An Investigation into the Impact of Group Consultation on the Classroom Behaviour of Children with Social, Emotional and Behavioural Difficulties

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Abstract

Consultation is an increasingly common model of delivery in psychology services (Leadbetter, 2006; Sheridan et al., 2017). It provides group members with a chance to discuss, reflect and learn about shared hopes and concerns for an identified child (Farouk, 2004). While teachers' positive ratings of consultations are consistent across much of the research (O'Farrell and Kinsella, 2018), there is a limited evidence indicating that group consultations impact positively on the focus child or reduce disruptive behaviours (Wilkinson, 2005; Garbacz et al., 2008; Upshur, Wenz-Ross & Reed, 2009; and Sheridan et al., 2012; Sheridan et al., 2017). However, much of the research that exists focused on the impact of consultation for children as a group rather than discussing its impact on the individual child (O'Farrell & Kinsella, 2018).

The aim of this current study is, therefore, to investigate whether a series of group consultations, including parents and school staff, could improve the behaviour of three primary school children with social, emotional and behavioural difficulties. A case study design, incorporating a multiple baseline single case experimental design (SCED) was implemented. Repeated observational measures were taken to assess if there was an "indirect" impact of the consultations on the individual children's classroom behaviour. The data was triangulated with pre-and post-measures of teacher perceptions of behaviour, assessed using Strength and Difficulties Questionnaire (SDQ; Goodman, 1997) and Child Behaviour Rating Scale (CBRS; Bronson et al., 1990). Following the conclusion of the consultations, interviews were held with members of staff and two of the pupils to offer supplementary qualitative data. This was analysed using thematic analysis in an attempt to explore how the consultations may have influenced the outcomes observed in each case.

Drawing on the repeated observation measure, the results of the SCED demonstrated improvements in aspects of classroom behaviour for all three participants. In addition, this was supported by a positive change in SDQ and CBRS scores for two of the participants. School staff interviewed, also perceived there to have been a reduction in challenging behaviour. Staff also reported that the consultation process was helpful as a

collaborative and supportive process. The study concluded that key school staff attending a series of group consultations can have a positive impact on classroom behaviour.

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Glossary of Acronyms

Acronym	Description
ASD	*Autistic Spectrum Disorder*
BPS	*British Psychological Society*
CBC	*Conjoint Behavioural Consultation*
CBRS	*Child Behaviour Rating Scale*
CT	*Class Teacher*
DES	*Department of Education and Science*
DfE	*Department for Education*
EP	*Educational Psychologist*
EPS	*Educational Psychology Service*
FBA	*Functional Behaviour Assessment*
HCPC	*Health and Care Professions Council*
IOA	*Inter-Observer Agreement*
LA	*Local Authority*
RCT	*Randomised Control Trial*
SCED	*Single Case Experimental Design*
SDQ	*Strengths and Difficulties Questionnaire*
SEBD	*Social, Emotional and Behavioural Difficulties*
SEMH	*Social, Emotional and Mental Health*
SEN	*Special Educational Needs*
SENCO	*Special Educational Needs Coordinator*
TA	*Teaching Assistant*
TEP	*Trainee Educational Psychologist*
WoE	*Weight of Evidence*
YP	*Young Person*

Chapter 1: Introduction

1.1 The Aim of the Research and Overview

This thesis presents a mixed-method evaluation of the use of group consultation with the adults who work with children with social, emotional and behavioural difficulties (SEBD) and the impact on classroom behaviour.

Group consultation offers group members a chance to discuss, share information and jointly learn about their shared concerns and hopes for an identified child (Farouk, 2004). Schein (1999) explained that the goal of the consultation is to develop an effectual helping relationship between the consultant (e.g. an educational psychologist) and the consultees (the adults that work with the target child). Dickinson (2000) argued that as the child is the primary client, their perceptions and change that may occur need to be considered.

Supporting children with SEBD is a key area of focus for schools (Poulou and Norwich, 2002) as challenging behaviour in the classroom is a common source of stress for teachers (Male & May, 2007). Truscott, Kreskey, Bolling, Psimas, Graybill, Albritton, K., and Schwartz (2012) suggest that in order for schools to improve behaviour, teachers must have first developed the capacity to do so. However, as teachers can find it difficult to implement and measure strategies that improve student behaviour (Martin & Carroll, 2005), Truscott et al. (2012) argue that consultative support for teachers can increase participants' feelings of competence. Moreover, Edwards (2016) suggests that by Educational Psychologists (EP) supporting teaching staff through consultations, positive outcomes can be promoted for both teachers and pupils.

