‘Support for Children and Young People with Behavioural, Emotional and Social Difficulties: The Perspectives of Children, Young People, Families and Practitioners’

Submitted by Sally Penna Bray, to the University of Exeter as a thesis for the degree of Doctor of Educational, Child and Community Psychology May 2010.

I certify that all material in this thesis which is not my own work has been identified and that no material has been submitted and approved for the award of a degree by this or any other University.

Signed: .................................................................
Overview of thesis

This small scale study was informed by Symbolic Interactionism and Interpretivist Analysis and was carried out in a county within the south of England, referred to as ‘Southshire’. File searches and questionnaires were employed to gather contextual data. Semi-structured interviews were used to gather participant views and thematic analysis was used to analyse these interviews.

This was a two part study consisting of two papers. The participants in Paper one of the study were young people with behavioural, emotional and social difficulties (BESD) and their parents or carers. Paper one focussed on the participants’ views and experiences of mainstream and special education after they had experienced both. The views of the special school keyworker were also sought in order to improve understanding of the support and barriers that exist for young people and families. Views were elicited through individual semi-structured interviews which were analysed qualitatively using a thematic analysis approach (Braun and Clarke 2006). To gain contextual information within the county and to help in the process of selecting participants, the files of fifty young people identified as experiencing BESD were searched and analysed and relevant information was recorded.

Paper two focussed on practitioners’ experiences of supporting young people with BESD. An electronic questionnaire was sent to practitioners from a wide range of agencies and collected qualitative and quantitative data which informed the researcher of the local context and gave insights into practitioner views. Five practitioners were invited to take part in individual semi-structured interviews to explore their views on supporting young people with BESD. Interviews were analysed using a thematic analysis approach. Findings from papers one and two were assimilated and the implications for Educational Psychology practice were considered.

The following research aims were addressed:

1. To improve our understanding of the support and barriers experienced by children and young people with BESD in a Local Authority
2. To develop a better understanding of how Educational Psychologists can support children and young people experiencing BESD, their parents, carers and other practitioners.
Summary of findings

The key finding within Paper 1 was that both the young people and parents/carers reported experiences that were contrary to the intentions of current inclusion policy. Broadly, negative experiences were reported at mainstream school and positive experiences were reported while at special school for BESD. Participants felt that they had been treated negatively by mainstream practitioners in particular and that young people had been denied access to the curriculum and activities within mainstream school. Additionally, the young people had experienced bullying at mainstream school and the bullying had been ignored or the young people themselves had been perceived as the bully despite being the victim. Perceptions of and attitudes towards the ‘unseen’ disability of BESD were also referred to and parents and carers reported feeling isolated while their child was attending mainstream education.

The key finding within Paper 2 was that practitioners also reported experiences that were contrary to the intentions of the current inclusion policy. They reported many challenges that are faced by practitioners when trying to include young people with BESD in mainstream schools, and when supporting them within the Local Authority. Participants felt that negative attitudes towards BESD exist within mainstream schools, that working with other agencies to support young people with BESD is difficult, that parental involvement is key, but not always possible and that elements within the government and Local Authority context conflict with the inclusion agenda and with meeting children’s needs.

Significance and Contribution

Through a design informed by Symbolic Interactionism and Interpretivist Analysis the participants authentic voices have been heard in order to deepen our understanding of their experiences. Previous research has explored the views and experiences of young people, families and practitioners; however this is the first time that they have been considered together sufficiently in order to identify shared views. Additionally, young people, families and keyworkers views were sought at a specific point within the young person’s journey - after they had attended both mainstream school and special school. Furthermore experiences of the transition from mainstream school to special school were considered.
The findings within this study suggest that the application of a simple solution (i.e. including young people with BESD in mainstream schools) to a complex problem (the social inclusion of young people with BESD), has had a negative impact. In fact the findings seem to imply that the inclusion of young people with BESD within mainstream schools has actually created the social exclusion that inclusion was designed to alleviate. The evidence for this is present within the findings within this study.

In relation to BESD, the medical model has been criticised for individualising the ‘problem’, however if an educational model view of BESD is taken we are led to consider that the education system itself is imperfect. Therefore taking the educational model approach and applying the simple solution of ‘inclusion’ to the very complex problem of social inclusion highlights many areas of difficulty. These areas of difficulty have been outlined in the findings of this study and of previous studies. The identified issues are entrenched within the education system and can only be tackled through an examination of the system itself. The reported experiences of inclusion are more nuanced than the powerful message my data suggests, therefore it is essential to note that this study is not simply suggesting that inclusion is ‘negative’ or ‘bad’ and that special school is ‘positive’ or ‘good’ – a much more complex picture has been presented.

The complexities that have been highlighted within this study have also been considered alongside the role of the Educational Psychologist and how they can facilitate inclusion and essentially social inclusion through their work with young people, families and practitioners. As a result of the findings, it has been suggested that further research should focus on examining the education system and in particular the dichotomy between the inclusion agenda and results centred teaching and the specialist provision for BESD that exists since the implementation of the inclusion agenda and whether it is meeting the needs of young people. Further research may also focus on whether the case presented for young people with BESD in this study is similar for young people with other types of SEN. This further research on how inclusion policy translates into practice will be particularly pertinent as new government policies and agendas unfold.
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Paper 1

Support and Barriers for Children and Young People with Behavioural, Emotional and Social Difficulties: A Children, Young People and Families Perspective
Abstract

This small scale study had a conceptual framework informed by Symbolic Interactionism and interpretive analysis. This paper is one of two and the participants within this study were young people with behavioural, emotional and social difficulties (BESD) and their parents or carers. This paper focussed on participants’ views and experiences of mainstream and special education after participants had had experience of both. The views of the special school keyworker were also sought to improve our understanding of the support and barriers that exist for these young people and their families within a Local Authority.

To gain contextual information of BESD needs within the county the files of fifty young people identified as experiencing BESD were searched and information such as year group, background and additional needs were reported. These young people attended six different special schools for BESD in Southshire.

From these six schools, four special schools were chosen to take part further in the study. These schools were all independently funded. Each school was asked to select one young person, their parent or carer and their keyworker to take part in the study. These participants were interviewed using semi-structured interviews to gain their views on support and barriers experienced by the young person and family while in mainstream and specialist settings. Their views were elicited through individual semi-structured interviews which were analysed using a thematic analysis approach (Braun and Clarke 2006).

The key finding within Paper 1 is that both young people and parents/carers reported experiences that are contrary to the intentions of current inclusion policy. Broadly, negative experiences were reported at mainstream school and positive experiences were reported while at special school for BESD. Participants felt that they had been treated negatively by mainstream practitioners in particular and that young people had been denied access to the curriculum and activities within mainstream school. Additionally the young people had experienced bullying at mainstream school and the bullying had been ignored or the young person themselves had been perceived as the bully despite being the victim. Perceptions of and attitudes towards the ‘unseen’ disability of BESD were referred to and the isolation felt by parents and carers while their child attended mainstream school was also reported.
Significance and Contribution

Through a design informed by Symbolic Interactionism and Interpretivist Analysis the authentic voices of young people and families have been heard in order to deepen our understanding of their experiences. Young people, families and keyworkers views were sought at a specific point within the young person’s journey - after the young person had attended both mainstream school and special school. Furthermore experiences of the transition from mainstream school to special school were considered.

In relation to BESD, the medical model has been criticised for individualising the ‘problem’, however if an educational model view of BESD is taken we are led to consider that the education system itself is imperfect. Therefore taking the educational model approach and applying the simple solution of ‘inclusion’ to the very complex problem of social inclusion highlights many areas of difficulty. These areas of difficulty have been outlined in the findings of this study and of previous studies. The identified issues are entrenched within the education system and can only be tackled through an examination of the system itself. The reported experiences of inclusion are more nuanced than the powerful message my data suggests, therefore it is essential to note that this study is not simply suggesting that inclusion is ‘negative’ or ‘bad’ and that special school is ‘positive’ or ‘good’ – in reality this has been a much more complicated journey.

The findings of this Paper will be considered alongside the findings of Paper 2 in order to identify implications for Educational Psychology practice and further research.
Section 1

Introduction

Purpose

Ever since the Warnock report (DES, 1978) successive governments have encouraged the inclusion of children and young people with Special Educational Needs (SEN) in mainstream schools where applicable and much of this has been driven by a ground swell of opinion that is changing the way that children and young people are educated.

The purpose of this study was to consider the case of the inclusion of children and young people with Behavioural, Emotional and Social Difficulties (BESD) in mainstream education from the perspective of the children and families themselves.

Context

The 1944 Education Act or Butler Act outlined that children with SEN should be categorised by their medically defined disabilities and educated separately in special schools. In 1981 the Government released the Education Act (DES, 1981) and this introduced the notion of statements of SEN and the concept of ‘integration’ or the ‘inclusion’ of children with SEN in mainstream schools.

As a result there was a decline of the number of children with SEN within special schools during the 1980s and 1990s and an increase of those children with statements of SEN within mainstream schools.

In 1994 92 governments and 25 international organisations called on governments through the Salamanca Statement (UNESCO, 1994) to increase the capacity of mainstream schools and to provide an inclusive education for children with a range of needs. The following government white paper ‘Excellence in Schools’ (DfEE, 1997) supported this international statement of inclusive education.

In 2004 the government released the guidance entitled ‘Removing Barriers to Achievement’ (DfES 2004a) which called for the tailoring of support to the individual needs of the child in order to facilitate inclusion. Additionally, as the government recognise BESD as a type of SEN in 2008 the DCSF introduced specific guidance for the inclusion of children with BESD in mainstream schools.
Previously, in 2005 Baroness Warnock called for an urgent review of SEN policy and the concept of inclusion that she had first promoted. However, to date this has not occurred.

**Rationale**

Estimating the number of pupils with BESD can be problematic due to difficulties in definition and inadequate available government statistics. In 1998 around 20,000 pupils attended BESD special schools or Pupil Referral Units (PRUs) (Hunter-Carsch et al, 2006). The Department for Children Families and Schools (DCSF) estimated that 11,400 of those children attended schools for BESD that year. Boys heavily outnumbered girls, and most were adolescents. Since 1998 numbers have continued to grow, (Berridge et al, 2003).

The Lamb Inquiry (DCSF 2009) states that the most common type of need among children and young people aged 12 - 17 is BESD, totalling 38% of all pupils on School Action Plus and Kern et al (2009) tell us that students with BESD have the poorest education, behavioural and social outcomes of any disability group, with no apparent improvements occurring across time. According to Farrell and Polat (2003) children with BESD typically come from economically and socially ‘disadvantaged’ families and are ‘almost certain’ to have experienced long-term difficulties at home and a higher incidence of family breakdown (pg 279). They may also have related complex learning difficulties or additional difficulties such as Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) or speech, language and communication needs (Dickinson and Miller, 2002). As a result children and young people with BESD are described as being particularly challenging to support, especially for teachers within the mainstream classroom (Cooper, 1999) and will probably have experienced many fixed term exclusions from their mainstream school and possibly permanent exclusions resulting in a number of different educational placements.

The term ‘emotional and behavioural difficulties’ first appeared in policy documents in the early 1980's (Jones, 2003) and in the past 50 years there have been distinct constructions in policy and practice with each being informed by competing discourses in social and behavioural sciences. Prior to the 1981 Education Act, disruptive behaviour was understood as ‘maladjustment’ and as a function of psychopathology. Attitudes towards children with BESD were that the ‘problem’ existed within the child themselves and these are described as ‘within-child’ factors (Miller 1996). This attribution to the causes of behaviour saw teachers viewing challenging behaviour as out of their control and that children with BESD were ‘disordered. Practical responses involved removing the child to a
treatment environment (e.g. a special school) with the primary goal being to promote the
development of a well-adjusted personality within the child.

Strong criticisms of this were raised in the 1970's which fought against the medical model
of maladjustment and the term ceased with the 1981 Education Act. By the mid 1980's
there appeared to be a conceptual shift, involving the development of specialist provision
ideally in the mainstream school. This was the educational model of BESD which was
supported by new ideas in the social and behavioural sciences and interactionist
perspectives which saw the child’s behaviour in context. Now children with BESD are seen
to be able to be supported and included within their classrooms in mainstream schools.

My own interest as a in this area comes from my time spent as a teacher supporting
children with BESD in a mainstream classroom and from my experiences as a Trainee
Educational Psychologist supporting practitioners who work with children and young
people with BESD.

Overview of Paper

This section has stated the purpose of the study and has provided a brief summary of
related policy. The rationale as to why the focus is on young people with BESD has also
been discussed. The next section will give a brief review of the relevant literature on the
inclusion of children and young people with SEN and specifically young people with BESD
and the research aims for this paper will be introduced. Section 3 will outline the
methodology and ethical considerations, while section 4 will analyse the findings. Finally
section 5 will discuss the key findings in relation to relevant literature.
Section 2

**Literature Review**

To review relevant literature a number of resources were accessed. These included ‘Ebsco EJS’ and ‘Psychinfo’ which are ‘host’ services providing access to a large number of online journals. Journals and library resources were also searched by hand and the most recent editions of the most relevant journals were accessed. A number of relevant journals were accessed, including, ‘Emotional and Behavioural Difficulties’, ‘British Journal of Special Education’ and ‘Educational Psychology in Practice’. The internet search engine ‘Google’ was also used to access relevant websites, along with accessing government and local government publications, including the ‘Every Child Matters’ website and the ‘Department for Children, Schools and Families’ website. Key words were used within these searches in combination with ‘Behaviour, emotional, social, difficulties’ and included, ‘inclusion’, ‘experience/perspectives’, ‘specialist provision/ schools’ and ‘mainstream school’. A range of literature was reviewed with key studies focussing on views of the educational experiences of children and young people with BESD. Two studies are discussed in more detail.

Lloyd and O'Regan (1999) focussed their research on young women identified as having BESD. Semi-structured interviews were carried out with twenty participants who were either attending mainstream school or specialist provision. They were also interviewed again after leaving school.

Participants reported that their experiences of mainstream school had been negative and that they regretted missed educational opportunities. Several identified that some practitioners had been ‘interfering’ and had not taken the time to understand their lives. They also reported that teachers within specialist provision were more reasonable than mainstream teachers that they listened more and they felt they could talk to them about issues that were worrying them.

Mixed views about residential special school provision were reported. Some participants felt that special school had helped them, but they wished that better support had been available to them within the mainstream environment. Lloyd and O’Regan stated that the findings of the study argue for ‘more public discussion of the role of alternative educational provision in relation to the paradox created by public policies of inclusion alongside exclusionary educational practices’ (pg 45).
The findings within this study are useful, especially as the authentic voices of young people with BESD are reported and their views of different types of provision have been explored. However, this study only provides us with the views of females with BESD, which is valuable, but is not representative of the national picture. Additionally, the study only gathers the views of the young people themselves and does not explore other stakeholder’s viewpoints. It also only captures a moment in time for the young people who are either currently attending mainstream school or a form of alternative provision. It does not focus on the journey that a young person may have taken from mainstream school to special school so that their experiences at each can be compared and contrasted. Furthermore, it is not clear what key questions were asked during interviews, whether differing views of provision were explored in each and whether any change in perspective had taken place between the timings of the two interviews. It also was not clear how data from interviews was analysed.

Harriss et al’s 2008 study aimed to explore the perspectives of a range of stakeholders regarding the benefits and disadvantages of attending at special school for children with BESD. Interviews were conducted with pupils, parents or carers and staff in a special school for BESD. They interviewed six pupils, six parents or carers and twelve staff from the special school. Pupil participants were three boys, three girls with an age range of 9 years 6 months to 11 years 8 months and length of placement at the school ranged from 15 – 40 months. All participants were interviewed using a semi-structured interview schedule. School files of the pupils were accessed to obtain background information along with results of assessments conducted by an Educational Psychologist at the beginning of each pupil’s placement and again on one or more occasion during their time at school. Responses were analysed thematically using Interpretive Phenomenological Analysis (Smith 1995, as cited in Harriss et al 2008). To protect anonymity data was presented thematically across all interviews.

All stakeholders perceived there to have been a range of benefits from attending special school including a positive impact on emotional and behavioural development. Children had been able to develop friendships and significant relationships with adults. Parents and carers believed their child had increased in confidence and felt better about themselves through being at special school. Children were described as being able to manage their behaviour more effectively and to be able to cope within class better. However, some parents were worried about the academic progress that their children had been able to make. Placement was also reported to have had a positive effect on the parents; providing
them with respite and new ways of being able to respond to behaviour. Some negative aspects to boarding at the special school were noted, such as children having to be away from their friends and family, parents missing spending time with their children and children learning inappropriate behaviour from others.

Limitations identified by Harriss et al (2008) are that the study captures the perspectives of a relatively small number of participants at a single point in time and that no quantitative measures of change over time or perspectives about longer term placements were available. Additionally there was only time for participants to engage in one brief interview. Additional points are that the professional group that was interviewed is limited only to practitioners working within the special school itself meaning that the study disregards other practitioners that may be involved with those children and who may be able to offer valuable insights. The sample sizes are also small and out of the six children interviewed, half were boys and half were girls which is not representative of the national picture and it does not state whether it is representative of the special school’s own picture. The study also does not acknowledge the views of participants about the processes that took place which led to the child attending specialist provision and does not allow the experiences that the young people have had at mainstream school and special school to compared and commented on. It may also be considered that through thematically analysing across all the data set, that key information about personal stories and insights may have been lost or unable to be reported.

Reviewed studies has highlighted that gaining the views of children and young people with SEN, their parents and school practitioners, about young people’s experiences of being in the education system is an important tool to increase our understanding. Research seems to generally report that young people and their families have often had negative experiences at mainstream school and that they express more positive views about special school placements.

Studies have used semi-structured interviews with participants and aimed to examine the views and social constructions of the participants’ experiences. These accounts provided rich and meaningful data. However studies did not give recognition to the fact that young people with SEN may have difficulties expressing their views or that young people may have preferred an alternative way of expressing their views. Studies opted for analysis approaches, that although differed, were generally concerned with generating key themes from the data through forms of thematic analysis.
In light of existing research, focussing on the reported experiences of participants would appear to be a valuable way of contributing to existing data. Semi-structured interviews have been able to provide rich data and have been an effective approach for gaining these views. Therefore this approach will be utilised within this research study, however an alternative way that the young people can express their views will be provided. With this in mind a flexible approach to analysis of the data will be beneficial in order to explore key themes.

The key gap identified through this literature review is that while qualitative studies have provided the views of those affected and involved in the education of young people with BESD what is not present is a study that captures those views at a point in time where children have recently made the journey from mainstream school to special school and where views about experiences at mainstream school, special school and the journey from one to another has been explored. Additionally, while the three perceptions of young person, parent/carer and school practitioner have been captured in research about how it feels to be at special school, what has not occurred is for these three perceptions about the ‘journey’ from mainstream to special school to be captured in one study.

Literature seems to argue that the experiences of key stakeholders indicates that the most positive experiences for young people have occurred at special school and not while being included in the mainstream environment and this is conflict with current government policy. It is my aim therefore to shed more light on whether this is the case by obtaining children, parents/carers and school practitioners’ views on experiences in both mainstream and special school and their journey from one to another.

Summary

As a result of the highlighted gap in literature identified in the above review my research aims focus on gaining the views of young people about their experiences of being a young person with BESD in a mainstream setting and in a special school setting and their experiences within each and their journey from one to another. There is also a focus on the views of that young person’s parent or carer about how this experience has felt for them; how it has felt to be the parent or carer of a young person with BESD in mainstream school and how it has felt to be the parent of a young person with BESD in special school. Additionally the views of the young person’s current special school keyworker will support our understanding of the young person’s and parent/carers’ experiences.
Research Aim:

1. To improve our understanding of support and barriers that children and young people with BESD experience in a Local Authority.

In this section I have set out the case for study by reviewing relevant literature culminating in the above research aim. In the next section I will outline my methodology and research design.
Section 3
Methodology

Research Design

As the previous section has demonstrated this study aims to seek the views and voices of young people with BESD, their parents/carers and of their special school key worker in relation to their experiences in mainstream school to special school for BESD and their journey from one to another. As views and voices of young people and parents/carers are key, Symbolic Interactionism and an interpretivist approach was viewed as most the most appropriate conceptual framework for this study. Symbolic Interactionism understands that everybody’s reality is unique and specific to their experience and it is understood that there is no one objective truth. As a result an interpretivist approach allows the meanings behind the participants’ experiences to be obtained and allows an understanding to develop of how it feels to be a child within mainstream school and special school from the point of view of these young people and of the parents and carers themselves.

Participants

This study was carried out in a county in the South of England referred to as Southshire. In order to identify a sample of children and young people who had recently undergone the journey from mainstream education into special school for BESD I was given access to Children’s Services Support Services files and Special Educational Needs Casework Officer files situated within County Hall. In the first instance this was to identify special schools for BESD which had the most young people from Southshire placed within them. This process allowed me to identify 6 schools (names have been changed to ensure anonymity):

- Clarke School
- Elliot School
- Coleridge School
- Golding School
- Goudge School
- Kingsley School
The total number of children and young people attending the 6 schools was 100. A quota sample of 50 was taken that was representative of gender, school attended, year group and whether the young person was in care. Information was recorded concerning professionals involved, background information, schools attended, exclusions, additional needs and recorded interventions, (see appendix 1). Recording exclusions and number of schools attended was felt to be particularly important because available information suggests that young people with BESD will have experienced many exclusions and different educational placements. The file search left me with a sense of the picture of children and young people with BESD within Southshire and provided a very clear view that the picture in Southshire reflected the national picture. Children and young people with BESD are predominantly boys, in their teens and have often experienced complex family backgrounds or adverse events and often have additional needs. In addition they have experienced a number of fixed term exclusions and permanent exclusions which has led to a number of educational placements.

At this point 6 schools had been selected and there were 50 potential participants. The sample of 6 schools was narrowed to 4 schools due to organisational factors within Southshire. Kingsley school was undergoing major restructuring to management and when it came to selecting individual participants the young people within my sample had been removed from Golding School.

This left me with 4 schools with a view to identifying 1 young person, their parent/carer and keyworker that could participate. Head teachers within the schools were my main point of contact and they selected participants for me that met the criteria – a young person who had joined their school from mainstream school and whose parent/carer and keyworker were available to be interviewed. 4 young people were identified and details of these 4 participants are included in Table 1.
Table 1. Participants

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Young Person</th>
<th>School</th>
<th>Parent/Carer</th>
<th>Keyworker</th>
<th>Background Information gleaned from file search</th>
</tr>
</thead>
</table>
| Simon     | age 13       | Coleridge       | Simon’s mother | Simon’s keyworker (male) | ➢ Lives with Mum and older brother.  
➤ Older brother has cerebral palsy  
➤ Involved in house fire as baby – Simon suffered facial scarring and father died.  
➤ Attended 3 mainstream primary schools (removed by mother from first, excluded from second) |
|            | Diagnosed with  | At school 1 year |              |                 |                                                 |
|            | “Thought Disorder” | Non-boarder     |              |                 |                                                 |
| Jake      | (male) age 15 | Elliot          | Jake’s carer (female) | Jake’s keyworker (male) | ➢ Lives with long term foster carers  
➤ Left by mother at 3 years old  
➤ Had series of unsuccessful foster placements  
➤ Attended 1 mainstream primary school – excluded  
➤ Attended another special school for BESD – Local Authority ceased to use placement |
|            | Diagnosed with  | At school 2 years Boarder (weekdays) |              |                 |                                                 |
|            | Attention Deficit Hyperactivity Disorder (ADHD) |              |              |                 |                                                 |
| Darren    | (male) age 14 | Clarke          | Darren’s mother | Darren’s keyworker (male) | ➢ Lives in county care home-mother terminally ill and unable to care for Darren  
➤ Does not have contact with father  
➤ Attended 1 mainstream primary school, 1 mainstream secondary school, 2 Pupil Referral Units. Excluded from both mainstream schools |
|            | Autism currently explored | 2 years |              |                 |                                                 |
|            |              | Non-boarder     |              |                 |                                                 |
| Kai       | (male) age 11 | Goudge          | Kai’s mother  | Kai’s keyworker (male) | ➢ Lives with Mum, older sister and niece  
➤ Parents separated when 7 years old. Has regular contact with father  
➤ Attended 1 mainstream primary school – was excluded. Then attended special school for moderate learning difficulties – was removed as was assessed as inappropriate for his needs |
|            | Diagnosed with  | 1 year |              |                 |                                                 |
|            | Neurofibromatosis | Weekly boarder |              |                 |                                                 |

Data Collection

An initial letter and brief information sheet about the project was sent to the parent/carer of the young person through the school as a familiar point of contact, along with direct contact from a familiar person at their child’s school. A consent form and stamped addressed envelope was also sent to them. Prior to meeting, the young people were supplied with an information booklet about the project (see appendix 2) which they discussed with their keyworker. A visit to the young person prior to the interview by the researcher was also available. It was emphasised throughout that participants were free to withdraw at any time.
The young people were met in their school environment so they were somewhere familiar to them. Afterwards, the researcher was available to spend time with them to answer any questions that they had.

Initial plans were to meet the parent or carer in their child’s present school or in a public place comfortable for them. This was primarily for the researcher’s own safety as a lone researcher. However, most participants felt comfortable meeting in their own homes or workplace. They were met there, but the researcher checked in and out with a colleague via mobile phone before and after visiting. All keyworkers were met in their place of work.

I digitally recorded and transcribed all interviews with participants myself (see appendices 3, 4 and 5 for interview schedules). Consideration was given to the difficulties with which young people might have expressing themselves verbally. In light of this the ‘Draw and Write’ technique developed by Pridmore and Bendelow (1995) was utilised. This approach is designed to maximise the child’s freedom to express their personal opinions through giving the opportunity to represent views through drawings. Equipment for this technique was taken to each of the interviews with the young people and the choice was given as to whether they preferred to ‘chat’ or to ‘draw’. All participants chose to ‘chat’. At times it was evident that they found expressing their views or emotions difficult, however I wished to respect the choice that they had made about how they wished to communicate their views.

Data Analysis

Transcribed interviews were analysed using thematic analysis. Analysis was based on Braun and Clarke’s (2006) ‘Thematic Analysis’, selected for its flexible nature. Semi-structured interview data was recorded and transcribed and initial coding thoughts were recorded through mind maps (see appendix 6). Interviews were coded line by line (see appendices 7, 8 and 9 for interview extracts and line by line coding) to generate initial codes which were considered to generate themes and sub-themes (see appendices 10, 11 and 12). Data was entered into NVivo (a qualitative data analysis computer software package). Themes and sub-themes were reviewed and refined (see appendices 13, 14 and 15 for thematic maps). Themes for item, set and corpus were defined and named and collated into tables to identify shared themes. Tables can be viewed within the main body of the results section.
Further Ethical Considerations

It was essential to gain positive consent from participants. Information shared was confidential, however it was emphasised that if information indicated that the young person or other children may be at risk, it would need to be passed onto the relevant professionals.

Sensitivity was paid to the fact that I may have represented yet another professional within the participants’ lives. Therefore, information was gathered about the best way to access the young people and their families from practitioners that knew them best.

All names of people and establishments have been changed or omitted to protect anonymity. The researcher fully complied with the ethical code of Practice of the British Psychological Society (BPS) and gained consent from the University of Exeter research ethics committee, (see Appendix 23).
Section 4

Analysis

Findings relate directly to the following research aim:

1. To improve our understanding of support and barriers that children and young people with BESD experience in a Local Authority.

Findings from individual interviews and case study groups are presented, analysed and discussed. There are 4 case study groups – Darren, Jake, Simon and Kai who are currently attending special school for BESD (Clarke, Elliot, Coleridge and Goudge). Main themes for each case study will be presented in a table where reflection is within individual analysis and across individual analysis.

Darren

Darren was attending ‘Clarke’ school. In Table 2 the main themes from each individual interview and for the case study are recorded.

Table 2. Darren case study

<table>
<thead>
<tr>
<th>Themes</th>
<th>Mother’s Perspective</th>
<th>Keyworker Perspective</th>
<th>Darren’s Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative experience of parent</td>
<td>‣ Inconsistent approach from practitioners</td>
<td>‣ Comments on negative experience of parent with mainstream school and Social Care</td>
<td>‣ Not commented on</td>
</tr>
<tr>
<td></td>
<td>‣ Ineffective help from practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative experience of child</td>
<td>‣ Practitioners having negative view of child</td>
<td>‣ Not commented on</td>
<td>‣ Some practitioners not supportive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>‣ Practitioners did not understand learning style</td>
</tr>
<tr>
<td>Positive experience of parent</td>
<td>‣ Some practitioners ‘amazing’</td>
<td>‣ Comments on positive experiences of parent with special school</td>
<td>‣ Not commented on</td>
</tr>
<tr>
<td></td>
<td>‣ Positive episodes quoted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Practitioners showing empathy/understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Practitioners having positive impact on child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s characteristics</td>
<td>‣ Kinaesthetic/practical learner</td>
<td>‣ Kinaesthetic learner</td>
<td>‣ Dislikes sitting down to learn</td>
</tr>
<tr>
<td></td>
<td>‣ Learning style not catered for in mainstream school</td>
<td></td>
<td>‣ Loves practical activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative view of mainstream</td>
<td>‣ Child’s learning needs ignored</td>
<td>‣ Not commented on</td>
<td>‣ Experienced exclusions</td>
</tr>
<tr>
<td>school</td>
<td>‣ Bullying and impact of bullying on child</td>
<td></td>
<td>‣ Disliked teachers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>‣ Disliked lessons</td>
</tr>
<tr>
<td>Negative view of system/curriculum</td>
<td>Curriculum does not inspire children</td>
<td>‣ Not commented on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Practical curriculum is needed in schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive view of special school</td>
<td>‣ Positive view of statementing process</td>
<td>‣ Provides a different approach</td>
<td>‣ Special school is supportive</td>
</tr>
<tr>
<td></td>
<td>‣ Special school has positive impact</td>
<td></td>
<td>‣ Is making progress at special school</td>
</tr>
<tr>
<td></td>
<td>‣ Special school is supportive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxieties about the future</td>
<td>‣ Child’s needs won’t be understood</td>
<td>‣ Not commented on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Child’s ability to cope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative experience of Social</td>
<td>‣ Did not understand child’s needs</td>
<td>‣ Approach in care home conflicts with school approach</td>
<td>‣ Negative view of social worker</td>
</tr>
<tr>
<td>Care</td>
<td>‣ Had negative view of parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‣ Ignored pleas for help</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussions within the interviews indicated that Darren and his mother had negative experiences within mainstream school and during transition from mainstream to special school. Special school was referred to as a place where positive experiences had taken place. The themes from Table 2 are discussed in more detail below.

**Negative experiences of parent**

Darren’s mother stated that support she received from practitioners at mainstream school and from Social Care was inconsistent and ineffective.

