THE EDUCATIONAL PSYCHOLOGIST AS A PEDAGOGUE FOR PUPILS WITH SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

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DECLARATION

I certify that this work has not been accepted in substance for any degree, and

is not concurrently being submitted for any degree other than that of Doctor of

Philosophy being studied at the University of Greenwich. I also declare that this

work is the result of my own investigations except where otherwise identified

by references and that I have not plagiarised another's work.

ACKNOWLEDGEMENTS

At the age of sixteen, I had decided to leave school. My father came to join us in the UK the same year from Kenya and the first thing he asked me was what my plans were. I told him that I was leaving school. He said to me that he had to leave school when he was ten years old in India because he had to support his family and he did not want that to happen to his children. He 'made me stay on'. I did stay on, went to university, the first member of the family to achieve that. 'Education is going to be your passport and key to combat poverty and prejudice, which you will inevitably encounter at times in your life' were his exact words.

This thesis is dedicated to my late parents, Ramnath and Satya, to my dearest late sister Toshi, who was the reason for me to study psychology and eventually becoming a psychologist and to my late brother-in-law Anthony. They were all inspirational and are dearly missed.

ABSTRACT

This thesis reflects my personal and professional journey from teacher to educational psychologist through significant periods in the education of children with Social Emotional and Behavioural Difficulties (SEBDs) in the UK. It also draws of on lessons learnt from my experience working in North America in the early years of my career.

The main aims of my research were to: (1) Appraise the contribution an educational psychologist could make in assessing the learning potential of children and young people with SEBDs, and (2) Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

45 Children and young people with Social Emotional Behavioural Difficulties and their parents and teachers participated in the research. A mixed methods approach was employed to undertake three related case studies and a reflexive and narrative analysis was employed.

Main outcomes of the research were (i) SEBDs were almost always accompanied by often unrecognised learning difficulties; (ii) A cognitive assessment by an educational psychologist had an added value in understanding the needs of the child; (iii) When parents and teachers of children who participated in an especially designed intervention, it changed their views of their children's behaviours. They reported significant improvement in their children's social skills and behaviour.

I conclude the thesis by considering the implications of findings for the benefit of children with SEBDs. It is crucial that teachers identify and assess learning difficulties in all children and young people and clearly differentiate these from matters of and interventions for behaviour difficulties.

Teachers and parents can be empowered to deal with their children's behavioural difficulties by involving the Educational Psychologist as a pedagogue, sitting as he or she does at the crossroads of education and psychology.

CONTENTS

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CHAPTER 1: RATIONALE AND CONTEXT

> *We need young adults who can think and act creatively, who value*
> *human life, are able to make discerning decisions, and know how to*
> *communicate and negotiate rather than fight. It is our responsibility*
> *as guardians of these values to establish learning environments that*
> *foster freedom and responsibility.*
>
> *Rogers (in Rogers & Freiberg, 1994: iv)*

Overview

I am writing this thesis from the perspective of my background, and my
professional practice as an educational psychologist since 1987 or, to be
more specific, from the point of view of an approach which values the direct
experience of practice as well as research findings based on the
experimental method. The discourse of my practice will run through the
thesis; this discourse has defined the development of my professional
identity. The mainstream educational community (teaching profession,
support services, including educational psychologists) is dominated by the
discourse of empirically supported interventions and evidence based
practice. The intervention or the assessment discourse which I value and
which I have used in this account is based on the practitioner-researcher
approach rather than the scientist-practitioner approach, it values the
evidence of localised practice rather than generalised findings of traditional

research methodologies, subjective and contextualized perspectives rather than so-called objective 'technical rationality' perspective (Braud and Anderson, 1998), a deconstructive perspective rather than a traditional approach to methodology (Freshwater and Rolfe, 2002) and ontological and epistemological transparency (to the extent that this is possible) which is largely absent in traditional methodologies (Alvesson and Skoldberg, 2000).

I will adopt, in common with the prevailing paradigm, what has been referred to as a scientific attitude which involves the three criteria laid out by Robson (2002) for research in general, namely, a systematic approach to what I am doing and why, an open approach to my ideas and formulations, thereby being open to their possible disconfirmation, and an ethical approach to the investigation which safeguards the interests of those who are affected by it. In order to further all of these criteria I will adopt a fundamentally mixed methodological approach.

Organisation of the chapter

This chapter introduces the issue that I am addressing, which includes areas around why I carried out this research. My professional background has enabled me to carry out the research. I was the participant in the research and my practice was embedded in this research. As well as my professional commitment, it is my personal background that has influenced me to work in the field of social, emotional and behavioural difficulties. This is extensively covered, before I state my aims and formulate the questions that

I hope the research will provide answers for. The chapter concludes with the outline of the thesis.

This chapter incorporates the methodology, as well as the relevant literature search. This is not the traditional way that theses are written. In a conventional thesis, there would be a separate "Methodology" chapter and a separate "Literature Search" chapter. This style also reflects the mixed methodology that I have adopted. Methodological commitment emerges from the researcher's worldview, an initial conceptualisation of a research question and readings in related literature (Mertens and McLaughlin, 1995 p. 102). As my research was concerned with an educational issue which included the experiences of people in an educational setting, it is reasonable that I would commit to the interpretive paradigm. This would also be in keeping with comparable contemporary work in special educational needs. Interpretive empirical methodology has been used to frame the design of special needs research in schools, for example, by Corbett (2001a, 2001b) and Ainscow and Dyson (2000) and in FE colleges by Browne (2002); Farraday (1996); Hewittson (1998). My research was more than an empirical investigation critically analysed through a single theoretical framework. It became multi faceted in both its methodology and its theoretical positioning.

Introduction to the research and the factors leading up to it

The empirical setting or 'the local space in which the researcher is working within the empirical field' (Brown and Dowling, l998, p.9), relates to myself, an educational psychologist as a pedagogue in such settings. The research questions are concerned with the contribution that an educational psychologist can make to the better understanding of the needs of pupils with SEBDs partly by his/her own assessment of the child, but also through working with parents (or guardians) and teachers of that child. One rationale for selecting the area of focus for the study is that the research questions are ones that I have been confronted by and concerned about when working as a psychologist exclusively with pupils with SEBDs, both in the United Kingdom and in the United States. Research questions often emerge out of the researcher's personal biography and involvement in particular social contexts (Flick, 1998).

My professional practice and experience influenced the formulation of the research questions for this study. I have worked at every grade within the profession of educational psychology, including being the principal educational psychologist of a very challenging inner London Educational Psychology Service.

My personal background and experience has also influenced my decisions throughout my life and this research is no exception. I came to England at the age of 15 from Kenya in 1968. My parents went to Kenya from India as

economic migrants in the 1930s and our first language is Punjabi. I had a sister who had severe learning difficulties and it is she and her needs that were the prime motives for me to go into the field of psychology. In Kenya, my parents had been told that my sister had 'mental problems'. She was 11 years older than I and it was not until I started to study psychology as an undergraduate in London in 1975 that I recognised that she may have learning difficulties. She was 33 years old then and had never had any formal schooling. It was I who introduced my parents to the world of adult learning for my sister and she went to an adult learning centre from that point.

Her life took a dramatic turn once she started going to the adult training and care centres during the day. She learnt so much, came home with achievement certificates and was so happy. My mother told us that she did not take my sister to public places when we came to England in 1968 because people in the community told her that "the authorities take away children like that in this country", and she would not even take her to the temple.

As I wrote this thesis in 2010, sadly my sister died very unexpectedly, my mother died three months later. It is very obvious that my mother could not survive the death of my sister; the gap left by my sister's death was just too much for my mother.

I have been in the education field all my working life. After completing my undergraduate degree in Psychology, I worked as an instructor for adults with learning difficulties and wanted to use my psychology knowledge more in devising individual programmes for these adults. Most of them were doing repetitive conveyor belt type work and when I approached my manager, suggesting the changes that I would like to see I was told that the practice in that centre had been going on for years and there was no need to change it. 'They are very happy with what they do and we provide' was the attitude of the management. Changes like looking at the adults with learning difficulties as individuals – finding their strengths and using those to motivate them; asking the 'work force' for their opinions. I could not change the system and decided to follow the educational psychology route and embarked upon becoming an educational psychologist

I worked as a teacher in mainstream schools, teaching pupils with special educational needs and then became an educational psychologist. My initial interest in the area of constructions of pedagogy and learners who experience SEBDs began early in my teaching career. In the 1970s and the 1980s I was given the responsibility for the delivery of mathematics curriculum to pupils with special educational needs in the mainstream secondary schools in London. Many of these learners presented with behaviour difficulties. Because of my interest in this area, the Head of the Department asked that I take the responsibility of teaching pupils with SEBDs in the Department at the time of the 'differentiated curriculum' and individualised learning in mainstream schools settings. The Department

recognised the necessity for the curriculum to be taught differently to different groups of pupils. One group identified was the 'slow learners' and included children with SEBDs, not necessarily because they were 'slow learners', but because of the disruption they caused and 'stopped other pupils from learning'. Much of my work at this time involved collaborative team-teaching with colleagues across a breadth of curriculum areas. To enable effective learning, curriculum differentiation became the departmental priority. Within my role, I met with colleagues to discuss their planning and teaching and found a wide variation in how they constructed pedagogy and how they conceptualised the needs of the learners. I also found myself with the responsibility for supporting learners who were experiencing SEBDs and presenting with challenging behaviour — behaviour that challenged systems, or other learners and fundamentally placed them at risk of formal exclusion from mainstream education. This brought me into contact with other teachers who were experiencing difficulty with this group of learners. Anecdotally, what struck me in many of these cases was the inflexibility of the teachers' constructions of pedagogy. It seemed to me that the learner had to be responsive to the pedagogy rather than vice versa. Teachers, who were flexible in their approach and not dogmatic, appeared to have fewer difficulties with learners who challenged teacher thought and action. During my teaching experience, I did not have access to any external agencies, including educational psychologist. At that time, it appeared to us as classroom teachers, that resources like educational psychologists were the 'property' of heads of departments or head teachers. I felt that this was wrong and that the services

of an educational psychologist and other professionals should be available to everyone, especially those working in the front line.

In 1983, I participated in a teacher-exchange programme and taught in Oak Park, a suburb of Chicago for a year. The experience of working in the USA changed my outlook on how education could be delivered to pupils with special educational needs. The school in the USA that I taught in was a community school and was extremely well resourced (web link: www.oprfhs.org). The school catered for all pupils with all special and additional needs. There was a unit for children with autism and a unit catering for children with all levels of social, emotional and behavioural difficulties. I felt part of a community where I was responsible for the education of all the pupils, no matter what the challenges. The support services, which included educational (school) psychologists, school social workers (educational welfare officers, in the UK) and school nurses worked together with teachers. There were regular case conferences and when a pupil with special needs was being taught in the mainstream class, regular inter-agency meetings took place which included teachers to see what the difficulties were, what support could be offered by the outside agencies and how these could be overcome. There was a team of four psychologists, plus school nurses and school social workers, apart from behaviour and learning specialists based at the school that contributed to the education of all pupils. The contribution to the construction of pedagogy in that setting was taken up by a collection of people, which included teachers, psychologists, nurses, specialist teachers, parents and pupils.

This was very different from my experience as a teacher in London where there were no multi agency meetings that I was ever invited to attend and I was never given access to an educational psychologist to discuss any pupil in my class.

When I came back from my exchange year in the USA, I stayed in the teaching profession for just over one year, before deciding to train as an educational psychologist. I felt that there was a better way to meet the needs of children with special educational needs, especially with social, emotional and behavioural difficulties. What role an educational psychologist played in this, I was not sure, but my experiences as a teacher in London compared to a contrasting experience as a teacher in the USA led me to believe that there was a positive role for an educational psychologist, and that an educational psychologist could be an agent of change.

In light of this view and before going on to outline the aims of the thesis, it is interesting to see where educational psychology came from. What was the original role of an educational psychologist and how was it perceived?

The origins of educational psychology in the United Kingdom

The origins of educational psychology as a profession are interesting; the application of psychology to education owes more to the work of education departments than to the growing science of psychology. To see educational

psychology in Britain as the offspring of the study of psychology is to ignore the fact that, compared to its development in Germany and the USA, psychology grew slowly in British universities where the first chair of psychology, though established in 1906, was not followed by others until 1931. The first chair of educational psychology was not established until 1948 (at Durham). However there were 15 chairs of education founded before the First World War and many of these professors advanced the cause of educational psychology. As Sharp and Bray (1980) have commented, the experimental tradition in the early history of educational psychology in Britain was not only in existence but flourishing by the time Cyril Burt was appointed psychologist to the London County Council in 1913. The same authors comment that it is an era of British educational psychology which has been largely ignored.

Educational Psychology from early 1980s to present.

Throughout its brief history there has been a continued debate within the profession in relation to the role educational psychologists should play and the model of practice they should follow. Changes and developments are described in the seminal works of Gillham (1978; 1981). According to Quicke (1982), 'the practice of educational psychology by educational psychologists working in Local Education Authority school psychological services has been in a state of change. Within the profession was a growing dissatisfaction with what has been referred to as the 'traditional model' (Quicke, 1982, p. vii). In 1978, Gillham proposed changes to decrease the

emphasis on individual casework and increase the emphasis on indirect methods aimed at the organisation and increase the emphasis on preventative work. Although a number of educational psychologists have adopted alternative models of educational psychology practice, change does not appear to have occurred on the scale required to shift the focus with schools from the getting of resources to the successful use of them. Despite continual emphasis in legislation and the literature on the need for educational psychologists to change and support schools to manage special educational needs (SENs) effectively, there is only limited evidence to date of educational psychologists working to initiate higher-order change. This could be due to pressures of time, lack of skill or expertise as change agents, or reluctance on the part of educational psychologists to change from following a traditional model of practice.

Approaches adopted by individual educational psychologists or educational psychology services (EPS) have not reduced the amount of dissatisfaction voiced across the profession about the educational psychologist's role: 'for some time, many EPs have felt dissatisfied with the trend in their work towards more statutory work and the lack of development in the profession of more preventative models' (Wagner, 1995, p. 23). There is, however, no lack of interest in the development and management of better psychological services for all schools (Jones and Frederickson, 1990; Wolfendale, 1992). However, some educational psychologists still take on referrals on a case-by-case basis and the cycle becomes self-perpetuating. As the profession has slowly evolved over time many educational psychologists have continued to

practise in a similar way without radical change. Educational psychologists themselves report dissatisfaction and are aware of the need to change but are reluctant to do so in practice. This was confirmed by Topping (1983) who, in a study of his own local education authority found that many of the educational psychologists were dissatisfied with the casework model but only one educational psychologist actually worked in an alternative way, even though the service was tolerant of alternative practice. High referral rates and long waiting lists may be themselves in part a product of psychologists' own casework-orientated behaviour (Dowling and Leibowitz, 1994).

I worked as a psychologist in South East England for four years. The emphasis in the department was to work systemically with the schools. While schools appreciated getting training and support for the staff, what they said that they would like more was work with individual children, especially those presenting with challenging behaviours. I had a great deal of empathy with this and whenever I could, I supported schools by addressing the individual pupil's needs.

After four years of working as an educational psychologist, we decided to leave England and emigrated to the USA, where I worked as a schools psychologist in Chicago. Practice in the USA was based on individual assessments. Teachers and other classroom based professionals wanted to know the individual's level of cognitive functioning. Emphasis was on

focussing on the individual, rather than on the systemic and dynamic

assessments. I cover this aspect of my career later on in chapter four.

We lived in the USA for two years and moved back to England. There was

no problem getting a job as an educational psychologist back in England.

The educational psychology practice was going through a huge "identity

crisis". Educational psychologists wanted to work systemically in schools,

but few were willing to admit in public that the majority of their work was

around the individual – doing individual assessments. While fully

supporting the systemic way of working, I did not wish to abandon the

individual assessment model. Schools were explicit in their views– all

support services wanted to address the school-wide issues. No-one,

according to the schools that I was visiting, was supporting the schools in

identifying the individual pupil's difficulties. My insistence in doing

individual assessments and discussing the findings with the schools and

parents was much appreciated by schools and parents. I wanted to explore

what the "individual child-oriented approach" had to contribute to the

overall needs of the child. I saw an educational psychologist as one of the

many contributors to the identification of overall needs of the child. If

everyone focussed on the schools, who was focussing on the individual? As

there was more and more emphasis on "research based practice", I thought

the best way to convince my colleagues was to build research around my

practice. Did the work with an individual child, especially the assessments

of needs contribute to positive outcomes for the child in the context of

today's ever shifting political agenda? As I write this thesis, there is a new

Government select committee inquiry into behaviour and discipline (BPS,

2010). The political agenda has moved from integration to inclusion to "Every Child Matters" (DfES, 2004a) and now the emphasis on behaviour and discipline in inquiry. I cover each of these phases in turn and explore how educational psychologists have tried to have an impact and contribute to the debate.

Educational psychology in the 21st century

A literature search indicates that educational psychologists have continued to have significant involvement with children with special educational needs (SENs), their families and schools, across a variety of activities such as consultation, assessment, intervention, and training (e.g. Barrett et al., 2002; Bickford-Smith et al., 2005). A potential role for educational psychologists has also identified in intervention and support for vulnerable groups of children such as those who may require protection or have experienced abuse (German et al., 2000; Doyle, 2003), those who are the subject of a local authority care order — 'looked after' - (Dent and Cameron, 2003), and those who have low-incidence disabilities or conditions (Brooks et al., 2003; Dettman et al., 2004; Bozic and Morris, 2005). There is evidence to suggest that educational psychologists make a contribution to intervention and support for children and young people who present and/or experience social, emotional and/or behavioural difficulties (SEBDs) (e.g. Miller and Black, 2001; King and Kellock, 2002; Lown, 2005). Work in this area is wide-ranging including direct work with children, parents, teachers, schools and organisations, with a variety of foci including self-esteem, school

absenteeism, home-school partnerships and critical incident response development (e.g. Burton, 2004; McCaffrey, 2004; Ross and Hayes, 2004). Halsey et al. (2006) produced a report for the Department for Education and Skills on the development of Behaviour and Education Support Teams (BESTs) and found that educational psychologists were commonly included within them, sometimes as co-ordinators, sometimes with principal educational psychologists as line-managers. The report identified the valuable contribution of educational psychologists within BESTs and the demand for more representation of educational psychologists within such teams. Halsey et al. (2006) identify particular tasks managed by educational psychologists within a BEST, including involvement in the establishment of a 'nurture group'; delivery of psychological training on emotional literacy and work with individual children with complex needs.

Several local authority Educational Psychology Services(EPS) websites record the involvement of services with youth offending teams (YOTs), indicating the provision of consultation, direct work with individual and groups of young people and their parents, including preventive work, as well as psychological assessment services (e.g. Luton Council, 2006). Some EPSs also indicate involvement with YOT at a 'whole service' level, providing team development and training (e.g. Stockport Council, 2006).

The DfEE (2000) report on EPS' role and good practice identified developing links with child and adolescent mental health services (CAMHS) and subsequent literature and research has continued to emphasise the value

of extending and clarifying such links (e.g. Madden et al., 2004; Davis and Cahill, 2006; Jones, 2006). Initial evidence suggests an increased involvement of educational psychologists within more community based rather than exclusively school-based settings (MacKay, 2006; King and Wilson, 2006). Though a DfES report on the development of extended schools does not note the contribution of educational psychologists. The report identified that schools worked more commonly with educational psychologists than other professionals that might promote children's mental health outcomes and that educational psychologists were involved in action teams working for extended schools (Clemens et al., 2005).

Educational psychologists continue to work for a significant amount of time at the 'systemic' level in order to increase the capacity of schools and other organisations. This work has a very wide variety of foci including direct work, training and research on SEN and behaviour policy review; developing teaching approaches; schools in 'special measures'; the development of emotional intelligence within an organisation; improvement of learning support centres; dealing with problem classes; reducing bullying; promoting inclusion (e.g. Bettle et al., 2001; Kelly et al., 2004; Cullen and Ramoutar, 2003; Farrell, 2004; Hodson et al., 2005; Burns and Hulusi, 2005; Atkinson et al., 2006).

A dataset compiled by the National Association of Principal Educational Psychologists illustrates a wide and extensive range of educational psychologist work within multi-agency teams across England and Wales at

universal, targeted and specialist levels of service provision (NAPEP, 2005).

It is apparent that a significant proportion of such work is actively evaluated

by educational psychologists (e.g. Howley et al., 2001; Bischof, 2002; Rees

and Rees, 2002; Selfe, 2002; Jimerson et al., 2004; Halsey et al., 2005;

McHugh, 2005).

Educational psychologists as researchers

An increasing important focus for educational psychologists has become the

quality of interventions and the link between these interventions and

research. To embrace this change, educational psychologists need to ensure

that their interventions are of the highest quality supported by their

knowledge of psychology and research. Webster and Beveridge's (1997)

survey highlights a lack of preparedness and confidence that educational

psychologists experience in using a research-based perspective to seek

innovative and creative solutions to problems in schools. Historically,

research has been widely viewed as a legitimate and valuable part of

educational psychologists' generic work (Gray and Lindsay, 1991; AEP,

1987). However, research is not always made easily available to educational

psychologists to support them in many of the most common areas of

practice. Sigston et al. (1996) suggests that a significant way of bridging the

gap between theory and practice could be through improving the dialogue

between researchers and practitioners.

Considerable and lengthy debates about the practice of research and its

methodology are apparent in the sphere of educational psychology literature (Miller & Todd, 2002). In the UK, research is recognised as one of the principal functions of an educational psychologist's practice (Gersch, 2004; MacKay, 2002). Despite this, Greig (2001) questions the reality of the role of an educational psychologist-researcher in practice. Support for Greig's view was found in the Currie Report (Scottish Executive, 2002) and by Farrell et al. (2006), where minimal time was perceived to be allocated by educational psychologists to this function. In practical terms, it seems clear that "tension" exists between the time allocation given to research and evaluation work and the value placed on such work by local authority Educational Psychology Services (EPS).

The language and concepts of research and evaluation are often used in a generic manner but their understanding and practice can determine an organisation's strategy and culture (Hansson, 2006), and impinge upon the use of individuals' skills in research and evaluation. Burden (1994, p. 298) notes the development of two types of research in educational psychology: first, process-product research, which mainly studies outcomes as a "linear causality" between variables. Secondly, interpretive-meaning research alludes to the approach of exploring the participants' perspectives and their learning within real-life settings. In the context of government services, Blalock (1999) describes evaluation as two distinct processes; performance management (e.g. performance indicators that measure outcomes and service standards) and evaluation research.

These definitions of research and evaluation have perhaps contributed to the concept of the educational psychologist as a "practitioner-researcher". The concept and skills relate to three criteria: first, a consumer of new research; second, thorough evaluations of interventions and thirdly, practice that can be reported within academic and practitioner journals, and communities (Greig, 2001; Robson, 1993).

Edwards (2002) identifies educational psychology as a research-based profession, which is supported through its use of research-based knowledge and skills in research training. Educational psychologists who possess these research skills, coupled with the knowledge of systems and local networks, are in a position of accessibility when undertaking research in a local authority. However, it appears that this function is not frequently associated with the educational psychologist's professional identity and role. Ashton and Roberts (2006) employed an open questionnaire to ascertain the unique value offered by the educational psychologist role to schools, which was completed by one English borough's Special Educational Needs Coordinators (SENCos) (n = 22) and its educational psychologists (n = 8). Findings highlighted the low frequency (n = 1) of educational psychologists' responses that indicated that research and development was a unique feature of their service delivery. Interestingly none of the educational psychologists identified research as a service that was offered by other agencies in the borough. The authors suggest that the educational psychologists' responses were indicative of a "consultative, interactionist and systemic perspective" (Ashton and Roberts, 2006, p. 118), even though

the SENCos who responded did not view research and development as a feature of the educational psychologists' role.

MacKay (2002) urges that the development of the educational psychology profession rests upon research. This requires the application and extension of research and evaluation skills to contribute to a wider dissemination of educational psychology research. Such skills could support the values of educational and social justice of inclusion (MacKay, 2002) that co-exist with educational psychology practice and the consultation and participation of children and young people in research. The Additional Support for Learning (Scotland Act, Scottish Executive, 2004) encourages children's participation in decisions that affect them. Although this may appear obvious, Lewis and Lindsay (2002) have found that many research texts for professionals and students marginalise children as participants. Curtis, Roberts, Copperman, Downies, and Liabo (2004) highlight that children who are "hard to reach" because of disability, exclusions from school, unconventional living arrangements and literacy issues are underrepresented in research processes in comparison to the children who regularly attend school and have good communication skills.

Eodanable and Lauchlan (2009) considered the significance of developing educational psychologists' research and evaluation skills rather than questioning if there is a need for these skills. In turn, research skills are acknowledged as central to the educational psychologist's professional identity and necessary for responding to the demands of evidence-based

practice. Eodanable and Lauchlan (op cit) believe that these skills can actively support all clients through wider consultation in research and can produce more effective policy, legislation and educational psychology practice to ensure positive outcomes for young people.

My research attempted to break down some of the researcher-practitioner boundaries. I wanted to include the children and not marginalise them within the research as Lewis and Lindsay (op cit) had found. As Eodanable and Lauchlan (op cit) noted above, I wanted to further develop my research skills as they are central to an educational psychologist's professional identity.

As I have already noted, I employed a reflexive and narrative methodology within which I located an empirical study carried out in three different education establishments. This methodological approach is neither common nor conventional, but it is not unprecedented. In a discussion about the relationship between feminism and postmodernism, Fraser and Nicholson (1990) drew on Lyotard's ideas, suggesting that theorists should legitimise their own warrant by challenging the 'meta discourse' or the 'privileged narrative' (Fraser and Nicholson, 1990). One interpretation of Fraser and Nicholson's work, is that in order to challenge an accepted position, one can draw on a localised or 'mini narrative' (ibid, p.25), rather like telling a situated story.

This could resemble those told by Foucault (1972-1977) or as typically located within feminist research which centralise the experience of an individual or a group in order to present a challenge to a privileged social critique (Frazer and Nicholson, 1990). Whilst I do not seek to elevate my research to unrealistic heights, I use these arguments to legitimise my methodology. I carried out three empirical studies in order to give a central place to the contribution an educational psychologist makes and in influencing the ways in which pupils with SEBDs are experiencing learning in schools. I embedded the study within a reflexive methodology to provide a warrant for my subjective analysis from multiple professional and personal positions.

I will address the "political influences" on the practice of educational psychology within the context of my particular research. I start with an introduction to my case studies within the context of integration, inclusion and other national policy initiatives.

The empirical studies

In this thesis, I am concentrating on and exploring the specific issues around pupils[1] with SEBDs within the English education system and how educational psychology services can work with such pupils both

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[1] The Term "pupils" is used, interchangeably with "children".

individually and to change practice generally. In short, I am proposing the educational psychologist as a pedagogue.

My research took place in a large Local Education Authority in South-East England. Although, conventional methods were used to collect data, the findings and underpinning philosophy of my research reflects my personal experiences. As Clandinin and Connelly (1998) suggest,

> 'The social sciences are concerned with humans and their relations with themselves and their environments, and as such, the social sciences are founded in the study of experience. Experience is, therefore, the starting point and key term for all social science inquiry' (Clandinin and Connelly, 1998, p.153).

Three interrelated research studies were conducted. The first one at a Unit for pupils with SEBDs, attached to a mainstream school. The second was a replication of the first study in a different setting, a Pupil Referral Unit and with a larger sample of pupils. The third study was carried out in a clinic, working with a paediatrician, looking at an alternative intervention with children with Attention Deficit and Hyperactivity Disorders (AD/HD). In all three studies, I was exploring the contribution an educational psychologist makes to the pedagogy of children with SEBDs. My research looked at the relationship between SEBDs, Social Skills and AD/HD.

Research aims

The main aims of my research were to:

1. Appraise the contribution an educational psychologist could make in maximising the learning potential and opportunities for children and young people with SEBDs.

2. Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

Aims one and two are dealt with in chapters two, three and four and I conclude my findings in chapter five.

I was very much a participant in the research process and drew on my experience and practice throughout it. For example, I wanted to see if my American experience of collaborative team working, especially the contribution of a psychologist to the team consisting of teachers, parents, social workers and health workers, to better understand the needs of the child in the classroom, would make the teacher's job of working with pupils with SEBDs more effective. I was interested to see if an educational psychologist could make the concept of inclusion more than a rhetoric for the staff that he or she worked with, if the psychologist's services were available to the teachers for more than once a term as a 'consultant'. To this

end, I had five interrelated research questions related to pedagogy and SEBDs.

Research questions

1. What does the psychological assessment by an educational psychologist of a child's overall ability contribute to the overall needs of the pupils with social, emotional and behavioural difficulties?

2. How do teachers who work exclusively with children with SEBDs (for example in units attached to mainstream schools), legal guardians and the children themselves rate their children's ability, social skills and academic achievement in relation to one another?

3. How do teachers in mainstream school settings perceive the needs of children with SEBDs who are included in their lessons?

4. Are there any psychological profiles that can be drawn from data collected from administering the Wechsler Intelligence Scale for Children?

5. How can teachers and parents become better pedagogues for children with AD/HD, which is a specific type of Social, Emotional and Behavioural difficulty?

A factor relevant to the formulation of the research questions relates to the paucity of existing research into how pedagogy is constructed in settings for learners with special educational needs (SENs) in general (Lewis and Norwich, 2000) and learners who experience SEBDs in particular (Cooper, 1999; Simpson, 1999; Ebersold, 2003). The need for research into the area of pedagogy and SEN is reinforced by the work of Lewis and Norwich (2000) who, in their review of the literature about pedagogy and SEN suggested:

> *'Our review surprised us by the lack of well-designed and systematic empirical studies about distinctive SEN pedagogies. It was not that we found many case studies in the illuminative tradition. We found even less of these'. (*Lewis and Norwich, 2000, p.61)

Kauffman (1999) proposed that without empirical research in the areas of teaching and learning for learners with SEN, special education, despite its short history, will remain 'lost in space' (Kauffman, 1999, p.218). Research has to recognise the context in which it exists (Pring, 2000; Charmaz, 2000). The rationale for undertaking this study has a variety of contexts. These include a political, educational and a professional history context.

Social, emotional and behavioural difficulties (SEBDs) – definitions,

legislation and background

To do any research in the area of SEBDs poses many complex issues. To start with, there is the question of 'definition(s)' of SEBDs. This is explored in some detail in chapter three, but to reflect the complexities around the definition, Daniels (2001) sums up the issue of defining SEBDs thus:

> *'Media reports regularly highlight the financial and social costs of coping with the education of excluded pupils and those who are disruptive in school or who have a history of truancy (e.g. £81m cost of unruly pupils', The Guardian, 21.4.98, 5 'Exclusions cost £24 million a year', Times Educational Supplement, 29.11.96 p.5). There is also an increasing awareness that the problem of social exclusion is intimately linked to the exclusion experienced by children within and from school (e.g. 'Exclusion Unit will focus on truancy, street-life and estates', Professional Social Work, 1998). The widespread, interchangeable and inappropriate use of a broad range of terms to describe children with social, emotional and behavioural difficulties indicates the need for an examination of the research evidence in order more closely to refine the definition of emotional, behavioural and associated difficulties' (Daniels, 2001, p.113)*

There is a huge body of literature on SEBDs and continuing debate over the terminology, definition, causation and treatment of young people described as experiencing SEBDs. Variants on the term are increasingly applied to young people in schools and as part of the developing terminology 'social, emotional and behavioural difficulties' (SEBDs) contributes towards our understanding of the interactional nature of behaviour difficulties.

What is SEBDs and what causes children to have SEBDs? How has the issue been addressed by legislation and local and national policies? My literature review follows which links in with case studies one and two.

While SEBDs is a somewhat imprecise term (Cole and Visser, 2005), aspects of the behavioural and emotional difficulties shown by students with SEBDs typically include being hyperactive and lacking concentration, presenting challenging behaviour and being disruptive and disturbing (SEN Code of Practice, DfES, 2001). Hence, students who carry the label are highly likely to disrupt the learning environment. The challenge to the teacher is to engage the student with SEBDs whilst minimising disruption and providing effective educational provision to all the other students present in the classroom, including meeting any SENs presented by other students. Since working with students who have SEBDs is demanding, one might anticipate that preparing teachers to engage effectively with this group of students would have a high priority within teacher education. Initial teacher education in England does include compulsory content on general behaviour management (TDA, 2009) yet there is no mandatory

specialist training component for working with students who have SEBDs. Similarly, there is no compulsory continued professional development dedicated to up skilling teachers already working with this group of students.

Currently in the USA the prevalence of social, emotional and behavioural disorders among the general population of school age children has been estimated to be between 6 and 10% (Kauffman, 2005). In Britain 20% of children and adolescents have been found to experience a mental health problem at some time in their development (British Medical Association, 2006). However, estimates of service delivery indicate that only 1% of all students are receiving services for SEBDs (Webber and Scheuermann, 1997). Clearly, there is a discrepancy between those in need and those who are receiving services. Moreover, as the fields of psychology and education place greater emphasis on the combination of social, emotional, behavioural and academic difficulties in SEBDs the provision of services must address these co-morbidities in a manner that recognizes their interdependence. As teachers are critical in the referral process, their understanding of the complexities of SEBDs and their perceptions of children with SEBDs are important in ensuring appropriate referrals and closing the service gap. Examining teacher's perceptions of SEBDs may help elucidate the choice of classroom-based interventions, given that an understanding of problem behaviours often guides strategies.

Previous research has shown several barriers to providing services to children with SEBDs, each of these barriers may influence a teacher's understanding and perception of SEBDs. One of the primary problems lies in the conceptualization of the term, which is often vague, leaving professionals, including teachers and school psychologists, with an underdeveloped and unsatisfactory category (Cooper, 1996). While there is no standard definition of SEBDs, the various definitions share commonalities such as the following: behaviour that goes to an extreme; behaviours or emotions that are outside societal norms; behaviours or emotions that negatively affect a child's educational functioning. If teachers are primarily involved in making referrals based on their daily interactions with students a standard clinical definition is required. Likewise, for school psychologists to effectively assess and provide intervention for children who are referred there needs to be agreement between the psychologist's understanding of SEBDs and that of the referring party.

Without clear and consistent definitions of SEBDs large variability in the types of children teachers identify with behavioural difficulties will occur. While an extensive body of literature has shown little agreement on emotional and behavioural ratings across informant types, i.e. parent or teacher reports or self-reports (for a review see De Los Reyes and Kazdin, 2005), researchers have found a similar lack of consistency when comparing reports among groups of teachers. In a study investigating the validity of teacher nominations, Green et al. (1980) found that although teachers were able to identify children in their classrooms who were having difficulties,

they were significantly less accurate in differentiating between children with different types of behavioural difficulties. Teachers were asked to nominate children using the classifications 'conduct problems', 'withdrawal problems' or 'normal'. While the first two groups differed significantly from the normal group on behavioural and sociometric measures, children nominated as having either conduct difficulties or withdrawal problems did not differ significantly from each other on these assessments. These findings are of concern because teachers may conceptualize children as having similar difficulties, which may determine which children are being referred and how professionals interact with and provide interventions for these children in the classroom.

SEBDs is an umbrella educational term describing different types of emotional and behavioural problems from social misbehaviour and delinquency through to mental health difficulties such as AD/HD (Maras & Kutnick, 1999). The word 'social' has been added to the term to encompass additional social factors and is now commonly used (Cooper, 2001). The term Emotional and Behavioural Difficulties was first used with the publication of the Warnock Report (1978) and is now the widely accepted term used to refer to a group of children within the larger group known as Special Educational Needs (SEN). Other terms which are used are 'disturbed' and 'disturbing' which are both useful in that some children are disturbed in themselves but do not disturb the teacher or class but sit quietly in their own world while other children are disturbing to teachers or other pupils but are themselves not necessarily disturbed. Terms such as

'disaffection', 'problem behaviour' and 'deviance', as well as those already mentioned, all have their own distinct meanings a common feature of all these terms is that children behave in ways which are problematic to themselves or to others such as teachers, peers, the school as a whole or parents and so forth (Cooper, 1993). Lennox (1991) recommended two categories: 'children who internalise their problems and appear fearful, inhibited, over controlled and those who externalise their disorders and become aggressive, antisocial, under controlled'. For the purpose of this thesis, the term SEBDs will mainly be used though the focus is on all children who have some degree of emotional and/or behavioural difficulties, however mild or severe.

The policies and guidelines that have come from central government since the 1944 Education act that relate to SEBDs is extensive. In the next sections, I summarise relevant features of these policies and guidelines.

The problems with definitions since the 1944 Education Act

Defining challenging behaviour, SEBDs, AD/HD, disaffection, disruption or other terms preferred by different professional groups, has never been an easy task. (See for example, Fogell and Long, 1997; Cooper, 1996, 2001; Kauffman, 2001; Maras and Kutnick, 1999; Cole, Visser and Upton, 1998; Daniels et al., l998; Thomas and Glenny, (2000), Cole et al. (1998). Daniels and Cole (2002) describe the debate that has persisted through many generations over who pupils with SEBDs are, where they should be placed

and what interventions are beneficial. First, though, it is useful to consider the historical background to the move from the description 'maladjustment', in 1945 to 'SEBDs' presently.

The Education Act 1944 and consequent definition

Children have been described as having behaviour problems since Victorian times (Cole, 1989). Descriptions became more used in the early 20th century and the term 'maladjusted' was in official use by 1930 when the first local education authority schools for the maladjusted were founded. These schools advocated an educational as much as a medical approach, although the legally enshrined category of 'maladjusted children' did not come into being until the 1945 Regulations which followed the Education Act 1942, which defined maladjusted children as:

> *'pupils who show evidence of emotional instability or psychological disturbance and require special education treatment in order to effect their personal, social or educational readjustment'. (Ministry of Education, 1953, Part 3, cited in Cole et al., 1998)*

Laslett et al. (1998) commented on the vagueness of this description. In 1955, the Underwood Committee wished to classified pupils with maladjustment as having nervous, habit, organic or psychotic disorders or educational and vocational difficulties; the committee argued for careful matching of provision to children's need. This was rarely to be achieved and

most specialist provision generally responded to a diverse and ill-defined clientele many of whose difficulties could be said to be reactions to environmental factors rather than 'within-child' problems requiring medical-leaning 'treatment' (Cole et al., 1998). During this period the literature refers to 'the maladjusted' reflecting the prevailing view that the behaviours were seen as within-child in origin. The assessment and placement of these pupils was a process of ad-hoc practices, rather than policies. A Senior Medical Officer at the Department of Education was to note in 1974 that 'only force of circumstance' dictated whether a child went to specialist education provision or to Community Homes with Education (CHEs). The Children and Young Persons Act 1963 (Hyland, 1993) had stated that truants and 'at risk' or 'problem' children (it was girls that often fell into these latter categories) not convicted of crimes could be placed in the Home Office Approved Schools. After the Children and Young Persons Act 1969, Approved Schools evolved into CHEs run by Social Services Departments. Dating back to the work of the Royal Philanthropic Society in the 1970s, the precursors of the 'SEBDs' would seem to have been taken under the wing of any one of four government departments: welfare, juvenile justice, education or health (Visser, 2003). Thus whether a 'problem child' has been 'cared for', 'punished', 'educated' or 'treated' has often been a matter of chance depending upon which individuals in which agency happened to pick up his or her case. A child's placement often depended on where the vacancies were, when the child was perceived by particular professionals to have reached crisis point or when funding

became available (Hyland, 1993; Grimshaw and Berridge, l994; Cole et al., 1998; Daniels and Cole, 2002).

Laslett (l983) suggests that there was a shift from a medical to an educational perspective between 1945 and the 1980s and historical data shows widespread awareness of environmental, interactional social factors 'not-within' the child. 'Maladjustment' was 'a kind of catch-all for children showing a wide range of behavioural and learning difficulties'. While the 'maladjusted' have been conceptualised as a separate grouping, many children thus labelled could equally have been described as 'socially deprived', 'disruptive', 'disaffected', sometimes 'delinquent' or 'mentally ill' or 'mentally deficient' (Visser, 2003). These descriptors were applied to many children placed in schools for the maladjusted. Conversely, children who might have been seen as 'genuinely maladjusted' were placed in Home Office or health or welfare department provisions; or, from the 1950s, in tutorial classes or special units designed primarily for the so-called 'disruptive'. Galloway and Goodwin (1987) argued for describing these pupils as 'disturbing' to teachers and other professionals, rather than 'disturbed' (the word preferred by Wilson and Evans, 1980, in their national study of provision in the late 1970s).

The 1981 Education Act, Circular 9/94 and other English definitions of SEBDs

The Education Act 1981 abolished the categories of the Education Act 1944, preferring to use the generic term 'special educational needs' but government and practitioners rapidly adopted a new label (in part suggested in the Underwood Report, 1955): 'emotional and behavioural difficulties' (EBD), defined as a form of special educational needs. Circular 23/89 (DfES, 1989b; see also Cooper, Smith and Upton, 1994, p20) described EBD as applying to 'children who set up barriers between themselves and their learning environment through inappropriate, aggressive, bizarre or withdrawn behaviour. They have developed a range of strategies for dealing with day-to-day experiences that are inappropriate and impede normal personal and social development, and make it difficult for them to learn'. The application of the label of 'EBD' in the 1980s and in the later 1990s, through the stages in the first Code of Practice, continued to be haphazard, with varying practices and standards being applied in different schools and LEAs (Galloway, Armstrong and Tomlinson, 1994; Daniels et al., 1998; Kelly and Gray, 2000). However, Grimshaw and Berridge (1994), Cole et al. (1998) and Daniels et al. (1998) indicated that pupils deemed SEBDs had displayed pronounced behavioural difficulties, usually involving a degree of violence and aggression, often mixed inextricably with emotional and social difficulties that had interfered with educational progress. Experience of failure and rejection, usually mingled with unsettled home circumstances had commonly led to low self-esteem (certainly in relation to young

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people's educational potential) and damaged confidence. Traumatic life events involving loss and bereavement were not uncommon (also noted in Daniels et al., 2003).

In Circular 9/94, the Department for Education gave a detailed and extended definition of SEBDs (DfEE, 1994a), reflecting an increasing recognition of the bio-psycho-social and ecosystemic nature of SEBDs (see Cooper, Smith and Upton, 1994; Cooper, 1996a). The executive summary of the circular states:

> *'Children with social, emotional and behavioural difficulties are on a continuum. Their problems are clearer and greater than sporadic naughtiness or moodiness and yet not so great as to be classed as mental illness. '(DfEE, 1994a, p4)*

The DfEE suggested that SEBDs range from 'social maladaptation to abnormal emotional stresses are persistent and constitute learning difficulties', involve emotional factors and/or externalised disruptive behaviours and general difficulties in forming 'normal' relationships (DfEE, 1994a). Social, psychological and sometimes biological factors or, commonly, interactions between these three strands, are seen as causing pupils' SEBDs. There follows detailed amplification in which 'within-child' emotional factors are counterpoised with difficult externalised behaviours including truanting, aggression, violence and destructive behaviour. Children with SEBDs have problems in relationships, the causes are likely

to be complex and systemic involving school and home factors.
Determining whether a child has SEBDs depends on 'frequency,
persistence, severity or abnormality and the cumulative effect of the
behaviour in context' compared to 'normal' children (DfEE, 1994a, p.8). A
short chapter at the end of the circular is devoted to the small minority at the
psychiatric end of the spectrum for whom meaningful inter-agency working,
with substantial input from specialist services, is said to be essential. The
definition of SEBDs given in this circular is a comprehensive summary,
including items associated with SEBDs by leading contemporary academics
e.g. Chazan, Laing and Davies (1994) and Cooper et al. (1994) and again
Cooper (1999a). The latter summarised an emerging consensus on causation
of SEBDs: 'Whilst biology may create propensities for certain social and
behavioural outcomes, biology is always mediated by environment and
culture' (p.239). For most pupils, it is the cumulative interactive effects of
the different parts of children's lives which give rise to their challenging
behaviour.

