies, 3 pupils scored in the average range, 1 in the below average and 1 had verbal/communication difficulties (appendix 7). It would seem therefore that there were low expectations of abilities and learning. Cognitive assessment gave the following results:

Pupil	Abilities/Range	Overall Cognitive Ability Range
A	Verbal/ **average** Non-verbal/ **above average**	**average**
B	Verbal/ **low** Non-verbal/ **average**	**N/A (due to significant discrepancy between scores)**
C	Verbal/**below average** Non-verbal/**average**	**average**
D	Verbal/**below average** Non-verbal/**below average**	**below average**
E	Verbal/**average** Non-verbal/**average**	**average**

Table 23: Cognitive abilities

Low expectations of learning transfer quickly from teacher to peers and to individual pupils. This can have a detrimental effect on several areas including motivation, confidence, self-esteem and perseverance. It can also foster animosity between peers. Of note, many of the pupils experienced low self-esteem as well as social interaction difficulties. It is possible that low expectations can serve as a maintaining factor to disengagement and even behavioural difficulties.

7.1.2 Pupil satisfaction with school

Pupils at risk of exclusion and who experience behavioural, emotional and social difficulties are often described as disaffected and disengaged from school. Such presentation is a form of communication. Dreikurs, Grunwald and Pepper (2013) note that all behaviour is purposeful and driven by the child's decisions, 'inappropriate behaviour may result not from deficiencies but from wrong decisions' (p.5). This highlights two important considerations, understanding the communication behind the behaviour and that further investigation is needed in this respect. Information gathering highlighted that staff and parents felt that pupils were dissatisfied with school, and that this was a maintaining factor to the behavioural difficulties. Yet such a view can also serve as a maintaining factor. If the onus is placed on the pupil where their perceived lack of engagement is causing the relationship between school and pupil to break down, this serves as a barrier to inclusion. In my experience as an EP this can often lead to questions such as 'Where can the pupil go next (meaning alternative placement)?' as opposed to 'How do we re-engage him?' The use of the integrated framework was particularly useful in promoting this since at phase 1 of the model, a consensus is agreed on desired outcomes, which in the case of the research was to prevent the exclusion of the pupils and so from the outset alternative placement was not seen as an aim or an outcome. The following are some statements from teacher and parent interviews (appendices 3 and 9) regarding pupil engagement:

 'He doesn't like school'

'(Pupil) doesn't like school'

'He never wants to be here'

'I don't think he wants to be here'

'He wants to be excluded'

'(Pupil) enjoys being sent home'

'(Pupil) always tries to get out of coming'.

Information gathered suggested that the pupils concerned did show engagement in school. Attendance figures (appendix 10) for each pupil for the academic year, show that pupils and parent/s are heavily invested in school. Behavioural difficulties can often be associated with non-attendance and truancy (Lauchlan 2003) but this was not the case in the research. It does not mean however, that pupils were accessing the curriculum when they were in school. The figures also do not take account of any unofficial exclusions where parents had been asked to collect pupils from school for negative behaviour (appendix 3). It does show that despite considerable adversity pupils were motivated to be in school. Attendance figures were as follows:

- Andrew   94.4%
- Ben   95.6%
- Chris   90.1%
- Dave   88%
- Ellis   85.1%

Pupil engagement with school was also explored in pupil interviews (appendix 4). Pupils were asked to rate their feelings about school using a technique known as a Salmon line (Salmon, 2003), to assess their satisfaction/dissatisfaction. Pupils were asked to rate on a scale of 0-10 how they felt about school, with '0' being awful, '5' ok and '10' being excellent etc. Pupils were then asked to give examples to support the awarded score. 4 of the pupils gave very high scores as follows. All pupils were able to generate independently things that made them happy. Answers were multi-faceted ranging from teachers, friends, lessons, activities, interventions and feeling of safety. Alerby (2003) similarly found the juxtapositioning of positive thoughts and experiences of children at school, despite negative influences including boredom. It is helpful to have this pupil insight since it can highlight what is working well when sometimes when a pupil is at risk of exclusion, it can seem as if nothing is. Pupil voice is an integral part of a systemic approach. Pupils should be consulted in matters that affect them for legal and ethical reasons, since they have a right to be part of the decision making. Their voices should also be included for practical reasons since they can provide clarity around risk and protective factors. This needs to be done in a meaningful way and which considers their developmental levels, cognitively and emotionally, when considering questions and answers, which can be key responsibility of the EP.

Table 31: Pupil views

Pupil	'Feelings about school' score (out of a possible 10)	Pupil likes
A	9	Class teacher who 'helps when I don't understand and will talk to me on my own', 'fun stuff' to do on the playground i.e. football and basketball, seeing friends, favourite subject 'Maths', fun activities – sports day and

		trips, 'feel safe in school', Art.
B	5	Art lessons – drawing and painting, Lego activities, 'choosing time' on a Friday
C	10	Current class teacher who was 'nice and calm', seeing friends,
D	8	Clwb Cwtch (nurture class), English lessons, 'playing football' at playtimes, year 4 class teachers, seeing best friend
E	10	ICT lessons, playtimes, 'doing work', working with a partner, seeing my best friend, 'favourite teacher'

7.1.3 Absence of the child's voice

Pupil view and participation can support the social and emotional development of individuals as well as the school as a whole. The Welsh inspectorate agency, Estyn, notes that 'strong pupil participation can support school improvement by helping the school to identify future priorities and make more informed decisions on wellbeing ……. (and) through their involvement, pupils develop valuable personal and social skills (www.estyn.gov.wales/pupilvoice February 2018). During the host school's last Estyn inspection (2011) inspectors noting pupil participation as a positive 'The school itself also seeks pupils' vie0ws so that they are appropriately involved in decision making'. A few weeks following this inspection, the 5 pupils had been identified as at risk of exclusion. The Estyn report also stated that 'nearly all pupils have a strong sense of ownership of the school'. Arguably, the cohort of pupils in this research, fell outside of these groups. Of note, in a subsequent Estyn inspection in 2016, there had been a reversal of the status quo, where it would seem that pupil participation had become something for the minority rather than the majority. The following is taken verbatim from the Estyn report (2016, p.6):

- Too few pupils develop their independent learning skills within the classroom and they do not take a full enough part in planning their learning.
- Only a few pupils across the school take an active part in decision making and very few have roles of responsibility.

Information gathering highlighted that pupils were not involved in any target setting or monitoring processes for their behaviour. Such involvement is key when planning for change, to ensure motivation and responsibility. When parents/members of staff were asked to identify helps and hinders for pupils (appendices 3 and 9), the following responses were made initially:

Table 32: Helps and hinders

What helps the behaviour improve?	What doesn't help/hinders?
'not sure'	'when he doesn't have his own way'
'you never really know with (pupil name)	'when he can't do something'
'Being sent home from school'	'hard to say …. sometimes everything'
'Being centre of attention'	'could be anything'
'If he can be the leader, in charge'	
'Smaller teaching group'	

These responses provided little insight on how to engage individual pupils for change and were in marked contrast to the answers provided, when pupils were asked directly (see table 33). Pupils were able to be more specific regarding what worked and didn't work for them. Interestingly, when this information was fed back to school staff they were in fact in agreement that the pupils had identified accurately.

Pupil	Dislikes about School	'Helps'	Hinders
A	'Wish I could be better at History and English' 'My behaviour'	A Behaviour chart Clwb Cwtch (nurture class) SAP Being in a small group	'not sure'
B	Welsh 'Being shouted at' 'Being bullied. People name calling' Reading spelling	If I was 'stronger, had armour, was a hero' If people didn't shout at me If I listened more (I have trouble listening)	Shouting
C	Maths Handwriting My behaviour	Teachers being 'nice and calm'	Teachers shouting
D	Reading Writing Football 'People bullying me'	'If I could concentrate better' (go to a quiet place on my own) 'If I could be in goal on my own every time we play football'	'People shouting' 'Other pupils helping me with my work'
E	Maths Science Homework	Having help with work- for example, having a number square for maths or being allowed to count with fingers	Not having help with work – being made to count in head for maths

Table 33: Pupil views 'helps' and 'hinders'

7.1.4 Levels of self-esteem; locus of control, and levels of hope

Low self –esteem was cited as a hypothesis by school staff for only one of the five

pupils, which they linked to his 'at times, withdrawn, anxious' presentation. Those

displaying more outward behaviours were not thought to be experiencing low self-

esteem. Scores on the B/G Steem questionnaire were as follows:

Andrew low range

Ben low range

Chris high range

Dave low range

Ellis high range

It could be argued that an individual's level of self-esteem can be a contributory factor towards behaviour (Rowntree Foundation, 2001; Emler, 2001). Behaviour has a purpose and Dreikurs, Grunwald and Pepper (2013) argue that this is linked to the child's aim of 'belong(ing) and to find his place in the family or in the group in which he functions' (p.13). Maslow (1943) would place belonging needs as foundation to esteem needs. If belonging needs are not met, then neither are esteem needs. Interestingly, the pupils who were classed as an immediate risk of exclusion from school, Chris and Ellis, had scores that placed their self-esteem in the high range. A hypothesis could be that their answers were reflective of a level of bravado and individual protection given the risk they were faced with. It also highlights the difficulty in accurately measuring self-esteem and that an assessment that harnesses a breadth of social and emotion development, such as the Boxall Profile, would be beneficial.

Loci of Control

The B/G Steem questionnaire also allows for an individual's locus of control to be identified. The pupils' results were as follows:

Andrew external locus of control

Ben external locus of control

Chris internal locus of control

Dave external locus of control

Ellis external locus of control

All pupils, with the exception of Chris, had scores reflective of an external locus of control. Of note, Chris was ranked by school staff as the most at risk of exclusion out of the cohort of 5. Behaviour is one area where the pupils do have a level of control, which could be the reason that they default to it despite the consequences. An individual with an internal locus of control is likely to be more resilient (McCrory and Cameron, 2009) and believes he/she is able to influence events that occur in their lives. Individuals with an external locus see themselves as having little influence on what happens to them, seeing others or fate having the power. However, Mamlin, Harris and Case (2001) believe locus of control relates to stages in development and that as a child matures so comes greater internal locus. This would mean the pupils in this research with an external locus of control is reflective of their stage of child development and as their social and emotional skills mature so too will their feelings of independence.

Levels of Hope

The 'Questions about Goals' questionnaire to identified pupil levels of hope for the future. Positive levels of hope would signify positive emotions. It suggests that an individual is able to learn from mistakes to improve actions next time, allowing for a more positive outlook. In relation to the five case studies the following results were noted:

Andrew low level of hope

Ben low

Chris high

Dave low

Ellis high

Three of the pupils, Andrew, Ben and Dave correlated in that they had measures of low self-esteem and an external locus of control suggesting they were feeling disempowered about their situation. Their scores which indicated a low level of hope about the future, was to be expected. Arguably, this context of disempowerment links to a lack of pupil participation and voice as discussed earlier.

Chris's scores showed a correlation between a high self-esteem score, internal locus of control and a high level of hope for the future. However, these results should be viewed with caution given the lack of triangulation with other sources of data. Ellis also had a high level of hope; his self-esteem fell in the high range and he was found to have an external locus of control. This profile could link back to the hypothesis proposed by his parent at phase 2 of the framework, where Ellis in his 'leader' role, was setting his own rules rather than following them.

7.1.5 Complexity of home factors

Information gathering revealed each pupil to experience significant life events at a young age. Some pupils had experienced several adverse life events (see table 34).

Pupil	Significant life event/s
A	1 of 5 children Family breakdown Domestic violence – biological father serves custodial sentence.

	– no contact with biological father, brought up by stepfather from aged 1 year Alcoholism (stepfather) Separation of mother and stepfather due to alcoholism – pupil told stepfather is not biological father. Contact with biological father begins 2 years ago. Death of grandmother and 10 months later grandfather – pupil very close. Mother postnatal depression and ongoing depression. Grandmother depression. Auntie depression – attempted suicide last year. Child in Need Register
B	Mother postnatal depression
C	Parental separation Paternal grandmother terminal illness/bereavement
D	Looked after child, adopted at 3 and a half years of age. Adoptive parents separated 2 years later. No contact with adoptive father. School move
E	Looked after child, adopted at 3 and a half years of age. Adoptive parents separated 2 years later. No contact with adoptive father. School move. Previous placement in Pupil Referral Unit (PRU)

Table 34: Significant life events

All pupils had experienced at least one, some several, traumatic life events. All of the factors reported would serve to impact on a child's emotional well-being for example, bereavement, parental divorce, postnatal depression, looked after status. Behaviour would have been influenced by these experiences. Behaviour is often managed by a hierarchical and consequences approach (see Behaviour policy appendix 11). This approach usually works relatively well for pupils without additional difficulties/needs. The five pupils in this research had already experienced some significant and traumatic consequences of life, and at an early age, so a traditional behaviourist

approach of consequences for negative behaviour was unlikely to address the difficulties fully.

7.1.6 Lack of home/school liaison

Despite the range of significant life events, not all this information was available to staff. Some staff knew 'bits' of it but the majority was held by the headteacher. Interestingly, once teaching staff were aware, there were expressions of empathy and compassion. A lack of home/school liaison was noted throughout the research which made the sharing of information/ease of communication and consistency of approach difficult. Parents, like pupils were not aware of the pupil IEP and PSP targets and did not seem to understand SEN processes within school. While they had received the paper documents they did not understand their significance, or had they known to reinforce the targets at home. Home/school liaison tended to occur when difficulties were being reported, in line with school behaviour policy. There were some reports of positive family and school liaison, the mother of Dave and Ellis noted that the school worked with both the 'family and the child' providing feedback to home, instead of the previous school which she felt solely labelled the child. This contact was largely between the parent and headteacher.

The following quotes (parent and teacher interviews, appendices 3 and 9) from the information gathering stage exemplify the lack of home/school liaison:

'no recent involvement (with parent)'

'group intervention not a good idea …. He really struggles in groups…'

'no behavioural difficulties in the home' (parents had learnt effective strategies)

'he likes being collected for misbehaving' (when staff believed it could be deterrent)

'he was sent home on return to school following death of grandfather'.

The lack of meaningful communication caused inaccuracies in the information that was held by the stakeholders and could account for some of the lack of progress. The systemic approach within the research served to open up communication between the different systems to identify need and intervene with more success, as facts in the form of risk and protective factors were established. The approach was two stepped in that it was systemic at both the identification and intervention stages. Intervention is more likely to be effective when the identification of need is based on information collected from a wide range of sources (Wicks, 2013).

7.1.7 Identifiable behavioural antecedents

Challenging behaviour can often be looked at narrowly, in terms of observable behaviours and a behaviourist approach of rewards and consequences (behaviour policy appendix 11). The interactionist perspective advocated by the research situates difficulties within their contexts (Monsen, Graham, Frederickson and Cameron, 1998; Monsen and Frederickson, 2008; Gameson, Rhydderch, Ellis and Carroll, 2003; Woolfson, Stewart and Monsen, 2003; 2008; 2017; Frederickson and Cline, 2009). Greater insight can be provided if behaviour is observed in a class/school context using an ABCC (observation of Antecedents, Behaviour, Consequences and Communication) approach whereby triggers can be identified and pro-actively managed. Identifying consequences can ensure consistently of approach. Clues can also be established as to what the individual is communicating through their behaviour. This builds further on pupil interviews where 'helps' and

'hinders' have identified similar features. Literature has referred to internal triggers experienced by pupils with BESD however, classroom observations found identifiable external antecedents. It would also evident that it would be helpful for staff to use this approach so that behaviour could be more proactively managed. This linked to staff questionnaire feedback (mostly '3' scores to denote skills/knowledge/technique as 'just ok').

Table 35: ABCC classroom observations

Pupil	Antecedents	Behaviour	Consequences	Possible Communication
A	Work task being set by class teacher	Becomes anxious – lots of questions about what to do, seeking reassurance	Settles and becomes well-motivated when class teacher revisits task on a 1:1 basis. If class teacher doesn't give immediate feedback, pupil becomes louder and increasingly disruptive to others.	The work feels too difficult for me
	Negative comment about pupil's work made by another pupil	Looks worried, pushes work away. Becomes loud.	Falls behind with work. Notices that he is behind peers, comment that 'he's rubbish'. Class teacher supporting another pupil and unaware.	
	Notices all pupils in close proximity are well ahead of him on work task	Pushes work away. Looks upset.	Refuses to reengage with task. Starts throwing things. Pulls work/pencils off other pupils and throws them.	
B	Late entry to class – pupil has been working with an LSA	Loud entrance and takes a while to settle. Makes random	Other children become annoyed. Pupil argues back at them. Repeated	Verbal information is difficult for me

		comments.	reprimands from class teacher. Flow of lesson disrupted.	
	Delivery of instructions/information (verbal)	Fleeting attention. Becomes agitated, very loud. Demanding of adult attention becomes aggressive when not given.	1:1 support from class teacher to revisit instructions. Visual cues. No escalation if this happens. Otherwise, escalation where pupil is verbally aggressive and out of seat.	
C	Teacher request	Refusal to comply. Becomes disruptive – off task, loud noises, banging equipment, name calling. Moves freely around room. Answers adults back. Attention seeking behaviour.	Some staff reprimands but largely pupil is ignored. Pupil becomes increasingly angry/disruptive. Kicks chair. Swears.	I need attention
D	Other pupils offering advice on work – noting errors	Ignores. When they persist, quick to anger. Snaps pencil.	Staff unaware	I'm not as good at this as others
E	Encouragement to share attention	Refuses. Continues to focus on own interests.	Hand over hand guidance. If not given, remains off task – self-directed.	I'm not interested

7.1.8 Lack of monitoring and evaluation of interventions used with pupils experiencing emotional, behavioural and social difficulties.

Many interventions to support behaviour, emotional and social difficulties were provided by the school. On a positive note, the school had invested heavily in the

area and 'owned' a range of interventions and used these to target pupils who were in great need. This could be viewed positively as pupils who were at imminent risk of exclusion were being maintained in a mainstream placement. Yet despite access to these interventions five pupils who were at risk of a permanent exclusion from school, suggesting insufficient gains. A risk factor identified at the school level was the absence of any system of assessment, monitoring or evaluation of these interventions. There was no early intervention pathway, pupils were targeted once behaviours were well established. There was also no measure pre and post intervention/s to see value added. Some pupils were targeted with several interventions at the same time. The research highlighted the need for assessment to inform any intervention/s, to ensure evidence-based practice, and that evidence-based practice continues through an ongoing cycle of monitoring, planning and evaluation. The involvement of pupils in this process has already been discussed and it would be helpful if skills being targeted could be evidenced in a child friendly meaningful IEP. Of note, one pupil at risk of exclusion, had an IEP in place solely targeting academic skills.

Table 36: Interventions used with pupils

Pupil	Interventions	Comments/Response to Intervention/s
A	Music therapy Nurture class SAP group intervention 1:1 support Small teaching group IEP/IBP	Interventions ran at same time – when risk of exclusion imminent Improvement in behaviour and general attitude to learning. Described as 'depressed' prior to interventions.
B	IEP – targeting academic skills/gross motor SAP group intervention Responds to a specific approach – very clear instructions and boundaries	Some progress in relation to social skills but little progress academically

	Small teaching group	
C	Music therapy Nurture class SAP group intervention 1:1 support Small teaching group Home/school diary IEP/IBP	Interventions ran at same time – when risk of exclusion imminent No improvement reported but a deterioration
D	Nurture class IEP/IBP	Staff feel they can now intervene at right point to stop an escalation
E	Placement in PRU Nurture class IEP/IBP	Some improvement with behaviour but once pupil has been out of school i.e. holidays/weekend, behaviour is very challenging on return

7.2 Short term Outcomes

Pupils Andrew, Ben, Chris, Dave and Ellis were subject to immediate intervention as outlined earlier in this chapter. Pupils' progress was reviewed at a review meeting (appendix 12) attended by stakeholders who had been part of the collaborative research i.e. school-based staff, pupil parents and me as the EP. The focus of the meetings was to discuss progress. Pupils attended part of the meeting to discuss their targets and progress. The Boxall Profiles had been completed by school staff and this was being used as a target setting and monitoring tool. On the whole, pupils Andrew, Ben and Dave made steady progress. Pupils Chris and Ellis continued to have some challenging behavioural outbursts, but these were said to be less frequent with pupils returning to calm much quicker. 1:1 support was awarded to support Chris's placement. He experienced ongoing challenges at home as his parents had difficulty maintaining a co-operative relationship which impacted on custody arrangements and the death of his grandmother.