‘I’m finding it hard to remember times when it’s been a consistent sort of approach, just such bad practice.’

Darren’s Mother

**Negative experience of child**

She described Darren’s experiences at mainstream school and during transition from mainstream school to special school as negative. She particularly referred to the negative attitude that practitioners had towards Darren and how that has impacted on him:

‘...I think underneath it all he just sees himself as a bad boy now, a lot of people have told him how horrible he is, that he’s evil.’

Darren’s Mother

Darren expressed that the overall experience had been negative for him, particularly in relation to support he received from teachers at his mainstream school:

‘They (the teachers) wouldn’t help me if I had a problem...it was the teachers who made it rubbish.’

Darren

**Negative view of mainstream school**

Both Darren and his mother referred specifically to their negative views of mainstream school. Darren’s mother stated that Darren had been bullied and that this bullying had been ignored by the school.
'They were like we have a bullying policy in place and I was like, use it then, that’s what it’s for isn’t it? You can’t just hide behind it and say well we’ve got one.'

Darren’s Mother

She stated that Darren’s learning needs were not supported at mainstream school. Darren’s characteristics as a practical and kinaesthetic learner was also a theme itself.

‘...this is his learning style, he’s not engaging in school properly because of his learning style...he’s been labelled as a bad boy and he’s not a bad boy, he’s a frustrated boy, please help him...he’s a kinaesthetic, visual, spatial learner and they were like we don’t do that in primary school.’

Darren’s Mother

Negative view of system/curriculum

Darren’s mother commented on the curriculum within schools. She described the school curriculum as uninspiring and reported that a more practical curriculum is needed within schools for children with BESD.

‘I also think that creative teaching is the key to a lot of these kids...it needs to be better, bigger, for longer, possibly schools that just focus on that type of learning environment.’

Darren’s Mother

Negative experiences of Social Care

Darren, his mother and keyworker all commented on the difficulties experienced with Social Care. Darren’s keyworker discussed the poor communication that the special school receive from Social Care in relation to children that attend the school. He also referred to the different approach that is used within the Social Care care home and how that conflicts with the approach that they use within school. Darren’s mother’s view was that Social Care practitioners did not understand Darren and his needs and that they did not respond to her pleas for help. She also described the negative view that Social Care had of her. Darren referred to a specific Social Worker who had supported him and how her support had been ineffective.

‘I was tempted to kill her. She was evil. She actually wound me up once on purpose...she wanted to see what it was like when I kicked off.’
Positive experiences of parent

Positive experiences were discussed and centred on individual practitioners and on the special school that Darren attended. Darren’s mother described very positive experiences with a small number of practitioners who she felt had understood her son and situation and had showed empathy towards them.

‘I have met some amazing people along the way, but not enough of them.’

Darren’s Mother

Positive views of special school

Darren, his mother and keyworker all expressed very positive views about Clarke special school. Darren described it as a supportive environment and that he felt he had made progress there.

‘This school has been the best, which is where I’ve got the most support...it’s been a life saver this school...I’ve come along quite a fair bit now. I’ve been star pupil here...I’m going to sit my GCSEs early.’

Darren

Darren’s mother stated that the school had been supportive; that it had a positive impact on Darren and that statementing children to enable them to go to special school is positive. Additionally, Darren’s keyworker described the approach of Clarke school as effective.

Anxieties about the future

Darren’s mother expressed concerns and anxieties about Darren’s future when he will have left special school.

‘He’s going to struggle...I know that’s based on a lot of past experience...people aren’t going to love him like the people at Clarke.’

Darren’s Mother

Jake

Jake attended ‘Elliot’ school. In Table 3 the main themes from each individual interview and for the case study are recorded.
Jake and his carer described some negative experiences before Jake began attending Elliot school. This included a negative view of mainstream school and negative experiences at a previous special school for BESD. Experiences of Elliot school were reported to be positive. The themes from Table 3 are discussed in more detail below.

**Negative view of mainstream school**

Jake’s carer referred to her negative view of mainstream school’s ability to support children with BESD. She stated that practitioners in mainstream schools do not want children with BESD within their classrooms and that mainstream schools do not have the structures and resources in place to support children with BESD. Her experience of being a carer of a child with BESD in a mainstream school was that practitioners only made contact with the family when something negative had taken place. Contact was not made with the family to celebrate any successes.

‘I mean mainstream school, no school is in a hurry to take on a child and especially kids with BESD...normal schools do not cater for that sort of a need.’

Jake’s carer
Jake was reluctant to discuss any memories he had of mainstream school and said that it was too hard for him to remember his time at mainstream school.

**Inadequate provision for BESD**

Jake’s carer stated that the provision currently available for children with BESD in the Local Authority is inadequate in terms of lack of special schools and the support that exists for families at transitions between schools.

‘There’s limited numbers of schools, if he comes out of that school, where do you put them? It’s just not that easy. There’s just not adequate provision really anywhere.’

Jake’s carer

**Child’s negative experience at previous special school**

Jake’s negative experiences at a previous special school for BESD were discussed. Jake’s carer said that the placement had been inappropriate for Jake as he had been unnecessarily restrained and that there was a lack of structure within the school. Jake said that he had not been listened to by practitioners there and that he had disliked the lessons.

‘My old teachers, they didn’t listen to me, they didn’t really care...I wish they’d listened and tried to understand about me and everything that’s happened...it was awful, absolutely awful.’

Jake

**Positive view of special school**

A positive view of Jake’s present special school was expressed by all participants. Jake described feeling supported and involved in the school and liking lessons. Jake’s carer stated that communication with home was good and that school offered excellent support when Jake made the transition into the school. Jake’s keyworker described the support that practitioners at the school offer as being positive, especially in relation to listening to the children, keeping good links with their families, including them in activities and supporting transitions. He also described the positive impact that he feels the school has had on Jake.

‘I’ve seen Jake’s confidence grow...he’s sort of slowly started getting into more activities and taking part in more and more things.’

Jake’s keyworker
Simon

Simon attended ‘Coleridge’ school. In Table 4 the main themes from each individual interview and for the case study are recorded.

Table 4. Simon case study

<table>
<thead>
<tr>
<th>Themes</th>
<th>Mother’s Perspective</th>
<th>Keyworker Perspective</th>
<th>Simon’s Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative experience of child</td>
<td>➢ Child experienced too many school placements</td>
<td>➢ Child has experienced bullying at school</td>
<td>➢ Found it hard attended so many schools</td>
</tr>
<tr>
<td></td>
<td>➢ Experience has had negative impact on child</td>
<td></td>
<td>➢ Has been physically hurt due to bullying</td>
</tr>
<tr>
<td></td>
<td>➢ Child has been bullied at mainstream school</td>
<td></td>
<td>➢ Bullying was ignored at mainstream school</td>
</tr>
<tr>
<td></td>
<td>➢ Bullying was ignored at mainstream school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Child was blamed for retaliating to bullying at mainstream school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Child’s behaviour was not understood as it is an ‘unseen’ difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive experience of parent</td>
<td>➢ Some practitioners have been advocates</td>
<td>➢ Not commented on</td>
<td>➢ Not commented on</td>
</tr>
<tr>
<td></td>
<td>➢ Some practitioners have been supportive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative experience of parent</td>
<td>➢ Practitioners have had a negative view of her</td>
<td>➢ Not commented on</td>
<td>➢ Mother has had to study</td>
</tr>
<tr>
<td></td>
<td>➢ Practitioners have not respected her decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Experience has impacted on career</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Experience has had financial impacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Experience has had impacts on health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ She has felt isolated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative view of mainstream school</td>
<td>➢ Child experienced bullying</td>
<td>➢ Negative impact of mainstream school on Simon</td>
<td>➢ Found learning and lessons hard</td>
</tr>
<tr>
<td></td>
<td>➢ Head Teachers acted inappropriately – did not follow correct exclusion procedures</td>
<td></td>
<td>➢ Did not feel adults listened to him</td>
</tr>
<tr>
<td></td>
<td>➢ Power within LA is ‘misplaced’</td>
<td></td>
<td>➢ Disliked experiencing exclusions</td>
</tr>
<tr>
<td></td>
<td>➢ Poor communication from LA with her</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Lack of support from LA while child was out of school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative view of Local Authority</td>
<td>➢ LA processes take too long</td>
<td>➢ Not commented on</td>
<td>➢ Not commented on</td>
</tr>
<tr>
<td></td>
<td>➢ Power within LA is ‘misplaced’</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Poor communication from LA with her</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Lack of support from LA while child was out of school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxieties about the future</td>
<td>➢ Uncertain as to how long current placement lasts</td>
<td>➢ Not commented on</td>
<td>➢ Not commented on</td>
</tr>
<tr>
<td></td>
<td>➢ Worried as how child will cope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive view of special school</td>
<td>➢ School is supportive of her and child</td>
<td>➢ Child has made progress at school</td>
<td>➢ Feels supported by school</td>
</tr>
<tr>
<td></td>
<td>➢ Feels appropriate school for child</td>
<td>➢ Keyworker role supportive</td>
<td>➢ Likes the animals at the school</td>
</tr>
</tbody>
</table>
Interviews revealed that experiences at three mainstream primary schools were described as being negative along with the majority of support offered from the Local Authority. This contrasted with generally positive views of experience at special school. The themes from Table 4 are discussed in more detail below.

**Negative experience of parent**

Simon’s mother described negative interactions with practitioners at all three mainstream schools and with support practitioners within the mainstream schools such as the school counsellor. She stated that practitioners had a negative view of her and did not respect her decisions.

“She actually turned round and said she thought I was being a bad parent not telling him...about his Dad dying...the counsellor and headmaster decided I was a terrible mother.’

Simon’s mother

She described the range of negative impacts the experience has had on her life. She especially referred to when Simon was excluded and did not have a school place; this impacted negatively on her career, her finances and her health. She also referred to feeling isolated.

**Negative experience of child**

Simon’s experience was described as being negative by participants. Simon and Simon’s mother said that it had been difficult for Simon to attend many different schools. Simon reported being bullied at mainstream school and special school. Simon’s mother and keyworker described the negative effect they felt the bullying had on Simon as it was not dealt with at mainstream school.

“When I said I was being bullied, they said ignore the bullies, so when I was being bullied I tried to ignore them, I just fell down on the ground and hit my head.’

Simon

Simon’s mother referred to the negative impact of having an ‘unseen’ disability. She compared her experiences of having a son who has cerebral palsy with having a son with BESD and how people’s reactions and understanding had differed.
'I think it’s because he (her other son) had a physical disability that people could see and um they were able to make excuses for him, but with Simon there are no excuses as there is no physical disability observed.'

Simon’s mother

**Negative view of mainstream school**

Simon described his experiences at his three mainstream schools. He reported finding learning and lessons difficult and feeling that the adults within school didn’t listen to him. He also described disliking the experience of being excluded.

Simon’s mother expressed her negative view of the mainstream schools that Simon attended and reported that Simon had experienced bullying that wasn’t dealt with and that she had experienced inappropriate practice from two head teachers at two mainstream schools where head teachers had not followed the correct procedures when excluding Simon. Simon’s keyworker also acknowledged the negative impact that mainstream school had on Simon.

‘If they’d been a bit more accepting of how he works and spent a little bit more time investing in it he wouldn’t have needed to be pulled out of school.’

Simon’s keyworker

**Negative view of Local Authority**

Simon’s mother reported a negative view of the Local Authority. She specifically referred to statementing and the process of finding new school placements after exclusions as taking too long. She referred to a lack of support and educational provision when Simon was out of school after exclusions. She stated that communication from the Local Authority with her was poor and the ‘power’ to make decisions about school placements and funding lay with the wrong people within the Local Authority.

‘The director of finance who is not an educational expert has the ability to overturn a whole committee of people who are educational experts, he has the power to overturn their decision...it’s absolutely disgusting.’

Simon’s mother

**Positive experiences of parent**
Simon’s mother made reference to practitioners who had had a very positive effect on her. She described support practitioners external to the mainstream schools, such as Educational Psychologists as being advocates for her and Simon.

“(the Educational Psychologist) had a go at the headmaster and said it’s (the bullying) not written down in his records, Simon’s Mum has been in several times complaining about the bullying and you’re not doing anything about it.”

Simon’s mother

Positive view of special school

All participants commented on the positive views they had of the special school that Simon attended. Simon reported feeling supported and that he loved working with the animals. Simon’s mother stated that she and Simon felt supported by the school and referred to Coleridge as being the correct placement for Simon. Simon’s keyworker highlighted the progress that Simon had made at special school and the benefits of the supportive role of the keyworker.

“We slowly kind of brought him out just by doing the positive reinforcement thing and constructive criticism and making everything positive and he hasn’t displayed that kind of behaviour for a good kind of few months now.”

Simon’s keyworker

Anxieties about the future

Simon’s mother commented on her worries about Simon’s future. Her immediate concerns were in relation to how long his current placement at special school could continue for. She expressed concerns about Simon’s ability to cope with regards to his difficulties, especially if he is required to go back into a mainstream school.

“You know after having such a horrible school experience, it’s kind of like how can you turn that around?...I think will he ever, ever be able to integrate with (mainstream) school again...’

Simon’s mother
Kai

Kai attended ‘Goudge’ school. Interviews were carried out with Kai, Kai’s carer and Kai’s keyworker. In Table 5 the main themes from each individual interview and for the case study are recorded.

Table 5. Kai case study

<table>
<thead>
<tr>
<th>Themes</th>
<th>Mother’s Perspective</th>
<th>Keyworker Perspective</th>
<th>Kai’s Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative experience of parent</td>
<td>➢ Lack of support and negative attitudes from Local Authority practitioners</td>
<td>➢ Not commented on</td>
<td>➢ Not commented on</td>
</tr>
<tr>
<td></td>
<td>➢ Lack of support and negative attitudes from mainstream school practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Feeling blamed and judged by practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Negative impact on career</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Felt forced to do things by practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Had negative impact on emotional well-being</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative view of mainstream school</td>
<td>➢ Child experienced bullying</td>
<td>➢ Child’s needs weren’t met</td>
<td>➢ Experienced being restrained</td>
</tr>
<tr>
<td></td>
<td>➢ Lack of support for child</td>
<td>➢ Child wrongly labelled</td>
<td>➢ Found learning and lessons difficult</td>
</tr>
<tr>
<td></td>
<td>➢ Lack of recognition of child’s medical condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative view of inclusion</td>
<td>➢ Has negative impact on children and families</td>
<td>➢ Not commented on</td>
<td>➢ Not commented on</td>
</tr>
<tr>
<td></td>
<td>➢ Practitioners have negative attitudes towards inclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Inclusion is ineffective</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Inclusion agenda resulted in inadequate government provision for BESD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive view of special school</td>
<td>➢ Supportive practitioners</td>
<td>➢ Keyworker role is supportive</td>
<td>➢ Feels school is good</td>
</tr>
<tr>
<td></td>
<td>➢ Feels included by school</td>
<td></td>
<td>➢ Feels supported at school</td>
</tr>
<tr>
<td></td>
<td>➢ Child has made progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxieties about the future</td>
<td>➢ Worried return to mainstream school will be negative</td>
<td>➢ Worried how child will cope in a mainstream school</td>
<td>➢ Not commented on</td>
</tr>
<tr>
<td></td>
<td>➢ Worried progress will stop if child returns to mainstream school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Concerned about trusting mainstream school practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative experience for child</td>
<td>➢ Impact on child’s view of self</td>
<td>➢ Not commented on</td>
<td>➢ Negative view of self as learner</td>
</tr>
<tr>
<td></td>
<td>➢ Child felt excluded</td>
<td></td>
<td>➢ Negative view of himself and past behaviour</td>
</tr>
<tr>
<td></td>
<td>➢ Experienced bullying at mainstream school that was ignored</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Child’s difficulties misunderstood as ‘unseen’</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Findings from interviews suggested that mainstream school was a negative experience for Kai and his mother. Kai’s mother reported negative experiences with other practitioners within the Local Authority. Special school was viewed positively by all participants. Themes from Table 5 are discussed in more detail below.

**Negative experience of parent**

Kai’s mother’s negative experiences focussed on the negative attitudes that she encountered from practitioners at Kai’s mainstream school and other support practitioners within the Local Authority. She also described feeling blamed and judged by practitioners for Kai’s behaviour.

‘When he was 7 he had what was called a Boxall Report... it had things like mother is probably depressed...all the likely reasons were...all directed at me...they were all based around us in this house.’

Kai’s mother

She referred to Kai having to board at his current special school and how she did not want this to happen. She described being forced by the Local Authority for this to take place. She stated that this had a negative impact on her overall well-being.

**Negative experience for child**

Kai and his mother described the overall experience as negative for Kai. Kai referred to his negative view of himself as a learner and of his past behaviour. He also said that he missed his friends from mainstream school.

‘(I was) a devil kind of, I was not nice at all...it wasn’t good at all.’

Kai

Kai’s mother described the experience as having a negative impact on Kai’s self image and self esteem. She reported that Kai’s difficulties were not understood as they were ‘unseen’.

‘The difficulty with teachers, because they can’t see it, they can perceive all that as being deliberately awkward, can’t be bothered, argumentative, don’t care, all these things.’

Kai’s mother
She said that Kai felt excluded from his peers while at mainstream school and suffered bullying from his peers that was ignored by his mainstream school.

**Negative view of mainstream school**

All three participants referred to a negative view of Kai’s mainstream school. Kai reported that he had been restrained by teachers and that he had found learning and lessons particularly difficult.

‘*The school there wasn’t good for me at all because of some of the work there.*’

Kai

Kai’s mother stated that Kai had not been supported by practitioners at mainstream school and that there had been a lack of recognition from teachers of his medical condition. She referred to bullying that took place for Kai from his peers and that it was not dealt with at his mainstream school.

‘*One day I put him in the bath and I noticed bruising all over his back...someone had actually got him down in the playground and were kicking him...what did the teacher do? She stood me (Kai) and this lad up against the wall and we had to stand there all dinner time.*’

Kai’s mother

Kai’s keyworker commented that Kai’s needs were not met at mainstream school and that he had been wrongly labelled as a ‘naughty boy’.

**Negative view of inclusion**

Kai’s mother stated that the process of trying to include Kai in a mainstream school had a negative impact on her and on Kai and that it had been ineffective. She reported that mainstream school practitioners had negative attitudes towards the inclusion of children with BESD and that the inclusion agenda had meant that effective provision for BESD has been removed, resulting in inadequate provision remaining.

‘*It’s all very well packaged...what we’ll do is send these children to mainstream, because it all looks very politically correct, it’s all very nice and we’re not discriminating against, mix them up with the other children, but I don’t personally think that it works...you know we do live in a world where people are different, people have to be catered for in a different way.*’

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Kai’s mother

Positive view of special school

All participants made reference to the positive view of Kai’s special school. Kai reported that the school was good and that he felt supported.

‘I just really like it (the school)... all of it’s good... (I’m) happy that I came to a better school.’

Kai

Kai’s mother commented on the supportive practitioners at the school and how she felt included as a parent in the school and that Kai was included with his peers and valued by the school’s practitioners. She stated that Kai had made progress while at the school and Kai’s keyworker reported that the support that Kai received at school from a keyworker role was beneficial.

Anxieties about the future

Kai’s mother and keyworker expressed concerns about Kai’s ability to cope in the future if the decision was made for him to return to a mainstream school. Kai’s mother said she was worried that the progress Kai had made while at special school would cease if he returned to mainstream school and that it would be difficult for her to trust mainstream school practitioners to support her son again.

‘I’ve now got to go back to trusting someone who works in a mainstream school... can he afford to perhaps go into another situation like he left down there? And his whole future will be damaged... if he is treated wrong... he will take a backward step and that will affect the rest of his life.’

Kai’s mother

Shared Themes

There were a number of themes that were shared between the case study groups. Themes were pulled together and for ease of reading these are presented below in Table 6.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Darren - Clarke</th>
<th>Jake – Elliot</th>
<th>Simon – Coleridge</th>
<th>Kai – Gouge</th>
</tr>
</thead>
</table>
| Future negative       | ▶ Child’s learning needs ignored  
▶ Bullying/impact of bullying ignored  
▶ Child experienced exclusions  
▶ Child disliked teachers  
▶ Child disliked lessons  | ▶ Schools don’t want children with BESD  
▶ Schools only make negative contact  
▶ Schools do not provide resources/structure to support BESD  
▶ Child did not want to talk about his memories of MS school  | ▶ Child experienced bullying  
▶ Head Teachers acted inappropriately  
▶ Child found learning/lessons hard  
▶ Child did not feel listened to  
▶ Child disliked exclusions | ▶ Child experienced bullying  
▶ Lack of support for child  
▶ Lack of recognition of child’s medical condition  
▶ Child’s needs not met  
▶ Child wrongly labelled  
▶ Child restrained  
▶ Child found learning/lessons difficult  |
| Future positive       | ▶ Practitioners having negative view of child  
▶ Some practitioners not supportive  
▶ Practitioners did not understand how child liked to learn  | ▶ Child did not feel listened to at school  
▶ Child disliked lessons at school  
▶ First special school placement inappropriate for child  | ▶ Child experienced multiple school placements  
▶ Negative impact on child  
▶ Child bullied at MS school  
▶ Bullying ignored at mainstream school  
▶ Child blamed for retaliating to bullying  
▶ Child’s behaviour misunderstood  
▶ Mum unavailable due to having to study | ▶ Impact on child’s view of self  
▶ Child felt excluded  
▶ Experienced bullying at MS school that was ignored  
▶ Child’s difficulties misunderstood  
▶ Child misses friends from mainstream school  |
| Positive view of      | ▶ Positive view of statementing process  
▶ Special school has positive impact  
▶ Special school supportive  
▶ Provides a different approach  
▶ Has an effective approach  
▶ Child is making progress at special school  | ▶ Good transition support  
▶ Good communication with home  
▶ Child opportunities to join in  
▶ Staff listen to child  
▶ Increased child’s confidence  
▶ Good communication with practitioners  
▶ Keyworker ‘there’ for child  
▶ Child feels supported  
▶ Child likes lessons/activities  
▶ Child feels involved  | ▶ School is supportive of her and child  
▶ Feels it is the appropriate school for child  
▶ Child has made progress at school  
▶ Keyworker role is supportive of child  
▶ Child feels supported by school  
▶ Child likes the animals at the school  | ▶ Supportive practitioners  
▶ Feels included by school  
▶ Child has made progress  
▶ Keyworker role is supportive  
▶ Child feels school is good  
▶ Child feels supported at school  |
| Positive view of      | ▶ Child’s needs won’t be understood  
▶ Child’s ability to cope  | ▶ Not commented on  | ▶ Uncertain how long current placement lasts  
▶ Worried how child will cope | ▶ Worried progress will stop at mainstream school  
▶ Worried how child will cope in MS school  |
| Special school        | ▶ Inconsistent approach from practitioners  
▶ Wrong kind of help from practitioners  
▶ Practitioners having negative view of child  
▶ Comments on negative experience of parent with MS school and Social Care  | ▶ Not commented on  | ▶ Practitioners have negative view of mother  
▶ Practitioners have not respected mother’s decisions  
▶ Negative impact on mother’s career  
▶ Negative financial impacts  
▶ Negative impacts on mother’s health  
▶ Mother has felt isolated  
▶ Mother has had to study | ▶ Lack of support/negative attitudes from LA practitioners  
▶ Lack of support/negative attitudes from MS school practitioners  
▶ Feeling blamed/judged by practitioners  
▶ Negative impact on career  
▶ Felt ‘forced’  
▶ Negative impact on emotional well-being  |
| Practitioners         | ▶ Practitioners ‘amazing’  
▶ Positive episodes quoted  
▶ Practitioners empathic/understanding  
▶ Practitioners had positive impact on child  
▶ Positive experiences of parent with special school  | ▶ Not commented on  | ▶ Some practitioners advocates for mother  
▶ Practitioners been supportive  | ▶ Not commented on  |
| Indirect provision     | ▶ Curriculum does not inspire children  
▶ Practical curriculum is needed in schools  | ▶ Schools do not provide resources and structure to support BESD  | ▶ LA processes take too long  
▶ Power within LA is ‘misplaced’  
▶ There is poor communication from LA with mother  
▶ Lack of support from LA while child out of school  | ▶ Inclusion has negative impacts  
▶ Practitioners negative attitudes towards inclusion  
▶ Inclusion ineffective  
▶ Inadequate government provision  |

**Table 6. Shared case study themes**
Reflecting on Table 6 the following points are worthy of note and are discussed in the following section:

- The general trend of negative experiences occurring in mainstream school and positive experiences occurring in special schools found in this study concurs with existing literature (Harris et al 2008, Lloyd and O’Regan 1999) and is contrary to the current government policies on inclusion.
- Young people and their parents/carers negative experiences with mainstream school practitioners. For example, mainstream school practitioners’ negative attitudes towards young people and their parents/carers, not understanding the young person’s needs and not offering appropriate support.
- Positive experiences at special school where young people and parents/carers have felt included and supported by practitioners.
- Lack of understanding from mainstream school practitioners to the ‘unseen’ disability of BESD in comparison to an observable physical disability.
- The young person’s lack of access to the curriculum and activities at mainstream school.
- The young person experiencing bullying from peers at mainstream school and being perceived as a bully by mainstream school practitioners.
Section 5

Discussion

In the last section a number of key areas were highlighted for discussion. In this section these will be discussed in terms of key findings and then interpreted and linked to literature. The overall significance and implications of the research in this paper is discussed at the end of the thesis when findings from Paper 1 and Paper 2 are considered alongside one another.

Key findings

The key finding within this research paper is that both young people and parents/carers have reported experiences that are contrary to the intentions of current inclusion policy. Broadly, negative experiences have been reported at mainstream school and positive experiences have been reported while at special school for BESD. Furthermore my findings concur with parents/carers and young people’s experiences that are reported in literature (Harris et al 2008, Lloyd and O’Regan 1999). Keyworkers also reported that more positive experiences have occurred within the young person’s special school; however, this finding is less surprising given their own connections to the special schools.

The factors that indicate this finding within participants’ reported experiences were identified in table 6. Participants felt that they had been treated negatively by mainstream practitioners in particular and that young people had been denied access to the curriculum and activities within mainstream school. Additionally the young people had experienced bullying at mainstream school and the bullying had been ignored or the young person themselves had been perceived as the bully despite being the victim. Perceptions of and attitudes towards the ‘unseen’ disability of BESD were also referred to.

In all, the notion portrayed in policy of mainstream school being where young people with BESD are best placed and included and of special school being a form of segregation has not been the experience of those people on the ground. In reality this has been a much more complicated journey.

Interpretation

This generally positive view of the special school is supported by the findings from Harriss et al’s 2008 study. Children in this study felt they had been able to form positive relationships with special school staff, and parents and carers believed that their child’s
self-esteem, confidence, behaviour, and ability to access the curriculum had improved since attending special school. The child’s placement at special school was also reported to have had a positive effect on parents and carers.

The generally negative view of mainstream school found in this research is also supported by previous research. In Lloyd and O’Regan’s (1999) study children reported negative views of their mainstream school and particularly the school not recognising and accommodating the difficulties they were experiencing in their lives.

This stark contrast of experiences demonstrated in this study is argued by some as being too simplistic. Sellman et al (2002) questions reports of solely negative experiences at mainstream school and solely positive experiences taking place at special school. He feels that views based on these reports fail to recognise the existence of mainstream schools that do foster a supportive environment which work towards avoiding exclusions. Importantly, Daniels et al (1998) recognise that schools can vary in the way in which they define, acknowledge and respond to BESD and that effective practice can take place in mainstream schools where there is leadership that generates direction and coherence and involves the teachers in developing the school’s values, quality teaching and inclusive ethos. However, within this study the findings do indicate defined experiences at both mainstream school and special school and the reasons for this are discussed in more detail below.

Negative experiences of practitioners and practitioner attitudes towards BESD

One of the reasons why experiences at mainstream school were reported to be negative is characterised by participants feeling badly treated by practitioners within mainstream schools and in some cases Social Care. Conversely the positive experiences reported have also been shaped by the supportive interactions experienced with practitioners at special school and with practitioners removed from the school. This difference is nuanced; however it appears to focus on the attitudes of practitioners towards the young people and families and is one of the main factors that define the participants’ experiences.

Mainstream school practitioners were reported as having a negative view of the young person and parent or carer. They were reported as not listening to the young person and parent/carer and not understanding or accommodating the young person’s needs. In contrast positive experiences of practitioners were described as being where practitioners
were able to empathise and have an understanding of the family’s situation, where the practitioner communicated well with the young person and family, was an advocate for them and supported them through giving their time and listening to the young person’s and family’s views.

The findings in this study concur with that of the ‘Lamb Inquiry’ (2009) which found that parents of children with SEN often reported encountering negative attitudes from practitioners and had to ‘battle’ against negative attitudes in order to get their child’s needs met. Similar language such as ‘fighting’ was evident in this study. However as in this study, there were also parents within the Inquiry who felt well supported by some practitioners. The Inquiry points out that the crucial issue is that both these experiences are happening within the same system.

Cooper (1999) discusses this apparent difference in attitudes among practitioners in particular relation to BESD. He highlights that this may occur because of different ways of dealing with BESD that take place through disciplinary and professional culture - professions bring with them a tendency to look at things in a particular way. This is partly a product of training and of the social interactions that practitioners have within their own groups (e.g. psychologists mix with psychologists, teachers mix with teachers). In certain circumstances disciplinary boundaries can create or exacerbate problems and create negative attitudes towards BESD. For example, Cooper comments that children with BESD can be a major source of stress to teachers and that the effect of this ‘can lead to circumstances which serve to exacerbate the original difficulties and so lock teacher and pupils into a downward spiral of failure’ (pg 3).

It is generally agreed within the literature that school staff within mainstream schools need to be receptive to the principles and demands of inclusion in order for inclusion to occur (Avramidis and Norwich 2000). As a result school practitioners can act to facilitate or constrain inclusion depending on their outlook. Therefore if mainstream school staff do not feel that children and young people experiencing BESD should be included within their classrooms, the inclusion of the children and young people within that environment is unlikely to be facilitated and be unsuccessful. Cole et al (2003) refer to members of school staff needing to be driven by empathetic attitudes, values and principles and a good understanding of BESD in order for good practice for children and young people with BESD to occur. These values and attributes are similar to those described in this research by the participants of practitioners considered to be supportive.
Within two case studies attitudes from practitioners towards ‘unseen’ disabilities were referred to. Simon had been diagnosed with Thought Disorder and Kai with Neurofibromatosis. Kai’s mother described Kai’s difficulties as not being understood within the context of his illness and that his difficulties had been described as being ‘deliberately awkward’ by mainstream school practitioners. Similarly, Simon’s mother described Simon’s difficulties as having created a very different reaction and level of understanding from practitioners in comparison to her son who had Cerebral Palsy. Cook (2001) describes children with ‘hidden disabilities’ as evoking very different reactions and attitudes from practitioners than children who have physically visible disabilities. He explains that these children and young people can be ‘blamed for aberrant behaviour’ (pg 209) when the behaviours they are displaying are simply a product of their difficulties.