The first SEN Code of Practice, 1994

The first SEN Code of Practice (DfEE, 1994b) offered a shorter definition
that cross-referenced to Circular 9/94. This stressed that pupils with SEBDs:

> *'have learning difficulties [as defined at paragraph 2:1 of the*
> *Code]. They may fail to meet expectations in school and in some but*
> *by no means all cases may also disrupt the education of others.*

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Emotional and behavioural difficulties may result, for example, from abuse or neglect; physical or mental illness; sensory or physical impairment; or psychological trauma. In some cases, emotional and behavioural difficulties may arise from or be exacerbated by circumstances within the school environment. They may also be associated with other learning difficulties...

Emotional and behavioural difficulties may become apparent in a wide variety of forms including withdrawn, depressive or suicidal attitudes; obsessional preoccupation with eating habits; school phobia; substance misuse; disruptive, anti-social and unco-operative behaviour; and frustration, anger and threat of or actual violence.' (paras. 3.64 —3.66)

Ofsted's 'Principles into Practice' report, 1999

Ofsted (1999a) repeated some of the content of Circular 9/94 but also followed Cole et al. (1998) in citing the Underwood Report (1955). This stressed that SEBDs/maladjustment was 'not a medical term diagnosing a medical condition. It is a term describing an individual's relation at a particular time to the people and circumstances which make up his environment'. Reflecting a social-constructionist perspective, Ofsted (1999a) drew from this the need for schools to look to their organisation, curriculum and support systems to improve the relations between the child with SEBDs and his or her environment. They also raised a concern that

placing children with SEBDs together in a special school or unit might provide a plethora of inappropriate role models that could exacerbate SEBDs (although the report later recognised that effective special schools provide the respite and expertise that can benefit some pupils).

Revised SEN Code of Practice, 2001

The DfES (2001) refers to 'persistent emotional and/or behavioural difficulties, which are not ameliorated by the management techniques usually employed in the school', prompting additional intervention ('School Action') (DfES, 2001, para 6.50-6.51). In para 6:64 (p71), giving the rationale for 'School Action Plus', the revised code talks of the pupil having 'emotional or behavioural difficulties which substantially and regularly interfere with their own learning or that of the class group, despite having an individual management programme.' Moving on, the need for a statutory assessment of SENs, a fuller description of SEBDs is offered. The LEA should seek evidence of identifiable factors that could impact on learning outcomes, including:

> *'Evidence of significant emotional or behavioural difficulties, as indicated by clear recorded examples of withdrawn or disruptive behaviour; 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; and any other evidence of a significant delay in the

development of life and social skills'. (p.83)

In the next paragraph, the revised Code also urges consideration of
environmental and medical factors and interventions by health or social
services. The Code of Practice moves to a different descriptor of SEBDs in
para. 7:52, 'behavioural, emotional and social development' (SEBDs) (not
'difficulties') as one of four areas of 'needs and requirements' (the other
three, sometimes relating to SEBDs, being 'communication and interaction',
'cognition and learning' and 'sensory and/or physical'. Government
documents (e.g. DfES, 2003) keep this order of letters but talk of
'Behaviour, Emotional and Social Difficulties'. A similar mixture of
referring to SEBDs and BESDs occurs in para 7:60, where, under the
heading 'emotional and social development' another short definition is
offered prior to an overview of approaches likely to reduce SEBDs:

> *'Children and young people who demonstrate features of emotional*
> *and behavioural difficulties, who are withdrawn or isolated,*
> *disruptive and disturbing, hyperactive and lack concentration; those*
> *with immature social skills; and those presenting challenging*
> *behaviours arising from other complex special needs, may require*
> *help or counselling for some, or all, of the following:*

> *'flexible teaching arrangements; help with development of social*
> *competence and emotional maturity; help in adjusting to school*

expectations and routines; help in acquiring the skills of positive

interaction with peers and adults specialised behavioural and

cognitive approaches; re-channelling or refocusing to diminish

repetitive and self-injurious behaviours provision of class and

school systems which control or censure negative or difficult

behaviours and encourage positive provision of a safe and

supportive environment.' (DfES, 2001, p87)

Overlap with definitions of mental health 'problems'

Circular 9/94 (DfEE, 1994a) and the Code of Practice (DfEE, 1994b)

describe characteristics of emotional and behavioural 'difficulties' that are

also identified, although often attached to words that tend to be avoided in

the English government's educational guidance (namely 'problems' or

'disorders'), as key areas in the Health of the Nation Outcome Scales for

Child and Adolescent Mental Health (HoNOSCA) (Audit Commission,

1999; Gowers, et al., 2000; Cole, 2000). The over-lapping key areas are

disruptive, anti-social and aggressive 'problems' or 'difficulties'; over

activity, attention and concentration 'problems'; somatic, emotional and

related symptoms; peer and family relationships and poor school attendance.

There is a considerable congruence between Circular 9/94 and Department

of Health definitions of mental health problems or disorders. The

Department of Health (D0H) (2000) suggested:

'Mental health problems in children and young people are broadly

defined as disorders of emotions, or social relationships sufficiently

marked or prolonged to cause suffering or risk to optimal

development in the child, or distress or disturbance in the family or

community' (DoH, 2000, p25).

Brief summary of the theories of SEBDs

SEBDs can range from social maladaptation to abnormal emotional stresses (DfEE, 1993). According to the DfEE Circular 9/94, they may be multiple, and may manifest themselves in many different forms and seventies. They may become apparent through withdrawn, passive, depressive, aggressive or self injurious tendencies. It is not easy to find a definition of SEBDs with which everyone would concur. An attempt at a concise definition was made by Galloway et al. (1982), who describes it as 'any behaviour which appears problematic, inappropriate and disturbing to others' (Galloway et al., 1982).

Maras (1996) says that offering a definition is difficult but suggests that 'suffering disruption of a number of emotional and social functions' is 'a useful starting point' (p34). Garner and Hill (1995) describe challenging behaviour as that which prevents pupils' participation in educational activities or isolates them from their peers, affects the learning of others, makes excessive demands upon teachers, staff and resources or places the pupil or others in physical danger. Cooper (1999a; 2001) notes the increasing evidence for biological/genetic reasons for this behaviour, and

further evidenced by Blau and Gullotta (1996). This has to be viewed alongside Galloway and Goodwin's (1987) findings, repeated by McNamara and Moreton (1994) and Cooper (2001), that perhaps the most common factor determining whether children are said to have SEBDs is 'that they are experienced as a source of serious disquiet to school personnel and other significant adults' (p11.). They are seen as subverting or detracting from 'the formal educational functions of the school' (Cooper, 2001, p14). O'Brien (1998), echoing data examined by Cole et al. (1999) in LEA Behaviour Support Plans, stresses that what is particularly disturbing to one teacher may be merely irritating to another; for example, spitting may upset more than swearing for one teacher but not for another. Consequently, tolerance levels of individual teachers or schools may determine which pupils are labelled SEBDs. In addition a pupil may have more than one area of difficulties. SEBDs have been associated with educational problems, such as dyslexia and dysgraphia. Co morbid problems such as conduct and anxiety disorders may also develop because of social environmental reactions to the core problems of SEBDs (BPS, 2000). A lack of clarity in identification, and the broad nature of SEBDs means that problems described as co morbid may in fact be co-occurring; it is not always clear which disorder is the primary problem, in other words.

Possible causes of SEBDs

There are many factors associated with the cause of SEBDs and recent writers tend to agree that there is not one factor alone but a group of factors

(Farrell, 1995). Since the medical model was abandoned as too narrow, a more rounded view has included both internal and external factors.

Maras and Masser (1996) suggest that definitions of SEBDs can be seen from four perspectives: medical, cognitive, social and societal. Each offers a way of defining and attributing causality to the SEBDs. The authors point out that all perspectives (with perhaps the exception of the societal position) now appear to recognise that the emergence of social, emotional and/or behavioural difficulties comes about through a complex interaction of child factors and environment (e.g. Dodge, 1993; Laing & Chazan, 1987; Loeber & Stouthamer-Loeber, 1986; Matsueda, 1992). Environmental factors that have been considered include maternal deprivation (Bowlby, 1971; Lambert, Essen & Head, 1977), adoption (Brodzinsky, Schechter, Braff & Singer, 1984), parental discord/divorce (Block, Block & Gierde, 1986; Hetherington, Cox & Cox, 1979; Wallerstein, Corbin & Lewis, 1988), race, neighbourhood, parental education, income, occupation (Patterson, DeBaryshe, & Ramsey, 1989), unemployment, family violence (Farrington, 1987) large family size (Loeber & Stouthamer-Loeber, 1986), physical abuse and aggressive role models (Dodge, 1993) to name but a few. In addition, the complex interaction between various environmental factors has been considered (Loeber & Stouthamer-Loeber, 1986) along with the reciprocal interaction between biological and environmental factors, for example the Mother-Child Transactional Effects Model (Sameroff & Chandler, 1975, cited in Lytton, 1990). Primary differences between

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perspectives can be seen in the relative weight given to within-child factors, environmental factors and the interaction between the two.

There is convincing evidence that social factors are linked to SEBDs. For example, Maxwell (1994) concluded that 'the prevalence of more extreme levels of special educational needs in catchment areas is, in large part, determined by the level of social disadvantage within them' (Maxwell, 1994). Similarly Schneiders et al. (2003) reported that neighbourhood disadvantage was associated with increased total internalising and externalising problems even after controlling for socioeconomic status. Adverse conditions at home are a major cause of SEBDs. Many studies support the fact that children who are labelled as deviant or as having SEBDs often come from disadvantaged backgrounds. Poverty, emotional tension, delinquent parents, parents with poor child-rearing skills, conflict or violence within the family and so forth can all adversely affect children's emotional development and behaviour (Schneiders et al., 2003). This link can partly be explained by the importance of a close and stable early relationship between parents and children. Children from deprived homes often have parents who are so caught up in their own problems they cannot cope with giving enough love and affection to their children (Cooper, 1993). When these children grow up they repeat this behaviour with their own children. This cycle of deprivation is very hard to break. Winkley (1996) outlines characteristic behaviours of children suffering from conduct disorders as a result of growing up in such homes as: poor at making close relationships; low self-esteem; not good at making judgements and poor at

taking responsibility. Research shows that children growing up in violent homes with/without the presence of child abuse often develop long-term emotional and behavioural problems such as neurosis, psychosis, depression and low self-esteem as well as problems of sexual adjustment and interpersonal problems (cited in Charlton and David, 1993). When children are under stress they use coping strategies which they see their parents using and these are often delinquent in nature such as lying, shouting, fighting (Cooper, 1993). Divorce can also adversely affect children, especially when the children are very young (Douglas, 1975 cited in Charlton and David, 1993). Though at times, divorce benefits children as it is the end to the fighting and tension which perhaps preceded the marital break-up.

SEBDs can be divided into two main categories: externalizing difficulties and internalizing difficulties (Cooper, 2006). There are a range of aetiological factors that influence development and can be thought of in terms of biological, psychological, social and cultural influence (Cooper, op cit).

Externalizing difficulties are subdivided into two further categories. The first sub category (known as 'external difficulties one') includes disaffection, conduct disorder, delinquency and oppositional defiance (Cooper, op cit). The second set of externalized difficulties includes AD/HD and Autism Spectrum Disorder (ASD). These problems, which are often referred to as 'developmental disorders' are characterized by the presence of biological factors in their causation, as well as evidence that for the most

part there are genetic factors involved in the transmission of the disorders (Comings, 1990).

Externalizing difficulties

In the 1970s one popular biological explanation for SEBDs had to do with the relationship between food and behaviour. The link between food allergies and reactions to food additives was examined by Crook (1980 cited in Lennox, 1991). Though these studies have since been criticised (Lennox, 1991), there is still a great interest in the relationship between food colouring and additives and an increase in hyperactivity, behaviour problems and learning difficulties. Food intolerance, poor nutrition and the excessive use of sugar has also been suggested as a cause of SEBDs. British and American studies have shown that children with sufficient vitamins and minerals are better able to learn than those without (Charlton and David, 1993). However, more research is needed in this area as the studies have often been inconclusive (Lennox, 1991).

As many children appear hyperactive from birth, this has also been linked to biological causes. Feingold (1975 cited in Charlton and David, 1993) studied the relationship between food and hyperactivity. Feingold found that hyperactivity may be related to lower levels of fatty acids than in normal children. Vass and Rasmussen (1984 cited in Charlton and David, 1993) believed food as well as pollution were factors in hyperactivity.

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Other biological explanations (Charlton and David, 1993) have to do with damage to the nervous systems which can result in abnormal physical development or performance. This type of damage may occur during pregnancy (baby's exposure to harmful substances such as tobacco, drugs or alcohol) or complications during birth. Malfunction of endocrine glands can affect development as well as abnormal chromosome formation. Behaviour can also be related to heredity as intelligence, special abilities and temperament seem to be partly innate. There are also genetic disorders which can affect behaviour such as autism and there have been several studies which suggest that dyslexia might be genetic (Stevenson, 1987 cited in Charlton and David, 1993).

Internalizing difficulties (Psychosocial factors)

Whereas 'externalizing difficulties' are described as 'developmental disorders', as cited above, the 'internalizing difficulties' are of an emotional and/or behavioural nature that are not so much disruptive as disturbing to others (Cooper, 2005). As with other difficulties, these may well lead to serious under-performance in school as well as impairment in social relationships. Difficulties include truancy and school refusal; separation anxiety (APA, 1994); withdrawn behaviour and elective/selective mutism (Cooper, op cit).

These problems are generally seen as being primarily the product of environmental factors, similar to those associated with the first set of

externalized problems (Olsen and Cooper, 2001). Attachment theory, attribution theory and social learning theories apply to these conditions in much the same way they do to externalizing problems. (Schmidt and Schulkin, 1999). They are learned behaviours that have been programmed and reinforced by unfavourable social circumstances (Blau and Gullota, 1996). Schmidt and Schulkin (op cit) note that some children are, from birth, more reactive to environmental stressors than others, producing extreme fear and withdrawal responses that other children find only mildly uncomfortable. Stansbury (1999) relates these physiological differences to children's attachment behaviour. Children can be disadvantaged from the time of conception. Stress in the mother, such as that incurred by marital discord, problem of housing (lack of housing or poor housing), unemployment and poverty, seem in some cases to damage children (McLoyd, 1998). If the stressful situation continues then the children may present behaviour problems in school. Stott (1982) gives the 'exposure' of more family problems as the chief reason for the prevalence of maladjustment in children from disadvantaged areas.

There is evidence that the intensity of a child's SEBDs can be affected by factors such as family and educational background (Pellegrini and Horvat, 1995) and own and other's attributional style (Dodge, 1993; Maras & Kutnick, 1999). Behaviour and attainment in school have also been found to relate to pupils' identification with their families, schools and peers (Maras, 2001) and the social manifestations of the biological attentional pathway difficulties, which are mediated by cognition. Maras (2002) found that the

degree of volition and responsibility that young people with SEBDs feel that they have over their difficulties is directly related to identification with peers, families and school. The author found that pupils' identification with peers was related to perceptions of competence, identification with peers and school was related to pupils' perceptions of the importance of school work and that identification with families predicted the amount of perceived effort pupils thought necessary in schoolwork (Maras, 2002). Hyperactivity and emotion (both features of SEBDs) were found to mediate these factors (Maras, op cit).

One further internal factor which is not directly a cause of SEBDs but could be a contributing factor to emotional and behavioural difficulties is the adolescent development stage (Conroy et al., 2004). The extent of the effect of changing hormones and bodies on teenagers is debatable but certainly it is a time of great change both mentally and physically which can bring about confusion and turmoil. For children from dysfunctional families or difficult backgrounds, this time may be even more difficult to face than for others and the turmoil can turn to trauma (Emunah, 1994). During this vulnerable time, the ego is fragile as young people struggle to gain a sense of their new identity as individuals, separate from their parents. Alienation is often felt as they loosen the ties with parents, especially if there is a weak and unsupportive bond with the family to begin with. The peer group becomes particularly important at this stage as there is a need for a sense of belonging. The conflict between assertion and dependence can cause some young people to 'act out' in destructive, rebellious ways against authority,

sometimes leading to disruptive behaviour and school failure (Emunah, 1994).

Socio-Political Context

Socio-political polices at any given time have an impact on individuals including pupils. The work on this thesis took place over a period of international interest in the cultural politics of advancing social justice for all through the process of inclusion (Pijl et al., 1997; Booth and Ainscow; 1998; Ballard, 1999; Rustemier, 2002). The process of inclusion in education (educational inclusion) aimed to maximise participation (Thomas, 1997; Ebersold, 2003) and had intentions associated with the advancement of social justice (Mittler, 2000; Tassoni, 2003). It also aimed at enhancing human rights (Armstrong et al., 2000; Shevlin and Rose, 2003) and challenged the education system to respond to difference in politically and culturally charged contexts (Artiles, 2003). Thus inclusion had implications for an analysis of the complexities of displacement that extended beyond the education system (Armstrong, 2003). It was centred on overcoming barriers to learning (Farrell and Ainscow, 2002) and was purported to have benefits for groups and individuals (Sebba and Ainscow, 1996; Evans, 1997; Rose, 1998; Hegarty, 2003). Inclusion in education juxtaposed social inclusion (Tett, 2005) and physical inclusion (Wolf-Branigin, LeRoy and Miller, 2002).

Thomas and Glenny (2002) asserted that inquiry that has implications for inclusion in education must explore insights offered by analysing the experience of practitioners. I am a practitioner and in this thesis, I analyse my experiences. Although my primary focus is upon constructions of pedagogy in SEBDs settings, this must be looked at within the dominant political paradigms and discourses that influence pedagogy such as debates about 'inclusive education' and the predominant value that the term espoused (Lunt and Norwich, 1999). I review the "inclusion" and the "integration" issues below, but the political debate has moved on since then. There is a new coalition government with its own education agenda. Behaviour and discipline is being discussed in the House of Commons Select Committee inquiry in behaviour and discipline in schools, which has just finished taking evidence from interested parties (BPS, 2010).

Whilst I identify the socio-political 'agenda' as a context for my research, and a process that extends beyond the area of special needs education involving a breadth of cultural and political processes. It is not new; non-categorised approaches in education were promoted in the UK in the early 1900s (Thomas et al., 1998). One outcome of the process of inclusion in education is the increasing number of learners with special educational needs (SEN) who are being educated in mainstream settings (Allan, 1999; Cowne, 2003). More pupils with SEBDs are being taught in mainstream settings (Allan, 1999) and mainstream teachers are having to deal with classroom behaviour more than they did in the past.

The 'reality' of inclusion for learners who experience SEBDs is often exclusion and non attendance (Parsons, 1996; Cooper et al., 2000). Teachers have not been uniformly in favour of inclusion as a goal for all of those with learning difficulties, especially learners who have SEBDs (Scruggs and Mastropieri, 1996; Croll and Moses, 2000; Cole et al., 2003). Learners who experience SEBDs are subject to the rhetoric rather than the reality of inclusive practice because inclusion is built upon 'ideological conviction' rather than empirical evidence that relates to an inclusive pedagogy (Feiler and Gibson, 1999).

There is a distinction between those investigating attitudes to integration and those who look at inclusion. Although the two terms are often used interchangeably, it is not at all clear that they have common meaning or understanding. Inclusion superseded integration in the vocabulary of special educators in the mid 1990s as a more radical term located within a human rights discourse. In the UK, the principle of integration was strongly associated with the publication of the Warnock Report (1978) where the term was viewed as part of a wider movement of 'normalization' in Western countries. In this report, integration was seen to take various forms – locational integration (placing children 'with special needs' physically into mainstream schools), social interaction (some degree of social but not educational interaction between children with 'special needs' and their mainstream peers) to functional integration (some unspecified level of participation in common learning activities and experiences). However, although the integration movement strongly advocated the placement of

children in the 'least restrictive environment', there was no expectation that every pupil 'with special needs' would be functionally integrated, but rather that children would be integrated in the manner and to the extent that was appropriate to their particular 'needs' and circumstances. In this respect, integration was seen as an 'assimilist' process, in the sense of viewing a full mainstream placement as depending on whether the child could assimilate into a largely unchanged school environment (Thomas, 1997). Functional integration in the context of whole-school policies was clearly intended to change the school environment. Inclusion implied a restructuring of mainstream schooling that every school could accommodate every child irrespective of disability ('accommodation' rather than 'assimilation') and ensured that all learners belonged to a community. Such an argument located the discussion in a social-ethical discourse which was strongly focused on values (see Salamanca Declaration: UNESCO, 1994). Some favoured the term 'inclusion' because it was thought to embody a range of assumptions about the meaning and purpose of schools and embraced a much deeper philosophical notion of what integration should mean. More recently, the term inclusion had come to take on a wider significance and popularity and linked with the recent development of the concept of inclusion or social inclusion as having broader social and political value. Inclusion in this wider sense was comparable to equality as a social value in relating to all aspects of social disadvantage, oppression and discrimination. The 1981 Education Act was categorical in its message, which was that pupils with special educational needs would be integrated more in mainstream schools. "Inclusion" came much later on, with its emphasis on

multi agency working. My research started in 1994 and the special educational needs agenda was dominated by the process and emotions of integration, and is where I start.

Integration in the early 1990s

Although the movement for 'inclusive education' is part of a broad human rights agenda, many educators have serious reservations about supporting the widespread placement of pupils with SEN in mainstream schools (Avramidis and Norwich, 2002). Research undertaken in Australia about professional attitudes towards integration education has provided a range of information in this area. Studies undertaken between 1985 and 1989 covered the attitudes of headteachers (Center et al., 1985), teachers (Center and Ward, 1987), psychologists (Center and Ward, 1989) and pre-school administrators (Bochner and Pieterse, 1989), and demonstrated that professional groups vary considerably in their perceptions of which types of children are most likely to be successfully integrated. Summary data from these studies were presented by Ward, Center and Bochner (1994). These studies suggested that attitudes towards integration were strongly influenced by the nature of the disabilities and/or educational problems being presented and, to a lesser extent, by the professional background of the respondents. The most enthusiastic groups were those responsible for pre-school provision and the most cautious groups were the classroom teachers, with heads, resource teachers and psychologists in between (Ward, et al. op cit). A similar level of caution was reflected in another Australian study

involving prospective teachers (Ward and Le Dean, 1996) who, although positive towards the general philosophy of integration, differentiated between different types of needs. Other studies have indicated that school district staff who are more distant from students, such as administrators and advisers, express more positive attitudes to integration than those closer to the classroom context, the class teachers. Headteachers have been found to hold the most positive attitudes to integration, followed by special education teachers, with classroom teachers having the most negative attitudes (Garvar-Pinhas and Schmelkin, 1989; Norwich, 1994). Similarly, Forlin (1995) found that teachers from the Education Support Centres (special centres that cater for the educational needs of children with SEN requiring limited or extended support) were more accepting of a child with intellectual and physical disability than educators from regular mainstream primary schools which co-existed on the same site. Forlin concluded that special education resource teachers tend to have a more positive attitude to inclusion than their mainstream counterparts. This difference was also reflected in a sample of Greek mainstream and special teachers (Padeliadou and Lampropoulou, 1997).

Bowman (1986), in her 14-nation UNESCO study of approximately 1,000 teachers with experience of teaching children with SEN, reported a wide difference in teacher opinions regarding integration. The countries surveyed were Egypt, Jordan, Colombia, Mexico, Venezuela, Botswana, Senegal, Zambia, Australia, Thailand, Czechoslovakia, Italy, Norway and Portugal. The teachers were found to favour different types of children for integration

into ordinary classes. Interestingly, Bowman noted that in countries which had a law requiring integration, teachers expressed more favourable views (ranging from 47 to 93 per cent). Teachers from countries which offered the most sophisticated segregated educational provision were less supportive to integration (ranging from 0 to 28 per cent).

Leyser, Kapperman and Keller (1994) undertook a cross-cultural study of teacher attitudes towards integration in the USA, Germany, Israel, Ghana, Taiwan and the Philippines. Their findings showed that there were differences in attitude to integration between these countries. Teachers in the USA and Germany had the most positive attitudes. Positive attitudes in the USA were attributed to integration being widely practised there as the result of Public Law 94-142. The positive views expressed by the German teachers were seen as surprising because, at the time of the investigation, Germany had no special education legislation, their teachers were not provided with special education training, their children with SEN were educated in segregated settings and integration was being practised only on an experimental basis. This finding goes against a simple relationship between legislative system and inclusive attitudes as Bowman's study had suggested. The authors speculated that the positive views expressed by the German teachers represented an overall sensitivity of Germans towards minorities and, thus, towards disabled people. Teacher attitudes were significantly less positive in Ghana, the Philippines, Israel and Taiwan. The authors reasoned that this could probably be due to limited or non-existent training for teachers to acquire integration competencies; the limited

opportunities for integration in some of these countries; and the overall

small percentage of children who receive services at all (none of these

countries had a history of offering children with SEN specially designed

educational opportunities).

Other attitude studies from the USA have suggested that general educators

have not developed an empathetic understanding of disabling conditions

(Berryman, 1989; Horne and Ricciardo, 1988), nor do they appear to be

supportive of the placement of special needs learners in their regular

classrooms (Bacon and Schulz, 1991; Barton, 1995). This can be explained

by the fact that integration had often been effected in an *ad hoc* manner,

without systematic modifications to a school's organization, due regard to

teachers' instructional expertise or any guarantee of continuing resource

provision. Center and Ward's (1987) Australian study with regular teachers

indicated that their attitudes to integration reflected lack of confidence both

in their own instructional skills and in the quality of support personnel

available to them. They were positive about integrating only those children

whose disabling characteristics were not likely to require extra instructional

or management skills on the part of the teacher.

A UK study by Clough and Lindsay (1991), investigated the attitudes of 584

teachers towards integration and to different kinds of support, revealed a

wider more positive view of integration. Their research provided some

evidence that attitudes had shifted in favour of integrating children with

SEN over the previous ten years or so. They argued that this was partly the

result of the experiences teachers had had: whether they had developed some competence and if they had not been 'swamped', as some had feared at the time of publication of the Warnock Report (1978).

Scruggs and Mastropieri (1996) in their meta-analysis of American attitude studies, which included 28 survey reports conducted from 1958 to 1995, reported that although two-thirds of the teachers surveyed (10,560 in total) agreed with the general concept of integration, only 40 per cent believed that this was a realistic goal for most children and responses, again, appeared to vary according to disabling conditions. Another important finding was that there was no correlation between positive attitudes towards inclusion and date of publication, suggesting that teachers' views have not substantially changed over the years.

From Integration to Inclusion

The debate changed from integration to inclusion in the mid to late 1990s. This is about the time that I was conducting phase three (case study three) of my research. Educational psychologists spent a lot of their time delivering training courses on "inclusion" at this time, including myself. The main difference between integration and inclusion (as we explained as trainers) was that integration was "bringing the pupil with SEN into mainstream school and make him/her feel he/she was part of the mainstream class or school, in other words, the pupil had to make adjustments to fit into the life of the rest of the class. On the other hand, inclusion was about "what

changes had to be made by the school and its community in order for the pupil with SEN to feel part of the class or school" – the emphasis being on the establishment to change to accommodate and not for the pupil to change. This was quite a significant change of perspective. Schools were expected to change their ways – to the extent of changing access to buildings, altering the toilet facilities and many other changes required by the latest change in legislation, the amended Disability Discrimination Act (1995). The inclusion policies were driven by the disability agenda – the rights of pupils with physical disabilities to be educated in mainstream schools, rather than the special educational needs agenda. The area of behavioural difficulties and discipline got entangled in this debate and exclusions from schools of pupils with severe SEBDs became a political issue and was seen by some educationalists as part of the inclusions issue. The present coalition government's inquiry into discipline and behaviour is partly based on the unease within the teaching profession of children with SEBDs being taught in mainstream classes. I will comment on the evidence given by the British Psychological Society in chapter five (Discussion and conclusions).

If inclusion is the fundamental right of everyone to feel included in all aspects of the society, everyone working with any community of people has a contribution to make to better understanding the needs of that community. In this context, I was exploring what contributions an educational psychologist could make to the collective pedagogy of the education of children with social, emotional and behavioural difficulties.

The research on which this thesis is based began in the political and social agenda of "integration", moving on to "inclusion"; at the time I started writing up the thesis, another significant event affected the way agencies worked and delivered services to children, the Government Green paper "Every Child Matters" (ECM) (DfES, 2004a). A brief introduction to "Every Child Matters" is therefore appropriate.

Every Child Matters

The implementation of the 'Every Child Matters' (ECM) legislation (DfES, 2004a) constituted the most significant national strategic development since the DfEE (2000) report on the role of Educational Psychology Services. The ECM agenda made outcomes for children central to integrated children's services that form a team around the child and family in the context of community and school. Outcomes for children are specified through aims, targets, indicators and inspection criteria which are grouped around five main areas: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being.

Criteria relating to these key outcomes for children are becoming embedded into the structures and operations of all children's services, local authority services, NHS trusts, schools and other establishments, partly because the joint area reviews (JARs) will judge services by the extent to which they are making a difference to these outcomes for children. For these reasons it is important, in view of the scale and significance of the ECM agenda, for

evaluations of the potential contributions of any professional group, such as educational psychologists, to be focused upon the outcome areas.

In order to address the five outcomes of ECM, local authorities are being required to make substantial changes to the management and delivery of children services, for example through the development of children's trusts, multi agency teams and the Common Assessment Framework.

I return to the role of the educational psychologists in the context of the ECM in chapter five.

Research Methods employed - an introduction

It is important that there is a match between what is being studied (the role of the psychologists in an SEBDs setting) and how it is studied (the research methods used). In order for the method to be a suitable instrument for doing this research, the approach should be based on a similar philosophy as that which it is meant to study. As Holliday (2002) writes, 'Approaching the research setting appropriately involves interaction between the culture of the setting and the culture of the research' (Holliday, 2002).

I have chosen to use a reflexive mixed methods approach, utilising quantitative and qualitative methods. At the start of the research, I worked as an educational psychologist in a unit attached to a mainstream school that catered for children with social, emotional and behavioural difficulties. This

methodology would have been least disruptive to the pupils and in actual fact I was studying what I was doing as a job. My interest was to see how a group of professionals worked towards a shared objective of understanding the needs of these children and make them better learners. The professionals are the pedagogues and as one of those pedagogues, I wanted to know what an educational psychologist contributed to this pedagogy.

My research used a range of methods. The specific methodological choices, context and procedures are described below. As with other approaches, multiple methodologies are often used to reach a theoretical understanding. According to Atkinson, Delamont and Hammersley (1998), there has traditionally been more emphasis on generating theoretical or disciplinary knowledge than finding answers to practical problems. I was a participant observer in this study. According to Schwartz (2001), this 'is a methodology that includes activities of direct observation, interviewing, document analysis, reflection, analysis, and interpretation', whereby the activities of participants are reconstructed 'through the processes of inscription, transcription and description in field notes made on the spot or soon thereafter.' (Schwartz, 2001)

Methodological basis of the research

The research methodology used in the study is based on mixed methods with the participant as the researcher, combining the case study approach and the reflexive action research approach (Freshwater, 2000; Lees, 2001).

The adoption of this mixed methodology also reflects a further aim of the project; that is to say, to be simultaneously academic and practical/real in its orientation and, in so doing, develop the capacity to 'speak' to two different contexts — the psychologist and the academic. However, the main aim was concerned with reflecting upon experience, consciousness-raising and transformation and incorporates the principles of flexible design, the notion of an unstable field, unclear boundaries and the examination of the research process.

This mixed methodology resembles many existing approaches to research in such fields as counselling and psychotherapy, education and nursing which have been given a variety of names. The methodology, in its contemporary form, has its origins in the work of John Heron (1982, 1996). In the field of counselling and psychotherapy the methodology resembles learning by inquiry (Clarkson, 1998), transformational research (Rowan, 1998) and practitioner research (McLeod, 1999). They also resemble the 'clinical case study' method (McLeod, 1999) which has been widely used in psychoanalytic research since Breuer and Freud (1895). In the field of nursing they resemble critical reflexivity (Freshwater and Rolfe, 2001) and, in art therapy, 'non-hierarchical thinking-in-action' (Gilroy, 1992, citing Reason). Going further back in time, they are similar to the principles of Goethean phenomenology (Seamon and Amrine, 1998: Bortoft, 1986; Uberoi, 1984; Lehrs, 1958) and anthroposophical research (Steiner, 1894, 1886, 1917).

The integrating nature of the methodology encompasses a 'bricolage' of methodologies. The integrating framework thus encompasses:

1. Autobiographical research by virtue of the fact that the events described in the investigation form a part of my professional autobiography. As such the method incorporates an element of interpretation in which there is an attempt 'to grasp life as a whole (or a major part) in all its inconsistencies and contradictions' (Roberts, 2002). This is fundamental to reflexivity.

2. Heuristic research involving 'a process of internal search' in which 'the self of the researcher is present throughout the process 'and in which 'the researcher also experiences growing self-awareness and self-knowledge' (Moustakas, 1990).

3. Existential phenomenology - by virtue of the fact that it will be based on 'actual human experience taking place within the world of everyday life' coupled with the belief that the human being is in a process of growth and becoming (Seamon, 1998). It is because of this aspect of the research that I have, and will continue to, emphasize my lived experience: 'it is our experience alone that seems as a means or way to inquire about the nature of existence' (Valle and Mobs, 1998). It is also for this reason that I have begun to relate my experience to that of others: 'our being presents itself to awareness as a being-in-the-world in which the human individual

and his or her surrounding environment are regarded as inextricably intertwined' (ibid: 97).

4. Narrative research inasmuch as it can be viewed as a 'story' about my professional developmental process and some issues within the profession and an on going discourse which I am having with myself and others.

5. Deconstruction in view of the fact that it will involve 'examining and bringing to the surface, concealed hierarchies as well as dominations, oppositions, inconsistencies, and contradictions' (Creswell, 1998).

6. Reflexivity from the point of view of the approaches to it which I have already discussed in regard to the investigation.

7. Political, ethical and transformatory aspects which are concerned with bringing about change in the sense of action research methodology as exemplified in the interview process; that is to say, an approach to research which 'is mainly distinguishable in terms of its purpose, which is to influence or change some aspect of whatever is the focus of the research' (Robson, 2002).

As stated before, I am employing a mixed methodology, which included a case study approach. Kemmis (1980) describes the case study approach as a creative process being concerned with 'the imagination of the case' and

'invention of the study'. He conceives the researcher as being 'assumption laden' rather than 'assumption free' – the assumptions which the researcher brings to the situation (including those inherent within the research process itself – the conceptions of knowledge, the individual, the social world, what counts as theory) will guide the decisions which affect the design and ultimately the conduct of the study. These perspectives stress the complexity of the research process and the extent to which it is subjective and shaped by our understandings, unique to the individual. It is incumbent upon the practitioner researcher to seek out contra-evidence and alternative explanations and to reflect the full range of findings, from the positive to the negative, and to recognise that his/her very presence will have an impact upon the case (Kemmis, 1980; Gillham, 2000).

A case study approach was adopted because of the opportunity it provides for an in-depth exploration of a phenomenon in situ (within a bounded system (Bassey, 1999)). A mixed-methods approach was considered to offer the maximum scope to examine the case, using the process of triangulation (Gillham, 2000), both in relation to bringing a range of methodologies (qualitative and quantitative) and multi-perspectives to bear on the case.

Case study research is appropriate to my study because it has a history in and is suitable for educational research, allowing for in-depth study over time. The venues where the research took place were 'everyday' settings, in other words, the pupils were in their normal educational surroundings, the unit attached to the mainstream school catering for the needs of pupils with

Social, Emotional and Behavioural needs in case study one and the Pupil Referral Units (PRUs) in case study two, whether or not this research study took place.

I am also telling a story of my experiences of working with children with Social, Emotional, and Behavioural Difficulties. The social sciences are concerned with humans and their relations with themselves and their environments, and as such, the social sciences are founded in the study of experience (Clandinin and Connelly, 1998). Experience is, therefore, the starting point and key term for all social science inquiry.

Design

The empirical work of the thesis is in three parts. The first part (case study one) was carried out in a unit for pupils experiencing SEBDs, attached to a mainstream secondary school in southern England. I worked as a consultant to the Unit at the time the research was conducted. It was a newly created post, the first one in the county where an educational psychologist was based in a unit, working directly with the pupils and the staff in the unit. The basis upon which I accepted the job was that this way of working was used as a 'research project', where data would be collected, lessons learnt and the whole experience used as a learning process to improve services for children with SEBDs. It was conducted in the period when "integration" of pupils with special needs was high on the agenda and children with SEBDs being

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educated in special units attached to mainstream schools was seen as a major step towards integration.

The second part of the research (case study two) took place in two Pupil Referral Units (PRUs). The staff at the PRUs supported children with SEBDs in mainstream schools, as well as supporting the pupils who attended the PRUs, both full time and part time. My role was similar to the described in case study one. Both case studies utilised similar research measures, although they drew on different populations. Both case studies utilised pre-existing measures designed to assess the impact of psychological intervention on the educational development of the pupils.

Case study three involved an intervention, and was developed out of the first two case studies. A community paediatrician and I devised a project to look at more appropriate intervention methods for children with SEBDs and especially AD/HD. The aim of the project was to work with a number of children for whom a diagnosis of AD/HD had been made, along with their parents and schools, to devise and implement appropriate behavioural/psychosocial/cognitive intervention programmes at home and at school. The goal of this intervention was to try to alleviate and manage the problems experienced by these children. The rationale for this approach centred on research evidence suggesting that pharmacological intervention, combined with psychosocial or cognitive/behavioural intervention produces better results than either form of intervention alone (Pelham and Murphy, 1986). In other words, just 'treating' the child with medication alone or just

working with the child would not result in a significant change in the child's behaviour. Case study three was my attempt at "breaking the mould" of the traditional approach to intervention and introduce a process involving other agencies working together, rather than professionals doing their own interventions in isolation.

Outline of thesis

I have introduced the research in Chapter one, which has described in detail the methodology used and its justification. Chapters two, three and four describe in details case studies one, two and three. I end with discussion, implications and bringing together all the research, and concluding with where I am today with my professional journey in chapter five.

CHAPTER 2: CASE STUDY ONE

Overview of the chapter

In chapter one I outlined my reasons for adopting a mixed methods reflexive methodology located in my own personal experience as an educational psychologist through a period of philosophical and pedagogical change in the way that children and young people with social, emotional and behavioural difficulties (SEBDs) in schools are taught. In this chapter, I describe how I conducted the first of three empirical studies including reasons for the study, identification of pupils and data collection between September 1994 and December 1995. I describe basic ethical considerations for this kind of research and then critically appraise selected literature relating to methodological considerations for research which particularly involves young people with social, emotional, behavioural difficulties (SEBDs).

Revisiting the methodology

The two main aims of the research were to:

1. Appraise the contribution an educational psychologist could make in maximising the learning potential and opportunities for children and young people with SEBDs.

2. Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

I addressed these aims within the context of my own practice as an educational psychologist which I drew upon to interpret my findings; I was a participant in the research process and the methodology I used to collect data was developed as part of my research journey. My focus throughout the thesis has remained constant and on the role of an educational psychologist in enriching the teaching and learning of the pupils with SEBDs. I start this chapter by adding to information on methodology provided in chapter one. A number of aspects of the methodology also relate to empirical evidence in chapters three and four and where this is the case I have noted this in those chapters.

Ethical considerations

Due consideration was given to ethical considerations and, in particular, the principles followed the University of Greenwich (2009) Research Ethics guidelines and the British Psychological Society ethical guidelines (BPS, 2004, 2005), pertaining specifically to practitioner research. Informed consent was obtained from all participants within the study, including parents or legal guardians of the children, and confidentiality and anonymity ensured.

There are concerns about the ethical aspects of interviewing children (Moore and Beazeley, 1998; Alderson and Morrow, in press). These may be heightened when children and young people with SEBDs are involved because of the perceived characteristics of those children and young people. The term 'emotional and behavioural difficulties' is a broad label for which definitions are contested (EPPI, 2003). However, a UK government document (DfES, 2001) described these children as being possibly withdrawn, disruptive, disturbing, hyperactive, lacking concentration, having immature social skills, presenting challenging behaviour and/or requiring counselling. Thus such children (the broad reference group for this thesis) may be seen as challenging interviewees (Armstrong et al., 1998).

Ethical concerns of research with children have revolved around six main areas: access/gatekeepers; consent/assent; confidentiality/anonymity/secrecy; recognition/feedback; ownership; and social responsibility (Lewis, 2005). These may operate slightly differently in research, compared with professional, contexts. For example, in the professional context, the professional's position will lead to the involvement of a particular group; for researchers who are based outside the context, sampling issues and access become more critical and may shape findings significantly. In my case, this ethical dilemma did not pose any problems as I was the professional as well as the researcher. It was made very clear at the beginning of an assessment with the pupil that the assessment was going to be used as part of the research. Similar clarification was made with the teachers and the parents. My practice and procedures were exactly the same

as when I was not involved in any research, however it was always made clear to the participants when I was working as a researcher and when I was working as a practitioner.

Enquiry into the social reality of others is not 'simply a way of knowing', it is also 'a practice' (Schwandt, 2000). In addition to the ethical considerations regarding entering the psychosocial world of research participants as mentioned earlier in this chapter, Lewis (2005) highlighted the fact that the research process was an intervention in itself and therefore had to be conducted within an ethical and moral framework of respectful mutuality where researcher and participant integrity remained intact. The nature of this research was such that it could be construed by the participants as concerning itself with sensitive areas such as professional competence, individual cognitive ability, standards of practice and range and quality of reflective skills. This meant that I had to make explicit what I was investigating and what I was not, the purpose of the investigations, and the audience for the research data. Sensitivity and clarity in the negotiation of access to participants — where the interview schedule and its intentions were discussed was vital. All participants were in possession of the same amount of information about the nature of the research. This ensured that in volunteering to engage in the research process participants were adequately informed about what they were actually volunteering for. It also met a criterion for increasing the authenticity of the research (Guba and Lincoln, 1989).

Eisner (1990) referred to this as creating conditions of 'informed consent' and saw it as a reciprocal process: the researcher needs to check that the research participant has a clarity of understanding about the research and the researcher knows the meaning of the research before it takes place. In keeping with the creation of ethical conditions of informed consent I provided assurances about what would happen with the data as well as making sure that anonymity and confidentiality, both in collection and storage of data, was discussed and guaranteed. In effect, a research agreement was defined and made clear and this is seen as a crucial component of the ethics of research (Blaxter et al., 1996).