Nicholas and Feeney (2015) suggest that the benefits of consultation include reductions in stress, practical and emotional support and an increase in consultee confidence. However, Hibbert and Frankl (2011) argue that a question remains about the impact such an intervention may have on the target child. There has been a small body of research which has investigated the impact of behavioural consultations with teachers (Dunson, Hughes and Jackson, 1994), but whether an impact is seen on the child's behaviour is not yet well understood.

1.2 The Contribution to the Local Authority

EPs are well positioned within the education systems to support schools to become more inclusive (Guishard, 2000). There is a continuing push within the EP profession towards the more consultative way of working (Larney, 2003) with consultations quickly emerging as a popular alternative to direct work with pupils (Leadbetter, 2006). While there is a vast amount of research about the effectiveness of consultations, most of this is about the process and implementation, and the satisfaction and impact on school staff (Hughes & DeForest, 1993).

Within the Local Authority (LA) where the researcher is based as a trainee educational psychologist (TEP), consultation forms a key part of her role. The impact that a series of consultations can have on child behaviour is of interest to the LA if they are to offer it as part of their traded service model.

1.3 Overview of this Paper

Chapter 2: The literature review provides a brief summary of the different areas of literature pertinent to this research. A systematic review is then conducted in respect of what existing research indicates about the use of consultations with adults supporting children with challenging behaviour.

Chapter 3: This provides a detailed account of the methodology, design and implementation of the current research. Ethical considerations are acknowledged and discussed.

Chapter 4: The results section presents three case studies with an embedded single case design. The visual analysis for the SCED is presented and is accompanied by pre-and post-data. Following this, data from interviews are presented within a thematic analysis and key themes identified.

Chapter 5: The discussion section outlines and considers the main findings from the three individual case studies. These findings are discussed with reference to existing research, before a discussion of the research limitations is presented.

Chapter 6: This section offers a conclusion of the research study.

Chapter 2. Literature Review

2.1 Introduction to the Literature Review

This chapter aims to outline and review some of the key literature relevant to this research. It starts broadly by discussing the difficulties faced by children with social, emotional and behavioural difficulties (SEBD). The needs of children with SEBD, including the use of systemic support, is then discussed. A brief discussion of the evidence base of consultations, followed by consideration of its use with adults supporting children with SEBD, is given. As there is a need to identify rigorously researched interventions, a systematic review is conducted examining the use of group consultations with adults supporting children with emotional and behavioural needs. The review closes with an outline of the conclusions drawn from the literature and an introduction to the current study's research aims and questions.

2.2 What are Social, Emotional and Behavioural Difficulties (SEBD)?

In the United Kingdom, SEBD is an umbrella term which falls within the remit of special educational needs (Armstrong & Hallett, 2012). Across the literature, many terms are used including behavioural, emotional and social difficulties (BESD), emotional and behavioural difficulties (EBD) and social, emotional and mental health (SEMH). This means that there is no international definition of SEBD (Armstrong & Hallett, 2012) and consequently, confusion and disagreement surround the use of the label (Rees, Farrell, & Rees, 2003). Moreover, this leads to problems in the recognition, assessment and prevention of SEBD (Rees et al, 2003).

Nevertheless, despite this lack of clarity, the Code of Practice reports that children and young people can experience a wide range of social and emotional difficulties, including withdrawal, isolation and challenging behaviour (Department for Education, DfE, 2015). In this way, pupils with SEBD present with behaviours that are a barrier to learning (Farrell & Tsakalidou, 1999).

Farrell and Polat (2003) state that pupils with SEBD often exhibit challenging behaviour at home and at school which has persisted for some time. SEBD can therefore negatively

impact mental and physical health, social relationships, education attainment and engagement and increase the risk of future poor outcomes (Goodman, Joyce, & Smith, 2011). A thematic document analysis of research into inclusion for children with SEBD found that children tend to struggle in establishing and maintaining social relationships (Botha & Kourkoutas, 2016). Botha & Kourkoutas (2014) suggest that the antisocial behaviour seen in children with SEBD makes them vulnerable to exclusion, isolation and rejection.

Sheffield and Morgan (2017) challenge the labelling of special educational needs (SEN) as it leads to pathologizing as opposed to considering wider social contexts and support. Moreover, Thomas and Loxley (2007) suggest that the labelling of pupils with SEBD may prevent schools from being inclusive as the difficulties are presented as within child. Instead, Thomas and Loxley (2007) suggest focus should be given to the operations and systems which exist that may aggravate or cause challenging behaviours.

