PROFESSIONAL PRACTICE REPORTS

(VOLUME TWO)

BY

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INTRODUCTION TO VOLUME TWO

Volume Two of this thesis comprises of four Professional Practice Reports (PPRs) on subject matter relevant to educational psychology (EP) practice. The topics explored within the PPRs reflects the range of professional work carried out by the author, as a Trainee Educational Psychologist (TEP), on work placements within an EP Service during Years 2 and 3 of the Doctorate in Applied Educational and Child Psychology at the University of Birmingham. Volume two is the second part of a two volume thesis and each of the four PPRs form a distinct chapter.

A distinctive contribution is made by EPs with regards to the adoption and employment of psychological knowledge and evidence based strategies (Cameron, 2006) when working with children and young people, staff, parents and other professionals within a variety of contexts. As such, the overarching aim of Volume Two is to evidence a range of work undertaken by the author as a TEP, employed within a Local Authority (LA) EP service context.

The EPS is based within two large, mainly rural, LAs. The two LAs operate within two separate parts of the county. At the time of data collection the EPS worked for both LAs. Recently, the EPS has split into two separate teams that work in each LA and are independent from one another. Within these regions, areas of rural deprivation are in close proximity to areas of economic wealth. There is little ethnic diversity within either LA.

The EPS operates a part - traded model of service delivery. Within this model the core/statutory functions of the service are directly funded by the LA. If schools require additional support from an EP they are required to purchase additional hours in the form of 'packages' that comprise of 3 hour blocks of time. How schools wish to spend their packages is typically negotiated with their allocated EP. The work undertaken by the author within a number of schools and within the EPS itself forms the basis for four PPRs which were written between the period of 2013 to 2015.

The first PPR explores a critical review of the empirical literature regarding therapeutic processes for adolescent self-harming behaviours.

PPR 2 presents an account of the efficacy of video self-modelling as an intervention for a child who was experiencing difficulties complying with behavioural expectations within mainstream primary school. The third PPR focuses on gaining the views and experiences of EPs in terms of working with young people with special educational needs (SEN) who are transitioning beyond compulsory education. Finally, PPR 4 is an exploratory study that utilises photography as the data collection method to gain the views of young people with SEN, regarding inclusive practices, who are transitioning into a further education college. A summary of each PPR is presented below.

PPR 1: A critical review of the literature exploring individual and group therapeutic processes to reduce the frequency of non-suicidal self-harming behaviours displayed by adolescents

Self-harming behaviours refer to behaviours that are self-inflicted with the intention of causing oneself deliberate harm. The research literature documents that self-harming is a symptom of emotional, social, behavioural and cognitive difficulties experienced within the lifetime of the individual. Within the literature there are many references to the potential causes of adolescent self-harm, but there is only a small evidence base to provide insight into which interventions may be the most effective for this age group in particular. This review of research summarises and explores several studies conducted to reduce rates of deliberate self-harm. Approaches implemented by the studies include Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Problem-solving Therapy, Multi-systemic Therapy, and Group Therapy. This paper also explores the role of the educational psychologist when working with school staff and individuals who have or are engaging in self-harming behaviours.

PPR 2: Video Self-Modelling: An intervention for children with behavioural difficulties and its implications for educational psychology practice

The current study explores the effects of a Video Self-Modelling (VSM) intervention on the behaviours of a child in mainstream education using a single case study design set within a behaviourist paradigm. VSM is a behavioural

intervention that requires the participant, in this instance a 6 year old boy, to view a short video of himself engaging in target behaviours. In this instance, the participant self-selected his own target behaviours. The behaviours chosen by the participant were: doing my work, sitting nicely on my chair, sitting nicely on the carpet and putting my hand up instead of shouting out (in reference to communicating with his class teacher). Baseline and post-intervention data were collected through classroom-based observations by the researcher to monitor the frequencies of the target behaviours demonstrated by the participant and evaluate the effectiveness of the VSM intervention. The participant demonstrated higher frequencies of target behaviours following the intervention condition. The results suggest that VSM is a promising method for educational psychologists to use as a proactive approach in educational settings with pupils to improve target behaviours.

PPR 3: An exploratory study of educational psychologists' views and experiences of working with young people with special educational needs who are transitioning beyond compulsory education

This research explores the transition of young people with special educational needs (SEN) from compulsory education and the potential facilitative role of the educational psychologist (EP) in light of the recommendations put forward by the SEND Code of Practice (2014). Using a focus group, insights were gained into the role of the EP in regards to their

working with this group of young people and the stakeholders involved in the transition process. The findings add value to EP practice through the identification of potential strengths and barriers to EP working. Examination of the findings suggests that current EP work with this age group may be limited. However, the responses of the EPs suggested that they possessed the skills and knowledge to improve the transition process for young people through information sharing, multi-professional collaboration, personalised 1:1 working and training.

PPR 4: An exploratory study of best practices when working with individuals with SEN who are transitioning into a further education college: gathering pupil voice using the photography

The current research aimed to identify participant's views regarding inclusive practices within a single specialist setting. Participants (n = 7) aged between 16 and 19 years took part in the study. All participants were identified as having complex individual needs that included difficulties with their speech, language and communication. To gain the voice of the learners, a data gathering procedure utilising photography was implemented. This study was commissioned by a specialist setting who will be transitioning its post-16 provision and their students to a local further education college in September 2015. The setting wished to gain further information regarding what their students perceived to be best practices for inclusion within their current school that could then be taken into consideration within the new special educational

needs (SEN) college provision. The findings of this study discovered that students value access to specialist equipment, information technology, outdoor spaces, a common room, information and work displays and their classrooms, taking images of lessons and rooms they particularly enjoy attending. The findings of this study add to the research regarding inclusive educational practices for post-16 students and creative methods for eliciting the voice of learners who have expressive language difficulties.

Reflections

The research presented within Volume Two offers a range of enquiry carried out as a TEP during Years 2 and 3 on work placement. The PPRs provided the author with the opportunity to develop a range of research skills using a variety of participants in a number of different contexts as an applied psychologist. The author has developed key research abilities, such as critically appraising the existing literature, conducting rigorous research, ensuring the research is ethical, employing a range of data collection techniques, such as focus groups, video and photography, and reporting and interpreting research findings. Conducting rigorous research has greatly developed the researchers understanding of these topic areas and has further informed their practice as an EP. From the present research, the author has developed particular interest in working with individuals who are post-16 years and utilising creative data collection methods within her research.

PPR 1: A critical review of the literature exploring individual and group therapeutic processes to reduce the frequency of non-suicidal self-harming behaviours displayed by adolescents

Abstract

Self-harming behaviours refer to behaviours that are self-inflicted with the intention of causing oneself deliberate harm. The research literature documents that self-harming is a symptom of emotional, social, behavioural and cognitive difficulties experienced within the lifetime of the individual. Within the literature there are many references to the potential causes of adolescent self-harm, but there is only a small evidence base to provide insight into which interventions may be the most effective for this age group in particular. This review of research summarises and explores several studies conducted to reduce rates of deliberate self-harm. Approaches implemented by the studies include Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Problem-solving Therapy, Multi-systemic Therapy, and Group Therapy. This paper also explores the role of the educational psychologist when working with school staff and individuals who have or are engaging in self-harming behaviours.

Introduction

The act of deliberate and self-inflicted harm has been referred to, within the empirical literature, as ‘self-harm’, ‘deliberate self-harm’, ‘self-injury’, ‘non-suicidal self-injury’ and ‘self- mutilation’. Many of these terms include a statement of intention to cause damage to oneself (Feigenbaum, 2010). Walsh

(2006) defined four components of self-harm; it is ‘1) intentional, 2) self-effected, 3) low lethality bodily harm of a socially unacceptable nature, 4) performed to reduce psychological distress’ (p. 4). The National Institute of Clinical Excellence (NICE) guidelines (2004, 2011), defines self-harm as an ‘expression of personal distress, usually made in private, by an individual who hurts him or herself’ (NICE, 2011, p.8). The NICE guidelines also recognise that individuals who self-harm are not part of a homogenous group. The significance, motivation and nature of self-harm differ for each individual. The precipitating factor as ‘trigger’ for self-harm within the individual may also be different on each occasion (NICE, 2011). It is these motivations and triggers that many therapies and interventions aim to explore in order to help the individual reduce the frequency of their self-harming behaviour.

The term self-harm has been linked with suicidal thoughts, feelings and actions. Previous research has identified that self-harm can be a significant risk factor for suicide (Hulton et al., 2001). However, research by Muehlenkamp and Gutierrez (2007) and Zila and Kiselica (2001) discovered that individuals who engage in self-harm are not motivated by a desire to die. Walsh (2006) suggests that adolescents are adopting self-harming behaviours as a means of coping with life events that are stressful and traumatic. Therefore, these particular behaviours can be seen as a symptom of a condition, such as anxiety or depression, rather than its cause leading on to suicidal ideation.

Context of the issue within the UK

Numerous studies across the past three decades have sought to establish the pervasiveness of adolescent self-harming behaviour in the UK. Variations in the definition of self-harm, different sample populations and sizes, criteria for inclusion and data collection, means that there are no definitive or agreed statistics concerning rates of prevalence. The National Inquiry into Self-harm in Children and Young People report (MHF:CF, 2006) estimated that between 1 in 12 and 1 in 15 children and adolescents have self-harmed. Systematic research undertaken by Madge et al., (2008) found that an estimated 16.7% of girls and 4.8% of boys within the sample, who live in the UK, reported at least one episode of self-harm across their lifetime. Just over half of the participants within the study reported to have repeatedly self-harmed. A survey of more than six thousand 15-16 year olds found that 6.9% had self-harmed over the previous twelve months (Hawton et al., 2002).

Statistics released by the Office for National Statistics (Meltzer et al., 2001) suggest that 6.7% of the participants sampled, aged 11 to 15 and living in the UK, had tried to harm, hurt or kill himself/herself (Meltzer et al., 2001, p.30). This research suggests that the frequency of self-harm among adolescents who do not have any mental health issues is 1.2%. However, it was recognised that young people suffering from disorders, such as depression, were more at risk of self-harming. 9.4% of participants with a diagnosis of anxiety disorder and 18.8% diagnosed with depression had reported to have self-harmed.

A longitudinal investigation by Dow (2004) of calls made to the UK charity ChildLine suggests that self-harm is often not a singular occurrence and can be performed repeatedly and habitually. Research by Bywaters and Rolf (2005) discovered that 27% of participants in NCH projects reported self-harming at least once a week and 41% once a month.

What are the risk factors for adolescent self-harm?

There are a number of psychological, psychosocial and biological factors that have been linked, by empirical research, to adolescent self-harm. Evidence has suggested that self-harming behaviours are related to 'complex and confounding vulnerabilities…it is not a response to a single stressor' (Fox and Hawton, 2006, p.26). Examples of identified risk factors for adolescent self-harm, within the literature, have been identified as being linked to stressful life event experiences, socio-demographic background and experiencing a physical or mental health illness.

Individuals who report self-harming behaviours suggest that the onset was within adolescence (Kibler, 2009). The average age, reported within the research, that an individual self-harms in the first instance is 13 years old (Ross and Heath, 2002; Muehlenkamp & Gutierrez, 2007). However, one fourth of the participants engaged in a study by Ross and Heath (2002), who were at the time attending a middle or high school, suggested that their self-harming behaviours had begun at age eleven or younger.

Research by Meltzer et al (2001) outlined socio-demographic, family characteristics and psychiatric data that predicted the prevalence of self-harm by 11-15 year olds. Key correlates discovered that of the individuals who had identified as self-harming on at least one occasion 58% were female, 50% had been diagnosed with a mental disorder and just over 40% had reported experiencing 3 or more stressful life events (Meltzer et al., 2001, p.38) . Of those stressful life events adolescents were more likely to self-harm if they had been born to a parent who experienced a relationship separation, parent had had a major financial crisis, had had serious illness which required a stay in hospital, had experienced the death of a pet or had broken off a steady relationship with a boy or girlfriend (asked if aged 13 or above) (Meltzer et al., 2001, p. 40). The study discovered that around '40% of 11-15 year olds who had tried to harm themselves had special educational needs compared with 15% of other children' (Meltzer et al., 2001, p.41). Parents of the participants had been asked to complete a General Health Questionnaire 12 (GHQ 12) (Goldberg and Williams, 1988). 1.4% of adolescents whose parent(s) had scored 0-2 on the GHQ12 had reported self-harming, compared to 7.1% of individuals whose parents had scored the highest (10-12) on the GHQ12 (Meltzer et al., 2001, p. 36). Family characteristics were also important in determining if an adolescent was more likely to self-harm. Adolescents from families with 5 or more children, having a lone parent, coming from a family with poor discovered (measured by the FAD-GFS) and families who are social housing sector tenants were more likely to have self-harmed.

A study by Dow (2004) analysed the content of calls made to ChildLine between April 2002 and March 2003 within which a young person had made a disclosure of self-harm. 3,032 girls and 313 boys called the charity. 40% of callers discussed their concerns about family difficulties or conflicts. 14% discussed feelings and symptoms of depression and twelve percent talked about being bullied at school as a reason for their self-harming. The number of children disclosing self-harm had ‘dramatically increased by around 65% between 2000 and 2002’ (Dow, 2004, p.2).

Research by Hawton et al (2003) of 1583 adolescents aged 12 to 18 years in the Oxford area suggests that the incidence of self-harm among adolescents drops during UK school holidays between the months of July to September. Further reductions in incidents were also present during April and December, when pupils did not attend school for at least a fortnight (Hawton et al., 2003). The researchers also discovered that during term time the highest number of reported incidents of self-harm occurred on Mondays and the smallest on Saturdays (Hawton et al., 2003). This suggests that there are potential links between adolescent self-harm and school based issues. Stressors such as bullying and exam pressures have been reported as being the common school-based concerns by children and adolescents (Dow, 2004).

Literature review of approaches to supporting adolescents who are self-harming

Within the empirical research, interventions for individuals who engage in self-harming behaviours have sought to address factors such as feelings of hopelessness, depression, anxiety, stress, impulsivity, poor social skills and difficulties with problem-solving. The principal aim of many interventions for individuals who self-harm is to 'help participants to adapt perspectives and to develop alternative coping strategies and ways of expressing their feelings' (SCIE, 2005, p.8). Interventions encourage participants to view their self-harming as a symptom of psychological factors, rather than as a condition to be treated.

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) has been identified as an effective treatment for child and adolescent depression disorders, but only recently has deliberate self-harm become an outcome variable of interest (Fortune and Hawton, 2005). CBT treatments for adolescent self-harm place varying emphasis on the cognitive and behavioral components of care (Spirito et al., 2011). Behavioural mechanisms often focus on the individual's skills deficits in problem solving, coping and interpersonal skills (Spirito et al., 2011).

Rudd et al. (2001) suggest that cognitive vulnerabilities associated with self-harm are rooted in core beliefs of hopelessness, helplessness and a poor ability

to regulate and tolerate stress. Research by O'Connor (2003) suggests that individuals who regularly engage in deliberate self-harm react to stressful life events with a greater sense of entrapment and defeat, compared to matched controls.

Cognitive components of CBT seek to identify and challenge negative automatic thoughts and schemas of the self and the future (Rudd et al., 2001; Spirito et al., 2011). Many CBT therapies attempt to 'teach coping skills and affect regulation techniques' (Spirito et al., 2011) in order to aid the individual when experiencing difficult situations which may result in them deliberately self-harming as a form of coping strategy.

Research by Slee et al (2008) explored the use of CBT with participants who engaged in deliberate self-harm, including adolescents aged 15 to 17. The intervention was based on a cognitive behavioural model of maintenance factors of self-harm developed by Slee et al (2007). The model addresses self-harming behaviours as a vulnerability caused by problem-solving deficits (Slee et al., 2007). The intervention by Slee et al (2008) aimed to 'develop cognitive and behavioural skills for coping with situations that trigger self-harm' (Slee et al., 2008, p.202). The research discovered that individuals who accessed the CBT intervention 'were found to have significantly greater reductions in self-harm, suicidal cognitions and symptoms of depression and anxiety' (Slee et al., 2008, p.202). Participants also experienced an increase in self-esteem and problem-solving skills in comparison with the control group (Slee et al., 2008).

The researchers reported that these effects were all observable 'early in therapy and this reduction continued as therapy progressed and during the follow-up period' (Slee et al., 2008, p.209). However, a reduction in self-harming behaviours and cognitions was also present in the participants who accessed 'treatment as usual' (TAU) without CBT (Slee et al., 2008). The authors suggest that when all participants began the study they were 'in crisis…and their risk of self-harm was elevated' (Slee et al.,2008, p.209). It could be argued that crises experienced by those who self-harm are time limited and their desire to self-harm as a coping strategy will naturally become reduced over time (Rudd at al., 2001). Slee et al (2008) recognise that 'the risk of repetition of self-harm is at its greatest during the first twelve months following an episode of self-harm' (Slee et al.,2008, p.209). The authors acknowledge that a limitation to their research was that there was also a lack of a follow up observations concerning the longitudinal effects of the CBT intervention compared to the control group (Slee et al.,2008). CBT, as an intervention for reducing self-harming behaviours for individuals, has a mixed evidence base. It may be useful to consider other models of CBT and their effectiveness.

Dialectical Behavior Therapy

The form of CBT that has the most evidence supporting a reduction in deliberate self-harm is Dialectical Behavior Therapy (DBT) (Washburn et al., 2012; Linehan et al., 2006). The National Institute for Clinical Excellence (NICE) guidelines for the treatment of self-harm (2004, p.34) recommends the use DBT

for individuals who engage in this behaviour. DBT, a combination of cognitive behavioural therapy and acceptance based strategies, was originally developed by Linehan (1993) as a form of psychotherapeutic treatment for individuals identified with borderline personality disorder (BPD), with a primary focus on self-harm reduction. Linehan and Dimeff (2001) state that DBT has been 'adapted for other seemingly intractable behavioural disorders involving emotion dysregulation' (Linehan and Dimeff, 2001, p.10), including deliberate self-harm. The authors suggest that DBT 'combines the basic strategies of behaviour therapy with eastern mindfulness practices' and is a 'dialectic of validation and acceptance of the client within the context of helping them change (Linehan and Dimeff, 2001, p.10). DBT is underpinned by the biopsychosocial model that draws on the assumption that individuals can suffer from a pervasive emotional skills deficit (Feigenbaum 2008). Feigenbaum (2008) argues that this deficit can reduce cognitive processing skills that may lead to difficulties with problem solving and the retrieval of previous coping strategies. The therapy is designed to facilitate the learning of 'new coping skill sets, addressing motivational obstacles during treatment, and promoting skill generalization outside the therapy setting' (Muehlenkamp, 2006, p.171). DBT, as a modification of cognitive behavioural therapy, aims to improve emotional regulation and is likely to be effective in reducing self-harming behaviour (Feigenbaum, 2010). Pasieczny and Connor (2010) argue that the efficacy of DBT stems from its primary focus of helping individuals to achieve greater control of their behaviour using behavioural, supportive, and dialectical strategies.

Feigenbaum (2010) argues that the DBT model 'suggests that self-harming behaviour arises as a strategy to manage overwhelming situations' (p.115) and regulate emotional responses. This is consistent with the research of Tragesser et al (2007) and Mikolajczak et al (2009). Research by Linehan et al. (1991) discovered reductions in the frequency of self-harming behaviours for patients with severe BPD in the first four months after individuals had accessed DBT. Van den Bosch et al (2005) discovered that the decrease of self-harming and impulsive behaviours were sustained after a six month period. Research by Priebe et al. (2012) found that individuals who completed DBT showed a lower frequency of self-harming behaviours after 12 months compared to participants who did not complete DBT.

Although a number of studies have found the use of DBT for individuals who display self-harming behaviours to be successful, the main body of the research uses an adult population who had attended an in-patient facility. Research with adolescents accessing DBT has mainly focused on its uses in clinics and for individuals with eating disorders (Klein et al., 2012) Klein et al. (2012) argue that 'further work is also needed to improve portability to specific settings, such as college counselling centres' (Klein et al., 2012, p.) Van den Bosch et al (2005) discovered that DBT treatment is only effective in the long term if regular follow-up treatment is accessed by the individual. Klein et al. (2012) suggest that individuals should access at least 20 sessions of DBT to improve outcomes for participants. It could be argued that an extended form of therapeutic intervention, such as DBT, may not be cost-effective for services in relation to

its effectiveness for the individual accessing the treatment (Priebe et al., 2012). An economic analysis of DBT services 'revealed a total cost of a mean of 5,685 GBP in DBT compared to a mean of 3,754 GBP in TAU (Priebe et al., 2012, p.356). Priebe et al. (2012) argue that 'whilst early literature reviews painted a largely positive picture of the effects of DBT on self-harm reduction…recent thinking has been more cautious (Priebe et al., 2012, p. 357). The authors criticise the UK and USA health care systems investing heavily in DBT, despite a small evidence base.

Another method of CBT used to reduce the repetition of self-harming behaviours is Problem-solving therapy (PST). Within this model self-harm is conceptualised as 'a dysfunctional solution to problems' (Washburn et al., 2012, p.2). Moorey (2010) argues that problem-solving is an important component of cognitive behavioural interventions. PST aims to help individuals to 'systematically define problems, generate a range of solutions, select a promising action plan, put it into effect and then evaluate it' (Moorey, 2010, p.138). PST involves the promotion of active problem solving through skills training (Nezu et al., 2010). Individuals are encouraged to play an active role in the identification and understanding of their difficulties and then to 'generate and implement adaptive solutions' (Fox and Hawton, 2006, p.71) with the support of a therapist. The therapist will encourage the individual to 'rehearse' solutions cognitively and behaviourally to enable the identification of any unforeseen barriers (Fox and Hawton, 2006). It is predicted that in developing these skills and with improved attitudes to problem solving this will lead to a

decrease in self-harm as a strategy for dealing with problems (Washburn et al., 2012).

The empirical research that explores the efficacy of PST, as a therapy to reduce self-harming behaviours, has revealed mixed conclusions (Muehlenkamp, 2006). There is also limited evidence of research that uses an adolescent participant sample. A study by Donaldson et al (1997) carried out a clinical trial that observed adolescents who received PST via the telephone, as well as standard aftercare. The 23 participants were compared to a control group who only received aftercare consisting of four psychotherapy sessions. The authors discovered that over a three month follow up patients who received PST did not engage in any repeated self-harming behaviours. However, the result was not statistically significant compared to the control group. This study is also limited by a small sample size and period of time within which the intervention was ratified; participants had access to 'three phone interviews over an eight week period' (Donaldson et al., 1997, p.271).