This was a small-scale study and there are acknowledged limitations to the findings. The aim was not to make generalisations but to gather descriptive qualitative data and unique quantitative information on the students' abilities and social skills in school settings. The use of a mixed method research strategy provided triangulation and contributed to establishing the validity and reliability of the data presented. As described earlier, a mixed methods approach was considered to offer the maximum scope to examine the case, using the process of triangulation (Gillham, 2000), both in relation to bringing a range of methodologies (qualitative and quantitative) and multi-perspectives to bear on the case.

Triangulation

Triangulation is aimed at reducing bias and distortion during the research process. It offers the researcher different perspectives and vantage points from which to understand data. One type of triangulation occurs when multiple methods are applied to the same phenomenon in order to secure an in-depth understanding and validation of research outcomes (Richardson, 1994). However, the primacy of method in increasing authenticity or validity of research is criticised by Guba and Lincoln (1989). Verma and Mallick (1999) assert that one method may be sufficient for answering particular research questions and the researcher should not select a less preferred method based upon presuppositions about multi method triangulation as this could become problematic. There are different types of triangulation that do not depend upon method (Denzin, 1970). Cohen and Manion (1995) describe one type as 'combined levels' triangulation. This type of triangulation is applied in this study. It incorporates three levels of analysis: 'The individual level, the interactive level (groups) and the level of collectivities (organisational, cultural or societal)' (Cohen and Manion, ibid, p236). Their proposition is that research that only engages in one of these levels provides a less meaningful picture of reality and is at risk of undermining its own authenticity. Kvale (1996) also argues that triangulation is not simply an issue of method. He proposes that triangulation from varying sources is a valid means of understanding 'complex social realities'. This is consistent with the views of Denzin (1989) who states that triangulation in qualitative research is actually

limiting if it is only conceptualised in relation to 'method' and proposes that the authenticity of research can be enhanced by the use of multiple 'sources'. Such sources include research participants and therefore this can increase the relevance of lived context (Silverman, 1999). Denzin and Lincoln (1998) also state that the rigour of any research investigation is increased through the inclusion of differing theoretical stances as sources for triangulation of data. Glaser and Strauss (1967) refer to differing vantage points as being unlimited, including method, source and theory. As this research gathers data from different people and from different levels of interaction within their communities, it adopts combined levels triangulation within a multiple source singular method framework. Triangulation also occurs during analysis as differing analytic tools are used in order to generate hypotheses. In being reflexive about personal experience as well as being reflexive about those involved in the research process this study aims at achieving 'reflexive triangulation' (Hertz, 1997).

Authenticity

The methodological framework also supports the authenticity of this study. Guba and Lincoln (1989) propose that phenomena are only authentic within the context in which they are studied. Therefore evaluation of authenticity has to be responsive to the paradigms and underpinnings that are incorporated in a study. For this to occur, such paradigms and assumptions have to be made explicit. Decisions about methodology impact upon claims of authenticity: for example, it must be evident how the sample relates to the

theoretical framework and research questions; all participants must be in possession of the same amount of information about the nature of the research interview and the voice of the participants must be used to support theorising — these features occur within this study and meet 'fairness' criteria for establishing the authenticity of research (Guba and Lincoln, 1981). Lincoln and Guba (1985) identified that qualitative research which claims to be authentic should incorporate reflexive consciousness, explore construction of meaning and place value upon philosophical, psychological and social constructions within the social world. It must also be rigorous and systematic, have a philosophical commitment to naturalistic inquiry, apply inductive analysis and include qualitative methods.

Strauss and Corbin (1998) assert that authenticity within research is enhanced when the researcher has professional knowledge and personal experience of the empirical field that is being studied and becomes, through a reflexive process, 'theoretically sensitive' towards the field. Miles and Huberman (1994) assert that various types of understanding can be gained from reading research that has applied grounded theory. Such research can be seen as authentic when it 'rings true' to the reader: it is rigorous, triangulated, coherent, and ensures that presented data links directly to emerging theory. Huberman and Miles (1998) emphasise that research findings must also be grounded in the data and include logical inferences from the data for its authenticity to be evaluated. This study aims for authenticity in these areas as well as including research practice that ensures 'ethical authenticity' (Lincoln and Guba, 2000).

Overview of the context and rationale for case study one

Case study one took place in a Unit catering for pupils with SEBDs, attached to a mainstream secondary school. The rationale for case study one was: the impact of psychological intervention in the educational development of the pupils with social, emotional and behavioural difficulties. I worked as an educational psychologist as a consultant to a Unit that catered for the needs of pupils with SEBDs at the time the research was conducted. It was a newly created post, where I was based in a unit, working directly with the pupils and the staff in the unit. I worked as member of a team of professionals (teachers, parents and psychologist) and used the experience as a 'research project', where data would be collected, lessons learnt and the whole experience be used as a learning process to improve services for children with SEBDs.

Case study one

Case study one is addressing the first four of the five research questions that were posed in chapter one. These are:

1. What does the psychological assessment by an educational psychologist of a child's overall ability contribute to the overall needs of the pupils with social, emotional and behavioural difficulties?

2. How do teachers who work exclusively with children with SEBDs (for example in units attached to mainstream schools), legal guardians and the children themselves rate their children's ability, social skills and academic achievement in relation to one another?

3. How do teachers in mainstream school settings perceive the needs of children with SEBDs who are included in their lessons?

4. Are there any psychological profiles that can be drawn from data collected from administering the Wechsler Intelligence Scale for Children?

Design

Case study one adopted a mixed methods design. A between-groups design allowed for comparisons between teachers', parents', pupils' and my assessment as an educational psychologist of the pupils' ability, behaviour and social skills. These quantitative measures were obtained from ratings scales filled in by teachers, parents and pupils themselves (Social Skills Ratings Scales –described below) and a formal assessment by me using the Wechsler Intelligence Scale for Children (also described in detail below). Teachers', parents' and pupils' qualitative responses to structured questionnaires allowed for the identification of themes and were analysed thematically.

Participants

Twelve pupils participated in the study, of which ten were male and two female. The age range of the pupils was from 11 to 16 years and the pupils came from as far as 35 miles away. The parents/guardians of the 12 pupils also participated. All six members of staff in the unit participated in the case study, comprising of the manager of the unit (male) plus two qualified female teachers and three female classroom assistants. Twenty two teachers at the mainstream school completed the structured questionnaires.

Measures

Three measures were used to obtain data. Quantitative data were obtained from: Social Skills Ratings Scales (SSRS) (Gresham and Elliott, 1990) for parents, teachers and pupils and Wechsler Intelligence Scales for Children (Wechsler, 1991). Qualitative data were obtained through structured interviews of pupils and teachers carried out by me. (see Appendices one and two).

Information on the measures is provided below.

Social Skills Ratings Scale (SSRS)

The SSRS questionnaire was administered to all 12 pupils, their teachers and carers.

The 'Social Skills Rating Scales' (SSRS) (Gresham and Elliott,1990) provides an assessment of a pupil's social behaviours and academic performance with teacher ratings scales as well as parallel pupil self-report forms. The pupil form of the SSRS (SSRS-S) consists of one main subscale: social skills. The teacher form of the SSRS (SSRS-T) consists of 34 items addressing three main scales: social skills, problem behaviours and academic competence. The parent form of the SSRS (SSRS-P) consists of items addressing two main scales: social skills and problem behaviours .The measure yields standard scores with a mean of 100 and a standard deviation of 15.

Wechsler Intelligence Scale for Children (WISC III)

For both adults and children, the most widely used tests of individual intelligence are those developed by Wechsler (Whitaker, 2008). The Wechsler Intelligence Scale for Children – Fourth UK Edition (WISC-IV; Wechsler, 2004) is the latest standardised test of childhood intelligence. It replaces the WISC-III (Wechsler, 1991), published in 1992. Based on the previous extensive use of WISC tests, and the current intervals between new standardisations of tests, it is likely to be in common use for the next 10–12 years. It should be noted that at the time of the research data being collected, the latest version of the WISC available was the WISC III. It is my assertion that the data is valid today and if the latest version, WISC IV is used, the results obtained would be similar. WISC IV correlates highly with other tests of general intelligence: for example, correlations between the full scale

IQs of the WISC-IV and WISC-III, was 0.89 (Whitaker, 2008).

The WISC (Wechsler Intelligence Scale for Children) is an individually administered clinical instrument for assessing cognitive ability of children between the ages of 6 years to 16 years 11 months. The test provides subtest and composite scores which represent intellectual functioning in specific cognitive domains as well as a composite score which represents general intellectual ability.

The WISC assesses a student's learning, potential and ability. I have used the WISC as a part of a comprehensive psycho educational assessment. As a diagnostic tool, in my view, some of the benefits of using the WISC include: early identification of reading & learning issues; useful in identifying learning disabilities; understanding of an individual's learning profile; developing learning plans for individual students; and the ability to determine learning processes, which include both strengths and weaknesses and the impact that they might have on individual student performance.

All pupils taking part in the research were given a full psycho-educational assessment using the WISC III cognitive assessment by me as an educational psychologist. The purpose of this was to see get a much wider and more comprehensive picture of the pupils' special educational needs which included learning difficulties, cognitive strengths and weaknesses and the overall potential of the pupils.

Justification for use of standardised measures WISC and SSRS

Use of standardised tests, such as the SSRS and the WISC have their limitations, especially if they are standardised against the population that is not being tested. In my research, the SSRS was standardised in the United States of America. At the time of doing the research, no better assessment tool that was standardised in the United Kingdom was available. The WISC, however, is standardised in the UK, even though it is an American test. The vocabulary and the language in the WISC is 'British' English and not 'American' English.

Although the standardisation, the reliability, and the validity are all within accepted levels, caution should always be taken when using the WISC to assess and classify a child. As with any test, error has not been totally eliminated and results may be misleading if used alone. Since both the emotional, as well as the educational needs of the child need to be met, using the WISC as a tool for assessment and placement into a special programme is acceptable if used along with an assortment of other evaluation materials. In doing so, children will be less likely to be improperly diagnosed and labelled.

Questionnaires

Different questionnaires were administered to teachers and pupils. The questionnaires were designed to gather information on the perceptions and

attributions of teachers and pupils about SEBDs and needs of groups directly and indirectly affected by SEBDs. They were also designed to gather information on specific pupils with SEBDs. Respondents' general knowledge of SEBDs and views on other related issues was also sought.

Questionnaire 1 (Appendix 1) "Questionnaire to pupils in the unit" was given to 12 pupils from the unit, age range 12 to 16. Ten were completed and the other two were not granted permission by their carers to give their consent to complete the questionnaires. (83% return). Two of the participants were females and the rest males. It was in the form of open ended response questions. The main aim for this part of the research was to determine self perceptions of pupils with SEBDs.

Questionnaire 2 (Appendix 2) 'Questionnaire to all teachers at the school' was given to all the staff at the school to ascertain their general perceptions and attributions about SEBDs, and to find out what the teachers see as priorities in terms of meeting the needs of children with SEBDs.

Procedures

Parental consent was sought from the parents/legal guardian. I discussed the research with the pupil and asked for his/her consent to participate verbally. It is my normal practice as an educational psychologist to invite the parents to attend the assessment of their son/daughter. They were given the option to observe. When the assessment procedure began, the first assessment tool

I used with all the pupils was the WISC. This usually took about an hour. When this finished, I gave the parents their part of the SSRS to complete whilst in the school. If the parents/guardians were not present, they were invited at a later date to discuss the outcome of the assessment and the SSRS questionnaire given to them. The pupil was given his/her part of the SSRS questionnaire and he/she was asked to complete that at the same time. There were pupils who could not read. In those cases, I read the questions to them and completed the questionnaire on their behalves. The teachers were given their part of the questionnaire which they completed in their own time.

Results of case study one

Overview

The Statistical Package for Social Sciences (SPSS) was employed to analyse data. Correlation techniques were used to look at relationships between different variables, such as the WISC scores compared to the SSRS scores. The relationships between the various scales within each of the tests (WISC, SSRS) were also analysed. For each of the measures on the SSRS and the WISC, raw scores were first standardised using the test manuals and these scores used in the analysis using the SPSS. Data on the pupils' and teachers' views on SEBDs was analysed thematically.

Because the methodology for this thesis involves my own role as an educational psychologist and is embedded in theory, policy and practice findings are presented with narrative embedded within them.

Quantitative data obtained in case study two were:

- Scores obtained from the Wechsler Intelligence Scale for Children (WISC)
- Scores for social skills scales from pupils, parents and teachers obtained from the Social Skills Ratings Scales,
- Scores for problem behaviour scales from teachers and parents obtained from the Social Skills Ratings Scales and
- Scores for academic competence scales from teachers obtained from the Social Skills Ratings Scale.

Table 2.1 Measures used by different participants.

	WISC	SSRS			QUESTIONNAIRES
		SOCIAL SKILLS	PROBLEMATIC BEHAVIOURS	ACADEMIC COMPETENCE	
PUPILS	√	√	√		√
TEACHERS		√	√	√	√
PARENTS/ GUARDIANS		√	√		

Analyses of the data identified the following key features:

There was a relationship between the 'overall ability' (as obtained by the WISC III) and 'Academic Competence' (as reported by the teacher on the SSRS). Both these measures reflect the pupils' overall ability. The teacher's form had items within it that he or she had to rate which reflected the pupil's academic competence. It required judgement, based on the teacher's knowledge of the pupil and not necessarily on any formal testing. The rating was converted to a standardised score. When the two scores, from the WISC (formal testing by me) and Academic Competence standard score, were compared, it would appear that the teachers 'over-estimated' pupils' overall ability significantly.

There was a relationship between Problem Behaviour and Social Skills. Both the teachers' and the parents' scales showed that pupils with SEBDs have poor social skills and have problematic behaviours at home and at school. There was a difference, however, between the teachers and the parents, as to what extent those difficulties existed.

There was a relationship between Problem Behaviour and Academic Competence. Teachers reported very high Problematic Behaviour scores and low Academic Competence scores.

Interpretations of the SSRS data.

The pupil form of the SSRS (SSRS-S) consisted of one main subscale: social skills. The teacher form of the SSRS addressed three main scales: social skills, problem behaviours and academic competence. The parent form addressed two main scales: social skills and problem behaviours

On the Social Skills Ratings Scale, the raw scores were standardised and the 'norm' was 100. A high score (more than 100) on the Social Skills subscale showed a pupil exhibiting more adequate social skills than the average pupil in the standardisation group. The following table gives the standardised scores of the Social Skills subscale on the SSRS for each pupil from the pupil's teacher, parent (carer) and the pupil him/herself (Table 2.2)

Table 2.2: Pupils' social skills scores on the SSRS as rated by the teachers, parents and the pupils themselves

Pupil	Teacher's rated score	Parent's rated score	Pupil's rated score
A	72 *	66 *	52 *
B	77 *	88	92
C	70 *	65 *	69 *
D	93	90	88
E	59 *	50 *	66 *
F	75 *	82 *	85 *
G	79 *	75 *	82 *
H	71 *	75 *	85 *
I	80 *	72 *	80 *
J	90	81 *	98
K	73 *	83 *	87 *
L	81 *	68 *	88

* indicates score more than one standard deviation (15 points) from the standardised score for this age and hence described as having a significant lack in social skills.

All pupils except two (D and J) were rated by teachers as significantly lacking in social skills. Similarly, all pupils except one (D, the same pupil as

above) were rated by parents as having a significant lack of social skills.

Three pupils (D, J and L) did not see themselves as lacking in social skills.

Statistically, there is a significant correlation between teachers, parents and

pupils about the pupils' social skills. Teachers and parents agree that the

pupils have a significant lack of social skills. (n=12, μ=.707, p=.010).

Teachers and pupils also agree that the pupils lack in social skills (n=12,

μ=.631, p=.028). There is a significant difference between the parents'

rating and the pupils' rating of the pupils' social skills (n=12, t= -2.429, p=

0.033). The pupils believe they have better social skills than their parents

believe they do.

Problem Behaviour- SSRS Subscale

A high score on the Problem Behaviour Subscale would indicate more

problematic behaviours and was therefore undesirable.

Table 2.3 gives the standardised scores of the Problem Behaviours subscale

on the SSRS for each pupil from the teacher and the parent (carer). This

subscale was administered to the parents and teachers only.

Table 2.3: Pupils' problem behaviours as rated by the teachers and parents on the SSRS

Pupil	Teacher	Parent
A	123 *	140 *
B	119 *	125 *
C	135 *	140 *
D	117 *	138 *
E	135 *	140 *
F	125 *	130 *
G	133 *	140 *
H	125 *	131 *
I	106	145 *
J	135 *	136 *
K	128 *	130 *
L	115 *	125 *

* indicates score more than one standard deviation (as calculated in the analyses below) from the norm of 100 and hence described as having a significant behaviour problem.

One pupil was rated by the teacher as having no behaviour problems (pupil I). This was interesting since the primary criteria for admitting pupils into

the Unit was having significant SEBDs. Interestingly, this pupil was seen by the teachers as having great 'emotional' problems and not behavioural. The same child, when assessed by the parent got the highest scores on behaviour subscale.

There was a significant difference (n=12, t= -3.331, p=.007) between the teachers' assessment and the parents' assessment of behavioural problems. The parents reported that their children had far greater behavioural problems compared to the teachers.

From behaviour problems as seen by teachers and parents, I move on to the relationship between progress in attainments at school of children with SEBDs. As stated at the beginning of the chapter, because the methodology for this thesis involves my own role as an educational psychologist and is embedded in theory, policy and practice, findings are presented with narrative embedded within them.

School, Attainment and SEBDs

Children with SEBDs may present with difficulties such as opposition or defiance that could create a sense of threat to authority and a doubt in the teacher's competence. (Soles et al., 2008). Such intimidation is often felt by teachers who work with children with SEBDs and can have a circular negative effect on their perceptions and an impact on the effort they place in their teaching (Cooper, 1999). In a similar vein, children with AD/HD have

been found to experience hostile approaches to discipline from their teachers, which often lead to negative psychological outcomes for such students (Barkley, 1998). The strategies implemented by teachers in these situations have been suggested to be a result of misinterpretations and misunderstanding as to the nature of the child's difficulties. Moreover, it has been suggested that all professionals working with children with SEBDs can in some way be implicated in the continued educational exclusion and segregation of these children (Clough et al., 2005).

Findings from past research have highlighted a strong need for a more coherent view of SEBDs along with a multi agency preventative service (Maras and Masser, 1996). They identify the following key issues in relation to this need:

> *'There are clear distinctions between definitions and application of the label SEBDs. Headteachers are reporting increased numbers of children with SEBDs, yet it is not clear on what base reported increases are founded. For example, are reports based on data, perception, reported incidence, or outcomes of incidence such as exclusion, recorded problematic behaviour and/or emotional difficulties?'* (Maras and Masser, 1996):

When young people experience SEBDs there are consequences for a whole range of groups and individuals (Maras and Masser, op cit). Pupils' behaviour problems have important implications for individuals and

professional groups at all levels of education, from the pupils themselves who may not be accessing curricula or developing appropriate relational skills, to senior LEA management for whom effective and strategic decisions on resource, planning and service delivery are the priority.

Often the needs of these various individuals and groups can seem competing. For teachers, the concern is classroom management and the delivery of differentiated curricula to all pupils, both with and without SEBDs, in their classes; whilst for Headteachers and School Governors the concern is management, attention to all parents and pupils and the whole school policy development that include SEN and discipline, along with a whole host of other areas for which policy is becoming a statutory requirement. (Maras et al., 1997).

In the past schools and teachers tended to blame the children's background for their poor behaviour at school, however, school effectiveness research (Mortimore et al., 1988 and Rutter et al., 1979) has shown what a large impact schools can have on children's emotions, behaviour and achievement, both positively and negatively and it is clear that schools must now accept responsibility for much of the problem behaviour which occurs. As the Elton Committee pointed out:

> *'The message to heads and teachers is clear. It is that they have the power, through their own efforts, to improve standards of work and*

behaviour and the life chances of their pupils.'(DfES and Welsh

Office, 1989a)

There are a number of factors associated with schools' ability to hinder or help children with SEBDs. Three key areas of interest are curriculum design, the relationship and attitude between teachers (and school management) and pupils and acceptance of the pupil as a valuable individual (Cooper, 1998)

Several studies have found that an inappropriate curriculum which failed to arouse the interest of the pupils caused a lack of interest in school and in turn poor classroom behaviour (Charlton, 1986). Burt and Howard (1974 cited in Charlton and David, 1993) found that work which was too hard was also associated with SEBDs. Hargreaves (1984 cited in Smith and Cooper, 1996) found that poor curriculum organisation such as an emphasis on theoretical knowledge, lack of choice and emphasis on passive learning, increased disruptive behaviour. The importance of group work was also seen by Croll and Moses (1985 cited in Greenhalgh, 1994) who found that children with SEBDs who were left to work on their own spent twice as much time distracted from the task as other children. Group work can also be an important technique for developing interpersonal skills, as children with SEBDs often have difficulty with building relationships. Greenhalgh (1994) points out that children with SEBDs have difficulty empathising with other children and that using their experiences of feelings in the classroom

in relation to the curriculum will facilitate learning as well as emotional growth.

From my perspective as an educational psychologist at the time, many of the above points were relatively easy to achieve as they focussed on changing the curriculum or teaching style to make it more child-friendly. However, improving the school ethos and the relationship between teachers and pupils is not so straightforward. Writers have suggested that it is the poor relationship between teachers and pupils that produces disruptive behaviour (Cooper, Smith and Upton, 1994). Woods (1978) found that children from working class backgrounds placed more value on relationships than on work so teachers must try to develop good pupil-teacher relationships. The doubts described support the message of much educational research. This suggests that the nature of schooling (Schostak, 1983), the ethos of schools (e.g. DfES, 1989a; DfEE, 1994a and DfEE, 1994b; Daniels et al., 1998; Cooper et al., 1994; Munn, Lloyd, and Cullen, 2000) and the behaviour of teachers (Smith and Laslett, 1993; McNamara and Moreton, 1995; Daniels and Williams, 2000) contribute substantially to the incidence of SEBDs within schools. Many teachers see pupils' problems as social in origin, caused by poor parenting skills and a dysfunctional home (Maras, 1996). Among the general population of children referred to CAMHS, the Audit Commission (1999) noted that 40% were living with only one natural parent compared with around 21% of all families with dependent children in Great Britain in 1996. 55% of children referred to CAMHS had more than a single disadvantaging factor in their lives, which exacerbates risk multiplicatively

(MHF, 1999; Clarke and Clarke, 2000). Data from Cole et al. (1998) Cole et al. (2003), and Daniels et al. (2003) suggests that similar levels of family disturbance and experience of multiple disadvantaging factors apply to the populations attending SEBDs special schools and PRUs (see also Hayden and Dunne, 2001). Cole and Visser (2000) found that about half of the pupils served in two LEAs' 'tutorial centres' were known to, and had received input from, their local CAMHS.

Many of the main theories of SEBDs stress the importance of good relationships. In dynamic psychotherapy, a warm and trusting relationship between the teacher and pupil is the key starting point. Rogers and other humanist psychologists have shown how the relationship between teachers and pupils is linked to achievement levels (Lawrence, 1996). In ecosystemic approaches, creating more understanding and co-operative relationships is part of the process. And in self-concept theories, good teacher/pupil relationships can help enhance self-esteem. Lastly, Reynolds and Sullivan (1979, 1981 cited in Cooper, Smith and Upton, 1994) differentiate between schools' ethos which are characterised by 'incorporation' and 'coercion'. The more effective 'incorporation' schools were marked, among other things, by teachers with positive attitudes towards pupils and whose relationships with pupils was interpersonal rather than impersonal.

Essential to the development of good relationships between teachers and pupils is that teachers and schools must value and respect pupils as individuals. Cooper (1993) points out that one of the major problems in

schools has to do with mass education and the way the individual is ignored.

Schostak (1983) and Silberman (1970) both cited in Cooper, 1993) describe

mass state schools which produce disaffected pupils almost inevitably as

they inhibit individuality and promote conformity. From the pupil's point of

view, schools are dehumanising and disruptive behaviour is justified as a

response to 'intolerable circumstances' (Tattum, 1982 cited in Cooper,

1993). Cooper (1993) points out that children with SEBDs often feel

undervalued as individuals and therefore need education which can enhance

their knowledge and acceptance of self. In order to show respect for

individuality, schools should foster warm and open relationships with

pupils, as outlined above and allow pupils to take some responsibility for

their own learning. This could take the form of more choice in what they

learn, some chances to evaluate their own work (Greenhalgh, 1994), and

some voice with regards to running the school, such as making decisions

regarding school or classroom rules (Rutter et al.,1979 cited in Charlton and

David, 1993 and Cooper, Smith and Upton, 1994). Also important here is

the school environment which should be attractive and appropriate, not just

in terms of a positive atmosphere or ethos but physically as well (Rutter et

al., 1979 cited in Charlton and David, 1993).

A further significant influence on the development of SEBDs is the peer

group. The peer group has a big influence on all young people, but perhaps

even more so for children from deprived backgrounds or unsympathetic

schools. Cooper (1993) points out that the peer group can be a positive force

or a negative one, depending on how supportive the family and school are

for young people. If the school and/or family do not give much support or present an antagonistic force for the young person, then he/she may turn more fully to the peer group for support. Charlton and David (1993) agree and stress that the child who feels isolated from home and school will be more heavily influenced by and attracted to the peer group. Though many people see the peer group as a negative influence, their power could be harnessed to help support children with SEBDs.

Social, emotional and behavioural difficulties, learning difficulties and school failure

According to Bailey (2002), 'school has the potential to offer positive outlets to satisfy needs for belonging and recognition and acceptance through non-violent means' (Bailey, 2002). School failure and associated isolation from peers at school leaves the child seeking other means to satisfy these needs. Children at a competitive disadvantage because of low verbal IQ or other related difficulties that impede their performance may well struggle with school tasks and find that school becomes more and more unrewarding. School life can become a highly aversive succession of reminders of personal failure and inadequacy rather than a positive source of self-esteem and support. Some children are at risk of rejecting their rejecters, that is, of turning away from the values of school, peers and mainstream society towards deviant and oppositional subcultures (Cohen, 1955). Ultimately, failure to benefit from the educational system brings in its wake the additional burdens of socially inferior status, restricted

employment opportunities and greater risk of poverty, all of which exert their own independent pressure towards adopting illegal and antisocial means to satisfy basic material, social and psychological needs.

While some children resolve their school crisis by truanting and dropping out of school, others may satisfy their need for a positive sense of self and for social status within the school itself. They may adopt the role of bully (Olweus, 1993), embrace a 'macho' culture of toughness and indifference or turn their talent for disruption into a permanent attitude of rebelliousness against authority. A background of social deprivation potentiates and aggravates these processes because, as Straub (1996) states, 'poverty creates frustration and feelings of relative deprivation, injustice, and anger as well as self-devaluation and hopelessness'.

Low intelligence is neither a necessary nor a sufficient cause of school failure (Skinner et al., 1998). As Skinner (ibid) noted, motivation and self-regulation are associated with academic achievement independently of measured intelligence. School readiness, academic achievement and social acceptance all presuppose a modicum of self-control and motivation in the child, including at the most basic level the ability to sit still and listen attentively. Intelligence in the absence of these qualities will not prevent school failure, just as the presence of these qualities will greatly improve the chances of success for the less intelligent child (Nicholson, 2005)

Motivation to engage in educational pursuits is directly influenced by intelligence, but neighbourhood subcultural values, parental attitudes and the home environment are also significant determinants (O'Mahony, 2005). Poverty and social deprivation have a very significant role in setting conditions that undermine the kind of home-based emotional support and cognitive stimulation that enhances the school readiness and performance of the child. Indeed, White (1982) shows that family income is the highest single correlate of academic achievement, followed by parental occupation and parental education. Hess and Holloway (1984) identify a number of relevant factors and processes that are far more common in impoverished families and impact negatively on the child's motivation for education and school based achievement These include an attitude of devaluation of education, low parental expectations for achievement a lack of positive affective relations between parents and children, a lack of verbal interactions between mothers and children and a failure to teach effective self-discipline and control strategies. McLoyd (1998) points out that poverty also has a negative impact on a child s school achievement because it is strongly linked to risks that diminish the physical and mental health of the child, such as low birth weight, prematurity, maternal alcohol, tobacco and drug use, poor diet and lead contamination in the local environment.

Barker, Reynolds and Place (2005) suggest that there are large numbers of children and young people in need who have significant behavioural or social difficulties but who are not seen to be a sufficient priority for hard pressed agencies to offer services to them until their behaviour deteriorates

to crisis point. Their research showed the impact of a self esteem group based package on children and young people with such difficulties had on improving their behaviour.

The assessment of pupils' overall ability by teachers using "Academic Competence" subscale of the SSRS and by me using the WISC.

The subscale 'Academic Competence' on the Social Skills Ratings Scale (SSRS) was used to compare teachers' assessment of overall ability with the formal testing by me as the educational psychologist using the WISC. This subscale was administered to teachers only. On the SSRS, the raw scores were standardised and the 'norm' was 100 (Just as in the WISC).

Table 2.4 below shows the categorisation used by the Educational Psychology Service in the LEA where this study took place and I worked for, in terms of classification of learning difficulties.

Table 2.4: Categories of learning difficulties classifications:

IQ	Classification
115-	Above average
85-114	Average
70-84	Below average
55-69	General learning difficulties

The scores obtained by the pupils on the SSRS subscale (assessed by teachers) and the scores on the WISC (administered by the EP) were compared. The 'norm' was 100 on both scales. The scores for each pupil are shown in Table 2.5 below.

Table 2.5: **Comparison of the overall ability scores from the WISC and academic competence scores from the SSRS**

Pupil	(WISC)	Academic Competence (SSRS)
A	96	110
B	77	91
C	79	102
D	101	115
E	70	87
F	78	81
G	71	91
H	71	83
I	97	115
J	79	93
K	63	83
L	61	86

Six pupils were rated by the teachers as having average academic competence and the rest as below average.

There was a statistically significant difference between the teachers' assessment of the pupils' overall ability on the SSRS (Academic Competence) and that assessed by me as the educational psychologist and using a formal assessment test, the Wechsler Intelligence Scale for Children (WISC). (n=12, t=-9.687, p<.000). The teachers' estimate of the pupil's ability was significantly higher than the ability measured objectively using the WISC.

Using the 'learning difficulties categories' in Table 2.4, each pupil was categorised as 'average', 'below average' or 'above average', according to what the pupil scored. The 'difference' in categorisation was '0', if the categories were the same, '+1' if the Academic Competence categorisation was one level above the WISC categorisation and so on. Pupil "E", for example obtained a score of 70 on the WISC and a score of 87 on the Academic Competence subscale (Table 2.6). His categories, using Table 2.6 was 'Below average' in the WISC assessment, and ''average' in the Academic Competence assessment. The difference in categories for child "E" was +1. Table 2.6 gives the categories for all pupils thus:

Table 2.6: Each pupil's learning difficulties categories as measured by the psychologist (WISC) and teachers (SSRS)

Pupil	Overall ability (WISC) Tested by psychologist	Academic Competence (SSRS) rated by the teacher	Difference *
A	Average	Average	0
B	Below average	Average	+1
C	Below average	Average	+1
D	Average	Above Average	+1
E	Below average	Average	+1
F	Below average	Average	+1
G	Below average	Average	+1
H	Below average	Average	+1
I	Average	Above Average	+1
J	Below average	Average	+1
K	General Learning Difficulties	Below Average	+1
L	General Learning Difficulties	Average	+2

* The 'difference' column shows the comparison between the teacher's score and mine. The '+1' denotes that the teacher rated the pupil one category higher than me.

The WISC categorised score corresponded to the teacher's categorised score in only one case (Pupil "A"). In 11 cases, the teacher's assessment of academic ability was estimated to be at least one category above the psychologist's measure when the categories of SSRS and WISC were compared. One implication of this is that the difference of one category means that the differentiation that the pupil needs in order for him/her to access the curriculum can be inaccurate. Children with learning difficulties need their curriculum to reflect their ability. If the teachers estimate a child's ability to be higher than it possibly is, the pupil will have difficulty in engaging with the learning process.

During my practice and administering the WISC tests to a large number of pupils, I noticed that there was a trend occurring. The Coding subtest and the Digit Span subtest scores appeared to be lower than the mean of the overall WISC scores when the test was given to children with SEBDs (Table 2.7). These were also the subtests that were scored lower, compared to the rest of the subtests, in the cases of children with specific learning difficulties. Analyses of the scores in this study show that the difference between the pupils' digit span scores and the rest of the scores is significant (n=12, t= 2.686 p= 0.021). Similarly the difference between the pupils' Coding score and the rest of the scores is also significant (n=12, t= 3.434, p= 0.006).

Table 2.7: Pupils' mean WISC subtest, 'Coding' subtest and 'Digit Span' subtest scores

Pupil	Mean overall score (WISC)	'Coding' score	'Digit Span' score
A	9	3	4
B	7	8	3
C	8	7	4
D	11	5	5
E	6	3	1
F	7	6	5
G	7	6	3
H	6	6	5
I	7	9	7
J	9	5	11
K	5	2	3
L	4	3	5

One of the most common criteria used for the assessment of specific learning difficulties, a form of reading disability, used by psychologists including myself was to look at the WISC profile of the child and if that profile had significant low scores on Coding and Digit Span, then that child was potentially a child with specific learning difficulties. Further assessments would have been recommended for specific learning

difficulties. The conclusion I drew from this finding was that that there was

a correlation between specific learning difficulties (in reading) and children

with SEBDs. This is also supported by current evidence as submitted to the

House of Commons Education Select Committee inquiry on Behaviour and

Discipline in Schools (BPS, 2010).

Table 2.8 below gives the reading ages and the chronological ages of the

pupils in case study one.

Table 2.8: Pupils' chronological and reading ages in years

Pupil	Chronological age	Reading age
A	12	<6
B	13	6
C	12	8
D	15	10
E	14	7
F	14	8
G	15	12
H	12	6
I	14	7
J	15	9
K	12	6
L	12	6

Out of the 12 pupils, ten obtained a reading age of at least five years below their chronological age, as measured by me on the Wechsler Objective Reading Dimension (Table 2.8). This profile would suggest that there is a specific learning difficulty, or dyslexia (Vargo, Grosser and Spafford, 1995).

In the United States, it has been found that 58 per cent of pupils with SEBDs leave school without formal qualifications, 20 per cent have been arrested at least once before they leave school, compared with only six per cent of the normal school population, and 35 per cent will be arrested within two years of leaving school (Stanford Research Institute International, 1990). Pupils with SEBDs were at risk for negative outcomes both in school and in life compared to any other pupils (Levy and Chard, 2001).

The overlap between behavioural difficulties such as AD/HD and reading problems ranges from 60 to 90 per cent (Rowe and Rowe, 1999) that is, between six and nine out of ten pupils with these behavioural difficulties are also likely to have reading difficulties. As the table 2.8 shows, this was the case with the pupils I assessed in case study one.

Pupils' and Teachers' views on SEBDs – the qualitative data analysis

Qualitative data on teachers' and pupils' views about SEBDs were obtained in structured questionnaires. Data were analysed thematically and are

reported below in relation to structured questions asked, first from pupils, and next from the teachers.

Questionnaire 1 (Appendix 1) was given to 12 pupils from the unit, age range 11 to 16. All 12 questionnaires were completed. There were 14 pupils in the unit at the time and two were not granted permission by their parents/guardians to complete the questionnaires. Two of the participants who completed the questionnaires were females and the rest males. The questionnaires were in the form of open ended response questions. The main aim of this questionnaire was to determine self perceptions of pupils with SEBDs.

Questionnaire 2 (Appendix 2) was given to all the staff at the school to ascertain the general perceptions and attributions about SEBDs, and to find out what the teachers saw as priorities in terms of meeting the needs of children with SEBDs. 55 questionnaires were distributed and 22 returned (40% return).

Background

A substantial body of research emerged during the 1990s in England concerning how mainstream pupils perceive the learning process (see, for example, Keyes and Fernandes, 1993; Blatchford, 1996). Less work has been undertaken to ascertain the perceptions of pupils whose behaviour causes concern. (Davies, 2005)

Garner (1999) noted that: 'With some notable exceptions the pupil's voice has been the least influential in the formulation of strategies for dealing with problems in these areas' (Garner, 1999). This view is endorsed by Gersch et al. (1993), who point out that there has been a traditional professional scepticism concerning advocacy for pupils with special needs, and in particular those referred to as disruptive'. Wade and Moore (1993) also found that less than one-third of the teachers in their study took account of the views of their pupils. Teachers commented that consultation with pupils was largely seen as a waste of time and mainly irrelevant.

The revised Code of Practice (DfES, 2001) emphasized the importance of providing opportunities for pupils (from an early age) to be supported in making decisions, and provides guidance for teachers and others as to how to this process could be facilitated. Section three of that document is entirely devoted to this. Paragraph 3.13 is explicit about the structures that can be instigated to facilitate better access to pupils in the broader management of curriculum and the wider life of the school. The Code is a tool that offers guidance only and does not represent a statutory obligation. It should also be remembered that the Code of Practice locates the majority of its focus on enabling pupils to participate in the process of assessment and review and is less forthcoming about their broader role in the life of the school. As a psychologist, I have always asked the pupils I work with their views on their own education, to include a questionnaire for the pupils was therefore an essential part of the research.

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Findings from the teacher and pupil questionnaires

According to Davies (2005), perceived wisdom might suggest that disaffected pupils invariably offer negative perspectives of their education career, and there is some evidence to support this (Garner, 1995). In my study, the pupils, when asked if they enjoyed their school, only four out of 12 (33%) said that they did. When asked if their primary school experience was the same, it was the same pupils that said that even that experience was not enjoyable.

Pupils with behaviour problems frequently find difficulty in forging and sustaining positive relationships. The process of labelling these pupils, both by teachers and other pupils, can itself create additional, relationship difficulties (Davies, 2005). Pupils frequently draw attention to the significance of labelling, commonly practised once a young person exhibits resistance to authority, confirming the view that such labels impact adversely on pupil's experience of schooling (Habel et al., 1999). They also highlight the part that such labels play in affirming 'difference', further supporting and enhancing their disaffected status.

Findings from the questionnaires to pupils with SEBDs support the above literature. The pupils' views on what they believed the schools say their difficulties are, compared to what they themselves believed their difficulties

were is very interesting. The following two paragraphs contrast the two sets of responses.

When the pupils were asked what they believe the school says that they have, in terms of problems, they used terms such as 'Getting into trouble all the time'; 'Confrontational'; 'Behaviour problem'; 'Reading'; 'Won't do work'; 'Not listen to teachers'; 'Shouting and cheeky'. When asked what they themselves believed their problems were, the responses were completely different. They included: 'Placement'; 'How I feel — emotional'; 'Need help with work'; 'Personal to do with my family'; 'Temper'.

'They (the teachers) say I can't settle in class', said pupil C. 'It's true but I can't help it. I cannot do the work'. Another response was to do with the pupil not wearing the school uniform. She refused to conform and she felt she was labelled 'behaviour problem'. "I am not thick — but I won't wear that stupid uniform" (Pupil H).

Other responses were:

'Getting into trouble all the time', 'they think I am confrontational', 'they say I don't listen to teachers',' Shouting',' not doing the work', and 'being cheeky'.

Researchers have long drawn attention to the correlation between behaviour difficulties and limited academic success (Epstein et al., 1998) and how an inappropriate curriculum can exacerbate behavioural difficulties (Fogell and Long. 1997; Porter, 2000; Hamill and Boyd, 2002). Frustration at the failure to achieve will frequently result in antisocial behaviour, often in an attempt to compensate for low academic status. O'Brien (1998) graphically describes such an example. '*Godwin can perform sophisticated task evasion which might include threatening or abusive behaviour. It is clear that his challenging behaviour is a consequence, not a causatory component, of his learning difficulty; his behaviour is not independent of his learning*' (O'Brien, 1998: 35-36). The DfES has recently acknowledged this reality (2003a), admitting that many pupils... '*do not have the motivation to continue with any formal education or training. For some, this is reflected in poor behaviour and regular truancy*' (DfES, 2003a: 1.4 p 10).

Similarly, White (2002) demonstrated the centrality of the curriculum to the way that pupils behave. Many pupils choose not to attend school, or to misbehave whilst they are there, not because they dislike the school but because they do not appreciate particular lessons and the way they are taught. Many fail to recognize the relevance of what they have to do in particular subject areas or that the curriculum is inaccessible to them.

In my study the pupils felt strongly about their own learning difficulties. All of them pointed to me the areas of difficulties they were experiencing — mostly in reading. One pupil in the unit said that he was there because he

could not read. When pointed out the fact that he was in a unit for pupils with SEBDs, he said 'but I am not a behaviour problem. I ask for help and I don't get it. I can't read (pupil A)'. Other pupils said explicitly that they had learning problems. 'Teachers say that I won't do the work, but the truth is I can't do the work' (pupil K). The pupil went on to say that when he did not get the help, 'I throw a wobbly, which always gets the teacher's attention'.

School and classroom size is frequently cited by many marginalized young people, particularly by those who have also been the subject of bullying, as the underling cause of their problems' (Wise and Upton, 1998; Wise, 1999; Jahnukainen, 2001). They claim that large impersonal school environments are a major contributing factor to their unhappiness, leading to truanting and antisocial or disruptive behaviour. In my study, all pupils acknowledged that they had 'a problem'. Of the 12 pupils questioned, seven said that they had a behaviour problem. One said he did not have any behaviour problems and the rest said that they were 'bad' sometimes. When asked what contributed to the problematic behaviours, the responses were varied, but had an emerging theme: placement ('large secondary school', 'too far from home', 'no one had time to understand how I felt', 'no time from teachers to help me do the work, always being told off, even if it is not my fault....' (pupil G) were common responses.

Asked what would be helpful in schools, the majority of the pupils said that they wanted more help with their work. They wanted understanding of their feelings and someone who would listen to them. A number of pupils said

that they appreciated what I was doing for them. 'You understand how I feel. I wish more people would talk to me like you do' (pupil H). Another pupil said 'more of what you do'. When asked to elaborate, he said, 'listen to me and ask me what I want' (pupil D).

Teacher questionnaires

Questionnaire 2 (Appendix 2) was given to teachers in mainstream, who had children with SEBDs in their lessons, integrated from the unit.

This questionnaire was given to all the teachers at the school which has the SEBDs unit attached to it. All teachers came into contact with pupils from the unit, either in their lessons, or outside the classroom. The questions followed categories and the responses below are under those categories.

Teachers' definitions of SEBDs

The first category was a general one about definitions of SEBDs and the strategies the teachers used. Teachers were asked how they would define a child labelled SEBDs.

The field of SEBDs research has continued to evolve in recent years (Bauer, Keefe and Shea, 2001). Currently, the fields of psychology and education emphasize the dual nature of SEBDs by recognizing the existence of both an internalizing and externalizing component (Vaughn and Bos, 2002).