2.2.1 SEBD: A Vulnerable Group

It has been argued that the increased number of children with SEBD in the United Kingdom constitutes one of the most vulnerable groups within education (Armstrong & Hallett, 2012). Similarly, Armstrong (2014) report that educators often refer to children with SEBD as one of the most challenging albeit rewarding groups to work with. The welfare of children classified as having SEBD has elicited particular concern from EPs, educators and policymakers (Armstrong & Hallett, 2014).

2.2.2 Prevalence of SEBD

The DfE (2017a) report that 17.3% of pupils with SEN were classified as having social, emotional and mental health needs. Sheffield and Morgan (2017) further report that SEMH is the most common category of SEN in secondary schools. Given the prevalence of SEBD in schools, it is of increasing importance that professionals can understand the experiences of young people facing these difficulties (Daniels & Cole, 2010).

2.2.3 The Educational Attainment of Pupils with SEBD

SEBD has also been linked to poor academic progress, future unemployment and social instability (Steinberg & Knitzer, 1990). Farrell and Humphrey (2009) present a number of correlational studies, suggesting a link between low reading abilities and SEBD. This tentatively indicates that a number of pupils with SEBD may also have learning difficulties. As children with SEBD and/or challenging behaviours may be working below age expected levels, a cyclical pattern can be created, whereby learning difficulties negatively impact on the child's behaviour and challenging behaviour prevents the child from accessing learning (Johnson-Harris & Mundschenk, 2014).

The correlation between poor educational outcomes and students with SEBD is a challenge to inclusion for schools. Farrell and Tsakalidou (1999) report that while excellence in education is measured by academic success, schools have become increasingly reluctant to cater for the needs of pupils with SEBD.

2.2.4 The Inclusion of Children with SEBD

International research has highlighted the challenges faced by children with SEBD (Botha & Kourkoutas, 2016). Indeed, De Boer, Pijl and Minnaert (2011) report that children with SEBD are more concerning to teachers than those with any other disability. Hence, Farrell and Humphrey (2009) report that the inclusion of pupils with SEBD is a major challenge for schools. Botha and Kourkoutas (2016) explain that the provision of support in schools remains far from ideal, despite the increasing focus on inclusive practice.

The focus on inclusion began with the Warnock Report (Department of Education and Science, DES, 1978) which led to a shift towards the attitudes regarding the education for children with SEN. The 1996 Education Act suggested that schools should do what they can to ensure that the necessary provision is provided for any pupil with SEN. More recently, the Code of Practice (DfE, 2015) reported that schools need to promote disability equality, prevent discrimination and foster relationships. Burton and Goodman (2011) recommend that inclusion in a mainstream school is key to the successful education of children with SEBD.

Mowat (2015) argues that whilst the inclusion of children with emotional SEBD can support tolerance and respect for diversity, their inclusion continues to be perceived as detrimental to the education of others (Munn & Lloyd, 2005). Burton and Goodman (2011) suggest that due to the increasing pressures to meet curriculum targets, teachers may be more inclined to focus time and effort on pupils who have the capacity to meet standards. In this way, teachers may be concerned that accommodating pupils with SEBD may jeopardise the achievement of others.

Mowat (2015) explains that many teachers feel frustrated with inclusion for children with SEBD. This view, Mowat (2015) explains is due to the opinion of some professionals and parents that support, outside the classroom, even for short periods of time can be viewed as exclusionary. Slee (2012) reported that there remains much confusion about what exactly inclusive practice constitutes.

Perhaps due to some of these barriers to inclusion, pupils with SEBD are increasingly likely to be referred to alternative provision. Statistics indicate that the number of pupils placed at a pupil referral unit has steadily increased from 0.7% in 2010 to 1% in 2017 (DfE, 2017a). Furthermore, Booth, Ainscow and Dyson, (1998) describe that for children with SEBD, the risk of exclusion from settings creates economic and social pressure. Recent statistics report that pupils with the primary need of SEBD have the highest permanent exclusion rate at 0.38% compared to 0.04% of all pupils without identified SEN (DfE, 2017b).

2.3 Challenging Behaviour and SEBD

Popliger, Toste and Heath (2009) suggest that children who are socially isolated, withdraw from situations or exhibit challenging behaviour may be considered as having, or be at risk of developing, SEBD. Hence, one of the principal risk factors for SEBD is the presence of challenging behaviour at school (Vo, Sutherland & Conroy, 2012).