A meta-analysis of research by Hawton et al (1998) concluded that PST compared to other therapies appeared to have the greatest effect at reducing self-harming behaviours. Although no statistically significant evidence could be found by the researchers, it was argued that results showed PST to be a favourable form of treatment to reduce self-harming behaviours, compared to standard care controls (Hawton et al., 1998). A follow-up meta-analysis conducted by Townsend et al (2001) found that the treatments effectiveness for

reducing this behaviour was inconclusive. However, the authors suggest that within the research it was demonstrated that PST significantly reduced problem levels and comorbid depressive symptoms (Townsend et. al., 2001). Muehlenkamp (2006) argued that it would be 'premature to come to any strong conclusions regarding the overall effectiveness of PST…from these meta-analyses' (Muehlenkamp, 2006, p.169) due to the 'small sample of studies that were used (6) and the small participant samples within each study' (Muehlenkamp, 2006, p.169).

Recent research has shown that PST may have a greater long term efficacy in reducing self-harming behaviours when additional behavioural, cognitive and interpersonal components are incorporated into 'the standard problem-solving protocol, suggesting that a comprehensive approach may be best'(Muehlenkamp, 2006, p.169). Manual-Assisted Cognitive-behavioral Therapy (MACT) for deliberate self-harm 'integrates problem-solving therapy with cognitive techniques and relapse prevention strategies' (Washburn et al., 2012). Research conducted by Evans et al (2009), which included a number of adolescent participants, discovered that participants who received 6 sessions of MACT had reduced rates of self-harm and experienced a longer delay in time between each act of self-harm, compared with participants who received TAU. However, results, in line with previous PST studies, were not statistically significant.

A recent development and trial of a MACT programme has specifically been designed for adolescents who deliberately self-harm (Taylor et al., 2011). Twenty-five adolescents (aged 12 to 18 years) who had presented to a Community Child and Adolescent Mental Health Service (CAMHS) with self-harming behaviour engaged in the Cutting Down programme (Taylor et al., 2011). The authors reported that there were significant reductions in 'self-harm behaviour, depression symptoms and trait anxiety' (Taylor et al., 2011, p.619). Although these results are promising, it could be argued that further research needs to be tested under more rigorous conditions, such as a larger sample size, randomised assignment and having a control group for comparison (Washburn et al., 2012). The participant retention for this programme was also reported to be problematic by the researchers. Only sixteen of the twenty-five participants completed the programme and were available at the three month follow up (Taylor et al., 2011).

The effectiveness of CBT based models, specifically aimed at reducing self-harming behaviours, have been met with both strengths and limitations. Individuals within long term intervention programmes, such as DBT, that contain follow-up treatments or are combined with other approaches, such as interpersonal components, have shown a reduced frequency of self-harming behaviours. However, the current research based is limited in its use and application of programmes to large adolescent samples.

Multi-systemic Therapy

Multi-systemic therapy (MST) is grounded in the social-ecological model and focuses interventions on multiple systems that may maintain an adolescent's problem behaviour (Washburn et al., 2012). MST is a family based treatment, using a home-based model of service delivery. MST involves the development of a plan with the individual's parents / carers to alleviate triggers and remove the means of self-harming behaviours. MST aims to empower parents by helping them to identify their strengths and support systems (Huey et al., 2004). Research by Huey et al (2004) discovered that MST was significantly more effective at reducing the rates of self-harm within an adolescent participant sample (n=78), aged between ten and seventeen, than hospitalisation and routine community care at a four month and one year follow up. However, no significant differences were found between MST and hospitalisation for reduction in feelings of hopelessness and depressive affect (Huey et al., 2004). Although self-harming behaviour was a variable observed by this study, the participant sample was not composed entirely of individuals who had a history of self-harm. Some of the participants that were included in the study had only had homicidal thoughts or had been diagnosed with psychosis. Therefore, it could be argued, that the participant sample was not solely consistent with the outcome (self-harm) being examined by the researchers. Further research with a larger and more varied participant sample and settings beyond a medical facility may be needed to develop the findings of this study.

Similar results to the Huey et al (2004) study were established by research conducted by Harrington et al (1998). Within this study participants under the age of 17 years were allocated routine care (n=77) or routine care with family intervention therapy (n=85). The family therapy focused on family communication and problem-solving. Both groups were assessed at time of recruitment and after a two and six month follow up. Results showed that there were no significant differences found between the two groups. The authors concluded that this may have been due to intervention being brief in nature (four home visits) and further research would require a larger participant population (Harrington et al., 1998).

The research base for MST is currently very limited. Further research would need to be conducted using larger sample sizes with longer programmes of therapy. Harrington et al (2000) argue that studies observing more intensive forms of family intervention are required to determine whether they are effective in creating better outcomes for adolescents who self-harm.

Group Therapy

NICE (2004) guidelines suggest that 'for young people who have self-harmed several times, consideration may be given to offering Developmental Group Psychotherapy (DGP) with other young people who have repeatedly self-harmed' (NICE, 2004, p.31). DGP is a therapeutic intervention that utilises PST

with a combination of CBT, DBT and psychotherapy for self-harming behaviours. Research by Wood et al (2001) observed sixty-three adolescents aged 12 and 16 years who had deliberately self-harmed themselves on at least two occasions within twelve months who were randomly assigned to a DGP and routine care or routine care alone group. The researchers found that participants who had accessed the group therapy were less likely to repeat 'deliberate self-harm on two or more further occasions' (Wood et al., 2001, p1246) after a twenty-nine week period, compared to those who had only received routine care. It could be argued that these results are not generalisable due to the small participant sample. This research was later replicated with a larger participant sample (n=366) by Green et al (2011). The research showed no statistically significant differences in the reduction in the rate of adolescent self-harm with the group therapy participants compared to the routine care alone group (Green et al., 2011).

Contagion

Walsh (2006) argues that group therapies used with adolescents, particularly within school settings, can create self-injury contagion between participants. Contagion can be defined as 'the infliction of self-injury by one individual and imitation by others in the immediate environment' (Rosen and Walsh, 1989, p. 656). Talminen et al. (1998) propose that adolescents become susceptible to this type of contagion effect when they have poor self-efficacy and a turgid identity. Research by Rosen and Walsh (1989) suggests that social factors and

a group process variable may contribute to an increased possibility of self-injury contagion. The authors, when observing adolescents in a residential setting, suggest that individuals 'engaged in contagious self-injury as a concrete display of affinity between two people' (Rosen and Walsh, 1989, p. 657). Similarly, Talminen et al. (1998) describe this behaviour as a 'rite of togetherness' (Talminen et al., 1998, p. 215). Walker, Joiner, and Rudd (2001) observed that some adolescents engage in self-injury as a form of social cohesion.

From their research, Rosen and Walsh (1989), discovered a number of factors evident in individuals who displayed contagious self-injurious behaviours. The researchers suggest that these adolescents found shared self-injury to be compelling, exciting and were highly enmeshed within the behaviour (Rosen and Walsh, 1989). The authors also propose that when the adolescent participants were educated about self-injury being a behaviour that is likely to imitated, rates of self-injury decreased (Rosen and Walsh, 1989). Rosen and Walsh (1989) suggest that this occurrence may be a result of individuals not wanting to be labelled as imitative.

Research by Fennig et al (1995) described their experiences and observations of an outbreak of self-mutilation within a public school setting. The authors suggest that the self-mutilation behaviour observed 'seemed to be contagious' (Fenni, et al., 1995, p.402). The behaviour was displayed by individuals who 'all belonged to the leading social inner circle' (Fennig et al., 1995, p.402), displayed anxiety and depressive traits and was more prevalent in girls than

boys. Fennig et al (1995) suggest that the only effective means of lowering the severity of the contagion effect was to isolate the several severely disturbed initiators who had ostensibly induced the behaviour in more passive individuals.

Research conducted by the National Inquiry into Self-harm among Young People (Mental Health Foundation, 2006) discovered that many young people prefer to seek help and support about their self-harming from their peers. The Mental Health Foundation (2006) advocates the research of peer support and mentoring schemes. This would involve students being trained by professionals to support peers who are experiencing emotional difficulties. This may also be helpful for young people who self-harm (Mental Health Foundation, 2006).

Conclusions: Implications for Educational Psychologist Practice

The research explored within this paper holds a number of implications for Educational Psychologists (EPs). Whilst this paper has not attempted to justify the activity of therapy as a legitimate activity for EPs, this is a moot point. When recommending interventions for adolescents who self-harm to schools and other stake holders, the efficacy of the treatment must be taken into account. It could be argued that at present there is a lack of evidence within the empirical research to indicate the most effective forms of therapeutic interventions and treatments for adolescents who engage in self-harming behaviour. This may be due to the severity and complexity of the nature of the behaviour and its

motivators. However, research with this population has shown that some interventions do have significant effects on other factors associated with self-harming behaviour, such as feelings of hopelessness and depressive symptoms (Townsend et. al., 2001; Slee et al.,2008).

NICE (2004) guidelines recommend that individuals who self-harm should be 'offered a full assessment of physical, psychological and social needs… in an atmosphere of respect and understanding'. It could be argued that these individuals require a multi-disciplinary assessment of their needs to be undertaken by a range of professionals to gain a deeper understanding of the young person, the potential motivations of the behaviour and the effects it has on them. Multi-agency collaboration should also be consistent and child-focused (Children's Workforce Development Council, 2009). With this in mind, it is also important that EPs work with and seek the advice of other professionals when forming hypotheses, developing recommendations and implementing direct therapeutic interventions for young people who are self-harming.

Research by Welch (2001), Meltzer et al (2001) and Dow (2004) have suggested that impulse control problems, familial self-injury, bereavement, depression, illness, breakdown of a relationship, low self-worth, physical and / or sexual abuse have been recognised as risk factors for self-harm. Therefore, for the purposes of prevention, Reynolds (2004) argues that professionals, such as EPs, working with adolescents who self-harm should consider these variables when working with this population and other stake holders, such as

school staff, parents and other professionals involved. However, it is also important for EPs to work within their professions ethical guidelines and acknowledge their 'ability to function optimally within the recognised limits of their knowledge, skill, training, education, and experience (BPS, 2009, p.15), particularly when undertaking therapeutic interventions. Additional training and professional supervision arrangements may be required (BPS, 2009).

Walsh (2006) recommends that self-report measures and interviews should be conducted by professionals with a young person who has self-harmed. Walsh (2006) argues that this data provides valuable information for the formation of hypotheses and the investigation of important themes that the young person reports to be linked to this behaviour. It could be argued that having adequate baseline data, particularly what the antecedents and consequences are for the individuals self-harming behaviour, will inform the objective of the intervention and provide a comparison for progress during and after the intervention is implemented (*Carroll et al., 2011).*

Reynolds (2004) argues that in the first instance it is the duty of all professionals working with individuals who self-harm to ensure their safety and provide them with a safe environment. Research by Dallam (1997) outlined a number of factors that contribute to a cessation of self-harm. Dallam (1997) and Walsh (2006) suggest that professionals should aid the individual with the implementation of a short-term safety plan that encourages the development of impulse control and behavioural alternatives to self-injury. Dallam (1997) also

advocates professional support to allow an individual to develop skills in identifying and verbally expressing their feelings.

It is important that EPs work closely with school settings to ensure that they are guided on how to appropriately and quickly respond to incidents of self-harm. Findings from the National Inquiry into Self-harm among Young People (Mental Health Foundation, 2006) recommend that more work is required within school settings, including whole school approaches, to improve preventative measures for self-harm and to help the young people who engage in such acts. The inquiry advocates the training of teachers by other professionals, such as EPs, to ensure an increased awareness of best practices when supporting young people who self-harm (Mental Health Foundation, 2006). School staff should receive training about self-harm as part of child protection training. As well as training being focussed on the identification of children who are at risk and behaviours that are self-injurious, staff members should be aware of the schools referral processes and safeguarding if a young person discloses an incident of self-harm or a member of staff witnesses or suspects self-harming behaviour. Incidents should be logged and the Designated Senior Person for Child Protection should be informed. An onward referral to CAMHS may be required, when deemed appropriate.

EP work may also directly involve the supervision of individuals who are supporting a child or young person in school who is self-harming. Working with this population ‘can be upsetting as well as rewarding’ (Wiltshire Children and

Young People's Trust, 2013, p.20), particularly if an individual has required urgent medical treatment from their injuries. It is important that the staff member involved is 'aware of their own mental health and to acknowledge any distress they may feel' (Wiltshire Children and Young People's Trust, 2013, p.20). Training in self-care techniques may be beneficial for the staff member to ensure psychological safety.

Ethical issues must also be considered by EPs working with adolescents who self-harm. Confidentiality has been identified as a key concern for young people who self-harm (Mental Health Foundation, 2006). The British Psychological Society (BPS) Code of Ethics (BPS, 2006) states that from the first contact clients should be made 'aware of the limitations of maintaining confidentiality' (BPS, 2006, p.11). EPs must ensure that 'clients…are given ample opportunity to understand the nature, purpose, and anticipated consequences' (BPS, 2006, p.12) of their working and disclosures that are made by the young person. It is also stated that confidentiality should be breached by practitioners if there is sufficient evidence to raise concerns regarding 'the health, welfare or safety of children' (BPS, 2006, p.11). It is also important for EPs to ensure that staff working with these individuals are made aware that they cannot promise a child or young person that a disclosure will be kept confidential (BPS, 2006) and that it must be shared with an appropriate member of staff, such as the Designated Senior Person for Child Protection and their parents / carers. It is also imperative that an EP is aware of their individual competencies, both in their abilities and limitations, as a professional when working with this particular

group of individuals (BPS, 2006). It is important that an EP has received appropriate training prior to delivering any therapeutic interventions to individuals who have been identified as engaging in self-harming behaviours. This will ensure that the EP can competently and confidently approach their working with individual to provide a safe environment within which the individual can explore their emotions and experiences.

A number of therapeutic approaches and interventions aimed at reducing the rate of self-harming behaviour for adolescents can be found within the empirical research. The effectiveness of a number of these methods remains questionable (Fox and Hawton, 2006). Further research within this area is required that uses larger sample sizes, rigorous testing and participant groups from settings beyond in-patient facilities. There is also a further need for the development of approaches that are informed by current and historical knowledge about the psychosocial characteristics of participants and the sociocultural context of their self-harming behaviours (Hawton et al., 1998).

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PPR2: Video Self-Modelling: An intervention for children with behavioural difficulties and its implications for educational psychology practice

Abstract

The current study explores the effects of a Video Self-Modelling (VSM) intervention on the behaviours of a child in mainstream education using a single case study design set within a behaviourist paradigm. VSM is a behavioural intervention that requires the participant, in this instance a 6 year old boy, to view a short video of himself engaging in target behaviours. In this instance, the participant self-selected his own target behaviours. The behaviours chosen by the participant were: doing my work, sitting nicely on my chair, sitting nicely on the carpet and putting my hand up instead of shouting out (in reference to communicating with his class teacher). Baseline and post-intervention data were collected through classroom-based observations by the researcher to monitor the frequencies of the target behaviours demonstrated by the participant and evaluate the effectiveness of the VSM intervention. The participant demonstrated higher frequencies of target behaviours following the intervention condition. The results suggest that VSM is a promising method for educational psychologists to use as a proactive approach in educational settings with pupils to improve target behaviours.

Introduction

Research suggests that the implementation of video-based interventions can aid children and young people in the acquisition of important functional, emotional, behavioural and academic skills (Dowrick, 1999; Bilias-Lolis et al., 2012; Young-Pelton and Bushman, 2014). The instructional technique of video modelling

requires an individual to watch a video of a model (adult or peer) engaging in a target skill or behaviour (Burton et al., 2013). The individual then performs the same skills as demonstrated by the model (Cihak et al., 2010). A specific application of video modelling is Video Self-Modelling (VSM), a form of observational learning that requires the individual to watch themselves as the model (Dowrick, 1999). Within the video the individual is shown to be accurately and independently performing the target behaviour (Dowrick, 1999). Individuals view themselves executing a behaviour, task or skill at a more advanced level than they typically do so (Burton et al., 2013; Buggey et al., 1999). Within videos, only positive and successful behaviours are shown and evidence of inappropriate or maladaptive behaviours is removed within the video editing process. VSM is a beneficial intervention in the promotion or acquisition of a specific skill, to increase the accurate performance of a skill, or to reduce problem behaviours (Collier-Meek et al., 2012; Bellini and McConnell, 2010). Previous research has demonstrated that VSM interventions 'produce substantial intervention, maintenance, and generalization effects across a myriad of dependent variables' (Dowrick, 2012, cited in Axelrod et al., 2014, p.568).

Research has shown VSM to be a 'resilient technique' that has had positive results across a variety of ages, behaviours and disability types (Buggey and Ogle, 2012, p. 59). However, there has been limited success when using VSM with pre-school age participants (Buggey and Ogle, 2012), suggesting that there is an age limit at which VSM is no longer an effective intervention strategy. Buggey and Ogle (2012) argued that factors that may affect the effectiveness of VSM include the individual's ability to self-recognise, to recognise salient features, to attend the video, type and

severity of the individual's difficulties and the complexity and nature of the behaviours being addressed.

VSM has been used successfully to teach and develop a variety of skills and behaviours, including speech and language (Buggey and Hoomes, 2011) social-communication (Bellini and Akullian, 2007), social behaviour (Buggey, 2005), motor skills (Zetou et al., 2008) emotional resilience (Clark et al., 1993) academic (Schunk and Hanson, 1989), and functional skills (Cihak and Schrader, 2009).

Theoretical background to explain why VSM is efficacious

The work of Bandura explored the concept of children 'modelling' behaviour (Bandura et al., 1961). Social Learning Theory (Bandura, 1986) argues that learning occurs or is reinforced through observing others (models). However, Bandura (1977) said that observation alone is not adequate. The observer must also retain the behaviour in memory, attend to the behaviour and be motivated to reproduce and perform the behaviour (Bandura, 1977, cited in Hart, 2010).

Bandura et al (1961) identified that children were most likely to repeat the behaviours of a model with whom they identify and to whom they are similar: for example, a same sex model. VSM, it could be argued, 'further strengthens the probability of the successful reproduction of modelled behavior by affording maximum model similarity' (Bilias-Lolis et al., 2012, p.82). Research has also shown that participants who watched self-modelling videos experienced enjoyment, increased physiological arousal and attention (Dowrick, 1999; Hosford, 1981; Buggey, 2005).

Dowrick (1999) suggested that viewing videos that depict efficacious behaviours not only promotes skills acquisition, but also increases the individual's self-efficacy. Bandura defined self-efficacy as an individual's belief in their capability to perform a given behaviour through performance accomplishments and vicarious experience (Bandura, 1977). When an individual acts as their own behavioural model there is the potential for an increase in self-efficacy through the viewing of performance accomplishments (Hart, 2010).

VSM increases the reinforcing properties of the behaviours shown in the video and makes the individual more likely to repeat what is shown (Axelrod et al., 2014). Axelrod et al (2014) argued that watching compliant behaviours encouraged their participants to view those behaviours as more desirable and served to 'prime' the behaviour for future situations.

Kehle et al. (2002) speculated that observing self-modelling videos that depict positive behaviour may serve to distort the viewer's memories of their past behaviours. The researchers suggested that the viewer's memories of previous maladaptive behaviours may be replaced with memories of positive behaviours.

Previous applications of VSM as an intervention

Language and Communication skills

VSM has previously been used to develop and increase language and communication skills, predominantly with individuals with autistic spectrum disorder (ASD) (Buggey and Ogle, 2011). Early research in this area was conducted by

Pigott and Gonzales (1987) who used VSM to develop language skills with a 9 year old boy who was described as being selectively mute whilst within the school setting. Pigott and Gonzales (1987) reported that the participant was no longer selectively mute post-intervention at school and this was sustained when the researchers gained further data in a 6 month follow-up observation. The results of this study are congruent with the work of Kehle et al (1990) and Kehle et al (1998).

Research by Wert (2002) used VSM with children aged 4 – 6 years to develop their abilities to make spontaneous requests. Participants were shown videos of themselves talking to either peers or adults. Wert (2002) reported that participants' frequency of spontaneous requests had increased and had generalised to other settings and people. The researcher also reported that frequency gains had been maintained post intervention (Wert, 2002).

Using a mixed methods design, Bolger (2013) explored the use of VSM combined with skills rehearsal to develop communication skills and associated skills of self-assessment and reflection with 11 students attending university. Bolger (2013) discovered that VSM was most effective with students who had scored the lowest in the rating of their communication skills. Qualitative data analysis suggested that the intervention had improved participant confidence in their communication skills and had increased their ability to reflect on their present skills. However, five participants raised concerns regarding not enjoying viewing themselves on video and expressed feelings of nervousness during the filming stages (Bolger, 2013). When discussing the limitations of the research, Bolger (2013) argued that the

absence of a control group meant that there was no way for changes in skill levels to be compared with other participants who did not access the intervention.

The findings of the studies by Bolger (2013), Wert (2002) and Pigott and Gonzales (1987) have demonstrated VSM as an efficacious intervention for children and young adults who experience language and communication difficulties. Research has shown that VSM can improve participant's frequency of spontaneous uses of language (Wert, 2002), improve confidence in existing communication skills (Bolger, 2013) and helps to develop language skills for children who are selectively mute (Pigott and Gonzales, 1987).

Further research within the area of VSM has shown the intervention to be effective for children and young people who show off-task and disruptive behaviours within the classroom environment.

Disruptive and off-task behaviour in the classroom

Previous research has used VSM to manage problematic classroom behaviours and increase gains in a number of areas of academic skill acquisition (Bilias-Lolis et al., 2012). Research has explored the use of VSM to increase appropriate individual classroom behaviours (Schwan and Holzworth, 2003), increase on-task behaviour (Clare et al., 2000), improve classroom participation (Hartley, Bray and Kehle, 1998) and strengthen co-operative classroom behaviour (Lonnecker et al., 1994). Clinically, VSM techniques have been shown to support students who have attention deficit hyperactivity disorder (ADHD) (Woltersdorf, 1992) emotional disturbance (Musser, Bray, and Kehle, 2001), depression (Kehle et al., 1990), and autism spectrum disorder (Neisworth and Wert, 2002).

Research by Axelrod et al (2014) explored the use of VSM in a hospital-based classroom with three participants under the age of 9 years who had been diagnosed with ADHD and / or oppositional defiant disorder (ODD). Each participant had a history of defiant and aggressive behaviour both within school and at home. Within the study, compliance was defined as:

> 'Initiating an adult instruction within 10 s of the instruction being verbally given and completing the instruction within an appropriate amount of time as determined by the adult giving the instruction' (Axelrod et al., 2014, p.571)

The intervention condition required the participants to view a self-modelling video four days per week for three weeks, twice a day. The researchers found that all of the participants displayed higher levels of compliance and fewer instances of aggression during the intervention and this was then maintained two weeks after the intervention had concluded (Axelrod et al., 2014). However, there are a number of limitations to this study. The study used a small participant sample of children who attended a hospital-based classroom. It is unclear whether the results from this study can be generalised not only to other participants but also a mainstream classroom setting. Inter-rater reliability data were not collected and the researchers questioned the reliability and accuracy of the observations that contributed to the data collection (Axelrod et al., 2014).