The attitudes of other parents are also worth noting. Parents and carers in this study described feeling that they and their children were excluded and misunderstood by other parents when their child was attending mainstream school. Conversely parents and carers felt supported and included by other parents at special school, because ‘they understand what it’s like’.

Bullying

In three out of the four case studies the young person was reported as experiencing bullying. Bullying from other pupils was described as taking place at mainstream school and that it had been ignored by mainstream school practitioners. Furthermore the young people were reportedly blamed by mainstream school practitioners for incidents of bullying against them that took place.

The fact that children and young people with BESD may be vulnerable to incidents of bullying is recognised in the 2008 DfES document ‘Bullying involving Children with Special Educational Needs (SEN) and Disabilities’. Additionally, a study carried out by Johnson et al (2002) reported that boys with poor social skills and emotional difficulties were at greatest risk of being bullied and De Monchey et al (2004) report that primary school teachers substantially underestimate the extent to which pupils with SEN are victimised in school.

Cook (2001) also states that children with BESD can be unfairly blamed for behaviour that takes place such as bullying. This 2008 DfES document also recognises that parents of children with SEN often feel that their child is unfairly blamed for bullying others and that children can acquire a ‘reputation’ for being ‘troublesome’ with teachers because of their
behaviour difficulties and as a result they can be seen as the ‘cause for all disruption’ (pg 24).

Access to the curriculum
A mainstream school education is espoused to bring with it greater access to a wider curriculum, but for the participants in this study this was not their reality. Young people in this study reported finding lessons and activities difficult to access at mainstream school, that they were not given opportunities to join in and that they did not receive support from adults. Their experiences at special school however were quite different. The young people reported feeling included in learning and activities at special school, described lessons as being more enjoyable and felt adults gave them their time within lessons.

Within Darren and Kai’s case study group the curriculum was referred to in a wider sense and participants expressed that they felt a more practical curriculum is required for children with BESD. It was reported by participants that in their experience the current curriculum is not accessible to all and does not actively inspire children to want to learn. It is largely recognised in literature that children and young people with BESD may have difficulties accessing a mainstream school curriculum. Porter and Lacey (1999) report that the demands of a subject driven approach along with narrowly defined expectations of appropriate behaviour may not provide a conducive learning environment for children with BESD. Furthermore they state that ‘If we are to recognise that these pupils have additional needs, it is important to plan their curriculum accordingly’ (pg 27). They continue by reporting that in their study, teacher’s had reluctance or a difficulty in responding to questions they were asked as part of the study which focussed specifically on the curriculum provided for children and young people with BESD. Porter and Lacey feel this may reflect a tension for teachers between statutory requirements and pupil’s needs.

Anxieties about the future
Anxieties about the immediate future of the young people in this study were expressed and I feel that this finding is worth noting. These anxieties focussed on the young people returning to mainstream school and whether their needs would be understood by future practitioners. Concerns also focussed on whether the young person would be able to cope and whether the progress that they had made would stop or be ‘undone’. In all but one of the case study groups, future plans had been made by the Local Authority to move the
young person from special school back into mainstream school. This was a source of stress for parents and carers and in some cases these worries were shared by keyworkers.

It may be considered that as these young people had previously been found not to have their needs met within mainstream school, but are now being placed within a mainstream environment again, that the special school is being considered as a ‘treatment environment’ as in the medical model of BESD. If we are expecting the young person to return to a mainstream environment does this mean that we are expecting them to have changed? Does this view see the ‘problem’ as having existed in the young person and not within the mainstream school environment? Or are these positive examples that are seen to promote inclusion, where it is understood that mainstream school environments can differ and where it is recognised that some mainstream environments may be better at ‘inclusion’ that others? Is this the view that we are constantly trying to include the child or young person within a mainstream environment and not just wanting to leave them within the special school environment? Or are these decisions simply based on Local Authority funding, that the child cannot be kept within the special school environment, even if they are seen to be progressing because the Local Authority simply cannot afford to keep them there? These questions are not addressed within this research study and could be an interesting area for future investigation.

The case of Jake
It should be noted that three out of the four case study groups shared the most similar stories. The case study group involving Jake and Elliot school described positive experiences at the present special school and at a previous special school. However, negative experiences at a special school that Jake attended are also described. This is important to highlight as it demonstrates that simply placing a child or young person within a special school does not automatically equal a positive experience, rather there are key factors such as those discussed above that may facilitate or hinder a positive school experience.

Furthermore, Jake’s carer’s experiences with practitioners is variable in comparison to the other case study groups and her negative views of practitioners were not as strongly reported. Her position as a long-term foster carer may be an important factor and it would be an area for further research to investigate the possible differing experiences of foster carers of children with BESD and parents of children with BESD.
Strengths and Limitations of the study

This study has allowed the authentic voices of young people and families to be listened to and reported and can be considered a major strength of this study. The sample of participants can also be considered to be representative of the children and young people with BESD within Southshire. The study has not tried to prove a general law, but instead listen to the journeys that have been taken by the young people and families from mainstream school to special school and the findings can be seen to have educational implications for the theory, policy and practice for children with BESD.

There are a number of limitations to this study. The first limitation is due to events taking place within Southshire County Council. Within the county there is a county special school for BESD that caters for the largest percentage of children and young people attending special school for BESD in the county. It was my intention to work with this school and to select participants to take part in this paper. Unfortunately the school was undergoing major changes to management and staffing structure and it wasn’t felt appropriate at that time for the school to be involved in the study. Additionally, the sixth school included in the file search had no children from Southshire attending the school at the time of interview data collection and so children and parents from that school were not selected to participate. Data was however included in the file search from children and young people who attended these schools and so contributes to the contextual information provided.

A second limitation is parent’s and carer’s motives for taking part in the study. Participants may have been particularly compelled to take part in the research because of a positive or negative experience that they were keen to share. Further to this, the special schools were integral to the selection process of the young people and families that took part in this research and this may have had an effect on the results. For example, it is likely that special school staff would not choose a family that had had negative experiences of the special school itself. Also, the participants may not be representative of the ‘hard to reach’ parents that special schools work with as the special school had positive relationships with them and they were willing to be part of the study. Additionally children and young people who did not have a parent or carer who was able or willing to take part in interviews were excluded from participating in this study.

The young people’s ability to express themselves may also have had an effect on the
study’s findings; especially as in some cases participants had difficulty recalling memories of their previous schools. However, I did give consideration to the difficulties that children and young people with BESD may have expressing themselves in the design of my study by employing the approach ‘Draw and Write’, a technique developed by Pridmore and Bendelow (1995). This technique is designed to maximise the child’s freedom to express their personal opinions and ideas. Materials to facilitate this approach were taken to each interview that took place with a child. However, in each instance the young person did not choose this approach and preferred to take the ‘informal chat’ approach.

It should also be considered that as the data was thematically analysed by the myself there is the possibility that my own interpretation of the data may have affected the results. If time had allowed I feel that having the data checked by another researcher for intercoder reliability would have been beneficial.
References


**Websites**


• www.unesco.org accessed 24th January 2010

• www.educationengland.org.uk accessed 24th January 2010

• www.teachernet.gov.uk accessed 24th January 2010
Paper 2

Support and Barriers for Children and Young People with Behavioural, Emotional and Social Difficulties: A Practitioner Perspective
Abstract

This small scale study had a conceptual framework informed by Symbolic Interactionism and Interpretive Analysis. This paper was paper two of two papers and focussed on the experiences of Local Authority practitioners in relation to supporting children and young people with behavioural, emotional and social difficulties (BESD).

To gain contextual information of practitioner support for children and young people with BESD within the county an electronic questionnaire was sent to a wide range of practitioners who may support children with BESD. The questionnaire was also used as a tool to recruit participants.

Five practitioners were selected to take part in the study. These participants were interviewed using semi-structured interviews to gain their views on supporting children and young people with BESD in a Local Authority. Their views were elicited through individual semi-structured interviews which were analysed using a thematic analysis approach (Braun and Clarke 2006).

The key finding within this research paper is that practitioners reported experiences that are contrary to the intentions of the current inclusion policy. They reported many challenges that are faced when trying to include children and young people with BESD in mainstream schools, and when supporting them within the Local Authority. Participants felt that negative attitudes towards BESD exist within mainstream schools, that working with other agencies to support children and young people with BESD is difficult, that parental involvement is key, but not always possible and that elements within the government and Local Authority context conflict with the inclusion agenda and with meeting children’s needs.

Significance and Contribution

Within this paper the views of practitioners have been elicited in relation to their experiences of the support and barriers in place for children and young people with BESD. Through a design informed by Symbolic Interactionism and Interpretivist Analysis their authentic voices have been heard in order to deepen our understanding of their experiences. These experiences have been considered alongside the findings from Paper 1 which focussed on the experiences of children and families. Previous research has explored the views and experiences of children, families and practitioners; however this is
the first time that they have been considered together sufficiently in order to identify shared views.

The findings within this study suggest that the application of a simple solution (i.e. including children with BESD in mainstream schools) to a complex problem (the social inclusion of children with BESD), has had a negative impact. In fact the findings seem to imply that the inclusion of children and young people with BESD within mainstream schools has actually created the social exclusion that inclusion was designed to alleviate. The evidence for this is present within the findings presented in this study.

In relation to BESD, the medical model has been criticised for individualising the ‘problem’, however if an educational model view of BESD is taken we are led to consider that the education system itself is imperfect. Therefore taking the educational model approach and applying the simple solution of ‘inclusion’ to the very complex problem of social inclusion highlights many areas of difficulty. These areas of difficulty have been outlined in the findings of this study and of previous studies. The identified issues are entrenched within the education system and can only be tackled through an examination of the system itself. The reported experiences of inclusion are more nuanced than the powerful message my data suggests, therefore it is essential to note that this study is not simply suggesting that inclusion is ‘negative’ or ‘bad’ and that special school is ‘positive’ or ‘good’ – a much more complex picture has been presented.

The complexities that have been highlighted within this paper and paper 1 have been considered alongside the role of the Educational Psychologist and how they can facilitate inclusion and essentially social inclusion through their work with children, families and practitioners. As a result of the findings, it has been suggested that further research should focus on examining the education system and in particular the dichotomy between the inclusion agenda and results centred teaching and the specialist provision for BESD that exists since the implementation of the inclusion agenda and whether it is meeting the needs of children and young people. Further research may also focus on whether the case presented for children and young people with BESD in this study is similar for children with other types of SEN. This further research on how inclusion policy translates into practice will be particularly pertinent as new government policies and agendas unfold.
Section 1

Introduction

Purpose

As in the previous paper this study is concerned with the inclusion of children and young people with Special Educational Needs (SEN) in mainstream schools, which has been promoted by successive governments since the Warnock report (DES, 1978) which prompted a major shift in the way that children are educated.

The purpose of this study is to consider the case of the inclusion of children and young people with Behavioural, Emotional and Social Difficulties (BESD) in mainstream education from the perspective of the practitioners who support these children.

Context

The 1944 Education Act or Butler Act outlined that children with SEN should be categorised by their medically defined disabilities and educated separately in special schools. In 1981 the Government released the Education Act (DES, 1981) and this introduced the notion of statements of SEN and the concept of ‘integration’ or the ‘inclusion’ of children with SEN in mainstream schools. As a result there was a decline of the number of children with SEN within special schools during the 1980s and 1990s and an increase of those children with statements of SEN within mainstream schools.

In 1994 92 governments and 25 international organisations called on governments through the Salamanca Statement (UNESCO, 1994) to increase the capacity of mainstream schools and to provide an inclusive education for children with a range of needs. The following government white paper ‘Excellence in Schools’ (DfEE, 1997) supported this international statement of inclusive education.

In 2001, the SEN Code of Practice outlined that local authorities had a responsibility to make inclusive arrangements for SEN through identifying and assessing needs and matching those needs with appropriate provision, by providing high quality support for settings through support services such as the Educational Psychology Service, through services and professional groups working closely together, co-ordinating provision and sharing good practice. There was also an emphasis on carrying out strategic planning and review of local authority provision for SEN.
A parallel government agenda at that time was that of results centred teaching and the introduction of the National Curriculum (DfEE 2000, as cited in Lloyd Bennett 2006). This saw school’s reputations and financial stability depending on league tables and success indicators.

In 2004 the government released the guidance entitled ‘Removing Barriers to Achievement’ (DFES 2004a) which called for the tailoring support to the individual needs of the child in order to facilitate inclusion. As the government recognise BESD as a type of SEN in 2008 the DCSF introduced specific guidance for the inclusion of children with BESD in mainstream schools.

Previously, in 2005 Baroness Warnock called for an urgent review of SEN policy and the concept of inclusion that she had first promoted. However, to date this has not occurred.

Rationale

There has been particular interest in practitioner’s views of working with children and young people experiencing BESD. This is due to many factors including the high proportion of children considered as experiencing BESD and the reports of stressful experiences from practitioners who work with these children. Furthermore, Lloyd Bennett (2006) reported that during the 1990s almost 10% of schools needed specialist input from practitioners to support them in managing children with BESD and this number is likely to have grown significantly.

Both the inclusion agenda and the drive to measure school performance through academic results sets a context of seemingly competing priorities and the inclusion of children and young people with BESD within the mainstream environment can be seen as a particular challenge by some practitioners. Results-centred teaching saw school’s reputations and financial stability depending on league tables and success indicators and this has placed pressure on schools, resulting in children with SEN and particularly children with BESD being seen as a liability.

Service delivery from practitioners, especially for vulnerable children has also been a focus, particularly in relation to multi-agency working. The importance of practitioners working together to support vulnerable children was highlighted in the Laming Report (HMSO, 2003, as cited in Hymans 2008) and initiatives such as the Common Assessment Framework and Team Around the Child have emerged. Furthermore, the Lamb Inquiry (DCSF, 2009)
called for more collaboration between practitioners, but also examined the kind of support that families of children with SEN were receiving from practitioners.

My own interest as a researcher comes from my own experiences as both a teacher and an Educational Psychologist (EP). As a teacher I worked within a challenging city primary school and had personal experiences of teaching children considered as having BESD. Now, as an Educational Psychologist I support teachers who have children and young people with BESD in their classrooms and I work with a range of other practitioners to support these children’s needs. As an EP I would particularly like to focus on how EPs as practitioners can support children and young people with BESD, their families and other practitioners.

Hick (2005) recognised that whilst EPs may work extensively at an individual level there is still a further role in developing and promoting more inclusive whole school practice. Boyle and Lauchlan (2009) report findings from the Currie Report (Scottish Executive, 2002, as cited in Boyle and Lauchlan 2009) that describe five core functions of the EP: assessment, intervention, consultation, training and research. These five core functions were recognised as being delivered at three core levels – the level of the individual child family, the whole school level and the local authority level. Furthermore the DfEE report (2000) and DfES report (2006) described EPs operating in many different areas, such as in early years work, within mainstream and special schools and through multi-agency work.

The role of the EP has also been discussed as a ‘critical friend’ and as being ‘meta’ to the system giving EPs the ability to have both insider and outsider viewpoints (Winter 1989, as cited in Woolfson et al 2003). However, Miller and Leyden (1999) state that while there has been work to review what works in inclusive education, there has not been sufficient research to illustrate how EPs can contribute to promoting more inclusive practices by working systemically. Importantly, the recent Lamb Inquiry (2009) recommended that Educational Psychologists in particular be set the task of experimenting with different models of service delivery to develop good practice within local authorities. Therefore it appears to be important to consider the role of the EP in the context of this research.

Overview of Paper

This section has stated the purpose of this study and has provided a brief summary of related policy. The rationale as to why the focus is on children and young people with BESD and the practitioners that work with them has also been discussed along with justification as to why the role of the EP is an important consideration. The next section will give a brief review of the relevant literature on practitioners and their views about working with
children and young people with BESD and the research aims for this paper will also be introduced. Section 3 will outline the methodology and ethical considerations and section 4 will detail the analysis of findings. Within section 5 the findings will be discussed in relation to relevant literature. Finally in section 6 the findings from Paper 1 and Paper 2 will be considered alongside each other and the role of the Educational Psychologist will be explored.
Section 2

Literature Review

To review relevant literature a number of resources were accessed. These included ‘Ebsco EJS’ and ‘Psychinfo’ which are ‘host’ services providing access to a large number of online journals. Journals and library resources were also searched by hand and the most recent editions of the most relevant journals were accessed. A number of relevant journals were accessed, including, ‘Emotional and Behavioural Difficulties’, ‘British Journal of Special Education’ and ‘Educational Psychology in Practice’. The internet search engine ‘Google’ was also used to access relevant websites, along with accessing government and local government publications, including the ‘Every Child Matters’ website and the ‘Department for Children, Schools and Families’ website. Key words were used within these searches in combination with ‘Behaviour, emotional, social, difficulties’ and included, ‘inclusion’, ‘teachers/practitioners’, multi-agency working, ‘experience/perspectives’, ‘specialist provision/schools’ and ‘mainstream school’. A range of literature was reviewed with key studies focussing on the views of practitioners who support children and young people with BESD and three studies are discussed in more detail here.

Comer’s 2004 study sought the views of teachers who support children with BESD in their classrooms. Comer was interested in the effects that having a child in a class with BESD can have on the teacher, along with what support teachers currently receive and what support they would like in terms of working with children with BESD.

Comer carried out this study through her role as an advisory teacher for BESD. Participants were described by Comer as a ‘set of teachers willing to help’ (pg 318) who were all females who had been teaching for less than 10 years; there were 20 in total. Before Comer carried out her study she carried out a pilot study with an Anglican priest who she felt was someone in a profession with similar pressures to that of a teacher. Her aim of carrying out this pilot was to see if enough information could be gathered through her chosen method of mind maps which were used to gain overall impressions of how teachers felt about supporting children with BESD and the support they received. These initial impressions were then arranged into a number of categories and common themes were identified in the data.

She reported that teachers commonly used the words ‘impotent’ and ‘powerless’ when talking about working with children with BESD. They felt they did not know what to do, had no sense of efficacy and felt the ‘system’ around the child was also impotent.
Some participants reported that they were happy with the support that was in place for them as teachers, however, others felt that asking for help would mean they would be perceived as weak or incompetent. An overload of paper work was also a barrier to asking for support.

Furthermore teachers reported that they were frustrated at having to ‘learn the language’ of the Educational Psychologist or Local Authority before their voice and view was considered to be valuable and legitimate. There was also a lack of clarity in relation to the role and function of support services.

Two main questions are raised in terms of the reliability of this research. The first relates to Comer’s approach to selecting participants. It is suggested that these were teachers she may have known through her work as an advisory teacher who were ‘willing to help’ her with her research. This does not indicate a robust selection criteria and it should be considered how Comer’s professional relationship with these participants may have influenced her findings. Secondly the pilot carried out with an Anglican Priest does not seem wholly relevant. She describes his vocation as having similar pressures to that of a teacher and this comparison seems questionable. This pilot study is only useful in terms of trialling her method of data collection, however, it was only carried out with one person and may have been much more relevant if it was carried out with a small group, possibly teachers, but focussing on a different subject area.

Parow (2009) focused on another professional group that can support children with BESD through their work. Parow carried out this research as part of a Masters programme for Cardiff Vale University Local Health Board and it focused on Speech and Language Therapist’s (SpLT) views of working with children experiencing BESD, looking at their role with children with BESD, the interventions they use and the barriers to working effectively with them and improving practice.

The participants were SpLTs working within mainstream settings, including community clinics and mainstream schools. The small scale study was carried out in two phases; the first phase was a descriptive phase which used a largely quantitative methodology and the second phase was an explanatory phase which used mostly qualitative methodology. Pre-questionnaire interviews were carried out in order to inform the quantitative stage of questionnaires and responses to the questionnaires then led to interviews with participants. 57 participants were sent a questionnaire and 36 were returned. Data from these questionnaires was collated to illustrate the most common answers and 6
interviewees were then randomly selected. Semi-structured interviews took place with the 6 participants and a content analysis approach was used to explore emerging themes.

Main findings were that the SpLTs valued working with an adult that knows the child well and that creating an Individual Education Plan or delivering informal staff straining were the most likely interventions they would choose to use to support a child with BESD. Around half of the participants who completed the questionnaire felt that their work was effective in some cases, 25% said they didn’t know if their work was effective, 25% said they didn’t think their work was effective and only 6% felt that their work was definitely effective.

Perceived barriers to working effectively with children with BESD were reported. School staff not viewing speech and language difficulties as a priority for children with BESD was reported as resulting in school staff not following programmes that were provided for the children. Participants also reported that they felt they didn’t have enough training in relation to supporting children with BESD and that there is poor multi-agency working for children with BESD. Additionally, they felt that other practitioners do not fully understand what SpLTs do. Limited contact with parents was also highlighted as a barrier to meeting needs.

This study has generated some useful data through questionnaires and semi-structured interviews and develops our understanding of how SpLTs view the support they are able to provide to children experiencing BESD. There are some limitations however to this study. For example, it may have been useful to have considered the views of SpLTs supporting children within specialist settings along with mainstream settings. Parow’s decision to use content analysis to analyse the data should also be questioned. Content analysis is commonly used to analyse data within media such as newspapers and can be described as not being appropriate for small scale studies such as this (Bell 2005). Additionally it has been criticised for its reliability as the researcher influences what codes are generated and these may be different from the codes another researcher may generate; with this in mind it can be recommended that data is checked for intercoder reliability where data is checked by another researcher. Parow does not indicate whether this has taken place.

Lloyd Bennett (2006) explored a wider network of professionals and included class teachers, senior managers, members of support services and local authority officers. He circulated questionnaires on meeting the needs of pupils with BESD to practitioners in one local authority as part of the development of the authority’s Behaviour Support Plan.
Respondents were asked to identify the practices and forms of additional support which in their view resulted in successful outcomes for pupils.

In order to identify participants the questionnaire was sent to Special Educational Needs Co-ordinators (SENCos) in every school in the local authority and to managers of local authority services; which totalled 58 mainstream primary schools, 134 secondary schools, 5 special schools, 20 managers of children’s services, Local Authority officers such as Educational Psychologists, the team for Looked After Children, the student support centre and the inclusion team. 78 responses were received from a combination of class teachers, senior management, support services, local authority officers and 4 respondents who were unidentified.

Provision that helps to meet the needs of BESD were described by respondents as being additional staffing, support from outside agencies, training on behaviour management strategies, off-site provision, opportunities for pupils to withdraw from curriculum tasks and an alternative or differentiated curriculum. Small residential BESD schools and resource units attached to mainstream schools were described as helping to meet the needs of children with BESD. Additionally, staff training, parental involvement and whole school commitment to behaviour policies, reward systems and approaches were identified. Increased multi-agency working was also felt to be needed, in particular a stronger link between social care and schools.

The barriers that were described were the lack of flexibility in terms of National Curriculum league tables, lack of staffing, lack of prompt support from support agencies, lack of close links between mainstream and specialist provision, lack of self-reflective teachers and lack of clear local authority policy.

Data was received from a wide range of practitioners within the local authority; however it may have been useful to know which members of ‘support staff’ and which ‘local authority officers’ responded to the questionnaire. It appears that the questionnaire used within the research consisted of questions that required a numerical response and questions that required a qualitative response, however, this isn’t made clear, along with the way in which data collected was analysed.

In light of existing research, focussing on the reported experiences of what it is like to be a practitioner working to support children with BESD would be a valuable way of contributing to existing knowledge. Questionnaires have been able to provide contextual knowledge and potential participants and semi-structured interviews have provided rich data. As a
result I feel this combined approach will be effective. The gap identified through this literature review is that while single groups of practitioners have been able to express their views in-depth, being able to reach a range of different practitioners who may support children with BESD has only been achieved in a brief manner through questionnaire. Gaining the in-depth views of a range of practitioners will be beneficial in building a detailed, more comprehensive view of how practitioners feels about their work with children with BESD.

Summary

As highlighted in the above review, literature seems to argue that supporting children and young people with BESD within mainstream school is still a challenge for a wide range of practitioners despite the inclusion agenda. It is my aim therefore to shed more light on whether this is the case by obtaining practitioners’ views about supporting children and young people in mainstream school, special school and on their journey from one to another.

Research Aims

1. To improve our understanding of support and barriers that children and young people with BESD experience in a Local Authority.

2. To develop a better understanding of how Educational Psychologists can support children and young people experiencing BESD, their parents, carers and other practitioners.

In this section I have set out the case for study by reviewing relevant literature culminating in the above research aims. In the next section I will outline my methodology and research design.
Section 3

Methodology

Research Design

As the previous section has demonstrated this study has aimed to seek the views and voices of practitioners who support children and young people with BESD, either in mainstream school, special school or during their journey from one to the other. As with Paper 1 Symbolic Interactionism and an Interpretivist approach has framed the study. This is because I am interested in gaining the personal views of practitioners in relation to how they feel about supporting children and young people with BESD within a Local Authority. I am interested in their own unique experiences and the meaning behind their experiences so that an understanding can be developed of how supporting children and young people with BESD within a Local Authority is viewed by practitioners.

Participants

This second part of the study also took place in the county of Southshire. In order to identify practitioners who felt they had a role supporting children and young people with BESD and who were interested in being part of the study an online questionnaire was developed. The purpose of the questionnaire was also to provide a sense of the support and structures in place in Southshire Local Authority and how practitioners viewed it.

The questionnaire was developed using the online application ‘Survey Monkey’ (see appendix 16) which allowed the questionnaire to be distributed electronically. It also enabled a design which meant participants could complete and save the form at different times before submitting and allowed categoric and open-ended questions to be asked.

Some questions were open-ended and invited a detailed response to provide qualitative data. Other questions required the response to be indicated on a pointed scale. There were a number of short closed questions to provide contextual information about the respondents. For example, job title, specialisms, length of time in post and gender. The questions aimed to gather the views from practitioners about the support that they provide and the support they feel Southshire provides as a county. Questions focussed on identifying and understanding BESD needs, supporting transitions, child and parent/carer roles, multi-agency working and meeting the needs of children and young people with BESD. The inclusion of these areas were informed by the available literature and information gleaned within the file searches and interviews within Paper 1. There was also
a section at the end of the questionnaire where respondents could leave their contact
details if they wished to be part of a focus group. A summary of the responses to the
questionnaire can be found in appendix 17.

A cross-section of services from across the 4 areas of Southshire was selected. These areas
were randomly assigned the letters A, B, C and D. The chosen groups were as follows:

- 1 secondary school from each area A, B, C and D
- 1 primary school from each area A, B, C and D
- 1 Pupil Referral Unit from each area A, B, C and D
- Coleridge, Goudge, Elliot and Clarke Schools (Special Schools worked with in Paper
  1)
- 1 Educational Psychology Team - B
- 1 Local Service Team - A
- 1 Social Care Team - B
- 1 Children and Adolescent Mental Health Service Team - C
- 1 Integrated Therapies Team (Occupational Therapy, Speech and Language
  Therapy, Physiotherapists) - A
- 1 Learning Support Service Team - D
- 1 Social and Emotional Behaviour Support Service - C
- 1 Physical Impairment and Medical Support Service Team - D

It is difficult to estimate how many practitioners were given the opportunity to complete
the questionnaire as initial emails were sent to managers, leaders or administrators of
teams and they were asked if they would cascade the questionnaire. The number of
questionnaires received by the researcher was 25. This response rate was satisfactory due
to the high level of qualitative data retrieved by the questionnaires. A range of
practitioners responded and these are detailed in Table 7.

**Table 7. Questionnaire respondents**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Psychologist</td>
<td>5</td>
</tr>
<tr>
<td>Social Emotional Behaviour Support Worker</td>
<td>3</td>
</tr>
<tr>
<td>Advisory Teacher</td>
<td>5</td>
</tr>
<tr>
<td>Teacher (Mainstream school)</td>
<td>1</td>
</tr>
<tr>
<td>Teacher (Mainstream school head teacher)</td>
<td>1</td>
</tr>
<tr>
<td>Deputy head teacher (Mainstream school)</td>
<td>1</td>
</tr>
<tr>
<td>Special Educational Needs Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Family worker</td>
<td>1</td>
</tr>
<tr>
<td>Adolescent Worker</td>
<td>1</td>
</tr>
<tr>
<td>Emotional Health Worker</td>
<td>1</td>
</tr>
<tr>
<td>Speech and Language Therapist</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>2</td>
</tr>
<tr>
<td>Pupil Referral Unit Teacher</td>
<td>1</td>
</tr>
<tr>
<td>Children’s Psychiatrist Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Anonymous</td>
<td>1</td>
</tr>
</tbody>
</table>
At this point 5 participants had expressed an interest through the questionnaire to take part in a focus group. However, when the date for the focus group was set 2 participants did not wish to be part of further interviews. Additionally, finding a date where all practitioners could attend was challenging, therefore the decision was made to carry out separate semi-structured interviews. In order to recruit 2 further participants an email was sent out to practitioners working within Southshire. The practitioners who took part in the semi-structured interviews are detailed in Table 8. Fictitious names have been used for the participants in order to protect their identity.

Table 8. Semi-structured interview participants

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Job Role</th>
<th>Time in Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie</td>
<td>Educational Psychologist</td>
<td>10 years</td>
</tr>
<tr>
<td>Kiera</td>
<td>Educational Psychologist</td>
<td>8 months</td>
</tr>
<tr>
<td>Jasmin</td>
<td>Nurture Group teacher within a large primary school</td>
<td>8 years</td>
</tr>
<tr>
<td>Fleur</td>
<td>Learning Support Advisory Teacher</td>
<td>5 years</td>
</tr>
<tr>
<td>Kathryn</td>
<td>Social, Emotional Behaviour Support Advisory Teacher</td>
<td>7 years</td>
</tr>
</tbody>
</table>

Measures

The main methodological tool used was semi-structured interviews with the 5 practitioners. Questions asked were designed and informed using information from the online questionnaire and issues gleaned within relevant literature. It was always kept in mind that questions were to be asked as open-ended as possible. The main issues addressed for the practitioners can be viewed in the interview schedule (appendix 18).