Previous research has shown that teachers' perceptions and expectations of children with SEBDs are often described as negative and stereotypic (Hannah and Pilner, 1983). Furthermore, teachers often ascribe excessively negative characteristics to children with SEBDs. Marlowe et al. (1997) stated that these children are often described by teachers as 'aggressive', 'anxious', 'affectionless', 'unmotivated' or 'hostile'. These negative expectations often result in a sense of futility felt by both the teachers and children (Brendtro, Brokenleg and Van Bockern, 1990) and could result in behaviours and achievements consistent with those expectations (Brehm and Kassin, 1996). This is especially concerning as it puts children with SEBDs at even greater risk of academic failure and increased social, emotional or behavioural problems. Additionally, such negative perceptions of children with SEBDs may exacerbate the student's presenting difficulties, leading to further breakdown of the teacher–student relationship and diminishing the attachment to school (Cooper, 2006; Smith, 2006).

Likewise, children with SEBDs may present with difficulties such as opposition or defiance that could create a sense of threat to authority and a doubt in the teacher's competence. Such intimidation often felt by teachers who work with children with SEBDs can have a circular negative effect on their perceptions and an impact on the effort they place in their teaching (Cooper, 1999). In a similar vein, children with AD/HD have been found to experience hostile approaches to discipline from their teachers, which often lead to negative psychological outcomes for such students (Barkley, 1998). The strategies implemented by teachers in these situations have been

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suggested to be a result of misinterpretations and misunderstanding as to the nature of the child's difficulties. Moreover, it has been suggested that all professionals working with children with SEBDs can in some way be implicated in the continued educational exclusion and segregation of these children (Clough et al., 2005).

Defining SEBDs is at the best of times fraught with difficulties, as is pointed out in Daniels et al. (1998). Despite discussion by various writers (amongst them Warnock, 1978; Upton, 1978; Smith and Thomas, 1993 and Cooper, 1996 in the United Kingdom; and Kauffman, 2001; Rosenburg et al., 1997, and Forness and Kavale, 2000 in the United States), SEBDs remains an imprecise but professionally useful concept (Visser, 2005). Wills (1971) referred to these pupils as the 'frightened, wounded, damaged and inadequate'. The definition within Circular 9/94 (DfEE, 1994a) seems to meet with the greatest consensus within England (Cole et al., 1999a), that is, children and young people with SEBDs range from:

> *social maladaptation to abnormal emotional stresses… are persistent and constitute learning difficulties, involve emotional factors and/or externalised disruptive behaviours; and general difficulties in forming normal relation ships. Social, psychological and sometimes biological factors, or commonly interactions between these three strands, are seen as causing pupils' SEBDs. (Circular. 9/94: 7)*

I have covered the area of definitions of SEBDs and the challenges that poses extensively in chapter one. I continue with the qualitative data obtained from my research below.

In this study, there was no consensus on one definition, although there were 'themes' that came out. The term *'non-conformist'* came up several times. Other re-occurring terms were 'not able to cope with normal demands and disciplines of life'. Teachers referred to several types of 'disorders', which included 'behaviour', 'organic', 'developmental'. The majority of the respondents compared children with learning and behaviour problems to a 'normal' child, implying that there is something 'abnormal' about a child with SEBDs. They further went on to say that these children are non conforming, tend to have relationship problems, and experience emotional hardships. Young people, whose relationship with school is deteriorating or has broken down, are sometimes also described as delinquent, disruptive or disturbed. These are expressions which are all too frequently used indiscriminately and interchangeably (Reid, l986) even when wholly inappropriate. These terms came up time and again when teachers in this study were asked to describe the pupils in the unit for children with SEBDs.

'Challenging behaviour' was another popular term used. Garner and Hill (1995) define 'challenging behaviour' as behaviour which prevents children's participation in educational activities; isolates them from their peers; affects the learning and functioning of other pupils; drastically reduces their opportunities for involvement in ordinary community

activities; makes excessive demands upon teachers, staff & resources; places the child or others in physical danger and makes future placement difficult. This is a definition which could equally be used for 'problem behaviour'; 'disruption' or 'behavioural difficulties'. The very abundance of terms used to describe SEBDs is itself a source of potential confusion. Arnett & Balle-Jensen (1993), for example, see a continuum which extends from 'problem behaviour', through 'reckless behaviour', to 'delinquency'.

In the context of this study, it was encouraging to see some teachers defining 'behavioural difficulties' in terms that suggested lack of social skills - 'unable to work or socialise; one who cannot follow rules and routines; problems relating to authority; cannot cope with normal demands and disciplines of life; not coping in a group'.

Teachers' views on the assessment of and intervention strategies for children with SEBDs

The question of assessing SEBDs had to be asked of the teachers. Responses varied from 'Observations', which was the most popular response from the teachers to 'Psychological testing, teacher reports and parent reports'. Comparing behaviours with the 'norm' was also mentioned.

It is, again, encouraging that teachers at this school, saw the value of a 'multi-agency' involvement. Although not explicit in their responses, I am interpreting the above response to mean that for an SEBDs assessment, one

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has to take into account reports from parents, teachers, psychological assessment, and so on.

Teachers were asked what intervention strategies they used. Strategies mentioned by the teachers in this school, in order of 'popularity' were:

'Removal of child from situation/classroom'; 'Giving lines and detentions'; 'Behaviour management techniques that the teachers had training in, e.g. assertive discipline'; 'Manage through curriculum differentiation, e.g. in a small group setting'; 'Ignore the behaviour'; 'Talking to and counselling'. 'What we need in this school is a good anger management programme. These children are always angry about something' (female teacher, newly qualified)

There is a range of strategies that I would have expected from the teachers that took part in the study. Strategies are covered extensively in chapter four.

How much in reality the strategies identified in chapter four are actually used is debatable. Removing the child from the classroom is the one used most often. When asked if there was a whole school policy on managing difficult behaviour, teachers' responses varied from 'there is a policy, but I don't know what it is' to 'that may be the school policy, it is not mine'. Some teachers acknowledged that there is a need for a strategic approach, a

long term solution, e.g. curriculum differentiation or whole school behaviour management technique, like assertive discipline.

Teachers were asked about what strategies could work but were really impractical for any reasons. Surprisingly, they felt that involving parents was impractical, as well as giving one-to-one help to pupils.

Parental involvement is an issue that has always been a contentious one in the secondary school sector. My experience, both as a secondary school teacher and later as an educational psychologist, has been that the secondary school system as a whole did not believe that engaging parents of secondary aged pupils was practical. 'That is for primary schools, we don't do that sort of thing here' was a view that was generally held, although it is now changing rapidly. Leadership in secondary schools is recognising the value of parental involvement and contributions.

Teachers were asked if they made a distinction between emotional and behavioural difficulties. All respondents except one said that they did. Behaviour difficulties were seen as children being 'naughty, having no discipline, acting up, socialising problems and not understanding the needs for rules', whereas emotional difficulties was seen as pupils having 'clinical' problems. They generally did not act up, wee angry, resentful, reacted excessively, inappropriately or not at-all. They were driven by inner turmoil and they internalised their problems. Another comment made was that a child 'cannot be helped behaviourally if the emotional state is not

known'. This question seemed to bring up quite an 'in depth' response from teachers. There seems to be a lot of sympathy for children with 'emotional' problems as opposed to those with 'behaviour' problems.

The majority of the teachers view the problem 'within the child'. When asked if there was such a thing as 'problems totally within the child', there was an array of responses. Some said that 'for some children the problems are too deep-rooted for schools to deal with'. Others used terms such as 'madness'; 'damaged beyond repair'; 'clinical problems' to describe pupils. Teachers become animated when the subject of 'within child' behaviour problem is brought up.

Following on from discussing children with SEBDs, teachers were asked about the role of an educational psychologist. This was a school where I was working full time, being based at the school, unlike any other psychologist at the time. Normally, the psychologist had a number of schools on his/her 'patch', which would consist of a cluster of schools and he/she would go to the school once or twice a term. I was 'part of the school team' at the school.

Teachers' views on the role of an educational psychologist

The teachers gave these responses to this question, in order of popularity. The role was to advise/support staff and parents; work directly with children, to assess their needs, 'analyse' their problems, counsel them. The

role was also to help the school develop IEPs (Individual Educational Plans) and work with other agencies.

This was the role that they had seen me perform. It was interesting because when asked what they thought the role was before I came, majority thought it was 'something to do with getting extra help for children, especially with behaviour problems'.

Teachers identified those areas where they thought that an educational psychologist could assist teachers in doing their jobs more effectively. They said they needed more advice on the needs of the individual pupils. This should be based on an assessment of the child and then working with the child on a one to one basis. They also said they would benefit from staff development and working with the staff more, on the development of IEPs, for example. Lastly they said that they would find regular workshops on 'stress management' very helpful.

Teachers' views on inclusion and integration of children with SEBDs in mainstream school

The next area or category covered was around 'inclusion' and having a unit for children with SEBDs in their school.

When asked if they agreed with having the unit for children with SEBDs in their school, the majority of the teachers (57%) said that they were not in

favour of having that facility. 30% thought it was a good idea and the rest did not want to say.

When asked what they understood by the term 'inclusion', the vast majority of the teachers (62%) said it was 'moving back to mainstream'. 19% said it was 'mixing badly behaved children with normal' and ten percent said it was 'to be educated within mainstream'. One respondent suggested that 'children with difficulties suffer from humiliation of publicly not coping' (Teacher B). The majority of the teachers thought that the pupils from the Unit should be 'integrated' into the mainstream, 'but only with substantial support and supervision'. There was a strong body of opinion that this should not be a matter of policy, but on individual case by case basis. The needs of the whole class should definitely come before the needs of the pupil being integrated.

When asked why the pupil should not be integrated, the responses were reflecting the general view that 'integration dilutes the education of the majority' and that other pupils will learn to behave badly from this pupil. It was also felt that 'they should only be integrated once their problem had been sorted out'. 'My job is to teach. I trained to be a Maths teacher and not waste my time with badly behaved students' was a response of one teacher (teacher J, an experienced male teacher). This view was held by a number of teachers who had expressed this to me at various other times.

Some teachers had pupils from the unit, attending their lessons. They were asked if they felt the integration was successful. None of the respondents said that the integration was totally successful. Most of them said that it started well but deteriorated after a while. The reason given for the deterioration was that there was not sufficient liaison between the Unit and the mainstream teachers. Some felt that the pupils needed smaller groups, specific targets, which the mainstream teachers could not identify. One teacher said that other pupils in the class thought that the Unit pupil was being favoured.

Discussion of case study one

Findings of case study one are discussed below, an overall discussion and conclusions from all three studies is provided in chapter five. A number of studies indicate that teachers regard behavioural difficulties as a major issue, due to the large numbers of pupils involved and the problem of managing their behaviour (Elam and Rose, 1995; McDaniel, 1984). Even trivial problems such as talking out of turn are regarded seriously by teachers (Merrett and Wheldall, 1984). Teachers seem to regard behavioural difficulties as a result of factors outside the school, such as the home, or factors internal to the child, and not due to the school (Mavropoulou and Padeliadu, 2002). Yet, it may be a mistake to disassociate the school from behavioural difficulties since there is considerable research to show that the school can do a great deal to change the negative behaviour of children. In particular, progress in learning to read may play a key role in ameliorating

behavioural difficulties in the classroom. The majority of the pupils who took part in my research had learning difficulties as defined by the Local Authority's own criteria. Yet this is largely ignored by the teachers in the Unit for children with SEBDs. I do not think that this is deliberate on the part of teachers, whose priority in the class is seen by them as managing disruptive behaviour and not addressing pupils' learning difficulties.

Self-Concept and Self-Esteem

Research shows that developing a positive self-concept and self-esteem can help children become more well-rounded and well-adjusted as well as improve their chances of academic success (Burns, 1982, and Lawrence, 1996). This should be an essential aim of all schools for all children but it is particularly important for children with SEBDs whose low self-esteem can cause insecurity, mistrust, negative feelings, deviant behaviour and low achievement (Quayle and Holsworth, 1997). These authors have also found that one of the most common traits among pupils with SEBDs is their low-self-esteem. Conversely, children with high self-esteem have fewer behaviour problems and get on better with other people (Lawrence, 1996). That teachers can enhance or reduce self-esteem has also been recognised.

The three key terms, self-concept, self-image and self-esteem are sometimes confused. Self-concept, as defined by Burns (1982) is an umbrella term and is made up of the beliefs and evaluations you have about yourself. Self-image is made up of those beliefs and self-esteem is made up of the

evaluations. Much of the present self-concept theory derives from Carl Rogers' work on phenomenology for whom the self-concept was the basis for his client-centred approach to psychotherapy. The essence of phenomenology is that 'man lives in his own personal and subjective world' (Rogers, 1959 cited in Burns, 1982). This client-centred therapy was used to change people's self-concept through particular attitudes which the therapist had to adopt in order to bring about personal growth and self-acceptance in the client. The three attitudes are outlined below and can be seen as essential attitudes for teachers who want to be successful at building self-concept and self-esteem in the classroom (Rogers, 1959 cited in Burns, 1982 and Lawrence, 1996):

Three strategies can help teachers raise their pupils' self esteem:

Empathy : Children with low self-esteem and SEBDs often feel alone and misunderstood. By showing empathy, the teacher can make the child feel less alone. Empathy is also the key to developing a warm relationship between the teacher and pupil;

Acceptance or Unconditional positive regard: The teacher needs to separate the child's behaviour from the child and accept him in a non-judgemental way. Children with SEBDs often fear rejection as they have often been rejected before and being accepted by the teacher for what he is helps him feel more secure which will enable him to develop a positive self-concept; and finally,

Genuineness: The teacher needs to be a real person without hiding behind a professional mask.

As has been noted above, children with SEBDs often have learning difficulties and/or are under-achieving which can both be linked to self-concept and self-esteem. Self-esteem is developed as a result of the relationships with family, school and later the world at large. If, from an early age, children do not receive positive feedback from the family and then at school they have mainly negative experiences, their self-esteem will inevitably be low. This will often lead to lack of motivation for learning, leading in turn to low achievement (Charlton and David, 1993) and misbehaviour. Quayle and Holsworth (1997) point out some characteristics of children with SEBDs and low self-esteem as: feeling unsuccessful, appearing fearful, anxious, isolated and self-conscious, reluctant to join in, unsatisfied with their efforts, oversensitive to criticism and causing disruption in the classroom.

Another important way schools can enhance self-esteem and reduce disaffection has to do with the curriculum. Making the curriculum relevant and interesting is important, as many children misbehave simply because they are not interested in or are unable to access lessons. Children with SEBDs are often poor at interpersonal skills so group work is important to help teach these skills as well as helping keep pupils interested and involved. Communication, listening, and problem solving skills can also be taught through group work. Children with SEBDs often lack concentration

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skills and fidget easily so active and informal lessons with a variety of learning experiences can help pupils stay focused longer. Allowing pupils some choice with regards to what they learn as well as giving them some voice with regards to evaluating their own work and making up class rules all help show them that the school values and respects them and accepts them as individuals.

Prospective, longitudinal studies, which examine children and their social situations at various stages of their development, have provided compelling evidence for the central role of school failure in the development of' persistent juvenile offending and adult criminality (O'Mahony, 2005). It is well known from studies in many countries that incarcerated juvenile and adult offenders show very high rates of educational failure (Rutter and Madge, 1970; Hirschi and Hindelang, 1977). For example, in a random sample survey of Ireland's largest prison it was found that 80 percent of respondents had left school before the legal leaving age of 16, and one-third had not attended school beyond the primary or special school level. 29 percent of the sample claimed to have some difficulty with reading, including 21 percent who admitted to functional illiteracy. Only four percent had progressed to the Leaving Certificate level or beyond, in a country where almost 80 percent of each age cohort completes the Leaving Certificate (O'Mahony, 1997). The results for the United States' national survey of state prison inmates are similar, if less dramatic (US Dept. of Justice, 1993). This survey indicated that in 1991, 66 percent of inmates had not graduated from high school and 19 percent had dropped out before high

school. The English National Prison Survey (Dodd and Hunter, 1992) showed that 46 percent of all prisoners aged under 21 had left school before the age of 16, compared with only ten percent of the equivalent general population. 30 percent of prisoners of all ages claimed that they had mainly truanted from rather than attended school, compared with just three percent of the general population.

Early childhood intervention programmes such as the Abecedarian (Ramey and Campbell, 1991) and Perry Preschool (Berruatta-Clement et al., 1984) projects, are primary prevention initiatives that aim to increase school readiness and academic achievement in at-risk children. The fact that these projects are of proven value not only in increasing academic performance but also in reducing offending and the likelihood of criminal convictions (Zigler et al.,1992) is further evidence for the central role of educational failure in juvenile delinquency.

Relationships between behavioural and learning difficulties

Questions posed by Nicholson (2005) 'what should get more attention, behavioural difficulties or reading problems' and 'do behavioural difficulties cause reading problems or vice versa?' (Nicholson, 2005, p. 156) are very relevant to this study. As Nicholson (op cit) states, 'this is the chicken-and-egg problem in this field of study. There are several possibilities about the link between reading failure and SEBDs. They are that behavioural difficulties cause reading problems; or reading problems

cause behavioural difficulties; that there is a reciprocal effect, where both problems exacerbate each other, so that behaviour gets worse and reading gets worse as well; and reading problems and behavioural difficulties are caused by other factors, such as home background, poverty, genetic inheritance and so on' (Nicholson, 2005, p. 156-157).

Nicholson (2005) put forward a view that if you are a teacher in the classroom, the fact that SEBDs pupils have reading problems might seem the last thing to worry about. When pupils are running wild in the classroom, you will want them quietened down or taken out of class. There is no way they are likely to sit quietly and let you teach them to read. The teacher is most likely to subscribe to the view that the behavioural difficulties prevent learning. If you change the behaviours you will get more learning. However, this is not the only way to think about the problem. It may be that not learning to read is causing the poor behaviour. So focusing on the symptoms (that is, negative behaviour) of the problem (that is, inability to read) is not going to solve anything in the long term. A behaviour modification programme can only deal with the symptoms. It will not get to the root of the problem. A better approach in the long term is to focus on fixing the reading problem. Success in this basic skill can make pupils feel more confident and happier, and encourage them to behave better (Nicholson, 2005).

Farrington has stated that 'the antisocial child tends to become the antisocial teenager and the antisocial adult, just as the antisocial adult then tends to

produce another antisocial child' (Farrington, 1995: 61). This is undoubtedly an overstatement, which does not do justice to the potential to intervene with and help change all sorts of troubled children (O'Mahony, 2005). For example, Loeber and LeBlanc (1990) argue that 'about half of at-risk children do not reach the serious outcomes of chronic offender, sociopath or drug abuser.' As they develop, many children find relatively constructive solutions to their problems and it is, therefore, essential not to assume that early aggressive or antisocial behaviour sets an inevitable pattern for later life. However, Farrington's statement conveys an important kernel of truth about the continuity of problem behaviour, since it is now well established that antisocial and aggressive behaviour patterns emerging at an early age are the best predictor of chronic delinquency and adult criminality and violence.

At the beginning of the chapter, I stated my aims for the research, which were to:

1. Appraise the contribution an educational psychologist could make in maximising the learning potential and opportunities for children and young people with SEBDs.

2. Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

My intention was to show that I met the above aims by addressing the following four research questions:

1. What does the psychological assessment by an educational psychologist of a child's overall ability contribute to the overall needs of the pupils with SEBDs?

2. How do teachers who work exclusively with children with SEBDs (in units attached to mainstream schools, for example), legal guardians and the children themselves rate their (children's) ability, social skills and academic achievement in relation to one another? What are the implications of this?

3. How do teachers in mainstream school setting perceive the needs of children with SEBDs who are included in their lessons?

4. Are there any psychological profiles that can be drawn from the data collected from administering the Wechsler Intelligence Scale for Children?

The psychological cognitive assessment that I carried out with all the pupils with SEBDs showed that the pupils had significant learning difficulties which were not reflected in the teachers' judgements as scored on the SSRS.

Findings also showed that there was agreement between teachers, parents and the pupils themselves on the mere fact that the pupils had SEBDs. The teachers in the mainstream required a significant amount of external support and felt that an educational psychologist was a vital link between the pupil and the school. They looked for assurance that they were not left on their own, wanted to know the strategies they could use in the classroom, but on the whole felt that pupils with SEBDs should really be taught outside the mainstream setting.

Findings reported in this chapter were based on a relatively small sample of pupils. I wanted to replicate the study using a different cohort of pupils, in a different part of the county. This coincided with my being promoted to the post of a senior educational psychologist, with responsibility of taking the lead in the service, in one part of the county, in all matters concerning SEBDs. This included drafting county policy on SEBDs with other seniors EPs from other parts of the county with same responsibilities, taking the sole responsibility for the assessment of all pupils referred to the psychology service with SEBDs and encouraging a lot more multi agency way of working.

In chapter three I report findings from case study two which allowed me to carry out a replication of case study one in a wider context in a different geographical area in the county in which I worked.

CHAPTER 3: CASE STUDY TWO

Overview of the context and rationale for case study two

Case study two of the research was carried out in two Pupil Referral Units (PRUs) in a different part of the county from where case study one was carried out. Case study one had produced rich and informative data. Case study two allowed me to replicate case study one, using a larger sample and in a different setting. All pupils who took part in this study attended the PRUs or were supported by the PRU staff in their local mainstream secondary schools.

The two main aims of the research were to:

1. Appraise the contribution an educational psychologist could make in maximising the learning potential and opportunities for children and young people with SEBDs.

2. Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

Case study two addressed questions one and two of the research questions posed in the opening chapter of this thesis. They are:

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1. What does the psychological assessment by an educational psychologist of a child's overall ability contribute to the overall needs of the pupils with social, emotional and behavioural difficulties?

2. How do teachers who work exclusively with children with SEBDs (for example in units attached to mainstream schools), legal guardians and the children themselves rate their children's ability, social skills and academic achievement in relation to one another?

See chapter one for an overview of methodological position and chapter two for ethical considerations.

Design

As in case study one, case study two adopted a between-subjects design, with comparisons between teachers' and my assessment as an educational psychologist of the pupils' learning, behaviour and social skills.

Participants

17 pupils participated in case study two of whom 12 were male and five female, aged 11 to 16.

Measures

As in study one, two measures were used to obtain data. Quantitative data were obtained from: Social Skills Ratings Scales (SSRS) for parents, teachers and pupils and Wechsler Intelligence Scales for Children tests. (See table 3.1 for measures completed by participants in case study two).

Table 3.1: Measures completed by participants in case study two.

	WISC	SSRS		
		SOCIAL SKILLS	PROBLEMATIC BEHAVIOURS	ACADEMIC COMPETENCE
PUPILS	√	√	√	
TEACHERS		√	√	√
PARENTS/ GUARDIANS		√	√	

Social Skills Ratings Scale (SSRS) (Gresham and Elliott, 1990)

The SSRS questionnaires were administered 17 pupils, their teachers and parents/guardians. The SSRS is a standardised series of questionnaires that obtain information on the social behaviours of children and adolescents from teachers, parents, and the pupils themselves. It is a detailed diagnostic tool with direct links to intervention. It allows the assessor to obtain a complete picture of social behaviours from teachers and parents.

Wechsler Intelligence Scale for Children (WISC III) (Wechsler, 1991)

All pupils taking part in the research were given a psycho-educational assessment, which included full WISC III cognitive test. The purpose of this was to see how accurate the pupil's needs, as identified on the Statement of Special Needs were and to what extent the pupil's programme of learning reflected those needs. See chapter two for details of these two measures.

Procedures

The two measures were administered as described in chapter two, case study one. For full details of the procedures, see chapter two.

Results and data analysis

Overview

Data were analysed using the Statistical Package for Social Sciences (SPSS) as described in detail in chapter two.

Analyses of the data showed similar findings to case study one, in summary they were:

As in case study one, there was a relationship between the 'overall ability' (as obtained by the WISC III) and 'Academic Competence' (as reported by the teacher on the SSRS). When the scores from the WISC (formal testing by me) are compared with the scores from Academic Competence subtest of the SSRS administered by teachers, it would appear that the teachers significantly 'over-estimated' pupils' overall ability .

There was a relationship between Problem Behaviour and Social Skills. Both the teachers and the parents' scales indicated that pupils with SEBDs had poor social skills and had problematic behaviours at home and at school.

There was a relationship between Problem Behaviour and Academic Competence. Teachers reported very high Problematic Behaviour scores and low Academic Competence scores.

Interpretations of the SSRS data: Social Skills subscale

On the Social Skills Ratings Scale, the raw scores were standardised where the average was 100, standard deviation 15. A score higher than 100 on the Social Skills subscale shows a pupil exhibiting more adequate social skills than the average pupil. (Table 3.2)

The following table gives the standardised scores of the Social Skills subscale on the SSRS for each pupil from the teacher, parent (carer) and the pupil him/herself

Table 3.2: Pupils' social skills scores on the SSRS as rated by the teachers, parents and the pupils themselves

Pupil	Teacher rated score	Parent rated score	Pupil rated score
M	101	82*	108
N	77*	87	66*
O	72*	66*	92
P	95	84*	92
Q	84*	71*	88
R	89	70*	98
S	77*	75*	108
T	74*	71*	102
U	89	50*	98
V	81*	84*	68*
W	75*	92	85*
X	61*	94	85*
Y	88	66*	71*
Z	77*	87	97
AA	84*	79*	89
BB	75*	64*	93
CC	76*	70*	85*

* indicates score more than one standard deviation from the norm of 100 and hence described as having a significant lack in social skills.

Seven pupils out of 17 rated themselves as lacking in social skills. There was a statistically significant difference between teachers' rating of pupils' social skills compared to pupils' self rating of their social skills (n=17, t= -2.596, p=.020). Teachers rated pupils as lacking in social skills far more than the pupils rated themselves as such. Similar differences were also found between the parents and pupils ratings. Parents rated their children as lacking in social skills significantly more than their children did (n=17, t= -2.976, p=.009).

There was no statistical difference between teachers' and parents' rating of the pupils' social skills (n=17, t= 1.210, p= 0.244): both the groups rated the pupils as having very low level of social skills.

Problem Behaviour subscale

A score higher than 115 (one standard deviation more than the average of 100) on the SSRS Problem Behaviour Subscale would indicate significant problematic behaviours. (Table 3.3)

The following table gives the standardised scores on the Problem Behaviours subscale on the SSRS for each pupil from the teacher and the parent (carer). This subscale was measured only on the Parents' and the Teachers' forms.

Table 3.3: Pupils' problem behaviour as rated by the teachers and parents on the SSRS subscale

Pupil	Teacher	Parent
M	119*	116*
N	143*	135*
O	123*	140*
P	106	105
Q	108	141*
R	130*	138*
S	121*	133*
T	137*	137*
U	106	136*
V	123*	125*
W	137*	133*
X	103	120*
Y	137*	142*
Z	117*	120*
AA	113*	100
BB	135*	141*
CC	130*	135*

* indicates score more than one standard deviation from the norm of 100 and hence described as having a significant behaviour problem.

Four pupils were rated by the teacher as having no behaviour problems (pupils P, Q, U and X). These pupils were rated by the teachers as having emotional or other social problems and not behavioural. Three of the four pupils, when assessed by the parents got the highest scores on behaviour subscale. (Q, U and X). There was an agreement between the parents and teachers on pupil P that there was no behavioural problems, but that there were social and / or emotional issues

There was a significant difference (n=17, t= -2.143, p=.048) between the teachers' and the parents' scores for behavioural problems. The parents rated their children as having far more behavioural problems than the teachers. There was a significant correlation between the two ratings (n=17, μ= 0.534, t= 0.027). This shows that both the groups agreed that there were behavioural problems, but they did not agree the extent to which the problems existed.

Academic Competence (SSRS), overall ability (WISC) and learning difficulties

As in case study one, the SSRS subscale 'Academic Competence' was used to compare teachers' assessment of overall ability with the formal testing by me using the WISC to assess learning difficulties. This subscale only appears on the Teacher SSRS form. On the Social Skills Ratings Scale, the raw scores were standardised and the average is 100 (Just as in the WISC).

Psychology services have developed their own classifications and the Local

Authority for whom I worked as an educational psychologist had its own

which all psychologists used. For ease of visualisation, I have replicated the

table below.

**Table 3.4. Categorisation used by the Psychology service in terms of
classification of abilities**.

IQ	CLASSIFICATION
115-	Above average
85-114	Average
70-84	Below average
55-69	General learning difficulties

Table 3.5 shows the scores obtained by the pupils on the SSRS subscale

(Academic Competence, filled by teachers) and the scores on the WISC

(administered by me). The average was 100 on both the WISC and the

SSRS.

Table 3.5:   Full scale IQ (WISC) and SSRS Academic Competence scores

Pupil	Full scale IQ (WISC)	Academic Competence (SSRS)
M	104	113
N	66	63
O	70	79
P	66	92
Q	68	77
R	68	78
S	69	94
T	75	74
U	68	75
V	70	96
W	69	76
X	68	76
Y	75	90
Z	81	98
AA	73	109
BB	68	79
CC	68	77

As in case study one, there was a statistically significant difference between the teachers' assessment of the pupils' overall ability (Academic

Competence) and that assessed by me as the educational psychologist and using a formal assessment tool (the Wechsler Intelligence Scale for Children) (n=17, t= -5.243, p=0.000). The teachers' estimate of the pupils' ability was significantly higher than the ability measured using the Wechsler Intelligence Scale for Children (WISC).

Table 3.6: Each pupil's learning difficulties categories as measured by the psychologist (WISC) and teachers (SSRS)

Pupil	Psychologist's assessment (WISC)	Teacher's assessment (SSRS)	Difference
M	Average	Average	0
N	General Learning Difficulties	General Learning Difficulties	0
O	Below Average	Below Average	0
P	General Learning Difficulties	Average	+2
Q	General Learning Difficulties	Below Average	+1
R	General Learning Difficulties	Below Average	+1
S	General Learning Difficulties	Average	+2
T	Below Average	Below Average	0
U	General Learning Difficulties	Below Average	+1
V	Below Average	Average	+1
W	General Learning Difficulties	Below Average	+1
X	General Learning Difficulties	Below Average	+1
Y	Below Average	Average	+1
Z	Below Average	Average	+1
AA	Below Average	Average	+1
BB	General Learning Difficulties	Below Average	+1
CC	General Learning Difficulties	Below Average	+1

In this study, there were four cases where the WISC scores corresponded to the teachers' assessments on the SSRS subscale Academic Competence. In the other 13 cases, the teachers' assessments of academic ability were estimated to be at least one classification above the one obtained on the WISC. The result corresponds to the previous study.

As reported in case study one, the emergence of a trend in the WISC scores was also found in case study two. The trend observed was that the Coding subtest and the Digit Span subtest scores appeared to be lower than the rest of the scores when the test was given to some children with social, emotional and behavioural difficulties. These are also the subtests that are scored lower, compared to the rest of the subtests, in the cases of children with specific learning difficulties. Kaufman's (1975) factor analysis of the WISC-R standardisation sample produced a Freedom from Distractibility (FD) factor (Arithmetic, Coding, and Digit Span). My experience as an educational psychologist showed that the inclusion of Arithmetic subtest was not always necessary and it is generally accepted by the professionals working with dyslexic children that the scores on Digit span and Coding on the WISC are depressed compared to the other scores. These two subtests measure auditory and visual (short term) memory. Analyses of the scores in this study show that the difference between the pupils' digit span scores and the rest of the scores is significant (n=17, t=14.462, p< 0.001). Similarly the difference between the pupils' Coding score and the rest of the scores is also significant (n=17, t= 12.210 p< 0.001).

The table below summarises the main findings coming out of the

comparisons

Table 3.7: Summary of the main findings coming out of the

comparisons

'Groups' that were compared	Variables (measures) compared	Outcome
Educational psychologist (the author) and teachers	Academic Competence	Significant difference. Teacher estimated pupils' ability higher than the psychologist.
Parents and teachers	Social skills	Parents and teachers agree that pupils have very weak social skills
Parents and Pupils	Social skills	Parents and pupils agree that the pupils have very weak social skills
Teachers and pupils	Social skills	Teachers and pupils agree that the pupils have very weak social skills
Parents and teachers	Problematic Behaviours	Parents and teachers agree that pupils have very problematic behaviours.
Parents and Pupils	Problematic Behaviours	Parents and pupils agree that the pupils have problematic behaviours.
Teachers and pupils	Problematic Behaviours	Teachers and pupils agree that the pupils have very problematic behaviours.

As the findings were in the same direction as study one, main issues identified in case study one discussion apply here. In light of this trend, I provide an example below of how the SSRS can be used as part of the social skills training and target specific areas of weakness in the child's social skills base.

SSRS and the Individual Educational Programme (IEP)

Findings from the Wechsler Intelligence Scale for Children, and the Social Skills Rating Scales (SSRS) ratings from teachers, parents/carers and pupils were used in drawing up plans for individual pupils. At the time of the research, every pupil who was identified as having special educational needs (SEN), and all the pupils who took part in the studies had SENs, had to have an individual educational plan (IEP).

The SSRS was very accurate in identifying Social Skills and Behaviour problems. As a result of the findings, very accurate and meaningful behavioural objectives could be drawn up for the IEP. There were objectives for the teachers and the parents. When objectives were drawn up, parents felt part of the process and would try to achieve these at home.

Ofsted (1999b) stresses the centrality of effective individual education plans (IEPs) to successful assessment and recording systems, particularly, but not exclusively, in mainstream schools. IEPs should be 'working' documents

that focus on the learning difficulties of the child, take account of what the child has achieved, setting clear targets in a specified time frame; involve the young person and parents; include advice from specialists (such as the educational psychologist). They should avoid jargon and be shared with all staff. Cornwall and Tod (1998) offer detailed and practical advice on the developmental needs of pupils with SEBDs (e.g. enhancing their self-esteem, anger control, turn taking) while constructing IEPs. For pupils 'at risk' and/or who have experienced fixed-term exclusions, DfEE (1998) advises the blending of IEPs with Pastoral Support Programmes (PSPs). PSPs are seen as important aides to maintaining pupils presenting challenging behaviour within mainstream schools by setting achievable behavioural targets and then monitoring these effectively.

As described above, it was considered good practice as endorsed by OfSTED (op cit) that a pupil with SEBDs should have an Individual Educational Plan that incorporated a Pastoral Support Programme. My experience of working with pupils with SEBDs both here in the UK as well as the USA showed that teachers found it very difficult to obtain truly workable objectives for challenging behaviours. The SSRS has an inbuilt programme that identifies the objectives, based on the outcome of the ratings obtained.

Therefore an example might be that the ratings forms filled in by the teacher and parents will identify that according to the teacher, the pupil needs objectives in "assertion"; according to the parents, their ratings indicate that

the priority is "co-operation" and "self control". Below are the objectives that the teacher and parent will choose from to form the IEP.

Table 3.8: Teacher Behavioural Objectives: Assertion Subscale

The pupil will volunteer to help peers on classroom tasks.
The pupil will be confident in social interactions with opposite-sex peers.
The pupil will stand up for peers when they have been unfairly criticised.
The pupil will give appropriate compliments to members of the opposite sex.

Table 3.9: Parent Behavioural Objectives: Co-operation Subscale

The child will help parents with household tasks without being told.
The child will attempt household tasks before asking for the parents' help.
The child will use free time at home in an acceptable way.
The child will volunteer to help family members with tasks or chores.
The child will ask sales clerks for information or assistance.

Table 3.10: Parent Behavioural Objectives: Assertion Subscale

The child will participate in organised activities such as sports or clubs.

The child will introduce himself or herself to new people without being told.

The child will invite others to her or his home.

The child will make friends easily.

The child will acknowledge compliments or praise appropriately from friends.

The child will join in group activities without being asked or told to do so.

The child will appear self-confident in social interactions with opposite-sex friends.

Table 3.11: Responsibility Subscale

The child will say nice things about himself or herself when appropriate.

The child will appropriately express feelings when wronged.

Table 3.12: Self-control Subscale

The child will politely refuse unreasonable requests from others.
The child will respond appropriately to teasing from friends or relatives of his or her own age.
The child will respond appropriately when other children hit or push him or her.
The child will avoid situations that are likely to result in trouble.
The child will speak in an appropriate tone of voice at home.
The child will control her or his temper in arguments with other children.
The child will compromise in conflict situations by modifying or changing own ideas to reach agreement.
The child will receive criticism well.

The child and parents were very much part of the drawing up of the IEP.

Discussion of case study two in light of findings from case study one

Teachers' perceptions of the degree of difficulty have also been shown to predict contact with mental health services among school-age children (Soles et al., 2008). In a recent study examining predictors of service use for mental health problems among school-age children in Britain. Ford et al. (2008) found teachers' perceptions of a child's difficulty was one of the factors which predicted whether or not a child would have involvement with other services. Such findings highlight the important role teachers play in the referral process and subsequent service delivery. From these findings, it

can be deduced that the complexity of emotional and behavioural difficulties sets the stage for misunderstandings and possibly negative expectations and outcomes. However, it has yet to be determined whether an increased understanding of the comorbid/co-occurrence nature of SEBDs with learning difficulties is reflected in a more accurate perception of children with SEBDs reported by teachers. As a result, this study sought to understand teachers' current perceptions of SEBDs and the relationship between teacher perceptions and child perceptions. Due to the important role teachers play in referring children for assessment and services and indeed implementing interventions in their classrooms, understanding who teachers refer and the characteristics of referred children is critical to understanding teachers' perceptions of SEBDs and ensuring appropriate service delivery (Soles, op cit). The referral process, including who the referral is made to is important. Teachers and professionals working with children have to keep up with government policies and guidelines, which is not always an easy task. In the UK, the coalition government, elected in May 2010 is changing the political agenda of education very radically, from allowing schools to become Academies to allowing parents, among others, to start their own schools. From the time this research started in 1994, the major political agendas that the education system has gone through in England have included "integration", "inclusion", "Every Child Matters" (ECM), "Common Assessment Framework" (CAF), and as I write this in October 2010, there is a House of Commons Select Committee inquiry into the perennial question of behaviour and discipline in schools.

The patterns that have emerged from case studies one and two are very important, especially within the context of political change. Teachers are devising learning programmes for children with SEBDs based on limited information. They do not have information on their ability, cognitive strengths and weaknesses and the extent (if any) of children's learning difficulties. Teachers are not always in the best position to assess the pupil's needs in their totality and need the input from other professionals like educational psychologists who are in a unique position of having knowledge of child development, human behaviour and being applied psychologists, or being able to apply psychology to real life situations in the classroom.

The relationship between Problem Behaviour and Social Skills is important. Findings from case studies one and two are supported by earlier research, for example by McDowell (1982), that if Problem Behaviours were reinforced more frequently than socially skilled behaviours, the Problem Behaviours will occur more frequently. This has important implications for teachers' perceptions of children's difficulties. The teachers perceive these difficulties as 'emotional and behavioural', rather than as a part consequence of inadequate social skills; the early identification of which would result in appropriate social skills development which would significantly reduce later behavioural problems.

The relationship between ability as determined by a cognitive test and academic performance is interesting in my study. The two scales used to ascertain these dimensions were:

Wechsler Intelligence Scale for Children (WISC) (Wechsler, 1991) and

Social Skills Rating Scale (SSRS) (Gresham and Elliott, 1990). The WISC

is part of the standard assessment tool, currently used in EP practice. This

was used for diagnostic purposes in identifying strengths and weaknesses,

learning styles and to give teachers as much information as possible in order

to draw up a meaningful and realistic and working Individual Educational

Plan.

The SSRS ratings scale was administered to Teachers, Parents and Pupils.

The parent version was completed after my interview with them. The pupil

version was completed after my 'formal testing' using the WISC. The main

outcome of the SSRS results was the identifications of objectives by the

teacher, parents and the pupils.

When the findings of the WISC and the SSRS scores were compared, the

data were interesting. Only one out of 17 pupils in case study two were

identified by their teachers as having learning difficulties (standard score of

below 70 constituted as a pupil having learning difficulties). My assessment,

using the WISC, showed that ten pupils had learning difficulties. Similar

results were obtained in case study one. This was important because when

the Individual Educational Plan was developed, the priorities for the

majority of the pupils will be based on behavioural needs rather than on

learning needs, as they should be.

When pupils report on their own difficulties, three of the 12 pupils' scores in case study one indicated that they had learning difficulties and five indicated that the pupils had behavioural problems. The other four pupils located their problems to 'home' or 'other social settings'. When asked how they defined "behavioural problem", all pupils who said they had behavioural problems defined themselves as "being angry",

Findings from case studies one and two suggested that the participating pupils with SEBDs also had significant learning difficulties. This link was not always reflected in the teachers' responses. It has been my practice as an educational psychologist to give the pupils the Wechsler Intelligent test whenever a referral was made to me, even when the child referred was for behavioural difficulties. My reason for doing this has always been to 'eliminate' learning difficulties as a starting point for children and young people referred to me with SEBDs. If the child has learning difficulties, he/she must be must be treated as a child with learning difficulties before he/she is seen as a child with behavioural difficulties. I have always believed that behavioural issues can be dealt with, in the majority of the cases, by making sure that the child is being able to learn all that is being taught in the class.

Many studies have found that reading problems and SEBDs go hand-in-hand, but the findings tend to be correlational. For example, Kulekowskis (l996) surveyed 128 second grade children in one American school. The

ethnic composition of the school was 50 per cent Hispanic, 34 per cent white and 16 per cent African. Half of the pupil population were considered 'low income'. According to school records, five children had troubling behaviour' and 77 had 'good behaviour'. Kulekowskis randomly selected 30 children from each of these groups and compared their reading scores on a standardised test. The results showed that the 'troubling behaviour' group had an average reading score of 23 and the 'good behaviour group' had an average reading score of 64. There was a very large and significant reading gap between the two groups. The finding, however, still leaves open the question of whether one causes the other, or whether they are independent.

Case study two reinforced the results of study one. All findings were replicated and added further evidence to my conclusions as stated at the end of chapter two. I believe I have addressed the research questions one and two. To summarise, the psychological cognitive assessment that I carried out with all the pupils with SEBDs showed that the pupils had significant learning difficulties which were not acknowledged and hence addressed by the teachers. This exasperated the problem in the classroom. The pupils became more frustrated that they could not learn, in a lot of cases could not read and the frustration led to more disruptive behaviours.

I had begun to introduce specific strategies to the teachers who were teaching pupils with SEBDs. I was getting more involved with interventions in the classroom. Teachers valued this part of my job and I felt that the

research could be extended further by trying out an innovative intervention programme for pupils with SEBDs. Case study three allowed me to do this. It was based on a multi professional involvement. I was going to work with pupils who had been diagnosed with having AD/HD, a specific type of social, emotional and behavioural disorder. In chapter four, I present the third case study. I begin with the explanation of my particular interest in AD/HD, and literature related to AD/HD.

CHAPTER 4: CASE STUDY 3

Overview

Case study three was an 'Intervention' study. Following on from case studies one and two, a community paediatrician and I devised a project involving psycho-social/educational intervention for children with SEBDs, especially AD/HD. I begin this chapter with a reminder of my research aims and the research questions that relate to case study three, followed by a description of my personal experience of working with children with AD/HD.