7.3 Long term Outcomes

The pupils' progress was tracked over time. The end of the research coincided with the beginning of my maternity leave. Following my return to work when the pupils had just started year 6, I contacted the primary school Headteacher for an update on the progress of the pupils. When the pupils transitioned to secondary school a year later, as the link EP for 2 of the respective schools, I was able to collect an update from staff during my visits to the schools. I asked the link EP to collect an update for the remaining school that I did not cover. This process was also undertaken in year 8 and 9. The longitudinal information is detailed below:

Table 37: Long term outcomes of pupils

Year	Outcomes
Year 6 2012/13	Andrew – continues with intervention; needs met in mainstream setting; not at risk of exclusion Ben – diagnosed with an ASD; continues with intervention and specific support from ASD Team; needs met in mainstream setting; not at risk of exclusion Chris- continues with intervention; Summer term becomes at risk of permanent exclusion and school staff refer for specialist BESD placement. Split placement between mainstream and BESD settings begin in year 6. Dave- continues with intervention; needs met in mainstream setting; not at risk of exclusion Ellis- continues with intervention; needs met within primary mainstream setting; staff feel at risk of exclusion on transition to comprehensive. School staff refer for specialist BESD placement for secondary phase
Year 7 2013/14	Andrew – placement in mainstream comprehensive – some access to nurture class; not at risk of exclusion Ben- placement in mainstream comprehensive; at risk of exclusion Chris- placement in BESD special school; not at risk of exclusion Dave- placement in mainstream comprehensive – some access to nurture class; not at risk of exclusion Ellis- placement in mainstream comprehensive with additional support to support transition and access to nurture class; at risk of exclusion
Year 8 2014/15	Andrew – needs met in mainstream comprehensive setting; not at risk of exclusion Ben – transfers to another mainstream comprehensive which has an ASD base; not at risk of exclusion Chris- placement in BESD special school; not at risk of exclusion Dave- placement in mainstream comprehensive – some access to nurture

	class; not at risk of exclusion Ellis- placement in mainstream comprehensive – some access to nurture class; not at risk of exclusion
Year 9 2015/16	Andrew – needs met in mainstream comprehensive setting; not at risk of exclusion Ben – needs met in a mainstream comprehensive which has an ASD base (base accessed at break, lunchtimes and some basic skills lessons); not at risk of exclusion Chris- placement in BESD special school; not at risk of exclusion Dave- placement in mainstream comprehensive – some access to nurture class; not at risk of exclusion Ellis- placement in mainstream comprehensive – some access to nurture class; not at risk of exclusion.

7.4. Implications

7.4.1 Use of the Integrated Framework

Woolfson et al.'s integrated model (2003; 2008; 2017) was introduced to stakeholders, school staff and parents as a way to bring together solutions to prevent the exclusion of a group of at risk pupils. This is achieved through an 'ecological systems approach and interdisciplinary collaboration' (Woolfson, 2017, p.152). Wood (2015) found the integrated framework as means to understand 'complex, interacting, nested, systems' (p.29) when working with young children. Through following the five phases there is clarity and transparency over actions and interventions. The focus is not solely on what the pupil can do to change their behaviour, the framework encourages the same of both the family and the school, representing a 'multi-causal' approach to assessment and intervention. As steps are backed up by an evidence base i.e. rich data collection, which promotes more efficient identification of needs.

The framework was instrumental in providing a valid problem analysis and formulation (at phase 3) and a realistic, evidence-based action plan (at phase 4) which made effective use of resources, time, skills and relationships. The transparency and openness of the framework served to enhance 'effective team working and help promote accountability' (Woolfson, 2008, p.135).

7.4.2 Multi-agency Feedback

Multi-agency feedback was sought following presentation and discussion of findings. The group included a range of disciplines e.g. Headteacher, SENCo, Behaviour Support Advisory Teacher, Primary Mental Health therapist, Trainee EP and maingrade EP. Priorities for future practice were discussed (see table 31). The group also noted many positives to using a systemic framework to identify risk and protective factors. Professionals described it as being positive, hopeful and optimistic and as representing a 'can do' approach. It is an assessment tool that involves everyone concerned. It provided a baseline and a context in which to inform future action/s. It was also regarded as quite a time consuming, labour intensive approach particularly for the Educational Psychologist. Although it was noted that if schools could be empowered to gather the information, using the tools and formats used in the research, to establish a rich picture of protective and risk factors, the EP could have a more consultative role in terms of interpretation of the data. It was also suggested that the tool is in contrast to traditional referral routes to the Educational Psychologist, Behaviour Support Service and Primary Mental Health where 'the bleaker the picture you paint' the more likely a case is to get support (meaning 1:1 support). This approach is different as the picture is never truly bleak, as there are

both positive (protective) and negative (risk) factors identified side by side. In many ways, it is a new way to view BESD in the authority in terms of a pathway identifying risk and protective factors from the outset. One Educational Psychologist remarked that the framework being used to prevent exclusion in this way could start a 'ripple effect' with regard to a change in traditional mindsets.

7.4.3 Impact on School Policy and Practice

The research findings highlighted themes across cases. These themes influenced risk factors at the individual, family and school level. Successful inclusion needs to take account of whole school ethos, policies and approaches; curriculum development, classroom management and individual and group interventions (Daniels and Williams, 2000; Groom and Rose, 2005). Collaborative discussion and reflection sought to ensure inclusion by changing risk factors into preventative measures via changes in school practices. The following details the implications for school policy and practice (table 38)

Table 38: Research implications for school policy and practice

Findings	Implications for school
Use of integrated framework	- Greater understanding of the need to involve all stakeholders in the assessment, intervention and monitoring phases when working with pupils with BESD. - Greater understanding that behaviour

	is influenced and maintained by factors at the individual, school and family level. Behaviour policy to reflect this. • Greater understanding that all pupils have risk and protective factors and the goal is to increase the latter. • This understanding to be disseminated to all staff members on a 'Behaviour' INSET day that would also introduce the Boxall Profile and child friendly IEP/IBPs.
Misperceptions of developmental delay/learning difficulties	• Greater monitoring of both academic and social/emotional skills. • expectations of learning and progress should be high for all pupils including those with BESD.
Pupil satisfaction with school	• involvement of pupils in target setting and agreeing meaningful rewards. • Staff training on child friendly IEPs • Special roles/responsibilities so pupils feel included. • Time limited interventions. • SMART (Specific, Measurable, Achievable, Relevant and Time Limited) targets. • Designated member of staff who

	checks in with pupil – shows active listening skills, unconditional positive regard, forms a bond.
Absence of the child's voice	as above
Low versus high self-esteem, external locus of control and low levels of hope	• Use of a more robust assessment, monitoring and evaluation of interventions. • Greater pupil participation (see box above).
Complexity of home circumstances	• Staff to have a greater understanding of home life • Meeting offered to parents to discuss history at beginning of term if concern around behaviour during previous academic year (outside of the usual pattern of parents' evenings) • Meeting to be offered to parents at stage 1 of behaviour policy. • Mapping out of risk and protective factors by parents, school staff and EP.
• Lack of home/school liaison	• Greater home/school liaison. Use of a home/school book. The ClassDojo app was later introduced which

	allows teacher, parents and pupils to share information via an app to ensure ease of communication and the sharing of positive news and rewards. www.classdojo.com (2018) • Parental meetings.
• Identifiable behavioural antecedents	• Staff training on ABCC approach (Antecedents, Behaviour, Consequences and Communication). • At stage 2 of behaviour policy, a member of staff would undertake classroom observation to identify any triggers.
• Lack of monitoring and evaluation of interventions used with pupils experiencing emotional, behavioural and social difficulties	• Training for all staff on the Boxall Profile. • Boxall profile to be introduced and used. • Development of criteria checklist for BESD provision. EP to share with school staff so they have greater understanding of the profile of pupils needing specialist BESD placement.

7.5 Limitations of study

It is not known with certainly that the use of the integrated framework could be the reason that 4 of the 5 pupils' behaviour improved. Several hypotheses could be put forward to explain the change for example, the pupils matured, the behaviour was not as significant as first thought, the group dynamic changed, behaviours had reached their peak and so on. It is known that at subsequent review meetings, the consensus was that the 5 pupils had had interventions matched to their needs and that the interventions were felt to be helping an improvement in the behaviour. Both the identified needs and interventions came from the use of the framework. The collaborative and non-judgemental framework processes led to stakeholders sharing ownership of the presenting difficulties and buying into the interventions. Also, greater empathy came from the framework's processes as more was learnt and understood about the life and daily experiences of the pupil, going beyond simply observable behaviour.

Following the research project, the referral process for special BESD placement was reviewed. This was to ensure fairness and equity when places were awarded at a time of rising referrals and limited places. I was tasked with producing entry and exit criteria (appendix 13) for the PRU and BESD special school within the local authority. The criteria checklist sought to reflect the frequency and significance of behaviour. Of note, had this been in place at the time the research started, Andrew and Ben would not have met referral criteria for special BESD placement which may have led to the school problem solving around the pupils at an earlier stage. Possibly, as specialist placement was taken away as an option through the research

phases, this led to a change in stakeholder attitude which in turn influenced the behaviour.

The stakeholders in the collaborative research were school staff, parents and the EP. Arguably, the biggest stakeholders were the pupils and while their views were elicited they were not included in the phases of the integrated framework, as part of the problem analysis and problem solving. This should be a consideration of future research. Greater pupil participation was highlighted as a key area for future development within school policy and practice.

CHAPTER 8

8. CONCLUSIONS AND RECOMMENDATIONS

This chapter will explore the conclusions drawn from the research and the recommendations that can be made as a result. The aim of the research was to prevent the school exclusion of at risk pupils through a systemic and collaborative approach to both assessment and intervention. Research findings will be explored against original research propositions as follows:

8.1 Findings and Research Propositions

- **A systemic approach to assessment and intervention can contribute to the prevention of the exclusion of 'at risk' pupils. A systemic approach advocates the investigation of preventative and risk factors at the levels of/ and between, the individual child, family and the school (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).**

A systems approach values everyone's contributions, acknowledging that 'all bring a valuable perspective to the problem-solving situation' (Woolfson, 2017, p.153). It also views behaviour in an interactional way, acknowledging that the systems of individual, family and school influence each other.

The systemic approach within the research proved able to identify factors influencing behaviour at the different levels. Collaborative identification of risk and protection factors led to shared ownership and responsibility of the presenting need i.e. challenging behaviour that placed pupils at risk of school exclusion. This contrasts

with a within child construction of BESD where difficulties and causes are noted solely within the child and the onus is on them to change. Such a view can be reflected in a school's behaviour policy, where a pupil experiences rewards or punishments based on their behaviour. Of note, the pupils in the research did not seem positively influenced by their school behaviour policy. A systemic approach challenges the traditional view or way of working with pupils with behaviour difficulties where there is somewhat of a linear approach, i.e. behaviour occurs, school give a consequence, parent is notified. In my career as an EP, it has often been said that pupils with BESD 'break the rules' and that this isn't fair when other pupils do follow the rules. A systemic approach highlights that pupils with BESD would have encountered many experiences that many other pupils have not and are already in a disadvantaged position. A benefit of the approach was that it created much empathy for the pupils from school staff which had been lacking previously. Furthermore, intervening with BESD in a narrow way is probably no more effective than providing no intervention. The cohort of pupils in the research had all accessed interventions designed to target social and emotional development, however their behaviour continued to place them at risk of exclusion. It could be argued that the intervention/s did not match their individual need, and that intervening at the school/individual level only, and not including the family level, became a risk factor.

Resilience can be determined by the balance of risk and protective factors. While every risk factor cannot be minimised or eliminated, for example, past experiences of domestic violence, it is possible to offset the risk with a protective factor e.g. self-esteem promotion through a school group intervention. As individual needs are identified, there is understanding that 'a one size fits all' approach doesn't work for pupils experiencing BESD or any special educational needs. The systems of pupil,

family and school interact to bring actions and consequences. Rendall and Stuart (2005) define a system as 'interrelated elements, each of which is related directly or indirectly to every other element' (p.17). As these systems interact with each other daily to bring about outcomes then it is essential for any assessment and intervention to include and involve these very systems. Actively gathering the stories of all three systems to identify risk and protective factors gives stakeholders defined roles and responsibilities whereby they are encouraged to be part of the solution rather than the problem, in keeping with a solution focused approach where the focus is on the solutions and not the problems (De Shazer, 1988; De Shazer, 1994; De Shazer and Berg 1997; De Shazer and Coulter, 2012). Woolfsen (2017) acknowledges the compatibility of the integrated framework and systems approach with solution focused thinking. The pupil interviews were an important part of the systemic analysis. The pupil views allowed for a clearer understanding of their 'likes' and 'dislikes' about school and things that would help increase the former. Personal Construct Psychology was used to frame the interviews through the use of a Salmon line (Salmon, 1998; 2003). This technique is effective at responding to developmental levels since it explores the 'constructs' held by the individual. This was an important process in the research since it encouraged stakeholders to see things from a different point of view. This contributed to a definite shift in adult viewpoints of a tendency to locate difficulties within the individual child, rather than looking at external influences. This contributed to more efficient identification of need. Pupil interviews are key for wider EP practice since they complement a systemic approach and encourage a focus on true maintaining factors to a problem. The promote more effective identification of factors that can then be linked to more successful interventions.

- **Identifying preventative and risk potentiating factors at the individual, family and school level can lead to more effective assessment and intervention (Daniel, Wassell and Gilligan, 1999; Rendall and Stuart, 2005; Woolfson et al. 2003; 2008; 2017).**

Assessment and intervention becomes more effective when a detailed profile of the contextual and maintaining factors to a problem are established. As a role for everyone is identified, there is a move away from a blaming dialogue, which I have heard numerous times during my career as an EP e.g. '*the pupil cannot control himself*', '*the teacher can't manage his behaviour*' and '*the parent/s can't manage the behaviour*'. A systemic approach allows for greater confidence in managing and being part of a change, since plans are based on evidence and proven accepted hypotheses.

A systemic approach also allowed for the discovery of several themes that contradicted perceptions held. For example, pupils were thought to dislike school by school staff however, pupil interview revealed positive feelings about school. When a dislike of the school was perceived, the sentiment was more that the pupil would be better in a new placement, however, the pupils' positive perceptions of school suggested more engagement with the current setting than had been realised. Perceptions could be challenged due to the rich picture of data that had been collected.

The systemic analysis allowed for the focus to be taken away from just the observable behaviours and within child difficulties. It created enquiry around the behaviour and encouraged the question of what is the behaviour trying to communicate. Behaviour has a purpose, and this had been agreed as an initial hypothesis by all stakeholders. Dreikurs, Grunwald and Pepper (2013) argue that all behaviour is goal directed. And that correction should come in 'correcting goals' rather than 'deficiencies' (p.8). They also outline the child's goals for challenging behaviour as follows: to gain attention, to seek power, to seek revenge and/or to display inadequacy (real or imagined). Future staff development was to focus on a functional analysis of behaviour, this comes from behavioural psychology which takes account of the relationship between stimuli and responses. In practical terms, this translated into structured classroom observations noting the 'ABCC' (antecedents, behaviour, consequences and communication). To establish the goals driving the behaviour (Dreikurs et al., 2013) or the psychological motivation behind the behaviour requires a systemic approach which includes investigating the class environment alongside the views of pupils, and this understanding can be used to minimise or eliminate the BESD experiences.

- **A systemic approach to assessment and intervention can inform school policy and provide a framework to support school staff in working to reduce the number of pupil exclusions.**

Many themes were identified and used to guide school policy and practice. Some of these themes challenged perceptions that were and are often held in relation to

pupils with BESD. Themes identified clear 'gaps' in policy and practice and plans were made to address this as follows (table 39):

Table 39: themes and future actions

Themes	Future Actions
Use of integrated framework	• Greater understanding of the need to involve all stakeholders in the assessment, intervention and monitoring phases when working with pupils with BESD. • Greater understanding that behaviour is influenced and maintained by factors at the individual, school and family level. Behaviour policy to reflect this. • Greater understanding that all pupils have risk and protective factors and the goal is to increase the latter. • This understanding to be disseminated to all staff members on a 'Behaviour' INSET day that would also introduce the Boxall Profile and child friendly IEP/IBPs.
Misperceptions of developmental delay/learning difficulties	• Greater monitoring of both academic and social/emotional skills. • expectations of learning and progress should be high for all pupils including those with BESD.
Pupil satisfaction with school	• involvement of pupils in target setting and agreeing meaningful rewards. • Staff training on child friendly IEPs • Special roles/responsibilities so pupils feel included. • Time limited interventions. • SMART (Specific, Measurable, Achievable, Relevant and Time Limited) targets. • Designated member of staff who checks in with pupil –

	shows active listening skills, unconditional positive regard, forms a bond.
Absence of the child's voice	as above
Low versus high self-esteem, external locus of control and low levels of hope	• Use of a more robust assessment, monitoring and evaluation of interventions. • Greater pupil participation (see box above).
Complexity of home circumstances	• Staff to have a greater understanding of home life • Meeting offered to parents to discuss history at beginning of term if concern around behaviour during previous academic year (outside of the usual pattern of parents' evenings) • Meeting to be offered to parents at stage 1 of behaviour policy. • Mapping out of risk and protective factors by parents, school staff and EP.
• Lack of home/school liaison	• Greater home/school liaison. Use of a home/school book. (Dojo app was later introduced so parents could be alerted to positive and negative behaviour daily). • Parental meetings as above.
• Identifiable behavioural antecedents	• Staff training on ABCC approach • At stage 2 of behaviour policy, a member of staff would undertake classroom observation to identify any triggers.
• Lack of monitoring and evaluation of interventions used with pupils experiencing	• Training for all staff on the Boxall Profile. • Boxall profile to be introduced and used. • Development of criteria checklist for BESD provision. EP to share with school staff so they have greater

emotional, behavioural and social difficulties	understanding of the profile of pupils needing specialist BESD placement.

8.2 Considerations

The aim of the research had been to prevent the exclusion of at risk pupils. Their risk of exclusion was related to significant BESD needs. Research suggests that BESD is influenced by the factors of child, family and school. Given this it was appropriate and a priority to involve these levels in the research, reflecting their stakeholder status in both research methodology and design. The research was structured using the integrated framework where 'all stakeholders' views and behaviours have meaning and make sense within the social situation in which they find themselves' (Woolfson, 2017, p.153). This process did lead to more efficient assessment and intervention to meet individual pupil needs. However, pupils were not stakeholders in the framework and part of the process of problem solving within the five phases. A theme identified in the research was the lack of pupil participation which became a target for future policy and practice within the school.

As discussed in the previous chapter, there are limitations to the study. The aim was not to generalise findings but to inform practice within the host school who had a high number of pupils at risk of exclusion and referred for special BESD placement in the same year group. Short term and long term follow up of the pupils was overall positive. 4 pupils continue in mainstream placements to the present day while 1 attends a BESD special school, transferring at secondary age. While it is not known with certainty whether the use of the framework contributed to these outcomes,

follow up did show behavioural progress and this progress correlated with the interventions in place. These interventions were multi-level and informed by accepted hypotheses, a process which would not have happened without the integrated framework.

8.3 Research Contribution

The research aimed to make the following contributions to theory development:

- The study will illuminate the extent to which a systemic approach to assessment and intervention will prevent the exclusion of vulnerable pupils.

- The study will illuminate the extent to which the involvement of all 'problem holders' in the assessment and intervention process will produce better outcomes for children and young people at risk of exclusion.

- Theory development will inform preventative strategies.

The study highlighted that a systemic approach can lead to more efficient assessment and intervention to prevent the exclusion of pupils experiencing BESD. The exclusion of all 5 pupils who participated in the research was prevented at the primary phase of their education. Longer term, 4 of the pupils continued in mainstream placements at secondary age and 1 pupil transferred to specialist BESD placement. This systemic approach involved the stakeholders from the school and family which created shared ownership of the 'problem'. Case analysis revealed common themes and trends which informed school policy and practice, to support current vulnerable pupils at risk of exclusion as well as prevent an escalation in challenging behaviour before pupils became at risk of exclusion.

There is a clear role for EPs in supporting parents and school staff to support the inclusion of vulnerable children at an ecosystemic level. It is important that capacity of those working on the front line is built. Collaborative approaches are key to capacity building and ensuring inclusion as schools remain the 'problem holders'. The EP can support the process of capacity building through the introduction of problem solving frameworks and to share psychological theory and knowledge to promote understanding and inform action.

The research was rooted in social constructivism which advocates growth and new knowledge for individuals from being part of a learning community rather than in isolation. The process of group assessment and interpretation encouraged reflection that led to changes in practice. There is a distinct role for the EP as a change agent, as a facilitator of this process of learning and development. The EP can provide psychological theory and knowledge that promotes a learning community that then leads to changes in practice.

The research contributed to current research, theory and practice in relation to inclusion, by exploring the key challenges of inclusion of primary aged children judged to express significant BESD by:

- building a mainstream school's capacity to meet diverse pupil needs;
- developing whole school and individualised preventative interventions based on careful assessment of identified needs and harnessing research evidence to inform decisions about intervention design;
- supporting both academic and social inclusion; and

- continuing toward the development of more inclusive ethos and practices within the school's 'good' academic context.