Data Collection

The electronic questionnaire was sent to practitioners via email with a message attached to it highlighting that the filling out of the questionnaire was voluntary and was not a requirement of Southshire County Council. Anonymity was highlighted and respondents were only asked to leave their name and contact details if they wished to be part of further interviews. The further email inviting practitioners to take part in a semi-structured interview also emphasised anonymity and that participation was fully their choice and not required by Southshire County Council. Practitioners were met in their work place in a private meeting room and all interviews were digitally recorded and transcribed by myself.
Data Analysis

As in Paper 1 transcribed interviews were analysed using thematic analysis. Analysis was based on Braun and Clarke’s (2006) ‘Thematic Analysis’, selected for its flexible nature. Semi-structured interview data was recorded and transcribed by the researcher and initial coding thoughts were recorded through mind maps (see appendix 19). Interviews were coded line by line (see appendix 20 for interview extract and line by line coding) to generate initial codes which were considered to generate themes and sub-themes (see appendix 21). Data was entered into NVivo (a qualitative data analysis computer software package). Themes and sub-themes were reviewed and refined (see appendix 22 for thematic map). Themes for item, set and corpus were defined and named and collated into tables to identify shared themes. Tables can be viewed within the main body of the results section.

Ethical Considerations

All names of people and establishments have been changed or omitted to protect anonymity. The decision was also made to anonymise the name and location of the county council that took part in the study. This choice was made to protect the identity of the children, families and practitioners who took part in this two-part study.

The researcher fully complied with the ethical code of Practice of the British Psychological Society (BPS), gained consent from the University of Exeter research ethics committee (see appendix 23).
Section 4

Analysis

Findings relate directly to the following research aim:

1. To improve our understanding of support and barriers that children and young people with BESD experience in a Local Authority.

Findings from individual interviews are presented, analysed and discussed. There are 5 individual interviews which will be presented individually and then considered together where reflection will be across individual analysis to identify shared themes.

Kathryn

Kathryn is a Social, Emotional, Behaviour Support Advisory Teacher. In Table 9 the main themes from the interview are recorded.

Table 9 Kathryn’s themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Empathising with teachers</th>
<th>Mainstream school context</th>
<th>Multi-Agency working</th>
<th>Parents</th>
<th>Local Authority Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathryn’s Perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding school systems</td>
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<td>Understanding impact of BESD</td>
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<td>Resistance to adaption</td>
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<td>Negative attitudes</td>
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<td>Dependent on individual practitioners/perso nal relationships/approaches</td>
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<td>Poor communication from Social Care</td>
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<td>Valuing working with parents</td>
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<td>Difficulties working with parents-not supportiv e/not engaging</td>
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<td>Ineffective exclusion/fun ding processes</td>
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<td>Restricts creative/innova tive practice</td>
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Empathising with teachers

Kathryn emphasised throughout her interview that in order to support children with BESD, teachers working with children experiencing BESD day to day need to be supported. She reported that in order to facilitate this practitioners who offer support to teachers need to have an understanding of school systems and the pressures that teachers experience in general. She also expressed that this should take place alongside a specific understanding in relation to how children with BESD impact on the everyday running of the classroom for the teacher and on the teacher’s well-being and self-esteem.

‘An understanding of how school systems work is very important...it’s about coming from a background of understanding what it’s like to be in a classroom with these young people,'
day-to-day, trying to teach a subject, trying to teach a class, trying to manage your own feelings...because they have an undeniably severe impact on school settings.’

Mainstream school context

Kathryn’s experience as a practitioner was that mainstream schools were reluctant to adapt their existing systems and approaches in order to include children with BESD in their schools. She also reported that she has encountered negative attitudes from mainstream school teachers in relation to having children with BESD included in their classrooms.

‘I have to say that there is resistance from some school staff and some schools to be flexible in their systems and to be flexible in their approach to young people in order to include them...it’s easy to make judgements about home, I think school’s find that quite easy, to make a judgement about parenting styles and homes.’

Multi-agency working

Kathryn discussed her views on multi-agency working. She reported that multi-agency working can be very successful, but that success is dependent on the individual practitioners involved. She specifically referred to the personal relationships between practitioners and how similar their professional approaches are. She also stated that multi-agency working can be very difficult and she highlighted poor communication from Social Care with other practitioners and their differing approach to working with children with BESD.

‘My view of working with Social Care...is that it’s incredibly difficult...communication still isn’t good...and the business of thresholds get so much in the way...we spend most of the time arguing with our Social Care colleagues about thresholds and what we see as a child protection issue...for children with BESD.’

Parents

Working with, and involving parents in supporting children with BESD was highlighted as very important by Kathryn. She reported that involving parents and supporting the parents themselves is integral in terms of successful outcomes for children with BESD. However, she also discussed the difficulties of working with and involving parents. She described parents as not being supportive of their children, of disengaging with their child’s school and finding practitioners unapproachable.
‘...often those parents...are not interested...also a lot of parents own experience of school was quite disabling and their experiences of trying to work with professionals...feels quite disempowering.’

**Local Authority systems**

Local Authority systems were reported by Kathryn as being a barrier to meeting the needs of children with BESD. She particularly referred to the exclusion processes, the difficulty of finding specialist placements for children with BESD and the devolvement of funding. These systems were also stated as preventing practitioners from being creative and innovative about the support they are able to offer.

‘Sometimes you have to have a leap of faith...we may not have done it before and it might not work, but hey, we’ll learn from it. Our senior leaders are encouraging schools to encourage pupils to take risks with their learning and learn from their mistakes, but they don’t apply that ...ethos to their own culture.’

**Julie**

Julie is an Educational Psychologist (EP). In Table 10 the main themes from the interview are recorded.

**Table 10 Julie’s themes**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Mainstream school context</th>
<th>Government and Local Authority Policy and Practice</th>
<th>Multi-Agency working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie’s Perspective</td>
<td>➢ Negative view of BESD ➢ School ethos and attitudes does not facilitate inclusion ➢ Ability and capacity to use advice and support</td>
<td>➢ Inclusion policy ignores need for specialist provision ➢ Inclusion debate is restricted ➢ Results centred teaching conflicts with inclusion policy</td>
<td>➢ Educational Psychology Service takes the lead ➢ Difficulties-lack of shared aims/defined roles/shared understanding of multi-agency working</td>
</tr>
</tbody>
</table>

**Mainstream school context**

Julie reported that she had encountered negative views from teachers towards children experiencing BESD in mainstream schools. Julie also stated that some mainstream schools lack the ability and capacity to implement strategies and provision to promote inclusion. She stated that negative attitudes from practitioners and the overall ethos in the school towards BESD act as major barriers to the inclusion of children with BESD in mainstream schools.
'It really does depend... (on) the ethos and philosophy of the school and if you can hook into someone who’s open-minded enough then you’ve got a chance of working with them on appropriate strategies...if they haven’t got that attitude you often are not seeing those young people anymore as they journey off towards the PRU (pupil referral unit) or specialist placement.’

**Government and Local Authority policy and practice**

Julie stated that government policy and available Local Authority provision ignores that some children with BESD ‘need’ specialist provision. She added that practitioners can be seen as opposed to inclusion when the view that children with BESD may need specialist provision is expressed and that this hinders exploration of how children’s needs can be best met. Julie also referred to the results centred teaching approach and its negative impact on the mainstream school’s ability and want to include children with BESD.

‘I do feel that some young people can do as well in specialist provision because that’s what they need and we aren’t actually meeting their needs in a mainstream setting...when one voices something like that you’re seen as being against inclusion...I think that’s a very silly and narrow way of approaching what should be a really good debate.’

**Multi-agency working**

Julie reported that multi-agency working is usually initiated by the Educational Psychology Service and that it is uncommon for other agencies to take the lead. The difficulties of multi-agency working were also discussed in terms of lack of shared aims, defined roles and a shared concept and understanding of what is meant by multi-agency working. The Child and Adolescent Mental Health Service (CAMHS) and Social Care were highlighted as being particularly difficult to work with.

‘The whole idea of multi-agency working becomes a great phrase, but I’m not sure that we even know what we really mean.’

**Fleur**

Fleur is a Learning Support Advisory Teacher. In Table 11 the main themes from the interview are recorded.
Table 11 Fleur’s themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Learning difficulties and BESD</th>
<th>Mainstream school context</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fleur’s Perspective</td>
<td>➢ Strongly linked difficulties&lt;br&gt;➢ ‘seen’ behaviour is main focus in mainstream schools</td>
<td>➢ Not using advice and support&lt;br&gt;➢ Lack of understanding of BESD</td>
<td>➢ Valuing work with parents&lt;br&gt;➢ Lack of time to work with parents&lt;br&gt;➢ Parents not engaging</td>
</tr>
</tbody>
</table>

Learning difficulties and BESD

Fleur reported that she has encountered many children with BESD as learning difficulties and behaviour difficulties are strongly linked. She discussed the challenges of unpicking whether learning difficulties are the cause or are a result of behaviour difficulties and that for schools behaviour often becomes the sole focus.

‘...the behaviour, because it’s kind of in the face of teachers...the behaviour is all consuming and everybody’s attention is focussed on it. It seems to be forgotten to think actually what are their learning needs?’

Mainstream school context

Fleur discussed the mainstream school’s lack of understanding of BESD, particularly in relation to identifying factors that may be contributing to behaviour. She stated that as a result of this lack of understanding schools often do not follow advice and recommendations from the Learning Support Service.

‘I guess a barrier is that sometimes the school doesn’t act on that advice, don’t put those recommendations into place...the problem is...school’s often get quite blinkered to that don’t they, they see the behaviour and they don’t see beyond that.’

Parents

Fleur described working with and involving parents as a priority when supporting children with BESD. However she reported that there is not enough time to do this in every case and that in some cases parents choose not to engage.

‘I aim to see all of the parents of any child...they don’t always turn up...that would be a priority to see them, it’s a matter of course. It’s only if they decide they can’t come that you wouldn’t actually do that.’

Kiera

Kiera is an EP. In Table 12 the main themes from the interview are recorded.
Table. 12 Kiera’s themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Multi-Agency working</th>
<th>Mainstream school context</th>
<th>Parents</th>
<th>Local Authority provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiera’s Perspective</td>
<td>– Success dependent on individual/personal relationships practitioners</td>
<td>– Not using advice and support</td>
<td>– Lack of time to work with parents</td>
<td>– Provision available dependent on area of county</td>
</tr>
<tr>
<td></td>
<td>– Difficulties-lack of clear goals/differing perspectives on BESD</td>
<td>– Negative attitudes towards BESD</td>
<td>– School’s not valuing parental involvement</td>
<td>– Gaps in provision- girls, Key stage 1 and 2</td>
</tr>
</tbody>
</table>

**Multi-agency working**

Kiera discussed multi-agency working in terms of factors for success and factors that result in multi-agency working being difficult when supporting children with BESD. She described successful working as being dependent on the individual practitioners and the personal relationships between them. Difficulties were described as being a lack of clear goals between practitioners when working together and differing perspectives on BESD amongst practitioners.

‘When it hasn’t been so successful, it’s maybe that...perspectives were slightly skewed...I think that’s essential with BESD, because it’s that awareness of relationships and how they interact with their setting and the world around them.’

**Mainstream school context**

Kiera described the negative attitudes towards BESD that she has encountered within mainstream schools. She stated that mainstream schools can be reluctant to implement recommendations and strategies for children with BESD as a result of these attitudes.

‘...those actions aren’t always put into place and you have to ask why...they (the mainstream school) need to look at the individual needs of the child rather than just sort of this is what we do for behaviour and this child hasn’t responded as we’d expected so we’re gonna punish them or permanently exclude them.’

**Parents**

Kiera stated that involving parents to support children with BESD is important, but that she does not sufficient time to do so. She also reported that mainstream schools do not value parental involvement when supporting children with BESD.
‘There have been times when I’ve been involved with a piece of work and the school hasn’t felt it particularly necessary to push and encourage, although I always say that if parents want to come in and meet with me...it hasn’t always been made available.’

**Local Authority provision**

The specialist provision for BESD that is available within the county was described as inadequate by Kiera, because of inconsistencies in what provision is available in different areas of the county. Kiera particularly referred to how where a child lives can significantly affect what provision is available to them. She also referred to the lack of provision for girls and for children in key stages 1 and 2 within the county.

‘So if you’re a girl or a boy in key stage 1 or 2 then your choices are limited, there aren’t any places that county can place you.’

**Jasmin**

Jasmin is a Nurture Group teacher in a mainstream school. In Table 13 the main themes from the interview are recorded.

**Table. 13 Jasmin’s themes**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Multi-Agency working</th>
<th>Mainstream school context</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasmin’s Perspective</td>
<td>➢ Poor communication from Social Care ➢ Limited contact between agencies ➢ Successful examples with Educational Psychology Service and Speech and Language Therapy</td>
<td>➢ Child must feel safe ➢ Shared approach and understanding of BESD needed ➢ Conflict of supporting needs of BESD and academic targets</td>
<td>➢ Involvement needed for success ➢ Being available for parents</td>
</tr>
</tbody>
</table>

**Multi-agency working**

Jasmin discussed multi-agency working in relation to supporting children with BESD. She referred to successful working as taking place with specific agencies such as the Educational Psychology Service and the Speech and Language Therapy Service. She stated that multi-agency working is particularly difficult with Social Care as they do not communicate with other agencies. She reported that in her experience contact between agencies is generally limited.

‘I’d like some more communication about when a child has gone into care...I’d like some feedback...you know there’s aspects that we know nothing about.’
**Mainstream school context**

Jasmin stated that the mainstream school atmosphere must aim to make the child with BESD feel safe so that they can feel happy and able to learn. She referred particularly to having a Nurture Group within a mainstream school and how a shared understanding and approach towards BESD as a whole school is essential. She highlighted the Nurture Group approach and the ethos that underpins it as being very successful when supporting children with BESD. Jasmin also stated an area of conflict which exists within the mainstream school context- between supporting the needs of children with BESD and trying to meet academic targets for the school.

‘I tell you what I think the biggest problem I have is...sometimes I’m thinking curriculum and other times I’m thinking ...why am I doing this...when actually we should be meeting their personal and social needs...sometimes I swing between which needs to address.’

**Parents**

Jasmin reported that involving parents is essential in terms of supporting children with BESD. She stated that successful work is generally where the parents have been involved and as a result it is a priority that she is available and approachable to parents as a practitioner.

‘They should be involved. I would say the most successes I’ve had is when the parents have been most involved.’

**Shared Themes**

There were a number of themes that were shared between the individual interviews. Themes were pulled together and for ease of reading are presented below in Table 14.
### Table. 14 Shared practitioner themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Kathryn’s Perspective</th>
<th>Julie’s Perspective</th>
<th>Fleur’s Perspective</th>
<th>Kiera’s Perspective</th>
<th>Jasmin’s Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream school context</td>
<td>➢ Resistance to adaption&lt;br&gt;➢ Challenging attitudes</td>
<td>➢ Negative view of BESD&lt;br&gt;➢ School ethos and attitudes does not facilitate inclusion&lt;br&gt;➢ Ability and capacity to use advice and support</td>
<td>➢ Not using advice and support&lt;br&gt;➢ Lack of understanding of BESD</td>
<td>➢ Not using advice and support&lt;br&gt;➢ Negative attitudes towards BESD</td>
<td>➢ Child must feel safe&lt;br&gt;➢ Shared approach and understanding of BESD needed&lt;br&gt;➢ Conflict of supporting needs of BESD and academic targets</td>
</tr>
<tr>
<td>Multi-Agency working</td>
<td>➢ Dependent on individual practitioners/personal relationships/approaches&lt;br&gt;➢ Poor communication with Social Care</td>
<td>➢ Educational Psychology Service takes the lead&lt;br&gt;➢ Difficulties-lack of shared aims/defined roles/shared understanding of multi-agency working</td>
<td>Not commented on</td>
<td>➢ Success dependent on individual/personal relationships practitioners&lt;br&gt;➢ Difficulties-lack of clear goals/differing perspectives on BESD</td>
<td>➢ Poor communication from Social Care&lt;br&gt;➢ Limited contact between agencies&lt;br&gt;➢ Successful examples with Educational Psychology Service and Speech and Language Therapy</td>
</tr>
<tr>
<td>Parents</td>
<td>➢ Valuing working with parents&lt;br&gt;➢ Difficulties working with parents/not supportive/not engaging</td>
<td>Not commented on</td>
<td>➢ Valuing work with parents&lt;br&gt;➢ Lack of time to work with parents&lt;br&gt;➢ Parents not engaging</td>
<td>➢ Lack of time to work with parents&lt;br&gt;➢ School’s not valuing parental involvement</td>
<td>➢ Involvement needed for success&lt;br&gt;➢ Being available for parents</td>
</tr>
<tr>
<td>Government and Local Authority</td>
<td>➢ Ineffective exclusion/funding processes&lt;br&gt;➢ Restricts creative/innovative practice</td>
<td>➢ Inclusion policy ignores need for specialist provision&lt;br&gt;➢ Inclusion debate is restricted&lt;br&gt;➢ Results centred teaching conflicts with inclusion policy</td>
<td>Not commented on</td>
<td>➢ Provision available dependent on area of county&lt;br&gt;➢ Gaps in provision-girls, Key stage 1 and 2</td>
<td>➢ Conflict of supporting needs of BESD and academic targets – from Mainstream school context theme</td>
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Reflecting on table 14, the following points are worthy of note and are discussed in the following section:

- Negative attitudes towards BESD that exist within mainstream schools
- The difficulties of multi-agency working when supporting children and young people with BESD (particularly with Social Care), such as poor communication between agencies and lack of shared aims and understanding.
- The value that practitioners place on parental involvement and the difficulties faced when trying to involve parents.

- Government and Local Authority context, which includes apparent conflicting government agendas such as results centred teaching and inclusion policies and the limited provision for BESD that exists in the Local Authority.
Section 5  
Discussion

In the last section a number of key areas were highlighted for discussion in Table 14. In this section these will be discussed in terms of key findings and then interpreted and linked to literature.

Key findings

The key finding within this research paper is that practitioners reported experiences that are contrary to the intentions of the current inclusion policy. They have reported many challenges that are faced by practitioners when trying to include children and young people with BESD in mainstream schools, and when supporting them within the Local Authority. Furthermore these findings concur with practitioners’ experiences that are reported within the literature (Lloyd Bennett 2006).

The evidence that indicate this finding within the participants’ reported experiences are identified within table 14. Participants felt that negative attitudes towards BESD exist within mainstream schools, that working with other agencies to support children and young people with BESD can be difficult, that parental involvement is key, but not always possible and that elements within the government and Local Authority context conflict with the inclusion agenda and with meeting children’s needs.

Interpretation

This study indicates that the goals of the inclusion agenda are much more difficult to facilitate and obtain than the current policy suggests and questions are raised as to whether the inclusion agenda has left practitioners, settings and Local Authorities equipped to best meet children’s needs.

Participants reported encountering negative attitudes towards BESD within mainstream schools, which impacted on the school’s ability to adapt practice and to take on new strategies in order to include children and young people.

Comer’s (2004) study highlighted the difficult feelings that teachers within mainstream schools can have towards pupils with BESD; making them feel ‘powerless’ and ‘impotent’ and Parow’s (2009) study highlighted that mainstream school practitioners did not take on advice and recommendations that were offered for children with BESD. Poulou and Norwich (2002) explored these attitudes among teachers and found that how a teacher
views a child’s behaviour impacts on how they are able to manage a child’s behaviour and to take on strategies and advice. They found that when teachers ascribed children’s difficulties to within child factors such as ‘child wants to attract attention’ or ‘inability to cope with school demands’ (pg 125) then the teacher was more likely to express feelings of stress and helplessness than if they acknowledged that children’s difficulties can be affected by factors within their control, such as their teaching style. If they take this view then they see themselves as being able to change the behaviour and are more likely to search for solutions or further ways of supporting the child. Lloyd Bennett (2006) reported that teachers being able to reflect on practice was an important element when supporting children with BESD.

Working with parents and carers was highlighted by participants to be a valued component of supporting children and young people with BESD. The importance of the involvement of parents and carers is also highlighted in the Lamb Inquiry (DCSF 2009) which recognises that a strong voice for parents and carers and direct access to practitioners and involvement in key decision making about their children is effective. Additionally, involving parents and carers is also recognised within the SEN code of practice (DCSF 2001). The value of parental involvement is also reported in Lloyd Bennett’s (2006) findings. However, it was also acknowledged by participants that involving parents is not always possible because of lack of time and availability to parents, parents not engaging with support and mainstream schools not facilitating and valuing parental involvement. Limited contact with parents and carers and parents not willingly engaging with support was reported within Parow’s (2009) study. Further studies such as Roffey (2004, as cited in Squires et al 2007) have also highlighted many barriers to parental engagement and Todd (2003, as cited in Squires et al 2007) emphasises that parents having different power positions in relation to practitioners is a barrier. Crozier (1999) states that parents viewing practitioners as those that ‘know best’ can reinforce this passive role. Crozier also adds that parents and carers can have a lack of time to engage because of work and child care commitments. She also comments on the role of teachers in parental engagement and recognises that as teachers themselves can feel disempowered they do not always welcome the increased involvement of parents and carers. Additionally, some teachers have low expectations of how supportive parents and carers will be and so don’t actively facilitate it.

Being able to work with other agencies and practitioners to support children and young people with BESD was also highlighted as a difficulty. Participants recognised its value and
reported episodes of success that were dependent on their personal relationships with the other practitioners.

The potential success of multi-agency working is also recognised within the Lamb Inquiry (DCSF 2009) which calls for more collaboration between practitioners. Boddy et al (2006) also recognise that this success will be dependent on working relationships, stating that multi-agency working worked best when underpinned by strong working relationships among the practitioners from different professional backgrounds.

Generally working with other agencies was described as being difficult due to poor communication between agencies, differing approaches when working with children and young people with BESD, lack of shared aims and defined roles. Social Care was particularly highlighted as having limited communication with other agencies and practitioners. Parow’s (2009) study recognised the difficulties of working with other agencies and highlighted lack of time and practitioners not having an understanding of others’ job roles. Boddy et al (2006) acknowledged that difficulties such as not being able to work face to face with other practitioners exist and Gilligan and Manby (2008) stated that limited resources within local authorities make multi-agency working, in reality ‘an unmanageable task’ (pg 185). Lloyd Bennett (2006) also reported the need for increased multi-agency working; interestingly he also highlighted the need for better links with Social Care which was also raised in this study.

The government and Local Authority context was described as impinging on meeting the needs of children and young people with BESD. One of the reasons for this view included the available provision for children and young people with BESD within the county and existing gaps within this provision, especially for girls and younger children and an inconsistency of available provision in different areas of the county. The local authority’s statutory duty to make effective arrangements for Special Educational Needs (SEN) is highlighted in the SEN Code of Practice (2001) along with the need for local authorities to consider the effectiveness and scope of the range of settings they have in place for children and young people with BESD. Since the inclusion agenda numbers of special schools have fallen dramatically. Mittler (2008) states that the government has been criticised for its failure to give clearer guidance on the role of special schools following inclusion and for its failure to recognise and question the huge local variations that are present. Between 1995 and 2002 the University of Birmingham BESD research team conducted a series of projects investigating the key factors present in effective provision and practice for pupils with BESD. They concluded that local authorities should maintain a range of options for
provision for BESD to allow a better matching of the young person from one setting to another in response to his or her changing needs (Hunter-Carsch et al, 2006).

Meeting government targets in terms of academic achievements and schools’ ranking on league tables was also highlighted as a barrier to meeting needs and as a source of anxiety for those working to support children and young people with BESD. Comer (2004) states that teachers are under great pressure to ensure their pupils achieve academic results and Lloyd Bennett (2006) recognises that results centred teaching has led to underachieving pupils to be seen as a ‘liability, rather than children whose problematic behaviour expresses unmet needs or negative experiences in the past’ (pg 188). His view supports the views of practitioners within this paper that this has created a dichotomy where mainstream schools are expected to meet the needs of a wide range of children, but in a culture where the focus is on raising levels of achievement. He believes that this practice is ‘unhelpful’ and that the National Curriculum, league tables and local authority policy are inflexible.

**Strengths and Limitations of the study**

This small scale study has allowed the authentic voices of practitioners to be listened to and reported. As in Paper 1, this study has not tried to prove a general law, but just to listen to the experiences of practitioners and how it feels for them to support children and young people with BESD and these findings can be considered to have educational implications for the theory, policy and practice for children and young people with BESD.

It is important to note the changing contextual factors within which this study was carried out. During the two and half year time frame within which this study was developed and carried out there were major changes taking place in relation to structures in place for BESD in Southshire. The first was that the county’s only residential special school provision was in the process of experiencing a change of management and structure. As a result practitioner’s views from that setting were not sought for this study. Secondly in the middle of data collection the county’s Social, Emotional Behaviour Support Service were notified of substantial changes to their service which may have affected responses from this professional group and others.

While considering the data collection process it is important to note that due to the qualitative nature of the study practitioners may not have felt that they had sufficient time to contribute their view and so potential respondents could have been excluded from the potential sample. It should also be considered that all practitioners may have felt...
vulnerable, despite assured anonymity about giving their honest opinion about county processes, especially during such a time of change both locally and nationally.

This study also only allowed the voice of five practitioners to be heard in detail. Four of these participants were from services who offer support to teachers in terms of children with BESD and only one of the participants was a teacher working directly day-to-day with children with BESD. As a result the voice of support service practitioners is stronger within this study than the voices of teachers within mainstream schools and special schools.

Additionally, as with the interview data from Paper it should be highlighted that my interpretation of the data during thematic analysis may have affected the themes that emerged. If time had allowed I feel that having the data checked by another researcher for intercoder reliability would have been beneficial.
Section 6

Developing a better understanding of how Educational Psychologists can support children and young people experiencing BESD, their parents, carers and other practitioners:

Synthesising findings from Papers 1 and 2

This study was rooted in Symbolic Interactionism and used an Interpretivist approach. Using this approach has allowed the real life views and experiences of children and young people, parents/carers and practitioners to be gathered. An understanding about how it feels to be a young person with BESD within a mainstream school setting and a special school setting from the point of view of the participants has been developed. Parents and carers of children with BESD have also reported their experiences of what it is like to be a parent of a child with BESD in both mainstream school and special school. Finally we have been able to consider the view of practitioners in relation to their experiences of supporting children and young people with BESD within a Local Authority. This final discussion aims to draw these experiences together so that we can reflect on how findings may inform the practice of Educational Psychologists within Local Authorities.

The key findings of Paper 1 and Paper 2 have been discussed in detail at the end of each paper and are presented here for ease of reading in Table 15.

Table 15 Key findings

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>Paper 1</th>
<th>Paper 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children and parents/carers had negative experiences with mainstream school practitioners</td>
<td>Negative attitudes towards children with BESD exist in mainstream school</td>
</tr>
<tr>
<td></td>
<td>Children were bullied and perceived as bullies at mainstream school</td>
<td>Parental involvement is key, but parents don’t always engage with practitioners and aren’t always encouraged to engage by mainstream schools</td>
</tr>
<tr>
<td></td>
<td>Mainstream school practitioners had a negative view or perception of BESD</td>
<td>Results centred teaching creates pressure for teachers in relation to including children with BESD</td>
</tr>
<tr>
<td></td>
<td>Children were denied access to aspects of the curriculum and activities in mainstream school</td>
<td>There is limited specialist provision available for BESD</td>
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<td></td>
<td></td>
<td>Working with other agencies to support needs can be difficult</td>
</tr>
</tbody>
</table>

Findings from Paper 1 found that young people and parents/carers reported experiences that are contrary to the intentions of current inclusion policy. Overall negative experiences were reported in relation to mainstream school and positive experiences in special school. Reasons for these differing experiences are summarised in Table 15. Findings from Paper 2 which detailed the views of practitioners also reported that their experiences are contrary to the intentions of the inclusion agenda and highlighted many challenges associated with
meeting children’s needs in mainstream school and in the Local Authority in general. These are also summarised in Table 15.

The notion that children and young people with BESD are best placed and included within mainstream schools has not been the view or experiences of children, parents/carers and practitioners. In reality it has presented as a much more complex picture. Explanations as to why inclusion hasn’t occurred have been highlighted through the experiences of the participants and these should be explored. Therefore the key issues that need to be addressed are:

- Mainstream school practitioners attitudes towards and understanding of BESD
- Support for parents to help them feel understood and able to engage with practitioners
- Strengthening links between practitioners and agencies
- Research into and a development of provision, practices and curriculum requirements that meet the needs of children and young people with BESD

Stratford (2000) states that EPs can work across individuals and organisations and that they bring with them an acknowledgement that situations will encompass many different meanings and interpretations of the same event or difficulty. As a result it is felt that EPs are well placed to respond to the main issues raised in this paper. Stratford’s discussion on the EP role within organisational change will be drawn upon here, along with my personal experience of what the profession can implement and achieve, so that implications for further research and EP practice can be considered. In doing so, the following aim will be addressed:

2. To develop a better understanding of How Educational Psychologists can support children and young people, their parents, carers and other practitioners.

Mainstream school practitioners attitudes towards and understanding of BESD

The need to explore the negative attitudes towards BESD within mainstream schools and the need to support teachers with this has been highlighted.

The EP can take on the role of critical friend when working with mainstream schools which allows them to ask questions and to gently challenge ways of working or attitudes and beliefs. In this role they can employ ‘active listening’ whereby they allow a practitioner’s assumptions, beliefs and values to be discussed and heard. Through these conversations
they can elicit the constructs that mainstream school practitioners have about children and young people with BESD and Practitioners can be encouraged to reflect on their own perceptions. One major tool that EPs use is that of ‘re-framing’ by providing a psychological perspective which emphasises an holistic and interactionist view of the child. This can promote a sense of agency and a move away from teachers feeling that challenging behaviour is out of their control. EP’s can highlight practitioners’ strengths and empower key adults that work with children and young people with BESD to develop interventions and make a positive impact on the behaviour of the child. Being available to mainstream school practitioners to provide this support and opportunity for reflection is key so that through consultation, collaborative problem solving can take place. There is also a role here for EPs in the training of teachers and school practitioners in relation to supporting children and young people with BESD.

Support for parents to help them feel understood and able to engage with practitioners

Parental involvement has been reported as being highly valued, however, parents feeling able to engage and the value that mainstream schools place on their engagement has been highlighted as an area for development.

As EPs are described as ‘meta’ to the systems of school and family they can be well placed to facilitate relationships between them, and between parents and other agencies. EPs can support parents by emphasising the importance of their involvement and including them in the collaborative problem solving with school practitioners. Dunsmuir, Frederickson and Lang (2004, as cited in Squires et al 2007) emphasise that EPs can develop trusting partnerships between schools and parents though their effective communication skills. They can act as a point of contact, but importantly can act as an advocate for parents and ensure that their views are heard and shared. Squires et al (2007) report that EPs genuinely listen to parents more than any other agencies and perhaps this is an area of good practice that EPs can share with other agencies. EPs can also signpost parents to other agencies, support them to build relationships with other agencies and support them to understand the SEN procedures within the Local Authority. EPs can also play a key role in running support groups for parents of children with BESD which can help to empower them and enable them to feel able to have an active role in supporting their child. Furthermore the facilitation of groups such as these can provide opportunities for parents and carers to share experiences and identify with other parents and carers of children with BESD.