The two main aims of the research were to:

1. Appraise the contribution an educational psychologist could make in maximising the learning potential and opportunities for children and young people with SEBDs.

2. Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

I attempted to further address the above aims and reinforced them by carrying out case study three. In particular, I hoped to address the aims by

answering question five of the research questions posed in the opening

chapter of this thesis, which is:

How can teachers and parents become better pedagogues for children

with AD/HD, which is a specific type of Social, Emotional and

Behavioural difficulty?

At the end of case study two, I had begun to introduce specific strategies for

teachers of pupils with SEBDs. I was getting more involved with

interventions in the classroom. I felt that the research could be extended

further by trying out an innovative intervention programme for pupils with

SEBDs. Unlike most of the interventions which were carried out by a single

professional (teacher, psychologist or paediatrician, for example) this

intervention was going to be based on a multi professional involvement. I

was going to work with pupils who had been diagnosed with AD/HD, a

specific type of social, emotional and behavioural disorder. Teachers that I

worked with had referred to children with AD/HD as some of the most

challenging pupils they had to deal with.

Background that led to case study three - my American experience

I worked as an educational psychologist with the Chicago Board of

Education in the United States of America from 1991 to 1993. One of the

first assignments I was given was working as a full time psychologist in the

'Alternative Transition Programme'. It was a special school, for

approximately 30 pupils, who were all in the care of the State. The age range of the pupils was from six to 21 years old.

I worked as a member of a team of teachers, a school based nurse and a school based social worker. The pupils had all been diagnosed as having AD/HD and were all on medication. A teacher checked each morning to make sure that pupils had taken medication and pupils who had not, were sent to the medical room to receive their daily dose. Teachers were adamant that pupils could not come into classrooms until they had taken their medication.

Not all pupils liked taking the medication. Often I had the pupils for assessments and/or other individual intervention work first thing in the morning, after registration and the pupils used to tell me of their ways of not taking medication. I observed that those pupils who took the medication were very lethargic throughout the day. They were not being 'badly behaved', but at the same time, they did not participate in the lessons. They appeared to sleep through the lessons. When talking to the staff, the general consensus was that they would much rather have the pupils in this state of mind than the pupils be totally disruptive, because that is what they would be if they did not take their medication. I formed a hypothesis that the medication was for the benefit of the teachers and much less for the pupils. This personal experience was supported by anecdotal evidence from other sources, as well as conclusions from other research (APA, 2000). My suggestions to the school staff that perhaps we should try a non-

pharmacological intervention were not welcome and I was assigned to different settings, two high schools with high crime rate.

When I came back to the UK, I was determined to try out a non-pharmacological intervention with pupils with AD/HD. I worked very closely with the local Department of Child and Family Therapy, later to be renamed the Child and Adolescent Mental Health Service (CAMHS). The paediatrician at the clinic had similar views to mine and we undertook to do a research project on an alternative intervention for children who had already been diagnosed as AD/HD, but had not yet been put on any medications.

At this time, the "political" debate around Special Educational Needs had moved on from "integration" to "inclusion". The 1981 Act had focussed peoples' minds on integrating pupils with SEN into mainstream schools. With integration, the pupil with SEN went to mainstream school with a package of support — usually a number of hours of individual support. The child had to fit into the existing environment of the school.

The "inclusion" agenda was just beginning to emerge, where the focus was being put on the schools — what changes the school needs to make or adapt in order to facilitate the needs of the pupils with SEN. We decided to have an intervention package where the focus was not to work with the child (integration), but where the emphasis was on the school and parents to change their behaviours and attitudes in order to support the child

(inclusion). It was going to be our attempt to a multi-disciplinary approach to intervention.

I begin the case study with what multi disciplinary understanding is of SEBDs across the professions, leading on to describing the case study in detail.

Multi disciplinary understanding (or lack of understanding) of SEBDs.

Current literature on disruptive or disturbing behaviour in young people tends not to cross disciplinary boundaries (Macleod, 2010). Some research from within the field of educational studies does acknowledge the existence of brain-based studies, particularly in relation to AD/HD (e.g., Armstrong, 2006). However, the detail of such studies is not engaged with in any depth; either they are mentioned in passing as 'interesting and promising' (Cooper, 2006, p.252) or the basic assumptions underpinning such an approach are critiqued. An edited volume on AD/HD (Lloyd, Stead, and Cohen, 2006) contains references to neurological perspectives but does not include a chapter from an authority in this area. Similarly, the majority of the literature in the health and medical sciences makes no mention of sociological perspectives (Macleod, 2010, op cit). Disruptive behaviour is a social event that will have meaning(s) for the individual and be made sense of by those around him or her in different ways. The tendency to behave in such a way may well be related to particular neural structures and patterns of activity as well as a host of other factors (Macleod, 2010, op cit).

However, the question of what causes a 14-year-old pupil to swear and spit at his teacher and rip things from the wall as he exits (loudly) the classroom cannot be answered solely by neuropsychological test scores, functional Magnetic Resonance Imaging (fMRI), in-depth interviews with pupil and teacher, examining the curriculum, assessing the ethos of the school, taking a developmental history, studying the physical space involved, analysis of diet, observation of peer interactions, asking the young man to make a collage of how he was feeling at the time, nor by inviting him to engage on an auto/ethnographic study (Macleod, 2010 op cit).

None of these methods alone will provide the full picture of why that behaviour and why then. What they will do is address different levels of analysis of the incident – some at the microscopic level of genetic profile, some at the level of neural networks, and so on up to the widest frame offered by educational sociology, an examination of the social world. The key point here is that at each of these levels what counts is evidence and the best way to gather or generate that evidence will be different. Different approaches are not in competition but are seeking to explain different things – a scan from an fMRI cannot tell us what it feels like to be the 'disruptive' pupil; similarly, talking with the young man will not reveal atypical patterns of brain activity. Working across disciplinary boundaries will require a common understanding of the nature of the knowledge created or discovered through each discipline and what it can offer.

The challenges presented by a multidisciplinary approach to the study of behaviour of young people which causes adults concern were examined by Macleod (2010, op cit). The emphasis on problematic behaviour is important as there has very recently been significant progress in the emerging field, which has become known as 'neuroeducation' more generally (Howard-Jones, 2009). The potential of neuroscience to inform and enhance classroom practice has been generally well received. Indeed, in many cases the neuroscientists are asking for teachers to take a much more critical stance towards various brain-based explanations (Della Sala, 2007). It should be noted that not all are uncritical advocates; for example, Bridges (2009) questions whether the current enthusiasm for the application of 'science' to education might be to bypass the 'inconvenience' of pupil and teacher experience. Despite the developments in neuroeducation generally there has been slower progress in developing multidisciplinary approaches to the investigation of behaviour problems.

The view from educational sociology

The methods of data collection used in sociological educational research are varied from large-scale surveys to auto/ethnography. In this section the focus is on studies that use qualitative approaches rather than those which use large-scale surveys to try to identify correlations between disruptive behaviour and social facts such as social class, IQ and gender. Within this branch of educational sociology there has emerged a consensus view of 'special needs' as a social construction rather than an objective fact (Clark,

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Dyson, and Millward, 1998). Once this was established the search was on for the motivation behind this construction. If the special education system was not, as had previously been thought, there to meet the needs of young people, then whose needs were being served? For example, Ford, Mongon and Whelan (1982) adopt what is often described as a neo-Marxist analysis of special education. The basic argument is that special educational provision has developed and expanded in response to the need to control a deviant section of the population who get in the way of the real work of schools, which is producing a labour force. This control is generally achieved through the attachment of medical diagnoses to individuals. Thus the problem is clearly defined as lying within the child and not the system. Studies of disruptive behaviour which take social class as the key determining variable differ from each other in a number of ways. Disruption can be seen as resulting from resistance to the imposition of schooling, with young people responding to authority by either removing themselves from it (truancy) or rule-breaking. Disruptive behaviour is variously described as the working class rebelling against the school values and creating anti-school values of their own; or, alternatively, it is a simpler case of cultural conflict – the values of the working class bring young people who live according to them into conflict with school systems. The extent to which young people are said to be involved in deterministic reproduction, as opposed to active participation in cultural production (Willis,1977), also varies.

The view from neuropsychology

This section focuses on studies of young people who are said to meet the diagnostic criteria for one or more of the disruptive behaviour disorders such as ODD, AD/HD or CD: young people with disruptive behaviour and/or a label of SEBDs/EBD but no diagnosis are often from neuropsychological studies.

A deficit in executive function has been associated with a number of disorders including AD/HD, schizophrenia, autism, ODD/CD and reading disability (Banaschewski et al., 2005). Of these disorders, it is ODD/CD and AD/HD that are most consistently associated with disruptive behaviour. Research in relation to AD/HD is extensive, however the origins and pathology of this disorder are not clearly understood (Thapar, O'Donovan and Owen, 2005). Kenemans et al. (2005) note that 'it has to be conceded that there is still very limited insight as to what the fundamental deficit(s) is (are) that underlie the various clinical symptoms in AD/HD'; a view which is shared with other researchers in the field (Vaidya et al., 2005). While earlier studies on young people with AD/HD generated a great deal of evidence in support of a deficit in response inhibition underlying behaviour associated with AD/HD (Quay, 1997), more recently other explanations have been put forward, such as a deficit in motivation (Sergeant and Oosterlann, 1998; Banaschewski et al., 2005) or in strategic planning (Clark, Prior and Kinsella, 2000). Other research has suggested that the co-morbidity between AD/HD and other conditions has led to deficits being

mistakenly attributed to AD/HD when they are better explained by the co-morbid condition (Jonsdottir et al., 2006). Despite these recent developments it is common to encounter assertions in studies that the inability to suppress inappropriate actions (Casey and Durston, 2006; Pliszka et al., 2006) or a deficit in executive function more generally (Fugetta, 2006) is at the root of AD/HD.

Medicalisation

Case study three was specially designed to look at an alternative model to medicalisation of pupils with AD/HD.

If the differences between the educational and the neuropsychological approach require highlighting, then an introduction to the concept of 'medicalisation' is appropriate. Purdie, Hattie and Carroll (2002) describe the medical approach as one which assumes that there is a norm of behaviour from which any deviation is viewed as a result of pathology or disease which requires 'treatment'. They go on to argue that problems arise because what counts as 'normal' when applied to expected behaviour in the school context is not fixed. Behaviour which in one classroom may be considered normal may, in another, lead to referral to an educational psychologist or child psychiatrist for assessment. In recent years there has been an increase in the numbers of young people who are said to have a 'disruptive behaviour disorder'. Prevalence studies of AD/HD have found rates of the diagnosis ranging from one to 20%, with differences between

measured rates apparently attributable to methodological rather than cultural differences (Polanczyk et al., 2007). Most literature cites a rate of between three and five percent, although as Purdie et al. (2002) note much higher rates are commonly reported.

Interventions

There have been many attempts to provide advice and strategies to support teachers to maintain disruptive children, including those with SEBDs, in their classes (Chazan, 1993; Wheldall, Merrett & Borg, 1985). These strategies are located within a range of psychological and pedagogic paradigms. Some have advocated approaches using rewards and sanctions to promote acceptable behaviour. Others have suggested that psycho-therapeutic approaches focusing on early childhood experiences are more effective. Some studies stress the importance of systemic or 'whole school' approaches to behaviour management. More recently, there has been an emphasis on systemic approaches that acknowledge the role of the wider environment in creating and ameliorating children's Social, Emotional and Behavioural Difficulties. The fact that gender and ethnicity have been found to be key factors in the identification of certain groups of children as having SEBDs has led to a greater focus on social justice and equal opportunities in framing the context within which support for pupils is offered (Daniels et al., 1998). Bowers (1996) has argued that the emphasis in most approaches to children with such difficulties is on the disruptive behaviour and not on the underlying emotional problems of children.

Interventions, on the whole, can be categorised into four main models: behavioural, cognitive, eco-systemic and psychodynamic. Evan et al. (2004) summarise each model thus:

Strategies underpinned by a behavioural model rest on the principles of learning theory, specifically the assumption that learned, 'unwanted' behaviours can be modified or extinguished, in the short term, through programmes of selective reinforcement. This approach takes little account of individuality, and could be described as an 'input–output' model. For example, one study used a time-out procedure to reduce inappropriate verbalizations (Evan, et al. (2004).

Strategies based on cognitive-behavioural model reflect the 'cognitive shift' away from a strictly behaviourist model of the person. They recognise children's ability to form mental representations, including representations of social behaviour, and to reflect upon their own behaviour. This model rests on the assumption that 'faulty' thought patterns can be modified, with a long-term impact on behaviour. For example, studies have included elements of self-instruction or self-monitoring within the context of a behaviour management programme. Studies based on social learning theory are also included in this category (Evan, et al. (2004).

Strategies based on a systemic (or ecological) model rest on the assumption that socio-structural factors are more influential than individual factors in

determining behaviour. They emphasise the importance of understanding the situational context in which any particular behaviour occurs. In effect, behaviour is produced and given meaning as a result of the interaction between the individual and the system. For example, disruptive behaviour in the classroom might be 'caused' by the classroom layout (Evan, et al. (2004).

Strategies based on psychotherapeutic principles emphasise the deep and complex roots of behaviour problems, and the possibility of long-term change through personal development, with an emphasis on building relationships: for example, 'nurture groups' in schools. This classification encompasses psychoanalytic, humanistic and person-centred perspectives (Evan et al., 2004)

Psychodynamic interventions

Dynamic psychotherapy refers to a group of therapies, based on the work of Freud, which focus on unmet needs in early childhood and the inner world of feelings and emotions. Psychologists point to the first three to five years of life as the crucial years wherein a stable and loving relationship with the parents or care-giver is necessary and any conflict or breakdown in these early years may lead to emotional problems later on. The aim of treatment is to help people gain insight into the links between present events and past experiences (Cooper, Smith and Upton, 1994) by allowing them to express themselves freely, perhaps through music, art or drama, with the hope of resolving some of these past conflicts (Lennox, 1991). The psychodynamic

approach was a popular form of 'treatment' for children with SEBDs up to the early 1960's in small segregated classes or residential homes and has been seen as inappropriate for regular, mainstream schools.

In depth, clinical therapy is clearly not practical in the classroom. There are, however, several ways teachers can utilise psychotherapeutic techniques in order to help children with SEBDs. For example, simply by talking about problems and establishing a good relationship, teachers can enter a basic level of therapy. In order to reach even this basic level, the teacher and pupil must build a trusting relationship based on the teacher's unconditional acceptance of the pupil. The pupil with SEBDs must be able to trust in order to communicate freely any problems he/she has (Cooper, Smith and Upton, 1994). In order to develop good relationships, a positive environment is needed. The key element here, as outlined in Cooper, Smith and Upton (1994), is that the school should be seen as belonging to the pupils. School should be a place of safety or refuge for children who come from difficult homes and environments and it should be as permanent as possible, with few changes in staff. On the whole the atmosphere should be loving and giving, informal and tolerant (Cooper, Smith and Upton, 1994).

Behavioural interventions

Once the move was started to integrate children with SEBDs into mainstream schools, psychodynamic approaches were not seen as appropriate and behaviouralism was introduced. The theory behind

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behavioural approaches is that all behaviour occurs because it is reinforced. If unacceptable behaviours have been learned then they can be unlearned and replaced by desirable ones. Many programmes of behaviour modification, based on research by Skinner (1954), follow the simple plan of rewarding good behaviour and ignoring bad. A 'modelling' process is also used which is based on the idea that children can learn good behaviour by imitating behaviours to be learned and those to be avoided (Bandura, 1977 cited in Lennox, 1991). Teachers like behaviourist approaches as they are optimistic, based on the belief that behaviour can change and they are quite easy to use in the classroom. Though in depth behaviour programmes are not particularly useful or necessary in the drama class, the emphasis on positive reinforcement and the attempt to not use punitive measures as this causes resentment, dislike and lack of co-operation, are aspects of behaviouralism which would be useful for a drama programme.

Ecosystemic interventions

More recently, educationalists have turned away from behaviour modification programmes as some people feel that they are too impersonal and dehumanising and towards an ecosystemic (sometimes referred to as ecological) approach as outlined by Cooper, Smith and Upton (1994). The emphasis in on humanistic psychology which would have schools run on democratic and person-centred principles. The basis of the approach is that:

The origins and purposes of human behaviour are based on interactional processes. People are social beings who are dependent on their social environment for mental well-being (Bronfenbrenner, 1979).

The main elements of ecosystemic approaches used by teachers involve changing the teachers' negative perception of pupil behaviour to a positive interpretation and entering into a co-operative rather than confrontational relationship with the pupil. If the teacher no longer views certain behaviour as negative, then there is no longer a potentially oppositional nature to the situation. Here, as with most of the theoretical approaches discussed so far, understanding the pupil and where he/she comes from is important and the term 'sleuthing' is used to describe the process of doing this. In order for the ecosystemic approach to work, Cooper, Smith and Upton (1994) recommend that teachers should be trained in counselling skills and humanistic psychology with its emphasis on empathy. Ecosystemic approaches often borrow techniques from psychodynamic and behavioural approaches to achieve the best results. Similarities between all these theories are the emphasis on developing good relationships between teachers and pupils which includes a better understanding and acceptance of the individual as well as placing importance on the positive rather than the negative, on praise rather than punishment. These points are also at the heart of the development of a positive self-concept and self-esteem.

Context and rationale for case study three

The intervention in case study three was based on the systemic model above and using behavioural and psychotherapeutic models as part of the training material. The ecological aspect of teachers' training workshops emphasised relationships between staff, curriculum differentiated to suit need and acknowledgement of learning difficulties. The main difference between our approach and any of the models we had come across before, including all the above, was that we were going to work with the parents/carers and the teachers only and not with the pupils. The intervention involved training these two groups of people to deal with their children's behaviours differently.

Numerous studies have shown positive effects of parent training programmes in dealing with externalising child behaviour problems (Lauth, 2009). These can increase childrearing competence, improve parent–child interaction, reduce parental stress and lift parental self-esteem (Dubey, O'Leary, and Kaufman, 1983; Pisterman et al., 1992; Anastopoulos et al., 1993). They can also lead to decreases in child behaviour problems. Hartman et al. (2003), for example, confirmed a marked decrease in problem behaviour (according to both maternal reports and independent observations) in 81 children aged three to seven years after a parent training programme. Such results are supported by numerous other studies and meta-analyses (Serketich and Dumas, 1996; Brestan and Eyberg, 1998; Lundahl, Risser, and Lovejoy, 2006). Chorpita et al. (2002) concluded that

behaviourally oriented parent trainings can be regarded as an efficacious form of intervention for treating disruptive behaviour in children, in line with the American Psychological Association's (APA) criteria for empirically supported interventions.

Case study three was conducted in two parts, (i) a pilot study, followed by (ii) the main study. The pilot study involved running a series of eight workshops for parents and teachers (four each). After the four week trial period, the effectiveness of the pilot study was reviewed at a multi-disciplinary meeting of the pilot team, involving parents and teachers. Appropriate changes were made to the workshops following feedback from the participants. The main study was conducted for a period of three weeks.

The aim of the parent workshops was to enable the parents of each child to devise an individual programme for their son or daughter to best manage the child's behaviour at home. The aim for the teacher workshops was similar and it involved enabling the teachers to develop a detailed Individual Educational Plan (IEP) and have practical strategies to deal with the child's behaviour in the classroom.

The parents' workshops took place in the evenings, on the same day of each week at the local Children's and Adolescents Mental Health Centre (CAMHS). Each workshop lasted two hours and was very interactive. The teachers' workshops took place at a local school at the end of the school day

so teachers could participate without disruption to their teaching the children during the day.

Design

Case study three involved an intervention and adopted, a within-subjects repeated measures design with data collected from parents/carers and teachers pre and post intervention.

Parents/carers and teachers filled in the Social Skills and the Problem Behaviours subscales of the SSRS questionnaires. The participants' (teachers and parents/carers) ratings of their children's social skills and problem behaviours was measured before the intervention and the same ratings measured after the intervention and the difference statistically tested using the SPSS package.

Participants

Participants were the parents/carers and teachers of eight children, aged eight to 13, four males and four females for the pilot study and eight children, aged from eight to 13 years old and four males and four females for the main study. All of the children were on the CAMHS list, having been referred with a diagnosis of AD/HD. The children were also on the Local Education Authority's Special Needs Audit system, where concern was expressed by parents and schools that the child had significant

difficulties in the areas of inattention, impulsiveness and hyperactivity at school.

Measures

Two subscales from the SSRS (Social Skills and Problematic Behaviours) were used for the main study for parents and teachers, as used in case studies one and two. See chapters two and three for more information about these measures. The SSRS questionnaires were administered to the teachers and parents of the eight children that had been identified to participate in the research project.

Social Skills Ratings Scale (SSRS) (Gresham and Elliott, 1990)

The SSRS is a standardised series of questionnaires that obtain information on the social behaviours of children and adolescents from teachers, parents, and the pupils themselves. It is a detailed diagnostic tool with direct links to intervention. It allows the assessor to obtain a complete picture of social behaviours from teachers and parents.

Procedure (The intervention)

The intervention consisted of training workshops for parents/carers and teachers. The emphasis was on <u>training</u> and these workshops were not support groups. This distinction was emphasised following feedback from

the pilot group sessions. The parents said that the 'training' aspect of the workshops was one factor that made a difference to how they perceived the sessions. Some of them were already members of 'support groups', but did not want to go to yet another one. They saw see this as a learning process for them and learn how to change their children's behaviour. The main messages to the participants in all the workshops was that medical intervention on its own or merely teaching skills to the children was not enough to change a child's behaviour. The understanding and accommodation of those living and working with the person with AD/HD are critical to successful coping (Sugai et al., 2000).

Much of the training worked through the daily problems that parents and teachers encounter (e.g., when asking a child to help, taking the child to bed, making a visit, paying attention, sitting down quietly). Parents and teachers were taught how to deal with these situations more competently and to guide their children more effectively. Eight one-hour group training sessions/workshops (four for teachers and four for parents) successively addressed the following topics for groups of parents/carers and teachers separately:

i. *What needs to change?* Parents and teachers are taught to pinpoint in behaviourally concrete terms what the current problems are and to formulate their own personal training goals.

ii. *The ABC scheme for emotion regulation*. Analysing automatic

beliefs and evaluations in difficult childrearing or teaching situations and learning to replace these with more functional alternatives.

iii. *Changing routines*. Learning to structure difficult everyday situations and routines in a more constructive way.

iv. *Instructing through consequences*. Guiding their child towards positive goals and encouraging new behaviours by providing effective consequences.

v. *Making effective demands*. Formulating clear rules and expressing demands directly. Follow-up of demands with natural consequences and avoidance of inappropriate punitiveness.

vi. *Anticipating problems and how to avoid them*

vii. *Not personalising the child's problems.*

For the main study, the first workshop was a joint one with teachers and parents. Workshops two and three were separated.

Teachers' workshops

The teachers' workshops consisted of two major areas: assessment and intervention strategies. The workshops were practical, interactive and based

on the trainers' firm belief that with appropriate training and support, teachers and parents working together can make a difference.

Parents' workshops

The emphasis of the parents' workshops was to give the parents a sound theoretical understanding of why children with AD/HD behave the way they do. The trainers focussed on 'real life experiences' of the participants and attempted to explain the behaviours and what strategies to use. Topics like 'planning ahead', 'when to ignore a behaviour' and 'rewards' were all covered in depth, following feedback from the pilot workshops.

The pilot study

The paediatrician and I shortlisted eight children whose families we were going to work with. The parents/carers and the teachers of the children identified were interviewed at home and at school respectively to explain the project and allay the participants' fears and anxieties.

A four week programme was set for this pilot case study of intervention. Once a week the group met in the evenings for the workshops. For the pilot, four one-hour group training sessions successively addressed the topics as listed above for groups of parents/carers and four one hour sessions for the teachers.

After the four week trial period, the effectiveness of the pilot study was reviewed at a multi-disciplinary meeting of the pilot team, involving parents and teachers. The following changes were made to the main study following the pilot study: The four workshops were cut down to three, but instead of one hour long, they were now two hours long each. The participants felt that they would rather come for a longer evening, than for a prolonged overall period of time. The style of delivery of the workshops was changed. A balance was sought between the sessions being 'training sessions' and yet maintaining a feeling of 'informality'. Each topic was given as a lecture for about ten minutes and then discussion was encouraged and generated through asking the participants how they had used strategies pertinent to the particular topic; how they intend using them and how practical it would be for them. This style proved to be very useful and the desired outcome of interaction and learning was obtained almost fully.

The main study

Different group of eight children was identified whose families we were going to work with. As in the pilot study, all of the children were on the CAMHS list, having been referred with a diagnosis of AD/HD as well as on the Local Authority's Special Needs Audit system with behavioural concerns.

All participants in the main study were invited to a meeting to explain the research project and to obtain full commitment from all. At this joint

parents, teachers and researchers meeting, it was explained once again (this had already been explained when we interviewed the parents/carers and the teachers individually in their homes or schools) that the data will be used as part of my research. They were asked for their permission for the data to be used in this case study and all parents and teachers agreed.

The procedure for the main study was as for the pilot. In addition, the parents were asked to rate aspects of their child's behaviour on two subscales of the SSRS (Social Skills and Problem Behaviours). At schools, teachers were asked to fill in the three scales of the SSRS form (Social Skills, Problem Behaviours and Academic Competence). Eight families were identified to participate in this study as well. These subscales were the same as used in case studies one and two.

After the workshops, there was a six week period of 'putting the learning into practice'. After the six week period, I visited each family and asked them to complete the SSRS measure again. Similar procedure took place with the teachers. Two weeks after that, a 'post research' meeting was called where all the participants were invited to review their experiences and to hear the outcome of the SSRS results.

Data analysis

The Statistical Package for Social Sciences (SPSS) was employed to analyse the data. Mean scores pre and post intervention on the SSRS social skills

and problem behaviour subscale s for both teachers and parents were compared. Raw scores were first standardised using the test manuals and these scores used in the analysis.

Results and findings

The results of the intervention are tabulated below. Each participant's scores on the subscale's pre and post intervention (Social Skills, Problematic Behaviour and Academic Achievement) are given for teachers and parents in separate tables.

Teachers and parents ratings of the children's social skills pre and post intervention

The table below (Table 4.1) shows the teachers' pre and post intervention ratings scores of children's social skills.

Table 4.1: Pupils' social skills scores on the SSRS as rated by the teachers

Pupil	Intervention	
	Pre	Post
1	89	95
2	67	80
3	84	102
4	75	76
5	59	65
6	65	80
7	71	79
8	65	82

There was a significant difference between teachers pre and post intervention scores for the pupils' social skills (n=8, t= -4.854, p= 0.002). The teachers assessed these pupils' social skills as significantly improved with this intervention.

From discussions with the parents and teachers, they wanted to be empowered to deal with the children's difficulties themselves and not feel that they are losing control.

The parents had also rated their children on social skills, both pre and post intervention. Table 4.2 below gives the results of the Parents' ratings, pre and post intervention on their children's social skills.

Table 4.2: Pupils' social skills scores on the SSRS as rated by the parents

Pupil	Intervention	
	Pre	Post
1	92	115
2	82	95
3	79	79
4	87	90
5	79	85
6	100	103
7	85	85
8	70	87

There was a significant difference between parents pre and post intervention scores for their children's social skills (n=8, t= -2.685, p= 0.031). As with the teachers' findings, the parents assessed their children's social skills as significantly improved with this intervention.

Teachers and parents ratings of the children's Problematic Behaviour pre and post intervention

Problematic Behaviour is another subscale on the SSRS and both the teachers and parents completed this subscale. Table 4.3 below gives the scores for the teachers, pre and post intervention on this subscale.

Table 4.3: Pupils' Problem Behaviour scores on the SSRS as rated by the teachers

Pupil	Intervention	
	Pre	Post
1	135	130
2	135	135
3	133	120
4	134	112
5	129	125
6	138	125
7	125	100
8	120	95

There was a significant difference between teachers pre and post intervention scores for the pupils' problem behaviours (n=8, t= 3.813, p=

0.006). The teachers assessed these pupils' problem behaviours as significantly improved with this intervention.

Similarly, the parents had completed the same subscale for their children. Table 4.4 below gives the results of the Parents' ratings of their children's problematic behaviour pre and post intervention.

Table 4.4: Pupils' Problem Behaviour scores on the SSRS as rated by the parents

Pupil	Intervention	
	Pre	**Post**
1	127	100
2	133	98
3	133	130
4	102	98
5	112	100
6	115	98
7	130	118
8	129	109

There was a significant difference between parents pre and post intervention scores for their children's social skills (n=8, t=4.187, p= 0.004). The parents

assessed their children's problem behaviours as significantly improved with this intervention.

The teachers completed the Academic Competence subscale for the children Table 4.5 below shows the teachers' ratings of the children's scores, pre and post intervention.

Table 4.5: Pupils' Academic Competence scores on the SSRS as rated by the teachers

Pupil	Intervention	
	Pre	Post
1	72	72
2	67	68
3	77	78
4	70	70
5	67	67
6	72	72
7	74	75
8	74	80

The difference between teachers pre and post intervention scores for the pupils' Academic Competence was not found to be statistically significant (n=8, t= -1.567, p= 0.161). The teachers' assessment of the children's

academic competence remained the same after the intervention compared to before it.

Discussion of case study three

Research has shown that children's behaviour and academic performance improved significantly for children with AD/HD after a three year course of multi-modal intervention (Satterfield, Satterfield and Cantwell, 1981; Satterfield, Satterfield and Schell, 1987). The multimodal approach employed by Satterfield et al., involved providing a tailored programme for each child and family from a menu of interventions including: stimulant medication, tutoring, individual child therapy, parent management groups and marital therapy (Hinshaw, 1994).

These intervention techniques were mainly directed at the psychosocial aspects of AD/HD, being focused on helping individual children and their families learn specific skills that will help them avoid the debilitating effects of AD/HD. Specific educational interventions (DuPaul and Stoner, 1995, Cooper and Ideus, 1996) focus on the need to provide children with AD/HD with clear educational objectives, that take account of their difficulties in sustaining attention and distractibility. Emphasis is also placed on the importance of building children's self esteem through specific teacher interventions. Of particular interest is the possible association between AD/HD and particular cognitive styles as well as high levels of creativity (Crammond, 1993).

Findings from case study three demonstrated that working with teachers and parents of children with AD/HD for a relatively short time changed these adults' (parents and teachers) views of their children's behaviours. They reported improvement in children's social skills and behaviours, and indicated that they believed that the children's behaviour had changed. It is, though, unclear whether it was the child's behaviour or perceptions of the adult that changed. What was clear, however, was that both teachers and parents felt that they were back in control and had strategies to cope with the behaviours of the children. One set of parents said that they could not even go out of the house because of their child's behaviour before the intervention. The workshops had given them confidence and they felt 'in control' again. They said that their lives 'had been transformed' (parents of child five). It was an interesting and, in my view, a significant comment because the difference in scores is not as big as some other parents' scores.

There was a lot of scepticism from the teachers at the start of this project. Some teachers believed that there should be an intervention with the children themselves if their behaviour was going to be changed. Some teachers were reluctant to join in with the discussion, especially the joint one with the parents. By the third workshop, the reluctance had subsided as the workshops became more practical and addressed the 'real issues' in the classroom and how to deal with those issues.

Findings from case study three addressed my fifth research question:

How can teachers and parents become better pedagogues for children with AD/HD, which is a specific type of Social, Emotional and Behavioural difficulty?

My professional background as an applied psychologist and that of the paediatrician, with knowledge of child development allowed us to develop a programme of working with parents/carers and teachers to address the specific needs of pupils in their care. The teachers and parents wanted to be the "managers of change". Feedback from the parents indicated that we empowered them to feel confident to deal with some of the challenging behaviours that their children were presenting.

Link to case studies one and two

In case studies one and two, I looked at the assessment processes and my involvement as an educational psychologist, in understanding the needs of pupils with SEBDs in order that teachers and parents can understand the children better and deliver a more relevant curriculum to these pupils.

Case study three represents a valuable attempt to establish a comprehensive, multi-disciplinary intervention procedure for childhood AD/HD within a Local Authority. The findings of case study three provide some support for the need for, and illustrate the feasibility of, effective interdisciplinary collaboration with respect to AD/HD assessment, diagnosis and

intervention. This important issue deserves the best co-ordinated efforts of mental health and education to come up with adequate but workable solutions.

Benefits of collaborations include joint working and shared responsibility. It is important that one unified positive message is given to everyone involved in improving the behaviours of their children.

CHAPTER 5: GENERAL DISCUSSION AND CONCLUSIONS

Overview

In this chapter, I discuss the implications of all the three case studies together and relate these to practice, policy and my own experience. I start with a reminder of the aim of the thesis and the research questions that were posed. I then consider overall findings from the three case studies, linking those with previous research wherever possible and outline three main themes that I feel are important to practitioners. Limitations of the methodology are acknowledged, followed by a section on the possible future research arising from this thesis.

In keeping with the genre of this thesis, I summarise my personal and professional journey up to the point I have reached to today. From the issue of "Integration" in 1994 to "Every Child Matters" in 2007, bringing it up to date with the UK House of Commons Select Committee inquiry into behaviour and discipline (BPS, 2010). These are the political issues which have a direct impact on all vulnerable groups in society including pupils with SEBDs.

Discussion related to the outcomes of each case study has been reported at the end of chapters two, three and four. In this chapter, I consider the studies as a whole and focus on the issues that impact on the teaching and learning of the pupils with SEBDs.

Introduction

The two main aims of the research and hence the thesis were to:

1. Appraise the contribution an educational psychologist could make in maximising the learning potential and opportunities for children and young people with SEBDs.

2. Consider the 'added value' that an educational psychologist might bring to enable these children as better learners and teachers as better teachers of children with SEBDs.

In order to achieve this aim, I posed five research questions. They were:

1. What does the psychological assessment by an educational psychologist of a child's overall ability contribute to the overall needs of the pupils with social, emotional and behavioural difficulties?

2. How do teachers who work exclusively with children with SEBDs (for example in units attached to mainstream schools), legal guardians and the children themselves rate their children's ability, social skills and academic achievement in relation to one another?

3. How do teachers in mainstream school settings perceive the needs of children with SEBDs who are included in their lessons?

4. Are there any psychological profiles that can be drawn from data collected from administering the Wechsler Intelligence Scale for Children?

5. How can teachers and parents become better pedagogues for children with AD/HD, which is a specific type of Social, Emotional and Behavioural difficulty?

Main findings of case studies one and two

I addressed research questions one to four in case studies one and two. The conclusions and discussions around these questions were reported at the end of chapters two and three. The summary of the findings of case studies one and two is as follows:

The full psychological cognitive assessment that I carried out with all the pupils with SEBDs showed that the pupils had significant learning difficulties which were not acknowledged and hence addressed by the teachers working in specialist SEBD settings. This exacerbated the problem in the classroom. The pupils became more frustrated that they could not learn, in a lot of cases could not read and the frustration could have led to more disruptive behaviours.

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My findings showed that there was an agreement between teachers, parents and the pupils themselves on the mere fact that the pupils have SEBDs. No-one, least the pupils, is an any "denial" state. They all agreed that there was a problem. There was, however, disagreement as to what extent the behavioural difficulties, social skills and academic competency actually were. Acknowledgement by all parties that each party perceived the difficulty differently goes a long way towards resolving the problem through working together. The value of looking at the issue from the other's perspective is something that came out strongly from the study.

One finding from case studies one and two that was significant and is supported by current existing evidence is that the cognitive profile of the pupils with SEBDs resembled pupils with specific learning difficulties.

Qualitative data from case study one showed that:

The pupils felt that the teachers viewed them as "problematic pupils" whereas the pupils saw themselves as "pupils with problems". The pupil's behaviour was not separated from the pupil and the pupils felt that the teachers were very judgemental.

Teachers defined SEBDs in terms of disorders and compared pupils with SEBDs with "normal" pupils in their classes, implying that there was something abnormal about these pupils. Emotive terms were used to

describe pupils with SEBDs – delinquent, disruptive, disturbed. They also defined 'behavioural difficulties' in terms that suggested lack of social skills- 'unable to work or socialise; one who cannot follow rules and routines; problems relating to authority; cannot cope with normal demands and disciplines of life; not coping in a group'.

Teachers made a distinction between emotional and behavioural difficulties. Behaviour difficulties were seen as children being 'naughty, having no discipline, acting up, socialising problems and not understanding the need for rules', whereas emotional difficulties were seen as pupils having 'clinical' problems. They are 'angry, resentful, react excessively, inappropriately or not at-all'.

The majority of the teachers viewed behavioural problems as 'within the child'. Some said that 'for some children the problems were too deep-rooted for schools to deal with'. Others used terms such as 'madness'; 'damaged beyond repair'; 'clinical problems' to describe pupils. It appears that when asked a question that they felt strongly about, they became 'experts' in the field, and went beyond where their professional boundaries. They used terms such as 'lack of temper or anger control; 'as a consequence of abuse'; 'amoral'; 'brain damage'; 'inerasable experiences'; 'no sense of wrong'.

Teachers felt that assessing pupils with SEBDs should include 'observations', which was the most popular response from the teachers after 'psychological testing, teacher reports and parent reports'. Comparing

behaviours with the 'norm' was also mentioned. Multi agency involvement was viewed positively.

Strategies to deal with pupils with SEBDs included 'removal of child from situation/classroom'; to 'talking to and counselling'. One teacher felt that the teachers would benefit from 'a good anger management programme. These children are always angry about something' (female teacher, newly qualified).

All schools in England are required to have a behaviour management policy (DfEE, 1994). The school I worked in where the research took place certainly had one. When asked if there was a whole school policy on managing difficult behaviour, teachers' responses varied from 'there is a policy, but I don't know what it is' to 'that may be the school policy, it is not mine'. This indicated that the policy was not having any positive effect on the management of pupils' behaviour in the school. Some teachers acknowledged that there was a need for a strategic approach, a long term solution, e.g. curriculum differentiation or whole school behaviour management technique, like assertive discipline.

Parental involvement in terms of children's needs was seen by teachers (in secondary schools) as not really workable. Many staff at the school felt that working with parents was more appropriate in primary schools and not secondary. This view is rapidly changing and working with and involving parents in the secondary sector is now common practice.

Teachers were asked about the role of an educational psychologist. They suggested that the role of an educational psychologist was to advise/support staff and parents; work directly with children, to assess their needs, 'analyse' their problems, counsel them. Teachers identified areas where they thought that an educational psychologist could assist teachers in doing their jobs more effectively. They said they needed more advice on the needs of the individual pupils.

When asked if they agreed with having the unit for children with SEBDs in their school, the majority of the teachers said that they were not in favour of having that facility. When asked what they understood by the term 'inclusion', the vast majority of the teachers said it was 'moving children from special schools back to mainstream'.

Main findings of case study three

Research question five was addressed through case study three and the findings discussed in chapter four. Case study three was an 'Intervention' study. Following on from the first two case studies, a community paediatrician and I devised a project to look at more appropriate psycho-social/educational intervention methods for pupils with SEBDs. They all had a diagnosis of AD/HD. The intervention consisted of training workshops for parents/carers and teachers. The focus of the workshops was to 'teach' the teachers and parents of the bio-social aspect of the disorder

and the implications of that on the parents and teachers. Workshops were very strategy based and very practical and interactive. The participants' (teachers and parents/carers) ratings of their pupils' social skills and behaviours were measured before and after the intervention. The outcome of this study was that the teachers and parents/carers of the identified pupils changed their self-reported views on the extent of their pupils' difficulties. Parents/carers and teachers all reported significant improvement in their pupils' social skills as well as problematic behaviours following the intervention.

Implications of the case studies on professional practice

Three main themes emerged from my findings: (i) that a psycho-educational assessment can make an important contribution in understanding detailed needs of children with SEBDs; (ii) that social skills of pupils are intrinsically linked with self esteem, academic achievement and SEBDs; and (iii) that teachers, parents/carers of pupils with a specific type of SEBDs, like AD/HD can be empowered to deal with pupils' behavioural difficulties through multi agency interventions.

Psycho-educational assessment and children with SEBDs

In case studies one and two, all pupils taking part in the research were given a full psycho-educational assessment, which included full Wechsler Intelligence Scale for Pupils (WISC) (third edition) cognitive test

(Wechsler, 1991). The purpose of this was to assess the pupils' strengths

and weaknesses using a common standardised tool; to identify any learning

difficulties that the pupil may have had and for the purpose of this research,

to see if the pupils' overall ability as indicated by the Full Scale IQ,

corresponded with the teacher's assessment of the child's ability. The Social

Skills Ratings Scale (SSRS) was administered to all the pupils, their

teachers and carers. The aim was again to use a standardised tool across the

pupils and three case studies of the extent of social skills, problematic

behaviours and academic competence as assessed by the parents (or legal

carers), teachers and pupils themselves.

Data obtained from the above tests allowed me to compare my own

assessment as an educational psychologist with the teachers' assessment of

the pupils' ability, using the WISC and SSRS respectively (see later in

chapter for discussion of possible limitations of measures). Table 5.1 below

summarises the main findings over the three studies.

Table 5.1: Comparison of the Academic Competence and overall ability by teachers and EP

Who was compared	Variable compared	Outcome
Educational psychologist (WISC) and teachers (SSRS)	Overall ability (as measured by the WISC and Academic Competence (as measured by the SSRS)	Significant difference. Teacher estimated pupils' ability higher than the psychologist.

Findings show that the majority of the pupils who took part in this research appeared to have learning difficulties according to Local Authority criteria at that time (Table 2.6 for case study one) which was based on the classifications of overall ability as measured by a standardised testing tool such as the WISC.

Yet this important piece of evidence appeared not to have taken into account by the teachers when developing the pupils' individual educational plans. One possible reason for this may be that teachers' priority in the class is the management of disruptive behaviour and not the management of the pupils' learning difficulties.

A problem for pupils with SEBDs is that much of the special education help available to them in schools concentrates on modifying their negative

behaviours rather than helping them with their academic problems, especially reading (Nicholson, 2005). One American study that compared the progress of SEBDs pupils with learning disabled (LD) pupils over a five-year period found that SEBDs pupils made hardly any progress in reading compared with LD pupils, even though they received more special education services (Anderson and Duchnowski, 2001). If the school focused its efforts on targeting pupils who appear to show problem behaviours and ensure that they receive effective and additional reading instruction, they might reduce and ameliorate existing behavioural difficulties and reduce the possibility of other later behavioural difficulties such as delinquency, smoking, drugs and so on (Nicholson,2005). Reading achievement is central to school learning and failure in this area can have cascading negative effects on many other aspects of a child's development, both social and academic. Success in reading, however, encourages pupils to try harder and to focus on academic tasks. Lack of success in reading discourages pupils from learning and causes them to engage in negative classroom behaviours (Levy and Chard, 2001). As data in my research showed, pupils' reading ages in case studies one and two were significantly lower than their chronological ages, a substantial number being non-readers (Table 2.8).

Social skills, self esteem, academic achievement and SEBDs

Pupils' social skills were rated by the teachers, parents/carers and the pupils themselves. Data were analysed to see if there were differences or correlations between the three groups (teachers, parents/carers and pupils).