According to Emerson (1995, p4-5), challenging behaviour can be defined as being *"of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy".* Troubled and challenging behaviour is, therefore,

any behaviour that is considered outside the social norms and places the individual, other people or property at risk of harm (Emerson, 1995). This definition should be taken with some caution, as challenging behaviour could be construed as socially constructed as some settings deal with this behaviour more successfully than others (Oliver, McClintock, Hall, Smith, Dagnan & Stenfert-Kroese, 2003).

Pupils that display challenging behaviours often have low resilience to challenge, lack of emotional maturity and have difficult social relationships (Landrum, Tankersley & Kauffman, 2003). They may appear disruptive or withdrawn (Lane, 2007), both of which may pose challenges to the teacher.

2.3.1 Contributing Factors of Challenging Behaviour

Jull (2008) report that students with SEBD who exhibit disruptive behaviours may have undiagnosed learning difficulties. Jull (2008) further suggests that for a child with SEBD, negative behavioural reactions to a literacy intervention are more likely to result in the intervention ceasing as opposed to further assessment and modification of the programme. In this way the challenging behaviour can result in a cyclical reaction whereby the challenging behaviours lead to increased risk of losing out on specialist programmes limiting academic progress and increasing the likelihood that the pupil will react in a similar way when presented with a similar task in the future.

Challenging behaviours can be equated as being adaptive reactions to challenging situations (Ogden, 2001). Hence, the behaviour may be considered as a survival skill in a situation which threatens security. Farrell and Polat (2003) report that students with SEBD are more likely to come from socially and economically deprived families and have a higher incidence of family breakdown. For example, children who experience domestic violence are at increased risk of developing SEBD and may be more likely to demonstrate higher levels of aggression and oppositional behaviour (Dodd, 2009).

2.3.2 Challenging Behaviour in the Classroom

Coping with challenging behaviours is one of the main sources of occupational stress for teachers (Lopes et al., 2012). Challenging behaviours can not only affect the emotional well-being of the student and teachers but can also change the classroom climate (Moreno, 2011). Hence, disruptive or off-task behaviour by a few can change the education for all members of the class (Lane, 2007). Nevertheless, teachers continue to be more likely to discipline the behaviour, which can be ineffective as a method of behaviour management, as opposed to offering support based on the function of the behaviour (Sterling-Turner, Robinson, &Wilczynski, 2001)

Harrison, Vannest, Davis and Reynolds (2012) report that teachers rank challenging behaviours as the most significant barrier to effective classroom teaching. Schools have sought for effective methods to manage behaviour in schools for a long period of time and as a result, there are now many methods which have been grounded in research and evidence (Maggin, Robertson, Oliver, Hollo, & Moore-Partin, 2010).

2.4 Interventions for SEBD

There are concerns about the most effective ways to educate pupils with SEBD and questions about whether the intervention approach should emphasise therapy or education (Farrell & Humphrey, 2009). A challenge to utilising the best intervention for children engaging in the challenging behaviour is the idea that one method fits all. Roberts, Maxwell, Rees, Holland, and Forbes (2016) report that in order for an intervention to be put in place for a child, their individual needs should be at the centre. Cooper (2006) suggests that just like the range of difficulties the SEBD term encompasses, so too are the range of interventions. Due to this, interventions will be presented in themes: interventions that focus on behaviour management, interventions that focus on effective communication; interventions that emphasise effective relationships; interventions that focus on systemic support. Although the author acknowledges that interventions often overlap in terms of the focus they have, presenting the literature in this way attempts to offer a more coherent summary of the range of interventions.

2.4.1 Interventions that Emphasise Behaviour Management

Ultimately, it could be argued that one of the main focusses of interventions for SEBD is reducing challenging behaviour and preventing school exclusion. Cooper (2011) suggests that whilst there are many different types of intervention for young people with SEBD, one of the more common is the use of behavioural programmes.

Behavioural interventions have a long history of use in educational settings as they are considered to be cost-effective and easy to implement (Walker, Colvin & Ramsey, 1995). Fredrickson et al, (2013) piloted the "Let's get smart' intervention for children with emotional and behavioural difficulties and interviewed 13 members of staff leading the intervention. Using a correlational design, Fredrickson et al., (2013) report that after the conclusion of the intervention there was a reduction in externalising behaviours and improvements in cognitive and affective processes. While Fredrickson et al, (2013) draw broadly positive conclusions, care should be taken because there was no evidence of a linear causal relationship. The research also took place in one school and over one year when other factors may have been at play and this, therefore, limits the ability to generalise these findings. In addition, triangulation of multi-informant information from other adults involved in the child's home and school environments would have improved the internal validity of the study.