Strengthening links between practitioners and agencies
The need for stronger working relationships between agencies to support BESD was reported, particularly in relation to Social Care.

Since the publication of the Every Child Matters Agenda (DfES, 2003), practitioners have been exploring ways of working together by creating new practices and adapting existing ones. In some cases EPs have taken the lead in this area and they again appear to be well placed in order to bridge links between different agencies due to their roles with families and schools. In taking the lead in multi-agency working EPs can be proactive in defining roles, expectations and allocating tasks. They can also promote an interactional approach which encourages other practitioners to consider issues within context and move away from the medical model and discourses of diagnosis, deficit and referrals. This can also be promoted through involving other practitioners within consultation meetings, joining together on whole school work, group work and individual work and by delivering training together. There also appears to be an opportunity to actively strengthen links with Social Care colleagues and to examine joint ways of working.

Research into and a development of provision, practices and curriculum requirements that meet the needs of children with BESD

The conflict that practitioners felt between results-centred teaching and including children with BESD in mainstream classrooms was raised along with concerns from parents/carers of children with BESD in relation to the level of access they have to the curriculum in mainstream school. Concerns were also raised in relation to the lack of appropriate and effective provision that is available to meet the needs of BESD since the inclusion agenda. These are potential areas where EPs can take an active role in researching, reviewing and evaluating and the role of the EP can focus on exploring and influencing Local Authority and government policy and provision.

According to Stratford (2000), EPs have historically taken part in initiatives which have assisted Local Authorities with restructuring and development, however much of this work is known through informal discussion rather than through publication. This highlights the fact that EPs have the opportunity to use their skills as researchers who can gain the real life experiences of people ‘on the ground’ in order to inform policy, practice and provision. The EP training programme is now a 3 year Doctorate course which requires EPs to carry out research within Local Authorities. EPs have opportunities to develop their skills of research design and methodology, objectivity, observation, information gathering, evaluation and monitoring change. As a result Local Authorities now have increased
opportunity to utilise the research skills of EPs and this could be extremely valuable in the area of inclusion and specifically the inclusion of children and young people with BESD. If EPs take these opportunities they can continue to carve a stronger voice for themselves within the development of government and Local Authority policy.

EPs should also use their skills to ‘give psychology away’ and create opportunities to deliver training within schools, to other professional groups and a wider network of professionals within the Local Authority – anybody who works to support children with BESD or who are part of the systems and processes that influence outcomes for children with BESD.

**Significance and Contribution**

Within this study the views of young people, families and practitioners have been elicited in relation to their experiences of the support and barriers in place for children and young people with BESD. Through a design informed by Symbolic Interactionism and Interpretivist Analysis their authentic voices have been heard in order to deepen our understanding of their experiences. Previous research has explored the views and experiences of children, families and practitioners; however this is the first time that they have been considered together sufficiently in order to identify shared views. Additionally, young peoples’, families’ and keyworkers’ views were sought at a specific point within the young person’s journey - after the young person had attended both mainstream school and special school. Furthermore experiences of the transition from mainstream school to special school were considered.

The findings within this study suggest that the application of a simple solution (i.e. including children and young people with BESD in mainstream schools) to a complex problem (the social inclusion of children and young people with BESD), has had a negative impact. In fact the findings seem to imply that the inclusion of children and young people with BESD within mainstream schools has actually created the social exclusion that inclusion was designed to alleviate. The evidence for this is present within the findings and includes the young people’s experiences of being bullied by peers and being perceived as a bully, mainstream school teachers not understanding and empathising with the children’s needs and parents and carers feeling isolated from other parents at mainstream school.

Within the Introduction to this study the medical model and educational model of BESD were referred to. The medical model is described as viewing the ‘problem’ as being within the individual child and as something to be ‘treated’, while the educational model is described as seeking to examine the context within which the child is placed. The medical
model has been criticised for this individualising of the ‘problem’, however if an educational model view is taken we are then led to consider that the education system itself is imperfect. For example, this point is highlighted within the Lamb Inquiry (2009) where the different practices, both positive and negative are seen to be taking place within the same education system. This emphasises that problems exist within the education system itself, the system in which the child or young person with BESD has been placed. Therefore taking the educational model approach and applying the simple solution of ‘inclusion’ to the very complex problem of social inclusion highlights many areas of difficulty. These areas of difficulty have been outlined within this study and previous studies. They include the reported reactions to an ‘unseen’ disability such as BESD where no physical difficulty can be observed, but challenging behaviour is experienced (e.g. Cook, 2001). The financial problems that many Local Authorities face and which are the basis on which many decisions are made (e.g. Lloyd Bennett, 2006) is also an area of difficulty along with teachers feeling pressurised to reach a level of standards imposed by government (e.g. Comer, 2004). These issues are all entrenched within the education system and they can only be tackled through an examination of the system itself.

The reported experiences of inclusion are more nuanced than the powerful message my data suggests and this is highlighted in the case of Jake in Paper 1 and is also in accordance with the studies reviewed (e.g. Lloyd and O’Regan, 1999, Harriss et al 2008). Therefore it is essential to note that this study is not simply suggesting that inclusion is ‘negative’ or ‘bad’ and that special school is ‘positive’ or ‘good’ — a much more complex picture has been presented.

The complexities that have been highlighted within this study have also been considered alongside the role of the Educational Psychologist and how they can facilitate inclusion and essentially social inclusion through their work with children, young people, families and practitioners. As a result of the findings in this study, it has been suggested that further research should focus on examining the education system and in particular the dichotomy between the inclusion agenda and results centred teaching and the specialist provision for BESD that exists since the implementation of the inclusion agenda and whether it is meeting the needs of children and young people. Further research may also focus on whether the case presented for children with BESD in this study is similar for children and young people with other types of SEN. This further research on how inclusion policy translates into practice will be particularly pertinent as new government policies and agendas unfold.
References


**Websites**


• [www.somerset.gov.uk](http://www.somerset.gov.uk) accessed 23rd November 2008


• [www.educationengland.org.uk](http://www.educationengland.org.uk) accessed 24th January 2010

Appendices
Appendix 1 File Search Findings

The following tables illustrate the information gleaned from the search of 50 Local Authority children’s files from 6 special schools for children with behavioural, emotional and social difficulties. Year group and gender of pupil are recorded along with professionals recorded on file as being involved with the young person, available background information, the number of educational placements they have attended, number of exclusions, any additional identified needs and any recorded intervention or alternative provision. The key to abbreviations are recorded below.

Key

Pupil
M – male  F- female

Professionals
EPS- Educational Psychology Service
CAMHs – Child and Adolescent Mental Health Service
PFSA-Parent and Family Support Advisor
SpLT-Speech and Language Therapy
LSS-Learning Support Service
YISP–Youth Inclusion and Support Panel
OT- Occupational Therapy
YOT-Youth Offending Team

Needs
MLD- Moderate Learning Difficulties
ADHD-Attention Deficit Hyperactivity Disorder
ASD-Autistic Spectrum Disorder
PTSD-Post Traumatic Stress Disorder
SPL –speech and language impairment
HI- Hearing impairment
VI- Visual Impairment

Intervention/provision
PRU-Pupil Referral Unit
AIM- Assessment, Intervention and Moving-on
SP- specialist provision

Table 16. Coleridge School

<table>
<thead>
<tr>
<th>Pupil</th>
<th>Professionals</th>
<th>Background Information</th>
<th>Placements</th>
<th>Exclusions</th>
<th>Needs</th>
<th>Intervention/Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 11 M</td>
<td>EPS,SC,CAMHS,YOT,Paediatrician</td>
<td>Obsessed with fascism and Nazism, in care</td>
<td>5</td>
<td>10 fixed</td>
<td>Psychotic episodes, Depression</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 10 M</td>
<td>BS,EPS,CAMHS,SC</td>
<td>Sexually abused, in care</td>
<td>5</td>
<td>6 fixed 1 permanent</td>
<td>Gross motor control, Depression</td>
<td>PRU</td>
</tr>
</tbody>
</table>

Coleridge School sample included 2 pupils both of whom were male and in Keystage 4 and in care. They both have complex family backgrounds and other additional needs, with both suffering from depression. The EPS, Social Care and CAMHs have also been involved with both pupils. Both pupils have had 5 educational placements with one of those placements being a PRU. Fixed term exclusions range from 6-10, with 1 pupil receiving a permanent exclusion.
<table>
<thead>
<tr>
<th>Pupil</th>
<th>Professionals</th>
<th>Background Information</th>
<th>Placements</th>
<th>Exclusions</th>
<th>Needs</th>
<th>Intervention/Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr11M</td>
<td>EPS,CAMHs</td>
<td>None recorded</td>
<td>4</td>
<td>15 fixed</td>
<td>ADHD, uses animal noises</td>
<td>Previous SP for BESD</td>
</tr>
<tr>
<td>Yr 9 F</td>
<td>EPS,BS,CAMHs,SC</td>
<td>Premature baby, Sexually abused by older brother</td>
<td>6</td>
<td>6 fixed</td>
<td>Depression, Gross motor control difficulties</td>
<td>Programme to support people who have been sexually abused PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS,BS,LSS,YOT,SC</td>
<td>His mother left the family In care</td>
<td>5</td>
<td>6 fixed</td>
<td>Dyspraxia</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS,BS,PFSA,CAMHS,SP,L,OT</td>
<td>Became violent and withdrawn at 3 years old. Did not speak until 4 years old. Grandparents have disowned him because of his behaviour. Domestic violence in the family home. In care</td>
<td>5</td>
<td>16 fixed</td>
<td>MLD, SPL</td>
<td>Previous placement SP for MLD,PRU</td>
</tr>
<tr>
<td>Yr 8 M</td>
<td>EPS,BS,SC,EHW,CAMHS</td>
<td>Mum is dying, abusive towards his mother, history of self-harm, Mum and Dad have history of alcohol misuse, Mum’s partner committed suicide, was kidnapped by biological father, father is now in prison. His foster parents are older-worried that they will die too.</td>
<td>3</td>
<td>30 fixed</td>
<td>None recorded</td>
<td>Nurture Group placement</td>
</tr>
<tr>
<td>Yr10M</td>
<td>BS,EPS,SC</td>
<td>Violence from a family member</td>
<td>9</td>
<td>6 fixed</td>
<td>None recorded</td>
<td>PRU Previous placement at SP for BESD</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS,SC</td>
<td>Was violent towards his mother and siblings and is now in care.</td>
<td>3</td>
<td>7 fixed</td>
<td>ADHD,SPL</td>
<td>Medical Tuition Dual Placement</td>
</tr>
</tbody>
</table>

Elliot’s sample contained 6 males and 1 female pupil. 1 pupil was from year 8, 1 from year 9, 1 pupil from year 11 and 4 pupils from year 10. All but 1 pupil have complex family backgrounds. With 2 instances of domestic violence, 2 instances of abuse (physical and sexual) and instances of family trauma. 3 of the pupils are in care. All but 2 pupils have recorded additional needs. These cover a wide range and include speech and language difficulties and ADHD. Looking at the sample as a whole the EPS, CAMHs, Behaviour Support and Social Care have most commonly been involved. Children have attended 3-9 educational placements with 5 and 3 placements being most common. For 4 of the pupils one of those placements was a PRU and for 2 of the pupils one of those placements was a previous placement at a different special school for BESD. They have received between 6 and 30 fixed term exclusions with 6 being most common. 3 pupils have received 1 permanent exclusion.
Table 18. Golding School

<table>
<thead>
<tr>
<th>Pupil</th>
<th>Professionals</th>
<th>Background Information</th>
<th>Placements</th>
<th>Exclusions</th>
<th>Needs</th>
<th>Intervention/Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 10 M</td>
<td>SC, BS, EPS</td>
<td>In care, domestic violence</td>
<td>7</td>
<td>22 fixed</td>
<td>None recorded</td>
<td>PRU, Previous placement SP for BESD</td>
</tr>
<tr>
<td>Yr 11 M</td>
<td>EPS, BS, SC, YOT</td>
<td>In care</td>
<td>5</td>
<td>6 fixed</td>
<td>motor control</td>
<td>Previous placement at SP physical disabilities</td>
</tr>
</tbody>
</table>

Golding School’s sample included 2 male pupils, 1 in year 10 and 1 in year 11, both children are in care. 1 has a background where he has experienced domestic violence and the other has an additional need of Deficit motor control and motor perception. Both have had involvement from EPS, Behaviour Support and Social Care. They have had between 5 and 7 educational placements with both experiencing placement in a previous special school. However, for 1 pupil this was within an additional special school for BESD and for the other pupil this was within a special school for physical disabilities. They have had between 6 and 22 fixed term exclusions and no permanent exclusions.

Table 19. Goudge School

<table>
<thead>
<tr>
<th>Pupil</th>
<th>Professionals</th>
<th>Background Information</th>
<th>Placements</th>
<th>Exclusions</th>
<th>Needs</th>
<th>Intervention/Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 6 M</td>
<td>EPS, BS, OT, Paediatrician, SPL</td>
<td>None recorded</td>
<td>5</td>
<td>13 fixed</td>
<td>Neurofibromatosis</td>
<td>Previous placement at SP for MLD</td>
</tr>
<tr>
<td>Yr 5 M</td>
<td>EPS, BS, LSS, CAMHS, SC</td>
<td>Mum has brain tumour. Dad died suddenly, physically abused, in care</td>
<td>4</td>
<td>None</td>
<td>None Recorded</td>
<td>Previous SP for BESD</td>
</tr>
<tr>
<td>Yr 6 M</td>
<td>EPS, HS, BS, OT, SPL</td>
<td>Has a younger brother who is severely disabled</td>
<td>3</td>
<td>6 fixed</td>
<td>SPL, HI</td>
<td>None recorded</td>
</tr>
<tr>
<td>Yr 6 M</td>
<td>EPS, HS, BS, PFS, A, SPL, CAMHs, Paediatrician</td>
<td>Alcohol and drug abuse in family home, neglect</td>
<td>7</td>
<td>13 fixed</td>
<td>ASD, SPL</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 4 M</td>
<td>EPS, PFS, A, SPL, CAMHs, SC, BS</td>
<td>Brother has schizophrenia, witnessed brother committing suicide</td>
<td>4</td>
<td>7 Fixed</td>
<td>SPL</td>
<td>None recorded</td>
</tr>
<tr>
<td>Yr 7 M</td>
<td>EPS, BS, LSS, SPL</td>
<td>domestic violence</td>
<td>3</td>
<td>21 fixed</td>
<td>ASD, ADHD</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 7 M</td>
<td>EPS, BS, LSS, SPL</td>
<td>None Recorded</td>
<td>4</td>
<td>38 fixed</td>
<td>Dyslexia, SPL</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 7 M</td>
<td>EPS, BS, CAMHS, SPL</td>
<td>None Recorded</td>
<td>5</td>
<td>4 fixed</td>
<td>ADHD, SPL</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 5 M</td>
<td>EPS, BS, CAMHS, SC, SPL</td>
<td>in care, domestic violence</td>
<td>5</td>
<td>7 fixed, 1 permanent</td>
<td>anxiety, SPL</td>
<td>PRU</td>
</tr>
</tbody>
</table>

Goudge School’s sample was all male, ranging from year 4 to year 7, with most pupils being in years 6 and 7. 3 pupils are in care. Pupils either have complex family backgrounds recorded or identified additional needs. 1 pupil is recorded as having a complex family background, but no additional need, 3 are recorded as having additional needs, but no recorded complex family background and 5 have both complex family background and an additional need recorded. An ill parent, domestic violence and alcohol and drug abuse in the home are the most commonly recorded complex family backgrounds. Speech and language difficulties are the most common additional need and ASD and ADHD are recorded more than once. The Educational Psychology Service, Behaviour Support and Speech and Language Therapy Service have most commonly been involved. Number of educational placements ranges from 3-7 with 3 and 4 being most common. For 5 children one of their educational placements was a PRU. Fixed term exclusions ranged from 0-38, with 7 and 13 being most common. 3 pupils received permanent exclusions.
The most common additional need were ADHD and speech and language. The Kingsley School sample consisted of 25 male pupils ranging from year 7 – year 11, with most pupils in year 10, 7 pupils are in care. All pupils have either complex backgrounds recorded or an additional need, with 5 having complex backgrounds and no additional need recorded, 4 having additional needs but no complex background and 16 having both recorded. The most common backgrounds included those where a parent had died or left the family home or where domestic abuse had occurred. The most common additional needs were ADHD and speech and language.

<table>
<thead>
<tr>
<th>Pupil</th>
<th>Professionals</th>
<th>Background Information</th>
<th>Placement</th>
<th>Exclusions</th>
<th>Needs</th>
<th>Intervention/ Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr11M</td>
<td>BS, EPS, PFS, A, CAMHS, SC, SLT</td>
<td>Domestic violence</td>
<td>5</td>
<td>16 fixed, 1 permanent</td>
<td>MLD</td>
<td>PRU, SP for MLD, LRB</td>
</tr>
<tr>
<td>Yr11M</td>
<td>BS, EPS, SC, YISP, CAMHS, SPL, E AS</td>
<td>Domestic Violence in care</td>
<td>4</td>
<td>13 fixed, 1 permanent</td>
<td>ADHD, SPL</td>
<td>PRU, VC</td>
</tr>
<tr>
<td>Yr11M</td>
<td>BS, EPS, Paediatrician, LSS, SC, C AMHS, SLT, OT</td>
<td>Mum left family</td>
<td>4</td>
<td>6 fixed</td>
<td>ASD Dyspraxia</td>
<td>AIM assessment</td>
</tr>
<tr>
<td>Yr 7M</td>
<td>EPS, SC</td>
<td>Domestic Violence in care</td>
<td>3</td>
<td>6 fixed</td>
<td>MLD</td>
<td>PRU, NSPCC counselling</td>
</tr>
<tr>
<td>Yr 7M</td>
<td>EPS, Paediatrician</td>
<td>None recorded</td>
<td>4</td>
<td>7 fixed</td>
<td>ASD</td>
<td>Previous SP for BESD, PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS, LSS, SPL, VS</td>
<td>None recorded</td>
<td>4</td>
<td>5 fixed, 1 Permanent</td>
<td>MLD, SPL, VI</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS</td>
<td>abuser of drugs</td>
<td>4</td>
<td>6 fixed</td>
<td>None recorded</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>HS, BS, EPS, SC, P FSA</td>
<td>Domestic Violence</td>
<td>5</td>
<td>45 fixed</td>
<td>Hi</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>BS, EPS, HS, PFS A, SC</td>
<td>Father was a drug user</td>
<td>3</td>
<td>16 fixed</td>
<td>Hi</td>
<td>None Recorded</td>
</tr>
<tr>
<td>Yr 9M</td>
<td>BS, EPS, PFS A</td>
<td>Serious accident</td>
<td>7</td>
<td>14 fixed, 1 permanent</td>
<td>None recorded</td>
<td>PRU, Hospital education</td>
</tr>
<tr>
<td>Yr 8M</td>
<td>EPS, BS, SPL</td>
<td>Mother died</td>
<td>7</td>
<td>17 fixed, 2 permanent</td>
<td>SPL</td>
<td>Medical Tuition, PRU</td>
</tr>
<tr>
<td>Yr 8M</td>
<td>EPS, SPL</td>
<td>Father left</td>
<td>4</td>
<td>12 fixed</td>
<td>SPL</td>
<td>Previous SP for BESD</td>
</tr>
<tr>
<td>Yr 8M</td>
<td>EPS, VS, YOT</td>
<td>Father has depression</td>
<td>4</td>
<td>11 fixed</td>
<td>VI</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 8M</td>
<td>EPS, SC</td>
<td>Lifespan is limited.</td>
<td>3</td>
<td>8 fixed</td>
<td>Muscular Dystrophy</td>
<td>Previous SP for BESD</td>
</tr>
<tr>
<td>Yr 7M</td>
<td>EPS, SC, EAS</td>
<td>Father left the family</td>
<td>4</td>
<td>11 fixed, 2 permanent</td>
<td>None recorded</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 7M</td>
<td>EPS, CAMHS</td>
<td>Father left the family</td>
<td>4</td>
<td>7 fixed</td>
<td>ADHD</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS, SC, VS</td>
<td>In care.</td>
<td>4</td>
<td>11 fixed</td>
<td>VI</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 9M</td>
<td>EPS, SC, CAMHS</td>
<td>Domestic violence</td>
<td>3</td>
<td>14 fixed, 1 permanent</td>
<td>ADHD, Conduct Disorder</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr11M</td>
<td>EPS, BS, SC, PFS A, CAMHS</td>
<td>in care, older sister sectioned</td>
<td>8</td>
<td>24 fixed, 2 permanent</td>
<td>Can still soil at night</td>
<td>PRU, Previous SP for BESD, VC</td>
</tr>
<tr>
<td>Yr 9M</td>
<td>EPS, BS, PFS A</td>
<td>Domestic Violence</td>
<td>8</td>
<td>17 fixed, 1 permanent</td>
<td>None Recorded</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS, PFS A</td>
<td>Father died suddenly</td>
<td>4</td>
<td>36 fixed</td>
<td>None Recorded</td>
<td>Previous SP for BESD</td>
</tr>
<tr>
<td>Yr11M</td>
<td>EPS, PFS A, EHW, CAMHS</td>
<td>None</td>
<td>3</td>
<td>26 fixed</td>
<td>Depression</td>
<td>None recorded</td>
</tr>
<tr>
<td>Yr 9M</td>
<td>EPS, BS, CAMHS SC</td>
<td>In care, physically abused by father</td>
<td>4</td>
<td>9 fixed, 1 permanent</td>
<td>ADHD, Tourette’s</td>
<td>None recorded</td>
</tr>
<tr>
<td>Yr 8M</td>
<td>EPS, BS, SC, LSS, CAMHS</td>
<td>neglect</td>
<td>6</td>
<td>2 fixed, 1 permanent</td>
<td>Dyslexia</td>
<td>3 PRUs</td>
</tr>
<tr>
<td>Yr10M</td>
<td>EPS, BS, CAMHS SC, YOT</td>
<td>In care, Father died</td>
<td>7</td>
<td>32 fixed, 1 permanent</td>
<td>ADHD</td>
<td>2 PRUs, Previous SP for BESD</td>
</tr>
</tbody>
</table>
needs. The services that were mostly involved were the EPS (involved with all children), Behaviour Support, CAMHS and Social Care.

Table 21. Clarke School

<table>
<thead>
<tr>
<th>Pupil</th>
<th>Professionals</th>
<th>Background Information</th>
<th>Placements</th>
<th>Exclusions</th>
<th>Needs</th>
<th>Intervention/Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 5 M</td>
<td>EPS, BS, SC, CAMHS, EAS, YISP, PFSA</td>
<td>Domestic violence</td>
<td>5</td>
<td>13 fixed 1 permanent</td>
<td>ADHD</td>
<td>PRU</td>
</tr>
<tr>
<td>Yr 6 F</td>
<td>EPS, BS, SC, Paediatrician</td>
<td>Neglect, in care, domestic violence, drug use in home, house fire, mother had depression/psychosis</td>
<td>4</td>
<td>8 fixed 1 permanent</td>
<td>Communicates with animal noises, anxious attachment</td>
<td>PRU, Play therapy, Therapeutic riding teacher</td>
</tr>
<tr>
<td>Yr10 M</td>
<td>EPS, SC, SPL, CAMHS, Paediatrician</td>
<td>Domestic violence, adopted, but foster family couldn't cope, has been in numerous foster placements since</td>
<td>4</td>
<td>12 fixed term</td>
<td>Attachment Disorder, ADHD</td>
<td>PRU</td>
</tr>
</tbody>
</table>

Clarke’s sample population consisted of 2 males and 1 female. 2 pupils fell within Keystage 2 (Year 5 and Year 6) and 1 pupil within Keystage 4 (Year 10). All pupils had complex family backgrounds, with all experiencing some kind of domestic violence. 2 out of 3 children are in care. All have additional identified needs with 2 having an ADHD diagnosis and 2 having an Attachment Disorder diagnosis. All received the involvement of the EPS, Social Care and a Paediatrician. They all had between 4 and 5 educational placements with all spending some time within a PRU. They received from 8 – 13 fixed term exclusions and 2 pupils received 1 permanent exclusion.
Appendix 2 – Leaflet for Children

**THEN WHAT?**

What you and your parent or carer tell me will help me to do 2 things!

1. The information that you tell me will help me to write a questionnaire. The questionnaire will be for adults who work in Somerset to support young people like you. This could be someone like a teacher.

2. The most important outcome is that I will be able to let other people know what you think and feel so that adults who support you can keep on trying to do their best for the young people they work with. I will write down what you tell me in a special report, but I will NOT use your name or any information that might let others know who you are. It will be CONFIDENTIAL so that you feel you can be honest about how you feel and what you think.

Thank you so much for taking the time to look at this leaflet. If you would like to be part of this project, please just let an adult at your school know.

Sally

---

**WHAT?**

I would like to find out about your experiences since you have been at school - people or things that may have helped you and anything you feel that was difficult and could have been different.

I would also like to ask the person who cares for you what they think about these things.

Next I will find out what some of the people who may have helped you at home or at school think about their work with young people. You can also let me know any questions you would like to ask them!

At the end I want to put together what everybody thinks so we can see what is going well and if there is anything we need to work on to make better.

---

**HOW?**

If you think you would like to be part of this project, this is what would happen...

1. I would speak to someone at your school to ask when I could come and meet you.

2. I would speak to your parent or carer and arrange a time that I could meet them too.

3. I will meet with you and you can ask me any questions you have about this project.

4. We can then have a chat about your experiences since you have been at school. We can chat about how you feel might have helped you and if there’s anything you feel could have been different.

5. I will then meet with your parent or carer to ask them about their experiences since you have been at school, what they feel has been helpful and whether they feel anything could have been different.

When we meet you can tell me as much or as little about yourself as you want to. It is completely up to you!
Appendix 3 – Parent/Carer Interview Schedule

How would you describe your child and their strengths and needs?
- Behavioural/social/emotional
- Learning
- Medical
- Any events/circumstances that have had an effect

How many different educational provisions has your child attended?
- Primary
- Secondary
- PRU/Alternative provision
- Have they boarded at any of these?

When did you feel your child’s difficulties began?
- Age
- Which school?
- What support did you receive – effective/
- What support/interventions did you child receive? – effective?
- Who became involved at that point?
- Did you feel clear about why they were involved?
- How did you view your role? Were you involved/listened to?
- Was your child involved/listened to?
- What was particularly effective/difficult/
- Would you have liked anything to have been different? What would that look like?

How did things progress/what happened next?
- Refer to above prompts

What is happening for your child at the moment? How do you feel about it?
- Professionals involved and their roles
- Interventions
- Your role and involvement
- Above relevant prompts
What would you like the next steps to look like for your child/

- Role of professionals
- Your role
- Your child’s role
- Educational provision/interventions

Are there any changes you would like to see from your experience in the processes and practices that happen for young people with BESD?

- How would it change?
- What would it look like, what would you see instead

Do you feel that professionals that have been involved with your child have worked effectively together?

Is there anything else you feel is important to add or you haven’t had the chance to express?
Appendix 4- Child Interview Schedule

- How would you describe yourself to me? / What kind of things do you like doing? / What’s your favourite thing to do in your spare time?

- How long have you been at (present special school)?
  - How long have you been at this school? / When did you start coming here?

- What do you think of this school?
  - Is there anything good about this school? / Anything you like?
  - Is there anything you don’t like so much about the school?

- While you’ve been here has anybody helped you?
  - How have they helped you? / What have they done that’s helped you?

- While you’ve been here has there been anything else that has helped you?
  - Anything in lessons? At break times?

- Has there been anybody that has been unhelpful at this school?
  - How were they unhelpful? What did they do?

- Has there been anything else that has been unhelpful at this school?
  - Anything in lessons? At break times?

- Can you remember the first school you went to?
  - What was it called?

- How did you feel that school was? Did you like it there?
  - Was there anything good about the school/ anything you liked?
  - Is there anything that you didn’t like so much about the school?

- While you were at that school was there anybody that helped you?
  - How did they help you? / What did they do?

- While you were at that school was there anything else that helped you?
  - Anything in lessons? At break times?

- While you were at that school was there anybody that was unhelpful?
- How were they unhelpful? / What did they do?

- While you were at that school was there anything else that was unhelpful?
  - Anything in lessons? At break times?

- Have you been to any other schools? (If yes, repeat cycle of questions)

At the end ask child if there is anything they would like to ask me, or if there is anything else they would like to know about the project.
Appendix 5 - Keyworker Interview Schedule

- How would you describe your role with (child)?

- What do you feel (child’s) difficulties are?
  - What do you feel supports those difficulties?
  - What do you feel impacts on those difficulties?

- What do you feel has worked well for (child) at the school?
  - Learning? Behaviour?

- Has there been anything you have found challenging when supporting (child)?

- What do you know about the circumstances that led to (child) being placed here?
  - Previous schools and experiences of those schools?
  - Practitioner involvement?
  - Parent/ carer experiences?
  - Child’s experience?

- As a practitioner working with (child), what has your experience been of working with other practitioners?
  - Have you had the opportunity to work with others
  - Has it been easy/ hard to work with others
  - Generally how do you find working with other practitioners in your role?

- Thinking about the systems in place in the county for children with BESD, what do you feel has worked well for child X?
  - School placements?
  - Available provision?
  - Practitioner support?

- Thinking about the systems in place in the county for children with BESD, what do you feel has not worked well for child X?
  - School placements?
  - Available provision?
  - Practitioner support?
**Appendix 7 – Simon’s Parent Interview extract with line by line coding**

<table>
<thead>
<tr>
<th>Researcher: It’s a difficult balancing act isn’t it?</th>
<th>Feels communication good from Coleridge Communication hasn’t been as frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant: Yeah</td>
<td>Feels initial communication very good</td>
</tr>
<tr>
<td>Researcher: Do you feel that Coleridge, communicate well with you and keep you kind of in the loop with what’s happening with (child’s name) and include you in decisions and things like that?</td>
<td>Feels school communicated about child’s progress</td>
</tr>
<tr>
<td>Participant: Um, yeah, I mean they haven’t phoned for a while, when he first started I used to get quite a few phone calls to talk through some things about how he was doing and everything and if there’s a problem, I have to say the first couple of months he was there he did, there was one boys whose a few years older than him that really doesn’t like him, I can’t remember what his name is and he did take every</td>
<td>Feels school communicated if there were any difficulties</td>
</tr>
<tr>
<td></td>
<td>Feels child has difficulties with a pupil at Coleridge</td>
</tr>
</tbody>
</table>
chance he could to hit (child’s name). You know they were quite good at protecting him and keeping (child’s name) separate and a couple of times (child’s name) would just leap out of the car and run off and you know back into school if they’d been out somewhere and this boy would take advantage of it, but I do like the fact that they do try to protect him from this so they are you know.