8.3 Recommendations

While acknowledging the research was undertaken in a single primary school and a case study of 5 individualised needs and so actions cannot be routinely generalised to other schools. The following recommendations are however made based on the findings:

- Greater awareness created in key stakeholders of the influential factors on behaviour that occur at the different levels of the individual, school and family. Greater practice of viewing these factors as a balance between risk and protective factors.

- Use of the integrated framework as best practice to structure work with the most vulnerable of pupils. BESD is an area of complexity with 'multi-causal' factors and approaching assessment using a tool such as the integrated framework can create greater clarity and understanding of the difficulty.

- The framework process should be owned by school in the future, whereby school staff are empowered to gather information using a systemic framework to assess and intervene with pupils with BESD, supported by the EP in more of a consultative role. This could then be shared with other schools as a credible tool. It would not be realistic for EPs to approach every case with a pupil or group of pupils experiencing BESD in this way due to the 'time consuming' and 'labour intensive' nature of the information gathering. However, it is possible that school staff could better manage information

gathering within structures and timetables already in place for example, class teacher's completing classroom observations in situ.

- Greater reflecting on involving both the family and pupil in processes to challenge BESD. School staff would need to reflect further on ways to foster positive relationships with parents that was conducive to the sharing of deeply personal and emotive information. Within the authority's BESD special school there is a home/school liaison officer who acts in this capacity. Ideally, the same arrangement would be of benefit in mainstream schools. While funding would be a barrier to creating a post in the current climate, there was discussion that it could become part of the Special Educational Needs Co-ordinator/Additional Learning Needs Co-ordinator (SENCo/ALNCo) role.

- Consideration would also need to be given to who elicits the child's views during processes. It can be difficult to act as both an advocate and authoritarian figure which can be confusing to both adults and pupils. Pupil interviews are of great importance to any process of change. The EP would be best placed to undertake this role, drawing on psychological theory knowledge as a framework for the interviews to ensure we are asking for a purpose and not just asking.

- The key message of the research is that the clues to changing a 'stuck' situation can be found within the individual child, family and school, and assessment and intervention needs to reflect this if change is to be effective. The integrated framework was a means in which to do this.

8.4 Reflections

On reflection, I feel very positive about the research, both the process and the outcomes. It reconfirmed the importance of values I hold both personally and professionally, of supporting inclusion, eliciting the pupil's voice and working systemically. The research highlighted for me how these values complement each other, making the other more meaningful rather than tokenistic, for example, meaningful inclusion should include the pupil voice; pupil voice should be part of a meaningful systemic approach; looking systemically allows for meaningful inclusion at the class, school, family and community level.

My initial concern at the start of the research was that as the pupils were already at risk of exclusion, the stage for early intervention had been missed and the research would be too little too late. However, the fact that it was collaborative research came to feel like a protective factor, managing this risk factor of imminent exclusion. It was in the collaboration that people's stories were told. Once the perspectives of stakeholders were shared, a learning experience was created as others including myself were able to view things and understand things through the lens of others. From this learning came growth and change.

Collaboration was a major contribution to the successful identification of risk and protective factors, and pupil voice was part of this process, yet pupils were not part of the problem solving framework (Woolfson et al. 2003; 2008; 2017). While in the research context it felt like progress to be eliciting and including pupil views, in the future I would be keen to expand on this, to actively involve pupils in the problem solving framework.

It felt a unique position to have been both a practitioner and a researcher during my day job. The sustained focus on and success of collaboration that occurred in the research, made me reflect on future casework and my practice, and to encourage more of a consultative way of working with my schools, as this can often feel like the exception rather that the rule when working in a LA which places much emphasis on strict criteria.

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APPENDICES

APPENDICES

1. Consent

1a Parental consent

1b Pupil consent

2. Classroom observations

3. Parent interviews

4. Pupil interviews

5. B/G Steem questionnaires

6. Resilience questionnaires – hope scale

7. WASI cognitive assessments

8. Class teacher questionnaires

9. Class teacher interviews

10. Attendance records

11. School Behaviour Policy

12. Review Meeting notes (phase 5)

13. Criteria checklist for BESD provision

14. Ethics form EC2

Appendix 1:

1. Consent

1a Parental consent

1b Pupil consent

Pupil A

Dear Parent,

Thank you for taking the time to meet with me.

I am an Educational Psychologist (EP) working for xxxxxx Local Authority. I am the designated EP for your child's school. My job involves working collaboratively with pupils, staff and families to try to make positive changes for children.

I am undertaking research as part of a doctorate course in Educational Psychology at the University of Birmingham. The research is an action research project which aims to reduce the risk of permanent exclusion of 'at risk' pupils. Your child has been identified as being at risk of exclusion from school. I would like to work with you, your child and staff at school to understand some of the reasons for this risk and to help prevent it.

Thank you for considering to take part in the research. To help you decide whether you and child wish to participate please answer the following questions:

Please tick yes or no

I understand that the research is designed to help children like my child remain in school and prevent their exclusion	Yes	No
I understand that the research will be shared with other Psychologists, University of Birmingham teaching staff and other Local Authority employees	Yes	No
I understand that my name, my child's name and the school name will not be recorded or reported. A 'fake' name will be used to identify my child e.g. 'Lawrence'	Yes	No
I understand that information pertinent to my child e.g. academic performance, behavioural observations will be shared with others but my child will not be identified due to the use of a 'fake' name	Yes	No
I am happy to be contacted during the course of the research to discuss my child's needs	Yes	No
I have had an opportunity to ask questions and receive appropriate answers	Yes	No
I know I can withdraw from the study at any time	Yes	No
I give my consent for me and my child to participate in the study	Yes Signed Date 25/5/11	No

Thank you

Pupil B

Dear Parent,

Thank you for taking the time to meet with me.

I am an Educational Psychologist (EP) working for xxxxxx Local Authority. I am the designated EP for your child's school. My job involves working collaboratively with pupils, staff and families to try to make positive changes for children.

I am undertaking research as part of a doctorate course in Educational Psychology at the University of Birmingham. The research is an action research project which aims to reduce the risk of permanent exclusion of 'at risk' pupils. Your child has been identified as being at risk of exclusion from school. I would like to work with you, your child and staff at school to understand some of the reasons for this risk and to help prevent it.

Thank you for considering to take part in the research. To help you decide whether you and child wish to participate please answer the following questions:

Please tick yes or no

I understand that the research is designed to help children like my child remain in school and prevent their exclusion	Yes ✓	No
I understand that the research will be shared with other Psychologists, University of Birmingham teaching staff and other Local Authority employees	Yes ✓	No
I understand that my name, my child's name and the school name will not be recorded or reported. A 'fake' name will be used to identify my child e.g. 'Lawrence'	Yes ✓	No
I understand that information pertinent to my child e.g. academic performance, behavioural observations will be shared with others but my child will not be identified due to the use of a 'fake' name	Yes ✓	No
I am happy to be contacted during the course of the research to discuss my child's needs	Yes ✓	No
I have had an opportunity to ask questions and receive appropriate answers	Yes ✓	No
I know I can withdraw from the study at any time	Yes ✓	No
I give my consent for me and my child to participate in the study	Yes ✓ Signed ▅▅▅ Date 2h·5·11	No

Thank you

Pupil C

Dear Parent,

Thank you for taking the time to meet with me.

I am an Educational Psychologist (EP) working for xxxxxx Local Authority. I am the designated EP for your child's school. My job involves working collaboratively with pupils, staff and families to try to make positive changes for children.

I am undertaking research as part of a doctorate course in Educational Psychology at the University of Birmingham. The research is an action research project which aims to reduce the risk of permanent exclusion of 'at risk' pupils. Your child has been identified as being at risk of exclusion from school. I would like to work with you, your child and staff at school to understand some of the reasons for this risk and to help prevent it.

Thank you for considering to take part in the research. To help you decide whether you and child wish to participate please answer the following questions:

Please tick yes or no

I understand that the research is designed to help children like my child remain in school and prevent their exclusion	(Yes)	No
I understand that the research will be shared with other Psychologists, University of Birmingham teaching staff and other Local Authority employees	(Yes)	No
I understand that my name, my child's name and the school name will not be recorded or reported. A 'fake' name will be used to identify my child e.g. 'Lawrence'	(Yes)	No
I understand that information pertinent to my child e.g. academic performance, behavioural observations will be shared with others but my child will not be identified due to the use of a 'fake' name	(Yes)	No
I am happy to be contacted during the course of the research to discuss my child's needs	(Yes)	No
I have had an opportunity to ask questions and receive appropriate answers	(Yes)	No
I know I can withdraw from the study at any time	(Yes)	No
I give my consent for me and my child to participate in the study	(Yes)	No
	Signed _____ Date 24/5/11	

Thank you

March 2011

Dear Parent,

Thank you for taking the time to meet with me.

I am an Educational Psychologist (EP) working for xxxxxx Local Authority. I am the designated EP for your child's school. My job involves working collaboratively with pupils, staff and families to try to make positive changes for children.

I am undertaking research as part of a doctorate course in Educational Psychology at the University of Birmingham. The research is an action research project which aims to reduce the risk of permanent exclusion of 'at risk' pupils. Your child has been identified as being at risk of exclusion from school. I would like to work with you, your child and staff at school to understand some of the reasons for this risk and to help prevent it.

Thank you for considering to take part in the research. To help you decide whether you and child wish to participate please answer the following questions:

Please tick yes or no

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I understand that the research will be shared with other Psychologists, University of Birmingham teaching staff and other Local Authority employees	Yes	No
I understand that my name, my child's name and the school name will not be recorded or reported. A 'fake' name will be used to identify my child e.g. 'Lawrence'	Yes	No
I understand that information pertinent to my child e.g. academic performance, behavioural observations will be shared with others but my child will not be identified due to the use of a 'fake' name	Yes	No
I am happy to be contacted during the course of the research to discuss my child's needs	Yes	No
I have had an opportunity to ask questions and receive appropriate answers	Yes	No
I know I can withdraw from the study at any time	Yes	No
I give my consent for me and my child to participate in the study	Yes Signed Date	No

Thank you

March 2011

Dea[redacted]

Thank you for meeting with me today.

We chatted about my job an Educational Psychologist and how I work with children, teachers and families to solve problems. I find out what things people are really good at and what things they need a bit of help with. I know you have been having some problems in school and I want to help.

We also chatted about sharing the work we do with other people. The reason is so that other people will know the best ways to help children like you. When I talk about our work I will use a 'fake' name so you don't have to worry about everyone knowing your business.

You asked the following questions:

(log and date) No questions.
7th June 2011.

I answered:

What would you like to do? Draw a smiley face next to the best answer for you

I would like more time to think about it	
I would like to ask some more questions	
I am happy for you to talk and write about our work. I will have a 'fake' name	✓
I am not happy for you to talk and write about our work. I know you will still try to help me	

Sign your name here if you are happy with your answer ... [redacted] ....

Thank you

Andrea
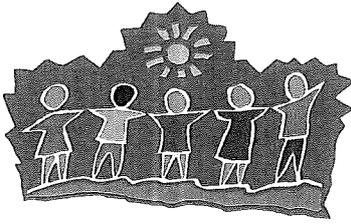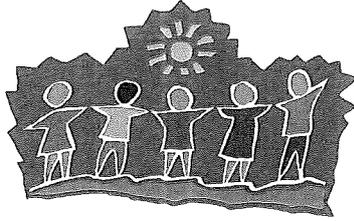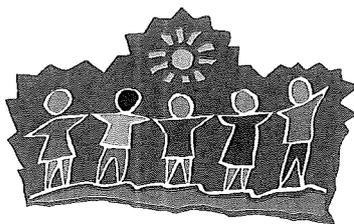
March 2011

Dear [redacted]

Thank you for meeting with me today.

We chatted about my job an Educational Psychologist and how I work with children, teachers and families to solve problems. I find out what things people are really good at and what things they need a bit of help with. I know you have been having some problems in school and I want to help.

We also chatted about sharing the work we do with other people. The reason is so that other people will know the best ways to help children like you. When I talk about our work I will use a 'fake' name so you don't have to worry about everyone knowing your business.

You asked the following questions:

(log and date)
7th June 2011

✱ Why do I need help?
✱ why in year 4?

I answered:
You have been having some problems in school [redacted] gives examples) and staff are not q. sure of the best way to help you. Part of my job is to find the best ways to help you now. I hope to find out the things you are good at & what things you need some 😊 help with.

What would you like to do? Draw a smiley face next to the best answer for you

I would like more time to think about it	
I would like to ask some more questions	
I am happy for you to talk and write about our work. I will have a 'fake' name	✓ 😊
I am not happy for you to talk and write about our work. I know you will still try to help me	

Sign your name here if you are happy with your answe[redacted] ....

Thank you

Andrea

March 2011

Dear

Thank you for meeting with me today.

We chatted about my job an Educational Psychologist and how I work with children, teachers and families to solve problems. I find out what things people are really good at and what things they need a bit of help with. I know you have been having some problems in school and I want to help.

We also chatted about sharing the work we do with other people. The reason is so that other people will know the best ways to help children like you. When I talk about our work I will use a 'fake' name so you don't have to worry about everyone knowing your business.

You asked the following questions:

(log and date)

21st June 2011 ~ no questions.

I answered:

What would you like to do? Draw a smiley face next to the best answer for you

I would like more time to think about it	
I would like to ask some more questions	
I am happy for you to talk and write about our work. I will have a 'fake' name	√
I am not happy for you to talk and write about our work. I know you will still try to help me	

Sign your name here if you are happy with your answe ....

Thank you

Andrea

March 2011

Dea[redacted]

Thank you for meeting with me today.

We chatted about my job an Educational Psychologist and how I work with children, teachers and families to solve problems. I find out what things people are really good at and what things they need a bit of help with. I know you have been having some problems in school and I want to help.

We also chatted about sharing the work we do with other people. The reason is so that other people will know the best ways to help children like you. When I talk about our work I will use a 'fake' name so you don't have to worry about everyone knowing your business.

You asked the following questions:

(log and date) 7. 6 . 11

I answered:

What would you like to do? Draw a smiley face next to the best answer for you

I would like more time to think about it	
I would like to ask some more questions	
I am happy for you to talk and write about our work. I will have a 'fake' name	✓ ☺
I am not happy for you to talk and write about our work. I know you will still try to help me	

Sign your name here if you are happy with your answ[redacted] .....

Thank you

Andrea

March 2011

Dear ████████

Thank you for meeting with me today.

We chatted about my job an Educational Psychologist and how I work with children, teachers and families to solve problems. I find out what things people are really good at and what things they need a bit of help with. I know you have been having some problems in school and I want to help.

We also chatted about sharing the work we do with other people. The reason is so that other people will know the best ways to help children like you. When I talk about our work I will use a 'fake' name so you don't have to worry about everyone knowing your business.

You asked the following questions:

(log and date)   7. 6. 11

I answered:

What would you like to do? Draw a smiley face next to the best answer for you   ☺

I would like more time to think about it	
I would like to ask some more questions	
I am happy for you to talk and write about our work. I will have a 'fake' name	✓ ☺
I am not happy for you to talk and write about our work. I know you will still try to help me	

Sign your name here if you are happy with your answer ████████ ....

Thank you

Andrea

Appendix 2:

2. Classroom observations

NAME: _____ DATE: 14.6.11 Pupil A

ANTECEDENTS	BEHAVIOUR	CONSEQUENCES
Task being set by C/T	Anxious Demanding of adult attention Becomes louder / shouting	C/T gives 1:1 time to provide reassurance, consist. break down square instructions Pupil then equates with reassurance.
Negative comment about work made by another pupil	- Deflected emotions than off task Learning breaks	Faces behind with work + makes himself later than he compares to his peers
Notices other children are ahead of him on work task	off task for a prolonged period	gives up on work task now yr4+

Other comments i.e. positive behaviours, generated hypotheses.

Responds well to praise + adult attention. When motivated in small
needs injecting regular breaks from work. Needs reassurance (?)
low confidence / self esteem causing him diff. *
* L.D. causing low confidence?

Attentive to c/t's input.

Good eye contact / attentive nodding.

Task set (my family tree) becomes a q's demanding. *agitated?*

Looks to c/t for reassurance, revisit instructions.

On task - very motivated. Work to

succeed. Works in silence for the most part.

Responds well to praise / encouragement.

Self talk - annoyed he has done something wrong (spelling).

C/t � - improvement in behaviour of late,

matured.

Often looks at what other children are doing, then

continues with his.

A girl comes to borrow a rubber + comments on

his work (negatively) looks deflated / upset, anxious

becomes louder — other pupils ahead

Slow pace of work

(now cutting at family tree) starts chatting.

off task for longer periods. looks upset.

NAME: _____ **DATE:** 14.6.11

ANTECEDENTS	BEHAVIOUR	CONSEQUENCES
Tours with class discussion task (has team with Led on behalf of class)	loud entrance starts out random making statements unawares. Makes random noises & facial expression work.	Repeated off enjoyment
Delivery of instructions (morning)	✓ forgetful, Ausey attention ✓ always of adult attention – needs more cues to stay to get if becomes of becoming agitated, no necessarily to anything colour with task.	Given 1:1 support from clt to break down instruction visit. Regular positive verbal comm clear – relationship from adult Smiles – no eye contact

Other comments i.e. positive behaviours, generated hypotheses.

Perhaps chatty with adults in classroom.

* Able with understanding (across) verbal info?

* Has became overstimulated on adult 1:1 support.

* low confidence in abilities? anxiety / parents relates to need to has?

* able with attention to complex tasks (anxiety with ...

Whole class c/t input.

Shouts out random questions.

big/loud arrival on carpet

Seeking attention — needs constant cueing in by member
of staff.

Outbursts — almost absentmindedly, making random noises.

faces wrong way.

Working in a group of 3 — supported by c/t. Talks
over c/t & other children. Needs support to revisit
instructions, sequence actions, encouragement to stay
on task. Once completed an instruction, has diff.
waiting for c/t (who is helping other children), becomes
louder. Seeking attention / forgetful — becomes more
agitated / louder.

Lacks motivation / perseverance, gives up quickly.

Calm input from c/t (mr. Maybury) doesn't escalate,
use of humour. G doesn't always understand but
will acknowledge c/t's smile with a smile.

Pinces.

Goes off on a tangent

NAME: ▮   **DATE:** 21.6.11

ANTECEDENTS	BEHAVIOUR	CONSEQUENCES
Teacher request	Attention seeking → of adults & pupils in room	firm request from male OT – settles but short lived. Disruption continuing for duration of lesson generally.
Adults giving attention to other pupils		
At times, no obvious triggers	Disruptive – loud, lots of moving around the room. Refusal to follow instructions. Answering adults back.	▮ becomes increasingly angry – seeking confrontation with others.

Staff ignore – feel this best strategy given his vulnerability currently (family bereavement) |

Other comments i.e. positive behaviours, generated hypotheses.

Calm, warm approach of staff towards L.

Attention seeking beh. ~ poor social + emotional skills? Low self esteem? interaction dffs.?

C/T input on 1:1 basis, appears to be listening - nods head.

C/T leaves to speak to other children ▓▓▓ wanders around the room. Sits on floor in one corner, then under table, in front of cupboards. Ignores adult prompts to sit down properly. Constantly looking to see if adults are watching him. (wanting their attention?) - prolonged eye contact

Becomes increasingly tense, angry, huffing & puffing when asked to sit down at table shuts angrily 'I'm doing my work here?' on floor. Constantly calls to other children, ('look at me'). when others are told to ignore him by staff (many do this prior to staff asking) he starts to kick other pupils' chairs / throws things at them to get their attention (attention seeking behaviour). When ignored by staff creeps closer to them, listening to what they are saying, looking for eye contact.

Pupil D

ANTECEDENTS	BEHAVIOUR	CONSEQUENCES
Another (pupil) comments that D is doing something wrong (under wrong heading)	Puts his head on desk / hides work.	C/T tells D to st up.
Pupil persists in telling him he has written wrong title.	anger & snaps his pencil in half.	No consequence as staff dealing with an agumet between pupils in the class.
Pupil says he is telling on him fr snapping pencil	hits table, swings a chair. Off task.	staff increase

Other comments i.e. positive behaviours, generated hypotheses.

NAME: DATE:

ANTECEDENTS	BEHAVIOUR	CONSEQUENCES
C/T or LSA call his name to ensure listening	Ignores.	Adults raise their voices.
Wants to continue tidy a story about what happened at playtime.	Ignores signals from C/T to step (he is too aggressed)	Worry that he will be moved to sit somewhere else. Listens now

Other comments i.e. positive behaviours, generated hypotheses.

History . Brief obs (due to absence previously)

Attentive for short periods of time during c/t input.
Once story begins about Spanish Armada ~ becomes
transfixed, v. attentive (when interested).