Scott, Anderson and Spaulding (2008) recommend that appropriate and targeted intervention needs to be based on an understanding of the behaviour. Functional behaviour assessment (FBA) is a process that aims to determine the reason for the behaviour by predicting the relationship between the behaviour and the environment (O'Neill et al., 1997). FBA has a supportive database of its validity, effectiveness (Moreno, 2010; Gresham, McIntyre, Olson-Tinker, Dolstra, McLaughlin, & Van, 2004) and uses within both mainstream and special populations (Scott & Caron, 2005). Goh and Bambara (2012) completed a meta-analysis which concludes that FBA was equally effective across diverse student populations. Fox and Gable (2004) discussed that while the process of FBA is a useful one, how it is implemented can significantly change its effectiveness. A further challenge to FBA is that as one person may conduct the assessment and develop the intervention, the validity of the intervention may be challenged if the individual does not correctly identify the behaviour or if they do not

possess the knowledge to develop the intervention appropriately (Scott, Anderson & Spaulding, 2008).

2.4.2 Interventions that Focus on Effective Communication

A considerable proportion of children with SEBD may have unidentified language difficulties (Clegg, 2014). In a systematic review, Benner, Nelson and Epstein (2002) conclude that on average, 71% of children with SEBD also have clinically significant language deficits. Ramsay, Cowell and Gersch (2018) carried out a mixed method study interviewing school staff to develop the understanding of the link between challenging behaviour and language difficulties. Although a small study within one LA, their results indicate that school staff have a good understanding of the behavioural difficulties but are not necessarily aware of the underlying language difficulties.

Using an independent group design, Law and Sivyer (2003) identified pupils aged 10 and 11 who had or were at risk of permanent exclusion and had SEBD and language difficulties. The pupils received weekly therapy sessions which focussed on the development of specific language skills, behaviour management and emotional wellbeing. Findings indicate that following the intervention the pupils had enhanced language skills, higher levels of self-esteem (as measured by a self-rating scale) and improvement in emotional and behavioural difficulties. While perceived behaviour improvements were made, differences between groups did not reach statistical significance and conclusions could therefore not be made that improvements in language skills led to modified behaviour. Teachers' perceptions of the child's behaviour were affected, however, once an alternative view of language and communication difficulties was acknowledged.

2.4.3 Interventions that Emphasise Social Support

Cobb (1976) conceptualises social support as the individual believing that they are loved, valued and belong to a social network. Popliger, Toste and Heath (2009) conducted a study to understand the correlational evidence associated with social support for children with SEBD. They used standardised assessment tools with parents (n=54), children (n=54) and teachers (n=27) and found that social support was associated with a decreased

likelihood of negative outcomes and strengthened protective factors for young people. For young people, the principal sources of social support are family, peers and school staff (Popliger, Toste & Heath, 2009). Interventions that target peer, family and/or school staff relationships are summarised below.

Cooper and Jacobs (2011) state that the student peer group has a powerful role in influencing student behaviour as disruptive behaviour by some can promote negative behaviours in others. Cooper and Jacobs (2011) suggest that positive examples such as peer-tutoring can harness the positive influence of peer support. Smith, Evans-McCleon, Urbanski and Justice (2015) carried out a single case experimental design investigating the impact of peer mentoring for one student and reported that positive on-task behaviours increased during and following the intervention. However, as this is one student the results have limited generalisability. January, Duppong Hurley, Stevens, Kutash, Duchnowski and Pereda (2016) reported that peer support can also be helpful to support parents of pupils with SEBD. January et al. (2016) conducted a pre-post experiment, providing peer-to-peer support via telephone to parents of 139 young people. Following the conclusion of the intervention, the result indicated that the parents perceived an increase in social support. However, the researchers did not consider the impact that the intervention may have had on the children of the parents supported.

Mowat (2015) conducted six case studies into the impact of a support group for children with emotional and behavioural difficulties. While qualitative in design and therefore impact was not investigated, all six case study pupils responded positively, and parents and teachers were enthusiastic about a noted change in participants.