**Researcher:** And you feel that you could contact them if you wanted to talk with them, they’re approachable?

**Participant:** I haven’t had to do that yet, but hopefully yes.

**Researcher:** Did you feel involved and listened to throughout the whole process?

**Participant:** At the first school,

| Child has been physically hurt by peer at Coleridge |
| Feeling Coleridge protect child (positive view of special school) |
| Feel Coleridge have responded to these concerns (positive view of special school) |
| Feels child has difficulties with a peer at Coleridge |
| Feels Coleridge protect child (positive view of special school) |
| Feels she can approach Coleridge with worries (positive view of special school) |
no. At the second school, initially, then no, after the counsellor and headmaster decided I was a terrible mother because I hadn’t sat (child’s name) and given him all the details in one go. You’d think that if he came and asked I would say, I didn’t want it to be one big thing I was throwing at him at once, it’s a lot to deal with you know? And at (the 3rd Primary School), no they didn’t listen, I think I was disenchanted at that point anyway really and I did try to talk and actually his granddad came along to one of the meetings at (that school) and when they permanently excluded him, he sent in a letter asking some questions and they refused to answer, which they said, you’re not a parent, well that’s really harsh really. I mean his Dads dead and that’s his Dad’s Dad, he tried to come along to see if
that would help, I mean he doesn't live nearby so, it was a bit of a stretch to you know, he just wanted to you know try and help really. Yeah, no, um, and again, the committee in county hall who decided where (child's name) should go, initially they didn't tell me anything, but when they did look at everything and say Coleridge, they did make a good choice and I did go and see it and it was a good choice um, but I felt the whole thing was a delaying tactic to delay things as long as possible, so as not have to pay, have to pay out um, they got away with nearly 2 years of not having to pay him to have a 1:1 assistant or to go to a school like Coleridge.

**Researcher:** Do you feel that the professionals that have been involved with (child's name), that they've worked well together and shared

<table>
<thead>
<tr>
<th>permanent exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream school refused to communicate with child's grandfather</td>
</tr>
<tr>
<td>Felt that mainstream school should have communicated with child's grandfather (negative view of mainstream school)</td>
</tr>
<tr>
<td>Felt granddad was being very supportive of child</td>
</tr>
<tr>
<td>Felt granddad just wanted to help and support child</td>
</tr>
<tr>
<td>Felt communication from local authority poor</td>
</tr>
<tr>
<td>Felt local authority made right choice with Coleridge</td>
</tr>
<tr>
<td>Felt Coleridge good choice (positive view of special school)</td>
</tr>
<tr>
<td>Felt local authority delayed process</td>
</tr>
<tr>
<td>Felt local authority wanted to avoid funding child</td>
</tr>
<tr>
<td>Felt child was not supported for 2 years by local authority</td>
</tr>
</tbody>
</table>
**Participant:** Um, there’s such a long history, um yeah I mean at his first school they still weren’t noting that um he was being bullied when I was putting in complaints, I did feel the professionals were supportive of me at the time, there was an educational social worker and educational psychologist (names the EP) and they did speak to the headmaster on my behalf, saying look you know you’ve got to look into the bullying and the educational social worker said I haven’t heard you say one positive thing about this boy, so they did try to support, but the headmaster lacked in the communication and when he went to (the second primary school) the counsellor, I just don’t think she understood that he didn’t think normally and

**Feels child was not supported for 2 years by local authority (negative view of local authority/time out of school)**

- Felt mainstream school did not address bullying (negative view of mainstream school)
- Felt mainstream school did not respond to concerns about bullying (negative view of mainstream school)
- Felt outside support practitioners supportive of her (positive view of practitioners)
- Felt educational social worker supportive (positive view of practitioners)
- Felt educational psychologist supportive (positive view of practitioners)
- Felt outside support practitioners were advocates (positive view of practitioners)
she was taking things in the wrong way, um she wouldn't listen to me, she felt she knew better than me, she convinced the headmaster and that meant that after that he never listened to me even though a woman from social services said look I know (Mum's name) I've known her for years and she's really, she said you'd be wasting your resources sending in a team to observe and you know um although I did get the support and it didn't go that far in the end, I felt the school stopped listening to me, um and you know he started having, he had some funding for an assistant in the morning and the assistant said to me just before he was permanently excluded that they decided she wasn't going to work with him anymore and she said to me she thought it was a bad decision, she was working with 2 boys and the school

| Felt outside support practitioners advocate for child (positive view of practitioners) |
| Felt outside support practitioners advocate in terms of bullying concerns (positive view of practitioners) |
| Felt outside support practitioners tried to support her and child (positive view of practitioners) |
| Mainstream school head teacher did not communicate well (negative view of mainstream school practitioners) |
| Mainstream school counselor did not understand child's needs (negative view of mainstream school practitioners) |
| Felt mainstream school counselor did not understand child's needs (negative view of mainstream school practitioners) |
| Felt mainstream school counselor did not listen to her |
| Felt mainstream school counselor did not respect her views |
| Felt that mainstream school head teacher did not listen to her |
| Felt outside support practitioner advocate for her (positive view of practitioners) |
| Felt outside support practitioner had positive view of her (positive view of practitioners) |
Permanently excluded both of them in the same week and got rid of her which she was unhappy about, you know so what did they expect, they stick him back in the classroom full time when he’s been out working with me every morning, um you know, it seemed, there was a lot of bad communication between the professionals that work there. Um at (the third primary school), although the professionals at the school did seem to communicate and work better together, but I did feel slightly excluded from that um really and um he had an assistant there and she said to me afterwards, I bumped into her at the supermarket, she said to me she thought they over reacted by permanently excluding him, she didn’t, you know they were moving her back a bit to give (child’s name) a bit more space and to learn

| Felt mainstream school provided initial support |
| Felt support from mainstream school limited (negative view of mainstream school) |
| Felt mainstream school practitioners did not listen to her (negative view of mainstream school practitioners) |
| Child had support from TA |
| Mainstream school decided to remove TA support for child |
| TA felt child still needed support |
| Permanent exclusion followed removal of support |
| TA lost job at school |
| Felt removal of support contributed to permanent exclusion |
| Felt school should have been aware of potential negative impact (negative view of mainstream school) |
| TA felt working in class big change for child |
| Felt poor communication between practitioners at mainstream school (negative view of mainstream school practitioners) |
to cope and one thing went wrong and that was it and yes I suppose it was pretty bad, I suppose it was, you know throwing books, it’s not acceptable um, she just felt that they were very hasty, rather than looking at the other options, um and now, he’s not been at Coleridge long, only since last April, when we had the review last September, it was actually only 2 teachers from the school that were there, um I can’t remember who else they invited, I don’t know if they invited an educational Psychologist or somebody from the team, but they weren’t there so its early days yet at the moment. I feel like they are being supportive of (child’s name) and that’s important and better so you know, you know, he needs to feel safe as well and supported, um I think that’s important, you know after
having such a horrible school experience, it’s kind of like how can you turn that around?

**Researcher:** If you had the chance to say what you would like to see changed in the processes and practices that happen for children like (child’s name) what would you change?

**Participant:** What would I change? Um, um, I have no, it’s compared to when my older 3 children went to school, they’re 20 and 19, so they’re not that much older than (child’s name), um when they went to school things were a lot more relaxed, I have noticed with (child’s name) that they, I mean they have lunch time detentions at schools now, primary schools and when my older 3 children went they just didn’t have that, schools have really tightened up to a point.

<table>
<thead>
<tr>
<th>Had recent review at Coleridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure if Coleridge invited outside support practitioners to review</td>
</tr>
<tr>
<td>Feeling apprehensive about school placement</td>
</tr>
<tr>
<td>Feels Coleridge supportive of child (positive view of special school)</td>
</tr>
<tr>
<td>Feeling supported is important</td>
</tr>
<tr>
<td>Feels Coleridge is better placement (positive view of special school)</td>
</tr>
<tr>
<td>Child needs to feel safe</td>
</tr>
<tr>
<td>Child needs to feel supported (positive view of special school)</td>
</tr>
<tr>
<td>Feels child has had a negative experience (negative impact of experience on child)</td>
</tr>
<tr>
<td>Feels it may be difficult to reverse child’s negative experience (negative impact of experience on child)</td>
</tr>
</tbody>
</table>
that I feel is all, yes they've got to be disciplined on behaviour, however, I think that it doesn’t always necessarily create good behaviour, it can create the opposite. And then in terms of the processes of getting people statemented and then going through the process of finding the school, it takes far far too long and the director of finance who is not an educational expert has the ability to overturn a whole committee of people who are educational experts, he has the power to overturn their decision, it's absolutely disgusting, um I think it's very hard for the child, for the family, I think it's making it very tough I heard a couple of years ago, somebody told me, that there were over a thousand children who were not in school in Southshire, I don’t know whether that statistic is true, I mean they’re permanently excluding children

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels mainstream school experience previously more relaxed</td>
<td></td>
</tr>
<tr>
<td>Mainstream schools now have lunchtime detentions</td>
<td></td>
</tr>
<tr>
<td>Feels mainstream school discipline now stricter</td>
<td></td>
</tr>
<tr>
<td>Feels discipline important</td>
<td></td>
</tr>
<tr>
<td>Feels rigid discipline does not create good behaviour</td>
<td></td>
</tr>
<tr>
<td>Feels rigid discipline can create negative behaviour</td>
<td></td>
</tr>
</tbody>
</table>
and then if you've got a statement some schools won’t accept you, it’s just um, the whole system really, too slow, people having power when they shouldn’t. I think headmasters have too much power, I think the director of finance has too much power, um and it's all very well them having this power, but it's affecting those children's lives on a much much deeper level than they're thinking, they're probably just going back and not thinking that leaving a child at home who's been off school for nearly 2 years, I think will however, ever be able to integrate with school again when he’s already got problems anyway. Um they take too long, people who have too much power that shouldn’t, I don’t think they realise that they are affecting the child’s life and the family’s life as well; you know it’s, it’s quite, it’s just disgusting that

| Statementing process takes too long (process too long) |
|---|---|
| Finding school placement takes too long (process too long) |
| Director of finance should not make expert decisions about education (misplaced power) |
| Director of finance should not be able to ignore advice of educational experts (misplaced power) |
| Feels power director of finance has is ‘disgusting’ (misplaced power) |
| Feels process is very difficult for child and family (negative experience) |
| Feels process is made very ‘tough’ for child and family (negative experience) |
| Feels there are many children out of school in Southshire |
| Feels some mainstream schools will not accommodate children's needs (negative view of mainstream school) |
they can do that, that they can mess with people’s lives like that.

**Researcher:** Is there anything that has worked well that you would keep the same?

**Participant:** Um, obviously the committee know what they were talking about when they recommended Coleridge. I was quite impressed, because when I did have the chance to look at other schools that was the upside of it I could see they really had made the right choice when they originally suggested Coleridge, so that I was pleased with. (Child’s name) started last April, he could have started school the previous September and he’d been out of his (third primary school) for a year before that, so he was out of school nearly 2 years and that to me is not acceptable as for giving them a

<table>
<thead>
<tr>
<th>Practitioners who recommended Coleridge made right decision</th>
<th>positive view of special school</th>
<th>positive impact of practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt placement at Coleridge right decision</td>
<td>(positive view of special school)</td>
<td></td>
</tr>
<tr>
<td>Felt placement at Coleridge right decision</td>
<td>(positive view of special school)</td>
<td></td>
</tr>
</tbody>
</table>

| Child out of school for nearly 2 years                     | Feels child being out of school for so long is unacceptable |
home tutor, you think that they’re not missing out on education, she sat there and said to me, I’m only here 10 hours a week, so we’ll just work on English, maths and science, she said I know he would be at senior school now doing a whole range of subjects, but I can’t do it in 10 hours, so he was not accessing the full curriculum with a home tutor.

**Researcher:** Is there anything else you would like to add?

**Participant:** Just whether these professionals are fully realising the effect, the long term effects and the wider effects on the children and the families. My older son has cerebral palsy and ADHD and I found him much harder to cope with than I do (child’s name), (child’s name) I can cope with fine. I don’t find his behaviour at home difficult at all, it is

<table>
<thead>
<tr>
<th>Home tutor, you think that they’re not missing out on education, she sat there and said to me, I’m only here 10 hours a week, so we’ll just work on English, maths and science, she said I know he would be at senior school now doing a whole range of subjects, but I can’t do it in 10 hours, so he was not accessing the full curriculum with a home tutor.</th>
<th>Felt home tutor had potential to be positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt home tutor time limited (time out of school limited support)</td>
<td></td>
</tr>
<tr>
<td>Felt available support limited child’s access to education (time out of school limited support)</td>
<td></td>
</tr>
<tr>
<td>Felt child could not access whole curriculum while out of school (time out of school limited support)</td>
<td></td>
</tr>
<tr>
<td>Feels practitioners do not realise long term negative impacts on children (negative impact of experience/practitioners)</td>
<td></td>
</tr>
<tr>
<td>Feels practitioners do not realise wider effects they can have on children (negative impact of experience/practitioners)</td>
<td></td>
</tr>
<tr>
<td>Felt needs of cerebral palsy and ADHD harder to cope with than child’s needs</td>
<td></td>
</tr>
<tr>
<td>Feels she can cope with child’s behaviour and needs</td>
<td></td>
</tr>
<tr>
<td>Feels she does not find child’s behaviour difficult at home</td>
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</table>
pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an

| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels child’s behaviour was only difficult at school |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels she is able to adapt to child’s behaviour |
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| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels her sons were treated differently at school |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels son with CB and ADHD given more leniency and understanding at school (different response to unseen difficulty) |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels practitioners have more understanding for disability they can see (different response to unseen difficulty) |
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| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Child has no physical signs of his disability (different response to unseen difficulty) |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels child has a diagnosed disability |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels child has real difficulty and need |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Feels child’s ‘unseen’ difficulty has received less empathy and understanding (different response to unseen difficulty) |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Felt parent partnership practitioner was supportive (supportive practitioner) |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Parent partnership supportive when looking at schools (supportive practitioner) |
| Pretty much related to school, I understand that he thinks differently and I can adapt how I am to his needs and that works, but my older son, cerebral palsy and ADHD, hard work, very hard work at home, I cannot believe how he got away with so much at school and I think it’s because he had a physical disability that people could see and um and therefore they were able to make excuses for him, but with (child’s name) there are no excuses as there is no physical disability observed, even though a psychiatrist has said look, he does think differently that there is something going on here, just because you can’t see it, he hasn’t received the same level of empathy, support and understanding. Parent Partnership was, um, she was helpful, she came to look at schools with me and she came along whenever I made an | Parent partnership supportive at appeals |
appeal; no longer now though, she’s no longer in her post (names her) and she was very supportive and because I didn’t know anyone who had children going through problems at school, when I spoke to her it was very helpful to know that there were lots of other parents who are also suffering similar problems, because it can be quite isolating feeling like you’re the only person who is dealing with those problems.

<table>
<thead>
<tr>
<th>Parent partnership practitioner no longer in post</th>
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<tbody>
<tr>
<td>Parent partnership practitioner very supportive (supportive practitioner)</td>
</tr>
<tr>
<td>Felt she did not know others experiencing same situation as her (feeling isolated)</td>
</tr>
<tr>
<td>Parent partnership practitioner supportive – letting her know other parents in same position/situation (supportive practitioner)</td>
</tr>
<tr>
<td>Feeling isolated and like nobody else is in same situation (feeling isolated)</td>
</tr>
<tr>
<td>Participant: My first school.</td>
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<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>Researcher:</strong> Which school did you go to first, can you remember?</td>
</tr>
<tr>
<td><strong>Participant:</strong> (names it). We called it (says what it is commonly known as).</td>
</tr>
<tr>
<td><strong>Researcher:</strong> And what did you think of that school?</td>
</tr>
<tr>
<td><strong>Participant:</strong> Well, too many bullies there. Yeah, when I said I was being bullied, they said ignore the bullies, so when I was being bullied I tried to ignore them, I just fell down on the ground and hit my head and I had this huge bump on my head.</td>
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<tr>
<td><strong>Researcher:</strong> So did you not feel the teachers listened to you when you told them you were being</td>
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bullied?

**Participant:** No, well they listened when I put my hand up in class and that’s it.

**Researcher:** But if you had a problem like you just said then they didn’t listen?

**Participant:** Hmmm, that’s why my Mum took me out, I didn’t get excluded.

**Researcher:** Ok, so mum took you out of that school and then what happened?

**Participant:** I spent almost 2 years in my own house. I liked it, yeah, although one of my consoles broke, my laptop had loads of breadcrumbs in it.

**Researcher:** So you felt that at your first school the teachers would listen to you in class if you...
were answering questions, but...

**Participant:** I wasn’t even good at it, I was too slow.

**Researcher:** Did you feel they helped you with that when you found the work difficult?

**Participant:** I just needed to take my time and I was always like what do I do, what do I do?

**Researcher:** So you just wanted a bit of time to do it?

**Participant:** Yeah, when I do my working out in some classes they find it ok for me here to take my time. I am good at maths; you can test me right now. I can only do my times table from 1-10, so it has to be from 1-10.

**Researcher:** Maybe you can show me later? Can you remember how old you were when you left your
| Participant: I think I was about 6 or 7. Then I got a different school. You can ask me about it. |
| Researcher: Tell me about it then. |
| Participant: No (names a school) was my third school, 3 schools, can you imagine that? |
| Researcher: How was that having 3 schools? |
| Participant: It was difficult, fourth school here without even having to move house. Usually by the fourth one you’re on your third move through houses. It was really hard. |
| Researcher: So where did you go after your first school? |
| Participant: After that school I think I went to (tries to guess the school name). |

- Went to a different school at 6 or 7
- Feels ok to talk about the next school
- Getting confused about which school he attended next
- Feeling 3 schools is a lot
- Feeling attending 3 schools was difficult
- Has had 4 schools
- Feels usually when people go to 4 schools it’s because they have moved house
- Feeling it was hard going to 4 different schools
- (negative impact of multiple schools)
**Researcher:** Can you remember much about that school?

**Participant:** I remember big green doors, big green gates, big green gates at the front. I don’t remember much about it, I just remember my first and third school.

**Researcher:** So which one was the third one?

**Participant:** (names it)

**Researcher:** So how was that?

**Participant:** Well one thing I didn’t like about it was ‘wake and shake’ the only time I liked it was when I recognised the song. I didn’t like joining in, I’m already awake, I don’t need wake and shake that’s why I wasn’t joining in. ‘Oh really? Detention’.

**Having difficulty remembering name of second school**

<table>
<thead>
<tr>
<th>Remembers gates of second school</th>
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<tbody>
<tr>
<td>Feels he doesn’t remember second school</td>
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<tr>
<td>Feels he just remembers his first and third school</td>
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</table>

<table>
<thead>
<tr>
<th>Didn’t like ‘Wake and Shake’ at third school</th>
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<tbody>
<tr>
<td>Only liked wake and shake when he recognised the song</td>
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<tr>
<td>Didn’t like joining in with ‘Wake and Shake’</td>
</tr>
<tr>
<td>Feels he didn’t need to join in</td>
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<tr>
<td>Feels he had a reason for not joining in</td>
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</table>
**Researcher:** So how else did you feel about that school?

**Participant:** It was better than my first school and I know it was worse than my second school. They did have a policy of no bullying, which was ok and no-one bullied me, the others just laughed at what I did.

**Researcher:** So, it was better than the first school, because there was no bullying, but it was worse than the second school, how was it worse?

**Participant:** It was just sort of different, because all my... the first school they said you couldn’t do capital Is when they were on their own and in that school you could do capital Is on their own. I just wanted someone to help me know what to do.

**Received detention for not joining in**

Feels third school better than first school

Feels third school worse than second school

Third school had no bullying policy (important to him)

Felt he wasn’t (physically) bullied

Was laughed at at third school

Felt confused about whether you could use capital Is at his first and third school

Felt he needed/wanted help to know what to do in lessons
**Researcher:** So you feel that being at your old schools was hard?

**Participant:** Yeah, I was certainly less mature. I was always so hyper at break I was like ‘aaaaahhhhhh’ and I was like where is everyone? And when I was about to be expelled I accidentally kicked someone in the face, it was just by accident though, it was the headmaster, and my sister, I was embarrassed about that, the headmaster was holding me by my arms, so I started holding onto the wall with my feet so that I didn’t move and when I went to move I accidentally kicked the headmaster in the face, I was like ooh, sorry, I’ll go now.

**Researcher:** So is that when you got excluded from that school?

**Participant:** I was sent home for a long time, more than 3 weeks... I didn’t like having to leave my

| Feeling being at mainstream school was hard |
| Feeling he was less mature at mainstream school |
| Felt he was ‘hyper’ at mainstream school |
| Felt that when he hurt someone (that led to exclusion) it was an accident |
| Felt that when he hurt someone (that led to exclusion) it was an accident |
| Hurt head teacher and sister which led to exclusion |
| Felt embarrassed about hurting head teacher |
| Remembering being restrained by head teacher |
| Describing how he felt hurting head teacher and sister was an accident |
| Feeling sorry about hurting the head teacher |
| Feeling he was sent home for a long time after exclusion |
| Feeling he didn’t want to leave school |
School though, I didn’t mean to do anything wrong.’

**Researcher:** How did being at home for 3 weeks feel?

**Participant:** Good, I don’t know why they do that coz it’s like you’ve been bad, you’re not allowed in our school - yay! So he’s been banned from every school in the world - yay! He’s always free! You have to have a word with his mother, oh.

**Researcher:** Did that happen?

**Participant:** No, she doesn’t really do her job, she’s just doing her coursework, she’s actually finished late on one of her essays, 3 thousand words, I had to not disturb her, every time I went to see her, it was like, what do you want now? I’ll get something for myself.

<table>
<thead>
<tr>
<th>Feeling he didn’t mean to hurt the head teacher</th>
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<tbody>
<tr>
<td>Feeling time out of school good</td>
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<tr>
<td>Doesn’t understand why being sent home is a punishment</td>
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<tr>
<td>Feeling banned from all schools?</td>
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<tr>
<td>Being excluded felt like he was free?</td>
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<tr>
<td>Knowing being excluded meant his Mum being informed</td>
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<table>
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<tr>
<th>Feeling Mum is busy doing coursework</th>
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</thead>
<tbody>
<tr>
<td>Describing Mum studying at home</td>
</tr>
<tr>
<td>Felt he could not disturb his Mum when he was out of school</td>
</tr>
<tr>
<td>Felt he had to look after himself when he had time out of school – felt Mum did not have time for him</td>
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</tbody>
</table>
something has happened, but it’s getting to that point when something has happened from (child’s name) point of view as well.

**Researcher:** What do you think has worked well for (child’s name)?

**Participant:** I think one of the major things that has worked well is kind of getting him used to the education system again, because he was out of school for a year, before he came over to us, he wasn’t used to being educated and had got into quite a lazy attitude and his response to most things was I’m just going to get it done regardless of what anyone says, so when he first came here he would very much just grab his work, everything would go down and he just wanted to run through it as quickly as possible and it doesn’t matter if

<table>
<thead>
<tr>
<th>Child becoming familiar with education again was positive/affectionate</th>
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<tbody>
<tr>
<td>child out of school for a year</td>
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<tr>
<td>child out of school for a year before attending special school</td>
</tr>
<tr>
<td>child was not used to education after being out of school</td>
</tr>
<tr>
<td>felt child being out of school resulted in “lazy” attitude</td>
</tr>
<tr>
<td>felt child being out of school impacted on his attitude to work (negative impact of time out of school)</td>
</tr>
<tr>
<td>child eager to just get work done</td>
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<tr>
<td>child wanted to get work finished quickly</td>
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It’s all wrong, one of the biggest things I remember about him, we were doing IT and he was asked what does CPU stand for, which is Computer Processing Unit, he wrote Comp Uter, which was absolutely hilarious and I couldn’t stop myself laughing, but he couldn’t accept that that was wrong, afterwards, so that’s one of the big things and when he was challenged and he had to be corrected on things we had to be so delicate about it because he would himself and he would get quite angry at himself as well and we’d start to see some of the rude, semi-aggressive behaviour that goes with it, which we obviously hadn’t identified before, because the first couple of weeks he was brilliant, because he was in a new place, he was excited to be here etc, that’s one of the things that we slowly kind of brought him out of just by doing

<table>
<thead>
<tr>
<th>Felt child didn’t care about getting work right</th>
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<tbody>
<tr>
<td>Feeling child’s behaviour can be funny</td>
</tr>
<tr>
<td>Child has difficulties accepting he is wrong (child’s difficulty)</td>
</tr>
<tr>
<td>Not being able to accept when wrong is major difficulty for child</td>
</tr>
<tr>
<td>Challenged child when answers incorrect</td>
</tr>
<tr>
<td>Gentle challenge had to be used with child</td>
</tr>
<tr>
<td>Child becomes at angry at self when gets things wrong (child’s difficulty)</td>
</tr>
<tr>
<td>Making mistakes/being challenged about mistakes is trigger for child’s behaviour</td>
</tr>
<tr>
<td>Child’s behaviour can be aggressive</td>
</tr>
<tr>
<td>Child’s aggressive behaviour had not been evident at special school initially</td>
</tr>
<tr>
<td>Child made positive start to special school</td>
</tr>
<tr>
<td>Felt new setting had positive impact on child</td>
</tr>
<tr>
<td>Felt child wanted to be at special school</td>
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</table>
the positive reinforcement thing and constructive criticism and making everything positive and he hasn't displayed that kind of behaviour for a good kind of few months now, which is excellent news for him, coupled with that we've been looking at quite a lot of stuff in PSHE about relationships and we've been steering away from the sexual side of things, which has been brilliant, because (child's name) is not at that level anyway, we've been looking at the friends, the family, the socialising around adults, so we've been coupling it with that as well and extending that over tutorials as well which has been kind of boosting his social skills. Then while it's been working quite well we have also been challenging every inappropriate comment that he makes, which I was a little bit unsure with to start with, because again we

| Positive reinforcement effective with child |
| Constructive criticism effective with child |
| Positivity effective with child |
| Aggressive behaviour not been seen recently at school |
| Positive development for child |
| Using PSHE to support child's needs |
| Focussing on relationships to support child |
| Support with sex education not appropriate |
| Child not ready for support with sex education |
| Supporting child to look at relationships with friends |
| Supporting child to look at relationships with family |
| Supporting child to look at relationships with adults |
| Supporting child through tutorials |
| Support has had positive effect on social skills |
| Challenging child for inappropriate behaviour |
| Felt unsure about challenging child for inappropriate behaviour |
were doing that as well as challenging his wrong answers in lessons and stuff, which was cheesing him off to be perfectly honest, but he got so sick of it he then got used to the challenges and as soon as we made them he would then understand what was going on and then we’d pick them up in tutorial, again, he’d forgotten he’d made them but because we were transferring that over really, it meant that we were kind of allowed to put it into a scenario, a boy says this, what do you think would be the appropriate response etc and they were things that he’d said. So we were able to do that and again his social skills are beginning to build. But again, I think that’s partly due to the fact that he’s spending so much time around other kids, and around people his own age as well as with adults, um it’s bound to happen anyway but

| Feeling unsure about too much challenge with child
| Challenging child’s wrong answers in work

| Child found challenging in lessons: difficult
| Child found challenging in lessons: difficult
| Child became used to challenges in lessons
| Child began to understand challenges (progress)
| Challenges followed up in tutorials
| Child forgot mistakes he made in lessons

| Putting mistakes child made into scenarios as strategy
| Using scenarios as strategy with child

| Using scenarios as strategy to support and develop social skills
| Social skills developing (progress)

| Feels spending time with other children is developing his social skills (progress/positive impact of school)
| Spending time with peers is beneficial for child
| Spending time with adults is beneficial with child
it’s just been kind of reinforced which is nice.

**Researcher:** Has there been anything that’s been particularly challenging?

**Participant:** (child’s name) doesn’t really have many other professionals working with him if I’m honest. There’s obviously the local authority side of things looking at the education plan and everything else because he wasn’t in full-time education so there were concerns…and I know that his Mum had fought really hard to get him in here anyway. Since he’s been here he hasn’t really had any other agencies working with him, other than just the review process and his social worker and everybody else was invited, but chose not to attend, which again is normal practice I mean we don’t get many of them coming over, but I think

<table>
<thead>
<tr>
<th>Development with social skills has been reinforced at school</th>
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</thead>
<tbody>
<tr>
<td>Child does not have much outside practitioner support</td>
</tr>
<tr>
<td>Local authority support for education</td>
</tr>
<tr>
<td>Local authority support involved because child out of school</td>
</tr>
<tr>
<td>Concerns raised about child being out of school?</td>
</tr>
<tr>
<td>Mum ‘fought’ to get special school place</td>
</tr>
<tr>
<td>Hard for Mum to get special school place for child</td>
</tr>
<tr>
<td>No other practitioner support while at special school</td>
</tr>
<tr>
<td>Other practitioners involved in review process for child</td>
</tr>
<tr>
<td>Social worker involved in review</td>
</tr>
<tr>
<td>Other practitioners were invited to review</td>
</tr>
<tr>
<td>Other practitioners ‘chose’ not to attend review (negative view of other practitioners?)</td>
</tr>
<tr>
<td>Other practitioners do not frequently link with school</td>
</tr>
</tbody>
</table>
Appendix 10 – Simon’s Parent Coding Sample

Mind maps were used to generate main themes and subthemes from the line by line coding. Main themes are written in bold and subthemes are written underneath.

**Theme: Positive view of special school**
- Approachable staff
- Good communication
- Right for child
- Supportive
- Positive view of child

**Theme: The future**
- Hopes – stay at special school, develop skills, go to college, have a job
- Worries – impact of mainstream school experience on Simon, Simon’s ability to cope, will have to return to mainstream school, social skills won’t improve, won’t receive support

**Theme: View of practitioners**
- Supportive – Educational Psychologist, advocates for her and Simon, casework officer, special school staff, empathetic, supportive
- Unsupportive – mainstream school teachers, mainstream head teachers, negative view of her, negative view of Simon

**Theme: Her Negative Experience**
- Negative impact – financially, on career, on health, rejected by other parents, isolated
- Practitioner’s negative view of her – felt judged, viewed as bad mother, decisions not respected

**Theme: Negative view of mainstream school**
- Bullying – ignored, Simon perceived as bully
- Staff’s negative view of Simon – did not understand needs, treated differently from brother with cerebral palsy
- Staff’s negative view of her – bad mother
- Excluded – by other parents, Simon excluded by children, exclusion procedures not followed
- Simon had to attend multiple mainstream schools

**Theme: View of Local Authority**
- Processes too lengthy
- People in power make decisions – wrong people make decisions
- Poor communication with her
- No support between transitions
Appendix 11 - Simon Coding Sample

Mind maps were used to generate main themes and subthemes from the line by line coding. Main themes are written in bold and subthemes are written underneath.