Coyle and Cole (2004) used a VSM intervention with students identified as having ASD to decrease off-task behaviour in the classroom. The researchers defined off-

task behaviour as any behaviours that were distracting students from completing a task, for example:

> ‘looking around at other children, fiddling with a pencil or other objects, rolling items from the desk, inspecting objects and other students at close proximity, touching other students, staring blankly, and leaving their seats’ (Coyle and Cole, 2004, p. 6).

The researchers reported that the instances of off-task behaviours demonstrated by the participants were reduced during the intervention. This reduction was also maintained once the intervention was withdrawn. Further research areas that have used VSM interventions with pupils with ASD have been those linked to language and communication skills development.

The research by and Cole (2004) and Axelrod et al (2014) demonstrated how VSM can be used with children who have a diagnosis of ASD, ADHD or ODD and experience difficulties demonstrating on-task behaviour or controlling aggressive behaviours. Although the research data shows promising results, both of the studies refereed to within the literature review utilised small sample sizes and conducted in specialist settings, therefore, the generalisabilty of these examples of research cannot be claimed.

Recent research utilising VSM as an intervention for children who are on the autistic spectrum and have difficulties with physical and verbal social skills has been conducted and gained mixed results.

Social skills

Research has suggested that the use of VSM as an intervention for social skills deficits has been effective, particularly for individuals with ASD (Gelbar et al., 2012). Bellini et al. (2007) explored the use of VSM to promote social initiations between children with ASD and their peers. The participants viewed videos of themselves that were edited with clips of their peers, as if to demonstrate them physically and verbally interacting with each other, even though this was not the case. The participants viewed their videos multiple times over a four week period. The researchers reported that participants showed improvements in the quality and number of their interactions with their peers. Congruent to this research was a study by Buggey et al. (2011). Buggey et al. (2011) found that VSM increased the social skills behaviours of three 4 year-old children with ASD and this was maintained over several months. Lantz (2005) discovered that VSM improved the rates of researcher selected target behaviours for two students with ASD. The target behaviours included turn-taking, requesting, commenting, social questions and requesting.

Bernad-Ripol (2007) combined VSM with a Social Stories intervention for a child with ASD. Two videos were created based on ten emotional situations and paired with a social story. Bernad-Ripol (2007) reported that the intervention resulted in increased emotion naming and explanation that the participant maintained post-intervention. Congruent with this research Litras et al., (2010) also investigated the effectiveness of combining VSM with a Social Stories intervention to teach social skills to a three year-old child with ASD. The researchers reported that the combination of interventions were effective at increasing the target behaviours of

greeting, inviting to play, and contingent responding shown by the participant. Litras et al., (2010) also found that the target behaviours were successfully generalised across communication partners, toys and settings. Concomitant changes in increased levels social engagement and of communicative behaviour were also observed.

Buggey and Ogle (2012) explored the use of VSM to promote social interactions among four typically developing young children and two children with ASD. The researchers observed the frequency of solitary play, engaged play, parallel play and play initiations. Buggey and Ogle (2012) found that the VSM intervention had no significant effect on the typically developing participants or the ASD participant's behaviour. The researchers identified a number of limitations within their research that may have led to these results. Buggey and Ogle (2012) suggested that single-case designs 'have the inherent problem of low sample sizes' (p.210). It was also suggested that there was the threat of contamination and the presence of the researchers during the observation sessions may have served as a prompt, or 'more likely, given the results, as a deterrent' (Buggey and Ogle, 2012, p.210) for participants to engage in social behaviours. The researchers also suggested that although older children showed changes in behaviour after one or two viewings of their videos, it was possible that four viewings was insufficient for the younger participants (Buggey and Ogle, 2012).

Research by Bernad-Ripol (2007) and Litras et al., (2010) have demonstrated that combining VSM with a social skills intervention (Social Stories) results in maintained social and emotional communication skills development that is

generalised across contexts and communication partners. Research by Buggey and Ogle (2012) found a number of limitations when using VSM if there are limitations to the research design.

As well as teaching and improving participant's social skills, VSM has been utilised as an intervention for teaching functional and academic skill acquisition and development to children and young people.

Teaching academic and functional skills

Researchers have explored the use of VSM as an intervention to teach specific skills in the school environment, both functional and academic. Buggey and Ogle (2012) suggested that traditionally, in reference to individuals with ASD, teaching functional skills to individuals with significant cognitive delays can be a lengthy process that requires devotion to 'teaching generalization across persons and environments following acquisition' (p.67). Buggey and Ogle (2012) argued that, from observing the current research within this area, VSM is an 'instructional method that can fold generalization and maintenance into the acquisition process' (p.67) and can aid students to develop skills quickly, compared to other non-video-based interventions.

Prater et al (2012) completed a literature review concerning the effects VSM interventions had on student's academic skills and performance. The literature review explored eight studies of 181 participants aged 6 – 17 years. Participants were also identified as having learning difficulties or being at risk for academic difficulty (Prater et al., 2012). The research explored by this literature review

studied academic behaviours such as arithmetic, letter identification, written language, oral reading fluency and reading comprehension (Prater et al., 2012). However, studies by Clare et al (2000) and Hartley et al. (2002) used VSM for voluntary participation and on-task behaviours, which were seen by the researchers to be behaviours that influence academic performance. Prater et al (2012) reported that results from the studies indicated that, in most cases, VSM had been used successfully as an intervention for improving academic skills. Improved performance had been maintained through follow-up phases, except for writing skills (Prater et al., 2012). When exploring the limitations of their literature review, the researchers suggested that 'surprisingly few studies were located using VSM for improving academic skills' (Prater et al., 2012, p.79). The researchers also commented that, due to the limited number of studies they observed, the results may be inadequate in terms of their generalisability (Prater et al., 2012). In terms of the age ranges used in the studies, only three studies used adolescent participants. Prater et al (2012) suggested that the ability to draw strong conclusions regarding the efficacy of VSM to develop academic skills 'across the school-age span and across various academic skills would be premature' (p.79).

Research by Cihak and Schrader (2009) compared the use of a VSM intervention with an adult modelling intervention. Four adolescent participants with ASD were shown videos aimed at teaching work skills, such as faxing, using a photocopier and packaging first-aid kits. The researchers found that three participants made better progress at developing the target work skills after observing the self-modelling videos; however, the fourth participant made the same progress with both methods.

Miklich et al (1977) explored the use of VSM to aid children's bed-making skills. Participants were aged between 7 and 10 years with a significant cognitive disability. The self-modelling videos depicted successfully completing a bed making sequence. The researchers found that VSM was successful at improving the participants' bed-making skills.

Burton et al (2013) used self-modelling videos viewed on an iPad to teach functional math skills to adolescents with autism and intellectual disability. Adolescent male students (n=4) observed self-modelling videos on an iPad that depicted them solving contextual mathematical problems concerning paying for items and estimating how much change they should receive. Burton et al (2013) reported that the findings from their research support a functional relationship between VSM and accuracy of math skills performance for all four participants. The researchers also found that when VSM was systematically faded during maintenance sessions, there was little deterioration of skill (Burton et al., 2013). When the follow-up data probes were interpreted, it was concluded that individual student characteristics, such as intellectual functioning, may affect retention of skill (Burton et al., 2013). The results of this study were congruent with the research of Cihak and Bowlin (2009) and Schunk and Hanson (1989). This study has a number of limitations, however. Firstly, due to the small sample size, the results may not be generalisable to other populations. The study used students with ASD, it is therefore not clear whether this intervention will have the same effect on normally developing children. The researchers also reflected that there may have been limitations linked to the intervention procedure: an instruction worksheet had an incorrect statement for the participants to follow and this was not rectified until after day one of baseline data collection (Burton et al., 2013). During the second session

a problem was identified with one participants' video, and further filming and editing needed to take place (Burton et al., 2013). The researchers are not clear as to how these problems may have affected the data set.

Research by Burton et al (2013), Miklich et al (1977) and Cihak and Schrader (2009) have demonstrated how VSM can be used to teach functional and academic skills to children and adolescents. However, as reported by Prater et al (2012), many of the interventions within this area of research demonstrate poor generalisability and that more studies need to be conducted within this specific research area that address the limitations that have been commented upon.

Conclusions

The research explored within this paper provides evidence for the efficacy of VSM as an intervention for the development of a multitude of behaviours and skills with various populations in a variety of educational contexts. VSM has been shown to have the potential to alter the way an individual views themselves, improve self-efficacy and 'inform self-regulatory processes in a way that observing another model does not' (Hart, 2010, p.54). However, VSM, is not only reliant on, but can only be effective when the individual, who is the subject of the video, engages in the target behaviours that researchers hope to increase the frequency of (Hart, 2010).

Research has demonstrated that VSM is efficacious for developing a variety of skills, such as language and communication skills, social skills, functional and academic skills within educational contexts and can also help to improve off-task behaviours for students with ASD, ODD and ADHD. However, the research base has provided mixed results and researchers have reflected upon potential

difficulties with their research that may have affected the results that were obtained. A number of researchers commented that they had limited participants samples, which may have affected their studies generalisability and reliability (Buggey and Ogle, 2012; Burton et al., 2013; Axelrod et al., 2014). Burton et al (2013) and Buggey and Ogle (2012) highlighted difficulties with their procedures and ensuring reliability and consistency. As highlighted by Prater et al (2012), more research is required within this area as currently the evidence base, even though it is growing in size, is still limited.

The present study

The present study aimed to examine the application of a VSM intervention for a disruptive pupil demonstrating difficulties conforming to the rules of the classroom. Disruptive behaviours in the classroom can conflict with learning, cause emotional distress and pose management problems (Bilias-Lolis et al., 2012).This research also intended to extend the present literature pertaining to the applications and benefits of VSM as a school based behaviour intervention.

This study aims to answer the following research question: Can VSM increase instances of positive target behaviours that have been chosen by the participant?

Ethical considerations

The present study followed the guidelines put forward by the British Psychological Society, Code of Ethics and Conduct (BPS, 2009) and the Code of Human Research Ethics (BPS, 2010). The principal ethical considerations for this research are in relation to ensuring the anonymity of participant B, gaining the informed consent of B and his parent, and the gathering the video clips for the self-modelling video, including their secure storage and limited access to the video once editing had been completed.

De Vaus (2001) argues that researchers are required to 'attend to matters of confidentiality, privacy, avoidance of harm' to participants and ensure informed consent is gained (p.192). To ensure transparency, an accessible information sheet and consent form were provided to the participant and the participant's parent (Appendices 1 and 2.). The purposes and the procedure of the research were again explained to B prior to the 1:1 consultation regarding target behaviours to ensure his understanding. Consent was also gained from B's parent to allow the researcher to use the VSM video for training purposes. To ensure anonymity, the participant's name has not been used within this research paper. However, consent was sought from B's parent to allow for the VSM video to be used for future training purposes. Further consent for the video to be shown within professional training is required from the participant at the time.

Whilst filming took place, it was ensured that no other pupil's faces were captured. All footage was permanently removed from the iPad, which had been used as a video camera, and was stored on an encrypted memory card, kept in a locked cabinet within the child's school in accordance with the Data Protection Act (1998).

The self-modelling video was stored in a password-protected folder on a computer only accessible to the school's Special Educational Needs Co-ordinator (SENCo), the participant's teaching assistant and class teacher.

Methodology

The present study implemented a single-case, within-participant design with the aim of assessing the effects of the VSM intervention and its effectiveness on increasing instances of positive behaviours by a pupil who was finding conforming to classroom rules challenging. The selection of a single-case design was steered by the desire to create an intervention that was individualised and unique to the participant (Hart, 2010).

Epistemology

This research is informed by a pragmatic perspective (Rorty, 1980, cited in Hart, 2010). Pragmatism provides a view of the world that inhabits an intermediate place between realism and constructivism (Robson, 2002). This approach is guided by practical experience and understanding, rather than being theory-driven (Robson, 2002).

Method

Participant and the presenting problem

Purposive sampling (Robson, 2002) was used to identify a pupil who would benefit from the use of VSM as a behaviour intervention. The participant, who shall be known as B, was identified by the school's SENCo as experiencing social, emotional and behavioural difficulties whilst attending school. At the time of the study, B was aged six years and was educated within a mixed years Key Stage 1 class in a mainstream primary school. The SENCo reported that B had been having difficulties since beginning school during the previous academic year. She explained that B was being reprimanded daily for his aggressive behaviours towards staff and peers and regularly refused to perform academic tasks or respond to the instructions of adults. During my observations of B in the classroom I saw that he had difficulty with accepting criticism, challenge and being told 'no'. This often resulted in B talking rudely to staff members or leaving the classroom without permission. B appeared, on occasions, to become unpredictably verbally and / or physically aggressive towards his peers. B was often seen to refuse to undertake tasks set by his teacher. He often refused to sit on the carpet with his peers when instructed by his teacher. Rather than sit at his desk he would wander around the classroom. However, B was more likely to be responsive when the class teaching assistant sat next to him. The SENCo informed me that, at the time the data were being collected, B was waiting to be assessed by the Child and Adolescent Mental Health Services (CAMHS).

B's parent was provided with an information booklet and consent form (Appendix 1.) Consent was also gained from B for his participation (Appendix 2.).

Procedure

Initially, school staff were briefed about the aims and procedure of this study. For the purposes of this intervention, target behaviours were elicited by B. During a 1:1 consultation, I discussed with B what compliant, or 'good', behaviour looked like from pupils in school. I asked B to list these behaviours orally whilst I wrote them down on a diagram of a pupil. I asked B to reflect on the diagram and tell me which behaviours he thought were the most important. I then asked B to reflect on which of the behaviours he thought he needed to demonstrate more of in the classroom. After a discussion about this, I asked B to choose between one to four behaviours that he would like to demonstrate for the video. B chose the following behaviours: doing my work, sitting nicely on my chair, sitting nicely on the carpet and putting my hand up instead of shouting out (in reference to communicating with his class teacher).

Having identified the target behaviours for the self-modelling video, the following day I observed B in the classroom during a morning session for 45 minutes. Baseline data were collected concerning how often B presented his chosen target behaviours during this time. The observational measure for data collection included a 'combination of event-based and momentary time sampling (MTS) of behaviour' (Bilias-Lolis et al., 2012, p.84). MTS was used to sample the occurrences of the target behaviours at the end of each time interval (1 minute) within an observational

period of 45 minutes. The event-based observational element enabled a tally of the frequency of target behaviours elicited to be upheld (Bilias-Lolis et al., 2012).

Over a two-day period, B was filmed during morning and afternoon sessions within the classroom. For the purposes of filming, an Apple iPad was utilised. This is a piece of technology with which the participant was familiar, and he appeared comfortable during periods of filming. This footage was then edited during an afternoon session on an Apple MacBook using iMovie HD to produce the self-modelling video. B was present during the editing process. Collaboratively, clips were chosen to be included in the video that matched the target behaviours. B also chose the music and photographs included in the video. The video produced has a running time of 3 minutes, 45 seconds. Dowrick (1999) suggested that self-modelling videos should be between around 3 minutes in length for a sufficient change.

Previous research in this area has suggested that positive, lasting, observable and measurable changes in behaviour can be achieved when the self-modelling video has been viewed by the participant for around six sessions over a two or three week period (Dowrick, 1999). B observed his video over six sessions, with support from his teaching assistant, over a two week period. B was shown his video on alternate days (Collier-Meek et al., 2012), i.e. Monday, Wednesday and Friday.

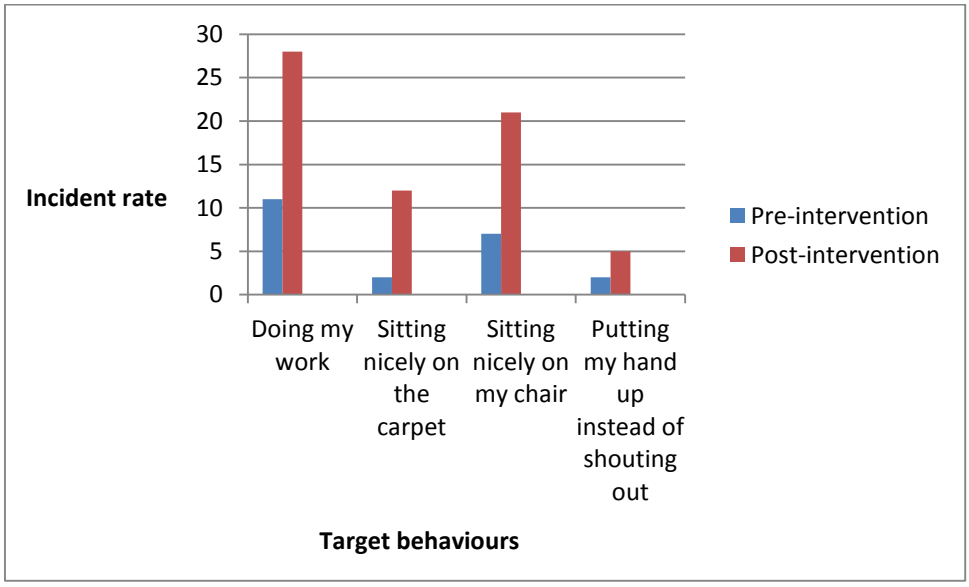
An observation was conducted within the third week of the intervention to determine whether the frequency of target behaviours had increased.

Observational data were collected on the same day and time as the baseline data had been during week one.

Results

The research aim was to establish a functional relationship between the dependent variable (examples of target behaviours demonstrated) and independent variable (VSM) by observing a change in pupil behaviour that occurred at the same time the intervention was introduced. Pre and post-intervention data are presented in Figure 1.

Figure 1. A graph showing the rate of target behavioural incidents before and after the VSM intervention over a 45 minute period.



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Figure 1. shows the rate of the participant's target behavioural incidents during the pre-intervention and post-intervention phases. Datum shows frequency of incidents during the pre and post intervention 45 minute observation schedule.

Based on evidence illustrated in Figure 1, the participant displayed higher levels of target behaviours after having completed the VSM intervention, compared with baseline levels. These trends suggest that VSM intervention was effective in increasing all target behaviours, with the leading changes occurring for the 'doing my work' and 'sitting nicely on my chair' behaviours.

Discussion and implications for EP practice

The purpose of this study was to investigate the efficacy of the application of VSM as a behaviour intervention for a child experiencing difficulties in meeting behavioural expectations within the classroom. A single case experimental design was implemented with a child attending a mainstream school. The VSM intervention involved showing a child a video of himself engaging in appropriate, self-selected behaviours in the classroom. The participant in this research demonstrated improvements in the frequency of all target behaviours during the post intervention observation, compared with baseline levels. The results from this study complement the rising body of research that demonstrates VSM interventions are effective for children and young people who demonstrate problematic behaviour within the school context (Axelrod et al., 2014).

The results gained in this study are also encouraging in light of a number of factors explored by Axelrod et al (2014). The researchers suggested that VSM interventions that target noncompliant behaviours in the classroom may have a positive effect on other problem behaviour domains not targeted for treatment, such as anger and aggression. The researchers also reported that staff interviewed said that participants showed improvements in levels of compliance, attainment, physical and verbal aggression and task compliance (Axelrod et al., 2014). Further to this, the researchers concluded that VSM could be classed as a proactive treatment as, unlike other consequent strategies used within the classroom to end noncompliant behaviours, such as verbal reprimands, reward systems, or 'time-out', this approach facilitates maintenance via modelling (Axelrod et al., 2014).

There are currently no published research articles of examples of EPs using VSM within their practice. Although this piece of research cannot support broad, generalised conclusions about the efficacy of VSM as a behaviour intervention, it does provide the EP community with an example of how EPs may use VSM within a mainstream educational context. It could be argued that VSM, as a form of evidence-based practice, is a useful addition to the range of interventions EPs can offer and further illustrates the EP's unique contribution to working with individuals, families and educational settings. Hart (2010) suggested that, as scientist-practitioners, EPs are able to develop their knowledge and understanding of VSM implementation further, identifying, for example, who would most benefit most from such an intervention.

However, before using VSM there are a number of factors to take into consideration in regards to the intervention's practicality and appropriateness. In regards to logistics and practicality, a VSM intervention requires the EP / researcher to be able to use technology efficiently. Technology used may include a video camera, an iPad, appropriate software and hardware for editing (e.g., editing software, a FireWire or USB cable) and a video presentation device (iPad, laptop or DVD player). It is essential that the appropriate resources are available to the EP before beginning this type of intervention strategy. It could be suggested that even though the hardware and software required are widely available and quick to access, becoming skilled in their effective use will require time and practice. Before embarking on using VSM, practitioners must consider their competence in using technology. It is also imperative that video recording equipment is checked before its use to ensure good audio and picture quality (Bellini and McConnell, 2010, cited in Collier-Meek et al., 2012).

Collier-Meek et al (2012) suggested that, before commencing with filming, researchers should develop schedules for filming, editing, presenting and data collection to diminish invasiveness in the classroom. To reduce any intrusiveness to core learning, filming times should be discussed with the class teacher.

It is imperative that the researcher is aware that VSM may pose a number of confidentiality issues (Buggey and Ogle 2012). Researchers must ensure that they comply with all ethical, data protection and privacy act guidelines, such as adhering to the correct safe storage of participant data. This includes gaining individual and parental consent and ensuring that the consent is well informed before proceeding

with the intervention (Buggey and Ogle 2012). It is also imperative that during filming no other children or young people, who have not given their consent to be a part of the intervention / video, are identifiable or captured in shot.

When using VSM as an intervention with children and young people, EPs must consider its appropriateness and purpose. Collier-Meek et al (2012) argued that even though VSM has been validated by previous research to be effective for a range of difficulties and ages, it is necessary for researchers to determine, on an individual basis, if VSM is appropriate for a particular student and context. Collier-Meek et al (2012) suggested that student factors, available resources, researcher competence and school staff, families and other stakeholders must be taken into consideration before VSM is implemented.

Limitations

Despite the results offering promising support for the use of VSM as a behavioural intervention, this study has a number of limitations. Data were not collected to assess for maintenance of the target behaviours and the intervention's long-term effectiveness. It is not clear if the target behaviours were maintained beyond the intervention phase by the participant.

There are potential limitations with the reliability and validity of the data set. Firstly, target behaviours were gained from the participant by the researcher prior to the

baseline observation. The same researcher then conducted the pre and post-intervention observations. It is possible that neither set of observations comprise an accurate reflection of the participant's behaviour in the classroom, due to demand effects. In this instance, the participant may have wished to show that he was capable of displaying the behaviours that he had discussed with the observer. This extraneous variable could have been diminished if the observation data had been collected by a different researcher.