All three groups agreed with each other that the pupils lacked in social skills.

Similarly pupils' problematic behaviours were rated by the teachers, parents/carers and the pupils. Data were analysed to see if there were differences or correlations between the three groups (teachers, parents/carers and pupils). As in the case of social skills, all three groups agreed that the pupils had problematic behaviours.

Previous research has suggested that social skills, self esteem and SEBDs are related (Nicholson, 2003). In my research, all participants, teachers, parents and pupils themselves all agreed that the pupils' social skills were under developed and that the pupils had problematic behaviours. Social Skills Training can address this issue; it can build self esteem and alleviate behavioural problems significantly (Sugai and Horner, 2002). They proposed school wide programme of positive behaviour support, which would include a pro social classroom culture and the direct teaching of social skills.

As summarised above, there was no disagreement between teachers, parents/carers and pupils themselves that the pupils had behavioural problems and that they lacked in social skills (see chapters two and three). However, there was a difference between pupils', parents' and teachers' ratings of these. Teachers tended to rate the pupils' behavioural difficulties at a lesser degree compared to the pupils' parents (caregivers). Pupils

themselves rated their own behaviour even lower than the teachers and their parents/carers.

Teaching social skills has been shown to be very effective intervention in changing pupils' behaviours (Blackorby and Wagner, 1996). Parental involvement in the education of their pupils is important and has been shown, not only to raise pupils' attainments, but also help improve pupils' behaviours (Cornwall and Tod, (1999). In my research, there was no evidence of any social skills training either at the Unit, or at the PRUs. There was no evidence of any joint intervention involving parents and teachers. As demonstrated in case study two (chapter two) the SSRS not only assessed the social skills of pupils, it also generated objectives that teachers and parents could work towards. This was an important intervention strategy in addressing the SEBDs of the pupil, his/her social skills and joint partnership working between parents and teachers. Early intervention that can prevent school failure and delay school dropout or can alleviate the SEBDs associated with school failure can be beneficial in the prevention of later serious offending (Zigler et al., 1992). For example, Head Start and other similar early intervention programmes that improve the school readiness of at-risk pupils have a long-term, positive impact on both academic achievement and the diminution of juvenile offending (Zigler *et al.,* 1992).

Support for improving behaviour by giving pupils a sense of accomplishment comes from a study of excluded pupils in England. The

researchers surveyed a number of special learning programmes designed to build self-esteem in these pupils (Kinder *et al.,* 2000). The programmes were for pupils who had been permanently excluded from schools, who had negative attitudes to education, aggression, low self-esteem, and behavioural and learning difficulties. The focus of the learning programmes was on achievement and recognition through completion of practical certificates (for example, power boat driving certificate). The survey results indicated that successful experiences in the programme made pupils more confident and more willing to learn. For example, one probation officer reported, 'They knew they haven't achieved academically in the past, and I think that, in itself, is always at the back of their head and they think 'I'm not going to be able to do this'... But, by the time they had gone through the project, they know they can, and I think it's like a steady build up of self-esteem, self-confidence and, like, personality building' (Nicholson, 2000, p. 16). A parent commented about his son, who had learning difficulties, 'You need something like this, 'cos pupils with special needs have very low self-esteem and generally pupils who are excluded have very low self-esteem and [provision] has helped bring his self-esteem up... that he is worth something, that he can do something, that there is a good side to him' (Nicholson, 2000, p.16 - 17).

Some of the pupils at the unit where case study one took place and the PRUs (case study two) had been permanently excluded from their mainstream schools. They were either waiting for a new school to be found or were on a behaviour programme before the new school took them on. Exclusion is a

disciplinary response from a school and has no forward plan for the child and no coherent vision of the educational community's responsibility for making provision to meet need (Parsons, 2009). Parsons (op cit) goes on to say that this is a punitive response, however regretfully administered by the school. It removes an alleged problem from the school, but it causes great anguish and hardship for the child and family and increases problems for other services to deal with the child following exclusion. There are more effective, efficient and caring ways of managing the challenges at the level of the LA and school clusters with support from other agencies (Parsons, 2009). Batmanghelidjh (2005) and her work with Kids Company demonstrates another, more responsible and caring ethical position.

Intervention with parents/carers and teachers of pupils with AD/HD- a multi agency non medicalised model

This arose from case study three – the "intervention" study. Useful interventions can be broadly targeted or specifically aimed at pupils with SEBDs (Peters and McMahon, 1996: Greenwood, 1996). Research on effective interventions includes: peer mediation around bullying (Smith, 1999), 'Circles of Friends' interventions (Newton et al., 1996, Frederickson and Turner, 2003), social skills training (Maddern et al., 2004), peer tutoring and mentoring (Maras, 2001; Maras et al., 2000; Southwick, Morgan, Vythilingam, & Charney, 2005) and moral reasoning (Kuhn & Udell, 2003; Leman & Björnberg, 2010). Providing alternative curriculum to pupils with SEBDs has been shown to reduce exclusions significantly (Parsons, 2009).

They can be directed at family support, improving parenting skills, enriching the learning environment, or providing a more positive, inclusive and responsive school environment (see, for example, Olweus, 1991; Tucker, 1999; O'Donnell, 1992; Gottfredson, 1997). Alternatively, they can be directed at the child. The latter programmes, by employing cognitive-behavioural strategies (Meichenbaum, 1977) and other techniques, like Social Skills Training, can aim to help at-risk pupils understand and express their own emotions, increase their self-regulatory competences, improve their ability to empathize and their readiness to lake the role of others and better manage their anger in conflict situations (McCord and Tremblay, 1992).

Research in primary schools has shown that even pupils judged by their teachers to be most extreme in their behaviour can be 'brought around' by effective interventions devised between teachers and educational psychologists (Miller, 2003).

Case study three was an 'Intervention' study. Following on from the first two case studies, a community paediatrician and I devised a project to look at more appropriate psycho-social/educational intervention methods for pupils with SEBDs, who had all been diagnosed with AD/HD. The outcome of this study was that the attendance at the workshops by the teachers and the parents/carers of the identified pupils changed their reported views on the extent of their children's difficulties. Parents/carers and teachers all

reported significant improvement in their pupils' social skills as well as improvement in the children's problematic behaviours following the intervention. Teachers reported no change in the academic competence following the short intervention.

The challenge of interdisciplinary research and work.

The conduct, analysis and reporting convincingly into academic and practice environments of interdisciplinary research faces a number of challenges. These challenges are bound up with the confidence of professionals and educational researchers, political swings in politicians' valuing of types of research, arguments about definition of SEBDs and AD/HD and the general acceptance of the place of narrative research.

More interdisciplinary research needs to be done in order to break down the barriers that prevent multidisciplinary working together. Findings from case study three showed that there is much to be gained from working together. Parents and teachers said that they learnt significantly more from participating in workshops run by two different professions working together.

Macleod (2010) point out three barriers to researchers from within education engaging in multidisciplinary research. The first is an apparent crisis of confidence within educational research. This links to the second, the current focus amongst policy makers and funding councils for a

particular kind of quantitative research. Finally, within the education

research community there is some distrust (or at least misreading) of much

of the medical and psychological research (Macleod, 2010).

In order for educational researchers to argue for the contribution which they

can make to a multidisciplinary study there needs to be a degree of

confidence in what the discipline can bring to the table, and it is not at all

clear that such confidence exists (Macleod, 2010). Research in education

has attracted some harsh criticism over recent times but perhaps the most

damaging attacks have come from within. Two opposing philosophical

positions are seen as underpinning much of the conflict in educational

research (Pring, 2000), which has recently been re-opened with the advent

of the 'what works?' research agenda. On one side are the realists who

assert the existence of an objective world existing independently of our

knowledge of it. In contrast, the relativist camp assert that the world is a

social construction; there is nothing 'out there' to be discovered. However,

much of the recent writing on this polarisation of views is aimed at, if not

reconciling, at least narrowing the gap between, them (see, e.g., Bridges and

Smith, 2007). One attempt to do so is offered by Pring: 'It is not that there

are multiple realities. Rather there are different ways in which reality is

conceived, and those differences may well reflect different practical

interests and different traditions' (Pring, 2000, p.254). Other attempts

employ the tactic of asserting that their position has been misunderstood. A

common theme in the literature from the 'realist' position is that the critique

offered by the relativists is of a 'strawman' (Moore and Muller, 1999),

either adopting a view of scientific method which would be unrecognisable to most scientists or by equating realism with 'naive realism' (Collier, 1994). Similarly, Laws and Davies (2000, p.206) comment that a 'startling mode of dismissal' of the post-modernist view rests in the assertion that for post-modernists there can be no common narratives – an assertion they clearly reject. The differences between realism and relativism can perhaps be better understood when their respective 'starting points' are considered. Realists start from an ontological assertion that the material world exists. On the basis of that ontology they build an epistemology in which two key assertions follow: first, knowledge can be objective (the things we know exist whether we know them or not); and second, knowledge claims are fallible (it will always be possible that further information will arise which improves our knowledge) (Collier, 1994). In contrast, the relativist position starts from theorising about what we can know – that is, epistemology. Within this approach knowledge is viewed as a social construction, with individuals constructing their own knowledge, thus the question of what there really is 'out there' becomes redundant.

An example of the application of realist and anti-realist (or relativist) principles to research in this area is provided by the debate over the 'truth' of AD/HD as explored by Tait (2006). In summary he argues that the only way in which the reality of AD/HD as 'fact' can be defended is if an anti-realist, specifically a pragmatic, view is adopted, because the theory of AD/HD as a disorder 'works'. However, by taking an anti-realist position the 'hard' scientific evidence for the existence of AD/HD cannot be

admitted. It doesn't help that if this pragmatic view is taken, the contrary view that AD/HD is a social construction can also be shown to 'work'. Tait (op cit) uses this analysis to argue that realists and anti-realists cannot work together, however Macleod (op cit) feels that there is perhaps less cause for despair than Tait seems to think. Tait has chosen to focus on a pragmatic version of anti-realism, one in which 'usefulness' is taken as a substitute for truthfulness (Niiniluoto, 1999). However, the approach of critical realism, sitting somewhere between the extremes of realism and anti-realism, may offer a more positive outcome.

According to the critical realist position it is not inconsistent to believe in the existence of an independent external reality and at the same time hold that our knowledge of that reality is always fallible and open to critique and revision (Scott, 2005). This is not to suggest that everyone adopt a critical realist perspective, simply to observe that there are routes out of the apparent dualism.

It seems that the long-running dispute within educational research has led to a residual crisis of confidence which is exacerbated by the discourse of a 'gold standard' of research (Macleod, 2010). In this context misconceptions about the authority of 'science' abound and, as demonstrated by Rowbottom and Asiton (2007), this is at least in part sustained by handbooks of educational research. Bridges (2009) has commented on these trends, noting that criteria which are applied to assess 'scientifically-based research' are also being applied to educational research from within the humanities,

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resulting in their systematic exclusion from the accepted evidence base for policy-making. In applying criteria more appropriate to quantitative studies, most qualitative research would fall at the first hurdle: narrative research is not going to pass the test of any power calculation and demanding a 'control group' would be meaningless. However, the data generated by qualitative methods such as narrative research are no less valuable and should generate no less confidence than those produced through randomised control trials (Griffiths and Macleod, 2008).

Given this context it has been suggested that educational researchers need to have more confidence in their methods and to reaffirm claims for their discipline to be accepted on its own terms and not be judged against inappropriate criteria (Bridges, 2009). This will be the case particularly when educational researchers are working alongside those from more 'scientific' traditions such as in interdisciplinary projects. Ungar (2003) outlines the unique contributions which he believes qualitative research offers to our understanding of resilience in young people – many of which apply equally well to our understanding of disruptive behaviour. In particular, qualitative research has a role to play in the early stages of research projects when contextual information is what is required. Identifying the information to be considered in an explanatory model examining predispositions to disruptive behaviour can be done only by listening to the young people in question and becoming familiar with their histories and contexts. It is through this qualitative approach that important contextual factors and, importantly, the young people's understanding of

them, will emerge. For educational research to contribute to the developing understanding of disruptive behaviour it must do so from a position of strength and a sense of what it is capable of offering. Trying to make such research fit the criteria from a different research paradigm will result in the unique contribution of the kind described by Ungar being lost (Ungar, 2003).

A lack of confidence is not the only potential barrier to multidisciplinary working; the view of medical sciences from within education may also prove problematic. There are two areas of difficulty; the first is misunderstanding and/or misrepresentation and the second is concern with the consequences of engaging with medical research.

Here it is useful to return to the characterisation of medical research offered by Purdie et al. (2002) above – that the medical approach is one which assumes a norm of behaviour, deviation from which is viewed as a result of pathology or disease requiring treatment.

Macleod, (2010), however, points out an excerpt from an article published in *Psychological Bulletin* as typical of the kinds of statements encountered in articles in the medical sciences: 'In considering neurobiological influences on behaviour, the recognition that any behaviour is the outcome of a complex interplay of individual, developmental, and social factors is important' (Van Goozen et al., 2007, p.149). Indeed the literature from neurobiology, psychophysiology, psychiatry and related fields is peppered

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with words and phrases such as 'possibility', 'hard to interpret', 'somewhat', 'could be', 'tentative'; hardly the certainty we have been led to expect from 'scientific method'. This caution in the interpretation of data is not reflected in the representation of clinical research as found in educational literature. It does not fit with notions about the superiority of 'positivist' 'scientific' research, which is presumed to be full of certainties. (Macleod, op cit).

I am a pragmatist. My mixed method approach brought together quantitative measurement together with description and opinion. Interdisciplinary research has its own obstacles and challenges as discussed above. There are other "external factors" that impact on pupils with SEBDs.

Tensions between Social Inclusion and Raising Standards

Within the UK, conflicts resulting from the promotion of a market forces and accountability approach to education alongside the striving for inclusion and social justice have been well reported in analyses of current Labour policies (see, for example, Thrupp and Tomlinson, 2005; Clark, 2006; Reay, 2006). Whilst New Labour's policy of pursuing attainment standards and a social inclusion agenda contains an implicit commitment to the enhancement of equity and social justice, inherent tensions exist within such policy around the contrast between target setting and social inclusion. Rieser (2006, p.41) argues that, 'there are now, and have been from the beginning of New Labour's education policies, major fault lines running through the

Government's commitment to raising standards for all, while at the same time developing inclusive education.' Cole and Daniels (2002) suggest that, historically, the education of pupils displaying disturbed emotions and behaviour has been plagued by policy inconsistencies, leading to variations in practice, policy interpretation and theoretical standpoint and has translated into conflicting and changeable experiences for young people. Policy has oscillated between discourses of inclusion and exclusion, according to Didaskalou and Millward (2002). While the mid-1900s saw a growing understanding of the correlation between problematic behaviour and socioeconomic disadvantage, the quasi-market reforms of the 1980s and 1990s led to negative outcomes for pupils with special needs (Daniels and Williams, 2000), rising exclusion rates (Greenhalgh, 1999; Kane, Head and Cogan, 2003) and reduced tolerance of difficult behaviour (Greenhalgh, 1999). A tension emerged between the pressure on schools to raise standards and the need to improve inclusivity (Didaskalou and Millward, 2002; Ellis and Tod, 2005). In the light of New Labour's commitment to improve attainment standards and tackle school failure, some research has focused on how these various policy initiatives have impacted on the educational attainment of young people with BESD (see, for example, Kendall et al., 2005; Middleton and Brown, 2005; Melhuish et al., 2005; Cummings, Dyson and Todd, 2004). Research by Raffo and Gunter (2008) has also explored how those initiatives have improved problems of social exclusion, but little research has systematically examined, categorised and synthesised government legislation and provisions for facilitating local inclusive implementation and practice.

Pressure on local authorities and school leaders to effect academic achievement at the highest grades may overshadow attempts to address the educational and other developmental needs of disadvantaged pupils, including those with SEBDs. In other words, policies from central government and Local Authorities have a direct impact on the outcomes for vulnerable groups like pupils with SEBDs (Burton et al., 2009).

Government policies and social inclusion

Teachers and professionals including educational psychologists cannot work in isolation and as "mavericks" – they have to work within the Local Authority policies, based on statutes from the government. Outcomes for individual pupils are affected by these policies and sometimes the priorities are conflicting. Schools have to meet national targets, which can be very remote from an individual's target (an objective might be: "learning to follow a simple instruction").

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Burton et al. (2009) did a study describing the differing interpretations of current English education policies for young people displaying SEBDs from the perspective of the professionals who work directly with them, the contradictions they encounter and the consequences for local policy, practice and provision. The contradiction in educational policy between the pressure on schools to raise standards and the need for greater inclusivity (Didaskalou and Millward, 2002; Ellis and Tod; 2005) continues to be felt by education professionals (Burton et al., 2009). Lloyd, Stead and Kendrick (2003) point out that there is no consensus about the meaning or desirability of educational inclusion amongst academics, despite the strong policy commitment to the concept. While there has been no evidence to date that the inclusion of pupils with behavioural difficulties has an adverse effect on the academic or social outcomes of pupils without special education needs (Kalambouka et al., 2007), school leaders and teachers continue to be fearful that accommodating the needs of these pupils within the mainstream classroom might jeopardise the achievements of the majority. Although Dyson and Gallannaugh (2007) argue that despite the ambiguity of national

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policy relating to 'standards' and 'inclusion' schools can draw on both and see both as constructive, it is debatable whether school leaders feel able to embrace the inclusion agenda without constraint. According to the Burton study (op cit) senior LA managers felt that the performance and standards agendas accord more weight to high achievers, despite a desire to raise the performance of low achievers as school performance nationally has levelled. Bottery (2007) argues that the climate of fear engendered by school accountability and competition discourages radical or bottom-up reform by school leaders and suggests that it is down to the strength of character of individuals to pursue such an agenda at their peril. The call from leaders and practitioners in education and pupils' services for an evidence base to demonstrate that a community-led, social approach with an emphasis on multi-agency working would lead to improved attainment across the school population, supported this view. Leaders and practitioners also echoed Greenhalgh's request for central government to develop success criteria which include the personal and emotional dimension, in an era of quantitative data and measurable outcomes (Greenhalgh, 1999).

Multi-agency professionals had mixed views about the provisions of the Education and Inspections Act 2006, while for schools and the local authorities (LAs), there was a danger of the drive to reduce exclusions (particularly permanent exclusions) becoming an end in itself. In other words, the target had become the overriding priority and the broader aim of the policy – that of ensuring a high quality, continuous educational experience for young people with SEBDs – had been lost. Kane et al. (2006)

note that the policy of setting targets to reduce exclusions has been criticised for resulting in superficial and short-term approaches to the problem. In this case, there was some evidence of schools circumnavigating government requirements to meet national targets, in reaction to punitive measures taken by the government.

Research published illustrates that the inclusion of learners who experience SEBDs remains problematic in the UK and in other countries (Cole et al., 2003; Ebersold, 2003). The arguments associated with the inclusion of learners with learning difficulties in mainstream settings have been outlined in the opening chapter. I shall now highlight the implications of the issues raised by this research about inclusion in education.

Research illustrates that learners who experience SEBDs present challenges to the process of inclusion (Croll and Moses, 2000). This is mainly because they provide Social, Emotional and Behavioural challenges to teachers and to teaching (Gamer, 1999; Cooper et al., 2000; McSherry, 2001; Thacker et al., 2002). This research supports such a proposition. These challenges can cause teachers to feel that inclusion is not a viable goal or practical proposition for all learners within the SEBDs subgroup (Scruggs and Mastropieri, 1996) and result in exclusion (Parsons and Howlett, 1996). The critical question is whether the type of constructions that have emerged from this study are constructions that can occur in a mainstream setting in order that learners who experience SEBDs, previously segregated from mainstream schooling, can feel and be emotionally, socially and cognitively

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included. Recent research illustrates how young people with learning difficulties indicate that to be included in mainstream settings they require a curriculum that meets their needs as individuals (Kenny et al., 2003). A responsive pedagogy reduces the potential for learners to become excluded (Vulliamy and Webb, 2003). My research also proposes that learners who experience SEBDs require a responsive pedagogy — responsive to their disposition within the SEBDs label. This is constructed within the mind of the teacher before it is operationalised in the classroom. Therefore, I propose that the issue of how pupils with SEBDs are taught is relevant to the inclusion in mainstream settings of learners who experience SEBDs. However, the need to balance the needs of individuals with SEN with those of the majority (Evans and Lunt, 2002) remains a philosophical dilemma regarding their inclusion in mainstream settings.

A key proposition arising out of this research is that inclusion for learners who experience SEBDs is not solely about the flexibility of systems to respond to increased complexity of need. Inclusion is also ideational, it is dependent upon teacher constructions of pedagogy, and this research proposes that teachers who work in mainstream and SEBDs settings view the needs for learners who experience SEBDs differently. Therefore the inclusion of learners who experience SEBDs in mainstream settings has implications for the whole process of teaching and learning so that it can be flexible, needs led, acknowledging of the needs of different groups of pupils and mediatory. Moreover, it has to respond to individual differences and have individual learner need, not curriculum coverage needs, as axiomatic

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in its construction. Appropriate Continued Professional Development and initial teacher training needs to be developed to continually train teachers to use effective and appropriate pedagogy when teaching pupils with SEBDs.

Although the movement for 'inclusive education' is part of a broad human rights agenda, many educators have serious reservations about supporting the widespread placement of pupils with SEN in mainstream schools. Research undertaken in Australia about professional attitudes towards integration education has provided a range of information in this area. Studies undertaken between 1985 and 1989 covered the attitudes of headteachers (Center et al., 1985), teachers (Center and Ward, 1987), psychologists (Center and Ward, 1989) and pre-school administrators (Bochner and Pieterse, 1989), and demonstrated that professional groups vary considerably in their perceptions of which types of pupils are most likely to be successfully integrated. Summary data from these studies presented by Ward, Center and Bochner (1994), suggested that attitudes towards integration were strongly influenced by the nature of the disabilities and/or educational problems being presented and, to a lesser extent, by the professional background of the respondents. The most enthusiastic group were those responsible for pre-school provision and the most cautious group were the classroom teachers, with heads, resource teachers and psychologists in between. A similar level of caution was reflected in another Australian study involving prospective teachers (Ward and Le Dean, 1996) who, although positive towards the general philosophy of integration, differentiated between different types of needs.

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Other studies have indicated that school district staff who are more distant from pupils, such as administrators and advisers, express more positive attitudes to integration than those closer to the classroom context, the class teachers. Headteachers have been found to hold the most positive attitudes to integration, followed by special education teachers, with classroom teachers having the most negative attitudes (Garvar-Pinhas and Schmelkin, 1989; Norwich, 1994). This was most certainly the case in the school the first study was conducted. The Headteacher wanted the Unit for SEBDs pupils and when discussing this with the staff, a sizeable majority said that they did not want that in the school.

Similarly, Forlin (1995) found that teachers from the Education Support Centres (special centres that cater for the educational needs of pupils with SEN requiring limited or extended support) were more accepting of a child with intellectual and physical disability than educators from regular mainstream primary schools which co-existed on the same site. Forlin concluded that special education resource teachers tend to have a more positive attitude to inclusion than their mainstream counterparts. This difference was also reflected in a sample of Greek mainstream and special teachers (Padeliadou and Lampropoulou, 1997).

Another American study by Vaughn et al. (1996) examined mainstream and special teachers' perceptions of inclusion through the use of focus group interviews. The majority of these teachers, who were not currently

participating in inclusive programmes, had strong, negative feelings about inclusion and felt that decision makers were out of touch with classroom realities. The teachers identified several factors that would affect the success of inclusion, including class size, inadequate resources, the extent to which all pupils would benefit from inclusion and lack of adequate teacher preparation.

However, in studies where teachers had active experience of inclusion, contradictory findings were reported; a study by Villa et al. (1996) yielded results which favoured the inclusion of pupils with SEN in the ordinary school. The researchers noted that teacher commitment often emerges at the end of the implementation cycle, after the teachers have gained mastery of the professional expertise needed to implement inclusive programmes. This finding was also reflected in the Sebastian and Mathot- Buckner's (1998) case study of a senior high and a middle school in Washington School District, Utah, where pupils with severe learning difficulties had been integrated. In this study, 20 educators were interviewed at the beginning and end of the school year to determine attitudes about inclusion. The educators felt that inclusion was working well and, although more support was needed, it was perceived as a challenge. Similar findings were reported by LeRoy and Simpson (1996) who studied the impact of inclusion over a three-year period in the state of Michigan. Their study showed that as teachers' experience with pupils with SEN increased, their confidence to teach these pupils also increased. The evidence seems to indicate that teachers' negative or neutral attitudes at the beginning of an innovation such

as inclusive education may change over time as a function of experience and the expertise that develops through the process of implementation. This conclusion was also reported in a recent UK survey of teachers' attitudes in one LEA, where teachers who had been implementing inclusive programmes for some years held more positive attitudes than the rest of the sample, who had had little or no such experience (Avramidis, Bayliss and Burden, 2000). However, there is little evidence to show the move towards more positive attitudes to inclusion, leading to widespread acceptance of full inclusion. Findings from my research indicated great reluctance on the part of the mainstream teaching staff to include pupils in their lessons.

My focus in my research was working with individual pupils who had a label of SEBDs in order to see what unique contribution I was making to understand the needs of that child. At the time of the research from 1994 to 1998, there was very little evidence of an extensive evaluation of what EPs did and what their contribution was thought of by the stake holders, teachers, parents, Local Authority officers and even pupils themselves. I concluded that the individual work with the pupils was very much valued by the teachers and parents. This type of intervention was not the favourite of the psychologists, who wanted to do more of the systemic type work, including training. My research also showed that training teachers and parents was very valuable intervention with pupils with SEBDs.

From Every Child Matters to the present day: The UK House of Commons Select Committee inquiry into behaviour and discipline.

In England, at the time of data collection for the research, policy towards pupils with SEBDs was one of inclusion, where possible, in mainstream schooling. Improvement of educational opportunities and outcomes for all pupils as part of a cross-departmental programme to end child poverty (DfES, 2003, 2004a, 2004b, 2004c; DCSF, 2007) was Government policy at the beginning of this century. The social inclusion agenda embodied in the Every Child Matters (ECM) policy framework had the potential to counterbalance the negative consequences of market values in education and was accompanied by initiatives such as the Excellence in schools (DfEE, 1997) and the Extended schools (DfES, 2005b) programmes. Yet the ecological approach of ECM stood in sharp contrast to the more punitive discourse of management and control of behaviour for learning inherent in the improving behaviour and attendance programme (DfES, 2002). A similar contradiction in ideological positioning emerged between the social and emotional aspects of learning (SEAL) programme (DfES, 2005a), aimed at developing the social and emotional skills of pupils, and the Education and Inspections Act 2006. Inconsistencies about how to respond to pupils displaying problematic behaviour thus appeared to be a persistent feature of education policy (Burton, 2009).

The ECM framework had brought about enormous benefits to pupils' services, structures and practice, including the care of young people with

SEBDs (Burton, 2009). The Common Assessment Framework (CAF) and the Team Around the Child (TAC) process are seen to have increased professional accountability and assumption of personal responsibility for individual cases, improved assessment processes and enhanced parental involvement in decisions relating to the care and education of their pupils. ECM was seen to have encouraged practitioners to view the child in the context of their developmental needs, family and environment and to have broadened the scope of many professional roles. This, of course has had an impact on the work of an educational psychologist as well.

In 2010, the UK House of Commons Select Committee set up an enquiry to look at the issues around SEBDs. The committee asked for evidence on:

- How to support and reinforce positive behaviour in schools
- The nature and level of challenging behaviour by pupils in schools, and the impact upon schools and their staff
- Approaches taken by schools and local authorities to address challenging behaviour, including fixed-term and permanent exclusions
- Ways of engaging parents and carers in managing their pupils' challenging behaviour
- How special educational needs can best be recognised in schools' policies on behaviour and discipline
- The efficacy of alternative provision for pupils excluded from school because of their behaviour

- Links between attendance and behaviour in schools

- The Government's proposals regarding teachers' powers to search pupils, removal of the requirement for written notice of detentions outside school hours, and the extent of teachers' disciplinary powers

Evidence had been submitted by various bodies. The British Psychological Society, in its submission stated:

> *'Public perceptions and media suggestions that there is an increase in behaviour problems in schools his is not supported by data; there is evidence that there is a decrease in exclusions from school and most schools and teachers have in place excellent strategies for working with disaffected youth. However, there will always be a number of pupils and young people who find school challenging and that schools and teachers find both difficult to teach and who disruptive. Teachers generally find low levels of persistent disruption particularly difficult, especially when involving more than one pupil. There are though a number of strategies for dealing with this most of which relate to school management, leadership and behaviour policy. It is however likely that even in schools without significant behaviour problems a small number of pupils and young people would benefit from interventions and advice from educational psychology services and in some instances clinical psychologists involved with CAMHS. It is also the case that understanding of, and interventions for, such pupils and young people would be enhanced*

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if psychological understanding and interventions including child development were part of initial teacher training and continuing professional development. The British Psychological Society would be happy to advise on any moves toward addressing this need.'(BPS written submission to HoC inquiry, 2010).

The executive summary of the HoC inquiry included the following points that are directly relevant to my findings:

Educational Psychology Services work closely with other agencies at individual, organisational and policy levels.

Over-individualisation of pupils' behaviour fails to take account of the social context or pupils' individual agency and responsibility. Engaging parents and families is crucial: this engagement needs to be carried out within the context of the communities within which schools are located.

Individual agency (and consequential responsibility) within a welfare context is likely to be the most conducive to positive change.

Research has shown that pupils with behavioural problems are not a homogenous group and that such pupils can be identified within at least eight different categories.

The disciplinary climate of schools, school ethos and school leadership is an important factor.

Psychologists have a key role in bringing scientific rigour to the design and evaluation of interventions.

Psychologists have documented successful interventions working at the institutional, the classroom and the individual pupil levels, with teachers and with pupils and parents.

Psychological interventions address both pragmatic strategies and the intense emotions that often surround serious behaviour difficulties.

Published accounts document psychologists' involvement in successful mediation between teachers and parents and in devising joint strategies that have produced significant improvements with Key Stage one and two pupils originally judged by their teachers as the most difficult they had encountered.

Conclusions

Findings from the first two case studies support my view that a thorough and full psycho-educational assessment (using tools such as the WISC) early on of a child being referred for SEBDs is appropriate. Findings from

my research suggest that there is a strong possibility that there will be a learning difficulty involved in an area such as reading. Barker, Reynolds and Place (2005) suggest that there are large numbers of pupils and young people in need who have significant behavioural or social difficulties but who are not seen to be a sufficient priority for hard pressed agencies to offer services to them until their behaviour deteriorates to crisis point. Their research showed the impact of a self esteem group based package on the behaviour of pupils and young people with such difficulties.

The first two case studies showed that there was a significant difference between the psychologist's measure of the pupils' ability (as measured by the WISC) compared to the teacher's measure (using the SSRS) of the same pupils. Two different tools were being used (the WISC and the SSRS) and hence two different measures were being compared. Teachers cannot use the WISC under the BPS educational testing regulations. Teachers use various other means to get the overall ability of the pupils and using the Academic Competence subscale of the SSRS to estimate the overall ability was acceptable to the teachers and me. Having acknowledged the limitations of this process, I tentatively conclude that teachers overestimate the pupils' ability (Table 5.1, above). Correlation between learning difficulties and behavioural difficulties has been established through research (e.g. see Nicholson, 2005). In this thesis, my assessments of the pupils suggested that a significant number of pupils had learning difficulties, which had not been recognised by teachers. The curriculum that the pupils were given was designed for pupils with no learning difficulties. Inaccessibility to the

curriculum leads to frustration and anger (Omizo *et al.,* 1988) and this, in the classroom context constitutes 'SEBDs', as reported by some teachers when interviewed as part of this research (Chapter two, Case study one).

I propose that schools should adopt policies that advocate social skills assessments as part of their behaviour policies. Many social skills assessment tools are available commercially, like the Social Skills Rating Scale (Gresham and Elliott, 1990). They are comprehensive, and can generate realistic and practical behavioural objectives. My justification for the use of the SSRS was that I was very familiar with the test, having used it in the USA when I practiced there as an educational psychologist, and at the time of the research, I could not find a test that encompassed social skills, problematic behaviours as well as academic competence (or equivalent measures) all in the same test.

Pupils who behave in an unacceptable way in the classroom may do so because of a number of factors. Past research (e.g. Nicholson, 2005, Skinner et al., 1998) is supported by my own findings in showing a relationship between academic achievement and behaviour difficulties.

Findings from the two case studies and from other research already cited above, pupils with social, emotional and behavioural problems may have reading or other learning difficulties. At the same time, high performing or high achieving pupils may also have SEBDs. In order to ameliorate this linkage the classroom focus should be broader than just the prevention of

behaviour problems. Instead, it should focus on ensuring that the curriculum is relevant to the needs of the pupil. The curriculum needs to be differentiated to reflect individual needs. The literature on reading suggests that pupils who begin school with low levels of pre-reading skills, especially phonemic awareness, are at risk of later behavioural and reading difficulties (Nicholson, 2005). While survey data suggest that teachers regard behavioural difficulties as caused by the home rather than the school, it may well be that this is not the whole story. It could be argued that the school is also responsible for behavioural difficulties since it has a major role in teaching all pupils to read. Although classroom discipline is a major problem, perhaps it would be less of a problem if all pupils could be helped to succeed academically in the classroom, especially in the basic skill of reading. Teachers need to recognise that behavioural difficulties in pupils do not occur in isolation. The development of effective assessment tools, to measure child's ability, social skills and especially learning styles, should be a priority for future research. An area of further development for teachers is early identification of learning difficulties.

The implication of the findings of case study three for professional practice is that professionals cannot continue to work in isolation, or in their own professional groups. Case study three brought together key people in the lives of the pupils who had been referred for AD/HD difficulties, parents/carers and teachers. Parents said that participating in the workshops was 'empowering' for them. They felt that they were not being 'blamed', did not feel guilty and felt included by the teachers in the education and

management of their pupils. Parents/carers reported that being involved in intervention run jointly by two professionals from two different disciplines, an educational psychologist and a paediatrician, had a significant impact on how they responded to the workshops.

Limitations of the methodology

This applied research was based on my extensive professional and personal experiences. Although an accepted methodology, case study methodology is inevitably about people in their everyday situations and this is what I wanted to study and report. Encouraging the people that I worked with on a day to day basis to participate in the research raised many issues. There are various strengths and weaknesses involved in case study research as used here (see Burton and Bartlett, 2005 and also Yin, 2009). Using a single small-scale case study allowed the collection of qualitative data from a range of key respondents in the field. I was able to build up a detailed picture of the needs of young people with SEBDs and the perceptions of the professionals and parents/carers. Whilst appreciating the strengths of such a research design, I am also aware of its limitations. Very small sample sizes and having no "pilot studies" for case studies one and two all added to the limitation and possible generalisation of the outcomes.

Assessment tools used in the research at the time were the most appropriate available. They have been updated, for example, the WISC III has been updated to WISC IV (Wechsler, 2004). I believe that the results are valid

today and if the WISC IV were to be used in similar study, the outcomes would not be different. The correlation between WISC III and WISC IV is very high (0.89) (Whitaker, 2008).

I have also acknowledged previously in chapter two (Justification for use of standardised measures WISC and SSRS) that use of standardised tests, such as the SSRS and the WISC has its limitations, especially if they are standardised against the population that is not being tested. In my research, the SSRS was standardised in the United States of America. At the time of doing the research, no better assessment tool that was standardised in the United Kingdom was available. The WISC, although an American test, is standardised in the UK.

The educational psychologist as a pedagogue

This chapter started with the aims of the thesis. I conclude by looking at the extent to which I met the aims.

The British Psychological Society, in their submission to the UK House of Commons inquiry into behaviour and discipline in schools stated that "psychological research can make a central contribution to this inquiry through both empirical research and the systematic collation of the experience of practitioners such as educational psychologists and clinical child psychologists" (BPS, 2010). As a scientific discipline, psychology is well-placed to provide an evidence base for effective intervention to

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improve pupil behaviour and learning at both the individual and school level, and more widely to inform policy decisions. The Society has been active in linking scientific evidence in relation to different types of behaviour difficulties and guidelines for practice (e.g. British Psychological Society, 2000; 2008).

EPs are active in a whole variety of ways in working with pupils thought to have SEN, and with their teachers, parents and other professionals, but to what extent is their work distinctive? Farrell et al. (2006) report that issues of distinctiveness are in part related to the extent to which respondents considered that EPs were utilizing one or more of the following psychological functions described in the BPS National Occupational Standards framework for applied psychologists when carrying out their work (BPS, 2002).

- Application of psychological methods, concepts, models, theories or knowledge
- Development or training in the application of psychological skills
- Communication of psychological knowledge, principles, methods or needs, and their implications for policy
- Research or development of psychological or educational methods
- Management of the provision of psychological systems.

A study for the DfES by Farrell et al. (2006) examines the views of a range

of stakeholders as to the distinctive contribution that educational psychologists (EPs) can make in the newly established pupils' services, where there is an increased emphasis on multi-agency working and on the facilities and barriers that may exist.

The views of a range of stakeholders on how EPs can work within local authorities to support pupils aged 0-19 and their families, in the context of the ECM agenda, with a particular focus on:

- SEN assessment - including the impact on the work of EPs in areas that have reduced the amount of statements and also including reference to the Common Assessment Framework;
- Multi-agency working in general and in relation to CAHMS, BEST teams, and work with pupils entering/leaving the youth justice system;
- Strategic work and capacity building with schools to promote school improvement and pupil achievement.

Farrell et al. (2006) in their review of the work of EPs in the light of ECM showed that individual child work features most prominently in the cited examples of distinctive practice that had the potential to have a high or very high impact on the five ECM outcomes. This is particularly true for schools and "other respondents" where the percentage of quoted examples of this nature is over 66%.

Examples that are typical of the range of work with an individual include the following:

- Observation, assessment and consultation leading to request for formal assessment of an individual (Nursery School)

- Statementing pupils for whom there were serious concerns about behaviour (Primary School)

- EP assessed LAC re: behaviour difficulties and worked with long term foster parents and school staff on a range of strategies to improve. (Primary School)

- Pupil with Aspergers - getting help for him and his family in a school and out of school context. (Secondary School)

- Assessment of SEN/SEBDs needs, advice on intervention, recommendations for placement. (PRU)

- EP was asked to assess learning potential of a particular child and to suggest strategies to improve learning/accelerate progress. (Special School)

In the report, a head teacher of a special school stated that EPs who work in his school make a "*valuable contributions to discussions about how best to provide for individual pupil's needs*". Another headteacher of a nursery school stated the "*the educational psychologist provides support to the staff in ensuring the needs of the child are met and the expertise of the psychologist is highly valued in our school*". (Farrell, et al. (2006)

All the questionnaire reports from parents referred to EP work with their child who was thought to have SEN. The majority (47%) were seen because of their SEBDs and 38% because of their learning difficulties. Typically they were seen by the EP in order to discuss possible changes to provision.

Miller (1994) conducted a study, asking teachers in primary schools what contribution psychologists make in the teachers' better understanding of the needs of the pupils with SEBDs. Four broad categories emerged from the analysis of the teacher interviews: knowledge base; skills; personal qualities and aspects of the role.

Table 5.2: Teachers' views on the contribution of EPs in relation to pupils with SEBDs (Miller, 1994)

Category	Significant component
Knowledge base	Experience of other difficult pupils
	Specialist research based knowledge
	Constraints on teacher
	Pupil in class
Skills	Listening skills
	Questioning skills
	Problem solving
	Avoiding dogmatic stance
	Legitimising challenge
Personal skills and aspects of role	Authority figure
	Detached from emotional effects
	Need for information about the obvious
	Arbitration

EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding through the functions of consultation, assessment,

intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners. It is, however, the changing operationalisation of those functions within the developing social and political context of public services which presents challenges to EP service delivery and professional identity. EPs will continue to use the skills and tools they have developed during initial training and continuing professional development but the way in which their work is contracted has changed, will continue to change, and will vary between local authorities more than in the past; professional flexibility and adaptability in the application of psychology are now essential skills, rather than a valuable addition. In this context, Stobie's (2002) contention that EPs should expect change and plan service delivery in relation to it is particularly apt. Also, there is a sense, then, that the "reconstruction" of educational psychology (cf. Burden, 1998; Gillham, 1978) should be more appropriately seen as an on going professional orientation, rather than an historical movement with specific fixed goals

Research has shown that schools catering for pupils with SEBDs receive most support from educational psychologists (DfES, 1989a; Smith and Thomas, 1993; Kurtz et al., 1996; Cole et al., 1998) with 51% of the 156 schools replying to Cole et al. (1998) rating the quality of educational psychology input as 'good' or 'excellent'. The quantity of input was variable with only 2.5% reporting 'extensive' support and 40.5% 'regular', a picture mirrored by the Audit Commission (1999). Support was often restricted to formal reviews associated with the procedures dictated by the

annual reviews of statements for SEN required by the Special Educational

Needs and Disability Act 2001, rather than offering expert advice to staff on

approaches to SEBDs or direct interventions with pupils. Smith and Thomas

(1992) pressed for a re-analysis of the role of educational psychologists and

highlighted the failure of the system to provide any expectation of

psychological treatment for pupils with SEBDs. Educational psychologists

and schools both felt that educational psychologists possess certain skills

(e.g. counselling, management therapy) in addition to assessment that could

be better utilised in the service provided to schools without cutting across

other professionals (Elliott, Hayes, Indoe, Pecherek and Wolfendale, 1994).

Too much of their time (22%) is spent on administration (Audit

Commission, 1999). Ofsted (1999a) reported staff preferring one nominated

EP and also wanted at least one educational psychologist in an authority to

have specialist knowledge and skills in working with SEBDs. My research

goes some way to support these findings and enriches the argument that

what is important in the context of the pedagogy for pupils with SEBDs is

the quality of the assessment and intervention with individual pupils as well

as working with the teachers and parents.

Table 5.2 above shows aspects of the way EPs work in schools from the

teachers' perspective. From an educational psychologist's perspective, I

would add "knowledge of child development, cognition and learning". The

psychologist has a particular expertise in understanding the child's needs,

especially his/her cognition. The dictionary definition of cognition includes:

'the psychological result of perception and learning and reasoning'.

'Perceptions of learning and reasoning' are the key elements of 'learning styles' and the psychologist can make a major contribution to the understanding of the needs of the pupil by identifying individual pupil's learning styles. This would enable the teacher in the classroom to include the individual learning style of the pupil with SEBDs on the individual educational plan. My experience of using cognitive tests like the WISC has been that I can derive many aspects of the components that are necessary for effective learning like learning style, memory retention and relay those to the teacher and parents.

Adding to the existing relatively limited research in the area of an educational psychologist contributing as a pedagogue in settings for learners who experience SEBDs highlights the originality of the study. The role of an educational psychologist is generally perceived as an assessor of needs in educational settings. I have taken this one step further and suggest that the role of the psychologist is also to enrich the construction of pedagogy in the field of SEBDs. The educational psychologist is as much a pedagogue as the teachers who teach the pupils directly. This study makes a direct contribution to the existing knowledge in practices and to fellow professionals. The illumination of themes and the outcome that teachers do not assimilate behavioural and learning difficulties when addressing the needs of the child is unique.