2.4.4 Interventions that Emphasise Emotional Support and Wellbeing

Syrnyk (2014) reports that the nurture approach to educating children with SEBD has been gaining in popularity across the United Kingdom. A systematic review by Hughes and Schlösser (2014) highlights that nurture groups are a popular and well-established tool for supporting children with SEBD. The effectiveness of the nurture approach is suggested to remain consistent across different age ranges and school settings according to a randomised control trial (RCT) by Cooper and Whitebread (2007). Research

conducted by O'Connor and Colwell (2002) assessed 68 children participating in nurture groups and found significant improvements after three terms in all strands of the Boxall Profile. The reliability and validity of the research were limited by the lack of randomisation and use of a control group.

2.4.5 Interventions that Focus on Systemic Support

Rocco-Briggs (2008) report that many of the adults who work with a child may each have different or even opposing views of the child. Sprince (2000) therefore highlighted the importance of working with and considering the system around the child. By working with the network of support the child has, all can share their experiences and concerns about the child thus reducing anxiety and promoting more consistent care (Rocco-Briggs, 2008).

The Code of Practice (DfE, 2015) encourages collaborative work between teachers, parents, children, EPs and other professionals. Cooper (2011) argues that the teacher and student relationship is at the heart of education. De Leeuw, de Boer, Bijstra, and Minnaert (2017) carried out seven focus groups with Dutch Primary School teachers (n=41). The aim of the focus groups was to share a case study of a child who had or was at risk of SEBD. De Leeuw et al., (2017) found that participants suggested strategies which had both a direct and indirect effect on social participation. However, their findings predominantly relied on teacher accounts expressed within focus groups, which challenges the validity as research conducted by Almog and Shechtman (2007) revealed that there is a gap between what teachers believe to be best practice in hypothetical situations and how they react within the classroom.

Rickard, Brosnan, O'Laoide, Wynne, Keane, McCormack, and Sharry (2016) report that interventions which target the family may be more effective at supporting children with SEBD. Rickard et al., (2016) further suggest that the effectiveness of family interventions can work best when based in an educational setting, allowing the generalisability of the programme and increasing the programme's accessibility and familiarity. Buyse, Verschueren, Doumen, Van Damme, and Maes (2008) explain that both teacher and parent involvement in interventions are important because their support can lead to higher student engagement, which in turn can reduce the risk of SEBD for the young person.

There is a continued focus on the use of prevention and proactive strategies as opposed to reactive strategies to challenging behaviour. Hightower, Johnson and Haffey (1995) report that secondary prevention involves the early identification of problems in order to intervene before the difficulties become more severe. Akin-Little, Little, and Delligatti (2004) state that consultation could be one such process.

2.5 Consultation

Within the United States and the United Kingdom, there is arguably a well-established evidence base into the effectiveness of consultation (Wagner, 2008). Conoley and Conoley (1990) define consultation as the development of a problem-solving relationship between consultees and the consultant. The focus of consultation is to develop the problem-solving capabilities of the consultee as opposed to advice giving (Leadbetter, 2006).

Consultation has also become a key part of service delivery within many educational psychology services (EPS) as a way of offering support as an effective alternative to other more direct models of service delivery (Larney, 2003). Moreover, a theoretical consideration of consultation by Wagner (2008) suggests that consultation can increase teachers' confidence in managing situations, change their beliefs and attributions and bring about systemic change.

Dennis (2004) reports that consultative methods should not be confused with having a chat with consultees but as a collaborative method which focuses on a "plan, do, review" cycle. Hence, Dickinson (2000) suggests that consultation involves listening, analysing, reflecting, planning and reviewing. In this way, Matthews and Singh (2015) reported that consultations can be used as a tool for systemic change for a range of purposes. A key strength of consultation is that it allows different perspectives and views to be shared and considered in order for group solutions to be developed (Matthews & Singh, 2015).

Nolan and Moreland (2014) report that there are many different models of consultation including behavioural consultation, process consultation, organisational consultation and

mental health consultation. Bergan and Kratochwill (1990) explain that behavioural consultation emphasises behavioural psychology where behaviours are defined, and solutions developed; whereas process consultation emphasises the helping relationship between consultant and clients and ultimately aids capacity building (Schein, 1999). There are of course similarities between the different models of consultations, they all encourage problem identification, working together to bring about change and encouraging the consultees to acquire effective skills to be generalised to their practice (Kennedy, Frederickson, & Monsen, 2008).

Bozic and Carter (2002) reported that consultation should be considered an indirect method of service delivery as the consultant will only have direct involvement with the consultees, and not with the child being discussed. Through this method, the consultant should act as a facilitator to enable the problem to be defined and discussed and ultimately solutions to be reached together (Bozic & Carter, 2002). Their qualitative research study was based on four consultation groups with 39 teachers and one teaching assistant which was set up in the United Kingdom (Bozic & Carter, 2002). The participants were volunteers to the research and there are therefore questions about the external validity of the research.