Secondly, a key member of staff, having supervised the participant each time he watched the video and being aware of the video's content, may have prompted B to demonstrate the target behaviours in-between video viewing sessions. If this was the case, it is then unclear whether increases in target behaviours observed were due to the VSM intervention or staff encouragement and reminders.

Research regarding the efficacy of VSM by Buggey and Ogle (2012) argued that at present VSM research has been unable to establish whether the intervention's effectiveness is a result of the participant viewing and learning specific skills, or if gains are a direct result of improved self-efficacy. The researchers argued that, by viewing themselves being successful, participants experience an increase in confidence and risk-taking behaviours (Buggey and Ogle, 2012). Buggey and Ogle (2012) further reflect that it may not be possible to determine this either way as VSM involves that participant viewing positive images of themselves and that 'building self-efficacy is embedded in the very nature of self-modelling' (Buggey and Ogle., 2012, p.65).

Conclusions

This study provides support for the efficacy of VSM as a behavioural intervention to be used with children. This research has also demonstrated VSM's potential use as a method for EP practice. The results of this study are interpreted to conclude that VSM may be an effective intervention to improve target behaviours within the classroom. Although the findings of this study are promising, further research is required to establish an evidence base for VSM and its applications within EP practice.

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Appendix 1.

Parent information letter and consent form

Dear Parent/Carer

My name is Helen Regan and I work for Telford and Wrekin Educational Psychology Service. I am currently working with [redacted]

Primary School. I am also studying for a Doctorate in Educational Psychology at Birmingham University. As part of my studies I am hoping to run a project at with [redacted] Primary School. I would like it if your child could take part in this project. This letter is to tell you a little more about the project, and to ask for your consent for your child to take part.

What is the project about?

The project is about seeing how video self-modelling and discussing / drawing the ideal self can improve a child' behaviour within the classroom.

Definitions of video self-modelling.

Video self-modeling (VSM) is a form of observational learning and a behavioural intervention in which individuals are filmed and then observe themselves performing a behaviour/s successfully on video. Video self-modeling involves edited videos depicting only positive imagery and it is hoped that individuals then imitate the targeted behaviour after regular viewings. VSM allows individuals to view themselves being successful, acting appropriately, or performing new tasks.

Previous research in this area has shown that VSM can improve social skills, cognitive skills, language skills, functional skills and physical skills (Buggey et al., 2010; Bellini and Akullian, 2007; Dowrich, 2006; Kehle et al., 2002).

What does it involve?

Stages of the procedure:

1. I have a 15 minute conversation with your child. I will ask your son/daughter to discuss with me their behaviour within school. We will then discuss what an ideal pupil behaves like. I will ask them to imagine that they are an ideal pupil and draw themselves. Around the drawing I shall ask them to write the types of behaviours this ideal pupil would show in the classroom.
2. I shall observe your child in class for 45 – 60 minutes and note down when they show any 'ideal' behaviours that they discussed with me.
3. Your child will be filmed for 20 – 30 minutes within their classroom. During this time they will be encouraged to show me 'ideal' behaviours.
4. The footage is then edited down into a 2-3 minute film. The film only shows the positive behaviours that were filmed and has a praising / encouraging voiceover.

5. Your child will be shown this film 3 times a week for 2 weeks.
6. I shall then complete a further 45 – 60 minute observation to see if the amount of ideal behaviours your child is showing within lesson has increased.

Does my child have to take part?

No. Taking part is entirely voluntary. There are no consequences if your child does not take part.

What happens to the video footage of my child during and after the project?

During the project all video footage and edited video will be kept within school. No footage will leave the premises. All editing will occur within school. Only myself, Mrs Budd and your child's class teacher will have access and authority to show the completed video.

After the project I would like the opportunity to use the short film of your child and then ideal self drawing for training purposes. If you do not wish for me to use the footage for training purposes all video files will be deleted and hard copies destroyed.

What happens after the project?

When I have completed the project I will be writing up the results for my studies. Your child's data will be used within my study but **they will not be**

named in anything that I write. All footage filmed will be kept in a locked cabinet within school in accordance with the Data Protection Act (1998).

Some parts of my research may be published in the future. If I do this I will let you know beforehand, and your will receive copies of any publications.

I would also like you use the ideal self drawing and video footage of your child for future training purposes only. **The school and your child's name will not be identified during showings.** If you do not wish for me to use the footage or drawing then please return the form below to the schools reception and notify me by email.

If you would like to know more about this project, please feel free to contact me at [redacted]

Thank you in anticipation of your support.

If you have no objection to your child participating in this study, you do not have to return the slip below. If you do not contact myself within seven days, your child will be enrolled into the research. However, if you do not want your child to participate, please contact the principal investigator within seven days to state that you do not give permission for

your child to be enrolled in the research study. You may refuse participation by sending an e-mail to [redacted] Instead, you may wish to cut off the slip below and return it to Mrs Budd at school.

Research opt-out consent form: **"**An evidence based approach to working with students in further education with anxiety**"**

Please only return this slip if you are **not** happy for your child to participate in the research. If you are happy for them to participate, do nothing.

☐ I **do not** wish for my child to participate in this research study (please tick).

☐ I **do not** wish for my child's video to be used for training purposes (please tick).

Name: _____

Name of child: _____

Relationship to child: _____

Signature: _____

Appendix 2.

Participant information letter and consent form

Good Behaviour Video Project – Information booklet

Hello, my name is Helen. You may have seen me in your classroom recently. I am in school at the moment to make a video about good behaviour. Would you like to be involved in my video? Here is what will happen…

- We will have a chat about good behaviour in school.
- We will then make a list of all of the good behaviours boys and girls should show when they are in school.
- You will then decide which of the behaviours we list are the most important to show when you are at school.
- I will make a video of you showing the behaviours you have chosen.
- You will watch the video 3 times for a few weeks.

Why do I want to make a good behaviour video?

- I study at Birmingham University and work for Telford and Wrekin and Shropshire Council.
- This video will help me with my work for university.
- Mrs Budd and Mrs Hepburn have agreed to take part in my project because they think that it could help you when you are in lessons.

If you agree to take part in my video project you need to do the following:

- Write your name on the consent form and give it to me, your teacher or your teaching assistant.
- I will come into one of your lessons and watch the lesson for a little while.
- We will then have a chat about good behaviour.
- I will film you with my iPad in lessons and create your video.
- You will watch your video a total of 6 times over 2 weeks.
- Your teaching assistant will come with you each time you watch your video.
- I will come back in and watch a lesson you are in for a little while.

Do you have to take part?

No. You can say no now or at any time. You will not have to do anything that you don't want to do. If you tell me or your teachers that you do not want to take part the project will stop. Any information / film I have that you are in will be destroyed.

What happens after you have watched your video?

- I will write a report about your video and how the project worked.

- I will not include your name in anything I write.

- I may want to publish the report in the future. If I do this I will tell you first and your school and your parent will be given a copy for you to look at.

If you have any questions please feel free to ask your parent, Mrs Budd or Mrs Hepburn to give me a ring and you can speak to me. Or you can talk to me next time I am in school.

Thank you for taking the time to read this information.

Video Project Consent Form

Good Behaviour Video Project - **Child's consent**

I _____ (full name) have read the information booklet and I would like to take part in the Video Project.

Please circle Yes or No to the following questions:

Have you talked about the project with your parent / carer?	Yes / No
Are they happy for you to take part in the project?	Yes / No
Do you have any questions about the project?	Yes / No
Has Helen answered these questions?	Yes / No
Are you still happy to take part in the project?	Yes / No

Signed: _____

Age: _____

Date: _____

PPR3: An exploratory study of educational psychologists' views and experiences of working with young people with special educational needs who are transitioning beyond compulsory education

Abstract

This research explores the transition of young people with special educational needs (SEN) from compulsory education and the potential facilitative role of the educational psychologist (EP) in light of the recommendations put forward by the SEND Code of Practice (2014). Using a focus group, insights were gained into the role of the EP in regards to their working with this group of young people and the stakeholders involved in the transition process. The findings add value to EP practice through the identification of potential strengths and barriers to EP working. Examination of the findings suggests that current EP work with this age group may be limited. However, the responses of the EPs suggested that they possessed the skills and knowledge to improve the transition process for young people through information sharing, multi-professional collaboration, personalised 1:1 working and training.

Introduction

The Special Educational Needs and Disability Code of Practice: 0 to 25 years (Department for Education, 2014) provides statutory guidance on duties, policies and procedures related to children and young people with special

educational needs (SEN) and disabled children and young people under the age of 25. Historically, the SEND Code of Practice (2001) was applicable to individuals accessing early years, primary phase, secondary sector or specialist provision. Recent changes to the SEND Code of Practice reflect the revisions introduced by the Children and Families Act (2014), including the extension of the legislation to cover children and young people between the age of 0 to 25 years.

Other changes include, 'a clearer focus on the participation of…young people… in decision-making at individual and strategic levels' (DfE, 2014, p.14). There is also a 'stronger focus on high aspirations and on improving outcomes for children and young people' and 'transitional arrangements' (DfE, 2014, p.14). In terms of transition beyond compulsory education, the Code of Practice (2014) states that:

'Local authorities, education providers and their partners should work together to help…young people to realise their ambitions in relation to:

- Higher education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- Independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living

- Participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community' (DfE, 2014, p. 122).

A growing number of studies confirm that the support and experiences individuals engage with during and after adolescence can positively and meaningfully form the outcomes and opportunities they will have during their early years of transition out of compulsory education and into further education, higher education, work, training and the community (Carter et al, 2013; Carter et al, 2012). Researchers and practitioners are looking to identify the particular support services and skills that will best help individuals with SEN to transition into these different areas (Carter et al, 2013). Through these efforts, a better understanding of effective practices for promoting successful transitions to adulthood is being acquired (Test et al., 2009). However, alongside identifying best practises for aiding transition, researchers have also identified a number of barriers to effective transition for young people. Oswald et al (2013) suggested that issues that interfere with transition for young people with SEN include the perspectives of stakeholders, age limits for services, professional and systemic competence and the financing of placements. Research by Bouck (2012) found that students self-reported experiencing difficulties in terms of accessing and being supported with pathways into employment and training, independent living and post-secondary setting attendance.

An ‘Evaluation of the Special Educational Needs and Disability Pathfinder Programme’ report by Thom et al (2014) explored the engagement of post-16 providers in four pathfinder areas. The researchers key findings were that all providers expressed concerns regarding the Learning Disability Assessment process and wished to improve long term outcomes concerning independent living and employment. They also asked what actions education providers could take to help young people work towards these goals (Thom et al. 2014). Post-16 providers felt that in order to achieve these outcomes the following needed to be cultivated: developing young peoples and their families’ knowledge in terms of their transition options; effective and appropriate use of Independent Specialist Providers (ISP) capacity and expertise; and creating a full 5-day week centred on a General Further Education College (GFEC) (Thom et al. 2014). Providers expressed issues around ‘developing the Local Offer, managing family expectations and ensuring suitable accountability around outcomes’ (Thom et al. 2014, p.4) as short-term barriers to successful transition. Longer-term issues were considered to be the scale of future demand and the impact of support services being reduced (Thom et al. 2014).

This exploratory study observed the experiences and perceptions of EPs working with individuals with SEN who are aged post-16. This research was stimulated by the recent changes to the SEND Code of Practice (2014) that now stipulates that professionals will be required to work with young people up to the age of 25.

Research regarding different stages of transition for young people

Transition into post 16 further and higher education for young people with SEN

Within the SEND Code of Practice (2014) post-16 education is considered to be very ‘diverse’ and encompasses ‘school sixth forms (both mainstream and special schools), sixth form colleges, general FE colleges, 16-19 academies, independent specialist colleges, and vocational learning and training providers in the private or voluntary sector.’ (DfE, 2014, p.112).

The issues of inclusive education in the post-16 sector for individuals with SEN have been explored on a national scale in the UK and there has been significant improvement over the past decade (Redpath et al., 2013; Harrison et al. 2009). Both changes in national legislation and international agreements have driven post-16 education providers to make reasonable adjustments for the creation of inclusive learning environments for students with SEN (Redpath et al., 2013). The SEND Code of Practice (2014) states that ‘colleges should offer an inclusive approach to learning and teaching, with high quality teaching which is differentiated for individuals. This approach should be embedded in their provision in all subject areas and at all levels, and support the teaching of all students, including those with SEN’ (DfE, 2014, p.114).

Research by Dewson et al (2004) found that young people who had attended a specialist setting and / or had received a statement of SEN whilst attending compulsory schooling were most likely to continue with their education, compared to individuals placed in mainstream settings. These students were more likely to attend specialist college for pupils with SEN and less likely to attend a further education (FE) college (Dewson et al., 2004). A longitudinal study by Aston et al (2005) found that a key issue for young people attending FE colleges was the variety of different activities they were being engaged with. Young people were concerned with being engaged in 'unrelated activities that are often unplanned and without future prospects' (Aston et al., 2005, p.28). The researchers suggest that it is good practice for FE colleges to ensure that standardised packages of provision are comprehensive and customised to meet the individual needs of pupils with SEN (Aston et al., 2005).

The number of students declaring SEN and disabilities entering higher education (HE) has risen over the last decade (Higher Education Statistics Agency 2009/10). Of the 959,060 students entering HE in the UK during 2009/10, 69,770 (7.5%) had a declared disability (Higher Education Statistics Agency 2009/10). This is nearly double the number of students (3.8%) who declared a disability in 1997/98. This increase has made it essential for HE settings to become pro-active in guaranteeing that all barriers to inclusion, when this group of young people transition into a HE setting, are removed to permit these students to partake in 'all aspects of the academic and social life of the

institution' (Quality Assurance Agency, 2010, p.13, cited in Botham and Nicholson, 2013).

Research by Redpath et al (2013) explored the lived experiences of young people with SEN who had transitioned to HE. Participants suggested that 'improving existing and creating new communication links' was a pertinent area for improvement needed to foster greater inclusivity (Redpath et al., 2013, p.1346). Students felt that more efficient communication systems were needed between academic staff and student support services. With regard to the support services provided by the universities, participants felt that it was important for an induction session to be delivered and that support needed to commence on arrival or at least within the first four weeks (Redpath et al., 2013). Additional recommendations put forward by the students included encouraging staff to take part in additional training to encourage inclusive teaching, rapid implementation of provision, being provided with a platform to express needs and opinions and more inclusive assessment practices (Redpath et al., 2013). On the basis of this evidence, recommendations were made by the researchers in regards to the dissemination of information concerning transition to education beyond post-16 for SEN students (Redpath et al., 2013). It was also suggested that 'appropriate experts' should be used to 'help and encourage' students with SEN as it was found that many of the students who transitioned into higher education were encouraged to do so by professionals from support services (Redpath et al., 2013, p.1348).

Transition to employment

Piggott and Houghton (2007) argued that there has recently been a shift in attitudes towards individuals with SEN who are expected to become 'economically active in order to fulfil their role as responsible citizens' (Piggott and Houghton, 2007, p.573). However, Piggott and Houghton (2007) suggest that expert employment advice and support was lacking and that many of the individuals they interviewed were unaware of their right to support via policies such as 'Access to Work' (Piggott and Houghton, 2007). Even though there are particular societal expectations, young people with SEN believe that they are disadvantaged when they transition into the job market (Berthoud 2006). Wilson (2004, cited in Piggott and Houghton, 2007) found that 86% of 305 young disabled people aged 16 to 24 believed that it was tougher for disabled people to find employment.

In terms of transitioning into employment from an educational setting, work experience can be influential (Botham and Nicholson, 2013). Research by Piggott and Houghton (2007) found that work experience opportunities were limited for some disabled students, compared to their non-disabled peers. The researchers also argued that they found support into full-time work for this group to be inadequate. Piggott and Houghton (2007) suggested that support was either difficult to source or that the support needed for individuals with multiple and complex needs was too difficult to put into place and required

multiple professionals to be involved. This is congruent with the findings of Barnes (1999) and Boardman et al (2003).

A project developed by Botham and Nicholson (2013) explored university procedures for supporting the transition of students with SEN from HE to a practice placement setting. The researchers found that there was potential for discriminatory behaviour in practice education that came about from issues such as poor planning, inadequate communication of required adjustments, a lack of awareness of relevant legislation and poor cooperation from placement providers (Botham and Nicholson, 2013, p.475). Botham and Nicholson (2013), as part of their recommendations, suggested that a more developed coordinated communication system for all stakeholders was required to ensure that all barriers for students are removed.

Transition into adulthood

In regards to transition into adulthood for individuals with SEN, the SEND Code of Practice (2014) makes a number of recommendations for stakeholders to ensure that young people are prepared for this transition, are provided with adequate information and are able to realise their future ambitions. Under the section ‘Support available to children and young people to help them prepare for adulthood’ it is stated that ‘Local authorities must set out in the Local Offer the support available to help children and young people with SEN or disabilities

move into adulthood' (DfE, 2014, p.63). The following areas of moving into adulthood are explored within the document: 'making good progress towards employment and/or higher education, independent living, good health and participating in the community' (DfE, 2014, p.103). In reference to the professionals working with this group of young people and their families, the SEND Code of Practice (2014) outlines the responsibilities and ways of working required to ensure that individuals are 'as healthy as possible in adult life' (DfE, 2014, p.17). It is suggested that, for professionals, facilitating discussions concerning preparation for adult life as the young person 'moves into and through post-16 education' (DfE, 2014, p.17) is essential. It is stated that professionals should support young people in:

> '…expressing views about their education, the future they want in adult life, and how they prepare for it, including their health, where they live, their relationships, control of their finances, how they will participate in the community and how they will achieve greater autonomy and independence' (DfE, 2014, p.17).

Fiorentino et al (1998) explored the transition from school to adult life for young people who had a physical disability. The researchers found that young people who did not have a statement of special educational needs or attended an FE college experienced a poor transition into adult services (Fiorentino et al., 1998). The researchers made a number of suggestions to improve the transition experiences of these young people into adulthood. Firstly, Fiorentino et al

(1998) argued that the identification of pupils who would benefit from a transition plan was essential and a matter of good practice. Many individuals with a statement, it was found, were provided with transition plans. However, participants without a statement, who were educated within mainstream education, were not offered this either at secondary school or at FE level (Fiorentino et al., 1998). In regards to effective transition planning, Fiorentino et al (1998) suggested that the current arrangements for the planning, registration and tracking of these individuals, as they progressed into adulthood, was inadequate. It was suggested that better coordination and communication between a range of professionals was essential to resolve this issue (Fiorentino et al., 1998). It could also be argued that young people with SEN would also benefit from a highly accessible single source of information, or lead professional rather than having to meet with multiple professionals concerning their transition into adulthood.

Research by Aston et al (2005) observed young people's concerns regarding their autonomy, aspirations and independence as they transition into adulthood. The research explored individual's satisfaction with their present living arrangements, the extent to which they were living independently and their aspirations for the future (Aston et al., 2005). At the time of research, 82% of participants were living with their parents (Aston et al., 2005). The researchers reported that there were differences between SEN difficulty and living arrangements for these young people. Individuals were less likely to live with their parents if they had emotional, behavioural and social difficulties and / or

physical or sensory difficulties (Aston et al., 2005). When asked where they would like to be living in two years' time, 31% of respondents stated that they would like to be living with a partner, 26% would like to continue to live with their parents, 14% said with a friend and 14% said living alone (Aston et al., 2005, p.88). Of those stating they would like to remain living with their parents, almost half of respondents had attended a specialist provision. When asked about their future aspirations, the most frequent response, particularly by those who were classed as not in education, employment or training (NEET), was that they wished to become employed (Aston et al., 2005). The majority of participants in employment or attending HE or FE stated they wished to continue with what they were doing (Aston et al., 2005).

The present study

The purpose of the present study was to examine the views of EPs in regards to their working with individuals aged post-16 with SEN who have transitioned from compulsory education. An EP Service's interest in this research area was the stimulus for this study due to the recent requirement for EPs to work with young people up to the age of 25 years**.** The study and the questions asked of the focus group were derived from the changes to the SEND Code of Practice (2014) in regards to professionals working with young people post-16 with SEN who are transitioning beyond compulsory education. This study aims to answer the following research questions:

1. What knowledge and experiences do EPs have of working with post 16 individuals with SEN and post-16 settings?
2. What knowledge and experiences do EPs have of working with individuals post 16 with SEN who are transitioning beyond compulsory education?
3. What knowledge and experiences do EPs have of working with stakeholders to ensure best practice takes place for young people before and during transition?

Epistemology

The current research is informed by a pragmatic approach (Rorty, 1980). A pragmatic approach to real world research is guided by practical understanding and experience, rather than being driven by theoretical perspectives (Robson, 2011). Pragmatism views knowledge as being both constructed and founded in our experiences in the reality of the world we live in (Johnson and Onwuegbuzie, 2004). The pragmatic approach also endorses 'a strong practical empiricism as the path to determine what works' (Robson, 2011, p.28).

Ethical considerations

The present study followed the guidelines put forward by the British Psychological Society, Code of Ethics and Conduct (2009). The principal ethical considerations for this research are in relation to the focus group and the

interview procedure. To ensure transparency, an accessible information sheet and consent form were provided to potential participants within the EP service (Appendix 3). Appendix 1 provides the interview schedule that was developed through government legislation (SEND Code of Practice (2014) and literature review.

Methodology

Design

The present exploratory research implements a qualitative approach to research methodology. Qualitative methods were employed to obtain a rich and detailed account of EPs experiences and perceptions of their working with individuals with SEN aged 16 – 25 and themes around the subject of transition. Pertaining to the investigative nature of this research, a focus group was utilised to explore a range of participant skills and experiences and to profit from group dynamics (Kingsnorth et al., 2011; Kreuger and Casey 2008).

A focus group design was chosen as it provides the researcher with a number of advantages when collecting qualitative data. Focus groups are seen as a highly efficient technique for gathering qualitative data as the range of information gathered is increased through collection from multiple individuals at once (Robinson, 1999; Robson, 2011). Group dynamics are also considered to

play an important part in focus groups (Robson, 2002). They are seen to help in focusing on the most significant topics and allow participants to explore shared knowledge and experiences in a meaningful way (Robinson, 1999). Focus groups are also seen to be inexpensive to orchestrate and are flexible (Robinson, 1999).

Participants

The focus group comprised of 4 EPs working for the same Local Authority (LA) who had volunteered to be part of the research. 1 participant was a main grade EP. 1 participant was a Principal EP and 2 were Specialist Senior EPs (Early Years and Emotional Health and Wellbeing).