**Theme: Negative view of himself**

Behaviour - hyperactive, immature

Learning – dumb, slow

**Theme: Bullying**

Physically bullied

Adults didn’t listen

**Theme: Positive view of Special School**

Helpful adults – keyworker, head teacher

Enjoys activities – animals, music

Learning – able to take time, has help

**Theme: Negative view of Mainstream School**

Bullied – physically hurt, bullying ignored, laughed at

Learning – not helped, difficult, couldn’t join in

Being Excluded – sorry, negative experience, mum had to study

Hard attending many schools – vague memories of second school, difficult, unusual

Adults didn’t help – didn’t listen to worries
Appendix 12 – Simon’s Keyworker Coding Sample

Mind maps were used to generate main themes and subthemes from the line by line coding. Main themes are written in bold and subthemes are written underneath.

**Theme: Positive view of special school**

Supportive

Has positive impact – Simon made progress

Positive keyworker role – setting high standards for child, there for child, help child to understand behaviour

Good communication with home

**Theme: Negative view of mainstream school**

Not appropriate place for Simon

Lets children with BESD down

Didn’t accommodate Simon’s needs

Simon bullied

**Theme: Negative view of practitioner support**

Poor communication with school (especially from Social Care)

Poor communication between practitioners

Didn’t understand Simon’s needs

Poor transition support

Negative view of child

Money barrier to multi-agency working

Don’t engage with special school
Appendix 15 – Simon’s Key Worker Thematic Map
Appendix 16 – Practitioner Questionnaire
This online survey forms part of a doctoral research project into the role of practitioners in supporting young people experiencing Behavioural, Emotional and Social Difficulties (BESD), conducted by XXXX.

The research aims to explore the views of children, families and practitioners around the processes, practice and provision that is in place for children with BESD. This particular survey seeks the views of practitioners within Southshires about their role and contribution when supporting children and families with BESD.

It aims to:

Develop a clearer picture of factors associated with identifying and supporting young people who are experiencing BESD and their families.

Develop an understanding of how practitioners view their role and contribution in the processes and support that is in place for children with BESD and their families.

To develop an understanding of whether practitioners feel that they are meeting the needs of children with BESD and their families.

Seek your views on what might still be required to support children with BESD and their families further.

Ultimately, this survey offers you the opportunity to share your views which may then be used to inform future developments in support for children BESD.

There is also an opportunity to be part of a focus group to discuss this area further, if you would like to be part of this please fill in your details at the end of the survey.

The quantitative and qualitative information this survey gathers will be analysed and presented in the final report. A summarised version of this information can be sent to you on request.

It is fully appreciated that this can be a very sensitive area and that circumstances in each case vary greatly.

Please submit your answers no later than 31st March 2010 - you can begin this survey, save it and return to it at your convenience.

1. Gender
   - Male
   - Female

2. Job Title

3. Please detail any specialisms

4. Length of time in post
   - Under 1 year
   - 1-5 years
   - 5-10 years
   - 10-15 years
   - over 15 years

5. In your opinion what are the key indicators that a young person with BESD could need your support?

6. In your role who do you feel is the key person/group you offer support to?
   - Children and young people experiencing BESD
   - Parents and carers of children experiencing BESD
   - Those working with children who are experiencing BESD
   - Other (please state in explanation below)

Please describe the support you offer

7. Please indicate if you provide support in these instances
   - While a child is waiting for an appropriate placement
   - When a child leaves specialist provision to re-enter mainstream provision
   - When a child reaches school leaving age

Please describe the support you offer
Viewing Children, Families and Practitioners as one System: Identifying

2. What are the key factors you consider when trying to understand a child's needs in relation to BESD and how to meet those needs?

3. To what extent do you feel you seek and listen to the child or parents/carers views about their needs and how to meet them?

Child or Young person
Not all 0

Parent/Carer
Very Much 7

3. Please detail any instances where you feel it is particularly important to listen to the child's view

4. Please detail any instances where you feel it is particularly important to listen to the parent/carer's view

5. Please choose the option that you find is the most effective way of communicating with parents and carers.

- telephone
- face to face
- email
- letter
- other
- I don't communicate with Parents/Carers

Do you feel there are any challenges when it comes to communicating with parents and carers?
Viewing Children, Families and Practitioners as one System: Identifying

1. When supporting children experiencing BESD which other agencies/services/provisions do you commonly work with?
   - Educational Psychology Service
   - Learning Support Service
   - Social, Emotional, Behaviour Support Service
   - Child and adolescent Mental health
   - Speech and Language Therapist
   - Local Service Team
   - Social Care
   - Youth Offending Team
   - Specialist Provision for BESD
   - Mainstream School
   - Others (please specify)

2. In which of the following ways do you commonly work with other agencies/services/provisions?
   - Share information
   - Plan interventions
   - Review interventions
   - Deliver interventions
   - Seek advice/share skills
   - Other (please specify)

3. Please give a brief example of your work with other agencies/services/provision.
Viewing Children, Families and Practitioners as one System: Identifying

1. To what extent do you feel you are able to meet children’s and family’s needs?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Fully Meeting Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Needs</td>
<td></td>
</tr>
<tr>
<td>Family’s Needs</td>
<td></td>
</tr>
</tbody>
</table>

2. What do you feel are the main facilitators that help you meet children and families needs?

   [Blank space]

3. What do you feel are the main barriers to being able to meet children’s and families needs?

   [Blank space]

4. How well informed do you feel about the following in relation to children with BESD?

<table>
<thead>
<tr>
<th>Not very informed</th>
<th>Basic knowledge/understanding</th>
<th>Quite a comprehensive knowledge</th>
<th>Full knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>The funding process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The statementing process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The range of provision available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. To what extent do you feel the funding and statementing processes for BESD meets children’s needs in Somerset?

   - [ ] Not at all
   - [ ] Rarely
   - [ ] Sometimes
   - [ ] Often

   Please give a brief explanation of your answer:

   [Blank space]
Data from the questionnaire is reported in 5 main areas:

- **Area 1** - Identifying and understanding need
- **Area 2** – Supporting transitions
- **Area 3** - Child and Parent/Carer roles
- **Area 4** - Multi-agency working
- **Area 5** - Meeting needs

**Area 1 - Identifying and Understanding Need**

The key indicators that a child would need support for behavioural, emotional and social difficulties (BESD) were considered by the respondents to be the following:

- Exhibiting aggressive behaviour
- Disengagement with learning
- When a child has associated difficulties (e.g. learning difficulties, Autistic Spectrum Disorder, Speech and Language difficulties, mental health concerns)
- Difficulties with social skills and forming and maintaining relationships with peers and adults
- Withdrawal and isolation
- Negative self-image, low self-esteem (indicated by behaviours such as self-harm, risk taking activities)
- When a child’s behaviour is impacting negatively on learning, family or their community
- Vulnerability factors associated with home life (e.g. abuse and neglect)
- Absence and school refusal
The key factors to consider when trying to understand a child with BESD’s needs were reported as being:

- The situation at home (e.g. safeguarding issues, relationships with parents/carers)
- The child’s ability and skills to learn
- What the child’s behaviour might be trying to communicate
- Take into account and consider possible additional needs (e.g. Speech and Language, Medical needs)
- Any significant life events and developmental history
- Child and family’s view of needs
- The child’s relationships with peers and significant adults

The key group that respondents felt they offered support to in their role was the child experiencing BESD, followed closely by those that are working to support children experiencing BESD. Many acknowledged that this support was variable depending on each situation and factors such as the setting and skills of the adults involved. The main types of support identified were:

- Identifying the child’s needs through meetings and Consultation
- Supporting other adults to ‘make sense’ of the child’s behaviour
- Developing strategies with the adults who support the child
- Listening to those involved with the child
- Developing provision

**Area 2 – Supporting Transitions**
During transitions it was felt that most practitioners offered support during the times when a child is returning to mainstream provision after having spent time in some form of specialist provision. The least support was indicated when a child with BESD reaches school leaving age. The main ways of providing support at transitions were identified as:

- Supporting the adults who are supporting the child (e.g. through jointly reviewing provision)
- Supporting the child to access new mainstream provision (e.g. through arranging accompanied visits for the child)
- Supporting parents/carers (e.g. through providing a point of contact)

**Area 3 - The Child, Parent/Carer’s Roles**

Almost 60% of respondents felt that they seek and listen to the child’s view. There was a strong view that listening to the child’s view is very important especially when trying to understand their behaviour. Only 2 respondents commented on times when they thought it may not be appropriate to listen to the child’s view and this was when the piece of work they were doing was focused on supporting the adults that work with the child.

Less than 50% felt that they always sought and listened to the parent’s or carer’s view. Responses illustrated that practitioners felt it was important to seek and listen to the parent’s view, especially when trying to understand the child’s needs and explore any conflicting views of the child’s behaviour and needs. However views were expressed by many respondents in relation to when they felt it was not appropriate to seek and listen to the parent’s or carer’s view. These times were
outlined as being when there were safeguarding issues involved and when it may not be safe for the practitioner to meet with the parent or carer (for example, if they felt the parent or carer was particularly aggressive).

Table 22. Seeking and Listening to the Views of Children and Parents/Carers

- Time and Capacity – time make contact with and meet with parents
- Difficulties engaging parents (e.g. not answering or returning phone calls, not attending meetings)
- Parent/Carer-school relationship

By far the most effective way of communicating with parents and carers was felt to be ‘face-to-face’. However, there were many challenges highlighted when practitioners were asked about how easy they felt it was to communicate with and involve parents:
Area 4 - Multi-Agency Working

Respondents were asked to identify agencies and provision that they most commonly work with. The Educational Psychology Service and the mainstream school were the most frequently identified with the Youth Offending Team and specialist provision for BESD being the least identified. Other agencies or groups that were identified by respondents were:

- G.P.
- Health Visitor
- Dietician
- Play groups for children with additional needs

Table 23. Working with other Agencies, Services and Provision

Sharing information, advice and skills were highlighted as the most common ways in which agencies and provisions joined up with one another, most commonly through sharing reports and multi-agency meetings. The purpose of these meetings most commonly was to discuss pupils, plan next steps for the pupil and to review a
child’s progress. Also, work between agencies may be delegated or future joint work may be planned as a result. However, views on how easy this was to do varied greatly with no practitioners considering this ‘easy’ or ‘very easy’ to do.

The barriers to collaborating with others were identified as:

- Practitioners being difficult to contact – it can be difficult to know which service to contact or who the right person within that service is to contact. There are no clear systems of how to contact others and there is not enough regular contact.
- Time and capacity – not enough time and staff to carry out joint work, agencies are not always available at the same times to work together and longer pieces of joint work can be seen as extra work.

Area 5 - Meeting Needs

Responses in relation to whether practitioners felt they were meeting children’s and family’s needs were very mixed, with most feeling they were meeting them to some extent, and with respondents feeling they were meeting children’s needs more effectively than Parent’s and Carer’s needs.

The main facilitators to meeting children and families’ needs were identified as:

- Good communication between agencies, individual practitioners and families
- Having good relationships with other practitioners
- Willingness to build relationships with parents and carers
- Being able to give time to working with others and liaising with families
- Working with others and having a team ethos
- Having an ‘open’ approach which is non-judgemental and tries to understand what is behind the child’s behaviour
- Receiving relevant training on BESD

The main barriers to meeting needs were considered to be:

- Time and capacity – not having enough time to do the level (length and quality) of work you would like to do.
- Not being able to involve parents
- Not being able to involve other practitioners
- Lack of communication between agencies and between agencies and families

The processes such as funding, statementing and provision were felt to ‘sometimes’ meet needs. It was felt that the funding and statementing process can be very effective, but is dependent on:

- A shared understanding of needs to ensure they are identified and identified correctly
- Settings and schools taking responsibility for ensuring provision is provided for the child.
- The skills and capacity of those delivering the support.
- The level of parental support a child receives
- How long a child spends out of school and how much support is available to them
In terms of provision it was felt that there are mixed successes due to variations in available provision across the county and that a continuum of consistent provision from early years to post 16 needs to be developed in all areas of the county.

Particular short-comings were noted in terms of:

- Lack of provision for girls
- Lack of provision for children younger than Keystage 3
- Some children having to travel large distances

The possible developments within the county for processes in place for children experiencing BESD were identified as:

- Developed support for parents - support with strategies, regular support groups, accessible and approachable practitioners
- A separate lead for BESD support in the county
- More funding and next step planning for BESD services

Respondents were asked about any support that they would like to offer that they do not offer currently. Common responses were:

- To be able to deliver more training to school practitioners
- To be able to give more support to practitioners in mainstream provision
- To work on more whole school developments
- More work with families (e.g. to offer training, home visits)

Further support that practitioners would like to receive came under these main themes:

- More training in relation to understanding and managing BESD
• Opportunities to share good practice
• Inclusion in strategic planning (being asked for views and having information shared with them)
• Having skills acknowledged and valued

Appendix 18 – Practitioner Interview Schedule

• How would you describe your role in relation to supporting children with Behavioural, Emotional and Social Difficulties?
  - Any specialist time/responsibilities?
  - Directly with children? / supporting others?
• What do you feel is particularly effective in supporting children and families in the work that you do?
  - Casework examples?
  - With children?
  - With parents/carers?
  - With other practitioners?

• How do you view the role of parents and carers in your work?
  - Work closely with them?
  - Their role in supporting their child?

• What are your experiences of working with other agencies and services?
  - Any casework examples?
  - Positive experiences?
  - Negative experiences?
  - Facilitators?
  - Difficulties?

• What difficulties do you feel are present in your work when it comes to meeting the needs of children with BESD?
  - Work with children?
  - Work with parents/carers?
  - Work with other agencies?
  - County context?

Appendix 19 – Initial Coding Thoughts for Interview with Julie
level I’ve tended to work just around individual young people and the difficulties that might be going on at home, I think that’s probably really where I’m focused.

**Researcher:** What about your views of working with other agencies and services?

**Participant:** Um, if I'm truthful I feel me and the EPS seem to take the lead in ensuring there’s joint or collective work. I cannot think of any occasion where I’ve been contacted by another agency that wants to work collaboratively. I’ve been contacted by other agencies that want to find out information about me, sorry about my involvement so I can facilitate what they want to do, but I think particularly with specialist CAMHS, who are more likely to have a role with social and emotional issues, I’ve attempted

|Feels her work has centred on supporting individual children |
|Feels her role is centred on looking at what is going on at home for the young person |
|Feels she is focussed upon supporting the child |
|Feels EPS takes lead in joint work |
|Does not feel other agencies take the lead with joint work |
|Does not feel she has been contacted by other agencies to lead joint working |
|Feels other agencies make contact if they want information about her involvement |
|Feels other agencies only make contact with her to facilitate their own work |
|CAMHS has role with BEIS |
many many times to work collaboratively with them and in fact did when I had a post on the adolescent team. I think sharing information has got better, but it’s not, I’ve got very few examples of where it’s with a clear collective aim in mind. I can think of examples where school, EPS and even something like SEBSS are working really well together doing their best to communicate, be clear about roles and responsibilities and then we’ll have somebody say from the specialist CAMhs team now and still be left feeling vague and unclear about what it is that they’re doing and what it is that their role is, they may be doing something very good, but how they contribute to a whole is still not clear to me. So mixed I suppose, mixed experiences, mainly because we’re the lead agency making sure that happens. As for social care and anybody

<table>
<thead>
<tr>
<th>Many many times to work collaboratively with them and in fact did when I had a post on the adolescent team. I think sharing information has got better, but it’s not, I’ve got very few examples of where it’s with a clear collective aim in mind. I can think of examples where school, EPS and even something like SEBSS are working really well together doing their best to communicate, be clear about roles and responsibilities and then we’ll have somebody say from the specialist CAMhs team now and still be left feeling vague and unclear about what it is that they’re doing and what it is that their role is, they may be doing something very good, but how they contribute to a whole is still not clear to me. So mixed I suppose, mixed experiences, mainly because we’re the lead agency making sure that happens. As for social care and anybody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels she has tried to work with CAMhs</td>
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<tr>
<td>Feels she has tried to work collaboratively with CAMhs</td>
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<tr>
<td>Feels she has worked collaboratively with CAMhs team</td>
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<tr>
<td>Feels sharing information has developed</td>
</tr>
<tr>
<td>Feels she has not experienced much joint working with clear collective aim</td>
</tr>
<tr>
<td>Feels there are examples of school, EPS and behaviour support working together</td>
</tr>
<tr>
<td>Feels EPS and behaviour support can work well together</td>
</tr>
<tr>
<td>Feels EPS and behaviour support can work to communicate well with each other</td>
</tr>
<tr>
<td>Feels EPS and behaviour support can be clear about roles and responsibilities</td>
</tr>
<tr>
<td>Still feels vague about CAMhs role in joint work</td>
</tr>
<tr>
<td>Still feels unclear about what CAMhs role in joint work</td>
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<tr>
<td>Still feels unclear about CAMhs role in joint work</td>
</tr>
<tr>
<td>Feels CAMhs maybe making positive contribution</td>
</tr>
<tr>
<td>Feels unclear as to how CAMhs contributes to joint work</td>
</tr>
<tr>
<td>Mixed experiences of joint working</td>
</tr>
<tr>
<td>Feels EPS is lead agency in joint working</td>
</tr>
<tr>
<td>Feels EPS makes sure joint work happens</td>
</tr>
</tbody>
</table>
from social services at the moment I can’t identify a case where they have worked collaboratively. The other bit I suppose that’s just come to mind is that there’s a bit more collaboration with the local service team. I never thought I’d say that with them moving here (sharing the same building with the EPS). Just a little bit, nothing enormous, but a bit more dialogue I guess, but I think it’s talked up, I think the whole idea of multi-agency working becomes a great phrase, but I’m not sure that we even know what we really mean. And actually we’re all discrete services and we’ve all got a role and sometimes I think it’s ok to say I’m doing that, you do that and leave it at that.

**Researcher:** What do you feel are the main barriers to meeting needs?

<table>
<thead>
<tr>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels she has never worked jointly with social care</td>
</tr>
<tr>
<td>Feels there is more collaboration with area working practitioners</td>
</tr>
<tr>
<td>Feels co-location with practitioners has helped joint working</td>
</tr>
<tr>
<td>Feels co-location has helped joint working a small amount</td>
</tr>
<tr>
<td>Feels co-location has encouraged more dialogue between practitioners</td>
</tr>
<tr>
<td>Feels practitioners do not know what is meant by multi-agency working</td>
</tr>
<tr>
<td>Feels services have their own roles</td>
</tr>
<tr>
<td>Feels services all have their own roles</td>
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<tr>
<td>Feels it’s ok for services to have their own roles</td>
</tr>
</tbody>
</table>
**Participant:** Well sometimes I think when we talk about children’s needs particularly ones where they’ve got complex ones ...sometimes if the needs are quite straightforward and quite direct I think the barriers are that there might be a lot of work done to get clarity around what those needs are, but we all make assumptions that actually it’s possible in a busy classroom with a teaching assistant who may or may not have the skills to actually do all that is needed be it from curriculum differentiation to doing something about the learning environment to doing something about the social side of learning that actually that’s the really, really hard bit. That’s the bit that um, as an outside agency we leave for others to get on with and we just leave it and we hope that it will all work and when it does it’s usually because the personnel in the school are good

<table>
<thead>
<tr>
<th>Feel</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Feels having to unpick complex needs can be a barrier to meeting needs</td>
</tr>
<tr>
<td>2.</td>
<td>Feels some difficulties need a lot of work to identify needs</td>
</tr>
<tr>
<td>3.</td>
<td>Feels assumptions are made about what is possible in schools</td>
</tr>
<tr>
<td>4.</td>
<td>Feels assumptions are made about what is possible for a TA to do</td>
</tr>
<tr>
<td>5.</td>
<td>Feels TAs may not always have the necessary skills</td>
</tr>
<tr>
<td>6.</td>
<td>Feels TAs may not have skills to differentiate curriculum</td>
</tr>
<tr>
<td>7.</td>
<td>Feels TAs may not have skills to modify the classroom environment</td>
</tr>
<tr>
<td>8.</td>
<td>Feels TAs may not have skills to support social aspects</td>
</tr>
<tr>
<td>9.</td>
<td>Feels schools are left to carry out recommendations</td>
</tr>
<tr>
<td>10.</td>
<td>Feels outside agencies leave schools to get on with recommendations/implement support</td>
</tr>
<tr>
<td>11.</td>
<td>Feels you just hope schools can carry out recommendations</td>
</tr>
<tr>
<td>12.</td>
<td>Feels success of recommendations is dependent on individual practitioners</td>
</tr>
</tbody>
</table>
and somebody has got an oversight about what it is that’s going on for that child or young person and then some of those needs are met. However, meeting needs is a bit like there’s got to be a target and an outcome and actually I hate thinking like that, because human beings are really complicated and we might have identified a need and it might be an awful long time before somebody gets to that point and yet people are so target driven, so fearful of well, you know they’ve got to get there in a certain length of time that they get caught up with that sometimes rather than feeling a bit more relaxed about exploring maybe how that child is learning and if they did that they’re not so driven by an IEP or a target on an IEP. So that sometimes prevents a need being met and it links really to what I was saying on the other side (of the Dictaphone tape) that when

<table>
<thead>
<tr>
<th>Feel(s)</th>
<th>Descriptive Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels success of recommendations dependent on school practitioner taking lead for child</td>
<td></td>
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<tr>
<td>Feels success of recommendations dependent on school practitioner taking lead for child</td>
<td></td>
</tr>
<tr>
<td>Feels if a school practitioner takes lead for child some needs can be met</td>
<td></td>
</tr>
<tr>
<td>Feels meeting needs can be like meeting targets</td>
<td></td>
</tr>
<tr>
<td>Feels if targets set it means there has to be an outcome</td>
<td></td>
</tr>
<tr>
<td>Negative feelings about targets and outcomes</td>
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<tr>
<td>Feels human beings complicated</td>
<td></td>
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<tr>
<td>Feels progress may take a long time</td>
<td></td>
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<tr>
<td>Feels that it may take time to make sense of a child’s need</td>
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<tr>
<td>Feels people are target driven</td>
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<tr>
<td>Feels people can be fearful about not meeting targets</td>
<td></td>
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<tr>
<td>Feels targets give impression of limited time to achieve success</td>
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<tr>
<td>Feels people can be pre-occupied with meeting targets</td>
<td></td>
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<tr>
<td>Feels people should be more relaxed about meeting needs</td>
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<tr>
<td>Feels people should be more explorative about meeting needs</td>
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<tr>
<td>Feels people shouldn’t be shouldn’t be target driven</td>
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<tr>
<td>Feels targets can prevent needs being met</td>
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<td>there's complex needs, ones that all impinge on the other, actually it's very difficult to reduce that down to something that is measurable. So you might want to work on somebody's sense of belonging, a fairly vague concept and really once they have a sense of belonging and a sense of worth they may have some of their learning needs met, but we reduce it all sometimes, to sort of trite, trite examples and I think we find it hard, we as professionals and schools find it hard to live with uncertainty, vagueness, something taking a long time and also the government doesn't allow schools to live like that, because it's all measured and driven by outside forces so that's some of the reasons um I'm sure there are many others, school ethos, school organisation, attitudes, prejudices, I mean all of that will impinge on how somebody's needs are met and</td>
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<td>Feels ESD needs can be complex</td>
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<td>Feels difficulties and needs can be interrelated</td>
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<td>Feels it is difficult to reduce complex needs to target</td>
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<td>Work with ESD may focus on sense of belonging</td>
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<td>Feels sense of belonging can be a vague concept</td>
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<td>Feels achieving sense of belonging may allow learning needs to be met</td>
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<td>Feels complex needs can be reduced to 'trite' examples</td>
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<td>Feels practitioners find it hard to live with uncertainty</td>
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<td>Feels practitioners find it hard to accept progress may take long time</td>
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<td>Feels government does not allow schools to live with uncertainty/vagueness/progress taking long time</td>
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<td>Feels targets and measures are set by outside</td>
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<td>Feels targets impinge on how child's needs are met</td>
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<td>Feels school organisation may impinge on how child's needs are met</td>
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<td>Feels practitioner attitudes and prejudices may impinge on how child's needs are met</td>
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the other thing which is probably quite contentious is around inclusion and I think I do feel this that some young people can do as well in specialist provision because that’s what they need and actually we might not be meeting their needs in a mainstream setting, um I think attitudes have changed a bit, that when one voices something like that you’re not seen as being against inclusion, because I think that’s a very silly and narrow way of approaching what should be a really good debate.

Feels her view is contentious
Feels children can make progress in specialist provision
Feels some children need specialist provision
Feels children’s needs aren’t always met in mainstream school
Feels people are more accepting of questioning inclusion
Feels that when people have questioned inclusion they have been seen as being against it
Feels not being able to question inclusion is not helpful
Feels not being able to question inclusion will limit a good debate
Feels questioning inclusion is a good debate
Appendix 21 – Interview Coding sample for Julie

Mind maps were used to generate main themes and subthemes from the line by line coding. Main themes are written in bold and subthemes are written underneath.

Theme: Working with mainstream schools

Success dependent on school ethos – staff do not see value in interventions

Staff have negative views of BESD

Theme: Multi-agency working

Buzz phrase – people unsure of meaning

Practitioners vague about roles – unclear goals and aims

Improved - Co-location has helped

Educational Psychology service takes lead

Poor communication – Social Care particularly

Conflicting attitudes

Theme: Barriers to meeting children’s needs

Inappropriate inclusion – not open to debate, ignores individual needs

Assumptions about capabilities of mainstream school

Government target setting for teachers

No allowance for uncertainty

Theme: Facilitators to meeting children’s needs

Helping practitioners reflect on practice

Being experimental

Committed school staff
Appendix 22 – Thematic Map for Julie
School of Education and Lifelong Learning

Certificate of ethical research approval

STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS
You will need to complete this certificate when you undertake a piece of higher level research (eg. Masters, PhD, EJD level).

To activate this certificate you need to first sign it yourself, then have it signed by your supervisor and by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA website at HYPERLINK "http://www.bera.ac.uk/publications/guides.php" http://www.bera.ac.uk/publications/guides.php and view the School's statement in your handbooks.

READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER (the form will expand to contain the text you enter).

DO NOT COMPLETE BY HAND

Your name: Sally Penny Bray
Your student no: 570065327
Degree/Programme of Study: Educational, Child and Community Psychology
Project Supervisor(s): Margie Turpin, Flora Mcdonald
Your email address: 
Tel: 

Title of your project: Viewing Children, Families and Practitioners as one System to identify Shared Concepts of Good Practice for Children with Behavioural, Emotional and Social Difficulties (BEST).

Brief description of your research project: The study will explore the views of children, families and practitioners in the county of Systems Theory and how they function as one system. Their views about their role and contribution within the system will be explored.

Furthermore their views around processes, practice and provision that is in place for children with BEST will be collected. Plans to define what best practice means to the group as a whole. The focus will be on children from the county of County X who attend residential provision for BEST. Some of these children attend a county residential school and some attend independent provision.

The study will be conducted in two stages. Part 1 will focus on the experiences and views of children who are attending specialist provision for BEST and their families. This will be achieved through five semi-structured interviews and 6 case studies.

Part 2 will be informed by Part 1 and the themes that are identified in the case studies will be used to develop a questionnaire to investigate the views of professionals working with children with BEST practicing in County X. A small number of semi-structured interviews will be used with the practitioners in order to develop themes that have emerged from the questionnaire responses.

This information will help create a vision for the development of integrated services and provision in County X to raise the needs of children with BEST as effectively as possible.

Give details of the participants in this research (giving ages of any children and/or young people involved)

Participants will comprise of
Students attending specialist provision for children with behavioural, emotional and social difficulties between the ages of 6 - 16 and their families (a parent or carer)

Professionals who work to support children with behavioural, emotional and social difficulties -
Professionals in Education -
Clinical psychology -
SENSS (Social, Emotional and Behavioural Support Service)
Social Care -
Local Service Delivery Teams -
CAMHS (Children and Adolescents Mental Health Service)

Provide details of any other relevant provision -

Give details regarding the ethical issues of informed consent, anonymity and confidentiality
(with special reference to any children or those with special needs) The consent form can be downloaded from the BERA student access on line document.

In the first part of the study it will be essential to retrieve positive consent from children and their families if they are willing to take part in a case study. Any information given will be confidential, however, I will need to emphasise that any information given that I feel shows the child or other children may be at risk, I will need to pass onto the relevant professional.

When I present the data from Part 1 of the study it will not be in the form of 6 separate case studies as this would increase the likelihood that participants may be identified. Instead, the data will be presented thematically across all interviews.

In Part 2 I will ensure that the responses to questionnaires remain anonymous. The participants will be asked to provide information regarding further contact details if they wish to be considered for interview. However, the giving of this information will be optional. Names of those taking part in the interview will not be used. Furthermore, for all the interviews it will be essential that I let the participant know that I will be using a dictaphone to record the interview.

Interviews and questionnaires will also be coded and names removed.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress -

To collect my data I will use a mixed methods approach. I will carry out a file search of all pupils who currently attend specialist need specialist provision for BEST in County X. The file search will also allow me to identify the children that I can invite to be part of the case study stage.
areas and any new themes will be incorporated into the coding template. The process of coding will be undertaken in the same way.

Numeric data from the questionnaires will be analysed using SPSS for descriptive statistical analysis and cross-tabulation analysis. This will help identify areas such as, number of respondents in certain posts, years in post and different kinds of work relating to children with BEED. SPSS analysis will also be used where the response is required on a scale of 1-10.

Synthesizing the Data - Parts 1 and 2
The qualitative data from the overlapping topic areas in Parts 1 and 2 will be compared and contrasted to discover which views are shared and where there is contention. It will be here that I will be able to identify any concepts of best practice. I will also be able to identify the main challenges that have been identified by all those in the system and importantly how members feel they can overcome or move forward with them. I will also be able to look at whether they see themselves in the system is how others see them.

Give details of any other ethical issues which may arise from this project (e.g. secure storage of video/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):

Recorded interviews and questionnaires and consent forms will be stored securely in a locked cupboard.

Children's files will not be taken out of the Educational psychology office.

Recorded interviews tapes will be coded to protect the identity of the participant.

Any electronic data will be kept on a password protected computer or encrypted memory stick.

Any computer that electronic data is stored on will be protected by a firewall.

Confidential data containing names and addresses will not be stored on servers or computers connected to an external network.

Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):

N.A.

This form should now be printed out, signed by you below and sent to your supervisor to sign. Your supervisor will forward this document to the School’s Research Support Office for the Chair of the School’s Ethics Committee to countersign. A unique approval reference number will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

I hereby certify that I will abide by the details given above and that I understand in my dissertation / thesis (delete whichever is inappropriate) to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed: ____________________________ date: ____________________________

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor.
Appendix X – Literature Review

Literature Review

This literature review has been marked SEPARATELY from the examination of this thesis. It is appended here for completeness and to give coherence to the whole thesis.