This empirical research shows that there needs to be a reorientation in the approaches in education to the care and development of children diagnosed

or labelled as SEBDs or AD/HD. Firstly, teachers and those working with them must have an accurate assessment of the issues young people are working with. Rather than confronting behaviour, pedagogues must consider deficits in social skills and academic skills. This may lead to addressing these and leading to improvements in SEBDs.

Teachers need to be connected with other professionals. Addressing SEBDs is not just a matter for school and classroom action but can be a matter of training for teachers and parents.

EPs' role as pedagogue is four fold - encompassing assessment with standardised tools; presenting resulting data; designing appropriate interventions (as in case study 3)and operating as a coordinating agent amongst the multi-professional team.

I believe that an educational psychologist is a pedagogue, and my research shows him/her to be an effective pedagogue for pupils with SEBDs, but how effective, must be left for further research.

"*I knew I could do that. You know what, you are the first bloke to say I'm not stupid. Everyone thinks I'm thick or something. I knew I wasn't, so I'm going in there* [back in the classroom] *and I am going to tell them what you just said. I'm not thick and I have proof now*" (Pupil F, case study one, after I had finished my psychological assessment with him).

Possible future research

Whether learners with particular special educational needs receive 'special' education remains an area of current research investigation that is seen to be significant in relation to including learners with SEN in mainstream contexts where centrally prescribed curricula exist (Lewis and Norwich, 2003). This clearly has relevance to enabling inclusion for learners who experience SEBDs. Developing 'specialist curriculum' especially for mainstream schools focussing on SEBDs is an area that needs further investigation. This future research should look at the development of specialist pedagogy, which would include the teaching styles required to maximise learning in the classroom.

Joined-up working is the way forward and case study three showed the benefits. Replicating case study three and developing it further would be of enormous benefit. People who make a real difference to the lives of pupils with special educational needs, including those with SEBDs are those who live and work with them closely the most – parents and teachers. More research into how these groups of people can be supported needs to be undertaken. Psychologists and other professionals can contribute significantly to that "support system" with their knowledge, expertise and skills.

REFERENCES

AEP (1987) *Psychological Services For Local Authorities.* Durham: AEP

Ainscow, M. and Dyson, A. (2000) *The Changing Role of Special Education Teachers. An International Comparison.* ISEC Conference, Manchester.

Alderson, P. and Morrow, G. (in press) *Ethics, social research and consulting with children and young people*. Barkingside: Barnados

Allan, J. (1999) *Actively Seeking Inclusion: Pupils with Special Needs in Mainstream Schools*. London: Falmer Press.

Alvesson, M. and Skoldberg, K. (2002) *Reflexive Methodology*. London: Sage

American Psychiatric Association (APA) (2000) *Desk Reference to the Diagnostic Criteria from DSM-IV-TR.* Washington DC: Author

American Psychiatric Association (APA) (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition, DSM IV). Washington DC: Author

Anderson, J.K. and Duchnowski, A. (2001) A comparison of academic progress of students with EBD and students with LD , *Journal of Emotional and Behavioural Disorders,* 9: 81-144.

Armstrong, F. (2003) *Spaced Out: Policy, Difference and the Challenge of Inclusive Education*. London: Kluwer Academic press.

Armstrong, F., Armstrong, D. and Barton, L. (2000) *Inclusive Education: Policy, Contexts and Comparative Perspectives*. London: David Fulton.

Armstrong, S. B., McNeil, M. E. and Van Houten, R. (1998) A principal's in-service training package for increasing teacher praise? *Teacher Education and Special Education*, 11 (3), 79–94.

Armstrong, T. (2006) Canaries in the coalmine: The symptoms of children labelled 'AD/HD' as biocultural feedback. *Critical new perspectives on AD/HD,* ed. G. Lloyd, J. Stead, and D. Cohen. London: Routledge.

Arnett, J. and Balk-Jensen, L. (1993) Cultural bases of risk behaviour: Danish adolescents, *Child Development*, 64(6), 1842-55.

Artiles, A (2003) Special Education's Changing Identity: Paradoxes and

    Dilemmas in Views of Culture and Space. *Harvard Educational*

    Review, 73 (2), 164 – 197

Ashton, R., and Roberts, E. (2006). What is valuable and unique about the

    educational psychologist? *Educational Psychology in Practice,*

    22(2), 111–124.

Atkinson, C., Regan T. and Williams, C. (2006) Working Collaboratively

    with Teachers to Promote Effective Learning, *Support for Learning*,

    21 (1), 33-39.

Atkinson, P., Delamont, S. and Hammersley, M. (1998) Qualitative research

    traditions: A British response to Jacob, *Review of Educational*

    Research, 58(2), 231-250.

Audit Commission (1999) *Children in Mind: Child and Adolescent Mental*

    Health Services. London: Audit Commission.

Avramidis, E. and Norwich, B. (2002) Teachers' attitudes towards

    integration/inclusion: A review of the literature, *British Journal of*

    Special Needs Education, 17(2), 129–147.

Avramidis, E., Bayliss, P. and Burden, R. (2000) A survey into mainstream

    teachers' attitudes towards the inclusion of children with special

educational needs in the ordinary school in one local educational authority, *Educational Psychology*, 20, 193–213.

Bacon, E.H. and Schulz, J.B. (1991) A survey of mainstreaming practices, *Teacher Education and Special Education,* 14, 144-149.

Bailey S. (2002) Violent children: A framework for assessment, *Advances in Psychiatric Treatment,* 8, 97-106

Ballard, K. (ed) (1999) *Inclusive Education: International Voices on Disability and Justice*. London: Falmer Press.

Banaschewski, T., Hollis C., Oosterlaan J., Roeyers H., Rubia K., Willcutt E., and Taylor E. (2005) Towards and understanding of unique and shared pathways in the psychophysiology of AD/HD, *Developmental Science,* 82, 132–40.

Bandura, A. (1977) *Social Learning Theory*. New York: General Learning Press.

Barker, R., Reynolds, J. and Place, M. (2005) Action research, self esteem, and children and young people in need with 'medium range' behavioural difficulties, Journal *of Social Work Practice* 19(3), 299-315.

Barkley, R.A. and Mulcahy, K.R. (1998) *Attention Deficit Hyperactivity*

    Disorder: *A Clinical Workbook*. New York: Guilford.

Barrett, M., Reason, R., Regan, T., Rooney, S., Williams, C., Woods, K. and

    Stothard, J., (2002) Co-researching the concept of 'noticing and

    adjusting' in monitoring literacy learning, *Educational Psychology*

    in Practice, 18 (4), 297-311.

Barton, L. (1995) Segregated Special Education, some

    critical observations, in: G. Zarb (Ed.) *Researching*

    disabling barriers (London: Policy Studies Institute).

Bassey, M. (1999). *Case study in educational settings*.

    Oxford: Oxford University Press.

Batmanghelidjh, C. (2007) *Shattered Lives: Children Who Live with*

    Courage and Dignity. Philadelphia, PA: Jessica Kingsley Publishers

Bauer, A.M., Keefe C.H. and Shea T.M. (2001) *Students with learning*

    disabilities or emotional/ behavioural disorders. Upper Saddle

    River, NJ: Prentice-Hall.

Berruatta-Clement, J., Schweinhart, I., Barnett, W., Epstein, A. and Weikart,

    D. (1984*) Changed Lives The Effects of the Perry Preschool*

Program on Youths Through Age 19. Ypsilanti MI: High Scope
Press

Berryman, J.D. (1989) Attitudes of the public toward educational
mainstreaming, *Remedial and Special Education*, 10, 44-49.

Bettle, S., Frederickson, N. and Sharp, S. (2001) Supporting a School in
Special Measures: Implications for the Potential Contribution of
Educational Psychology, *Educational Psychology in Practice*, 17
(1), 53-68.

Bischof, S. (2002) *The Role of Educational Psychologists in CAMHS*.
Unpublished M.Sc. dissertation. Manchester: University of
Manchester.

Blackorby, J. and Wagner, M. (1996) Longitudinal outcomes for youth with
disabilities: Findings from the National Longitudinal Transition
Study, *Exceptional Children*, 62 (5), 399-413.

Blalock, A.B. (1999) Evaluation research and the performance management
movement. *Evaluation, 5*(2), 117–149.

Blatchford, P. (1996) Pupils' views on school work and school from 7 to 16
years, *Research Papers in Education*, 11: 263-88.

Blau, G. and Gullotta, T. (1996) (eds) *Adolescent Dysfunctional Behaviour*.
London: Sage.

Blaxter, L., Hughes, C. and Tight, M. (1996) *How to Research*.
Buckingham: Open University Press.

Block, J.H., Block, J. and Gierde, P.F. (1986) The personality of Children
prior to divorce; a prospective study, *Child Development*, 57: 827-
840.

Bochner, S. and Pieterse, M. (1989) Preschool directors' attitudes towards
the integration of children with disabilities into regular preschools in
New South Wales, *International Journal of Disability, Development
and Education,* 36, 133–150.

Booth, T. and Ainscow, M. (eds) (1998) From Them To Us. *An
International Study of Inclusive Education.* London: Routledge.

Bortoft, H. (1986) *Goethe's Scientific Consciousness.* Tunbridge Wells:
Institute for Cultural Research

Bottery, M. (2007) New Labour policy and school leadership in England:
Room for manoeuvre? *Cambridge Journal of Education,* 37, 153-72.

Bowers, T.(1996) Putting the 'E' back in EBD, *Emotional and Behavioural Difficulties,* 1(1), 8- 13.

Bowlby, J. (1971) *Attachment and Loss: Vol 1, Attachment*. London: Penguin

Bowman, I. (1986) Teacher-training and the integration of handicapped pupils: some findings from a fourteen nation UNESCO study, *European Journal of Special Needs Education*, 1, 29-38.

Bozic, N. and Morris, S. (2005) Traumatic Brain Injury in Childhood and Adolescence: the Role of Educational Psychology Services in Promoting Effective Recovery, *Educational and Child Psychology*, 22, 108-120.

Braud, W. and Anderson, R. (1998) Conventional and expanded views of research, in Braud, W. and Anderson, R. (eds), *Transpersonal Research Methods for the Social Sciences*. Thousand Oaks, CA: Sage

Brehm, S.S. and Kassin S.M. (1996) *Social psychology*. Boston, MA: Houghton Mifflin.

Brendtro, L.K., Brokenleg M., and Van Bockern S. (1990). *Reclaiming youth at risk: Our hope for the future.* Bloomington, IN: National Educational Service.

Breuer, J. and Freud, S. (1895) *Studies in Hysteria*. Harmondsworth: Penguin, 1974

Bridges, D. (2009) From the scientific to the humanistic in the construction of the contemporary university, *Keynote address at the International Conference in Philosophy of Education*, October 29-31, in Basel, Switzerland.

Bridges, D., and Smith R. (eds.) (2007) *Philosophy, methodology and educational research*. Oxford: Blackwell.

British Medical Association (2006) *Child and adolescent mental health - a guide for healthcare professionals*. London: BMA.

British Psychological Society (BPS) (2010) *Memorandum of submission to the House of Commons Education Select Committee inquiry on Behaviour and Discipline in Schools*. Leicester: British Psychological Society

British Psychological Society (BPS) (2008) *Royal Charter, Statutes and Rules.* Leicester: British Psychological Society

British Psychological Society (BPS) (2005) *Good practice guidelines for the conduct of psychological research within the NHS*. Leicester: British Psychological Society.

British Psychological Society (BPS) (2004) *Guidelines for minimum standards of ethical approval in psychological research*. Leicester: British Psychological Society.

British Psychological Society (BPS) (2002) *National Occupational Standards.* Leicester: British Psychological Society

British Psychological Society (BPS) (2000) *Attention Deficit/Hyperactivity Disorder. Guidelines and principles for successful multi-agency working.* Leicester: British Psychological Society

British Psychological Society (1998) *Code of conduct, ethical principles and guidelines.* Leicester: British Psychological Society.

Brodzinsky, D.M., Schechter, D.E., Braff, A.M. and Singer, L.M. (1984) Psychological and academic adjustment in adopted children, *Journal of Consulting and Clinical Psychology*, 52, 582-590.

Bronfenbrenner, U. (1979) *The Ecology of Human Development.* Cambridge, MA: Harvard University Press.

Brooks, B.M., Rose, F.D., Johnson, D.A., Andrews, T.K. and Gulamali, R. (2003) Support for Children Following Traumatic Brain Injury: the Views of Educational Psychologists, Disability and Rehabilitation, *An International Multidisciplinary Journal*, 25 (1), 51-56.

Brown, A. and Dowling, D. (1998) *Doing Research/Reading Research: A Mode of Interrogation for Education*. London: Falmer Press.

Browne, L. (2002) Listening to the student: a small scale study of inclusive practice in a college of further education, *Support for Learning,* 17(2), 70-74

Burden, R. (1998) Illuminative Evaluation, *Educational and Child Psychology, 15*(3), 15-24.

Burden, B. (1994) Trends and developments in educational psychology: An international perspective. *School Psychology International,* 15, 293-347.

Burns, K.M. and Hulusi, H.M. (2005) Bridging the Gap between a Learning Support Centre and School: a Solution-focused Group Approach, *Educational Psychology in Practice*, 21 (2), 123-130.

Burns, R.B. (1982) Self *Concept development and education.* London: Holt, Rinehart and Winston.

Burton, D, and Bartlett S. (2005) *Practitioner Research for Teachers.* London: Paul Chapman

Burton, D. M. , Bartlett, S. J. and Anderson de Cuevas, R.(2009) Are the contradictions and tensions that have characterised educational provision for young people with behavioural, emotional and social difficulties a persistent feature of current policy?, *Emotional and Behavioural Difficulties,* 14(2), 141-155

Burton, S. (2004) Secondary Groups for Pupils with Dyslexia, *Educational Psychology in Practice*, 20 (1), 55-73.

Casey, B.J., and Durston S. (2006) From behaviour to cognition to the brain and back: What have we learned from functional imaging studies of attention deficit hyperactivity disorder?, *American Journal of Psychiatry,* 163, 957- 60.

Center, Y. and Ward, J. (1987) Teachers' attitudes towards the integration of disabled children into regular schools, *Exceptional Child*, 34, 41-56

Center, Y. and Ward, J. (1989) Attitudes of school psychologists towards the integration of children with disabilities, *International Journal of Disability, Development and Education*, 36, 117-132.

Center, Y., Ward, J., Parmenter, T. and Nash, R. (1985) Principals' attitudes toward the integration of disabled children into regular schools, *Exceptional Child*, 32, 149-161.

Charlton, T. and David, K.(eds) (1993) *Managing Misbehaviour in Schools. London:* Routledge.

Charmaz, K. (2000) Grounded Theory: Objectivist and Constructivist Methods in Denzin, N. K. and Lincoln, Y.S. (eds) *Handbook of Qualitative Research. (2nd edition)* Thousand Oaks: Sage.

Chazan, M. (1993) The attitudes of mainstream teachers towards pupils with EBD, *European Journal of Special Needs Education*, 9(3), 261-274.

Chazan, M., Laing, A. and Davies, D. (1994) *Emotional and Behavioural Difficulties in Middle Childhood*. London: Falmer.

Clandinin, D.J. and Connelly, F.M. (1998) Personal Experience Methods in Denzin, N.K. and Lincoln, Y.S. (Eds) *Collecting and Interpreting Qualitative Materials* London: Sage 150-178

Clark, C., Dyson, A. and Millward, A. (1998). Theorising special

    education: Time to move on? In *Theorising Special Education, ed.*

    Clark C., Dyson A., and Millward A. London: Routledge.

Clark, C., Prior M., and Kinsella, G.J. (2000) Do executive function deficits

    differentiate between adolescents with AD/HD and Oppositional

    Defiant/ Conduct Disorder? A neuropsychological study using the

    Six Elements Test and Hayling Sentence Completion, *Journal of*

    Abnormal Child Psychology, 28(5), 403-14.

Clark, J. (2006) Social justice, education and schooling: Some philosophical

    issues, *British Journal of Educational Studies,* 54(3), 272-87.

Clarke, A. and Clarke, A. (2000) *Early Experiences and the Life Path.*

    London: Jessica Kingsley Publishers.

Clarkson, P. (1998) Learning through Inquiry (the Dierotao programme at

    PHYSIS), in P. Clarkson (ed), *Counselling Psychology: Integrating*

    Theory, Research and Supervised Practice. London: Routledge

Clemens, S., Kinnaird, R., Mackey, T., Deakin, G. and Ullman, A. (2005)

    Extended Services in Schools: Baseline Survey of Maintained

    Schools in 2005- *DfES Research Report RR681*. London: DfES.

Clough, P. and Lindsay, G. (1991) Integration *and the Support Service*.
  NFER

Clough, P., Garner P., Pardeck J.T., and Yuen F. (2005). Themes and
  dimensions of EBD: A conceptual overview. In *Handbook of
  emotional and behavioural difficulties,* ed., Clough, P., Garner, P.,
  Pardeck, J.T. and Yuen, F. (Eds). London: Sage

Cohen A. (1955) *Delinquent Boys The Culture of the Gang Glencoe.* Free
  Press

Cohen, D. (2006) Critiques of the 'AD/HD' enterprise. In *Critical new
  perspectives on AD/HD*, ed. Lloyd, G., Stead, J., and Cohen, D.
  London: Routledge.

Cohen, L. and Manion, L. (1995) *Research Methods in Education. (4th
  edition)* London: Routledge.

Cole, T. (2000) *Promoting Inclusion Through Inter-disciplinary Working
  and School Development: a review of Literature*. For Birmingham
  City Education Department/Health Authority. Birmingham:

Cole, T. (1989) *Apart or A Part? Integration and the Growth of British
  Special Education*. Milton Keynes: Open University Press.

275

Cole, T., and Visser J. (2005) *Review of literature on SEBDs definitions and good practice*. Accompanying the *managing challenging behaviour report*. OfSTED.

Cole, T. and Visser, J. (2000) *EBD Policy, Practice and Provision in Shropshire LEA and Telford and Wrekin LEA*. Birmingham: University of Birmingham.

Cole, T. and Visser, J. (1998) How should the 'effectiveness' of schools for pupils with EBD be assessed?, *Emotional and Behavioural Difficulties,* 3(1), 37- 43.

Cole, T., and Daniels, H. (2002) The development of provision for young people with emotional and behavioural difficulties: an activity theory analysis, *Oxford Review of Education,* 28(3) 11-29.

Cole, T., Daniels, H. and Visser, J. (2003) Patterns of Provision for Pupils with Behavioural Difficulties in England: a study of government statistics and behaviour support plan data, *Oxford Review of Education,* 29(2), 187-203

Cole, T., Daniels, H. and Visser, J. (1999) *Patterns of Educational Provision Maintained by LEAs for Pupils with Behaviour Problems*. Report sponsored by Nuffield Foundation. Birmingham: University of Birmingham.

Cole, T., Daniels, H. and Visser, J. (1999a) A model explaining effective EBD practice in mainstream schools, *Emotional and Behavioural Difficulties,* 4(1), 12-18.

Cole, T., Visser, J. and Upton, G. (1998) *Effective Schooling for Pupils with Emotional and Behavioural Difficulties*. London: David Fulton Publishers.

Cole, T., Daniels, H., Sellman, E., Sutton, J., Visser, J. with Bedward, J. (2003) *Study of Young People Permanently Excluded from School*. Research Report RR405. London: DfES

Collier, A. (1994) *Critical realism: An introduction to Roy Bhaskar's philosophy*. London: Verso.

Comings D.A. (1990) *Tourette Syndrome and human behaviour*. Durante, CA.: Hope

Conroy, M. A.; Brown, W.H (2004) Early Identification, Prevention, and Early Intervention with Young Children At Risk for Emotional or Behavioral Disorders: Issues, Trends, and a Call for Action, *Behavioral Disorders*, 29(3), 224-236.

Cooper, P, Drummond, M., Hart, S., Lovey, J. and McLaughlin, C. (2000) *Positive Alternatives to Exclusion*. London: Routledge/Falmer

Cooper, P. and Ideus, K. (1996) *Attention Deficit/Hyperactivity Disorder: a practical guide for teachers*. London: David Fulton.

Cooper, P. (2006) *Promoting positive pupil engagement: Educating pupils with social, emotional and behavioural difficulties.* Malta: Agenda.

Cooper, P. (2005) Biology and Behaviour: The Educational Relevance of a Biopsychosocial Perspective in *Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (Eds) Handbook of Emotional and Behavioural Difficulties.* London: Sage

Cooper, P. (2001) *We Can Work It Out: What Works in Educating Pupils with Social, Emotional and Behavioural Difficulties Outside Mainstream Classrooms?* Barkingside: Barnardo's

Cooper, P. (1999) Changing Perceptions of EBD: Maladjustment, EBD and Beyond, *Emotional and Behavioural Difficulties* 4(1), 3-11

Cooper, P. (1999a) The further evolution of emotional and behavioural difficulties: bringing the biopsychosocial approach into education. In Cooper. P. (ed.) *Understanding and Supporting Children with Emotional and Behavioural Difficulties*. London: Jessica Kingsley.

Cooper, P. (1996) Pupils as Partners: Pupils' contributions to the governance of schools in K. Jones and T. Chariton (eds) *Overcoming Learning and Behaviour Difficulties: Partnership with Pupils.* London: Routledge.

Cooper, P. (1996a) Giving it a Name: the value of descriptive categories in educational approaches to emotional and behavioural difficulties, *Support for Learning*, 1(4), 146-159.

Cooper, P. (1993) *Effective Schools for Disaffected Pupils: Integration and Segregation.* London: Routledge.

Cooper, P., Smith, C. J. and Upton, G.(1994) *Emotional and Behavioural Difficulties: Theory to Practice.* London: Routledge.

Corbett, J. (2001a) *Supporting inclusive education; a connective pedagogy* London: Routledge

Corbett, J. (2001b) Teaching approaches which support inclusive education: a connective pedagogy, *British Journal of Special Education*, 28, 2

Cornwall, J. and Tod, J. (1998) *Emotional and behavioural difficulties. London:* David Fulton

Cowne, E. (2003) *The SENCO handbook : working within a whole-school approach* London : David Fulton

Crammond, B. (1993) *AD/HD and creativity: two sides of the same coin?* Department of Educational Psychology, University of Georgia, Athens, Georgia.

Creswell, J.W. (1998) *Qualitative Enquiry and Research Design. Choosing among five traditions*. Thousand Oaks: Sage

Croll, P. and Moses, D. (2000) Ideologies and utopias: education professionals' view of inclusion, *European Journal of Special Needs Education*, 15 (1), 1-12.

Croll, P., and Moses, D. (1985), *One in Five: the assessment and incidence of special educational needs*. London: Routledge.

Crook, W. G.(1980) Can what a child eats make him dull, stupid, or hyperactive? *Journal of Learning Disabilities*, 13(5), 281-286.

Cullen, K. and Ramoutar, L. (2003) Building Fresh Perceptions of a Class: Turning 'Horrors into Lovelies', *Educational and Child Psychology*, 20 (4), 116-130.

Cummings, C., Dyson A., and Todd L. (2004) *Evaluation of the extended schools pathfinder projects.* London: Department for Education and Skills

Curtis, K., Roberts, H., Copperman, J., Downies, A., and Liabo, K. (2004) "How come I don't get asked any questions?" Researching 'hard to reach' children and teenagers. *Child and Family Social Work, 9,* 167-175.

Daniels, H. (2001) Activity theory and knowledge production: twin challenges for the development of schooling for pupils who experience EBD, *Emotional and Behavioural Difficulties,* 6(2), 113-124.

Daniels, A.J., and Williams H. (2000) Reducing the need for exclusions and statements for behaviour: The framework for intervention, Part I. *Educational Psychology in Practice,* 15: 220-7.

Daniels, H. and Cole, T. (2002) The development of provision for young people with emotional and behavioural difficulties: an activity theory analysis, *Oxford Review of Education,* 28,(2&3), 312-329.

Daniels, H., Visser, J., Cole, T., and de Reybekill, N. (1998) *Emotional and Behavioural Difficulties in Mainstream Schools,* Research Report RR90. London: DfEE.

Davies, J.D. (2005) Voices from the Margins: The Perceptions of Pupils with Emotional and Behavioural Difficulties about their Educational Experiences in Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (Eds) *Handbook of Emotional and Behavioural Difficulties*. London: Sage

Davis, B. and Cahill, S. (2006) Challenging Expectations for Every Child through innovation, regeneration and reinvention, *Educational and Child Psychology,* 23 (1), 80-91.

De Los Reyes, A., and Kazdin, A.E. (2005) Informant discrepancies in the assessment of childhood psychopathology: A critical review, theoretical framework, and recommendations for further study, *Psychological Bulletin,* 131(4), 483-509.

Della Sala, S. ed. (2007) *Tall tales about the mind and brain*. Oxford: Oxford University Press.

Dent, R.J. and Cameron, R.J.S. (2003) Developing Resilience in Children who are in Public care: the Educational Psychology Perspective, *Educational Psychology in Practice*, 19 (1), 13-26.

Denzin N. K., and Lincoln, Y. S. (eds), (1998) *Collecting and Interpreting Qualitative Materials*. London: Sage.

Denzin, (1970) *The Research Act,* Chicago: Aldine

Denzin, N. K. (1989) *The research act : a theoretical introduction to sociological methods,* London: Englewood Cliffs, N.J. : Prentice Hall

Department of Health (2000) *Promoting Health for Looked After Children: a Guide to Healthcare Planning, Assessment and Monitoring.* Consultation Document. London: Dept. of Health

Dettman, S.J., Fiket, H., Dowell, R.C., Charlton, M., Williams, S.S., Tomov, A.M. and Barker, E.J. (2004) Speech Perception Results for Children Using Cochlear Implants who Have Additional Special Needs, *Volta Review*, 104, 362-392.

DCSF. (2007) *The Children's Plan. Building brighter futures*. London: The Stationery Office.

DES (1968) *Psychologists in Education Services (The Summerfield Report).* London: HMSO.

DfEE (2000). *Educational Psychology Services (England): Current role, good practice and future directions. The Report of the Working Group.* London: HMSO.

DfEE (1998) *LEA Behaviour Support Plans.* Circular 1/98. London: DfEE.

DfEE (1997) *Excellence in schools*. London: The Stationery Office.

DfEE/DH (1994a) Circular 9/94 - *The Education of Children with Emotional and Behavioural Difficulties.* London: HMSO

DfEE (1994b) *Code of Practice on the Identification and Assessment of Special Educational Needs.* London: HMSO.

DfEE (1993) *The Education of Children with Emotional and Behavioural Difficulties Circular 9/93.* London: DfEE

DfES (2006) *Education and Inspection Act*. London: DfES

DfES (2005a) *Excellence and enjoyment: Social and emotional aspects of learning: Guidance In Primary national strategy*, ed. DfES. London: DfES.

DfES (2005b) *Extended schools: Access to opportunities and services for all*. London: DfES.

DfES (2004a) *Every child matters: Change for children*. London: HMSO.

DfES (2004b) *Every child matters: Change for children in schools*. London: DfES.

DfES (2004c) *Five year strategy for children and learners.* London: HMSO

DfES (2003) *Every child matters. Cm. 5860*. London: HMSO

DfES (2003a) *Report of the Special Schools Working Group*. London: DfES.

DfES (2003b) *Truancy Sweep: Press Notice 2003/0013.* London: DfES.

DfES (2002) *Improving behaviour and attendance programme*. London: DfES

DfES (2001) *SEN Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs*. London: DfEE.

DfES (1989a) *Discipline in Schools* (The Elton Report). London: DfES

DfES (1989b) *Special Schools for Pupils with Emotional and Behavioural Difficulties. Circular 23/89*. London: DES.

Didaskalou, E.S., and Millward, A.J. (2002) Breaking the policy log-jam: Comparative perspectives on policy formulation and development

for pupils with emotional and behavioural difficulties, *Oxford Review of Education,* 28(1), 109-21.

Disability Discrimination Act (1995) London: HMSO

Dodd, T. and Hunter, P. (1992) *The National Prison Survey of 1991.* London: HMSO

Dodge, K.A. (1993) Social-cognitive mechanisms in the development of conduct disorder and depression, *Annual Review of Psychology,* 44, 559-584.

Douglas, J.D. (1975) *Imaginative Social Research.* Beverley Hills: Sage

Dowling, J., and Leibowitz, D. (1994) Evaluation of educational psychology services: past and present, *Educational Psychology in Practice*, 9, 241-250.

Doyle, C. (2003) Child Emotional Abuse: the Role of Educational Professionals*, Educational and Child Psychology*, 20 (1), 8-21.

DuPaul, G. & Stoner, G. (1995) *AD/HD in the schools: assessment and intervention strategies*. New York: Guilford.

Dyson, A., and Gallannaugh F. (2007) National policy and the development of inclusive school practices: A case study. *Cambridge Journal of Education,* 37, 473-88.

Ebersold, S. (2003) Inclusion and mainstream education: an equal cooperation system, *European Journal of Special Needs Education* 18(1), 89-107.

Edwards, A. (2002) Responsible research: Ways of being a researcher. *British Educational Research Journal, 28*(2), 157–168.

Eisner, E. (1990*) Qualitative Enquiry in Education: The Continuing Debate*. New York: Teachers College Press.

Elam, S. and Rose, L. (1995) The 27th annual Phi Delta Kappa/Gallup poll*, Phi Delta Kappa*, 77, 41-9.

Elliott, L., Hayes, S., Indoe, D., Pecherek, A. and Wolfendale, S. (1994) A reappraisal of EPs' role in working with children's and adolescents' psychological and mental health problems, *Educational and Child Psychology,* 11, 3, 85-92.

Ellis, S., and Tod J. (2005) Including SENCOs in behaviour improvement: An exploration of the behaviour and attendance strands of the National Strategies. *Support for Learning*, 20, 83-9.

Emunah, R. (1994) *Acting for real: Drama therapy process, technique, and performance*, Philadelphia: Brunner/Mazel

Eodanable, M. and Lauchlan, F. (2009) The advance of research and evaluation skills by EPs: implications for training and professional development', Educational Psychology in Practice, 25: 2, 113 - 124

EPPI (2003) *Supporting pupils with Emotional and Behavioural Difficulties (EBD) in Mainstream Primary Schools: a Systemic Review of Recent Research on Strategy Effectiveness (1999-2000).* London: EPPI Centre, University of London Institute of Education.

Epstein, D., Elwood, J., Hey, V. and Maw, J. (1998) *Failing Boys? Issues in Gender and Achievement*. Buckingham: Open University

Evans, P. (1997) Structuring the curriculum for pupils with learning difficulties in Pijl, S.J., Meijer, C.J.W. and Hegarty, S. (eds) *Inclusive Education : A Global Agenda*. London: Routledge.

Evans. J. and Lunt, I. (2002) Inclusive education: are there limits? *European Journal of Special Needs Education,* 17(1), 1-14

Farraday, S. (1996) Assessing the impact: Provision for Learners with learning difficulties and disabilities. Dorchester: Henry Ling for FEFC. FEDA (Further Education Development Agency).

Farrell P. and Ainscow, M. (2002) *Making special education inclusive: from research to practice*. London: David Fulton

Farrell, P. (2004) School psychologists: making inclusion a reality for all. *School Psychology International*, 25, (1), 5-20.

Farrell, P. (1995) Emotional and behavioural difficulties: causes, definition and assessment. In Farrell, P. (Ed.) (1995), *Children with Emotional and Behavioural Difficulties: Strategies for Assessment and Intervention*. London: The Falmer Press.

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Connor, M. (2006) *A Review of the Functions and Contribution of Educational Psychologists in England and Wales in light of "Every Child Matters: Change for Children."* London: HMSO.

Farrington, D.P. (1995). The development of offending and antisocial behaviour from childhood: Key findings from the Cambridge study in delinquent development. *Journal of Child Psychology and Psychiatry*, 36, 929–964.

Farrington, D.P. (1987) Early precursors of frequent offending. In Wilson, J.Q. and Loury, G.C. (eds) *From Children to Citizens: Vol. III*

Families, Schools and Delinquency Prevention. New York: Springer-Verlag, 27-51.

Feiler, A. and Gibson, H. (1999) Threats to the Inclusive Movement, *British Journal of Special Education,* 26(3), 147-151.

Feingold, B.F (1975) Hyperkinesis and learning disabilities linked to artificial food flavors and colors, *American Journal of Nursing*, 75(5), 797-803

Flick, U. (1998) *An Introduction to Qualitative Research (1st-3rd edition).* London: Sage.

Fogell, J. and Long, R. (1997) *Spotlight on Special Educational Needs - Emotional and Behavioural Difficulties*. Tamworth: NASEN.

Ford, J., Mongon, D., and Whelan, M. (1982) *Special education and social control*. London: Routledge and Kegan Paul.

Ford, T., Hamilton H., Meltzer H., and Goodman R. (2008) Predictors of service use for mental problems among British schoolchildren, *Child and Adolescent Mental Health* ,13(1), 32–40.

Forlin, C. (1995) Educators' beliefs about inclusive practices in Western Australia, *British Journal of Special Education*, 22, 179-185

Forness, S.R. and Kavale, K. A. (2000) Emotional or behavioral disorders: Background and current status of the E/BD terminology and definition, *Behavioral Disorders*, 25(3), 264-269.

Foucault, M. (1972-1977) *Power/Knowledge: Selected interviews and other writings*. New York: Pantheon.

Fraser, N. and Nicholson, L.J. (1990) *Social Criticism without Philosophy*. New York: Routledge

Frederickson, N. & Turner, J. (2003) Utilizing the Classroom Peer Group to Address Children's Social Needs. An Evaluation of the 'Circle of Friends' Intervention Approach. *Journal of Special Education*, 36, (4), 234-245.

Freshwater, D (2000) *Transformatory Learning in Nurse Education*. Southsea: Nursing praxis International.

Freshwater, D. and Rolfe, G. (2002), *Everything and Nothing: Deconstructing Evidence-Based Practice.* Limited Edition

Freshwater, D. and Rolfe, G. (2001), 'Critical reflexivity: A politically and ethically engage research method for nursing', *NT Research*, 6(1), 526-537

Fugetta, G.P. (2006) Impairment of executive function in boys with

attention deficit/hyperactivity disorder. *Child Neuropsychology,* 121,

1-21. London: Routledge and Kegan Paul

Galloway, D. and Goodwin, C.(1987) *The Education of Disturbing*

Children. London: Longman

Galloway, D., Armstrong, P and Tomlinson, S. (1994) *The Assessment of*

Special Educational Needs. London: Longman.

Galloway, D., Ball, T., Blomfield, D. and Seyed, R. (1982) Schools *and*

disruptive pupils, London: Longman.

Garner, P. (1999) *Pupils With Problems: Rational Fears... Radical*

Solutions?, Stoke-on-Trent: Trentham Books.

Garner, P. (1995) Schools by scoundrels: the views of "disruptive" pupils in

mainstream schools in England and the United States, in M. Lloyd-

Smith and D. Davies (eds), *On the Margins: The Educational*

Experience of 'Problem' Pupils, Stoke-on-Trent: Trentham.

Garner, P. and Hill, N. (1995) *What Teachers Do: Developments in Special*

Education, London: Paul Chapman.

Garvar-Pinhas, A. and Schmelkin, L. P. (1989) Administrators and teachers'
attitudes towards mainstreaming, *Remedial and Special Education*,
10, 38–43.

German, M., Wolfendale, S. and McLoughlin, L. (2000) The Role of
Educational Psychologists in Child Protection: an Exploratory
Study, *Educational Psychology in Practice*, 15 (4), 263-271.

Gersch, I.S. (2004) Educational psychology in an age of uncertainty. *The
Psychologist, 17*(3), 142–145.

Gersch, I.S., Holgate, A. and Sigston, A. (1993) Valuing the child's
perspective – A revised student report and other practical initiatives.
Educational Psychology in Practice, 9, 36–45.

Gillham, B. (2000) *Case study research methods*. London: Continuum

Gillham, W. (Ed.), (1978) *Reconstructing educational psychology*. London:
Virago.

Gilroy, A. (1992) *Research in art therapy,* in Walter, D. and Gilroy A.*, Art
Therapy: A Handbook, Buckingham*: Open University Press

Glaser, B. and Strauss, A. (1967) *The Discovery of Grounded Theory*.
Chicago: Aldine.

Gottfredson, D. C. (1997) *School based crime prevention.* In Sherman, L. (ed) *Preventing Crime: What Works, What Doesn't Work, What's Promising*. Report to the US Congress, US Dept. of Justice, Washington, DC.

Gowers, S., Bailey-Rogers, S., Shore, A., and Levine, W. (2000) The Health of the Nation Outcome Scales for Child and Adolescent Mental Health (HoNOSCA),*Child Psychology and Psychiatry Review*, 5(2), 50-56;

Gray, P. (1991) Educational psychologists as researchers: some considerations for present and future practice, *Education and Child Psychology, 8 (1), 3643*.

Gray, P. & Lindsay, G. (1991) *What price success? Appraising research in field settings*. In Gray, P. and Lindsay, G. (Eds) *Research and its relation to policy. Educational and Child Psychology*, 8(1), 75-81.

Green, K.D., Beck S.J., Forehand R., and Vosk B. (1980) Validity of teacher nominations of child behavior problems. *Journal of Abnormal Child Psychology* 8(3), 397–404.

Greenhalgh, P. (1999) Integrating the legacy of David Wills in an era of behaviour support plans, inclusion and target setting, *Emotional and Behavioural Difficulties,* 4, 46–53.

Greenhalgh P (1994) *Emotional Growth and Learning*. London: Routledge and Kegan Paul

Greenwood, P. W. (1996) Responding to juvenile crime: Lessons learned. *Future of Children*, 6(3), 75-85

Greig, A. (2001) The educational psychologist as practitioner-researcher. Reality or dream?, *Educational and Child Psychology, 18*(4), 75–88.

Gresham, F.M. & Elliott, S.N. (1990) *Social Skills Rating System*. Circle Pines, Minnesota: American Guidance Service.

Griffiths, M., and Macleod G.(2008). Personal narratives and policy: Never the twain?, *Journal of Philosophy of Education,* 42(1), 121- 43.

Grimshaw, R. with Berridge, D. (1994) *Educating Disruptive Children*. London: National Children's Bureau.

Guba, E.G., and Lincoln, Y.S. (1989) *Fourth generation evaluation*. Newbury Park, CA: Sage.

Guba, E.G. and Lincoln, Y.S. (1981) *Effective evaluation, The Jossey-Bass social and behavioural science series*. San Francisco: Jossey-Bass,

Habel, J., Bloom, L.A., Ray, M.S. and Bacon, E. (1999) Consumer reports: What students with behaviour disorders say about school, *Remedial and Special Education*, 20, 93-105.

Halsey, K., Gulliver, C., Johnson, A., Martin, K. and Kinder, K. (2006) *Evaluation of Behaviour and Education Support Teams*. London: DfES.

Hamill, P. and Boyd, B. (2002) Equality, fairness and risks - young person's voice, *British Journal of Special Education*, 29 (3), 111-117.

Hannah, M.E., and Pilner S. (1983) Teacher attitudes toward handicapped children: A review and synthesis, *School Psychology Review*, 12, 12-55.

Hansson, F. (2006) Organizational use of evaluations: Governance and control in research evaluation. *Evaluation, 12*(2), 159-178.

Hargreaves, D. H.(1984) Teachers' questions: Open, closed and half-open, *Educational Research*, 26(1), 46-51

Hayden, C. & Dunne, S. (2001) *Outside Looking In: Families' Experiences of Exclusion from School.* London: The Children's Society.

Heron, J. (1996) *Co-operative Inquiry: Research into the Human Condition.* London: Sage

Heron, J. (1982*) Education of the Affect: Human Potential Research Project*. Guildford: University of Surrey

Hertz, R. (ed) (1997) *Reflexivity and Voice*. Thousand Oaks: Sage.

Hess, R. and Holloway, S. (1984) *Family and school as educational institutions.* In Parke ,R. D. (ed) *Review of Child Development Research. Chicago University of Chicago Press.* 7, 179-222

Hetherington, E.M., Cox, M. & Cox, R. (1979) Play and social interaction in children following divorce, *Journal of Social Issues,* 35, 26-49.

Hinshaw, S.P., Henker, B., Whalen, C.K., Erhardt, D. and Dunnington, R.E. (1989) Aggressive, prosocial, and nonsocial behaviour in hyperactive boys: Dose effects of methylphenidate in naturalistic settings, *Journal of Consulting and Clinical Psychology*, 57, 636-643.

Hirschi, T. and Hindelang, M. (1977) Intelligence and delinquency, *American Sociological Review*, 42, 571-87.

Hodson, P., Baddeley, A., Laycock, S. and Williams, S. (2005) Helping Secondary Schools to be More Inclusive of Year 7 Pupils with SEN, *Educational Psychology in Practice*, 21, 53-67.

Holliday, A (2002) *Doing and writing qualitative research*. London: Sage

Horne, M.D. and Ricciardo, J.L. (1988). Hierarchy of responds to handicaps. *Psychological Reports* 62(1), 83-86

Howard- Jones, P. (2009). *Introducing neuroeducational research*. London: Routledge.

Howley, M., Preece, D. and Arnold, T. (2001) Multidisciplinary Use of 'Structured Teaching' to Promote Consistency of Approach for Children with Autistic Spectrum Disorder, *Educational and Child Psychology*, 18 (2), 41-55.

Huberman, A. and Miles, M. (1998) Data Management and Analysis Methods. In Denzin, N.K. and Lincoln, Y. S. (eds) *Collecting and Interpreting Qualitative Materials*. London: Sage.

Hyland, J. (1993) *Yesterday's Answers: Development and Decline of Schools for Young Offenders*. London: Whiting and Birch.

Jahnukainen, M. (2001) Experiencing special education: Former students of classes for the emotionally and behaviourally disordered talk about their schooling, *Emotional and Behavioural Difficulties*, 6 (3), 150-166.

Jimerson, S.R., Graydon, K., Farrell, P., Kikas, E., Hatzichristou, S., Boce, E. and Bashi, G., (2004) The International School Psychology Survey: Development and Data, *School Psychology International,* 25, 259-286.

Jones, N. & Frederickson, N. (Eds.) (1990) *Refocusing Educational Psychology.* London: Falmer Press.

Jones, P. (2006) Every Child's Parent Matters: Community Educational Psychology and the Plymouth Parent Partnership Project, *Educational and Child Psychology*, 23 (1), 16-26.

Jonsdottir, S., Bouma A., Sergeant J.A., and. Scherder E.J.A. (2006) Relationships between neuropsychological measures of executive function and behavioral measures of AD/HD symptoms and comorbid behaviour, *Archives of Clinical Neuropsychology,* 21(5), 383-95.

Kalambouka, A., Farrell P., Dyson A., and Kaplan I. (2007) The impact of
placing pupils with special educational needs in mainstream schools
on the achievement of their peers, *Educational Research,* 49, 365-
82.