Data collection and analysis

Participants were invited to participate in the focus group that was held in the EP service meeting room. Participants within the focus group were asked questions elicited from statements within the SEND Code of Practice (2014) concerning young people with SEN aged 16 – 25 and key information relevant to professionals working with this group, their families and other key stakeholders (see Appendix 1). The focus group's discussion was recorded using a Dictaphone to enable transcription of the data.

Once the focus group had concluded, the data was transcribed. To ensure consistent recording of the data occurred, the researcher transcribed the focus group discussions. Thematic analysis was chosen as an approach to the data analysis as it offers flexibility and is seen to be an effective process to aid the analysis of semi-structured interview data (Braun and Clarke, 2006). Braun and Clarke (2006) emphasise that although themes that are elicited are ultimately a choice made through researcher judgement, rigorous analysis can be completed by conducting a six phase process (Appendix 5).

Findings from the focus group were analysed using six phase thematic analysis (Braun and Clarke, 2006) to elicit key themes in regards to transition for young individuals with SEN and EP practice within this context . Themes were then identified at a semantic level. The semantic level, as defined by (Braun and Clarke, 2006) extracts surface description throughout the entire data set and does not attempt to identify the participants' potential underlying assumptions and ideologies. An inductive approach was also implemented, to ensure that the themes elicited are strongly related to the data (Braun and Clarke, 2006).

Results and Discussion

The following themes and illustrative comments are the findings derived from the focus group transcriptions and subsequent thematic analysis. The three main themes arising from analysis are:

- EPs knowledge and experiences of working with post 16 individuals with SEN and post-16 settings,
- EP working with individuals post 16 with SEN who are transitioning beyond compulsory education,
- EPs working with stakeholders to ensure best practice takes place for young people before and during transition

The themes unified what was learnt from the focus group discussion concerning EP knowledge and professional involvement with individuals with identified SEN who are transitioning from compulsory education. The data also explored EP involvement with other stakeholders to aid young people's transition experiences. It is important to recognise that the themes are inter-related and not independent of one another. As a result, data extracts from EPs may be used to illustrate more than one theme. Using the approach put forward by Braun and Clarke (2006) to analyse qualitative data, data extracts were chosen in terms of their perceived pertinence and suitability by the researcher and the extent to which they offer evidence allied to the theme. Results are presented using thematic maps to present overviews of the main themes and subthemes

that have been abstracted from the data. Pertinent illustrative examples pertaining to the research questions from the EP focus group data are presented within the sections that follow. Further examples of this data can be found in Appendix 2. The themes and subthemes related with the transcription data can be found in Appendix 4.

1. What knowledge and experiences do EPs have of working with post 16 individuals with SEN and post-16 settings?

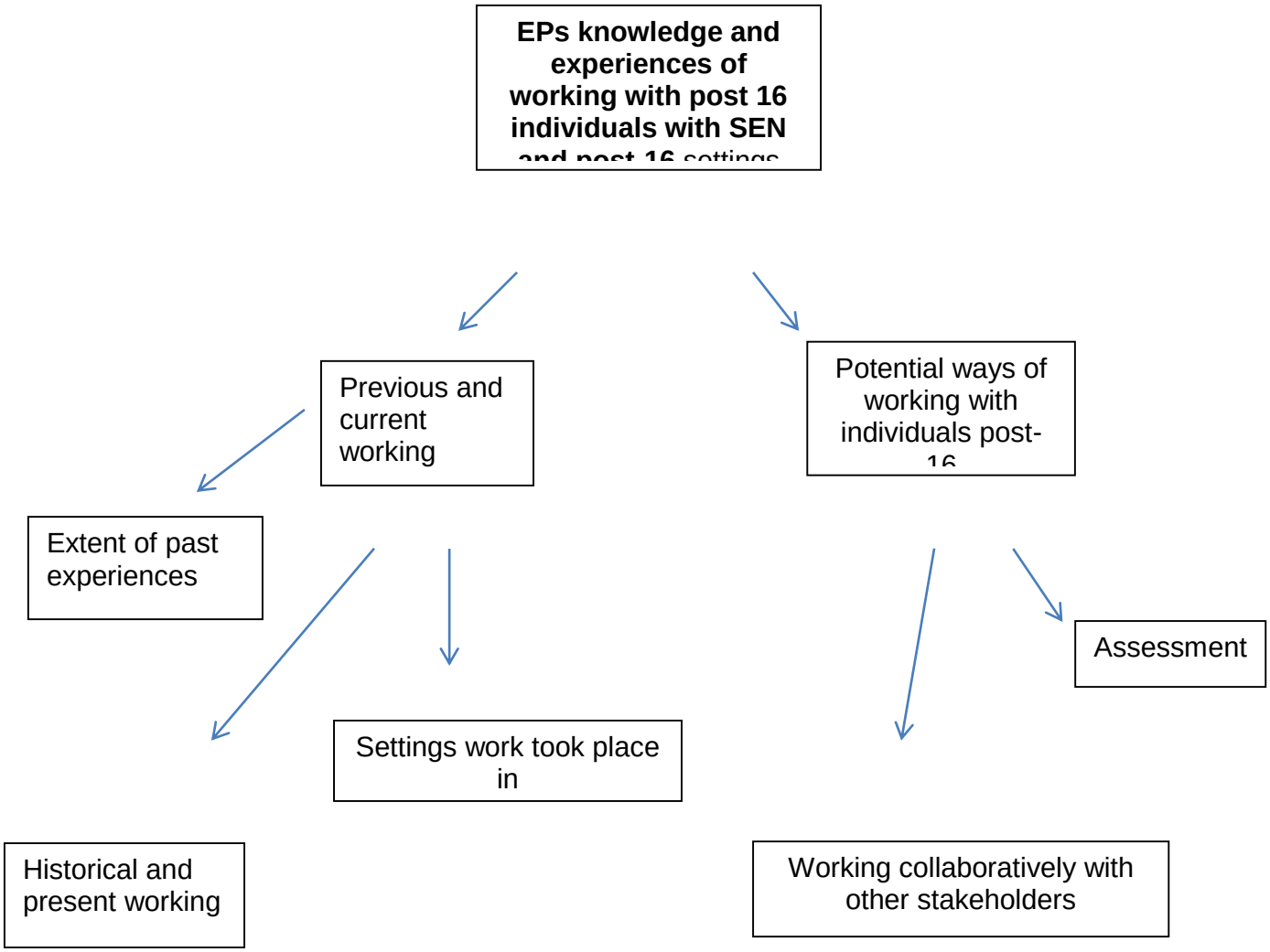


Figure 1. Thematic map of EPs knowledge and experiences of working with post 16 individuals with SEN and post-16 theme and subthemes

EPs knowledge and experiences of working with post 16 individuals with SEN and post-16

Previous and current working

The data suggested that participants had a varied mixture of knowledge and experiences in terms of working with individuals aged 16 or older who had SEN. The majority of EPs could recall experiences of working with individuals aged post-16. One of the participants, however, had worked within a school that taught young people up to the age of 19, but they had not worked with any individuals beyond the age of 14.

In terms of the work undertaken with this group of young people and post-16 settings, EPs described a broad range of experiences that included: assessing the needs of individuals with SEN in special schools, working with individuals who are looked after children (LAC), performing exam concession work in sixth form colleges, assessment of SEN as a young person transitions to university, individual therapeutic work, critical incident work at a sixth form college and the assessment of an individual aged post-16 who had transitioned to a mainstream college after attending a private specialist provision (Box 1. and Appendix 2).

The majority of EPs described historical working. Only one participant was able to explore a current and on-going piece of casework with an individual post-16.

Box 1.

Illustrative examples of EPs feedback in regards to their previous and current working with individuals aged post-16

Below, P1 describes their work in regards to LAC:

P1: I've worked with post 16 through the LAC work. So I've been linking in with the targeted youth support to look at places for children post 16… for a lot of children in care we have had that overview right the way through and we have been very heavily involved with the post 16 cases.

Potential ways of working with individuals post-16

EPs identified a number of professional skills and knowledge they possess that could be utilised to aid involvement with this group of young people. Potential work identified included: exploring the health and wellbeing of SEN individuals, performing a holistic assessment, using standardised assessment tools to assess abilities and needs, information sharing with young people and other

stakeholders and ensuring information sharing is individualised in regards to the young person's needs (Box 2. and Appendix 2).

EPs felt that many of their current ways of working, especially with adolescents, could be adapted to meet the needs of individuals post-16. EPs also suggested that, if communicated effectively, the knowledge they possess could aid individuals as they transition into adulthood and will provide rich information to other stakeholders involved.

Box 2.

Illustrative examples of EPs feedback in regards to their thoughts concerning potential ways they could work with individuals with SEN who are aged 16 or above.

Below, P2 and P3 are discussing the types of assessment EPs may use in regards to Education Healthcare Plans (EHCP).

P2: That will depend on what the needs are that are being assessed. We have the standardised tools like the WAIS which if you're looking at cognitive functioning and abilities.

P3: I suppose as well it's about making sure that you do a holistic assessment and it's looking at recognising the social emotional areas and there might not be a list of tools to use but we all have different methods of approaching that work.

2. What knowledge and experiences do EPs have of working with individuals post 16 with SEN who are transitioning beyond compulsory education?

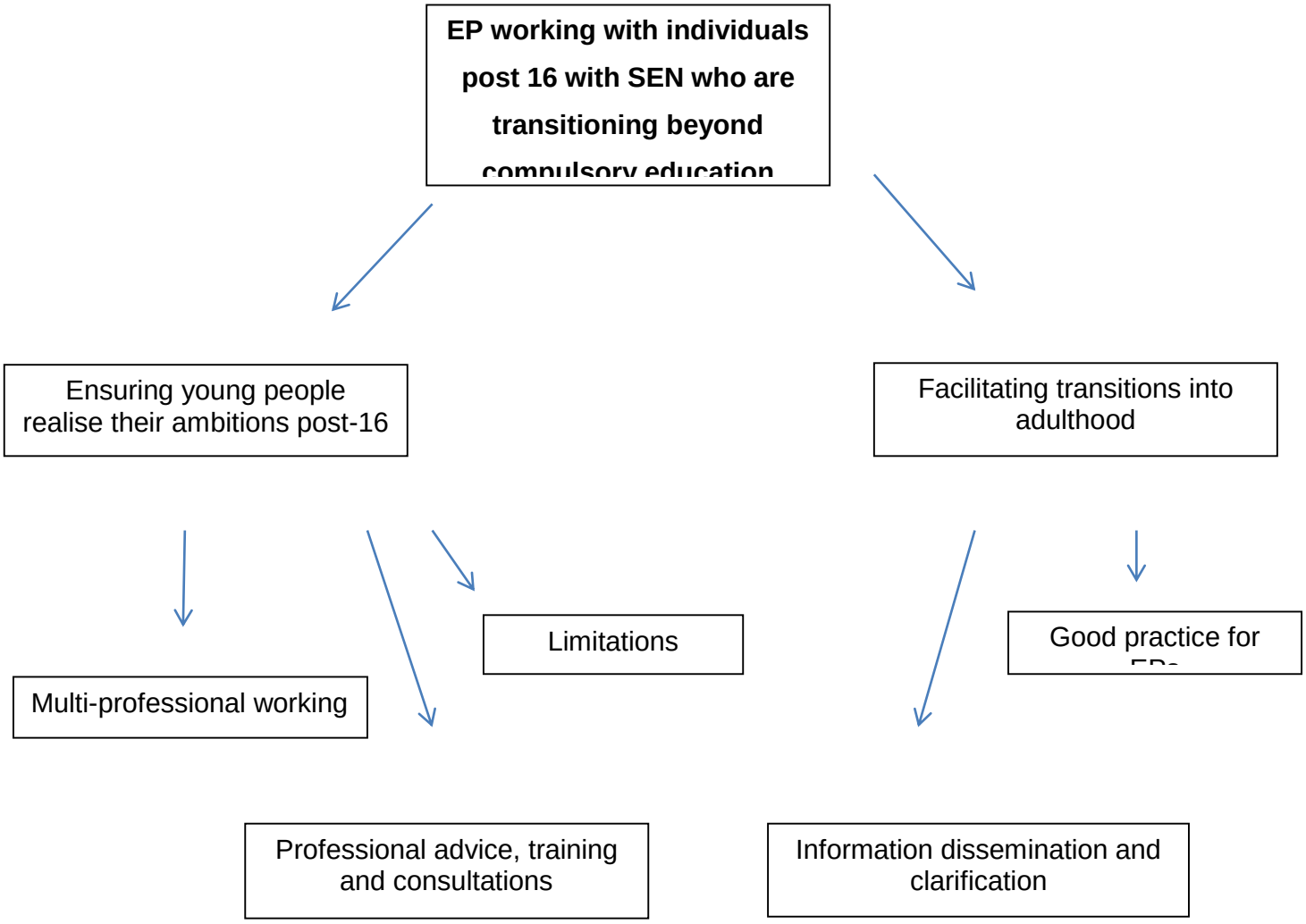


Figure 2. EP working with individuals post 16 with SEN who are transitioning beyond compulsory education theme and subthemes

EP working with individuals post 16 with SEN who are transitioning beyond compulsory education

Ensuring that young people realise their ambitions post-16

Analysis of the data set revealed that EPs feel that the best way to ensure that young people with SEN realise their ambitions post-16 is to work closely with other professionals and stakeholders to ensure that this group are supported. EPs explored collaborative work in terms of professional advice, training and consultations (Box 3. and Appendix 2).

Within this, a limitation was acknowledged by a participant. The EP felt that the LA was not supporting college settings enough and did not currently offer them the same services as settings for compulsory education (Box 3. and Appendix 2). The EP also suggested that, due to lack of previous EP support, colleges were making arrangements with other services and were not aware of what the EP service could potentially provide for their setting and students.

Box 3.
Illustrative examples of EPs feedback in regards to their thoughts concerning potential ways they could ensure that young people with SEN realise their ambitions post-16

Below, P4, is suggesting collaborative work regarding their specialisms within

the EP Service:

P4: I certainly think we could give advice sometimes to other agencies where there has been bereavement or trauma or something of that nature.

Below, P2 is stating that they feel it is important for EPs to be a part of discussions regarding young people's transitions into adulthood.

P2: … making sure that we are part of an around the table discussion and not seen as just advice providers on learning settings…

EPs facilitating a young person's transition into adulthood

The SEND Code of Practice (2014) refers to professional working to ensure that young people are able to realise a variety of ambitions as they transition away from compulsory education and enter adulthood (DfE, 2014). In order for EPs to facilitate this transition, participants discussed the dissemination and circulation of key information to the young person and other stakeholders supporting them. This, it was felt by the participants, would allow the individual to make informed choices in terms of future aspirations and transitions. EPs also felt that eliciting the views of the young person was important to ensure that they were aided, rather than done unto by stakeholders. P3 suggested that the 'local offer' may need to be explicitly clarified to the young person and observe whether the

individual feels that ‘their needs or their aspirations’ will be able to be fully supported. It was also suggested by P2 that EPs should ensure that they are being ‘part of an around the table discussion’, and not thought of as ‘just advice providers on learning settings and what learning resources are needed’. Concluding this statement, P2 suggested that EPs are able to provide advice regarding areas such ‘independent living or participating in society’.

Box 4.

Illustrative examples of EPs feedback in regards to facilitating young people’s transition into adulthood

Below, P1, P2 and P3 discuss the importance and methods of sharing information with young people:

P2: Ensuring that their options are appropriately differentiated so that the young person understands what is available to them and help them to make an informed choice about what they might want, for example where independent living is concerned or how they would like to participate in the community.

P3: And their might be a role in clarifying what the local offer looks like and what it means and whether there are things that fit with their needs or their aspirations .

P2: Breaking down the jargon in some ways.

3. What knowledge and experiences do EPs have of working with stakeholders to ensure best practice takes place for young people before and during transition?

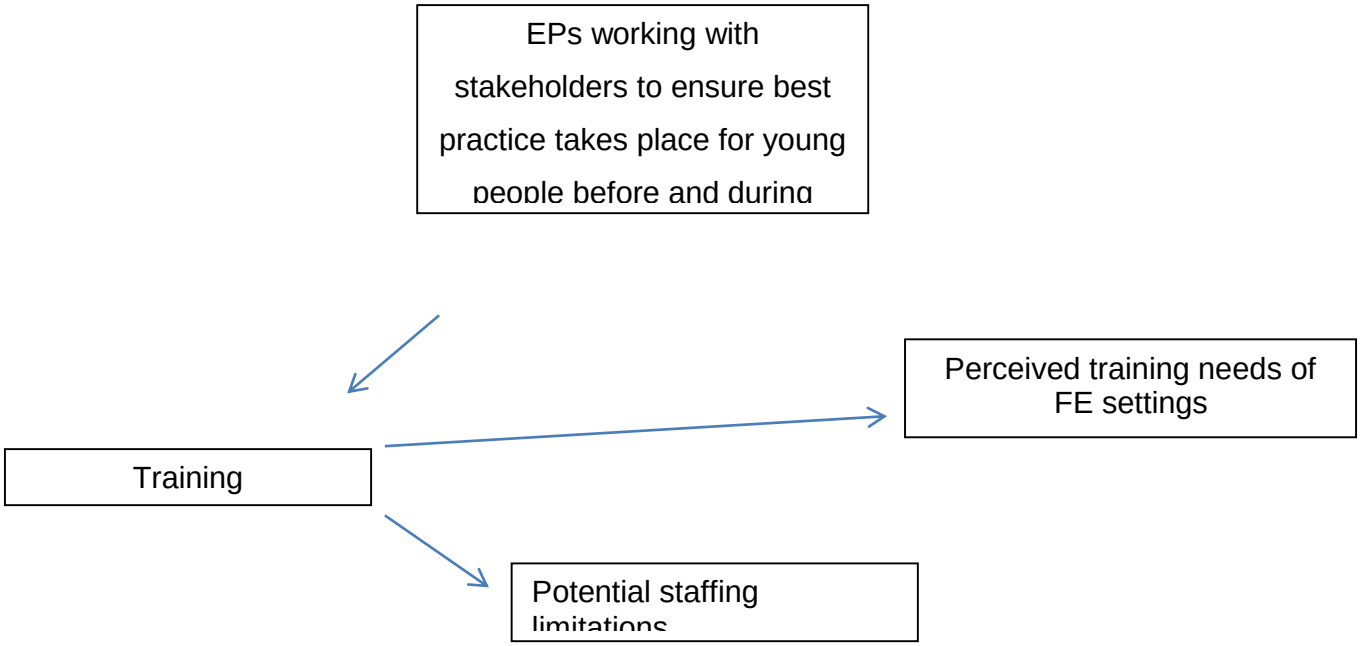


Figure 3. EPs working with stakeholders to ensure best practice takes place for young people before and during transition theme and subthemes

EPs working with stakeholders to ensure best practice takes place for young people before and during transition

Training

In regards to the SEND Code of Practice (2014) it is stated that post-16 education and training should be able to offer an inclusive approach for individuals with SEN who are transitioning into these institutions after completing their compulsory education (DfE, 2014). In regards to this research, EPs were asked about their experiences within post-16 settings and their perceptions of how to ensure education providers are inclusive. In terms of inclusivity, EPs felt that they were able to offer a variety of training in order to ensure FE settings are aware of complex learning difficulties and best practise to meet an individual's needs. P2 also discussed the potential of ensuring that other education providers were made aware of the types of best practice being implemented by similar institutions as a means of training. Within this particular discussion, P3 felt that the EP being a liaison between settings would allow for a 'smooth' transition and ensure that all staff members had the same knowledge and training concerning certain individual's needs. Limitations were centred around a potential lack of experience in FE settings and a potential inability to meet high demand for individual case work. EPs were able to describe historical working, but many were not working with an individual aged 16 or beyond at the time of this research. P3 referred to 'capacity issues' in the instance that demand for training from FE settings was high.

Box 5.

Illustrative examples of EPs feedback in regards to providing training experiences for stakeholders

Below, P2 discussed ways in which FE settings could be trained to ensure that they are inclusive for SEN students through the sharing of good practice between settings:

P2: So maybe we as EPs could facilitate where we know is good practice happening and make sure that that gets disseminated to other settings.

Below, P3 suggests why EPs may not be able to cope if the demand for training by FE providers is high:

P3: I suppose there is a capacity issue isn't there…

Implications for EP practice

From exploring a review of the literature, guidelines within the SEND Code of Practice (2014) and the data derived from this study, there are a number of implications for EP practice when working with young people with SEN at a

variety of stages of transition. Topics such as information sharing, multi-professional collaboration and personalised 1:1 working with individuals have been deemed to be important factors to ensure a positive transition experience for young people (Stewart, 2009; Clarke et al., 2011).

Information sharing

Research by Mitchell (2014) found that 'a disabled young person's sense of individual agency (power to make decisions) and social capital (trust in parents, professionals and others)' (Mitchell, 2014, p.265) are directly affected by how information, including that which is concerned with their transition, is distributed to them. The research also discovered themes emerging from their participants (aged between 14 and 21 years) of information content, trustworthiness and accessibility (Mitchell, 2014). The participants felt that barriers to informed choice included 'lack of trust in professionals, inaccurate or inaccessible information and information overload' (Mitchell, 2014, p.268). Within the findings of the present research, participants shared their views concerning the importance of ensuring that young people's views are elicited and information is clarified so that informed choices can be made in regards to future transitions. It is important for EPs to recognise these areas as potential barriers within the transition process and to work effectively in order to reduce and rescind them within their own working and the functioning of other professionals.

EPs, due to their 1:1 working with individuals and collaborative functioning with stakeholders, are well placed to disseminate important information regarding transition to a variety of persons in varied ways. Research by Stewart (2009) suggests that professionals, such as EPs, who are aiding transition experiences should 'commit to disclosing, in clear language, information about transition…and evidence of the benefits related to transition' (Stewart, 2009, p.171). This is congruent with the findings of Maddison and Beresford (2012), Mitchell (2014) and of the current research within which EPs explored the importance of the distribution of clarified and clear information to ensure individuals are able to make informed choices concerning transition. Stewart (2009) also argued that information exchange between professionals is essential. For this to occur, the EP services, it could be argued, have a responsibility and commitment to exchange information quickly and efficiently with other professionals on a regular basis to ensure that the transition process for an individual is effectual.