Support for Children with Behavioural, Emotional and Social Difficulties: The Perspectives of Children, Families and Practitioners

The study that I hope to carry out will explore the processes and support in place for children experiencing behavioural, emotional and social difficulties (BESD) within a Local Authority. The focus will be on children currently attending special school for BESD, the parents and carers of these children and the practitioners who support them.

Within this paper I hope to:

• Justify the research focus as an area for discussion and to give its educational and psychological context.
• To consider the focus of my research and how previous research has contributed to an understanding of this area.
• To outline the gaps in literature that my research will address and the contribution to knowledge that I hope it will make.

The Context of my Research Focus

Relevant Policy

The 1944 Education Act or Butler Act outlined that children with SEN should be categorised by their medically defined disabilities and educated separately in special schools. In 1981 the Government released the Education Act (DES, 1981) and this introduced the notion of statements of SEN and the concept of ‘integration’ or the ‘inclusion’ of children with SEN in mainstream schools. As a result there was a decline of the number of children with SEN within special schools during the 1980s and 1990s and an increase of those children with statements of SEN within mainstream schools.

In 1994 92 governments and 25 international organisations called on governments through the Salamanca Statement (UNESCO, 1994) to increase the capacity of mainstream schools and to provide an inclusive education for children with a range of needs. The following
government white paper ‘Excellence in Schools’ (DfEE, 1997) supported this international statement of inclusive education.

In 2001, the SEN Code of Practice outlined that local authorities had a responsibility to make inclusive arrangements for SEN through identifying and assessing needs and matching those needs with appropriate provision, by providing high quality support for settings through support services such as the Educational Psychology Service, through services and professional groups working closely together, co-ordinating provision and sharing good practice. There was also an emphasis on carrying out strategic planning and review of local authority provision for SEN. A parallel government agenda at that time was that of results centred teaching and the introduction of the National Curriculum (DfEE 2000, as cited in Lloyd Bennett 2006). This saw school’s reputations and financial stability depending on league tables and success indicators.

In 2004 the government released the guidance entitled ‘Removing Barriers to Achievement’ (DFES 2004a) which called for the tailoring of support to the individual needs of the child in order to facilitate inclusion. Additionally, as the government recognise BESD as a type of SEN in 2008 the DCSF introduced specific guidance for the inclusion of children with BESD in mainstream schools.

Previously, in 2005 Baroness Warnock called for an urgent review of SEN policy and the concept of inclusion that she had first promoted. However, to date this has not occurred.

Estimating the number of pupils with BESD can be problematic due to difficulties in definition and inadequate available government statistics. In 1998 around 20,000 pupils attended BESD special schools or Pupil Referral Units (PRUs) (Hunter-Carsch et al, 2006). The Department for Children Families and Schools (DCSF) estimated that 11,400 of those children attended schools for BESD that year. Boys heavily outnumbered girls, and most were adolescents. Since 1998 numbers have continued to grow, (Berridge et al, 2003).

The Lamb Inquiry (DCSF 2009) states that the most common type of need among children aged 12 - 17 is BESD, totalling 38% of all pupils on School Action Plus and Kern et al (2009) tell us that students with BESD have the poorest education, behavioural and social outcomes of any disability group, with no apparent improvements occurring across time. According to Farrell and Polat (2003) children with BESD typically come from economically and socially ‘disadvantaged’ families and are ‘almost certain’ to have experienced long-term difficulties at home and a higher incidence of family breakdown (pg 279). They may also have related complex learning difficulties or additional difficulties such as Attention
Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) or speech, language and communication needs (Dickinson and Miller, 2002). As a result children with BESD are described as being particularly challenging to support, especially for teachers within the mainstream classroom (Cooper, 1999) and will probably have experienced many fixed term exclusions from their mainstream school and possibly permanent exclusions resulting in a number of different educational placements.

**Behavioural, Emotional and Social Difficulties**

The term ‘emotional and behavioural difficulties’ first appeared in policy documents in the early 1980's (Jones, 2003) and in the past 50 years there have been distinct constructions in policy and practice with each being informed by competing discourses in social and behavioural sciences. Prior to the 1981 Education Act, disruptive behaviour was understood as ‘maladjustment’ and as a function of psychopathology. Attitudes towards children with BESD were that the ‘problem’ existed within the child themselves and these are described as ‘within-child’ factors (Miller 1996). This attribution to the causes of behaviour saw teachers viewing challenging behaviour as out of their control and that children with BESD were ‘disordered. Practical responses involved removing the child to a treatment environment (e.g. a special school) with the primary goal being to promote the development of a well-adjusted personality within the child.

Strong criticisms of this were raised in the 1970's which fought against the medical model of maladjustment and the term ceased with the 1981 Education Act. By the mid 1980’s there appeared to be a conceptual shift, involving the development of specialist provision ideally in the mainstream school. This was the educational model of BESD which was supported by new ideas in the social and behavioural sciences and interactionist perspectives which saw the child’s behaviour in context. Now children with BESD are seen to be able to be supported and included within their classrooms in mainstream schools.

There has been particular interest in practitioner’s views of working with children experiencing BESD. This is due to many factors including the high proportion of children considered as experiencing BESD and the reports of stressful experiences from practitioners who work with these children. Furthermore, Lloyd Bennett (2006) reported that during the 1990s almost 10% of schools needed specialist input from practitioners to support them in managing children with BESD and this number is likely to have grown significantly.
Both the inclusion agenda and the drive to measure school performance through academic results sets a context of seemingly competing priorities and the inclusion of children with BESD within the mainstream environment can be seen as a particular challenge by some practitioners. Results-centred teaching saw school’s reputations and financial stability depending on league tables and success indicators and this has placed pressure on schools, resulting in children with SEN and particularly children with BESD being seen as a liability.

Service delivery from practitioners, especially for vulnerable children has also been a focus, particularly in relation to multi-agency working. The importance of practitioners working together to support vulnerable children was highlighted in the Laming Report (HMSO, 2003, as cited in Hymans 2008) and initiatives such as the Common Assessment Framework and Team Around the Child have emerged. Furthermore, the Lamb Inquiry (DCSF, 2009) called for more collaboration between practitioners, but also examined the kind of support that families of children with SEN were receiving from practitioners.

Due to the existing policies and models placing an emphasis on the importance of inclusion of children with SEN in mainstream schools and particularly the inclusion of children with BESD this appears to be a worthwhile area of study. The argument for this area of study is strengthened by the growing prevalence of children with BESD within mainstream schools and the growing evidence that these children are a source of stress to those teachers who support them.

Review of existing literature

In order to carry out this literature review I had access to a number of resources. These included Ebsco EJS which is a host service providing access to a large number of online journals, searching journals and other library resources by hand and accessing government publications via the ‘Every Child Matters’ website, the Audit Commission website and the ‘Department for Children, Schools and families’ website. Through these means a large number of relevant journals were accessed, which included:

- ‘Emotional and Behavioural Difficulties’
- ‘British Journal of Special Education’
- ‘Educational Psychology in Practice’
- ‘Educational Research’
- ‘Oxford Review of Education’
- ‘Child and Family Social Work’
- ‘British Educational Research Journal’
The following examples of key words were searched in isolation and in combination:
'Behaviour, emotional, social, difficulties', 'inclusion', 'mainstream school', 'special school', 'specialist provision', 'teachers/practitioners', 'multi-agency working'.

The key areas that arose through this search of literature were based on different stakeholder’s views of inclusion for children with SEN and provision and support for children with BESD, from the perspectives of the children themselves, parents and carers and practitioners. The following is a selection of the literature accessed which is presented in terms of which stakeholder’s view is being sought.

**Seeking the views of children**

The views of the children themselves were sought within literature. The views of children with BESD were sought and also children with other types of SEN. Two studies are described in more detail below.

Lloyd and O'Regan (1999) emphasised the importance of listening to children about their experiences of being in a system as a child with BESD by carrying out a small scale project which focussed on the views of young women who had been identified as having BESD. Semi-structured interviews were carried out with twenty young women who were either attending mainstream school, alternative day placement or residential special school and were in their last year of compulsory schooling. They were also interviewed again after leaving school. Fifteen of these follow up interviews were carried out, 14 with the young women themselves and the 15th with one of the young women’s parents. Sixteen of the participants had attended multiple mainstream schools, and some had been in multiple care placements.
Participants reported that their experiences of mainstream school had been negative and that they regretted missed educational opportunities. Additionally, several of these young women identified a strong feeling amongst them that some practitioners had been ‘interfering’ and had not taken the time to understand their lives. They also reported that teachers they encountered within alternative provision were more reasonable than the mainstream teachers, that they listened more and they felt they could talk to them about issues that were worrying them.

The young women reported mixed views about residential special school provision. Some participants felt that special school had helped them, but they wished that better support had been available to them within the mainstream environment. Their experience of certain professional forms of intervention influenced their views of the kind of support they said they would be willing to accept as young adults.

Lloyd and O’Regan concluded by stating that the findings of the study point to the case for a ‘much wider argument over the existence of alternative provision for young people and in particular, young women’ (pg 45). They argue for ‘more public discussion of the role of alternative educational provision in relation to the paradox created by public policies of inclusion alongside exclusionary educational practices’ (pg 45).

The findings within this study are useful, especially in terms of the fact that the authentic voices of young people with BESD are reported and their views of different types of provision have been explored. However, this study only provides us with the views of females with BESD, which is valuable, but is not representative of the national picture where the number of boys with BESD is much higher than that of girls. Additionally the study only gathers the views of the young people themselves and does not explore other stakeholder’s view points, for example, it may also have been interesting to note whether the parents interviewed in place of the young person within the second interviews shared similar views to their child about the provision that they had attended.

Furthermore, it is not clear in the paper what key questions were asked during the first interview and at the follow up interview, whether differing views of provision were explored in each and whether any change in perspective had taken place between the timings of the two interviews. It also was not clear how data from interviews was analysed.

Shah (2007) also explored the views of children and young people about their experiences of mainstream and special school. Her participants however, were not children with BESD, but participants who had physical disabilities.
Thirty young disabled people were interviewed in a selection of mainstream and special schools with the aim of developing an understanding of their educational experiences and views about education. The target participants were described a young people who were being expected to participate in vocational decision making, and a research booklet was sent to each school and college along with the target sample definition so that participants could be selected and invited to take part.

The participants that agreed to take part represented a mix of social class, ethnic and cultural backgrounds and had different types of physical disabilities. They ranged in age from 13-19 years old in school settings and from 16-25 in college settings. Participants attended special or mainstream school or both.

Semi-structured interviews were carried out with the participants which included questions which asked about preferences with regard to mainstream and special schools. Data from the interviews underwent content analysis and were coded for emerging patterns, themes and key points. Shah also added that as she was disabled herself she invited participants to ask her questions about her own experiences after the interviews had taken place.

Her main findings were that support available in special schools was perceived to be positive and that participants felt this type of support was not available within mainstream settings. Friendships were also reported to be easier for participants to foster within the special school environment.

Mainstream school was described as being somewhere where participants felt isolated and lonely, because of physical barriers which created limited access to certain areas and activities, and also attitudes of prejudice from others that prevented friendships being able to be built with non-disabled students.

Teaching assistants were also referred to as being a barrier to learning in both settings. Support from teaching assistants was perceived as being an invasion of their personal space and as acting as a barrier to building relationships with their peers.

Overall, respondents reported experiences at special school as positive and favoured these experiences over their experiences at mainstream school. However, results did indicate that participants felt that there were low expectations on them within special school and that as a result their aspirations were sometimes limited.

This study is considered to be relevant to this current study as it explores the views of children and young people about their experiences at both mainstream and special school.
and helps to develop our understanding of children’s experiences within these settings. However, this study can only inform our understanding of views of children with SEN and not specifically children experiencing BESD. It is also not clear whether those participants who attended just a mainstream school had experiences of being at an alternative school from which they could draw and compare current experiences with. Additionally, it should be considered how Shah’s own experiences of being disabled may have influenced her interpretations of participant’s views while analysing data. This study also only focussed on the views of children and young people and does not consider other stakeholder perspectives.

**Seeking the views of parents and carers**

The views of parents and carers of children with BESD and of other children with SEN were sought. The first study presented examines the views of parents and carers of children with physical disabilities, alongside the views of practitioners. The second study examines the views of parents and carers of children with BESD and also considers these views alongside the views of the children themselves.

The voice and views of parents were explored within research conducted by Runswick-Cole in 2008. As a researcher at the Research Institute for Health and Social Change at Manchester Metropolitan University she wanted to explore the views of parents of children with SEN and their placements within mainstream and special schools. She particularly aimed to explore parents’ attitudes towards inclusion through the use of the Social Model of Disability.

Twenty-four (17 mothers, 7 fathers) parent participants took part, who were contacted through three voluntary organisations involved in supporting children with special educational needs. Parents were all in the process of appealing through the Special Educational Needs and Disability Tribunal (SENDisT); with claims including claims of disability discrimination, refusal by the Local Authority to carry out a statutory assessment and parents wanting to secure special school placement for their child. Parents did not all live within the same Local Authority and were spread across four Local Authority areas. Semi-structured interviews were carried out with parents either face to face or on the telephone.

Seven professionals were also interviewed who were contacted by SENDisT. Two were solicitors and chaired SENDisT panels; three were local authority officers who had worked in special schools before moving into administration, one was a formal SENDisT panel
member and an Educational Psychologist for the local authority who had also acted as a witness at Tribunal. The final participant was also an Educational Psychologist who had acted as a witness at Tribunal. Professionals were interviewed by telephone, while one participant agreed to be interviewed at their workplace. They were asked their views on why they thought parents appealed to SENDisT and were asked about their views of the strengths and weaknesses of the systems in place.

Interviews used a narrative approach and parents were asked why they had registered with SENDisT and the events that led them to appeal, and their experiences of the hearing and their view of the outcome.

The findings indicated that parents’ attitudes towards mainstream and special school are influenced by their engagements with models of disability and their experiences suggest that the process of inclusive education is ‘fragile’ despite shifts in policy.

Parents described organisational and pedagogical barriers to their child’s inclusion in mainstream school, as opposed to within-child factors. Parents in this study who hold this view were described as employing a social model understanding of disability. These parents were also sceptical about professional’s assessments of their children.

Parents had originally wanted mainstream school for their children, but changed their minds due to their child’s negative experience within mainstream school. Lack of resources and flexibility in teaching style and school culture and ethos were reported to be the main factors that resulted in this experience.

Some parents expressed that they had always wanted special school for their children and these parents were reported to be more likely to focus on within-child factors rather than barriers in the school environment.

Runswick-Cole concluded that parents’ choice of school may not be influenced by models of disability, but parents’ choice of school may construct the model of disability with which they identify.

Professionals identified the policy of inclusion as a key reason as to why parents registered an appeal with SENDisT – that parents want their child to go to a special school, but that this is most often in conflict with the government’s agenda of inclusion.

A key criticism of this research is that parents who have chosen to participate within this research are already engaged in or have engaged in a tribunal process which may indicate
that a majority of participants have already had a negative experience of the mainstream school environment and of the support on offer. As a result, parents’ motives for taking part in the research may be questioned as they may bias the data from the outset. The views collected for the research from professionals seems to be underreported and it is unclear as to what they key themes emerging from their interviews were. The interview process itself maybe questioned in relation to the interviews conducted over telephone as it is not made clear as to how, if at all, these interviews were recorded. However, this data does develop our understanding of parents’ views of the inclusion of their children in mainstream environments and within special schools. This research does not focus solely on the views of parents that have children experiencing BESD, but on the views of parents of children with SEN.

Harriss et al (2008) aimed to seek the voice and explore the perspectives of both children and parents/carers regarding the benefits and disadvantages of attendance at special school for children with BESD. The views of the special school keyworkers were also sought. The aim was to conduct a small number of case studies in a therapeutic residential school that provides education and care for children aged 5-12 years who have severe emotional and behavioural difficulties.

Interviews were conducted with pupils, parents or carers and staff. They interviewed six pupils, six parents or carers and twelve staff from the special school. The pupil participants were three boys, three girls with an age range of 9 years 6 months to 11 years 8 months and length of placement at the school ranged from 15 – 40 months. In total twenty-three interviews were conducted, with one pupil choosing not to participate in the study. All participants were interviewed using a semi-structured interview schedule. School files of the pupils were also accessed to obtain background information along with results of assessments conducted by an Educational Psychologist at the beginning of each pupil’s placement and again on one or more occasion during their time at school.

The responses were then analysed thematically using Interpretive Phenomenological Analysis (Smith 1995, as cited in Harriss et al 2008). In order to protect anonymity data was presented thematically across all interviews.

They found that all stakeholders perceived there to have been a range of benefits from attending special school including a positive impact on emotional and behavioural development. Children had been able to develop friendships and significant relationships with adults. These positive relationships were also perceived to have impacted positively
on self-esteem. All parents and carers believed that their child had increased in confidence and felt better about themselves through being at special school. Children were described as being able to manage their behaviour more effectively and to be able to cope within class better. However, some parents were worried about the academic progress that their children had been able to make. Placement was also reported to have had a positive effect on the parents; providing them with respite and new ways of being able to respond to behaviour.

Some negative aspects to boarding at the special school were noted, such as children having to be away from their friends and family, parents missing spending time with their children and children learning inappropriate behaviour from others.

Limitations identified by Harriss et al (2008) are that the study captures the perspectives of a relatively small number of participants at a single point in time and that no quantitative measures of change over time or perspectives about longer term placements were available. Additionally there was only time for participants to engage in one brief interview.

Additional points are that the professional group that was interviewed is limited only to practitioners working within the special school itself meaning that the study disregards other practitioners that may be involved with those children and who may be able to offer valuable insights. Furthermore the sample sizes are very small and out of the six children interviewed, half were boys and half were girls which is not representative of the national picture and it does not state whether it is representative of the special school’s own picture. The study also does not acknowledge the views of participants about the processes that took place which led to the child attending specialist provision. It may also be considered that through thematically analysing across all the data set, that key information about personal stories and insights may have been lost or unable to be reported.

Seeking the views of practitioners

The views of practitioners in relation to supporting children with BESD were represented in literature. There were studies which focussed exclusively on the views of a single practitioner group and presented here are examples where the view of the teacher is considered in one study and the view of Speech and Language Therapists are represented in another. There were also studies that sought to gain the views of a wider network of practitioners that support children with BESD and two studies are discussed in more detail.
Comer’s 2004 study sought the views of teachers who work in the mainstream classroom and support children with BESD in their classrooms. Comer was interested in the effects that having a child in a class with BESD can have on the teacher, along with what support teachers currently receive and what support they would like in terms of working with children with BESD.

Comer carried out this study through her role as an advisory teacher for BESD. Participants were described by Comer as a ‘set of teachers willing to help’ (pg 318) who were all females who had been teaching for less than 10 years; there were 20 in total. Before Comer carried out her study she carried out a pilot study with an Anglican priest who she felt was someone who was in a profession with similar pressures to that of a teacher. Her aim of carrying out this pilot was to see if enough information could be gathered through her chosen method. Comer’s method of data collection was through the use of mind maps which were used to gain overall impressions of how teachers felt about supporting children with BESD and the support they received. These initial impressions were then arranged into a number of categories and common themes were identified in the data.

She reported that teachers commonly used the words ‘impotent’ and ‘powerless’ when talking about working with children with BESD. They felt they did not know what to do, had no sense of efficacy and felt the ‘system’ around the child was also impotent.

Some participants reported that they were happy with the support that was in place for them as teachers, however, others felt that asking for help would mean they would be perceived as weak or incompetent. An overload of paper work was also a barrier to asking for support.

Furthermore teachers reported that they were frustrated at having to ‘learn the language’ of the Educational Psychologist or Local Authority before their voice and view was considered to be valuable and legitimate. There was also a lack of clarity in relation to the role and function of support services.

Two main questions are raised in terms of the reliability of this research. The first relates to Comer’s approach to selecting participants. It is suggested that these were teachers she may have known through her work as an advisory teacher who were ‘willing to help’ her with her research. This does not indicate a robust selection criterion or process and it should be considered how Comer’s professional relationship with these participants may have influenced her findings. Secondly the pilot carried out with an Anglican Priest does not seem wholly relevant. She describes his vocation as having similar pressures to that of a
teacher – in whose opinion is this? This comparison seems questionable. This pilot study is only useful in terms of trialling her method of data collection, however, it was only carried out with one person and may have been much more relevant if it was carried out with a small group, possibly teachers, but focusing on a different subject area.

Parow (2009) focused on another professional group that can support children with BESD through their work. Parow carried out this research as part of a Masters programme for Cardiff Vale University Local Health Board and it focused on Speech and Language Therapist’s (SpLT) views of working with children experiencing BESD, looking at their role with children with BESD, the interventions they use and the barriers to working effectively with them and improving practice.

The participants were SpLTs working within mainstream settings, including community clinics and mainstream schools. The small scale study was carried out in two phases; the first phase was a descriptive phase which used a largely quantitative methodology and the second phase was an explanatory phase which used mostly qualitative methodology. Pre-questionnaire interviews were carried out in order to inform the quantitative stage of questionnaires and responses to the questionnaires then led to interviews with participants. 57 participants were sent a questionnaire and 36 were returned. Data from these questionnaires was collated to illustrate the most common answers and 6 interviewees were then randomly selected. Semi-structured interviews took place with the 6 participants and a content analysis approach was used to explore emerging themes.

Main findings were that the SpLTs valued working with an adult that knows the child well and that creating an Individual Education Plan or delivering informal staff training were the most likely interventions they would choose to use to support a child with BESD. Around half of the participants who completed the questionnaire felt that their work was effective in some cases, 25% said they didn’t know if their work was effective, 25% said they didn’t think their work was effective and only 6% felt that their work was definitely effective.

Perceived barriers to working effectively with children with BESD were reported. School staff not viewing speech and language difficulties as a priority for children with BESD was reported as resulting in school staff not following programmes that were provided for the children. Participants also reported that they felt they didn’t have enough training in relation to supporting children with BESD and that there is poor multi-agency working for children with BESD. Additionally, they felt that other practitioners do not fully understand
what SpLTs do. Limited contact with parents was also highlighted as a barrier to meeting needs.

This study has generated some useful data through questionnaires and semi-structured interviews and develops our understanding of how SpLTs view the support they are able to provide to children experiencing BESD. There are some limitations however to this study. For example, it may have been useful to also have considered the views of SpLTs supporting children within specialist settings along with mainstream settings. However, the main question is over Parow’s decision to use content analysis to analyse the data. Content analysis is commonly used to analyse data within media such as newspapers and can be described as not being appropriate for small scale studies such as this (Bell 2005). Additionally it has been criticised for its reliability as the researcher influences what codes are generated and these may be different from the codes another researcher may generate; with this in mind it can be recommended that data is checked for intercoder reliability where data is checked by another researcher. Parow does not indicate whether this has taken place.

Lloyd Bennett (2006) explored a wider network of professionals and included class teachers, senior managers, members of support services and local authority officers. He circulated questionnaires on meeting the needs of pupils with BESD to practitioners in one local authority as part of the development of the authority’s Behaviour Support Plan. Respondents were asked to identify the practices and forms of additional support which in their view resulted in successful outcomes for pupils.

In order to identify participants the questionnaire was sent to Special Educational Needs Co-ordinators (SENCos) in every school in the local authority and to managers of local authority services; which totalled 58 mainstream primary schools, 134 secondary schools, 5 special schools, 20 managers of children’s services, Local Authority officers such as Educational Psychologists, the team for Looked After Children, the student support centre and the inclusion team. 78 responses were received from a combination of class teachers, senior management, support services, local authority officers and 4 respondents who were unidentified.

Provision that helps to meet the needs of BESD were described by respondents as being additional staffing, support from outside agencies, training on behaviour management strategies, off-site provision, opportunities for pupils to withdraw from curriculum tasks and an alternative or differentiated curriculum. Small residential BESD schools and
resource units attached to mainstreams schools were described as helping to meet the needs of children with BESD. Additionally, staff training, parental involvement and whole school commitment to behaviour policies, reward systems and approaches were identified. Increased multi-agency working was also felt to be needed, in particular a stronger link between social care and schools.

The barriers that were described were the lack of flexibility in terms of National Curriculum league tables, lack of staffing, lack of prompt support from support agencies, lack of close links between mainstream and specialist provision, lack of self-reflective teachers and lack of clear local authority policy.

Data was received from a wide range of practitioners within the local authority; however it may have been useful to know which members of ‘support staff’ and which ‘local authority officers’ responded to the questionnaire. It appears that the questionnaire used within the research consisted of questions that required a numerical response and questions that required a qualitative response, however, this isn’t made clear, along with the way in which data collected was analysed.

The National Behaviour and Attendance review in Wales conducted a study (Reid 2009) that looked at local authority staff’s views of supporting the promotion of positive behaviour and attendance at school; how they can support, what is effective practice and effective uses of multi-agency working.

This overall review was conducted over 2 years between 2006 and 2008 in Wales, with this particular study exploring the views of practitioners through professional focus groups. Two focus groups were chosen. Group 'A' included head teachers, senior managers in schools, middle managers, new staff and a range of Local Authority staff including Educational Psychologists and Social Care. Focus group B included Head Teachers, Deputy Heads, middle managers in schools, teachers, learning mentors and selected Local Authority staff. Focus group A were asked to consider children who may be experiencing BESD, who are at risk of permanent exclusion and children who are being educated other than at school. Focus group B explored challenges facing professionals, interventions for children with BESD, and further support that should be offered to professionals working with children experiencing BESD.

Key findings were that participants felt that schools in Wales were supporting children with BESD effectively. However, it was recognised that differences in provision and support occurred across Wales according to location, pupil intake, leadership and management in
the area, differing school ethos’s, and levels of parental support. Practitioners in both focus groups felt that they would like to receive more training in terms of BESD. Concerns were also expressed by participants about the use of Pupil Referral Units, managed moves and ‘unofficial’ exclusions.

This research is useful when considering views about support for children with BESD in general; however, as this study has taken place within a different country, with differing policy and practice, findings are limited when applied to the context within England. The use of focus groups containing varying professionals and possible hierarchies within them may also be a limitation to this research. Hayes (2000, as cited in Bell 2005) tells us that focus groups need to be carefully balanced in terms of age, sex, ethnicity and status as different members of the group may feel socially constrained and Denscombe (1998, as cited in Bell 2005) warns that strong personalities within groups can also have the same effect. This may mean that some participants felt unable to express their honest opinions, especially in groups where there may have been perceived or real differences in hierarchies of the practitioners.

**Contributing to existing knowledge**

The importance of gaining the views of children with SEN and their parents, about their views of being in the education system has been highlighted in literature in order to increase our understanding of what being in a mainstream and special school environment feels like for them. Studies have reported that children and families have often had negative experiences at mainstream school and that they express more positive views about special school placements. The apparent excluding nature of mainstream school for the child and their families is often discussed in comparison to their view of the supportive nature of special school. Research has highlighted the value of gaining views of the experiences of children and families and how these experiences can often conflict with the current government agenda of inclusion.

Studies have used semi-structured interviews with participants and aimed to examine the views and social constructions of the participants’ experiences. These accounts appeared to provide rich and meaningful data. However, none of the studies that interviewed children gave recognition to the fact that children with SEN may have difficulties expressing their views or that children may have preferred an alternative way of expressing their views. In terms of analysis studies opted for analysis approaches, that although differed, were
generally concerned with generating key themes from the data through forms of thematic analysis.

In light of existing research, focussing on the lived experiences of participants would appear to be a valuable way of contributing to existing data. Semi-structured interviews have been able to provide rich data and have been an effective approach for gaining these views. Therefore this approach will be utilised within this research study. However an alternative way that children can express their views will be considered. With this in mind a flexible approach to analysis of the data will be beneficial in order to explore key themes.

Some existing studies have focussed just on the views of one stakeholder, e.g. the children or young people or on a very small number of immediate stakeholders, e.g. child, parent and school staff. As a result the researcher would like to contribute to the existing knowledge base by considering the views of all key stakeholders; of children, families and the wider network practitioners who support the child. Children and parents’ views will be sought in Paper 1 and our understanding of these experiences will be developed by also seeking the view of the child’s current special school keyworker. Importantly, this research will focus on children’s and families views of mainstream school and special school, but will also focus on their transition from one to another, as this does not appear to be addressed within the reviewed literature.

Research has also focussed on practitioners’ views of supporting children with BESD. Comer (2004) explored the views of teachers through the use of mind maps, Parow (2009) explored the views of SpLTs through questionnaires and semi-structured interviews, while Lloyd Bennett (2006) and Reid (2009) reached a range of Local Authority practitioners for their views of support and provision for BESD, Lloyd Bennett through the use of questionnaires and Reid through the use of focus groups. Key themes from research are that practitioners can identify positive factors in the support they offer and the provision that is available, but that practitioners are overall asking for more support in order to meet the needs of children experiencing BESD and difficulties have been highlighted between how school practitioners and Local Authority support services practitioners are working together in order to meet needs.

It appears that gaining the views of a range of practitioners and considering them alongside the views of children and families will be a valuable contribution to knowledge as this has not previously taken place. As questionnaires have the means to reach a wide range of practitioners that may potentially work to support those children with BESD, this is how
participants within Southshire Local Authority will initially be contacted for their views. It is also evident that interview approaches such as focus groups can achieve rich data. However, individual semi-structured interviews will be used within this research in order to encourage participants to freely express their views. A flexible approach to thematic analysis will be used to allow qualitative data within questionnaires to be analysed, along with richer data obtained through interviews.

Conclusion

The research focus of this study has been justified by examining the relevant government policies and current thinking in relation to BESD. As government policy is focussing on the inclusion of children with BESD within mainstream schools and the number of children with BESD is increasing this seems a worthwhile area of study. This is especially so, given the evidence that indicates that the inclusion of children within mainstream schools is a source of stress for teachers.

Existing research and literature has been reviewed and an area where a worthwhile contribution to knowledge can be made has been identified. Previous research has focused on the lived experiences of participants and has sought views from children, families and practitioners. However, the views of all stakeholders, including a range of practitioners that support children with BESD have not been considered within one paper. As a result this research will focus on drawing together the real-life experiences of the support in place for children with BESD from the perspectives of children, families and a range of practitioners. Furthermore, children and families views will be sought at a moment in time whereby both mainstream school and special school have been experienced by participants and the transition has been made from one to another.

Paper 1 of this research study will focus on the views of children and families and Paper 2 will focus on the views of practitioners who may support children with BESD with the aim of deepening our understanding of the support and barriers experienced by children with BESD within a Local Authority.
References


Websites