Kane, J., Head G., and Cogan N. (2003) Behaviour support in secondary
schools: What works for schools?, *Emotional and Behavioural
Difficulties,* 8, 33–42.

Kane, J., Lloyd G., McCluskey G., Riddell S., Stead J., and Weedon E.
(2006) *Restorative practices in three Scottish councils (an
evaluation funded by the Scottish Executive Education Department).
Final report*. Edinburgh: SEED.

Kauffman, J.M. (2005) *Characteristics of emotional and behavioral
disorders of children and youth*. Upper Saddle River, NJ: Pearson
Merrill/Prentice Hall.

Kauffman, J.M. (2001) *Characteristics of Emotional and Behavioural
Disorders of Children and Youth (7th edn.)*. Englewood Cliffs, NJ:
Merrill Prentice-Hall.

Kauffman, J.M. (1999) Commentary: Today's Special Education and its Messages for Tomorrow, *The Journal of Special Education,* 32(4) 244-254

Kelly, B., Longbottom, J., Potts, F. and Williamson, J. (2004) Applying Emotional Intelligence: Exploring the Promoting Alternative Thinking Strategy Curriculum, *Educational Psychology in Practice*, 20 (3), 145-155.

Kelly, D. and Gray, C. (2000) *Educational Psychology Services(England): Current Role, Good Practice and Future Directions.* London: DfEE.

Kemmis, S. (1980). *The imagination of the case and the invention of the study*. In H. Simons (Eds.), *Towards a science of the singular.* Norwich: CARE

Kendall, L., O'Donnell L., Golden S., Ridley K., Machin S., Rutt S., McNally S., Schagen I., Meghir C., Stoney S., Morris M., West A., and Noden P. (2005) *Excellence in cities: The national evaluation of a policy to raise standards in urban schools 2000–2003*. Research report 675A. London: DfES.

Kenemans, J.L., Bekker E.M., Lijffijt., M., Overtoom C.C.E, Jonkman L.M., and Verbaten M.N. (2005) Attention deficit and impulsivity:

Selecting, shifting, and stopping, *International Journal of Psychophysiology,* 58(1), 59–70.

Kenny, M,. McNeela, E. and Shevlin, M. (2003) Living and Learning. In Shevlin, M. and Rose, R. (eds) *Encouraging Voices: respecting the rights of young people who have been marginalized*. National Disability Authority: Dublin.

Keyes, W. and Fernandes, C. (1993) *What do Students Think About School?* Slough: NFER.

Kinder, K., Halsey, K., Kendall, S., Atkinson, M., Moor, H., Wilkin, A., White, R. and Rigby, B. (2000) Working *Out Well: Effective Provision for Excluded Pupils.* Paper presented at the British Educational Research Association Conference, September, at Cardiff University, Wales.

King, E. and Kellock, I. (2002), Creating a Solution-focused Counselling Team, *Educational Psychology in Practice*, 18 (2), 103-111.

King, E.N. and Wilson, M (2006) Educational Psychology in Scotland: More Community than School Based? *Educational and Child Psychology,* 23 (1), 68-79.

Kuhn, D. & Udell, W. (2003) The development of argument skills. *Child development,* 74(5), 1245-1260.

Kulekowskis. J. (1996) *The Effect of Student Behaviour on the Reading Achievement of Second Grade Students*. Educational Resources Information Centre (ERIC), ED 397 398.

Kurtz, Z., Thornes, R. and Wolkind, S. (1996) *Services for the Mental Health of Children and Young People in England; Assessment of Need and Unmet Needs*. Report commissioned by Dept. of Health and South Thames Regional Health Authority.

Kvale, S. (1996) *Interviews: An Introduction to Qualitative Research Interviewing*. London: Sage.

Laing, A.F. & Chazan, M. (1987) *Teachers' Strategies in Coping with Behaviour Difficulties in First Year Junior School Children.* London: Association of Workers for Children with Emotional and Behavioural Difficulties

Lambert, L., Essen, J. & Head, J. (1977) Variations in behaviour ratings of children who have been in care, *Journal of Child Psychology and Psychiatry,* 18, 335-346.

Laslett, R. Cooper, P., Maras, P., Rimmer, A., and Law, B. (1998) *Changing perceptions of maladjusted children, 1945–1981*. Maidstone: The Association of Workers for Children with Emotional and Behavioural Difficulties.

Lawrence, D (1996) *Enhancing self-esteem in the classroom (2nd edition)* London: Chapman

Laws, C., and Davies B., (2000) Poststructuralist theory in practice: Working with 'behaviourally disturbed' children. *Qualitative Studies in Education,* 13(3), 205-1.

Le Roy, B. and Simpson, C. (1996) Improving student outcomes through inclusive education, *Support for Learning*, 11 (1), 32-36.

Lees, J, (2001) Reflexive action research: developing knowledge through practice, *Counselling and Psychotherapy Research*, 1(2), 132-138

Lehrs, E. (1958) *Man or Matter*. London: Rudolf Steiner Press

Leman, P. J. and Björnberg, M., (2010) Gender, conversation, and development: A study of children's conceptions of punishment, *Child Development*, 81, 958-972

Lennox, D. (1991) *See me after school: identifying and helping children with emotional and behavioural difficulties.* London: Fulton

Levy, S. and Chard, D.J. (2001) Research on reading instruction for students with emotional and behavioural disorders, *International Journal of Disability, Development and Education*, 48, 317 -326.

Lewis, A. (2005) *Researching a Marginalised Population: Methodological Issues.* In Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (Eds) *Handbook of Emotional and Behavioural Difficulties*. London: Sage

Lewis, A. and Norwich, B. (2000) *Mapping a pedagogy for special educational needs*. Monograph: University of Exeter and University of Warwick.

Lewis, A., & Lindsay, G. (2002). *Emerging issues*. In Lewis, A. and Lindsay, G. (Eds.), *Researching children's perspectives,* 187–198. Buckingham: Open University Press.

Leyser, Y., Kapperman, G. and Keller , R. (1994) Teacher attitudes toward mainstreaming: a cross-cultural study in six nations, *European Journal of Special Needs Education*, 9, 1-15.

Lincoln, Y. and Guba, E. (2000) *Paradigmatic controversies, contradictions and emerging confluences*. In Denzin, N. and Lincoln, Y. (eds.) *The Handbook of Qualitative Research.* Thousand Oaks, CA. :Sage.

Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. Beverley Hills: Sage.

Lloyd, G., Stead J. and Cohen D. (eds.) (2006) *Critical new perspectives on AD/HD*. London: Routledge.

Lloyd, G., Stead, J. and Kendrick, A. (2003) Joined-up approaches to prevent school exclusion, *Emotional & Behavioural Difficulties*, 8(1), 77-91

Loeber, R. and LeBlanc, M. (1990) Towards a developmental criminology, in Tomy, M. and Morris, N. (eds), *Crime and Justice: An Annual Review of Research, 12.* Chicago: University of Chicago Press.

Loeber, R., & Stouthamer-Loeber, M. (1986) Family factors as correlates and predictors of juvenile conduct problems and delinquency. In Tomy, M. and Morris, N. (eds) *Crime and Justice: An Annual Review of Research,*7, Chicago: University of Chicago Press

Lown, J. (2005) Including the Excluded: Participant Perceptions, *Educational and Child Psychology*, 22 (3), 45-55.

Lunt, I. and Norwich, B. (1999) *Can Effective Schools be Inclusive Schools? Perspectives on Education Series*. London: Institute of Education.

Luton Council – www.luton.gov.uk/educationpsychology.

Lytton, H. (1990) Child and parent effects in boys' conduct disorder: a reinterpretation, *Developmental Psychology,* 26 (5), 683-697.

MacKay, T. (2002) Discussion paper - the future of educational psychology. *Educational Psychology in Practice, 18*(3), 245-253.

MacKay, T. (2006) The Educational Psychologist as Community Psychologist: Holistic Child Psychology across Home, School and Community, *Educational and Child Psychology,* 23 (1), 7-15.

Macleod, G. (2010) Identifying obstacles to a multidisciplinary understanding of 'disruptive' behaviour, *Emotional and Behavioural Difficulties*, 15(2), 95-109

Maddern, L., Franey, J., McLaughlin, V., Cox, S., (2004) An Evaluation of the Impact of an Inter-agency Intervention Programme to Promote Social Skills in Primary School Children, *Educational Psychology in Practice*, 20,(2), 135-155.

Maras, P. (2002) Identity, social perception and motivation: interdependent or autonomous factors?, *British Journal of Educational Psychology cutting edge conference* UK: The Lake District

Maras, P. (2001) *Citizenship, mentoring and related schemes for children and young people with SEBDs: evidence from research.* In Cooper, P. (ed) '*We can work it out' What works in educating pupils with social, emotional and behavioural difficulties outside mainstream classrooms.* London: Barnados.

Maras (1996) 'Whose are the 'E's in EBD?' *Emotional and Behavioural Difficulties.* 1(1), 14-21

Maras, P. & Kutnick, P. (1999) Emotional and Behavioural Difficulties in Schools: Consideration of Relationships Between Theory and Practice. *Social Psychology of Education*, 3(3)*, 135-143.

Maras, P. & Masser B. (1996). *What are EBD? A Review of the Literature*. London: Greenwich University Press.

Maras, P., Edgecombe, D., Dobson, S. and Tagoe, P. (2000) *The bad kids are getting rewarded- Peer mentoring for school pupils.* London: National Mentoring Network.

Maras, P., Redmayne, T., Hall, C., Braithwaite, D. and Prior, P. (1997) Helicopter children and butterfly brains. AD/HD: perceptions, issues and implications, *Educational and Child Psychology*, 14(1), 39-50

Marlowe, M.,. Maycock G.A, Palmer L.F., and Morrison W.F. (1997) Utilizing literary texts in teacher education to promote positive attitudes toward children with emotional and behavioural disorders, *Behavioral Disorders* 22(3), 152-9.

Matsueda, R. L. (1992) Reflected appraisals, parental labelling, and delinquency: specifying a symbolic interactionist theory, *American Journal of Sociology,* 97 (6),1577-1611.

Mavropoulou, S. and Padeliadu, S. (2002) Teachers' causal attributions for behaviour problems in relation to perceptions of control, *Educational Psychology*, 22, 191-202.

Maxwell, W. (1994) Special educational needs and social disadvantage in Aberdeen City school catchment zones, *Educational Research*, 36(1), 25-37

McCaffrey, T. (2004), Responding to Crises in Schools: a Consultancy Model for Supporting Schools in Crisis, *Educational and Child Psychology*, 21 (3), 109-123.

McCord, J and Trembley, R. (eds), *Preventing Antisocial Behaviour: Interventions from Birth through Adolescence*. New York: Guildford.

McDaniel, T. (1984) School discipline in perspective, *The Clearing House*, 59, 369-70.

McDowell, J. (1982) Criteria, Defeasibility and Knowledge, originally published in the *Proceedings of the British Academy* 68, 455-79; reprinted in his anthology, *Meaning, Knowledge and Reality* Cambridge, Mass.: Harvard University Press 1998 at pp. 369-94.

McHugh, H. (2005) *Multi-agency Working between Educational Psychology, Child and Adolescent Mental Health Services and Social Services*: Unpublished M.Sc. dissertation. Manchester: University of Manchester.

McLeod, J. (1999), *Practitioner Research in Counselling*, London: Sage

McLoyd, V.C. (1998) 'Socioeconomic disadvantage and child development', *American Psychologist*, 53 (2): 185 204.

McNamara, S. and Moreton, G. (1994) *Changing Behaviour: Teaching Children with Emotional and Behavioural Difficulties in Primary and Secondary Classrooms*. London: David Fulton Publishers.

McSherry, J. (2001) *Challenging behaviours in mainstream schools: practical strategies for effective intervention and reintegration*. London: David Fulton.

Meichenbaum, D. (1977) *Cognitive-Behaviour Modification: An Integrative Approach.* New York: Plenum.

Melhuish, E., J. Belsky, and Leyland A. (2005). *Early impacts of SSLPs on children and families.* London: DfES.

Mental Health Foundation (1999) *Bright Futures: Promoting Children and Young People's Mental Health.* London: MHF.

Merrett, F. and Wheldall, K. (1984) How do teachers learn to manage classroom behaviour? A study of teachers' opinions about their initial training with special reference to classroom behaviour management, *Educational Studies*, 19, 91-102.

Mertens, D.M. and McLaughlin, J.A. (1995) *Research methods in special education.* London: Sage Thousand Oaks.

Middleton D. and Brown S. (2005) Surfacing contradictions: intervention workshops as change mechanisms in professional learning, Changing Concepts, Changing Practices: activity theory as a

research tool symposium. In *British Education Research Association Annual Conference, University of Glamorgan*, September 2005. In press.

Miles, M. and Huberman, A. (1994) *Qualitative Data Analysis: An Expanded Sourcebook (2nd edition)*. Thousand Oaks: Sage.

Miller, A. (2003). *Teachers, Parents and Classroom Behaviour. A Psychosocial Approach*. Maidenhead. Open University Press.

Miller, A. (1994) Staff culture, boundary maintenance and successful 'behavioural interventions' in primary schools. *Research Papers in Education.* 9(1), 31-52.

Miller, A. and Black, L. (2001) Does Support for Home-school Behaviour Plans Exist within Teacher and Pupil Cultures? *Educational Psychology in Practice,* 17 (3), 245-261

Miller, A., and Todd, Z. (2002). Educational psychology and difficult behaviour in schools: Conceptual and methodological challenges for an evidence-based profession, *Educational and Child Psychology, 19*(3), 82–95.

Mittler, P. (2000) *Working Towards Inclusive Education: Social Contexts.* London: David Fulton.

Moore, M., Beazley, S. and Maezler, J. (1998) *Researching Disability Issues.* Buckingham: Open University Press.

Moore, R., and Muller J. (1999). The discourse of 'voice' and the problem of knowledge and identity in the sociology of education. *British Journal of Sociology of Education* 20(2), 189-206.

Mortimore, P., Sammons, P., Stoll, L., Lewis, D. and Ecob, R. (1988) *School Matters: The Junior Years*. Exeter: Open Books.

Moustakas, C. (1990*) Heuristic Research: Methodology and Application*, London: Sage

Munn, P., Lloyd, G. and Cullen, M. (2000) *Alternatives to School Exclusion*. London: Paul Chapman.

National Association of Principal Educational Psychologists (NAPEP) (2005) *Why apply psychology? What our services do: Report of NAPEP conference May 2005*. NAPEP.

Newton, C., Taylor, G., & Wilson, D. (1996) Circles of friends. An inclusive approach to meeting emotional and behavioural difficulties, *Educational Psychology in Practice*, 11, 41-48.

Nicholson, T. (2005) Academic Achievement and Behaviour: An Axiomatic
Link? In Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (Eds)
Handbook of Emotional and Behavioural Difficulties. London: Sage

Nicholson, N. (2003) How to motivate your problem people. *Harvard
Business Review* (January): 57-64.

Nicholson, T. (2000) *Reading the writing on the wall: Debates, challenges
and opportunities in the Teaching of Reading.* Palmerston North,
NZ: Dunmore

Niiniluoto, I. (1999) *Critical scientific realism*. Oxford: OUP.

Norwich, B. (1994) The relationship between attitudes to the integration of
children with special educational needs and wider socio-political
views: a US–English comparison, *European Journal of Special
Needs Education*, 9, 91-106.

Oak Park River Forest High School. www.oprfhs.org

O'Brien, T. (1998) *Promoting Positive Behaviour*. London: David Fulton
Publishers

O'Donnell, C.R. (l992) *The interplay of theory and practice in delinquency
prevention: From behaviour modification to activity settings.* In

314

McCord, J. and Trembley, R. (eds), *Preventing Antisocial Behaviour: Interventions from Birth through Adolescence*. New York: Guildford.

O'Mahony, P. (2005) Juvenile Delinquency and Emotional and Behavioural Difficulties in Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (Eds) *Handbook of Emotional and Behavioural Difficulties*. London: Sage

O'Mahony, P. (1997). Mo*untjoy Prisoners*: *A sociological and Criminological Profile.* Dublin: Government Stationery Office

Ofsted (1999a) *Principles into Practice: Effective Education for Pupils with EBD.* HMI report. London: Ofsted.

Ofsted (1999b) The SEN Code of Practice: Three years on. The contribution of Individual Educational Plans to the raising of standards for pupils with special educational needs. HMI report. London: Ofsted

Olweus, D. (1993) *Bullying at School: What we Know and What we Can Do*. Oxford: Blackwell.

Olweus, D. (1991) *Bully/victim problems among school children: Basic facts and effects of a school-based intervention program*. In Rubin,

K. and Pepler, D. (eds), *The Development and Treatment of Childhood Aggression*. Hillside, NJ: Erlbaum. 411-448.

Omizo M., Herschberger J., Omizo S. (1988) Teaching children to cope with anger, *Elementary School Guidance and Counselling,* 22, 241-246.

Osher, D., Osher, T. and Smith, C. (1994) Toward a national perspective: emotional and behavioural disorders: A developmental agenda, *Beyond Behaviour*, 6, 6-17.

Padeliadou and Lampropoulou, (1997) Attitudes of special and regular education teachers towards school integration, *European Journal of Special Needs Education*, 12, 173-183.

Parsons, C. (2009) *Strategic Alternatives to Exclusion from School*. Stoke on Trent: Trentham Books

Parsons, C. (1996) Permanent exclusions from schools in England in the 1990s: trends, causes and responses. *Children and Society,* 10, 177-186.

Parsons, C. and Howlett, K. (1996) Permanent Exclusion from School: A Case Where Society is Failing Children. *Support for Learning,* 11(3), 109-112.

Patterson, G.R., DeBaryshe, B.D. & Ramsey, E. (1989) A developmental perspective on antisocial behaviour, *American Psychologist,* 44, 329-335.

Pelham, W.E. and Murphy, H.A. (1986) *Attention Deficit and Conduct Disorders.* In M. Hersen (Ed.) *Pharmacological and Behavioural Treatments: An Integrative Approach*. New York: Wiley.

Pellegrini, A., and Horvat, M. (1995) A developmental contextualist critiques of AD/HD. *Educational Researcher*, 24(1)*,* 13-20

Peters, R. DeV. and McMahon, R.J. (1996) *Preventing childhood disorders, substance abuse, and delinquency*. Thousand Oaks: Sage

Pijl, S.J., Meijer, S.J.W. and Hegarty, S. (eds) (1997) *Inclusive Education: A Global Agenda*. London: Routledge.

Pliszka, S.R., Glahn D.C., Semrud-Clikeman M., Franklin C., Perez R., Xiong J. and Liotti, M. (2006) Neuroimaging of inhibitory control areas in children with Attention Deficit Hyperactivity Disorder who were treatment naive or in long-term treatment. *American Journal of Psychiatry,* 163, 1052-60.

Polanczyk, G., de Lima M.S., Horta B.I., Biederman J., and Rohde L.A. (2007) The worldwide prevalence of AD/HD: A systematic review and metaregression analysis. *Archive of General Psychiatry,* 64, 218–24.

Porter, L. (2000) *Behaviour in Schools: Theory and Practice for Teachers.* Buckingham: Open University Press.

Pring, R. (2000) *Philosophy of Educational Research*. London: Continuum.

Purdie, N., Hattie J. and Carroll A. (2002) A review of the research on interventions for attention deficit hyperactivity disorder: What works best?, *Review of Educational Research,* 72, 61–99.

Quay, H.C. (1997) Inhibition and Attention Deficit Hyperactivity Disorder, *Journal of Abnormal Child Psychology,* 25(1), 7-13.

Quayle, W. and Holsworth, J. (1997) Self-esteem groups at the Eleanor Smith School and Primary Support Service, *Emotional & Behavioural Difficulties,* 2(2), 21-24

Quicke, J.C. (1982) *The Cautious Expert: An Analysis of Developments in the Practice of Educational Psychology*. Milton Keynes: Open University Press.

Raffo, C. and H. Gunter.(2008) Leading schools to promote social
inclusion: Developing a conceptual framework for analysing
research, policy and practice, *Journal of Educational Policy,* 23(4),
363–80.

Ramey, C. and Campbell, F. (1991) *Poverty, early childhood education and
academic competence: The Abecedarian experiment*. In Huston, A.
(ed.), *Children in Poverty*. New York: Cambridge University Press.

Reason, P. and Marshall J. (1987) *Research as personal process*. In Boud,
D. and Griffin, V. (eds.) *Appreciating Adult Learning*. London.
Kogan. 112-26.

Reay, D. (2006) The zombie stalking English schools: Social class and
educational inequality, *British Journal of Educational Studies* 54(3),
288–307.

Rees, P. and Rees, J. (2002) Reading Together: Capitalising on Inter-
disciplinary Work in the Development and Refinement of Reading
Tests, *Educational Psychology in Practice*, 18 (4), 313-323.

Reid, K.(1986*) Disaffection from School*. London: Methuen.

Reynolds, D. and Sullivan, M. (1979) *Bringing Schools Back In.* Cited in Cole, Visser and Upton, 1998.

Richardson, L. (1994) *Writing: a method of enquiry.* In Denzin, N. K. and Lincoln, Y.S. (eds) *Handbook of Qualitative Research.* Thousand Oaks: Sage.

Rieser, R. (2006) Equality or utilitarianism? Developing inclusive education: a contradiction in terms: The Education and Inspections Bill 2006. *Forum* 48(1), 41–8.

Roberts, B. (2002) *Biographical Research.* Buckingham: Open University Press

Robson, C. (2002) *Real World Research.* Oxford: Blackwell Publishers

Robson, C. (1993) *Real world research: A resource for social scientists and practitioner researchers.* Oxford: Blackwell.

Rogers, C.R. and Freiberg, H. (1994). *Freedom to Learn.(3rd Edn.)* Merrill: New York.

Rogers, Carl. (1959). *A Theory of Therapy, Personality and Interpersonal Relationships as Developed in the Client-centered Framework.* In Koch S., (ed.) *Psychology: A Study of a Science. Vol. 3:*

Formulations of the Person and the Social Context. New York: McGraw Hill.

Rose, R. (1998) *The Curriculum: a vehicle for inclusion or a lever for exclusion?* In Tilstone C., Florian, L. and Rose, R. (eds) *Promoting Inclusive Practice*. London: Routledge.

Ross, D. and Hayes, B. (2004) Interventions with Groups of Bereaved Pupils, *Educational and Child Psychology*, 21 (3), 95-106.

Rowbottom, D.P., and S.J. Asiton. (2007). *The myth of 'scientific method' in contemporary educational research*. In Bridges D. and Smith R.(ed) *Philosophy, methodology and educational research*. Oxford: Blackwell.

Rowe, K.J. and Rowe, KS. (1999) Introduction: effects and context. Investigating the relationship between inattentiveness in the classroom and reading achievement, *International Journal of Educational Research*, 31, 1-16.

Rustemier, S. (2002) *Social and Educational Justice: The Human Rights Framework for Inclusion*. Bristol: CSIE.

Rutter, M and Madge, N. (1970) *Cycles of Disadvantage*. London: Heinemann

Rutter, M., Maughan, B., Mortimore, P. and Ouston, J. (1979) *Fifteen Thousand Hours: Secondary Schools and their Effects on Children*. London: Open Books.

Sameroff, A. & Chandler, M. (1975) Early influences on development: factor or fancy?, *Merrill-Palmer Quarterly,* 21, 262-284.

Satterfield, J., Satterfield, B. & Cantwell, D. (1981) A three year multi-modality study of 100 hyperactive boys, *Journal of Pediatrics, 98*, 650-655.

Satterfield, J., Satterfield, B. & Schell, A. (1987) Therapeutic interventions to prevent delinquency in hyperactive boys. *Journal of the American Academy of Child and Adolescent Psychiatry, 26*, 56-64.

Schmidt, L. and Schulkin, J. (1999) *Extreme Fear; Shyness and Social Phobia: Origins, Biological Mechanisms, and Clinical Outcomes.* New York: Oxford University Press.

Schneiders, J., Drukker, M. and Van der Ende, J. (2003) Neighbourhood socioeconomic disadvantage and behavioural problems from late childhood into early adolescence, *Journal of Epidemiology & Community Health,* 57(9), 699-703

Schostak, J.F. (1983) *Maladjusted Schooling: Deviance, Social Control and Individuality in Secondary Schooling*. Lewes: Falmer Press.

Schwandt, T. (2000) *Three Epistemological Stances for Qualitative Enquiry*. In Denzin, N. K. and Lincoln, Y.S. (eds) *Handbook of Qualitative Research. (2nd edition)* Thousand Oaks: Sage.

Schwartz, S. J. (2001) The evolution of Eriksonian and neo-Eriksonian identity theory and research: A review and integration. *Identity: An International Journal of Theory and Research,* 1, 7-58.

Scott, D. (2005) Critical realism and empirical research methods in education, *Journal of Philosophy of Education.* 39(4), 633–46.

Scottish Executive (2002) *Better Behaviour - Better Learning*. Edinburgh: Scottish Executive.

Scruggs, T. and Mastropieri, M. (1996) Teacher perceptions of mainstreaming/ inclusion, 1958-1995: A research synthesis. *Exceptional Children* 63 (1) 59-74.

Seamon, D. and Amrine, F. (1998) (eds), *Goeth's Way of Science*, New York: SUNY

Seamon, D. (1998) *Goethe, nature and phenomenology: an introduction* In Steiner, R. (1886) *A Theory of Knowledge Implicit in Goethe's World Conception.* Spring Valley, NY: Anthroposophic Press

Sebastian, J. P. and Mathot-Buckner, C. (1998) *Including students with severe disabilities in rural middle and high school.* ERIC Document No. ED 417911.

Sebba, J. and Ainscow, M. (1996) International developments in inclusive schooling: mapping the issues. *Cambridge Journal of Education*, 26, (1) 5-17.

Selfe, L. (2002) Discussion Paper: Concerns about the Identification and Diagnosis of Autistic Spectrum Disorders, *Educational Psychology in Practice*, 18 (4), 335-341.

Sergeant, J.A. and Oosterlaan, J. (1998) Effects of reward and response cost on response inhibition in AD/HD, disruptive, anxious and normal children, *Journal of Abnormal Child Psychology,* 26(3), 161-74.

Sharp, S.A. & Bray, A.P. (1980) W. H. Winch: A founder of the experimental approach in education, *British Journal of Education Studies, 28,* 34−45.

Shevlin, M. and Rose, R. (2003) (eds) *Encouraging Voices: respecting the rights of young people who have been marginalized*. National Disability Authority: Dublin.

Sigston, A., Curran, P., Labram, A. & Wolfendale, S. (Eds) (1996) *Psychology in Practice with Young People, Families and Schools*. London: David Fulton Publishers.

Silberman, C. E. (1970). *Crisis in the Classroom*. New York: Random House

Silverman, D. (1999) *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction. (3rd edition)* London: Sage.

Simpson, R. L. (1999) Children and youth with emotional and behavioural disorders: A concerned look at the present and a hopeful eye for the future, *Behavioural Disorders,* 24, 284-292

Skinner, B.F. (1954) The science of learning and the art of teaching, *Harvard Educational Review, 24(2), 86-97.*

Skinner, E.A., Zimmer-Gembeck, M. and Connel, J. (1998) Individual Differences and the Development of Perceived Control, *Monographs of the Society for Research in Child Development,* 63 (2-3, Serial Number 254).

Smith, L. (2006) What effect does listening to individual children have on their learning?, *Pastoral Care, December*, 31-38.

Smith, A. and Thomas, J. (1993) What's in a name: some problems of description and intervention in work with emotionally disordered children. *Pastoral Care*, 295, 3-7.

Smith, A.J. and Thomas, J.B. (1992) A survey of therapeutic support for children with emotional and behavioural disturbance (EBD) in special schools in the United Kingdom, *School Psychology International*, 13, 323-337.

Smith, C. and Laslett, R. (1993) *Effective Classroom Management: a Teacher's Guide*. London: Routledge.

Smith, E. R. (1999) *Affective and cognitive implications of group membership becoming part of the self: New models of prejudice and of the self- concept*. In Abrams, D. and Hogg, M. (Eds.), *Social identity and social cognition (pp. 183-196)*. Oxford: Blackwell Publishers.

Soles, T., Bloom E., Lee Heath N. and Karagiannakis A. (2008). An exploration of teachers' current perceptions of children with emotional and behavioural difficulties, *Emotional and Behavioural Difficulties,* 13(4), 275-90.

Southwick, S. M., Vythilingam, M. and Charney, D.S. (2005) The psychobiology of depression and resilience to stress: Implications for prevention and treatment, *Annual Reviews of Clinical Psychology.* 1, 255-291.

Stanford Research Institute International (1990) *National Longitudinal Transition Study of Special Education Students*. Menlo Park, CA: Author.

Stansbury, K. (1999) *Attachment, temperament and adrenocortical*. In Schmidt, L. and Schulkin J. (eds), *Extreme Pea,; Shyness and Social Phobia: Origins. Biological Mechanisms, and Clinical Outcomes.* New York: Oxford University Press.

Steiner, R. (1894), *The Philosophy of Freedom*. London: Rudolf Steiner Press

Stobie, I. (2002) Process of change and continuity in educational psychology – Part II, *Educational Psychology in Practice, 18*(3), 213–237.

Stockport Council - www.stockport.gov.uk/content/educationservices/schools/pupilsupp ort/edpsychserv/espsychyouthoffending?view=TextOnly&a=544

Stott, D. (1982) *Helping the Maladjusted child.* Milton Keynes: The Open
University Press.

Straub, E. (1996) Cultural-societal roots of violence, *American
Psychologist*, 51, 117-132.

Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research:
Techniques and Procedures for Developing Grounded Theory
(second edition.* London: Sage.

Sugai, G. and Homer, R. (2002) The evolution of discipline practices:
School-wide positive behaviour supports, *Child and Family
Behaviour Therapy*, 24 (12), 23-50.

Sugai, G., Horner, R.H., Dunlap, G., Hieneman, M., Lewis, T.J., Nelson,
C.M., Scott, T., Liaupsin, C., Sailor, W., Turnbull, A.P., Turnbull,
H.R., III, Wickham, D., Reuf, M., & Wilcox, B. (2000) Applying
positive behavioral support and functional behavioral assessment in
schools, *Journal of Positive Behavioral Interventions*, 2, 131-143.

Tait, G. (2006) *A brief philosophical examination of AD/HD*. In Lloyd G.,
Stead J. and Cohen D. (eds). *Critical new perspectives on AD/HD*.
London: Routledge.

Tassoni, P. (2003) *Supporting Special Needs: Understanding inclusion in the early years*. Oxford: Heinemann

Tattum, D. P. (1982) *Disruptive pupils in schools and units.* Chichester : Wiley,

Tett, L. (2005) Partnerships, Community Groups and Social Inclusion, *Studies in Continuing Education*, 27(1), 1-15

Thacker, J., Strudwick, D. and Babbedge, B. (2002) *Educating children with emotional and behavioural difficulties: Inclusive Practice in Mainstream Schools.* London: Routledge Falmer.

Thapar, A., O'Donovan M. and Owen M.J. (2005) The genetics of attention deficit hyperactivity disorder, *Human Molecular Genetics,* 14(2), 275–282.

Thomas, G, Walker, D. and Webb, J. (1998) *The Making of the Inclusive School*. London: Routledge.

Thomas, G. (1997) Inclusive schools for an inclusive society, *British Journal of Special Education,* 24(3), 103-107.

Thomas, G. and Glenny, G. (2002) Thinking about inclusion: Whose

reason? What evidence?, *International Journal of Inclusive*

Education, 6(4). 345-369

Thomas, G. and Glenny, B. (2000) Emotional and behavioural difficulties:

bogus needs in a false category, *Discourse: Studies in the Cultural*

Politics of Education. 21(2), 283-298.

Thrupp, M., and Tomlinson S. (2005) Introduction: Education policy, social

justice and 'complex hope', *British Educational Research Journal*,

31(5), 549–56.

Topping, K. (1983) *Educational Systems for Disruptive Adolescents*

London: Croom Helm

Training and Development Agency for Schools (TDA) 2009 Course

content.http://www.tda.gov.uk/Recruit/thetrainingprocess/courseove

rview.aspx

Tucker, C.M. (1999) *African American Children: A Self-empowerment*

Approach to Modifying Behaviour Problems and Preventing

Academic Failure. Needham Heights, MA: Allyn and Bacon.

Uberoi, J.P.S. (1984) *The Other Mind of Europe*. Delhi: Oxford University

Press

Underwood Report (1955) *Report of the Committee on Maladjusted Children* London: HMSO.

UNESCO (1994) Salamanca Statement and Framework for Action on Special Needs Education. Paris: UNESCO.

Ungar, M. (2003) Qualitative contributions to resilience research. *Qualitative Social Work,* 2(1), 85-102.

University of Greenwich (2009) *Research Students and Supervisors handbook, 2009-2010.* London: University of Greenwich.

Upton, G. (1978) Definitions and terminology - an old issue in need of further examination, *Therapeutic Care*, 7 (2), 3-13.

US Dept. of Justice (1993) *Survey of State Prison Inmates (1991).* Washington, DC: Bureau of Justice Statistics.

Vaidya, C.J., Bunge S.A., Dudukovic, N.M., Zalecki, C.A., Elliot, G.R. and Gabrieli, J.D.E. (2005) Altered neural substrates of cognitive control in childhood AD/HD: Evidence from functional magnetic resonance imaging, *American Journal of Psychiatry* 162, 1605-1613.

Valle, R. and Mobs, M. (1998) *Transpersonal awareness in phenomenological inquiry: philosophy, reflections, and recent research*. In Braud, W. and Anderson, R. (eds.), *Transpersonal Research Methods for the Social Science*. London: Sage.

Van Goozen, S.H.M., Fairchild G., Snoek, H. and Harold, G.T. (2007) The evidence for a neurobiological model of childhood antisocial behaviour, *Psychological Bulletin,* 133(1), 149–82.

Vargo F.E., Grosser G.S., and Spafford C.S. (1995) Digit span and other WISC-R scores in the diagnosis of dyslexia in children, *Perceptual Motor Skills*, 80, 1219-1229

Vass, M. and Rasmussen, B. (1984) Allergies: The key to many childhood behavior abnormalities, *Elementary School Guidance & Counseling,* 18(4), 242-250.

Vaughan, J. S., Schumm, J., Jallad, B., Slusher, J. and Saumell, L. (1996) Teachers' views of inclusion, *Learning Disabilities Research and Practice*, 11, 96–106.

Vaughn, S., and Bos ,C.S. (2002) *Strategies for teaching students with learning and behavior problems. 5th ed*. Boston, MA: Allyn and Bacon.

Verma, G. and Mallick, K. (1999) *Researching Education: Perspectives and Techniques.* London: Falmer Press.

Villa, R., Thousand, J., Meyers, H. and Nevin, A. (1996) Teacher and administrator perceptions of heterogeneous education, *Exceptional Children*, 63, 29-45.

Visser, J. (2005) Working with Young People with Social, Emotional and Behavioural Difficulties in Clough, P., Garner, P., Pardeck, J.T. and Yuen, F. (Eds) *Handbook of Emotional and Behavioural Difficulties*. London: Sage

Visser, J. (2003) *A study of children and young people who present challenging behaviour*. School of Education, The University of Birmingham

Vulliamy, G. and Webb, R. (2003) Reducing School Exclusions: an evaluation of a multi-site development project, *Oxford Review of Education,* 29 (1) 43-47.

Wade, B. and Moore, M. (1993) *Experiencing Special Education,* Milton Keynes: Open University Press.

Wagner, P. (1995) *School Consultation: frameworks for practising educational psychologists – a handbook*. Kensington and Chelsea Educational Psychology Service.

Wallerstein, J.S., Corbin, S.B. & Lewis, J.M. (1988) *Children of a divorce: a 10 year study*. In Hetherington E. M. and Arasteh J. D. (eds) *Impact of Divorce, Single Parenting and Stepparenting on Children.* Hillsdale, New Jersey: Erlbaum

Ward, J. and Le Dean, L. (1996) Student teachers' attitudes towards special educational provision, *Educational Psychology*, 16, 207-218.

Ward, J., Center, Y. and Botchner, S. (1994) A question of attitudes: integrating children with disabilities into regular classrooms?, *British Journal of Special Education*, 21, 34–39.

Warnock Report (1978) *Special Educational Needs*. London: HMSO.

Webber, J., & Scheuermann, B. (1997) A challenging future: Current barriers and recommended action for our field, *Behavioral Disorders*, 22(3), 167-178

Webster, A., and Beveridge, M. (1997) The role of the educational psychologist in educational research: Some implications for

professional training, *Educational Psychology in Practice, 13,* 155-164.

Wechsler, D. (2004) *Wechsler Intelligence Scale for Children – fourth UK edition: Administrative and scoring manual. London*: The Psychology Corporation.

Wechsler, D. (1991) *Wechsler Intelligence Scale for Children 3rd edn*. London: Psychological Corporation

Wheldall, K., Merrett, F. and Borg, M. (1985) The behavioural approach to teaching package (BATPACK): An experimental evaluation*, British Journal of Educational Psychology, 55*(1), 65-75

Whitaker, S. (2008) WISC-IV and low IQ: review and comparison with the WAIS-III, *Educational Psychology in Practice*, 24(2), 129-137

White, J. (2002) *The Child's Mind London*: Routledge Falmer.

White, K. (1982) The relation between socioeconomic status and academic achievement, *Psychological Bulletin*, 91, 461-481.

Willis, P.E. (1977) *Learning to labour: How working class kids get working class jobs*. Hampshire: Gower.

Wills (1971) In an era of target setting, *Emotional and Behavioural Difficulties*, 4(1), 46-53.

Wilson, M. and Evans, M. (1980) *Education of Disturbed Children*. London: Methuen.

Winkley, D. (1996) Towards the Human School - principles and practice. Paper presented to the conference, *Beyond Market Forces - creating the human school,* West Hill College, Birmingham.

Wise, S.F. (1999) Improving success in the mainstream setting for pupils with emotional and behavioural difficulties, *Pastoral Care*, September, 14-20.

Wise, S.F. and Upton. G. (1998) The perception of pupils with emotional and behavioural difficulties of their mainstream Schooling, *Emotional and Behavioural Difficulties*, 3(1), 3-12.

Wolf-Branigin, M., LeRoy, B. and Miller, J. (2002) Measuring Physical Inclusion of People with Developmental Disabilities: Evaluation of the Macomb-Oakland Regional Center, *American Journal on Mental Retardation*, 106(4), 368-75

Wolfendale, S. (1992) *Empowering Parents and Teachers Working for Children*. London: Cassell

Woods, P. (1978) (ed) *Contemporary Issues in teaching and Learning*. London: Routledge.

Yin, R. 2009. *Case study research: Design and methods. 4th ed*. Thousand Oaks, CA: Sage.

Zigler, E., Taussig, C. and Black, K. (1992) Early childhood intervention: A promising preventative for juvenile delinquency, *American Psychologist*, 47, 997-1006.

Questionnaire to students in the Unit

Do you enjoy school?

"What do you think the school says that you have, in terms of problems?"

Do you think you have problems

What do you think these problems are

How do you think these problems affect you at school?

How do they affect you at home?

Do they affect your school work?

What do you think of what the school is doing to help you?

What do you think would help you most?

What would you like to do when you leave school?

What is the school's perception of you

What is your parents' perception of you?

Questionnaire to all teachers at the <name> school.

1.   How long have you been a teacher?

1a   Are you male/female?

2   What types of establishments have you worked in?

3.   How would you define a child labelled EBD?

4   How can one assess for EBD?

5   What are the intervention strategies that you use?

6   What are the ones that you feel could be useful, but not practical in the school?

7   Do you make a distinction between emotional and behavioural difficulties?

8   Do you think there are problems that are "totally within the child"?-
no matter what you try to do with them, the problem will always be there?

9   Can you tell me what you thought the role of an Educational
Psychologist (EP) was ?

10   List 3 areas where you think that the EP can enhance your work in
the school. Can you rank them in order of priority?

11   What do you think of the idea that there is a Centre for EBD children
attached to the mainstream school?

12   What do you understand by the term "integration"?

13   What do you understand by the term "inclusion"?

14   Do you think that students from an EBD Centre should be integrated
into mainstream school?

15   If not, please give your reasons/ideas.

16   If you think that they should, what do you think needs to take place
to enable a successful integration?

17   Have you had any students from an EBD Centre integrating into your class?

18   Was there any extra support given to these students?

19   If so, what was the support?

20   In your opinion, was the integration successful?

21   Please elaborate.

22   What do you think was needed for the integration to be successful for you?

23   Was there any communication between yourself and the Centre staff regarding the specific students in your class from the Centre?

24   As far as the Centre is concerned, how do you feel that an EP can help to enhance successful integration?

Thank you very much indeed for your time.

Ash Rehal

Educational psychologist.

Letter to all the parents/guardians

THE UNIVERSITY of GREENWICH

<name of parent/guardian>

address

Dear <name>,

I am the educational psychologist, working at the <name> School Student Support Centre. I am also doing a Ph.D., part time, supervised by Dr. Pam Maras, in the area of "emotional and behavioural difficulties".

I feel that it is an important piece of research in understanding the kind of problems that children in the Centre might be having. In this context, I would like to ask your permission to approach your child to seek his/her permission to take part in this research. His/her contribution and participation in the research is vital and I feel that the pupils themselves have a lot to offer in understanding the needs of children with emotional and behavioural difficulties. I believe that the information they provide will give us a better understanding of how to plan and deliver educational resources at <name of school> for children with EBD.

No parent, student, teacher or school will be identified without prior permissions thus ensuring anonymity.

Thank you very much for your co-operation.

Yours sincerely,

Ash Rehal.

Educational psychologist

I/We* am/are* the parents/guardians of …….……………. I/We* give/not give* Ash Rehal permission to approach my/our* son/daughter* to seek his/her permission to take part in the research project.

Please delete whichever is not applicable

Name: Signed   Date

APPENDIX 4

Letter to all students

THE UNIVERSITY of GREENWICH

<name of student>

address

Dear <name>,

I am the educational psychologist, working at the <name> School Student Support Centre. I am also doing a Ph.D., part time, supervised by Dr. Pam Maras, in the area of "emotional and behavioural difficulties".

I have talked to your parents/guardians about this and they have given me permission to ask you if you can help me with this research project. I feel that it is an important piece of research in understanding the kind of problems that children in the Centre might be having. In this context, I would like to ask your consent to take part in this research. Your contribution and participation in the research is vital and I feel that the you have a lot to offer in understanding the needs of children with emotional and behavioural difficulties. I believe that the information you provide will give

us a better understanding of how to plan and deliver educational resources at <name of school> for children with EBD.

No parent, student, teacher or school will be identified without prior permissions thus ensuring anonymity.

Thank you very much for your co-operation.

Yours sincerely,

Ash Rehal.

Educational psychologist

My name is ……………………………………. My parents/guardians have given permission to Mr. Rehal to discuss this project with me. He has explained what this means and I am happy to participate in this project. I know that I have the option not to participate. By signing this consent form, I give Mr. Rehal permission to use relevant data for the purpose of this research project.

Name: Signed   Date