Multi-professional collaboration

Transition policy has highlighted the need for and promotion of coordination between services during the transition process for a young person with SEN (DoH, 2008; Clarke et al., 2011). Research has suggested that despite there being a multi-agency composition in terms of transition arrangements and services, evidence has shown that there have been significant levels of failure

to fully meet the needs of young people post transition (Clarke et al., 2011; Morris, 2002). Clarke et al (2011) argued that it is the duty of professionals, such as EPs, to work collaboratively with other experts to ensure that an individual's transition is monitored and that any learned unmet needs are responded to promptly. Clarke et al (2011) also found that there tends to be 'pockets of innovative practice' (Clarke et al., 2011, p.38) that do not tend to be circulated between professionals. This is congruent with the findings of the present research, within which participants shared their views concerning the sharing of good practice between services and institutions. It could therefore be argued that it is important for EPs to ensure that when an individual or stakeholder reports a good response to certain practices, these approaches should be shared with all professionals who are currently or prospectively working with the young person. Congruent with this, Stewart (2009) argued that it is not enough for services to work separately in the implementation and evaluation of models of transition. It is essential for services to work collaboratively to share information pertaining to effective practices with a young person.

Personalised 1:1 working with the individual

Young people with cognitive and communication difficulties may experience difficulties in undergoing meaningful engagement in information sharing and decision-making (Murphy and Oliver, 2012). Personalising information,

provision and addressing individual differences in need for *young people* with *SEN is essential to ensure that transition experiences are supportive and informative (Mitchell, 2014). Personalised information that allows for individuals to make their own choices plays an important role in a young person's transition (Mitchell, 2014). However, people with SEN have previously reported that information they have been given has frequently been hard to access and lacks variety, choice and control when it has been conveyed (*Smyth and Bell, 2006). Research has also indicated that when professionals assume a young person, due to their difficulties, cannot express their views or make informed choices concerning transition, parents or carers are asked to make decisions on that persons behalf (Davis, 2011). Professionals, including EPs, have a role in ensuring that relevant information is accessible to young people through the development of personalised information systems (Baxter et al., 2008, cited in Mitchell, 2014). It is essential that the views of the young person regarding their transitions are gained to allow them to have choice in regards to their future autonomy. EPs, within this study, suggested that gaining the views of the young person was essential to their practice. Participants said that if the individual had difficulties that may cause barriers to making their needs known, EPs have the knowledge and skills to develop and use resources to facilitate 1:1 working.

Conclusion

This small scale qualitative study has demonstrated a small number of EPs views in terms of their working with young people post-16 and their abilities to

support transition processes. The interview transcripts provided evidence of the perceived role of the EP and potential good practices to be used with young people, stakeholders and multi-professional working. These practices included information dissemination, training and holistic assessment. EPs felt that they were able to offer skills, knowledge and support to facilitate different transition phases for young people.

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Appendix 1.

Focus group questions

Focus Group: Working with individuals aged 16-25 in line with the SEND code of practice (July 2014)

1. ‘The post-16 education and training landscape is very diverse. It encompasses school sixth forms (both mainstream and special schools), sixth form colleges, general FE colleges, 16-19 academies, independent specialist colleges, and vocational learning and training providers in the private or voluntary sector.’ (page 112) 7.1

   What previous experiences have EPs had working within these settings?

2. ‘Local authorities, education providers and their partners should work together to help children and young people to realise their ambitions in relation to:

   • Higher education and/or employment - including exploring different employment options, such as support for becoming self-employed and help from supported employment agencies.

   • Independent living - enabling people to have choice and control over their lives and the support they receive; their accommodation and living arrangements including supported living

   • Participating in society - including having friends and supportive relationships, and participating in, and contributing to, the local community

   • Being as healthy as possible in adult life.’ (page 122) 8.2

   As Educational Psychologists, in what ways can we work together with other stakeholders to ensure that the above can be achieved?

3. Under the section ‘Support available to children and young people to help them prepare for adulthood’ it is stated that ‘Local authorities **must** set out in the Local Offer the support available to help children and young people with SEN or disabilities move into adulthood’ (page 75 / 4.52). The following areas of moving into adulthood are explored: making good progress towards employment and/or higher education, independent living, good health and participating in the community. (Page 114). 7.5

What roles / actions might EPs undertake in any of those areas to aid a young person moving into adulthood?

4. If an EHC assessment has been requested by a parent, young person over the age of 16 but under the age of 25, or a person acting on the behalf of a school or post 16 institution, what types of assessments might be used?

5. 'Young people are entitled to the same quality and level of information, advice and support as parents.' (page 33) 2.14

   How can EPs ensure that this objective is met? How will information be disseminated differently to the young person?

6. '…preparing for adult life should be an explicit element of conversations with children and their families as the young person moves into and through post-16 education'. (page 17)

   'Young people should be supported to participate in discussions about their aspirations, their needs, and the support that they think will help them best.' (page 103)

   'They may need support in expressing views about their education, the future they want in adult life, and how they prepare for it, including their health, where they live, their relationships, control of their finances, how they will participate in the community and how they will achieve greater autonomy and independence.' (page 117)

In what ways can EPs elicit the voice of the young person to gain their views about their education and preparation for adult life?

7. '…better transitions between life stages and settings, including…secondary to FE' (page 49) 3.37

   How can EPs aid with the transition of young people with SEN between secondary and FE?

8. 'Young people and parents of children who have EHC plans have the right to request a Personal Budget, which may contain elements of education, social care and health funding'. (page 49) 3.38

   How may EPs assist young people with a personal budget to make decisions on how it should be spent?

9. ‘Partners should also consider whether and how specialist staff can train the wider workforce so they can better identify need and offer support earlier – for example, educational psychologists or speech and language therapists training professionals such as teachers or GPs to identify and support children and young people with mental health problems or speech and language difficulties, respectively.’ (page 50) 3.41

   What are the perceived potential training needs by the EPS of ‘the wider workforce’?

10. ‘…post-16 settings can also be commissioners in their own right. Schools have a notional SEN budget and many schools will commission services (such as speech and language therapy, pastoral care and counselling services) to support pupils.’ (page 56) 3.66

    What areas of work does the EPS predict with be commissioned by post-16 settings and how effectively will they be able to meet these needs?

11. Special educational provision is support which is additional or different to support usually available to young people of the same age in mainstream colleges. Colleges should offer an inclusive approach to learning and teaching, with high quality teaching which is differentiated for individuals. This approach should be embedded in their provision in all subject areas and at all levels, and support the teaching of all students, including those with SEN’. (page 114) 7.4

    How can EPs support colleges in taking an inclusive approach to learning for young people with SEN?

Appendix 2.

Illustrative examples of transcriptions from EP focus group data.

Box 1.
Illustrative examples of EPs feedback in regards to their previous and current working with individuals aged post-16

Three EPs describe their previous experiences in regards to working in post-16 settings and with individuals 16 or older.

Below, P1 describes their work in regards to LAC:

P1: I've worked with post 16 through the LAC work. So I've been linking in with the targeted youth support to look at places for children post 16… for a lot of children in care we have had that overview right the way through and we have been very heavily involved with the post 16 cases.

Below, P3 describes their previous work in colleges:

P3: I presently don't work in any colleges, but I did previously on the exam concession work before it became more about institution providing the advice so I would have worked in all of our ones down south and centrally but that works no longer needed or we have no work requests for that anyway.

Below, P4 describes a variety of examples of work they have done with individuals and settings, including assessment prior to attending university, therapeutic work with a 17 year old, counselling work in 6th form colleges, critical incident work at a 6th form and a piece of individual casework.

P4: Yes, linking to (S) there, we did used to do a lot of assessment with young people between sixth form and university to see if they had specific learning

difficulties as I think at one point universities were giving out laptops if they had a report saying they had specific learning difficulties so I think we were involves with some of those but not recently. Recently I've been seeing a 17 year old who is now 18 which has come sort of from GP via family connect to our service, although I felt it was more a clinical psychologists role where she was coming to terms with having a chronic illness and I've been offering her counselling. When I first can to the authority I did quite a bit of counselling of sixth formers and I think that was because my link person in the school happened to be the head of sixth form so I think that's how I saw quite a few sixth formers. We've also been involved with a college for a critical incident where one of their students took his own life. I think that's about it. No it isn't. last year I saw a pupil who had been at a private special school and then because he was quite able he went to a sixth form attached to a mainstream school and struggled very much and I was asked by the Local Authority to do an assessment to see what was going on and to advise on what was recommended and he was 17 and a young man with Asperger Syndrome.

One EP said that they had no previous experiences working with individuals post-16

Below, P2 explained that, even though they had worked in a setting that educated pupils up to the age of 19, they have not worked with individuals aged beyond 14.

P2: I don't think I've had any experience in any of those settings actually. I'm just thinking if I've been in the sixth forms of any of my mainstream schools and I don't think that I have, or statutory work or case work. In a previous role before I was an EP I worked in a school where the age range went up to 19 but again I tended to work closely with the younger ones who were 8 to 14 year olds, rather than the 16 plus age group.

Box 2.

Illustrative examples of EPs feedback in regards to their thoughts concerning potential ways they could work with individuals with SEN who are aged 16 or above.

Participants describe how they feel their professional knowledge and skills could be used when working with post-16 individuals.

Below, P1, when discussing gaps in the current provision within the LA, is referring to working with individuals as they transition into adulthood.

P1: Perhaps there is a role for us looking at their emotional health and wellbeing as I'm not sure that anybody else would be picking that up.

Below, P2 and P3 are discussing the types of assessment EPs may use in regards to Education Healthcare Plans (EHCP).

P2: That will depend on what the needs are that are being assessed. We have the standardised tools like the WAIS which if you're looking at cognitive functioning and abilities.

P3: I suppose as well it's about making sure that you do a holistic assessment and it's looking at recognising the social emotional areas and there might not be a list of tools to use but we all have different methods of approaching that work.

Below, P1, P2 and P3 are discussing the ways in which EPs may share information to young people with SEN.

P1: Well again in depends on needs and its going back to what was said about making sure that the young person is an active participant rather than being done unto. Again person centred planning tool could be quite useful for us for people with learning difficulties.

P3: And I think an opportunity to talk to somebody individually is quite important to ensure that there is proper advocacy.
P1: Again it goes back to that assessment that you have already done. You will have a clear idea of how you need to include that young person and the best way of doing that.
P2: And their preferred method of communication as well. So, for example, if they don't communicate through verbal means and they use sign language or picture exchange, being aware that there are tools like talking mats that you can use to share information in a way that is more familiar to them so they don't have to learn a whole new language at the same time as take on all this information that is quite complicated.

Box 3.
Illustrative examples of EPs feedback in regards to their thoughts concerning potential ways they could ensure that young people with SEN realise their ambitions post-16
Participants describe how they feel their professional knowledge and skills could be used when working with this in mind: 'Local authorities, education providers and their partners should work together' (DfE, 2014, p.17)

Below, P4, is suggesting collaborative work regarding their specialisms within the EP Service:

P4: I certainly think we could give advice sometimes to other agencies where there has been bereavement or trauma or something of that nature.

Below, P2 is stating that they feel it is important for EPs to be a part of discussions regarding young people's transitions into adulthood.

P2: … making sure that we are part of an around the table discussion and not

seen as just advice providers on learning settings and what learning resources are needed but also those other areas like the independent living or participating in society.

Below, P3 commented on support for college settings and historical limitations that have prevented collaborative working:

P3: I think the arrangements with the colleges is often individual and the local authority services aren't as a matter of course providing those services and I think that's something we could do and something the organisations would appreciate on-going involvement but historically we've just not done it. We haven't done work in colleges so those institutions make their own arrangements and access different supports for the students because they aren't aware of what we can provide.

Box 4.
Illustrative examples of EPs feedback in regards to facilitating young people's transition into adulthood

Participants describe the importance of information dissemination and clarification when working with young people with SEND

Below, P1, P2 and P3 discuss the importance and methods of sharing information with young people:

P2: Ensuring that their options are appropriately differentiated so that the young person understands what is available to them and help them to make an informed choice about what they might want, for example where independent living is concerned or how they would like to participate in the community.
P3: And their might be a role in clarifying what the local offer looks like and what it means and whether there are things that fit with their needs or their aspirations .

P2: Breaking down the jargon in some ways.

Below, P1 and P3 give examples of making information more accessable to young people:

P1: A lot of the person centred planning elements might be useful. You could see how for young people with learning disabilities that might be a lovely way of including them in what they want to do. I could see how that might work.
P3: Perhaps giving more visual examples, more guidance, more visits.

Participant described the importance of gaining information concerning the individual's preferences and thoughts regarding transition.

Below, P1 describes strategies EPs may use to elicit the opinions of the young person.

P1: OK, so in all the ways that we do now so like, meeting the young person individually and gaining their views. Things like PCP, all the assessments we use, person centred planning, we have some really good strategies and techniques and psychology I guess that help us to elicit young people's views in ways that others might now be able to.

Box 5.
Illustrative examples of EPs feedback in regards to providing training experiences for stakeholders
Participants describe the importance of training to ensure best practice and inclusion occurs when stakeholders are facilitating a young person during transition.

Below, P1 explained their experiences of training others to ensure that the needs of an individual would be met as they transitioned into a care home:

P1: We can also do specific training, for example in my LAC role, one of the lads I was involved with post 16 had been at a residential special school and moved from W to T who had ASD. So part of what I did was prepare the receiving care home and up skilled them in ASD so they knew what to expect. There is a lot we could be doing.

Below, P1, P2 and P3 discussed ways in which FE settings could be trained to ensure that they are inclusive for SEND students through the sharing of good practice between settings:

P2: So maybe we as EPs could facilitate where we know is good practice happening and make sure that that gets disseminated to other settings.
P1: Absolutely.
P2: Look at the structure and how they gather the information… So it's using our knowledge of the setting we go into and making sure that we share that information, share that knowledge.
P3: I think that sometimes it's helpful to be a liaison, a link between the staff where you know the young person is moving and speak directly to individuals who are going to be key is a very useful thing that we sometimes do to make sure that the transition is smooth. Those things will make a huge difference so it's not just based on meetings or paperwork and I think we are well placed to do that work.

Participants gave examples of what could be potential training needs in FE settings.

Below, P1 and P4 provide examples of potential training areas.

P1: Training, in terms of our knowledge on needs such as ASD.
P4: Exam anxiety.

Participants explore potential limitations of the service when meetings the training needs of FE settings:

Below, P3 suggests why EPs may not be able to cope if the demand for training by FE providers is high:

P3: I suppose there is a capacity issue isn't there because if all of the institutions wanted frequent involvement we don't have EPs locally or nationally.

Appendix 3.

Information and consent letter

Participant information letter and consent form

"An exploratory study of educational psychologists' views and experiences of working with young people with special educational needs who are transitioning beyond compulsory education**"**

Dear Sir / Madam

My name is Helen Regan and I work for Telford and Wrekin Educational Psychology Service. I am also studying for a Doctorate in Educational Psychology at Birmingham University. As part of my studies I am hoping to run a focus group to gain the views of Educational Psychologists (EPs) in regards to their working with young people with SEN who are aged 16-25. I would like it if you could take part in this project. This letter is to tell you a little more about the project, and to ask for your consent to take part.

What is the project about?

The project is about exploring the views and experiences of EPs in regards to their working with young people with special educational needs who are transitioning beyond compulsory education.

What does it involve?

A focus group of between 4 – 10 participants in your service will be used to gain EP views. Questions asked will relate to the recent changes to the Special Educational Needs and Disability Code of Practice: 0 to 25 years (Department for Education, 2014) in regards to professionals working with young people up to the age of 25.

Do I have to take part?

No. Taking part is entirely voluntary. Participants who take part in the study are free to withdraw at any point in time. If you choose to withdraw after the data has been collected then you have seven days (post focus group) to inform me of this decision. If you choose to withdraw after this time period your data cannot be removed from the data set.

What happens after the project?

After the focus group has been held I will be writing up the results for my studies. Your data will be used within my study but you will not be named in anything that I write. Data collected from the focus group will be stored securely within the EP Service in accordance with the Data Protection Act (1998).

If you would like to know more about this project, please feel free to contact me at [redacted] ou can also contact my university supervisor (Dr Julia Howe) by emailing [redacted]

Thank you in anticipation of your support.

CONSENT FORM

"An exploratory study of educational psychologists' views and experiences of working with young people with special educational needs who are transitioning beyond compulsory education**"**

I _____ (full name) have read the information booklet and I would like to take part in the study.

By signing above you have agreed to participate in a study exploring educational psychologists' views and experiences of working with young people with special educational needs who are transitioning beyond compulsory education. You can withdraw from taking part in the study at any point.

Please tick the boxes on the left to indicate your consent for the following:

☐ I consent to the processing of the information I have provided for the purposes of this research study. The information will be kept strictly confidential and handled in accordance with the Data Protection Act 1998.

☐ I understand that I can withdraw from the study at any time without giving a reason.

Appendix 4.

Transcription of the data set, including themes and codes

		Themes	Subthemes
HR	1.'The post-16 education and training landscape is very diverse. It encompasses school sixth forms (both mainstream and special schools), sixth form colleges, general FE colleges, 16-19 academies, independent specialist colleges, and vocational learning and training providers in the private or voluntary sector.' (page 100) What previous experiences have EPs had working within these settings?		
P1	I've not worked in, urmm, FE colleges but I've worked with post 16 through the LAC work. So I've been linking in with the targeted youth support to look at places for children post 16 and what J and I did was to look at the learning assessment post 16, the old assessment, and to look at how we could marry our assessment with what was needed in the learning assessment. So yes for a lot of children in care we have had that overview right the way through and we have been very heavily involved with the post 16 cases.	Working with LAC post-16	EP work with young people with SEN
P2	I don't think I've had any experience in any of those settings actually. I'm just thinking if I've been in the sixth forms of any of my mainstream schools and I don't think that I have, or statutory work or case work. In a previous role before I was an EP I worked in a school where the age range went up to 19 but again I tended to work closely with the younger ones who were 8 to 14 year olds, rather than the 16 plus age	Previous experiences before becoming an EP	EP work with young people with SEN EP knowledge limitations

	group.		
P3	I presently don't work in any colleges, but I did previously on the exam concession work before it became more about institution providing the advice so I would have worked in all of our ones down south and centrally but that works no longer needed or we have no work requests for that anyway. That's about all. I can't think of another occasion with the older age group in independent schools or the further ed so no.	Exam concession work	EP work with young people with SEN EP knowledge limitations
P4	Yes, linking to (S) there, we did used to do a lot of assessment with young people between sixth form and university to see if they had specific learning difficulties as I think at one point universities were giving out laptops if they had a report saying they had specific learning difficulties so I think we were involves with some of those but not recently. Recently I've been seeing a 17 year old who is now 18 which has come sort of from GP via family connect to our service, although I felt it was more a clinical psychologists role where she was coming to terms with having a chronic illness and I've been offering her counselling. When I first can to the authority I did quite a bit of counselling of sixth formers and I think that was because my link person in the school happened to be the head of sixth form so I think that's how I saw quite a few sixth formers. We've also been involved with a college for a critical incident where one of their students took his own life. i think that's about it. No it isn't. last year I saw a pupil who had been at a private special school and then because he was quite able he went to a sixth form attached to a mainstream school and struggled very much and I was asked by the	Assessment for transition to university 1:1 work with young person (counselling) 1:1 work with young person (counselling) Critical incident 1:1 work with young person (counselling)	EP work with young people with SEN EP work with young people with SEN EP work with young people with SEN Working with stakeholders / EP work with young people with SEN EP work with young people with SEN

	Local Authority to do an assessment to see what was going on and to advise on what was recommended and he was 17 and a young man with Asperger Syndrome.		
HR	2.'Local authorities, education providers and their partners should work together to help children and young people to realise their ambitions in relation to: • Higher education and/or employment - including exploring different employment options, such as support for becoming self-employed and help from supported employment agencies. • Independent living - enabling people to have choice and control over their lives and the support they receive; their accommodation and living arrangements including supported living • Participating in society - including having friends and supportive relationships, and participating in, and contributing to, the local community • Being as healthy as possible in adult life.' (page 17) As Educational Psychologists, in what ways can we work together with other stakeholders to ensure that the above can be achieved?		
P4	I certainly think we could give advice sometimes to other agencies where there has been bereavement or trauma or something of that nature.	Provide advice to other stakeholders	Working with stakeholders
P1	we can also do specific training, for example in my LAC role, one of the lads I was involved with post 16 had been at a residential special school and moved from W to T who had ASD. So part of what I did was prepare the receiving care home and up skilled them in ASD so they knew what to expect. There is a lot we could be doing.	Training stakeholders	Working with stakeholders