2.5.1 Group Consultation

Farouk (2004) reports that much of the research focuses on consultation with a single teacher, however, much value can be achieved when working with a group of teaching staff. For example, Gill and Monsen (1995) report that group consultation enables a problem analysis framework to be implemented in order to develop strategies together and provide consistency to the support the child needs. Farouk (2004) suggests that within group consultations, emphasis should be given to child behaviour and home influences as well as the contextual and systemic factors at play. Furthermore, Nicholas and Feeney (2015) conclude that group consultation enables greater objectivity, critical thinking and has the potential for wider impact on the systems around the child.

Gill and Monsen (1995) report that the consultation should be considered a staff sharing process to avoid the groups believing that the consultant (such as an EP) would solve the problem independently. If the consultant is viewed to be an expert who can “cure” the

problem, the likelihood of within child attributions may increase and thus the impact of the consultation may be reduced (Jones, Monsen & Franey, 2013). Babcock and Pryzwansky (1983) contacted school staff (n=115) across 34 elementary schools who had each received a minimum of two consultations from a school psychologist. The data, collected from a questionnaire, suggested that teachers prefer a collaborative approach to consultation rather than an expert model. Gutkin (1999) cited Babcock and Pryzwansky's research, suggesting that teachers would resist an expert approach in consultation and thus for it to be effective, collaboration is needed. Collaboration is thus an important feature of any effective professional relationship (Conoley & Conoley, 2010).

The ultimate goal of consultations is to develop an "*effective helping relationship*" (Schein, 1999, p1), which allows group members to share their concerns about a child and receive consultative support from the group (Farouk, 2004), thereby developing group solutions through the sharing and combining of collective knowledge. The collaborative stance of group consultations encourages double loop learning and capacity building (Lapalme & Conklin, 2015). Hence, the consultant facilitates the process which enables information to be generated and eventually leads to problem solutions (Coget, 2009).

Group consultations are therefore a process of joint exploration and problem solving (Bozic & Carter, 2002). Within these consultations, the emphasis is given on the link between environmental factors and the impact these can have on the working practices in changing behaviour, attitudes and feelings (Leadbetter, 2006). Leadbetter's (2006) theoretical analysis of consultations further explains that the roots of group consultations lie in organisational and social psychologies, making the process ideal for achieving multi-level change.

2.5.2 Principles and Benefits of Group Consultation

Group problem-solving approaches generally seek to empower staff, insert objectivity into group member attributions of child behaviour and enhance problem-solving capabilities (Brown & Henderson, 2012). Group approaches can also provide access for staff members to supervision to reduce the emotional load experienced when working with young people with challenging behaviour (Grahamslaw & Henson, 2015). Hanko

(2002) explained that the principles of group consultation enhance containment which can lead to the restoration of objectivity. Jones, Monsen and Franey (2013) argue that group consultations should include a diverse team in order to offer diversity in opinions and perspectives (Alborz, Pearson, Farrell & Howes, 2009). When teachers and non-teaching staff work collaboratively, teaching and learning are enhanced (Smith, Whitby & Sharp, 2004).

Gutkin's (1999) consideration of consultation theory suggests that consultation offers the consultee the opportunity to increase their capacity when dealing with problems. Thus, the idea of consultation is to enable the consultee to find ways to solve the problem by themselves (Gutkin, 1999). The process recognises that while the consultant may have expertise in a specialist area (Sheridan, Welch, & Orme, 1996), the consultee's expertise is their understanding of the problem (Gutkin, 1999). According to Wagner (2000), true consultation should de-emphasise authority to jointly explore, assess and intervene. The desired outcomes of the session should be established together, and any assumptions addressed to make it a transparent process for all involved (Wagner, 2000).

Consultations could be viewed as a way of giving "*psychology away"* by enabling others to provide effective classroom interventions (Gutkin, 1999, p163). By building the capacity of the consultee, the suggestions and interventions identified have the potential to be offered to an increased number of children and young people. An exploration of current issues into consultation suggested that successful consultations should involve problem identification, discussion and jointly agreed interventions which address the child's difficulties (Kennedy, Cameron, & Monsen, 2009).