Does not listen to other children's contributions puts
head under desk, swinging on chair, rolling around.
Had over had guidance to share attention (no words used)
~ complies.

Sits close to female c/t ~ good rapport. Gives her
attention when she speaks to him about topic.

Can share attention for prolonged periods of time when
interested ~ selective. (ADHD previously queried by family ~

seems to be selective).

A	B	C
sharing of attention (c/t reqst)	refused. Calmer with own interests	Hand over hand guidance

Appendix 3:

3. Parent interviews

1. Mum
   ███████████ (13 yrs)   +   ██████ ██████████ dad)
              (6 yrs)   ████████
              (3 yrs)   biological father]
              (2 yrs)   ████████ biological father]

2 yrs ago started contact.
has seen natural 2-3 times in last 2 yrs.

Previous partner brought him up - 'father figure'
Moved in a wk before ████████ 1st birthday. Lived in
house 6 years., Broke up because of alcoholism.
Dry 2 yrs - regular contact with ████████

2. ██████ born a 'cold baby' - heated mattress
only special care. Overdue. Released almost immediately
No complications.

Developmental milestones — 'all on time. no
Concerns.

No concerns expressed by ██.
Mum raised concerned te ██ — demanding of attention
(only mum's).

Only bump to forehead.

No hospitalisations.
   Asthma when younger. No diagnoses.

Perfect hearing & eyesight. Eye test over half term
(next week).✓

Trauma

[REDACTED] 'stepdad' - alcoholic

thought [REDACTED] was biological dad, sat down + explained to him he wasn't at approx. 6 yrs. Very upset. Explained him + [REDACTED] have same father. Then met [REDACTED] - 'not v. nice' (in + out of prison; domestic violence towards new partner + mum) [REDACTED] heard not seen. Police + hospital have records

Biological father remarried - sister same age.

father's (grandfather's death) - Had regular contact. 15 months ago. Died day after boxing day. Mum found dad. Unexpected heart attack. Every Christmas would stay with family, Grandmother ~~passed away~~ got 10 months before - breast cancer - 3 yrs - mum was carer.

Upset that end of recent relationship with [REDACTED] dad).

family

Brother - beh. diffs. excluded from 2 different schools.
Mum - dyslexia
Grandmother - depression
+ mum's sister - last yr sister [REDACTED] aunt) took an overdose.

mum → postnatal depression after [REDACTED] was born + panic attacks particularly bad, ~~aft~~ when a teenager. feels depressed - needs appoint? No panic attacks.
brother's son - cousin - ADHD on medication. 7yrs old.

[REDACTED] is angry, sad, low self esteem. Likes routine.
Strengths - v. loving + protects other, v. affectionate, mixes well with others, funny.
Weaknesses ~ low self esteem, doesn't listen, selective hearing, v. angry if can't have own way.

behaviour - from a toddler. v. demanding.
15-16 months deteriorated. Calmed during last 2 months.
became angry after grandfather's death + low self esteem.

'feelings' chart used at home - responds well.
definite progress - happier in himself.

Current concerns - self esteem + anger
no concerns regarding academic progress, quite bright.

Psychologist involved / advice to school re: behaviour, funny SAP grey.
GP → threatened to harm self, going to put 'a rope around my
neck and kill myself' said in temper. Waiting for a CAMHS
appointment.

2 yrs had a stutter - wanted to see SALT, but improved +
didn't need appointment.

No social services involvement? (not C.P. int.?)

Behaviour - challenging on a daily basis → v. demanding
of mum's attention. Mum will reason, keeps on until he
has been way → shout, scream, walk out, slam door,
physically fight with brother but usually verbally aggressive.
'I hate you mum'. Little triggers lead to a rage.

No concerns re: Communication skills.
Moves well - no concerns re: social skills.
NC concerns re: motor skills - v. active, plays football
bike always on go.
Brilliant self help skills.

hopes + expectations
→ to sort out anger + self esteem problems (short term).
→ for him to be happy (long term)

School - told by clt to take him home 'couldn't
cope with him'. not go to hear. Mum called up a
few times a wk to deal with brother - to calm or
to take home. Would be under a table at times rocking.
Sent home a lot. Returned to school feeling better, staff have
helped the most - participation in groups. regularly
Mentions

don't know what groups are or [if right]

don't know — wanting a full assessment from others to know what diffs. are.

will assess behaviour & how he is with other children. Will help. Know the reasons for why he is unhappy so 'I can help myself'.

Would know if successful — if I knew why Nathan is angry, has low self esteem & have a plan 'knew what to do'.

Plays for a football team & reportedly well.
football — Bracula football club.
Won a trophy last weekend ~ absolutely delighted. A presentation, A boost he needs.
Loves art ~ drawing & painting 'a release', to express himself. Will ask for do.

felt ~ he wanted mum to come to school (to be called when naughty), over reliant. Eggs belly Sat home.
Working towards a big reward' — trip to Spain with Gran next year).

Clarification → mum didn't pass away, came through breast cancer.

<u>**Parental Interview**</u>

Child's Name:

Date of Birth:

Intro:

- **Introductions**
- **Explanation of interview remit, agenda and process**
- **Revisit consent and ethical considerations/agreement**

1. **Who lives at home (siblings, natural parents, etc; any contact arrangements)?**

   Mum . Dad   Natural .

   (12 yrs)   (10 yrs)

2. **Is it ok to ask some questions about your child's developmental history?**

   2.1 Was the pregnancy and birth of your child straightforward? Were there any complications?

   Straightforward . Normal . Full term .

   2.2 Did your child need special hospital care following his/her birth?

   No .

   2.3 Did your child reach all of their early developmental milestones at about the expected time i.e. crawling, walking, talking?

   Early – crawling , walking (10½ months)   late talking 3yrs.

   2.4 In the first months and years of your child's life, did your Health Visitor express any concerns? Or did you express any concerns to your Health Visitor?

   So boisterous mum didn't like to take to clinic .
   HV came to home – thought sisters were doing talking for him / little slower.

   2.5 Has your child ever sustained a head injury requiring hospital care/treatment?

   Toddler ~ fell downstairs . Concussion . Released from hospital .

   2.6 Has your child ever been hospitalised for any illnesses?

   2yrs croup – 1 night .
   Turn in eye – operated + corrected .

   2.7 Does your child have any medical diagnoses?

   asthma + eczema as a baby (now grown out) .

   2.8 Does your child experience any difficulty with their hearing or eyesight?

   eyes - perfect vision , hearing - perfect .

   2.9 Has your child experienced any trauma for example, a bereavement, parental divorce, serious illness of a family member etc?

   No

   2.10 Has/does anyone in the extended family have/had any behavioural/learning difficulties? Any mental health difficulties or concerns?

   2 uncles learning difficulties (very slow)

   mum's sister + dad dyslexia + dyscalculia.

   mum + sister – postnatal depression . (full recovery).

doesn't like enclosed spaces - lift,
time out in room (now stopped).
Loud noises - becomes distressed. Spu sensitive.
groups - doesn't like - group not a good idea. He really stays
in group.

3. Current concerns about your child's progress and behaviour in school

3.1 How would you describe your child? What are their strengths? What are their weaknesses? V. creative - talented, making things (lots of detailed drawing)
Busy, loving, noisy, inquisitive, impulsive, impatient, really kind, 'clumsy', boisterous, sensitive, lacking in confidence (low self esteem),

3.2 When did you first notice difficulties? (child's age and nature of difficulties) V. emotional,
12 months - very destructive, screaming, demanding sensitive.
attention. Discussed with HV strategies to manage behavior.

3.3 Has there been progress since these difficulties were first noticed?
Yes 100% ~ sitting down for meals (going out), can take him
shopping. Will now move out of comfort zone. Now have difficulty

3.4 What are your own current main concerns? Keeping him in.
Sharing / co-operation. Making proper friends moreso can't keep them.
emotional side - how upset he gets (quick to tears). Tries to
hold it in.

3.5 Are/have any other agencies been involved with your child e.g. Paediatrician, Physiotherapy, Speech and Language Therapy, Psychologist etc?
Couple of SALT sessions.
PAO. Knows triggers so better -

3.6 How would you describe your child's behaviour on the whole? (for example 'easily Not really
managed' 'challenging at times' 'challenging sometimes' 'unusual') Do you have any (clear)
concerns? Challenging at times Q. If routine changes, behavior becomes
more challenging i.e. parents running late or argue. Can be a good boy
→ More challenging than sisters. Needs constant stimulation. Acute range in

3.7 Do you have any concerns about your child's communication skills? (for example, home. Uses his
expressing his needs (expressive); understanding instructions (receptive) are funny. Doesn't
~ lack of tact, things that are inappropriate but he thinks strategies
blurts out things. Difficulty following instructions - easily distracted

3.8 Do you have any concerns about your child's social skills? (e.g. interacting with other forgetful.
children and adults) (prompting)
Yes ~ able to make acquaintances (more than friends). Tends to
argue. Has difficulty.

3.9 Do you have any concerns about your child's gross motor skills? (e.g. running, outdoor play, climbing stairs)
No - rode bike early. ball catching not so good.
Fine motor skills more difficulty

3.10 Do you have any concerns about your child's self help skills? (e.g. feeding, drinking, dressing, washing)
messy eater (always in a rush)
diff. using fork + knife + shoelaces. Gets frustrated, angry.
No dexterity.
dresses himself, teeth + washing fine.

4. Looking toward the future

4.1 What are your hopes and expectations for your child? Short term and long term?
hope he does well in school + gets appropriate help. Calms down. Achieves
he can. Hope he settles down + meet somebody. Less frustration, angry
+ emotional.

4.2 Could more have been done in the past to help your child in school, reduce/prevent the difficulties which s/he/your family currently faces?
School could have referred quicker to o/s agencies.

4.3 Of the actions taken by the school/others, what do you think has helped the most?
hearing positive feedback. Parents feel helped that people are
giving answers, recognising difficulties. listened to.

4.4 Were there things that you think should have been done that would have helped, but which were not done, or were done too late, or poorly?

Late referral ~ wished this had happened sooner.
Doesn't like school now.

Interacting
with people.
fidgetting +
concentration
(constantly
biting fingers).
Can't sit still.
Needs constant
stimulation.
Needs
prep. rapport
to their strategies

expressive
understanding
able to
express
needs.
misinterprets
behaviour).

hope he does
as much as
he can. his diet
set to change
doesn't like
fruit, veg.
/ rigid.
not healthy.
Yellow diet!

2

4.5 What do you think needs to be done now to help your child?
official diagnoses. Whatever help he can access.

4.6 As you know, I am an Educational Psychologist. Could you just tell me a bit about what you think Educational Psychologists do, and how they/we might be able to help in a case such as this? *Work with schools to establish a child's difficulties.*

4.7 How would you know/judge whether the involvement of an Educational Psychologist had been successful? What would have happened? What questions would have been answered for you? *Establishing needs of child's. Referring on to other agencies*

4.8 That's my last question! Are there any further comments you want to make? I'll just run through my notes to check that I have understood everything you've told me, and give you a chance to add anything, or clarify any points I may not have understood fully.
Happy with school. Not aware of procedeer. Send. Not see tych ier.
Thank you for your time.

Conclusion:

- Re-check that the parent understands what happens next
- Data storage – explain where anonymous record will be stored and how the data will be used
- Recheck parent is willing for the data to be used in the study
- Discuss next steps
- Leave contact details so parent can contact me should s/he so wish.

Parental Interview

1. Lives with natural mum, Stepdad + son ▨ 2 yrs.

   ↓

   natural dad ~ once a week.
   remarried, wife + stepdaughter 11 yr
   + daughter 5 yr.

2. Straightforward.
   Not prem.
   no complication

   No special care.

   developmental milestones — no delays.

   ▨ no concerns
   no concerns re ▨

   Caught eyebrow (just above) — developed toxic shock
   Attended Reybant Priory. About 6 yrs. Kept in
   hospital 12 days. No follow treatment.

   hospitalised — bumps, bruises, minor injuries.
   Viral infections → becomes dehydrated (not recently).

   no medical diagnoses.

   hearing + eyesight fine. (fluid on ears when
   younger).

   parental separation — 2½ yrs old. not an issue at
   time. As he has got older becomes an issue → plays
   on his mind a lot. Not living with dad / seeing
   him all the time.

   amicable arrangement now.

Stepdad cosy on scene.

dad remarrying . big extended family.

✱

no bereavemnt. Gran is currently suffering with terminal cancer
→ ▆▆▆▆ doesn't know. V. close. Knows she's ill, not the
extent.   ✱

No other trauma.

No diffs. in either side of family.

▆▆▆▆ — a pain, v. loving, warrier, noisy but not
really checking in, other people's opinions matter, v.
helpful (sometimes too much), great with ▆▆▆▆

Strengths ~ helpful, v. polite, no jealousy, caring.
Weaknesses ~ short temper, anger, stops suddenly
if he can't do anything. Emotional — cries at the ~~totest~~
slightest thing. Toddler tantrums.

Starting juniors — concerns first recognised t school
repeated behaviors. Beh challenging in here.
Change — moved from Perybort yr. 2 ~~1 yr~~
(½ way through), then infants Tremains then more
de Juniors.

↳ attitude, cheeking, disrespectful. not physical.
Shaty + screaming . not violent

Progress → progress over years, last few weeks
'fantastic'.
diffs. when out of routine persist — gets bored
~ beh. diffs then.

Main concerns → 'attitude stinks' (mum). Stops, temper
tantrums, most days if can't have own way. Disrespect for
stepdad, last 2 yrs deteriorated. will tell him "to get out of house".
at dad's house — perfect child. Doesn't like school
Dad ~ unaware of beh. diffs in School at mum of exams. Note ??

Sometimes ok if a structured activity with 'stepdad'
~ rugby, golf.

Seems to feel guilty about spending time with
stepdad + dad. Not jealous of step siblings.

Other agencies - no other agencies,
Psychologist - SAR

behaviour - mum - challenging most of time,
dad - easily managed.

Comm. skills - finds it hard to talk.
not really.

social skills ~ no concerns.
Some playground probs. if won't play his game,

gross motor + fine - no concerns.
no concerns self help.

hopes

Short term - (mum) to get treatment that dad +
partner get.

dad ~ see him suceeding in a mainstream school.
      to show same respect to Kelvin + mum

more could have been done? no. School doing everything,
they could have done everything

helped most ~ club (crutch) (Curriculum) group sessions, support
from teachers, 3 teachers between 2 classes rather
than 2 teachers.

wish club cutch (nurture) had come earlier. responded well to music therapy (6 wks).

Carry on way we are going ~ big improvement.

EP question → have to help children ████████

Success — if his attitude got better, if behaviour improved, for learning to progress.
(Continue to progress improvement in learning recently).

other info —
* Helps
  respond well to nurture (club cutch).
* peer massage involved.
✓ Liken being ████████ of attention.
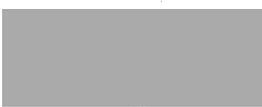
Parental Interview

Child's Name:

Date of Birth:

Intro:

he walked out & left to live with someone else. Some contact initially no contact for 2 yrs.

- **Introductions**
- **Explanation of interview remit, agenda and process**
- **Revisit consent and ethical considerations/agreement**

Prior to adoption in foster care (there since born). Mum adopted & husband.
Adopted at 3½ yrs of age (sealed records). Military man – v. rigid.
2 yrs before separated.

1. **Who lives at home (siblings, natural parents, etc; any contact arrangements)?**

   twin brother, mum & mum's partner ▮▮▮ (dad).

2. **Is it ok to ask some questions about your child's developmental history?**

   2.1 Was the pregnancy and birth of your child straightforward? Were there any complications? *No info.*

   2.2 Did your child need special hospital care following his/her birth?

   No info.

   2.3 Did your child reach all of their early developmental milestones at about the expected time i.e. crawling, walking, talking?

   No info.

   2.4 In the first months and years of your child's life, did your Health Visitor express any concerns? Or did you express any concerns to your Health Visitor?

   No concerns expressed by HV.

   2.5 Has your child ever sustained a head injury requiring hospital care/treatment?
   No.

   2.6 Has your child ever been hospitalised for any illnesses?
   Only grommets.

   2.7 Does your child have any medical diagnoses?
   No.

   2.8 Does your child experience any difficulty with their hearing or eyesight?
   Wears glasses (all the time). hearing fine.

   2.9 Has your child experienced any trauma for example, a bereavement, parental divorce, serious illness of a family member etc?
   adoption, divorce, death of grandfather suddenly (2½ yrs ago).

   2.10 Has/does anyone in the extended family have/had any behavioural/learning difficulties? Any mental health difficulties or concerns?

   Behavioural difficulties from both twins.
   Not sure of natural family.

Petrified of hospitals / doctors
- not even visiting.

1

3. **Current concerns about your child's progress and behaviour in school**

   3.1 How would you describe your child? What are their strengths? What are their weaknesses? easily led, self directed - v. motivated then, wants people to be friends with him. Charismatic - to get on way.

   3.2 When did you first notice difficulties? (child's age and nature of difficulties) last 2 months - beh. difficulties → cheeky, swearing, non-compliant.

   3.3 Has there been progress since these difficulties were first noticed? this wk better - nan turned up at school (carried out threat) had a shock.

   3.4 What are your own current main concerns? behaviour (challenging).

   3.5 Are/have any other agencies been involved with your child e.g. Paediatrician (early days). Physiotherapy, Speech and Language Therapy, Psychologist etc? Psychologist.

   3.6 How would you describe your child's behaviour on the whole? (for example 'easily managed' 'challenging at times' 'challenging sometimes' 'unusual') Do you have any concerns? Challenging sometimes (used to be easy).

   3.7 Do you have any concerns about your child's communication skills? (for example, expressing his needs (expressive); understanding instructions (receptive) No Concerns.

   3.8 Do you have any concerns about your child's social skills? (e.g. interacting with other children and adults) Gd interacting with adults. Some diffs with children - desperate to be friends, easily led.

   3.9 Do you have any concerns about your child's gross motor skills? (e.g. running, outdoor play, climbing stairs) Short of breath going upstairs. Runs everywhere. Gd on feet.

   3.10 Do you have any concerns about your child's self help skills? (e.g. feeding, drinking, dressing, washing)
   No Concerns.

4. **Looking toward the future**

   4.1 What are your hopes and expectations for your child? Short term and long term?
   To do well in school.
   To do sports more.

   4.2 Could more have been done in the past to help your child in school, reduce/prevent the difficulties which s/he/your family currently faces?
   Diffs. Not in ▓▓▓ (previous school) - labelled (because of ▓▓▓) blamed for this who nd in school.

   4.3 Of the actions taken by the school/others, what do you think has helped the most? ▓▓▓ (nanny - worked with children and family. Feedback given. Care for boys.

   4.4 Were there things that you think should have been done that would have helped, but which were not done, or were done too late, or poorly?
   Situation at ▓▓▓ - didn't want to understand (want to ▓▓▓ nfants up whn 2 yrs ago) labelled both boys

2

4.5 What do you think needs to be done now to help your child?

Patience + talking to him (v. responsive). Explain things, clear boundaries.

4.6 As you know, I am an Educational Psychologist. Could you just tell me a bit about what you think Educational Psychologists do, and how they/we might be able to help in a case such as this?

Assess childrens needs ~ mental abilities ~ social → how they progress.

4.7 How would you know/judge whether the involvement of an Educational Psychologist had been successful? What would have happened? What questions would have been answered for you?

For [redacted] to change ~ behaviour to be more positive

4.8 That's my last question! Are there any further comments you want to make? I'll just run through my notes to check that I have understood everything you've told me, and give you a chance to add anything, or clarify any points I may not have understood fully.

Q. IEP. not seen.
Might had a copy.

Thank you for your time.

Conclusion:

- Re-check that the parent understands what happens next
- Data storage – explain where anonymous record will be stored and how the data will be used
- Recheck parent is willing for the data to be used in the study
- Discuss next steps
- Leave contact details so parent can contact me should s/he so wish.

Parental Interview

Child's Name:

Date of Birth:

Intro:

- **Introductions**
- **Explanation of interview remit, agenda and process**
- **Revisit consent and ethical considerations/agreement**

1. **Who lives at home (siblings, natural parents, etc; any contact arrangements)?**
   Mum, Dad, twin brother Miguel.
   Adopted @ 3½ by mum + then husband. Separated following 2 years later.
   1 foster placement following birth.