P3	I think probably some of the counselling work that presently isn't done in that age group, I think the arrangements with the colleges is often individual and the local authority services aren't as a matter of course providing those services and I think that's something we could do and something the organisations would appreciate on-going involvement but historically we've just not done it. We haven't done work in colleges so those institutions make their own arrangements and access different supports for the students because they aren't aware of what we can provide.	Working with stakeholders to make EP working better known and understood	Working with stakeholders
P1	In terms of the independents again for the last 3 years I've been involved in, this is not looked after sorry, this is a young person who is 17 who has been in a road traffic accident and had a very serious head injury and I think I got involved because of past experience of having specialism with children with physical impairments but I think I'm probably going to carry her through until she is 25 and a lot of what I've been able to do is to clarify what she is able to do in terms of progress year on year and that does support her independence and people do know she is capable of going a bit further and doing a bit more so even just clarifying through assessment is enormously helpful.	EP work with a young person with SEN Working with stakeholders	EP work with young people with SEN Working with stakeholders
P2	I think in terms of the new EHC plans it's working together with people how are co-ordinating those plans to help achieve those different bullet points you've got there. And making sure that we are part of an around the table discussion and not seen as just advice providers on learning settings and what learning resources are needed but also those other areas like the independent living or	EHC Plan co-ordination with stakeholders	Working with stakeholders

	participating in society so for example if part of a child's care plan is to have respite activities as part of their EHC plan we can provide support to people who are providing respite. From my experiences there seems to be well meaning volunteers who haven't accessed a lot of training to understand the needs more than beyond basic awareness.		
P1	It's critical if you want a consistent management pattern throughout school home and out of school.	Working with stakeholders to ensure consistency	Working with stakeholders
P4	Perhaps there is a role for us looking at their emotional health and wellbeing as I'm not sure that anybody else would be picking that up.	EP skill Potential EP working	EP work with young people with SEN
HR	3.Under the section 'Support available to children and young people to help them prepare for adulthood' it is stated that 'Local authorities must set out in the Local Offer the support available to help children and young people with SEN or disabilities move into adulthood' (page 63). The following areas of moving into adulthood are explored: making good progress towards employment and/or higher education, independent living, good health and participating in the community (Page 103). What roles / actions might EPs undertake in any of those areas to aid a young person moving into adulthood?		
P2	Ensuring that their options are appropriately differentiated so that the young person understands what is available to them and help them to make an informed choice about what they might want, for example where independent living is concerned or how they would like to participate in the community.	Information sharing with young people to aid transition	EP work with young people with SEN (transition)
P1	A lot of the person centred planning	Information	EP work

	elements might be useful. You could see how for young people with learning disabilities that might be a lovely way of including them in what they want to do. I could see how that might work.	sharing with young people to aid transition	with young people with SEN (transition)
P3	And their might be a role in clarifying what the local offer looks like and what it means and whether there are things that fit with their needs or their aspirations .	Information sharing with young people to aid transition	EP work with young people with SEN (transition)
P2	Breaking down the jargon in some ways.	Information sharing with young people to aid transition	EP work with young people with SEN (transition)
P4	Yes.		
P3	Perhaps giving more visual examples, more guidance, more visits.	Information sharing with young people to aid transition	EP work with young people with SEN (transition)
HR	4.If an EHC assessment has been requested by a parent, young person over the age of 16 but under the age of 25, or a person acting on the behalf of a school or post 16 institutions, what types of assessments might EPs use?		
P2	That will depend on what the needs are that are being assessed. We have the standardised tools like the WAIS which if you're looking at cognitive functioning and abilities.	Potential EP working – assessment tools	EP work with young people with SEN
P3	I suppose as well it's about making sure that you do a holistic assessment and it's looking at recognising the social emotional areas and there might not be a list of tools to use but we all have different methods of approaching that work. And to keep in mind that it's important to access information from the people that know them the best and who have had the most experience working with them . All of that information needs to go alongside our usual psychometric	Potential EP working – assessment tools Working with stakeholders	EP work with young people with SEN Working with stakeholders

	tools.		
HR	5.‘Young people are entitled to the same quality and level of information, advice and support as parents.’ (page 21) How can EPs ensure that this objective is met? How will information be disseminated differently to the young person?		
P1	Well again in depends on needs and its going back to what was said about making sure that the young person is an active participant rather than being done unto. Again person centred planning tool could be quite useful for us for people with learning difficulties.	Information sharing with young people to aid transition	EP work with young people with SEN
P3	And I think an opportunity to talk to somebody individually is quite important to ensure that there is proper advocacy.	EP work with young people with SEN Information sharing with young people to aid transition	EP work with young people with SEN EP work with young people with SEN
P1	Again it goes back to that assessment that you have already done. You will have a clear idea of how you need to include that young person and the best way of doing that.	EP work with young people with SEN Information sharing with young people to aid transition	EP work with young people with SEN EP work with young people with SEN
P2	And their preferred method of communication as well. So, for example, if they don’t communicate through verbal means and they use sign language or picture exchange, being aware that there are tools like talking mats that you can use to share information in a way that is more familiar to them so they don’t have to learn a whole new language at the same time as take on all this information that is quite complicated.	EP work with young people with SEN Information sharing with young people to aid transition	EP work with young people with SEN EP work with young people with SEN (transition)

HR	6.'…preparing for adult life should be an explicit element of conversations with children and their families as the young person moves into and through post-16 education'. (page 17) 'Young people should be supported to participate in discussions about their aspirations, their needs, and the support that they think will help them best.' (page 103) 'They may need support in expressing views about their education, the future they want in adult life, and how they prepare for it, including their health, where they live, their relationships, control of their finances, how they will participate in the community and how they will achieve greater autonomy and independence.' (page 117) In what ways can EPs elicit the voice of the young person to gain their views about their education and preparation for adult life?		
P1	OK, so in all the ways that we do now so like, meeting the young person individually and gaining their views. Things like PCP, all the assessments we use, person centred planning, we have some really good strategies and techniques and psychology I guess that help us to elicit young people's views in ways that others might now be able to.	Voice of young person	EP work with young people with SEN (transition)
P3	I think sometimes, just linking back at that first quote, sometimes before you get to the point where you are assessing and gaining views it might be a barrier for some families to overcome in terms of having to think about adult life for that young person. Some parents are very switched on in regards to preparing their child as best as they can but	EP work with young people with SENs families (transition)	Working with stakeholders

	there can be an emotional thing around that in thinking my child is going to be an adult, you know that there is going to be a time when we won't be around how can I prepare them for that, or even I don't want them to be an adult I want them to still be that young child who I can look after because they are vulnerable and I can't visualise them as someone who is going to be living independently or you know having their own options about where they can live and their relationships and that's not necessarily something that parents have had to think about when the child was at a younger age so that's potentially a whole can of worms for the parents and families to process. Then we're coming in saying right we need to be getting your child's views about all these things and the parent might think well hang on a minute I don't want to be thinking about these things never mind asking my child about them so that's something perhaps to be aware of in some cases.		
HR	7. '…better transitions between life stages and settings, including…secondary to FE' (page 37) How can EPs aid with the transition of young people with SEN between secondary and FE?		
P3	Well we could certainly contribute to meeting that they set up between the two institutions and being able to present what the young person may need and those sort of educations and emotional implications. At the moment we aren't invited to those and I don't know whether they even do set up for…	Working with stakeholders to ensure the individuals needs are met	Working with stakeholders
P1	I've been to some at S school but I don't have a very good knowledge of what adult, it's not F.E. but it's…	EP knowledge limitations	EP knowledge limitations
P3	Adult services.		

P1	Adult services and I don't have a very good idea of what's available in terms of adult care for the complex special needs cases. But I am invited to meetings.	EP knowledge limitations	EP knowledge limitations
P2	I don't think they would think to invite us at the moment. It begs the questions of what are they doing then. If we aren't part of it, you know, it it similar to primary and secondary where all all the info is sent to the SENCo?	EP knowledge limitations	EP knowledge limitations
P1	What I have done is I've been on a post 16 panel and we only had 2 cases that came and we did a sort of trial run of what it might look like in the future and both individuals were from B school and the information the school provided was absolutely excellent so that the careers person was able to write a report on that based on what the school had said and the social worker also did a really excellent assessment of social care needs. So in that particular instant, I'm not sure if we would have added very much at all but that's because of the quality of information coming from that particular school.	EP work with young people with SEN (transition) Working with stakeholders	EP work with young people with SEN (transition) Working with stakeholders
P2	So maybe we as EPs could facilitate where we know is good practice happening and make sure that that gets disseminated to other settings.	Training stakeholders	Working with stakeholders
P1	Absolutely.		
P2	Look at the structure and how they gather the information.	Training stakeholders	Working with stakeholders
P1	Not all settings will be as excellent as B school.		
P2	So it's using our knowledge of the setting we go into and making sure that we share that information, share that knowledge.	Training stakeholders	Working with stakeholders
P3	I think that sometimes it's helpful to be a liaison, a link between the staff where you know the young person is moving and speak directly to individuals who are going to be key	Training stakeholders	Working with stakeholders

	is a very useful thing that we sometimes do to make sure that the transition is smooth. Those things will make a huge difference so it's not just based on meetings or paperwork and I think we are well placed to do that work.		
P1	And especially if we have been involved right the way through, which would nice to have a model where you had that key adult, a bit like social care should be, so that you do follow them from school. It might not be practical but where it is possible that would be really useful. I managed to do it for 5 years in a previous authority in a PD role, I was the link with those children for 5 years.	Being the key adult	EP work with young people with SEN (transition)
HR	8.'Partners should also consider whether and how specialist staff can train the wider workforce so they can better identify need and offer support earlier – for example, educational psychologists or speech and language therapists training professionals such as teachers or GPs to identify and support children and young people with mental health problems or speech and language difficulties, respectively.' (page 38) What are the perceived potential training needs by the EPS of 'the wider workforce'?		
P3	We already do some of this don't we, this isn't new really for teachers and speech and language therapists and training together, things like L Plan and attachment training.	Training stakeholders	Working with stakeholders
P4	ASD.	Training stakeholders	Working with stakeholders
P2	Yeah this sort of thing we are already doing but its sometimes knowing that more would be of benefit to schools perhaps if we are talking about schools and colleges in this context. It's about getting them	Training stakeholders	Working with stakeholders

	to be creative about how they use their EP connections.		
P3	we have done training of the medics I can remember one of our colleagues doing something on attention deficit, but recently we did some training on attachment at one of the child development centres for medical staff and a multi-agency team.	Training stakeholders	Working with stakeholders
P1	I tell you where this could be really helpful, in adult services. The cut off for adult social care and still being an IQ of 70 and below and them not understanding that children can be vulnerable and still need support from adult social services if they have a much higher IQ but perhaps are diagnosed with an ASC or whatever, I've always found it a nonsense that its such criteria to have an IQ of 70 or below.	Training stakeholders	Working with stakeholders
P4	This has caused difficultly for the boy I was just seeing, he is extremely ASD but social care said oh no nothing to do with us because he was an able boy but he was extremely vulnerable.	Training stakeholders	Working with stakeholders
P1	It's just nonsense.		
P2	Part of our role might be around changing that perception.	Training stakeholders	Working with stakeholders
P1	It's so archaic.		
P4	There will be lots of children who don't have an IQ score.		
P3	And also you know to have an understanding of what a psychometric test does and what a range is…	Information sharing with young people to aid transition	EP work with young people with SEN
P1	We could provide a wealth of much better information for that young person.	Information sharing with young people to aid transition	EP work with young people with SEN
P3	It's still a criteria for other services.		
P1	They are still using a very medical model, whereas we have moved away from that. IQ scores can still be useful and have their place none of	Training stakeholders	Working with stakeholders

	us would ever base a whole report or information on just psychometric information.		
P2	Our way of work is this is what the number is but this is what it means, our focus is on interpretation.		
P1	What it means isn't that of interest. The criteria does need changing because vulnerable people will be slipping through the net because their IQ score is too high and that really does need changing.	Training stakeholders	Working with stakeholders
HR	9.'…post-16 settings can also be commissioners in their own right. Schools have a notional SEN budget and many schools will commission services (such as speech and language therapy, pastoral care and counselling services) to support pupils.' (page 44) What areas of work does the EPS predict with be commissioned by post-16 settings and how effectively will they be able to meet these needs?		
P1	I would imagine individual assessment, which is what we have done some of already and I think some of the therapeutic support that we can offer. Training, in terms of our knowledge on needs such as ASD.	Training stakeholders	Working with stakeholders
P4	Exam anxiety. And perhaps they would buy in packages like big secondary schools do as they don't have unlimited finances.	Training stakeholders	Working with stakeholders
P2	As long as they are prepared to take on board what we are giving them		
P3	I suppose there is a capacity issue isn't there because if all of the institutions wanted frequent involvement we don't have EPs locally or nationally.		
HR	10. Special educational provision is support which is additional or different to support usually available to young people of the same age in mainstream colleges. Colleges		

	should offer an inclusive approach to learning and teaching, with high quality teaching which is differentiated for individuals. This approach should be embedded in their provision in all subject areas and at all levels, and support the teaching of all students, including those with SEN'. (page 102) How can EPs support colleges in taking an inclusive approach to learning for young people with SEN?		
P4	I suppose that's about advice.	Training stakeholders	Working with stakeholders
P1	Well if they learn through visual media.		
P2	I suppose wit this particular age group there is a focus on the independent aspects of learning so its understanding how young people with needs might not have to same level of independence to go off and complete a task where there is an expectation that all the other children without additional needs will go off an do their own research or produce something. Should it be extra study sessions available, should it be extra time where there is going to be someone say in the library where there is someone to help them get started to help them become more independent.	Training stakeholders	Working with stakeholders
P1	That's a helpful way of looking at it sometimes when you look at an inclusive approach what you would is someone trying to manage a certain fit and them thinking if we are going to be inclusive then they need to come to all of it and what L is saying is that we can look toward individual need and what they can then provide and set up in order to be inclusive and inclusion doesn't mean being there for all of the stuff that everyone else is.	Training stakeholders	Working with stakeholders
P2	Fitting in with everyone else.		

P3	That's right and we have the same difficulties with school sometimes.		
P1	And what we are finding with our young people in care is the same as in schools, even if they have a report that says do or don't do XY and Z and they still do it or don't do it and its not disseminated across all of the staff so there is still the problems in colleges as there are in big secondary schools and I think they are fairly similar institutions	Training stakeholders	Working with stakeholders
P3	What would be very helpful is if they would want advice on those more systemic things like communication, about making sure that info is disseminated.	Training stakeholders	Working with stakeholders
P2	And not just assuming that young people should adapt to fit in with the system. There should be more facilitation, not necessarily a whole sale change of how you can do everything. Is one way we can support them is to look at their inclusion policy and discuss whether it is just fit for purpose or if there is a better way to describe how we conceptualise and deliver inclusion. Maybe it's even if they have an inclusion policy in the first place. You could do a path of what inclusive practice will look like in a years times.	Training stakeholders	Working with stakeholders
P3	it's about accessing their vision for their young people	Training stakeholders	Working with stakeholders

Appendix 5.

Phases of Thematic Analysis (Braun and Clarke, 2006)

Phase	Description of the process
1. Familiarising yourself with your data	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic, map of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

PPR4: An exploratory study of best practices when working with individuals with SEN who are transitioning into a further education college: gathering pupil voice using the photography

Abstract

The current research aimed to identify participant's views regarding inclusive practices within a single specialist setting. Participants (n = 7) aged between 16 and 19 years took part in the study. All participants were identified as having complex individual needs that included difficulties with their speech, language and communication. To gain the voice of the learners, a data gathering procedure utilising photography was implemented. This study was commissioned by a specialist setting who will be transitioning its post-16 provision and their students to a local further education college in September 2015. The setting wished to gain further information regarding what their students perceived to be best practices for inclusion within their current school that could then be taken into consideration within the new special educational needs (SEN) college provision. The findings of this study discovered that students value access to specialist equipment, information technology, outdoor spaces, a common room, information and work displays and their classrooms, taking images of lessons and rooms they particularly enjoy attending. The findings of this study add to the research regarding inclusive educational practices for post-16 students and creative methods for eliciting the voice of learners who have expressive language difficulties.

Introduction

Research suggests that giving children with SEN a voice and involving them in decisions surrounding their education is beneficial for a number of reasons (Harding and Atkinson, 2009). Roller (1998) argued that there are advantages to involving pupils with SEN in planning, assessment and review procedures. Benefits for individuals with SEN being involved in these processes includes: increased motivation, personal responsibility for change, independence, perceptions of control, knowledge of individual strengths and difficulties, better relationships between learners and staff, making education for learners more engaging and empowering (Rudd, 2007) and 'the development of meta learning skills such as reflection, planning and monitoring' (Harding and Atkinson, 2009, p.126).

However, while current literature, research and legislation have highlighted the importance and significance of involving individuals with SEN in decision-making regarding their education, there is evidence to argue that the opinions of these young people are rarely acquired (Harding and Atkinson, 2009; Rose 2005; Noble, 2003). When these individuals are consulted, 'the process is often tokenistic and their views largely ignored' (Harding and Atkinson, 2009, p.126). Rose (2005) suggested that young people with SEN are positioned on the periphery of decision-making processes, with regards to their education, even though outcomes of the decisions made by school staff, parents and professionals will have a profound impact on their futures. Todd (2003) argued that if these individuals are made to be an integral part of decision-making

processes they are able to provide fitting information regarding their abilities and preferences, enhancing the likelihood of successful outcomes.

It could be argued that through gaining the 'voice' of young people with SEN, these individuals will feel more empowered, barriers to learning can be reduced and a deeper engagement with learning can be promoted within the school context.

The voice of the learner

There has been a progressively growing interest in the gathering of children and young people's views, also known as the 'voice of the learner,' 'student voice' or 'pupil voice', with regards to research and the development of both policy and practice for those working with individuals with SEN (May, 2005; Czerniawski et al., 2009).

Johnson et al (2001) referred to the voice of the learner as 'considering the perspectives and ideas of learners…sharing, listening, engaging and working together in partnership (p.4). Fielding (2008) suggested that pupil voice is the practice of 'listening purposefully and respectfully to young people in the context of formal schooling' (p.2). Rudd (2007) argued that attaining the voice of the learner empowers the pupil by providing 'appropriate ways of listening to their concerns, interests and needs' so that educational experiences may be developed that are inclusive for that individual (p.8).

However, Robinson and Taylor (2006) suggested that the term 'voice' is problematic, with particular regards to individuals with SEN, as in the context of this area of research the voice of the learner encompasses more than the actual speech of the young person. Czerniawski et al (2009) argued that alternative approaches and methods of listening to learners with SEN must be implemented to involve, collaborate and consult these individuals effectively and appropriately. Failure to do so can lead to risks of increased disengagement and frustration with educational experiences by learners (Rudd, 2007).

The voice of the learner and the role of the educational psychologist

Burden (1996, cited in Harding and Atkinson, 2009) argued that educational psychologists (EPs), within their practice, tend to 'do things *to* children and *for* children, yet far too infrequently do things *with* children (Harding and Atkinson, 2009, p.126). Todd, Hobbs, and Taylor (2000, cited in Harding and Atkinson, 2009) suggested that EPs should concern themselves primarily with developing professional practice that facilitates the views of young people to be heard, regardless of their individual needs.

Research by Harding and Atkinson (2009) analysed how 6 EPs in one local authority (LA) gained and presented children and young people's views within their written reports. The researchers performed a content analysis on 30 Year 9 transition reports and a focus group was held with EPs to identify their procedures of collecting, selecting and reporting pupil's views. Harding and

Atkinson (2009) found that EPs tended to gain the views of the young person in terms of their feelings about school, including preferences, strengths and difficulties and their interests and behaviours outside of school. The researchers suggested that the criteria for EPs selecting information for reporting in the 'child's views section' of reports was based around professional judgement, playing an advocacy role, awareness of purpose and awareness of audience (Harding and Atkinson, 2009). From the qualitative data collection, the researchers found that EPs used a variety of strategies to gain pupil's views. The leading method reported by EPs was direct questioning. Personal Construct Psychology (PCP) and Solution Focused Brief Therapy (SFBT) approaches, questionnaires, sentence completion tasks, self-report scales and skills profiles were also reported within this research as being effective methods of gaining the voice of the learner. There was a consensus between the EPs interviewed that the choice of methods used for gaining a particular pupil's opinions depended on a number of factors, including the nature of the child's needs, time available, context and the purpose of the interview (Harding and Atkinson, 2009).

Hobbs et al (2000) argued that EP assessment operates within a socio-cultural approach that suggests that problem solving requires the perspectives of all involved, including the child or young person. The researchers claimed that children do not 'have the power to create the opportunities to make their voice heard' (p.112), therefore, it is within the role of the EP to create opportunities for learners to express their opinions and claim greater control over their educational experiences (Hobbs et al., 2000). Congruent with the research of

Harding and Atkinson (2009), Hobbs et al (2000) discussed the uses of PCP and solution-focused approaches as effective methods used by EPs for gaining the voice of the learner. The researchers suggested that these approaches should not only provide EPs with a richer understanding of the young person, they should also provide the individual with a greater understanding of 'their own situation and what actions may be open to them to undertake positive change' (Hobbs et al., 2000, p.115). The researchers advocated a collaborative approach between the young person and the EP so that the pupil feels empowered, rather than assessed.

Techniques and strategies for gaining the voice of the learner

Empirical research has presented and evaluated a number of methods for ascertaining the views of children and young people with SEN. Discussion based methods, including direct questioning, are seen to be a popular method of directly gaining pupil views (Harding and Atkinson, 2009). Beyond the historically popular approach of using 1:1 interview techniques, research has shown other techniques to be useful and appropriate for attaining individual's perspectives.

Although there is limited evidence, therapeutic based approaches have been explored in previous research with regards to their uses when gaining the voice of the learner (Roller, 1998; Harding and Atkinson, 2009). Roller (1998) argued

that a personal construct approach is a useful approach for professionals, such as EPs, to use as it elicits the 'perceptions and constructs that a child uses to make sense of him or herself' (p.271). Roller (1998) also advocated the use of SFBT, suggesting that it is an approach that actively involves the young person through exploring and developing solutions whilst gaining their opinions. The researcher argued that this approach is effective for EPs to use within their practice as it uses concrete language, helps to develop a child's alternative understanding of a situation and does not focus solely on the individual's areas of difficulty.

Task related procedures and activity sessions have been used as a less direct method of gaining the voices of learners, particularly those with SEN. Research by O'Connor et al (2011) developed a study that aimed to create innovative methods for acquiring the views of pupils with behavioural emotional and social difficulties (BESD).The researchers engaged participants through the use of group activity days to create a relaxed atmosphere and develop participant engagement (O Connor et al, 2011). Activities included role play and games that facilitated an exploration of pupil's views with regards to their different experiences of pupil referral units (PRU), alternative training providers (ATP) and specialist BESD schools. Semi-structured interviews were then conducted in order to gain a detailed insight into pupils' educational experiences. The researchers found this method to be an inventive approach, but highlighted limitations with the data collection tools they had chosen (O Connor et al, 2011).

Research by McCallum et al (2000) explored the use of the Four Cards Activity to gain pupil views regarding their abilities to conceptualise learning and preferences of learning styles and conditions. 44 Year 2 and Year 6 children were presented with cards that contained four statements about learning. Cards also contained pictures to stimulate discussion. Participants were then individually asked to discuss the statements. The researchers reported that, predominantly, the children responded well to this method and were able to articulate their views 'beyond the basic ideas presented' (McCallum et al., 2000, p.286).

Photography based data collection by Ryan (2009) was used as a method of gathering pupil voice through a visual narrative regarding inclusion within mainstream schools. Pupils with SEN were asked to take pictures, using digital cameras, of 'reasonable adjustments that mainstream schools might make in order to become more inclusive (Ryan, 2009, p.77). The use of photographs to support the development of a visual narrative regarding inclusion was seen by the researcher as being successful as a method of data collection when working with students with SEN, stimulating discussion between school staff and including pupils in decision-making processes (Ryan, 2009).

Utilising the still image within data collection methods

Eliciting the voice of the learner through the use of photography as a medium of expression is becoming increasingly popular within educational research (Piper and Frankham, 2007). The use of photography provides participants with a visual voice (Piper and Frankham 2007). It is often a technique that requires the child or young person to be given a camera to record aspects of the world they live in (Kaplan and Howes, 2004). In some instances, these images are then used as a prompt for discussion regarding their thoughts and feelings (Piper and Frankham, 2007). This is referred to in the research as photo-elicitation (Nind et al., 2011; Carrington et al., 2007). Photo-elicitation uses photographic images to prompt a narrative discourse within which the narrator learns to 'unpack their thinking and scaffold their own thought processes', explaining perhaps otherwise unavailable narratives behind the images (Carrington, et al., 2007, p.9). Cremin et al (2011) argued that photo-elicitation within research enables new perspectives to emerge, especially from individuals who are unable to verbally express themselves. However, with regards to analysing images, it is important that photographs are understood as being products of a task and the way the task was framed to the young person, this may compromise the images authenticity and position as being an authentic representation of the self (Cremin et al., 2011).

Research by Nind et al (2011) explored the voices of three girls with behavioural, emotional and social difficulties attending a specialist secondary

provision through visual and narrative methods. The researchers aimed to gather participant's views regarding the curriculum and school development as recognised stakeholders in the educational provision. Nind et al (2011) described the use of digital camera technology as an 'active accommodator' (Corbett 1998, p.54, cited in Nind et al., 2011) in supporting self-expression and is a medium that reflects youth culture that is seen to be an enjoyable, motivating and engaging. Using digital cameras, participants were asked to create digital comic strip format educational journeys, video diaries and take part in a photo-elicitation discussion with the researcher regarding perceptions of their education. The themes elicited from the photographic data analysis were centred around space, identity, relationships and community (Nind et al., 2011). Meta-narratives arose about the importance of belonging, inclusion and listening (Nind et al., 2011). The researchers found their study to be congruent with the work of Carrington (2007) in that the use of digital technologies gave the participants an opportunity for participation and expression (Nind et al., 2011).

Niemi et al (2014) used photography with pupils as part of a pedagogical action research initiative in a Finnish primary school. The research aimed to how examine how pupil's perspectives, with regards to their education, can foster the teacher's pedagogical thinking and practices (Niemi et al., 2014). Pupil participants were asked to document life in the classroom with digital cameras and then, using their photographs, engage in joint discussions with their peers and teacher. Niemi et al (2014) found that the method of capturing images and

talking about them helped the teachers to learn about their students as unique individuals, acquire information about their perceptions of academic tasks and respond to their concerns regarding learning experiences. Although the research was considered to be successful, the researchers highlighted a number of difficulties when using photography as part of the data collection. Participants did not always follow researcher instructions. Pupils were instructed not to use their cameras at certain points in the research cycle. The researchers found that a number of participants ignored this instruction and unsuitable data for this study was collected. The researchers also discovered that the research task of taking pictures set by the teacher in the first research cycle was not entirely congruent with what the researchers had asked her to say. The teacher had not 'explained that meaningful experiences can also be negative' (Niemi et al., 2014, p.10), resulting in the photographic data containing only positive images. The researchers also found that providing students with digital cameras can be problematic due to cost. The school involved with this study could not provide the class with the six cameras required, they were instead provided by the researchers. The class teacher also commented that she found it difficult to manage the class whilst they were taking pictures and found that 'pupils got tired of taking pictures in the first research cycle' (Niemi et al., 2014, p.10).

Research has shown that although using photography as part of the data collection approach can be efficacious, it also has a number of practical, methodological and ethical limitations (Cremin et al., 2011; Kirby et al., 2013). Cremin et al (2011) discussed a number of concerns with the ethical issues

raised when exploring images taken by students. They argued that parental permission must be sought and the anonymity of the participants needs to be respected (Cremin et al., 2011). The researchers found limitations were set by ‘time, opportunities available to young people whilst in possession of a camera and the functionality of the camera itself (Cremin et al., 2011, p.601). Kirby et al (2013) reflected that data is entirely reliant on the quality and quantity of images provided by participants and their commitment to the research.

Cremin et al (2011) gave a warning to researchers, arguing that individuals undertaking this type of research must not act as ‘documentary-makers or art critics, but as interested and informed professionals’ (p.601) who possess an individual history and ‘set of skills that can be applied to a specific set of research questions’ (p.601).

Due to the resources required to implement a study that uses digital photography equipment within the data collection, sample sizes tend to be small (Kirby et al., 2013). High cost and poor access are seen to be key barriers to completing research requiring the use of digital photography equipment (Kirby et al., 2013).

Inclusion within Further Education

Inclusion is a term that is commonly used within education. Its rhetoric and ideologies are rooted within the contexts of classroom, whole school, Local Authority (LA) and Government levels. Definitions of inclusion and inclusive practices are varied and involve different moral, political and educational aims and assumptions (Clark et al., 1997). Following the publication of the Warnock Report (DES, 1978), definitions of locational, social and functional integration (DES, 1978), continue to inform policy and professional understanding (Swain and Cook, 2001). The Inclusion Charter (CSIE, 2002) and UK Government Legislation (DFES, 2001, 2004) present inclusion as a Human Rights approach to education, wherein 'there is a recognition of the rights of the student to enjoy inclusive education that are accompanied by the responsibilities of governments to provide it' (CSIE, 2002, p.6).

Developing appropriate 'curricula, teaching methods and organisational structures to facilitate the improved provision for pupils with learning and other difficulties' are the requirements of effective inclusive practice (Wolfensberger, 1972). A majority of Further Education (FE) courses have been traditionally designed for students with SEN that focus on 'personal autonomy, transition to adulthood, consolidation of basic education and the development of social and practical vocational skills' (Guishard, 2000, p.206). The FE sector is seen to hold an important function for individuals with learning difficulties in the promotion of training and work-related opportunities, allowing them to enter the

labour market and further their independent living (Guishard, 2000). However, research has shown that there are a number of significant barriers hampering SEN student's participation, development and success in FE institutions. These difficulties are mainly attitudinal, structural and resource-related (Moswela and Mukhopadhyay, 2011, cited in Gariva and Morina, 2014). Limitations for participation in FE environments for students with SEN can be limited by 'inaccessible curricula, negative attitudes among faculty and staff, and architectural barriers' (Gariva and Morina, 2014, p.2). Adams and Holland (2006) argued that students with SEN attending FE courses face additional challenges that may become more manifested the more they struggle to succeed.

Research by Wright (2006, cited in Spencely, 2012) argued that students with SEN who attend FE providers 'are generally welcomed, but are a hidden minority' (p.7) who are situated in their own classrooms, away from their more able peers. Wright (2006, cited in Spencely, 2012) further claimed that SEN cohorts often follow non accredited programmes and are 'separated from the higher profile courses offered by the institution' (p.7). This segregation impacts on the development of their behaviour and relationships with their peers (Spencely, 2012). Spencely (2012) argued that there is a distinct lack of interaction and networking between mainstream and SEN students. This reduces the 'bridging capital' that is vital to the development of learners with SEN who are able to access mainstream learning (Spencely, 2012).

The present study

The purpose of the present study was to explore best practices for the inclusion of individuals with SEN who are transitioning into further education (FE). Data collection methods aimed to gather pupil voice for individuals with a range of learning difficulties and diagnosis', including ASD and Fragile X Syndrome. All of the participants' special educational needs were complex, including difficulties in the areas of cognition and learning, communication and interaction, with physical, medical and or sensory aspects. In order to ensure that the data gathering process was inclusive for all participants, a procedure using a photographic data collection method was utilised. A special school's interest in this research area was the stimulus for this study. The Key Stage 5 provision of the school is being moved to a local FE college. As of September 2015, all Key Stage 5 students and staff will attend the college setting. As this setting and its curriculum is still being developed, the Head of this new provision requested that research within the area of 'best practice for inclusion at FE level' be completed by the Educational Psychology Service (EPS).

This study aims to answer the following research question: What elements of the educational setting do students with SEN find to be the most helpful with regards to their inclusion?

Ethical considerations

The present study followed the guidelines put forward by the British Psychological Society, Code of Ethics and Conduct (BPS, 2009) and the Code of Human Research Ethics (BPS, 2010). The principal ethical considerations for this research are in relation to the informed consent of the participants and their parents and the gathering of visual data in the form of photographs. To ensure this research is ethical and transparent, an accessible information sheet and consent form were provided to potential participants and their parents (Appendix 1 and 2.). Prior to the research gathering, the researcher, with the aid of the participant's class teachers explained the research procedure again and reminded participants of their right to withdraw from the research. Participants were also reminded that they were not to capture any images of pupils or members of staff who had not given their consent to be a part of this research. Any photographs that were taken that included these individuals were immediately deleted from the camera's memory card. All images taken for the purposes of this research were stored on an encrypted memory card and kept in a locked cabinet within the participant's school in accordance with the Data Protection Act (1998).

Methodology

Design

The present exploratory research implements a small-scale case study conducted at one specialist school provision within a West Midlands Local Authority. The research adopted photography as a research tool to provide pupils with a method of exploring their views regarding inclusion and learning within their specialist provision (Lamb et al., 2014). The use of photography as a means of data gathering provides participants with a visual voice when they experience difficulties with their language and communication (Piper and Frankham, 2007).

Participants

Participants for this study comprised of seven students (five males, two females) in Key Stage 5, aged between 16 and 19 years, attending a specialist school provision. From the 18 students attending the post 16 provision at the school, it was deemed by staff members that these seven individuals would have the cognitive and communicative capacities to participate in the research. Participants for this study had been diagnosed with a number of conditions, including ASD, Fragile X Syndrome, Craniostenosis and were considered to experience moderate to severe learning difficulties and had moderate to severe general development delay. The majority of the participants experienced

difficulties with their expressive language. A number of participants had a hearing impairment and the researcher was required to wear a microphone when speaking to them.

Data collection and analysis

Participants were invited to participate in the research within their school environment. After pupil and parental consent were gained, participants were split into two groups of four and three. A digital camera was provided for the purposes of this research by the EPS. Before commencing with the data collection, the groups took part in a short session to ensure their understanding of the research task. With the aid of the class teacher, the purposes and methodology of the research were repeated. To further ensure understanding, the groups were taken through a short task using Boardmaker Studio software. Boardmaker Studio is regularly utilised within the specialist provision and with these students to combine words with pictures to facilitate class discussions and create text and image hand outs. Participants were asked to give examples with regards to 'what helps you to learn at school' and 'what do you like about school'. These questions were considered to be accessible for all participants and would provide the researcher with information regarding what elements of their current educational setting they found to be inclusive for students with their levels of need. Examples of the Boardmaker Studio hand-outs, developed jointly by the participants and their class teachers, can be found in Appendix 10. In turn, each group, with the support of the researcher and the class teachers,

were then asked to capture images from around the school building of resources that help them to learn and enjoy attending school. The participants, within their groups, took it in turn to take photographs using the digital camera. Each group was given a 30 minute session to capture their images.

After the data collection was completed, the images were analysed using content analysis to provide a positivistic and descriptive account of the content of the photographs (Cremin et al., 2011; Banks, 2007). Content analysis is an analytical strategy that provides a quantifiable coding of content for visual images (Banks, 2007). Banks (2007) argued that the key to effective analysis is the consideration of both internal and external narratives of the visual data. When performing content analysis, the external narrative being considered was the photographs as evidence of existing inclusivity within a specialist provision. The internal narratives were the examples within the photographs of the resources that students considered to aid them to access their education. Due to the complex needs of the participants, they were unable to extend their views within an interview or focus group regarding what the photographs represent to them as individuals. The analysis relied heavily on researcher interpretation without further information from the participants. The researcher has attempted to fairly reflect what they perceived to be the views of participants in terms of their thoughts regarding the inclusivity of their education. Research by Cremin et al (2011) and Piper and Frankham (2007) discussed the 'uncomfortable place of not knowing,' within which adult researchers attempt to represent the voices of young people through a process of critical analysis, but

they have no way of ensuring how far the participants, due to their difficulties, agree with their interpretations.

Findings

The 35 photographs taken by the seven participants, to provide visual data regarding inclusive learning, were analysed using content analysis. The categories identified from the content analysis were: classrooms, information notice boards, pupil work displays, specialised equipment, outdoor spaces, computers, Key Stage 5 common room, kitchen, library and swimming pool. For the purposes of the findings, a number of the categories have been combined together within an overarching theme, i.e. within classrooms and outside of classrooms.

Within classrooms

Table 1. provides data regarding the photographs taken by the participants within their classrooms.

Table 1. A table to show the locations, descriptions and quantity of images taken by participants within their classrooms

Location within school	Description of photographs	Number of images taken

A variety of areas within the upper school	Classroom, learning areas and classroom doors	9
Food technology classroom	Equipment within the classroom	4
Gym, Food technology classroom, resources cupboard, hydrotherapy room	Specialised equipment and resources for SEN pupils	6
Key stage 5 common room and ICT suite	Personal computers	3

Classrooms

A number of the participants took pictures of the classrooms they are regularly taught in (see Appendix 3). In most instances, due to classes being held at the time of the research, students were instructed to only take pictures of the doors that were labelled with the lessons that take place there. Participants took photographs of the following rooms: the dark room (sensory room), health education, common room, business centre, library, food technology and the technology suite. Images of the kitchen were particularly popular, within which photographs of the cooker, fridge, microwave and adjustable tables were taken. Photographs were also taken of the library and the swimming pool. By

restricting participants from entering classrooms that were occupied, it is unknown what images of subject specific resources they might have captured.

Specialised equipment and computers

Photographs of specialised equipment and resources were taken within a variety of rooms (Appendix 3, and 4). Within the kitchen, images were captured of the adjustable height tables. A picture of the resources cupboard was taken that depicts boxes filled with learning resources and lesson materials. Pictures of the gym were taken that show the padded gym equipment and the large wall and floor picture puzzles. An image of the door to the hydrotherapy room leading off from the gym was also taken. Images of ICT equipment within the common room and information technology rooms were taken by participants. They depict personal computers in situ within large classroom spaces (Appendix 5 and 6).

Outside of classrooms

Table 2. provides data regarding the photographs taken by the participants outside of their classrooms.

Table 2. A table to show the locations, descriptions and quantity of images taken by participants outside of their classrooms

Location within school	Description of photographs	Number of images taken
Outside play area	Playground, garden,	3

	benches, fenced off play areas	
Key stage 5 common room	Information notice boards	2
Corridors	Pupil work displays	4
Key stage 5 common room	Personal computers, television, stereo, posters, notice boards	4

Outdoor spaces

Photographs were taken of the large outdoor space (Appendix 7) that is next to the participants classrooms. Within the images are large open spaces, the playground and outdoor play equipment.

Display boards in the corridors: Information notice boards and pupil work displays

For three of the participants in particular, information and pupil work presented (Appendix 8 and 9) within the corridors of the school seen as important and were photographed. Photographs were taken of pupil art work and images of pupils in lessons on notice boards. The picture of the collage of fish and snakes was taken as it included the work of three participants. The photograph of the bread making notice board depicted photographs of children that the participants were friends with at school.

Two pictures of notice boards were captured (Appendix 9). The first is a photograph taken within the common room kitchen of posters and booklets of food regarding healthy eating. The second image depicts information with regards to books within the library. The information is presented with pictures and short, simple sentences regarding the content of the books.

Key Stage 5 common room

The participants took a variety of pictures within the Key Stage 5 common room (Appendix 6), a room that all post 16 students are able to access to complete classroom tasks outside of lessons, to listen to music, watch television and cook with the supervision of an adult. Photographs were taken of the television, posters, stereo system, computers, work spaces and information notice boards.

Discussion and limitations

From the results of this study, tentative conclusions can be made. Participants valued their classrooms and lessons, the provision of specialised equipment and resources, displays of information and work, outdoor spaces and access to ICT and a common room for students within their key stage. Despite the data collected within this study offering an insight into SEN student's perceptions of inclusivity within specialist education, this study has a number of limitations

which may have restricted the reliability and validity of the research. First of all, the data utilised a small number of participants which resulted in the gathering of a limited data set. All of the participants who staff felt would be able to engage with this research were asked to take part. Other students within the Key Stage 5 SEN provision were felt to be unable to access the requirements of the research due to their complex needs and communication difficulties. Although the participants were felt to understand the requirements to the task and its procedure, a number of students did not engage fully with the research as requested. In an attempt to ensure that the information gathering stage was not influenced by the researcher or the class teachers, participants were allowed to freely explore the school to take pictures. However, it was clear that for the more dominant and vocally able members of the group, they found this level of freedom without adult guidance uncomfortable. A number of the participants began to take on the role of 'tour guide', taking the researcher to rooms that they enjoyed learning in and discussing their favourite lessons, rather than taking photographs. Participants had to be reminded on a number of occasions that they were being asked to take photographs. Students who did not have expressive language tended to point at objects but often did not make any attempts to have control of the camera to take pictures. It was felt that these factors may have affected the amount of pictures taken by the participants.

Only one school was approached to be included within this research. This was due to the provision requesting the implementation of the study. The setting wished to learn specifically about the views of their students who would be

transitioning into the local college provision in September 2015. Therefore, the results of this study are not generalisable. Instead, they are very specific to one provision within an LA. To provide a richer data set, further information could have been gathered from other specialist provisions within and outside of the LA. This would have not only benefited the validity and reliability of the current data set, it would have provided the commissioning school with comparable data between its students and those within other schools.

It could be argued that, when analysing still images, researcher bias is to an extent inevitable and may have distorted the findings of the study (Lamb et al., 2014). The process of analysing photographs was found to be the most problematic element of the research. Without having any other forms of data to further explore the meanings of the images or the views of students regarding the inclusivity of their education, the researcher was only able to construct meaning through categorising the photographs. These were not categories chosen by the participants themselves and, due to participants not being able to give descriptive accounts of their images, it is unclear if the images have been misrepresented in any way by the researcher. When discussing the limitations of their research, Cremin et al (2011) argued that it is important for researchers to ensure that 'that they are not putting words into young people's mouths' (p.601) when analysing photographs.

A more collaborative approach to the data collection and data analysis could have been implemented by the researcher. For example, The Mosaic Approach was developed by Clark and Moss (2001) as a framework for listening to

children and young children's perspectives. This approach acknowledges that meaning is co-constructed by both adults (parents and teachers) and children and offers a method to elicit the views of the young person through visual and verbal activities. The research data would have benefited from the triangulation of data between student images and qualitative data obtained from participant's parents and teachers regarding their perceptions of post-16 inclusive practices.

Implications for EP Practice

At the time of research, no published research articles of examples of EPs using photography to gain pupil voice within their practice could be found. Although this piece of research cannot support generalised conclusions regarding the efficacy of photography as a method of eliciting the voice of the learner, it does provide the EP community with an example of how EPs may use photography within a specialist educational context and with students who have expressive language communication difficulties. Gaining pupil views through the capturing of still images is a useful addition to EP practice, particularly for students who find it difficult to verbally share their thoughts and feelings.

However, from the findings of this research and other examples within the existing literature base, using photography to gain pupil voice becomes more meaningful when supplemented with further qualitative data, such as interviewing students to discuss the images they captured and gaining the

views of others stakeholders, such as parents, school staff and other professionals involved (Cremin et al., 2011).

Conclusion

This study provides support for the efficacy of using photography as a means of gathering pupil voice for post 16 students with regards to their views of inclusive practice within a single specialist setting. It was felt by the researcher that this method adequately provided students with a means of expressing their views, regardless of their communication difficulties and complex individual needs. The results of this study are interpreted to conclude that students value specific rooms and resources within their school and these should be considered when these individuals are being transferred to a new educational setting. Although the findings of this study provided evidence for inclusive practices at FE level, further research is required that utilises a more combined approach with a larger participant sample.

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Appendix 1.

Parent information letter and consent form

Dear Parent/Carer
My name is Helen Regan and I work for Telford and Wrekin Educational Psychology Service. I am currently working with [redacted] I am also studying for a Doctorate in Educational Psychology at Birmingham University. As part of my studies I am hoping to run a project at [redacted] I would like it if your child could take part in this project. This letter is to tell you a little more about the project, and to ask for your consent for your child to take part.

What is the project about?

The project is about exploring what are best practices when working with individuals with SEN who are transitioning into a further education college: gathering pupil voice using the photography.

What does it involve?

Stages of the procedure:

7. Your child will take part in a class discussion about what helps them learn within school and what helps them to enjoy attending school.
8. Your child will then be asked to go around the school within a small group, supported by 2 adults, and take pictures using a digital camera of what helps them to learn / they enjoy within school.
9. Photographs are then analysed to answer the research question

Does my child have to take part?

No. Taking part is entirely voluntary. There are no consequences if your child does not take part.

Will photographs of my child be taken / used within this research?

No. Participants in this study will be instructed NOT to take any photographs of people, including staff, their peers or themselves. Any images of this nature taken will be immediately deleted from the camera.

What happens to the photographs after the project?

During the project all images will be kept on an encrypted memory stick and deleted from the camera. No pictures of children / your child will be kept and will be immediately deleted from the camera.

What happens after the project?

When I have completed the project I will be writing up the results for my studies. Your child's data will be used within my study but **they will not be named in anything that I write**. All images will be kept in a locked cabinet within school in accordance with the Data Protection Act (1998).

Some parts of my research may be published in the future. If I do this I will let you know beforehand, and your will receive copies of any publications.

If you would like to know more about this project, please feel free to contact me at [redacted]

Thank you in anticipation of your support.
If you have no objection to your child participating in this study, you do not have to return the slip below. If you do not contact myself within seven days, your child will be enrolled into the research. However, if you do not want your child to participate, please contact the principal investigator within seven days to state that you do not give permission for your child to be enrolled in the research study. You may refuse participation by sending an e-mail to [redacted] Instead, you may wish to cut off the slip below and return it to [redacted] reception.

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Appendix 2.

Participant information letter and consent form

What helps me to learn and what do I enjoy about school – Photography project Information booklet

Hello, my name is Helen. You may have seen me in your classroom recently. I am in school at the moment to do a piece of research about what young people enjoy about their school and what helps them to learn. Would you like to be involved in my research? Here is what will happen…

- With your class teacher, we will have a chat about what you enjoy about school and what helps you to learn.
- We will then make a list of all of what you enjoy about school and what helps you to learn.
- You will then be asked to walk around the school in a small group with Helen and your teacher and take pictures using a digital camera of what you enjoy about school and what helps you to learn.
- It is really important that you do not take pictures of staff, your friends or yourself. Please do not encourage others to take pictures of you or others.

Why am I doing this research?

- I study at Birmingham University and work for Telford and Wrekin and Shropshire Council.
- This pictures will help me with my work for university.
- Mrs Hassell has agreed to take part in my project because she is interested in your views.

Do you have to take part?

No. You can say no now or at any time. You will not have to do anything that you don't want to do. If you tell me or your teacher that you do not want to take

part the project will stop. Any information / photographs I have that you are in will be destroyed.

What happens after you have taken your photographs?

- I will write a report about your photographs and how the project worked.
- I will not include your name in anything I write.
- I may want to publish the report in the future. If I do this I will tell you first and your school and your parent will be given a copy for you to look at.

If you have any questions please feel free to ask your parent, or ask Mrs Hassell to give me a ring and you can speak to me. Or you can talk to me next time I am in school.

Thank you for taking the time to read this information.

Photography Project Consent Form

I _____ (full name) have read the information booklet and I would like to take part in the photography project.

Please circle Yes or No to the following questions:

Have you talked about the project with your parent / carer?	Yes / No
Are they happy for you to take part in the project?	Yes / No
Do you have any questions about the project?	Yes / No
Has Helen answered these questions?	Yes / No
Are you still happy to take part in the project?	Yes / No

Signed: _____

Date: _____