2. **Is it ok to ask some questions about your child's developmental history?**

   2.1 Was the pregnancy and birth of your child straightforward? Were there any complications?
   Sealed records.

   2.2 Did your child need special hospital care following his/her birth?
   "   "

   2.3 Did your child reach all of their early developmental milestones at about the expected time i.e. crawling, walking, talking?
   "   "

   2.4 In the first months and years of your child's life, did your Health Visitor express any concerns? Or did you express any concerns to your Health Visitor?
   "   "

   2.5 Has your child ever sustained a head injury requiring hospital care/treatment?
   No

   2.6 Has your child ever been hospitalised for any illnesses?
   No

   2.7 Does your child have any medical diagnoses?
   No

   2.8 Does your child experience any difficulty with their hearing or eyesight?
   hearing + eyesight fine. No glasses.

   2.9 Has your child experienced any trauma for example, a bereavement, parental divorce, serious illness of a family member etc?
   adoption, divorce, bereavement.

   2.10 Has/does anyone in the extended family have/had any behavioural/learning difficulties? Any mental health difficulties or concerns?
   ▇▇▇ - did have beh. diffs. (now showing control).
   ▇▇▇ now showing beh. diffs.

1

3. **Current concerns about your child's progress and behaviour in school**

3.1 How would you describe your child? What are their strengths? What are their weaknesses? *V. strong willed, v. motivated but on his terms, not listening, not taking instructions → biggest problem.*

3.2 When did you first notice difficulties? (child's age and nature of difficulties) *when he started school (not long after adoption). beh. diffs.*

3.3 Has there been progress since these difficulties were first noticed? *a q/. progress — showing more control.*

3.4 What are your own current main concerns? *not many concerns — improvement is great. Beh. needs monitoring. maturing quicker than [crossed out] miguel. [redacted] wants to learn.*

3.5 Are/have any other agencies been involved with your child e.g. Paediatrician, Physiotherapy, Speech and Language Therapy, Psychologist etc? *Psychologist ~ Rhona (therapist), Dr. Davies. both CAMHS - described as useless → no answers for tantrums / couldn't express himself.*

3.6 How would you describe your child's behaviour on the whole? (for example 'easily managed' 'challenging at times' 'challenging sometimes' 'unusual') Do you have any concerns? *A lot better - much improved, occasional tantrums. Now able to reason with, maturing.*

3.7 Do you have any concerns about your child's communication skills? (for example, expressing his needs (expressive); understanding instructions (receptive) *No concerns. Talks to anybody.*

3.8 Do you have any concerns about your child's social skills? (e.g. interacting with other children and adults) *No.*

3.9 Do you have any concerns about your child's gross motor skills? (e.g. running, outdoor play, climbing stairs) *No.*

3.10 Do you have any concerns about your child's self help skills? (e.g. feeding, drinking, dressing, washing) *No.*

4. **Looking toward the future**

4.1 What are your hopes and expectations for your child? Short term and long term? *To achieve + to do well. To become decent citizens.*

4.2 Could more have been done in the past to help your child in school, reduce/prevent the difficulties which s/he/your family currently faces? *[redacted] Primary – See [redacted] notes.*

4.3 Of the actions taken by the school/others, what do you think has helped the most? *Current School's approach – working with family. Not labelling child.*

4.4 Were there things that you think should have been done that would have helped, but which were not done, or were done too late, or poorly? *Not helped at previous school, labelled as 'naughty' became a target of other pupils / parents / staff. 2 Liked + won key. Collected for not behaving.*

4.5 What do you think needs to be done now to help your child? *Still need to monitor. Needs to have patience, explain things,*

4.6 As you know, I am an Educational Psychologist. Could you just tell me a bit about what you think Educational Psychologists do, and how they/we might be able to help in a case such as this?

Assess child's needs & plan for future.

4.7 How would you know/judge whether the involvement of an Educational Psychologist had been successful? What would have happened? What questions would have been answered for you?

beh. Continues to improve. Gd school progress.

4.8 That's my last question! Are there any further comments you want to make? I'll just run through my notes to check that I have understood everything you've told me, and give you a chance to add anything, or clarify any points I may not have understood fully.

Thank you for your time.

Q. not seen IEP (but may be had a copy)
Not pre-school fejch? To flip exercise ?

Conclusion:

- Re-check that the parent understands what happens next
- Data storage – explain where anonymous record will be stored and how the data will be used
- Recheck parent is willing for the data to be used in the study
- Discuss next steps
- Leave contact details so parent can contact me should s/he so wish.

Any problems ~ family willing to come up the school to support.

Appendix 4:

4. Pupil interviews

Likes – football, basketball + maths
good at – basketball, maths + throwing
wish .... – football, reading + behaviour.

School
_____

0 ———————————— 5 ——————————— 9 10
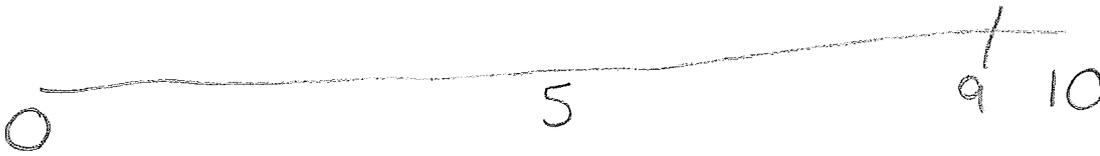
9/10

:)

• teachers
• Class teachers (Ms. ▮▮ helps me when I
    don't understand, she'll talk
    to me on my own)

• fun stuff on yard – football, basketball
  (at play/dinner times)
• fun activities – Connect workshop, trips,
  Sports day, favourite subject maths.
• good seeing friends – ▮▮▮ ▮▮▮
  ▮▮▮

• feel safe in school.
• Art

(:/)

'Wish I could be
  better at
• history + English'
  + behaviour

• More Art

Helps → Club cwtch, SAP, behaviour charts (like to have a smiley
    face). Prefers a small group. ↘ behaviour chart now?
                                      (no before Christmas)

Hinders → not sure.

UCP togth – aware ✗

Home

```
0 ————————————— 5 ————————————— 9  10
```

9/10 - 10

☺

- my mum is getting happier ~ her dad died after Christmas + she has been sad for a while.
- having lots of brothers + sisters to keep me safe.
- my mum brys me nice presents
- playing on xbox 360, laptop, brand new football
- getting a basketball net.

Would like more peace ~on friday – Sunday just me + ▓▓▓ + more, it's great.
~ 1:1 time with mum

Changes

to keep ~~getting~~ behaviour going well

'be good'

earn smiley stickers → counting to 10 when annoyed.

Not aware of IEP / targets etc. Not seen before

Likes
going outside, playing on nintendo wii + dsi (game).

Good at ....
drawing, painting + Maths.

Do better ....
stronger, had armour, be a hero.

School

0   1   2   3   4   ⑤   6   7   8   9   10
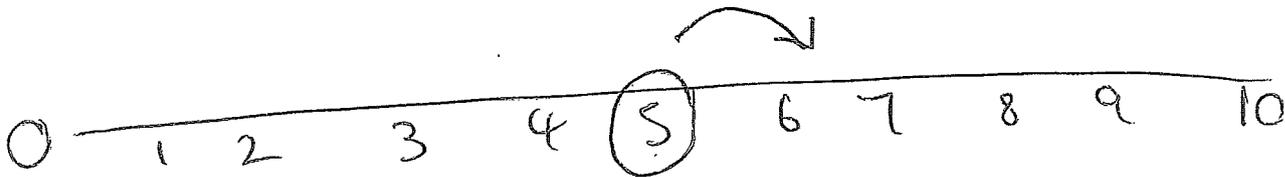
+
lego activities
painting
drawing
fav. subject - Art.
fav teacher - Mr. ▓▓▓▓
Choosing time on friday
maths 'awesome'.
                helps
move up → if people didn't shout at me ... if I listened
more ('have trouble listening')
Welsh - mae shwhy?

Welsh - too hard
being shouted at
being bullied
people name calling
reading too hard.
Spelling 'terrible' (can't do it)

Home

10/10

0 1 2 3 4 5 6 7 8 9 10

+
playing games (Playstation, nintendo)
having time on my own (lie on bed)
seeing my 2 sisters (winding up but not serious)
get on well with mum + dad.

changes
- stop getting shouted at, need to listen more.

Seen IEP ✓
Not aware of targets.
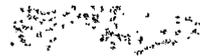
Likes
Scooter, bike + motorbikes.

Good at ....
football, rugby + throwing.

Better at ...
behaviour, handwriting + maths.

School

0 1 2 3 4 5 6 7 8 9 10   ⬡ 10/10

none given (this week).
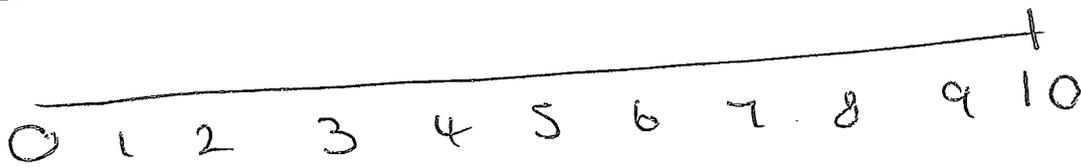
+
behaviour improved
teachers helping me really well
fav. teacher - Miss ▮▮▮▮
Seeing friends - ▮▮▮▮

Helps/ → Teachers being nice + calm (not shouting)
Winders?

Home
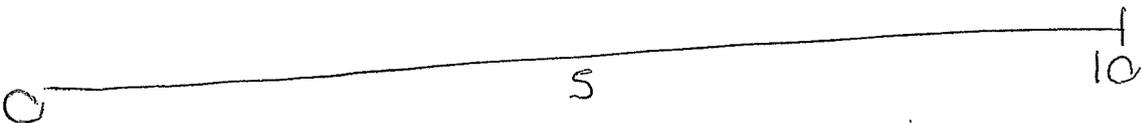
0 ———————— 5 ———————— 10   ⬡ 10/10

+
mum, stepdad + baby brother (3 term) being nice to
me
going to celebrate brother's b'day tom

going out on bike +
scooter.

helps ?? people (family being nice & calm).

Wouldn't want to change / try anything new,

IEP togels. not familier -

Likes ~ tuna pasta bake, Smackdown vs raw playstation game,
fighting with my brother on trampoline

Good at... fighting, nintendo wii, nintendo ds

Wish I could reading, writing, bike better (have a new tyre).
be better...

School

0 1 2 3 4 5 6 7 8 9 10

$\frac{8}{10}$
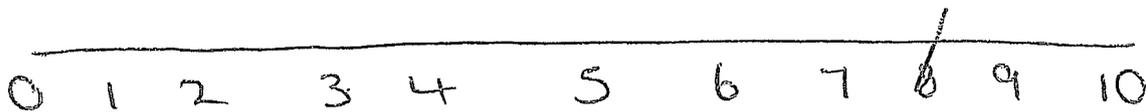
+
Club cwtch (nurture)
English
Basketball (in PE)
Playing football at breaktimes
all yr 4 teachers
Seeing my best friend ▓

Helps – if I could go in goal more (on own) others wouldn't pick on me. reading/
writing – if I could concentrate better (go somewhere quiet on my own). Hinders – people
shouting, other children helping me with work.

—
people bullying me ~ get
pushed when playing basketball/
football

reading

writing

Home

O ——— 5 ——— 10
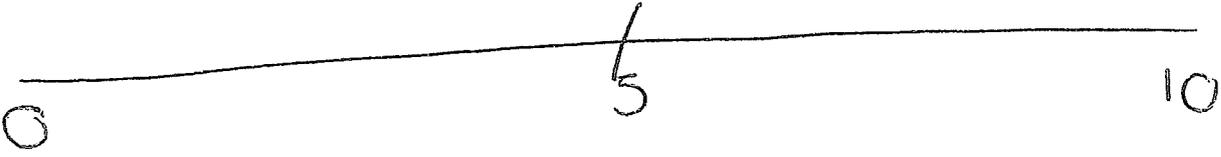
$\frac{5}{10}$

+
playing in my playroom
watching TV
playing ds
on nintendo ~ games

Helps – going away
when I hear arguments
▓ starts.
Hinders- when I
hide away + arguing

—
mum + dad arguing all the
time
argue with brother
▓ – throws things
at me /answers back.

Change: I would like to go up nan's more often, more peaceful. like going swimming.

to try .... talk to mum + dad about how the arguing upsets you. to look for headphones (currently lost) so I cold cover my ears + not hear arguing.

IEP toyels. No -

<u>Likes</u>

Cricket, Chinese food & football.

<u>Good at</u>

riding a bike, tricks on scooters & playing cricket.

<u>Wish I could do better . . . .</u>

Maths, Science, homework.

<u>Feelings about school</u>

0 —————————— 5 —————————— /10 (10/10)
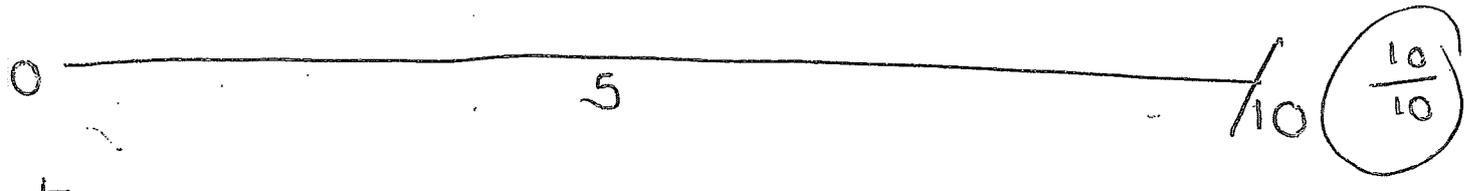
+   −
doing work   don't like Maths - hard.
ICT fav. lesson.
Playtime
working with partners
Seeing my favourite friend
fav. teacher · Mr.

Helps - having a number square for Maths or being allowed to use
    fingers.
Hinders - being made to count in head.

<u>Feelings about home</u>

(O) 1 2 3 4 5 6 7 8 9 10 (10/10)
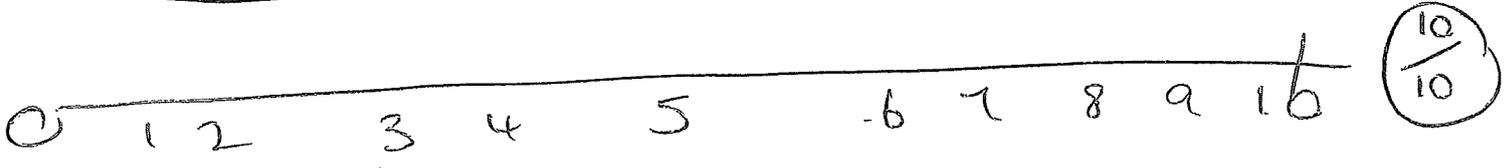
+
playing on nintendo wii
  "   "   "   ds
playing alc with friends — playing army or playstation.

getting a row
when I'm naughty.
having accidents
in bed.

Helps playing with games, doing my own thing.
wish I didn't wet bed.

Charge — not to drink after 7pm.

IEP tejels — Not aware.
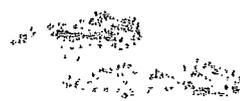
Appendix 5:

5. B/G Steem questionnaire scoring

B/G-Steem Primary Scale for Boys

Please answer all the questions. Put a ring around YES or NO

Name	Age	School	Date

1. Is your school work good?	yes	no
2. Do you like being a boy?	yes	no
3. Are you strong and healthy?	yes	no
4. Does someone else always choose what you wear?	yes	no
5. Do your parents think you behave well?	yes	no
6. Do children like playing with you?	yes	no
7. Are you very nice looking?	yes	no
8. Are you as clever as other children?	yes	no
9. Does the teacher notice when you work hard?	yes	no
10. Are you a fast runner?	yes	no
11. Can you make your work better if you really try?	yes	no
12. Are you a good reader?	yes	no
13. Are you good at looking after yourself?	yes	no
14. Does your mum or dad like you to help them?	yes	no
15. Do you choose your friends?	yes	no
16. Do you have a best friend?	yes	no
17. Is your teacher pleased with your work?	yes	no
18. Do you need a lot of help?	yes	no
19. Are your parents usually fair?	yes	no
20. Do you often get the blame when it is not your fault?	yes	no
21. Do you find sums hard?	yes	no
22. Do you have nice clothes?	yes	no
23. Do other people decide everything about your life?	yes	no
24. Are you the best looking in your class?	yes	no
25. Are your parents proud of you?	yes	no
26. Do you thing that wishing can make nice things happen?	yes	no
27. Would you like to be someone else?	yes	no

B/G Steem Scoring

Pupil	Score for self esteem	Range	Score for locus of control	Range
A	12	low	3	external
B	13	low	3	external
C	18	high	6	internal
D	13	low	2	external
E	17	high	6	internal

Appendix 6:

6. Resilience questionnaires – hope scale

QUESTIONS ABOUT YOUR GOALS

GL assessment
the measure of potential

Name .... Date .... *Pupil A*

Age .... Class .... Please circle: Male / Female

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a tick inside the box that describes **you** the best.

For example, place a tick (✓) in the box 'None of the time' if this describes you. Or, if you are this way 'All of the time', tick this box. Please answer every question by putting a tick in one of the boxes. There are no right or wrong answers.

		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1.	I think I am doing pretty well.					✓	
2.	I can think of many ways to get the things in life that are most important to me.			✓			
3.	I am doing just as well as other kids my age.			✓			
4.	When I have a problem, I can come up with lots of ways to solve it.			/		✗	/
5.	I think the things I have done in the past will help me in the future.					/	
6.	Even when others want to quit, I know that I can find ways to solve the problem.		/	✗			

QUESTIONS ABOUT YOUR GOALS

GL assessment
the measure of potential

Name .... Date ....

Age .... Class .... Please circle: Male / Female

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a tick inside the box that describes **you** the best.

For example, place a tick (✓) in the box 'None of the time' if this describes you. Or, if you are this way 'All of the time', tick this box. Please answer every question by putting a tick in one of the boxes. There are no right or wrong answers.

		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1.	I think I am doing pretty well.		✓				
2.	I can think of many ways to get the things in life that are most important to me.	✓					
3.	I am doing just as well as other kids my age.					✓	
4.	When I have a problem, I can come up with lots of ways to solve it.		✓				
5.	I think the things I have done in the past will help me in the future.	✓					
6.	Even when others want to quit, I know that I can find ways to solve the problem.	✓					

QUESTIONS ABOUT YOUR GOALS

GL assessment
the measure of potential

Name .... Date ....

Age .... Class .... Please circle: Male / Female

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a tick inside the box that describes **you** the best.

For example, place a tick (✓) in the box 'None of the time' if this describes you. Or, if you are this way 'All of the time', tick this box. Please answer every question by putting a tick in one of the boxes. There are no right or wrong answers.

		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1.	I think I am doing pretty well.						✓
2.	I can think of many ways to get the things in life that are most important to me.						✓
3.	I am doing just as well as other kids my age.					✓	
4.	When I have a problem, I can come up with lots of ways to solve it.					✓	
5.	I think the things I have done in the past will help me in the future.	✓					
6.	Even when others want to quit, I know that I can find ways to solve the problem.				✓		

QUESTIONS ABOUT YOUR GOALS

Pupil D

Name .... Date ....

Age .... Class .... Please circle: Male / Female

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a tick inside the box that describes **you** the best.

For example, place a tick (✓) in the box 'None of the time' if this describes you. Or, if you are this way 'All of the time', tick this box. Please answer every question by putting a tick in one of the boxes. There are no right or wrong answers.

		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1.	I think I am doing pretty well.			✓			
2.	I can think of many ways to get the things in life that are most important to me.		✓				
3.	I am doing just as well as other kids my age.						✓
4.	When I have a problem, I can come up with lots of ways to solve it.					✓	
5.	I think the things I have done in the past will help me in the future.				✓		
6.	Even when others want to quit, I know that I can find ways to solve the problem.		✓				

QUESTIONS ABOUT YOUR GOALS

pupil E

Name ...... [redacted] .... Date ....

Age........................... Class... Please circle: Male / Female

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a tick inside the box that describes **you** the best.

For example, place a tick (✓) in the box 'None of the time' if this describes you. Or, if you are this way 'All of the time', tick this box. Please answer every question by putting a tick in one of the boxes. There are no right or wrong answers.

		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1.	I think I am doing pretty well.						✓
2.	I can think of many ways to get the things in life that are most important to me.						✓
3.	I am doing just as well as other kids my age.					✓	
4.	When I have a problem, I can come up with lots of ways to solve it.						✓
5.	I think the things I have done in the past will help me in the future.						✓
6.	Even when others want to quit, I know that I can find ways to solve the problem.						✓

Appendix 7:

7. WASI cognitive assessments

WECHSLER *ABBREVIATED*
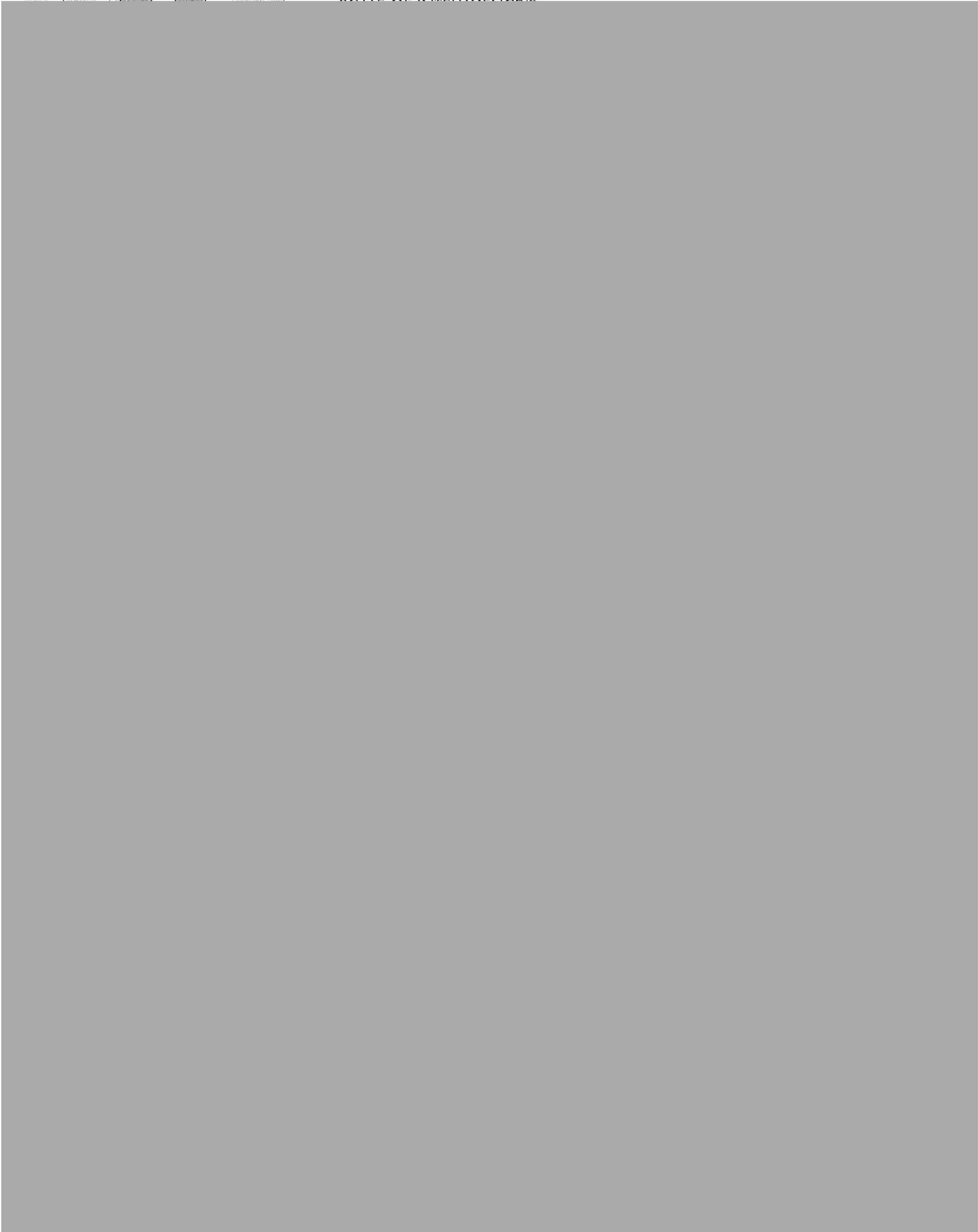
WECHSLER *ABBREVIATED*

WECHSLER *ABBREVIATED*
SCALE OF INTELLIGENCE™

WECHSLER *ABBREVIATED*
SCALE OF INTELLIGENCE™

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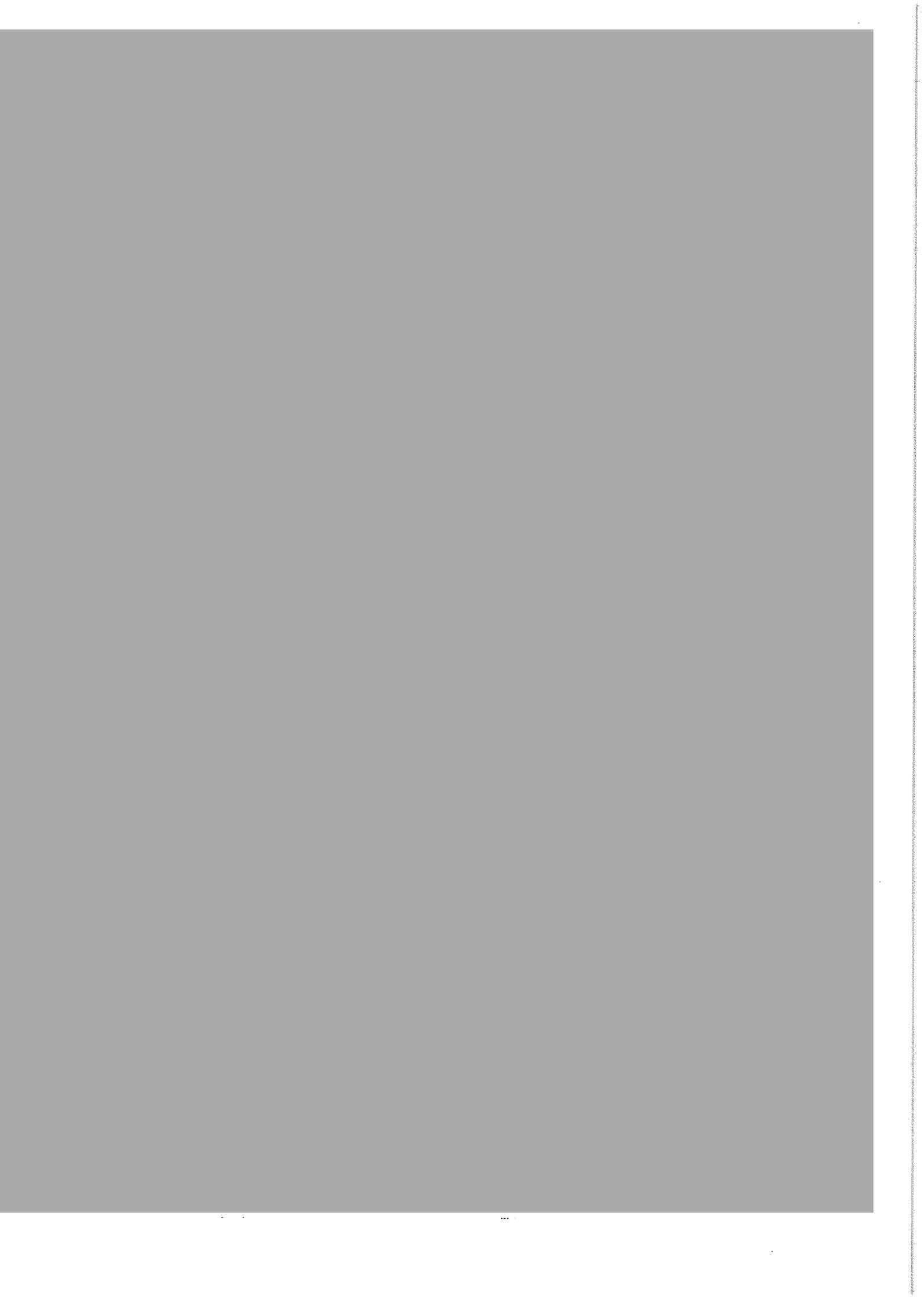
WECHSLER *ABBREVIATED*
SCALE OF INTELLIGENCE™

Record Form

Pupil E
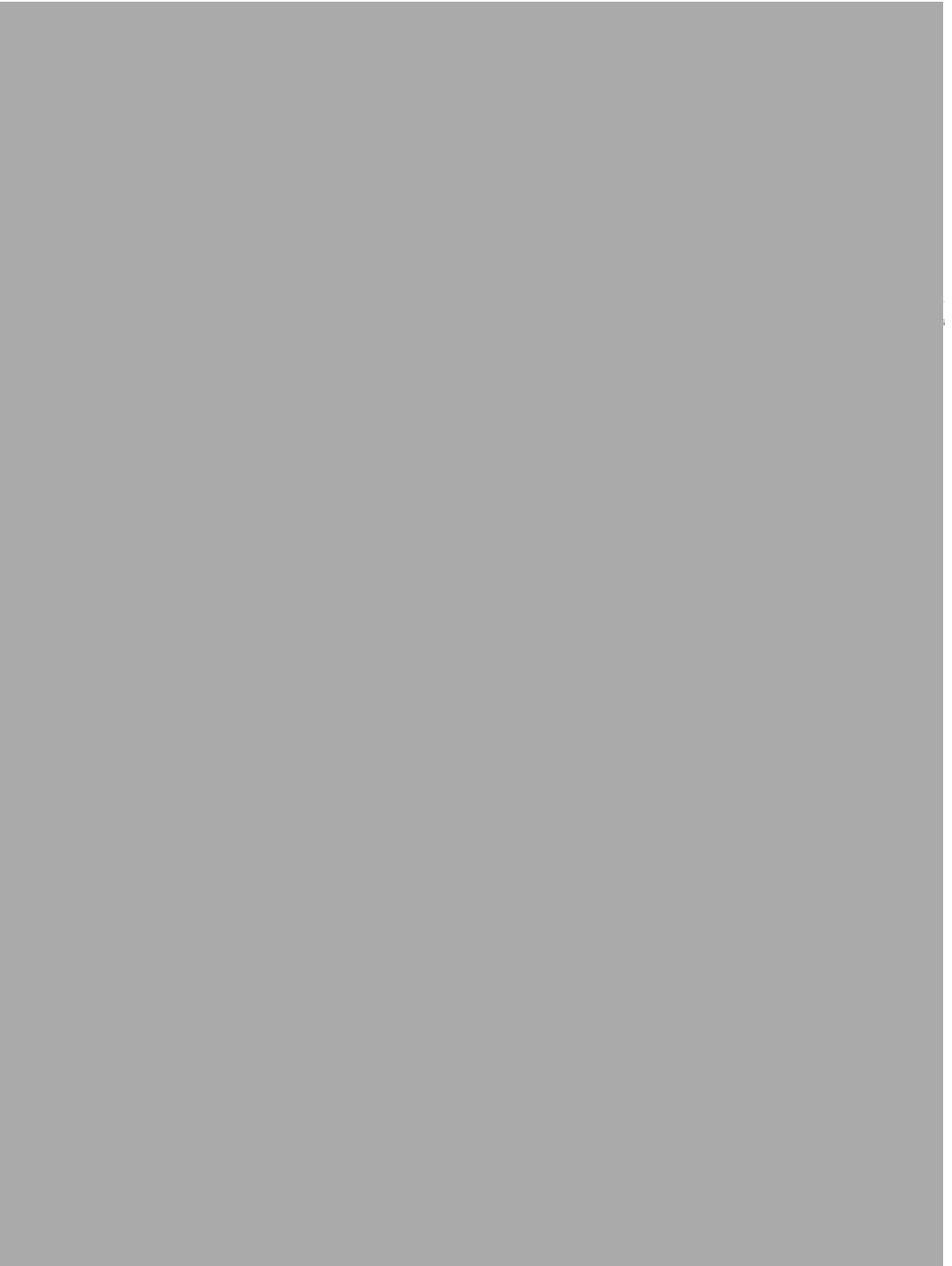
Appendix 8:

8. Class teacher questionnaires

Classteacher Questionnaire

Date: 14.6.11

Please could you answer the following questions. Some of the answers require you to use a rating scale of between 0 and 5 ranging from 'not very' to 'extremely'. Please circle the number that best reflects your answer. The questionnaire is anonymous so there is no need to record your name.

1. **How well does the school promote positive behaviour in pupils?**

   Please circle

0	1	2	3	4	(5)
not very well	quite well	fairly well	mostly well	very well	extremely well

2. **How well does the school monitor behaviour in pupils?**

   Please circle

0	1	2	3	(4)	5
not very well	quite well	fairly well	mostly well	very well	extremely well

3. **Do you feel that the current Behaviour Management Policy is well understood by all school staff?**

   Please circle

0	1	2	3	(4)	5
not very	quite	fairly	mostly	very	extremely

4. **Do you feel that the current Behaviour Management Policy is effective in promoting positive pupil behaviour?**

   Please circle

0	1	2	3	(4)	5
not very	quite	fairly	mostly	very	extremely

5. As a classteacher, how confident do you feel in managing the behaviour of pupils in your class?

Please circle

0	1	2	3	(4)	5
not very	quite	fairly	mostly	very	extremely

6. As a classteacher, how effective do you feel in managing the behaviour of pupils in your class?

Please circle

0	1	2	(3)	4	5
not very	quite	fairly	mostly	very	extremely

7. As a classteacher, how knowledgeable about behaviour management do you feel when managing the behaviour of pupils in your class?

Please circle

0	1	2	(3)	4	5
not very	quite	fairly	mostly	very	extremely

8. What supports/interventions are available to pupils who are thought to show behavioural difficulties? (Please list any of which you aware of at your school)

Nurture group, SAP, LSO Support, Home-School Communication books, target setting.

Classteacher Questionnaire

Date:

Please could you answer the following questions. Some of the answers require you to use a rating scale of between 0 and 5 ranging from 'not very' to 'extremely'. Please circle the number that best reflects your answer. The questionnaire is anonymous so there is no need to record your name.

1. **How well does the school promote positive behaviour in pupils?**

Please circle

0	1	2	3	4	(5)
not very well	quite well	fairly well	mostly well	very well	extremely well

2. **How well does the school monitor behaviour in pupils?**

Please circle

0	1	2	3	(4)	5
not very well	quite well	fairly well	mostly well	very well	extremely well

3. **Do you feel that the current Behaviour Management Policy is well understood by all school staff?**

Please circle

0	1	2	(3)	4	5
not very	quite	fairly	mostly	very	extremely

4. **Do you feel that the current Behaviour Management Policy is effective in promoting positive pupil behaviour?**

Please circle

0	1	2	(3)	4	5
not very	quite	fairly	mostly	very	extremely

5. **As a classteacher, how confident do you feel in managing the behaviour of pupils in your class?**

Please circle

0	1	2	3	(4)	5
not very	quite	fairly	mostly	very	extremely

6. **As a classteacher, how effective do you feel in managing the behaviour of pupils in your class?**

Please circle

0	1	2	(3)	4	5
not very	quite	fairly	mostly	very	extremely

7. **As a classteacher, how knowledgeable about behaviour management do you feel when managing the behaviour of pupils in your class?**

Please circle

0	1	2	(3)	4	5
not very	quite	fairly	mostly	very	extremely

8. **What supports/interventions are available to pupils who are thought to show behavioural difficulties? (Please list any of which you aware of at your school)**

- Nurture Provision
- Target setting
- SAP
- LSO Support
- Home/School Communication Books.

Appendix 9:

9. Class teacher interviews

Class teacher Interview

Pupil A

nurture = 2 x ½ days

School:

Year Group:

Date: 21·6·11

Prompts

- **Describe pupil**

  quite caring

  can provoke other children — winds up others, does things
  for effect, negative attention seeking. made massive progress.
  I don't think he wants to be here

- **Pupil's strengths**

  respectful

  fantastic artist, gd sportsman,
  v. caring, will help others, gd at maths

- **Pupils areas of difficulty**

  - withdrawn, sullen, refuse to do things if not getting
    own way (but has improved)
  - Can't accept praise, thinks worse, low self esteem,

- **Current concerns**

  low self-esteem

  academic progress why they,
  Beh. physical + verbal aggression? more withdrawn angry.

- **What strategies/interventions have been tried**

  Same as Louis.

  nurture + individual provision? ongoing intervention
  IBP. all at same time? yes.

- **Progress over time**

  Beh - improved during yr 4.

  + gen. attitude to learning.

  Previously depressed — now come out of it
  (Loss of grandfather (mum's dad) recently found this out
  Better at eye contact now.

'unrecognisable' compared to before

Used to complain of stomach cramps before
but not any more / stomach rubbling.

- **How would you like things to change**

worldly confidence — no confidence in own ability, channel it better. Needs nurturing.
Underachieving academically — would like to do better.

- **What works well (helps)?**

ignore (comes around) sometimes
small teaching group.

- **Hinders?**

if confront / show anger withdraws further

- **Describe Behaviour**

No aggression.
withdrawn beh - doesn't impact on others, hides under a table (more distressing for adults than children, they are oblivious) . Some anger.

- **Communication Skills**

will say if something is wrong ~ babyish.
Seeks TLC.
follows instructions.

- **Motor Skills**

Nor .

- **Social Skills**

diffs. Co-operating . Likes to have his own things. Sharing difficult.

- **Self help skills**

all fine,

- **Social and emotional skills**

  delayed.

  keeps emotions to himself, q. guarded.

- **Academic attainments**

  underachieving,
  ~ref~ for when class ~

- **Code of Practice – stage 1 length**

  beginning of academic yr (with nurture
  provision targets). Not Bopau.

- **Best hopes for EP involvement**

  for him to be able to communicate more effectively,
  to work more effectively with others,

- **Other relevant information**

  large family ~ loss of grandfather, sig.
  impact.

  Some involvement with mum → regular contact
  at one stage (not recently). See mum to
  collect him.
  (ind. SS.

  Attainments.   NFER

  maths   80   English   78

Class teacher Interview

School:

Year Group:

Date: 28.6.11

Pupil B

Prompts

- ### Describe pupil

  restless, not focussed, fidgets continually,
  not aware of his own space, disorganised
  v. anxious, angry with himself.

- ### Pupil's strengths

  fantastic sense of humour

  overly enthusiastic — who has an idea
  loves to draw, go at it (lots of detail)

- ### Pupils areas of difficulty

  gross
  motor
  diffs.

  diff. co-operating / ~~~~~~~~~ grp / pair work
  immature
  diffs. sharing, v. clumsy, disorganised,
  Takes things literally — have to be clear. v. frustrated if he
  can't do something
  angry (anger?)

- ### Current concerns

  * transfer to upper KS2
  * behind with reading
  * Social skills

- ### What strategies/interventions have been tried

  SAP, IEP, v. clear instructions / boundaries.
  Smaller teaching group. Gross motor group.
  No men. / eval.

- ### Progress over time

  Small steps of progress   — needs lots of
  reinforcement + supervision (1:1). High adult input
  needed.

  Socially (a bit better — but with reminders)

  little progress academically.

- **How would you like things to change**

  needs high level of support → to organise himself, to stay on task, to resist instructions. (just steps if not seated by an adult).

- **What works well (helps)?**

  v. clear instructions / boundaries
  small instructions.
  v. small group setting, stress ball.

- **Hinders?** Had to say ... somehow everything.

  Q lots of change.
  unstructured times
  shouting (C?) - quick / short / sharp ok but doesn't like prolonged telling off.

- **Describe Behaviour**

  restless, quirky, has to have something in hands (b.u (drawing). v- reactive. needs a lot of adult prompting. diffs. forming friendships, no real friends, love (hate anyone.

- **Communication Skills**

  able to communicate ideas.
  Too much elaboration - mind wanders.
  Can follow simple instruction — one at a time.
  "put your pencil away ... now put your book away"

- **Motor Skills**

  gross + fine motor diffs.
  h/w immature

- **Social Skills**

  some improvement

  diffs. — sharing, co-operating.
  No
  no awareness. Tact or diplomacy.

- **Self help skills**

  fine

- ## Social and emotional skills

  immature

  ↑ sometimes moody – will howl. Hides + sulky
  (can be). Good sense of humour (watch wheel side?)

- ## Academic attainments

  Top of level 2 (into 3). Rdg Age. June 2011
  See results.   6y 11m   (~ 2y/m).

- ## Code of Practice – stage + length

  See [ ]   (at least yr 2)

- ## Best hopes for EP involvement

  Strategies to support him in classroom
  upper KS2.

- ## Other relevant information   Attainments   NFER

  No family issues.   English   80
  Secure family environment.   Maths   73
  V. respectful + protective of family
  highly of them. 2 siblings

Class teacher Interview

School:

Year Group:

Date: 21.6.11

nurture 3 x ½ days
new ;

Pupil C

Prompts

- **Describe pupil**

  Sensitive, v. low self-esteem, quick temper, Sullen, restless, disruptive (annoying towards other children), attention seeking, immature, 'never wrong', controlling of things / situation / people

- **Pupil's strengths**

  No strengths.

  tough guy image – but like a 2 yr old emotionally. Can't take responsibility. Seeks physical contact from female staff. like he wants to be excluded.

- **Pupils areas of difficulty**

  Can't join in / co-operative in pair / group
  , anger / temper
  work / drawing Immature
  can't persevere . 'his way or no way' . Poor academic skills.

- **Current concerns**

- **What strategies/interventions have been tried**

  nurture, music therapy, SAP. Communication but between home, smaller teaching group. (running at same time) 1:1 LSA support available. IBP.

- **Progress over time**

  reading test – no diff. between reading age + chronological age .

  None – deteriorated .
  No money & eval –

- **How would you like things to change**

for him to be happier
improve his social + emotional skills so he can learn.
v. troubled (not at peace).

- **What works well (helps)?**   not sve - @

— ignoring (to a point)
— firm 'do it', consistency   firm boundaries.

- **Hinders?**

his anger, accepting responsibility.
bribing (materialism) — done by parents, conditional.
home situation — v. difficult (no uniform offer).

- **Describe Behaviour**

angry, unpredictable, sly, aggressive,
inappropriate

- **Communication Skills**

he can communicate — but never in any depth.
able to follow instructions — chooses not to.

- **Motor Skills**

gross motor — competent. plays basketball,
fine motor skills need attention — h/w,

- **Social Skills**

inapp. beh,
inability to co-operate with others.
Others willing to work with him — not reciprocated
so don't bother him anymore. Others seen his activities.
- **Self help skills**   pulls others in to copy in his neg. beh.

all fine,
walks home on own (or mum meets him halfway)

gd. attendance.

- **Social and emotional skills**

  delayed
  immature

- **Academic attainments**

  delayed - no progress at moment.

- **Code of Practice – stage 1 length**

  Since beginning of year - nurture targets.

- **Best hopes for EP involvement**

  how to move forward
  what is difficulties are → underlying causes
  don't get to root of problems at moment.

- **Other relevant information**

  Attainments
  NFER   English   71
          Maths   77

Class teacher Interview

School:

Year Group:

Date:

Pupil D

Prompts

- **Describe pupil**

  disrespectful, up + down ~ unpredictable happy then
  sulking. v. impatient. v. tactile.
  Stubborn. high + lows. Deceptive.

- **Pupil's strengths**

  Sibling rivalry.

  v. caring, sweet.
  good sense of humour.
  can be q. thoughtful ~ can show empathy.

- **Pupils areas of difficulty**

  Bad language ~ swearing.
  Lives under [redacted] shadow.
  easily led
  Overactive imagination ~ 'tells stories'
  will steal bits lego. Hoade anger in
  tray so as not to share.

- **Current concerns**

  bad language
  anger management
  verbally aggressive

- **What strategies/interventions have been tried**

  nurture, smaller class sizes.
  IBP.

- **Progress over time**

  behaviour improved ~ talking more responsibly. Will
  recognise when being 'bad' + make attempts to
  turn it around. If you speak to him can stop
  an escalation
  No. men. level.

- **How would you like things to change**

  behaviour hindering academic progress.
  V- low academically.

- **What works well (helps)?**

  Clear, firm boundaries. small tidy group.
  Praise.

- **Hinders?**
- Too much information / overwhelming (don't say, if you do this can have this at end → too much)

- being with his brother
- easily led / wants approval for everything.
- **Describe Behaviour** desp. craves approval from others (makes
  Verbally aggressive, (friendship charts)
  disrespectful, like a toddler,
  petty triggers, immature (if someone takes a rubber

- **Communication Skills** the now well he goes berserk)
  so her (or picked)
  limited vocab.
  diff - connecting experiences. telling a story - too much
  exaggeration / lying. 'telly stories'.
  instructions → can follow simple instructions - broken
- **Motor Skills** down.

  Not brilliant but copes.

  not sporty.

- **Social Skills**
  low self esteem.
  diffs. shy / turn taking -
  V. impatient.

- **Self help skills**
  Can't tie shoes.

- **Social and emotional skills**

  delayed.

  immature
  toddler traits.   ✓ - self involved   - world revolved
                                   around them.

- **Academic attainments**

  See Scores

- **Code of Practice – stage ↑length**

  Since transferring to school (from Oldcastle)

- **Best hopes for EP involvement**

  Beh strategies to cope with upper US2

- **Other relevant information**

  doesn't take care of possessions - would destroy own
  work.

  home (school communication bus.

  has taxi to + from school → set apart from
  others not on yard at beginning + end of day.

  Attainment.   NFER English.   77

                              Maths.   69

Class teacher Interview

School:

Year Group:

Date: 28.6.11

Pupil E

Prompts

- **Describe pupil**

  demanding, has to have own way, can be rude,
  operating at mid level 3 + underachieving.

- **Pupil's strengths** Can show empathy to others -
  Good sense of humour.
  Beautiful singer ~ gd. voice. (really at setting up a boys choir)
  enjoys playing with lego.
  Good sportsman (competitive though) ~ athletic, can take others under his wing.

  (left margin) Can be conscientious. Independent - academically.

- **Pupils areas of difficulty**
  if doesn't want to do something won't
  has a temper - can be aggressive/violent to others
  + property. Verbally aggressive "his way or no way". Disrespectful of others
  Complies on own terms (including staff).

  (left margin) Sibling rivalry.

- **Current concerns**
  1st - not achieving academically because of behaviour. (Cald progrss)
  aggression
  inability to comply
  refusal - sulks

- **What strategies/interventions have been tried**
  nurture, smaller teaching groups, excluded.
  PRU
  IBP. No eval. of interven.

- **Progress over time**
  Some progress with behaviour. Once out of school
  for every length of time come back to school v.
  challenging.
  Can't tie shoes

- **How would you like things to change**

  behaviour under control.
  to progress academically.

- **What works well (helps)?**   never really knew. Q
  attention (from adults) if in charge 'leads',
  a task he enjoys
  praise
  threaten a phone call to home (mum, gran + John)
  group work - asks to work on own]

- **Hinders?** (group work - asks to work on own]
  could be anything
  Competitive situation ~ doesn't like to lose.
  him + Miguel being together (love/hate relationship).
  when he doesn't have own way   includes Gareyn
  ... can't do something),   △

- **Describe Behaviour**

  aggressive
  argumentative, confrontational.
  disrespectful. Throws bag - fling himself against wall.
  attention seeky beh.

- **Communication Skills**

  v. articulate ~ has opinions. when calm can
  explain / express himself. (needs anger management)

  able to follow complex instructions.

- **Motor Skills**

  No.

- **Social Skills**

  diffs. collaborative working / play.
  v. hands on - will hurt others - not always
  meaning to ~

- **Self help skills**   toileting ~ yr 3 (mainly since Christmas)
  bed wetting continues.   would do it not
                                               to come off
  fine.   computer.
                                               manipulative
  con't tie shoes.   scared of fan.

Visit
to
Bracula.

- **Social and emotional skills**

  Beh. like a toddler.
  under-developed.
     Poor anger mangement. Has to be in control
                              (Control issue) everything has to be
                                    on his terms.
- **Academic attainments**

  see reading scores

- **Code of Practice – stage 1 length**

- **Best hopes for EP involvement**

  Beh. Strategies te cope with upper KS2.

- **Other relevant information**

  home | school communicatn bur

  has taxi te + from school.

  Attemment   NFER
                 Maths   English
                  82   73

Appendix 10:

10. Attendance records

Registration Certificate -

2010-2011					
w/b					
30/08/2010				XX	XX
06/09/2010	/\	/\	/\	/\	/\
13/09/2010	/\	/\	/\	/\	/\
20/09/2010	/\	/\	/\	/\	/\
27/09/2010	/\	/\	/\	/\	/\
04/10/2010	/\	/\	/\	/\	/\
11/10/2010	/\	/\	/\	/\	/C
18/10/2010	/\	/\	/\	/\	/\
25/10/2010	##	##	##	##	##
01/11/2010	XX	XX	/\	/\	/\
08/11/2010	/\	/\	/\	II	II
15/11/2010	/\	/\	/\	/\	/\
22/11/2010	L\	OO	/\	/\	/\
29/11/2010	/\	XX	/\	/\	/\
06/12/2010	/\	/\	/\	/\	/\
13/12/2010	L\	L\	L\	L\	/\
20/12/2010	##	##	##	##	##
27/12/2010	##	##	##	##	##
03/01/2011	##	/\	/\	/\	/\
10/01/2011	/\	/\	/\	/\	/\
17/01/2011	/I	/I	II	/\	/\
24/01/2011	/\	/\	II	II	II
31/01/2011	/\	/\	/\	/\	/\
07/02/2011	/\	/\	/\	/\	/\
14/02/2011	/\	/\	/\	/\	/\
21/02/2011	##	##	##	##	##
28/02/2011	/\	/\	/\	/\	/\
07/03/2011	/\	/\	/\	/\	/\
14/03/2011	/\	/\	/\	/\	/\
21/03/2011	/\	/\	/\	/\	/\
28/03/2011	/\	/\	/\	/\	/\
04/04/2011	/\	/\	/\	/\	/\
11/04/2011	/\	/\	/\	/\	/\
18/04/2011	##	##	##	##	##
25/04/2011	##	##	##	##	##
02/05/2011	##	/\	/\	/\	/\
09/05/2011	/\	/\	/\	/\	/\
16/05/2011	/\	/\	/\	/\	/\
23/05/2011	/\	/\	/\	/\	/\
30/05/2011	##	##	##	##	##
06/06/2011	/\	L\	/\	/\	/\
13/06/2011	L\	/\	/\	/\	/\
20/06/2011	NN	/\	/\	/\	/\
27/06/2011	/\	/\	--	--	--
04/07/2011	XX	--	--	--	--
11/07/2011	--	--	--	--	--
18/07/2011	--	--	--	XX	##
25/07/2011	##	##	##	##	##
01/08/2011	##	##	##	##	##
08/08/2011	##	##	##	##	##
15/08/2011	##	##	##	##	##
22/08/2011	##	##	##	##	##
29/08/2011	##	##	##	##	

Summary 02/09/2010 AM - 27/06/2011 PM	Sessions	%
Attendances	323	94.4
Authorised absences	15	4.4
Unauthorised absences	4	1.2
Possible Attendances	342	
Including		
Approved Ed. Activity	0	0.0
Lates before reg closed	7	2.0
Lates after reg closed	0	0.0
Unexplained absences	2	0.6

Key to Codes	
/	Present (AM)
\	Present (PM)
B	NOT USED
C	Religious; Traveller Abs; Other Authorised
D	Educated Off Site, Home Tuition, PRU etc
E	Excluded
G	NOT USED
H	Annual family holiday (agreed)
I	Illness - where accepted by school or certified
L	Late during registration
M	Medical/Dental/Optician Appointments
N	No reason yet provided for absence
O	Truancy/no satisfactory explaination given
P	NOT USED
R	Sporting activity; Field Trips; education visits
S	Study leave
T	Late Arrival of School Transport
V	NOT USED
W	Work Experience Attending interview
X	Only staff should attend
Y	Enforced closure
Z	Undefined
!	No Attendance Required
#	Holiday for all
*	Not on roll
-	All should attend / No mark recorded
@	Late (after reg closed)

Personal Details	
Surname	
Forename	
Middle Name	
Chosen Name	
Date of Birth	
Travel	
Route	
Medical Practice	
Telephone	
Tutor	
Parents	
Address	
Telephone	

28/06/2011

Pupil B

Registration Certificate -

2010-2011					
w/b					
30/08/2010				XX	XX
06/09/2010	/\	/\	/\	/\	L\
13/09/2010	/\	/\	/\	/\	/\
20/09/2010	/\	/\	/\	/\	/\
27/09/2010	/\	/\	/\	/\	/\
04/10/2010	/\	/\	/\	/\	/\
11/10/2010	/\	/\	/\	/\	/\
18/10/2010	/\	/\	/\	L\	/\
25/10/2010	##	##	##	##	##
01/11/2010	XX	XX	/\	/\	/\
08/11/2010	/\	/\	/\	/\	/\
15/11/2010	/\	/\	L\	/\	/\
22/11/2010	II	II	/\	/\	L\
29/11/2010	/\	XX	/\	/\	/\
06/12/2010	/\	/\	OO	L\	L\
13/12/2010	/\	L\	/\	/\	OO
20/12/2010	##	##	##	##	##
27/12/2010	##	##	##	##	##
03/01/2011	##	/\	/\	/\	/\
10/01/2011	/\	/\	/\	/\	/\
17/01/2011	/\	/\	/\	/\	/\
24/01/2011	/\	/\	/\	/\	/\
31/01/2011	/\	/\	/\	/\	/\
07/02/2011	/\	/\	/\	/\	/\
14/02/2011	/\	/\	/\	/\	/M
21/02/2011	##	##	##	##	##
28/02/2011	/\	/\	L\	OO	/\
07/03/2011	/\	/\	/\	/\	/\
14/03/2011	/\	/\	/\	/\	/\
21/03/2011	/\	/\	/\	/\	/\
28/03/2011	/\	/\	/\	OO	/\
04/04/2011	/\	/\	/\	/\	/\
11/04/2011	/\	/\	/\	/\	/\
18/04/2011	##	##	##	##	##
25/04/2011	##	##	##	##	##
02/05/2011	##	/\	/\	/\	/\
09/05/2011	/\	/\	/\	/\	/\
16/05/2011	/\	/\	/\	/\	/\
23/05/2011	/\	/\	/\	/\	/\
30/05/2011	##	##	##	##	##
06/06/2011	/\	/\	/\	/\	/\
13/06/2011	/\	/\	/\	/\	/\
20/06/2011	/\	/\	/\	/\	/\
27/06/2011	HH	HH	HH	HH	HH
04/07/2011	XX	--	--	--	--
11/07/2011	--	--	--	--	--
18/07/2011	--	--	--	XX	##
25/07/2011	##	##	##	##	##
01/08/2011	##	##	##	##	##
08/08/2011	##	##	##	##	##
15/08/2011	##	##	##	##	##
22/08/2011	##	##	##	##	##
29/08/2011	##	##	##	##	

Summary 02/09/2010 AM - 27/06/2011 PM	Sessions	%
Attendances	327	95.6
Authorised absences	7	2.0
Unauthorised absences	8	2.3
Possible Attendances	342	
Including		
Approved Ed. Activity	0	0.0
Lates before reg closed	8	2.3
Lates after reg closed	0	0.0
Unexplained absences	0	0.0

Key to Codes	
/	Present (AM)
\	Present (PM)
B	NOT USED
C	Religious; Traveller Abs; Other Authorised
D	Educated Off Site, Home Tuition, PRU etc
E	Excluded
G	NOT USED
H	Annual family holiday (agreed)
I	Illness - where accepted by school or certified
L	Late during registration
M	Medical/Dental/Optician Appointments
N	No reason yet provided for absence
O	Truancy/no satisfactory explaination given
P	NOT USED
R	Sporting activity; Field Trips; education visits
S	Study leave
T	Late Arrival of School Transport
V	NOT USED
W	Work Experience Attending interview
X	Only staff should attend
Y	Enforced closure
Z	Undefined
!	No Attendance Required
#	Holiday for all
*	Not on roll
−	All should attend / No mark recorded
@	Late (after reg closed)

Personal Details	
Surname	
Forename	
Middle Name	
Chosen Name	
Date of Birth	
Travel	
Route	
Medical Practice	
Telephone	
Tutor	
Parents	
Address	
Telephone	

Pupil C

Registration Certificate

2010-2011					
w/b					
30/08/2010				XX	XX
06/09/2010	/\	/\	/\	/\	/\
13/09/2010	II	II	II	/\	/\
20/09/2010	/\	/\	/\	/\	/\
27/09/2010	/\	/\	/\	II	II
04/10/2010	/\	/\	/\	/\	/\
11/10/2010	/\	/\	/\	/\	L\
18/10/2010	/\	II	II	/\	/\
25/10/2010	##	##	##	##	##
01/11/2010	XX	XX	/\	/\	/\
08/11/2010	/\	/\	/\	/\	/\
15/11/2010	/\	/\	/\	/\	/\
22/11/2010	/\	/\	/\	/\	/\
29/11/2010	/\	XX	/\	/\	/\
06/12/2010	/\	/\	/\	/\	/\
13/12/2010	/\	/\	/\	/\	MM
20/12/2010	##	##	##	##	##
27/12/2010	##	##	##	##	##
03/01/2011	##	HH	HH	HH	HH
10/01/2011	/\	/\	/\	/\	/\
17/01/2011	/\	/\	/\	/\	/\
24/01/2011	/\	/\	/\	/\	/\
31/01/2011	/\	/\	/\	/\	/\
07/02/2011	/\	/\	/\	/\	/\
14/02/2011	/\	/\	/\	/\	/\
21/02/2011	##	##	##	##	##
28/02/2011	/\	/\	/\	/\	/\
07/03/2011	/\	/\	/\	/\	/\
14/03/2011	/\	/\	/\	/\	/\
21/03/2011	/\	/\	/\	/\	/\
28/03/2011	/\	/\	/\	/\	/\
04/04/2011	/\	/\	/\	/\	/\
11/04/2011	/\	/\	/\	/\	/\
18/04/2011	##	##	##	##	##
25/04/2011	##	##	##	##	##
02/05/2011	##	/\	/\	/\	/\
09/05/2011	L\	/\	/\	/\	/\
16/05/2011	/\	/\	/\	/\	/\
23/05/2011	/\	/\	/\	/\	/\
30/05/2011	##	##	##	##	##
06/06/2011	/\	II	II	II	II
13/06/2011	/\	/\	/\	/\	/\
20/06/2011	/\	/\	/\	/\	/\
27/06/2011	NN	/\	--	--	--
04/07/2011	XX	--	--	--	--
11/07/2011	--	--	--	--	--
18/07/2011	--	--	--	XX	##
25/07/2011	##	##	##	##	##
01/08/2011	##	##	##	##	##
08/08/2011	##	##	##	##	##
15/08/2011	##	##	##	##	##
22/08/2011	##	##	##	##	##
29/08/2011	##	##	##	##	

Summary 02/09/2010 AM - 27/06/2011 PM	Sessions	%
Attendances	308	90.1
Authorised absences	32	9.4
Unauthorised absences	2	0.6
Possible Attendances	342	
Including		
Approved Ed. Activity	0	0.0
Lates before reg closed	2	0.6
Lates after reg closed	0	0.0
Unexplained absences	2	0.6

Key to Codes

/	Present (AM)
\	Present (PM)
B	NOT USED
C	Religious; Traveller Abs; Other Authorised
D	Educated Off Site, Home Tuition, PRU etc
E	Excluded
G	NOT USED
H	Annual family holiday (agreed)
I	Illness - where accepted by school or certified
L	Late during registration
M	Medical/Dental/Optician Appointments
N	No reason yet provided for absence
O	Truancy/no satisfactory explaination given
P	NOT USED
R	Sporting activity; Field Trips; education visits
S	Study leave
T	Late Arrival of School Transport
V	NOT USED
W	Work Experience Attending interview
X	Only staff should attend
Y	Enforced closure
Z	Undefined
!	No Attendance Required
#	Holiday for all
*	Not on roll
-	All should attend / No mark recorded
@	Late (after reg closed)

Personal Details

Surname
Forename
Middle Name
Chosen Name
Date of Birth
Travel
Route
Medical Practice
Telephone
Tutor
Parents
Address

Telephone

28/06/2011

Pupil D

Registration Certificate -

2010-2011					
w/b					
30/08/2010				XX	XX
06/09/2010	/\	/\	/\	/\	/\
13/09/2010	/\	/\	/\	/\	/\
20/09/2010	/\	/\	/\	/\	/\
27/09/2010	/\	/\	/\	/\	/\
04/10/2010	/\	EE	EE	/\	/\
11/10/2010	/\	/\	/\	/\	/\
18/10/2010	/H	/M	/\	/\	/\
25/10/2010	##	##	##	##	##
01/11/2010	XX	XX	/\	/\	/\
08/11/2010	/\	/\	/\	/\	/\
15/11/2010	/\	/\	/\	/\	/\
22/11/2010	/\	/\	/\	/\	T\
29/11/2010	T\	XX	/\	II	II
06/12/2010	/\	/\	T\	/\	/\
13/12/2010	T\	/\	/\	/\	CC
20/12/2010	##	##	##	##	##
27/12/2010	##	##	##	##	##
03/01/2011	##	/\	/\	/\	/\
10/01/2011	/\	/\	/\	/\	T\
17/01/2011	/\	/\	/\	/\	/\
24/01/2011	/\	/\	/\	/\	/\
31/01/2011	/\	/\	/\	/\	/\
07/02/2011	/\	/\	/\	/\	/\
14/02/2011	/\	/\	/\	/\	M\
21/02/2011	##	##	##	##	##
28/02/2011	/\	/\	/\	/\	/\
07/03/2011	/\	/\	OO	/\	/\
14/03/2011	/\	/\	/\	/\	/\
21/03/2011	/\	II	/\	/\	/\
28/03/2011	/\	/\	/\	/\	/\
04/04/2011	/\	/\	/\	/\	/\
11/04/2011	/\	/\	/\	/\	/\
18/04/2011	##	##	##	##	##
25/04/2011	##	##	##	##	##
02/05/2011	##	/\	/\	/\	/\
09/05/2011	/\	/\	/\	/\	/\
16/05/2011	/\	/\	/\	/\	/\
23/05/2011	/\	/\	/\	/\	/\
30/05/2011	##	##	##	##	##
06/06/2011	NN	HH	HH	HH	HH
13/06/2011	HH	HH	HH	HH	HH
20/06/2011	NN	NN	/\	/\	/\
27/06/2011	/\	/\	--	--	--
04/07/2011	XX	--	--	--	--
11/07/2011	--	--	--	--	--
18/07/2011	--	--	--	XX	##
25/07/2011	##	##	##	##	##
01/08/2011	##	##	##	##	##
08/08/2011	##	##	##	##	##
15/08/2011	##	##	##	##	##
22/08/2011	##	##	##	##	##
29/08/2011	##	##	##	##	

Summary 02/09/2010 AM - 27/06/2011 PM	Sessions	%
Attendances	301	88.0
Authorised absences	33	9.6
Unauthorised absences	8	2.3
Possible Attendances	342	
Including		
Approved Ed. Activity	0	0.0
Lates before reg closed	0	0.0
Lates after reg closed	0	0.0
Unexplained absences	6	1.8

Key to Codes	
/	Present (AM)
\	Present (PM)
B	NOT USED
C	Religious; Traveller Abs; Other Authorised
D	Educated Off Site, Home Tuition, PRU etc
E	Excluded
G	NOT USED
H	Annual family holiday (agreed)
I	Illness - where accepted by school or certified
L	Late during registration
M	Medical/Dental/Optician Appointments
N	No reason yet provided for absence
O	Truancy/no satisfactory explaination given
P	NOT USED
R	Sporting activity; Field Trips; education visits
S	Study leave
T	Late Arrival of School Transport
V	NOT USED
W	Work Experience Attending interview
X	Only staff should attend
Y	Enforced closure
Z	Undefined
!	No Attendance Required
#	Holiday for all
*	Not on roll
-	All should attend / No mark recorded
@	Late (after reg closed)

Personal Details	
Surname	
Forename	
Middle Name	
Chosen Name	
Date of Birth	
Travel	
Route	
Medical Practice	
Telephone	
Tutor	
Parents	
Address	
Telephone	

28/06/2011

Registration Certificate

Pupil E

2010-2011					
w/b					
30/08/2010				XX	XX
06/09/2010	/\	/\	/\	/\	/\
13/09/2010	/\	EE	EE	EE	EE
20/09/2010	EE	EE	EE	EE	/\
27/09/2010	/\	/\	/\	EE	EE
04/10/2010	OO	/\	/\	/\	/\
11/10/2010	/\	/\	/\	/\	/\
18/10/2010	/\	/\	/\	/\	/\
25/10/2010	##	##	##	##	##
01/11/2010	XX	XX	/\	/\	/\
08/11/2010	/\	/\	/\	/\	/\
15/11/2010	/\	/\	/\	/\	/\
22/11/2010	/\	/\	/\	/\	T\
29/11/2010	T\	XX	/\	/\	II
06/12/2010	/\	/\	L\	/\	/\
13/12/2010	T\	/\	/\	/\	CC
20/12/2010	##	##	##	##	##
27/12/2010	##	##	##	##	##
03/01/2011	##	/\	/\	/\	/\
10/01/2011	/\	/\	/\	/\	T\
17/01/2011	/\	/\	/\	/\	/\
24/01/2011	/\	/\	/\	/\	M\
31/01/2011	/\	/\	/\	/\	/\
07/02/2011	/\	/\	/\	/\	/\
14/02/2011	/\	/\	/\	/\	/\
21/02/2011	##	##	##	##	##
28/02/2011	/\	/\	/\	/\	/\
07/03/2011	/\	/\	/\	/\	/\
14/03/2011	/\	/\	/\	/\	/\
21/03/2011	/\	/\	/\	/\	/\
28/03/2011	/\	/\	/\	/\	/\
04/04/2011	/\	/\	/\	/\	/\
11/04/2011	/\	/\	/\	/\	/\
18/04/2011	##	##	##	##	##
25/04/2011	##	##	##	##	##
02/05/2011	##	/\	/\	/\	/\
09/05/2011	/\	/\	/\	/\	/\
16/05/2011	/\	/\	/\	/\	/\
23/05/2011	/\	/\	/\	/\	/\
30/05/2011	##	##	##	##	##
06/06/2011	NN	HH	HH	HH	HH
13/06/2011	HH	HH	HH	HH	HN
20/06/2011	NN	NN	/\	/\	/\
27/06/2011	/\	/\	--	--	--
04/07/2011	XX	--	--	--	--
11/07/2011	--	--	--	--	--
18/07/2011	--	--	--	XX	##
25/07/2011	##	##	##	##	##
01/08/2011	##	##	##	##	##
08/08/2011	##	##	##	##	##
15/08/2011	##	##	##	##	##
22/08/2011	##	##	##	##	##
29/08/2011	##	##	##	##	

Summary 02/09/2010 AM - 27/06/2011 PM	Sessions	%
Attendances	291	85.1
Authorised absences	42	12.3
Unauthorised absences	9	2.6
Possible Attendances	342	
Including		
Approved Ed. Activity	0	0.0
Lates before reg closed	1	0.3
Lates after reg closed	0	0.0
Unexplained absences	7	2.0

Key to Codes

/	Present (AM)
\	Present (PM)
B	NOT USED
C	Religious; Traveller Abs; Other Authorised
D	Educated Off Site, Home Tuition, PRU etc
E	Excluded
G	NOT USED
H	Annual family holiday (agreed)
I	Illness - where accepted by school or certified
L	Late during registration
M	Medical/Dental/Optician Appointments
N	No reason yet provided for absence
O	Truancy/no satisfactory explaination given
P	NOT USED
R	Sporting activity; Field Trips; education visits
S	Study leave
T	Late Arrival of School Transport
V	NOT USED
W	Work Experience Attending interview
X	Only staff should attend
Y	Enforced closure
Z	Undefined
!	No Attendance Required
#	Holiday for all
*	Not on roll
-	All should attend / No mark recorded
@	Late (after reg closed)

Personal Details

Surname
Forename
Middle Name
Chosen Name
Date of Birth
Travel
Route
Medical Practice
Telephone
Tutor
Parents
Address

Telephone

28/06/2011

Appendix 11:

11. School Behaviour Policy

The aims of the policy are that:-

- ███████ Primary School is a safe, caring environment where all can teach and learn in a happy atmosphere.
- All who are involved with our school show respect and consideration for others.
- The school property and the property of those within school is looked after.
- Everyone in ███████ Primary School should take responsibility for making our school a happy place in which to work and learn.

A copy of our Positive Behaviour and Anti Bullying Policy is issued to every new child who enrols at ███████ Primary School. It outlines strategies used to promote Positive Behaviour which include Circle Time and 'Amser Aur'.

The Headteacher and School Leadership Team are responsible for setting whole school rules to support the rights and responsibilities of everyone learning and working in the School.
These rules are drawn up with the children in school assemblies, so that they maintain ownership.
Every class agrees at the beginning of the school year, a set of rules that supports everyone's rights and sets out their responsibilities.
These may be modified at any time during the School Year with the agreement of the Class.

Rules :
The rules are clearly and prominently displayed in each classroom.

Rewards
Reward systems for good behaviour are the responsibility of all class teachers and are agreed as a school, in conjunction with pupils and colleagues.
They are communicated to parents and carers at the start of the new school year.

Creating a consistent reward and consequence system

Self Assessment Board –

Children have responsibility to move up or across the board. If they feel they have performed well in a task or worked hard on behaviour they can move on the board.

Targets –

Every child will have a booklet that is completed when they are working towards their targets. They will colour in the rungs of a ladder.

House Points –

Instant reward for general behaviour and work. Collected as normal and announced in celebration assembly. Year 6 children to collect.

Tocyn Iaith –

Collected and counted as house points for use of Welsh and announced in Thursday's celebration assembly. Year 6 children to collect. Separate shield, to present to the winning house at the end of the year.

Merits –

Awarded only for outstanding behaviour and work or consistency in both. Each child has a merit card and certificates are presented to the children in a celebration assembly on a Thursday.

Class Rewards –

Every Friday there will be Amser Aur. Each class will choose an activity from a class menu that the children have decided on.

Consequences –

Child's initials to go up on laminated cards or in teacher's book when school/class rules are broken.

We have high expectations of our children. However, there are occasions when the rules are broken. In these instances the children understand that there are consequences to their actions. The following criteria will be used if rules are broken.

Level 1

To deal with inappropriate behaviour such as:
• Disrupting another child's learning through distraction, not being on task or interruptions
• Not accepting an instruction
• Minor deliberate damage to another child's or school property
• Disrespectful language to another child or adult
• Unsafe movement around the classroom or school

Level 1 is normally the responsibility of the Class Teacher.
Consequences may include:
  • Reminder
  • Choice
  • Discussion with the child at break or dinner time
  • 'Time Out' in the classroom or in another classroom
  • 5 minutes from 'Amser Aur'
  • Miss Play/Stay with Teacher (No child will be left unattended in the classroom, hall or corridor.)
  This is to be wiped clean at the end of each day.

Level 2 The class teacher refers these to a member of the School Leadership Team

To deal with inappropriate behaviour such as:
• Persistent Level 1 misbehaviour
• Stealing
• Significant deliberate damage to another child's or school property
• Physical violence
• Verbal abuse (first instance reported)

School Leadership Team will:

- interview the child and investigate the circumstances
- inform parents and carers of their child's misbehaviour and invite them into school to discuss their child's education
- action more extensive loss of playtime(s) and/or privileges

Level 3 - For significant levels of persistent misbehaviour the headteacher will:

- Send a warning letter home that the child may be excluded from school for any subsequent misbehaviour.
- In exceptional circumstances exclude* the child from school.

There are formal written procedures for the exclusion of a child from School and the right to appeal against a decision to exclude.
These are sent to parents and carers with the letter informing them of the terms of their child's exclusion.

Behavioural Special Needs

In the case of children identified as having behavioural special needs, the school, acting in partnership with the parents and/or carers of the child concerned, will draw up individual action and pastoral plans.
The plans will detail targets for a behaviour improvement programme.
Having behavioural special needs does not exempt the child from the consequences for misbehaviour.

Guidelines

Guidelines giving advice and support for school staff in implementing the School Behaviour Policy are available on the school policies documentation folder on the network.

It is the responsibility of all staff to make sure that these are readily available for all supply teachers, student teachers and support workers.

The Rights

o I have the right to be safe and to feel safe

o I have the right to learn

o I have the right to be treated with respect

The Responsibilities

o Rights come with Responsibilities

o Responsibilities need to be learned and practiced so they become habits

School's Responsibilities

It is the responsibility of our School to help and support parents and carers in the education of their children.

It is the responsibility of everyone working in our School to help children learn their rights, responsibilities and rules and to ensure fairness and consistency in their application

Children's Responsibilities

It is the responsibility of every child to learn and demonstrate their understanding of rights, responsibilities and rules and how they apply both to themselves and to others

Parents' and Carers' Responsibilities

It is the responsibility of all parents and carers to support the School in guaranteeing for every child a safe, secure, healthy and happy school in where learning flourishes

Policy Review : 2011

Appendix 12:

12. Review Meeting notes

①

Name .. [redacted] .... D.O.B..... 18 . 7.11

Review meetys Summ Term @ [redacted]

DATE:

Phase
5 IF.

Ⓐ H/T, SENCO, Mother, CIT, EP.

[redacted]

Phase 4 outcomes - appropriate interventions.
Art - shown in assembly.
Started self esteem group. (nui 2).
Home / School bk ✓
Child friendly IEP ✓ ~ factored in rewards of 'Art time'.
Used 'help card' when feelys overwhelmed a few times.
Boxall has been completed + phased -
Referral made to Counsellor - 1:1 time at home and with LSA.
Seems happier, more relaxed, talking more -
Concerns re - Summer holiday period when things
only recently put in place.

Ⓑ [redacted] H/T, SENCO, CIT, parents + EP
visual strategies working really well. Responds re
timetable - less language. Not as agitated.
Referred to PAD by EP (ATD investigation)
Boxall been completed. Discussed.
Home/school bk - things usually during dinner rooms.
All staff aware of triggers
Behaviour settled.

Ⓒ [redacted] H/T, SENCO, CIT + EP (apologies from
[...] Grandma died a few weeks ago (tempel when), [...] mother
Ongoing concerns. Beh. outbursts less frequent [...] from pupil.
[arrow] has returned to calm queue over last 3 wks but
still at risk of exclusion. Home situation
deteriorated as parents not speaking. Impacted on
custody arrangements. Family cat not sure as so
needed. Liam has been involved in toilets and
Refused to attend social skills group.
rewards. Chose football, move around with male LSA
as a reward / also used as a designated check in
time. Circle of friends to be introduced this week -
Citizenship issues as coming to end of term. Using
[...] with home. - will keep trying. Using

[left margin notes, Ⓒ section:]
Don't
[...] some
ways ie
family
situation -
focus need
to be on
[...]
more
proactive
[...]

Name .... D.O.B.......................

DATE: D ▭ (HIT, SENCO, CIT, Mothe + EP)

Settled very well.
Enjoying 'own space' and attention. Showing more
Confidence + less challenging behaviour.
Engaging with all strategies and interventions —
Responsibility — watering class plants.
1:1 at home. Happy to move to diff. yr 4 class.

E ▭ (attenders as above)

Ongoing beh — challenging but less incidents —
Didn't like separation from Miguel. Not initially
explained well seen as a punishment. Reframed
positively — to give you space for growth & better.
Started social skills group, v. much the leader.
Use a time so other pupils in group can have a turn.
Fine with this — better with clear boundaries.
Constantly using time out card — withdrawn —
over using it. Puts hand up if a problem. Smaller
class, easier for CIT to monitor + respond.

Interventions responsive to individual needs.
Some changes needed.
training needed.
Some challenges — pupil C.

Appendix 13:

13. Criteria checklist for BESD special provision

Entry / Exit Checklist for the PRU and YBC

NAME: D.O.B.

SCHOOL:

DATE COMPLETED: E.P. COMPLETING:

THE INFORMATION IN THIS CHECKLIST **SHOULD** BE CONSIDERED ALONGSIDE OTHER EVIDENCE SUBMITTED

LEARNING
Literacy

Reading	Age appropriate (0)	
	Some delay, less than 2 years (1)	
	Significant delay, more than 2 years (2)	
Reading Comprehension	Age appropriate (0)	
	Some delay, less than 2 years (1)	
	Significant delay, more than 2 years (2)	
Spelling	Age appropriate (0)	
	Some delay, less than 2 years (1)	
	Significant delay, more than 2 years (2)	
National Curriculum levels	Age appropriate (0)	
	Below average / some delay (1)	
	Significant delay, more than 2 years behind (2)	

INVOLVEMENT OF OTHER AGENCIES
Score 1 for each (include dates)

Behaviour Support Service	No (0)	Yes (1)
Educational Psychologist	No (0)	Yes (1)
CAMHS	No (0)	Yes (1)
EWO	No (0)	Yes (1)
YOT / YISP	No (0)	Yes (1)
Social Services (LAC, Child Protection, Child in Need)	No (0)	Yes (1)
Other	No (0)	Yes (1)
Any diagnoses – ADHD, Attachment Disorder	No (0)	Yes (1)

BEHAVIOUR

Risk Assessment in place   **(this is essential for requests to the PRU and YBC)**
Yes   No (please circle)

Places himself/herself in situations of risk   Never (0) Sometimes (1) Frequently (2) Always (3)

Places others in situations of risk   Never (0) Sometimes (1) Frequently (2) Always (3)

Requires constant supervision to remain safe (4) Needs a high level of support to co-operate with boundaries (3) Needs regular, tangible (reward system) reminders of appropriate behaviour and, at times, adult intervention (2), Co-operates with rules/routines

most of the time (1), At an age appropriate level (0)

BOXALL PROFILE

Nurture profile (low developmental scores/high diagnostic scores) (4) Three or more areas of concern (developmental and diagnostic) (3) Two key areas of concern (2) One key area of concern (1) No evident areas of concern (0)

Verbal Aggression

Verbal aggression shown to staff	Never (0) Sometimes (1) Frequently (2) Always (3)
Verbal aggression shown to peers	Never (0) Sometimes (1) Frequently (2) Always (3)
Triggers identified	Always (0) Frequently (1) Sometimes (2) Never (3)
Following an incident, does the pupil return to calm	Easily (almost immediately) (0) with some difficulty (1) with significant difficulty (2)

Physical Aggression

Physical aggression shown to staff	Never (0) Sometimes (1) Frequently (2) Always (3)
Physical aggression shown to peers	Never (0) Sometimes (1) Frequently (2) Always (3)
Triggers identified	Always (0) Frequently (1) Sometimes (2) Never (3)
Following an incident, does the pupil calm	Easily (almost immediately) (0) with some difficulty (1) with significant difficulty (2)
Physical aggression shown to property	Never (0) Sometimes (1) Frequently (2) Always (3)
Triggers identified	Always (0) Frequently (1) Sometimes (2) Never (3)
Following an incident, does the pupil return to calm	Easily (almost immediately) (0) with some difficulty (1) with significant difficulty (2)

History

At least 2 IBPs / PSPs in place	No (0) Yes (1) More than 2 (2)
Behaviour difficulties first noticed in year _____	

Exclusions
none (0) fixed term exclusion (1) fixed term exclusions +1 (2) managed move (3) permanent exclusion (4)

Number of sessions lost to exclusion/s =

Ancillary support awarded	No (0) Yes (1)
Interventions e.g.	ELSA (1) Nurture(1) SAP (1) Individualised timetable (1), counsellor (1)

Responded well to intervention	Always (0) Frequently (1) Sometimes (2) Never (3)

Current Behaviour

Is attentive and has an interest in school work, e.g. is not easily distracted, completes work, has good motivation	Always (0) Frequently (1) Sometimes (2) Never (3)
Behaves respectfully towards staff e.g. respects staff and answers them politely, does not interrupt	Always (0) Frequently (1) Sometimes (2) Never (3)
Shows respect to other pupils, e.g. interacts with other pupils politely and thoughtfully, does not tease, call names or swear	Always (0) Frequently (1) Sometimes (2) Never (3)
Only interrupts and seeks attention appropriately, e.g. does not disrupt unnecessarily or distract and interfere with others	Always (0) Frequently (1) Sometimes (2) Never (3)
Is physically peaceable, e.g. avoids fights, does not strike out in temper	Always (0) Frequently (1) Sometimes (2) Never (3)
Has empathy, e.g. is tolerant of others, shows understanding and sympathy	Always (0) Frequently (1) Sometimes (2) Never (3)
Is socially aware, e.g. interacts appropriately with others, is not isolated, reads social situations well	Always (0) Frequently (1) Sometimes (2) Never (3)
Is socially flexible and adaptable e.g. does not try to assert control on a social situation with both peers and adults with negative consequences	Always (0) Frequently (1) Sometimes (2) Never (3)
Is happy, e.g. has fun when appropriate, smiles, laughs, is cheerful	Always (0) Frequently (1) Sometimes (2) Never (3)
Is confident, e.g. is relaxed, does not fear failure, is not afraid of new things.	Always (0) Frequently (1) Sometimes (2) Never (3)
Is emotionally stable and shows self-control, e.g. moods remain stable, is not easily frustrated or overly sensitive	Always (0) Frequently (1) Sometimes (2) Never (3)
Is compliant with adult request e.g. follows without challenge	Always (0) Frequently (1) Sometimes (2) Never (3)
Can tolerate interruption e.g. is able to share attention	Always (0) Frequently (1) Sometimes (2) Never (3)

SUPPORT ARRANGEMENTS

Needs significant individual input and support to attempt differentiated tasks (3)
Needs continual prompting to complete differentiated tasks (2)
Needs occasional prompting to complete simple differentiated tasks (1)
Able to complete tasks independently following instruction (0)

Significant support required within a small group setting   No (0) Yes (1)

Has significant difficulty with female or male members of staff (please delete as appropriate) No (0) Yes (1)

More than 80% of timetable is individualised/bespoke and involves creative and flexible curricular opportunities(4) More than 60% of timetable is individualised (3)More than 40% of timetable is individualised (2)Less than 40% of timetable is individualised (1)Able to follow regular mainstream timetable(0)

EXTRA FACTORS TO BE CONSIDERED AND SCORED:

- Attendance at school
- Social Services involvement (LAC pupil, Child in Need, Child Protection)
- Home circumstances

TOTAL SCORE
/

Placement Required:

✗ Source QCA Social and Emotional Scale

Educational Psychologist Comments/Recommendation

Form last updated 22.10.14

Appendix 14:

14. Ethics form EC2

Form EC2

VI

VII

VIII

X

XIII

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