2.5.3 Effectiveness of Consultation

There is a large body of research which indicates the effectiveness of consultation (Busse, Kratochwill, & Elliott, 1999) and the potential it has to result in positive outcomes for children (Bergan & Tombari, 1976). Gutkin (1999) explains that consultation is a logical intervention in supporting the development of collaborative learning and increasing the likelihood of strategy implementation.

Nolan and Moreland (2014) conducted a small-scale research study of seven consultations within one LA of the United Kingdom. Although small in scale, a benefit of this research was the use of a three month follow up. This data indicated that consultees gained knowledge, had enhanced their understanding of the child and some indication of a shift in thinking (Nolan & Moreland, 2014).

Knoff, Sullivan, and Liu (1995) conducted a large-scale study with 396 teachers in the United States of America to investigate teacher ratings of the effectiveness of consultations. Self-report questionnaires were used to record individual views. A factor analysis of the data indicated that the most important factor of the process was consultant knowledge of the process and their interpersonal skills. Thus, the effectiveness of the consultation appears to be highly correlated with the consultants' skills and experience (Henning-Stout, 1999). This is further supported by Larney (2003) whose review of literature in the United Kingdom and the United States reported that the interaction between consultant and consultee is pivotal to the success of the process.

Hibbert and Frankl (2011) described a pilot study which aimed to preliminarily evaluate the use of a psychology consultation service with social workers and foster carers. Social workers and foster workers were randomly selected from those known to the service. The final sample included seven social workers and seven foster carers all of whom had met with the psychology consultation service for between one and six sessions. The study gathered information via the use of qualitative semi-structured interviews which were then thematically analysed. The thematic analysis indicated the emergence of four key themes: ease of access, enhanced foster carer knowledge, emotional support for foster carers and support for social workers. Findings indicated that the consultation service can provide quick and easy access to support, improve relationships within foster families and lead to better systems around the child. However, the study was based on a small sample of a service provided by one LA in England, and while their findings were supportive, they cannot necessarily be generalised to services elsewhere.

Whilst much support for consultation is positive, there are nonetheless many challenges to its use as an intervention. Knoff, Sullivan and Liu (1995) report that a large proportion of the school psychologist's job role is taken up with consultation, however, frequently the effectiveness of the consultations is not evaluated (Alpert, Weiner, & Ludwig, 1979).

Truscott et al. (2012) suggest that the difficulties in implementing consultation are sustainability, motivation and time constraints. Furthermore, Crothers, Hughes and Morine (2008) argue that it can be challenging to measure the success of consultations and identify impact. For example, when the impact of consultations is measured as a time-limited intervention, it can be difficult to determine whether the reason for the consultation (such as a previously targeted problem behaviour) reoccurs. Hayes and Stringer (2016) therefore suggest that other measures need to be used to further determine outcome success such as pre- and post-intervention questionnaires.

Sheridan and Kratochwill's (1992) theoretical discussion reports that consultation can be used to actively link home and school life to develop a cooperative problem-solving process. They propose that such a method can be especially useful in determining behavioural change.

2.5.4 The Use of Consultation in Establishing Behavioural Change

Consultation between teachers and school psychologists is a common approach for providing indirect service to children (Hagermoser Sanetti, Collier-Meek, Long, Byron, & Kratochwill, 2015). Consultations can be used to develop interventions and improve outcomes for a student as a multi-tiered efficient system of support (Kratochwill, 2008). Developing interventions together through a consultative approach can positively influence the speed and effectiveness in implementing the intervention (Hagermoser Sanetti et al., 2015). This can, therefore, increase the chance the targeted behaviour will change.

Jones, Charlton, and Wilkin (1995) explore the idea that for longer-lasting change in behaviour, teachers need to think critically about their own practices. In this way, Jones, Monsen, and Franey (2013) suggest that group consultation encourages teachers to reflect holistically on the cause and function of challenging behaviour and problem solve together. Moreover, Gill and Monsen (1995) explain that teacher support groups can encourage teachers to mobilise their own resources and skills in order to take responsibility for solving the problem.

Teachers play an integral role in school improvement and thus the development of support for teachers can support behavioural change (Truscott et al., 2012). Truscott et al. (2012) considered the use of consultative support for teachers with a child presenting challenging behaviours and reported that its use is well received and can increase participants' feelings of competence.

Moreover, Sheridan, Ryoo, Garbacz, Kunz, and Chumney (2013) conducted a randomised control trial into the efficacy of conjoint behavioural consultation (CBC) with the parents (n = 207) and teachers (n = 90) of 207 children. CBC is a method of consultation where parents and key teaching staff work jointly through a problem-solving and decision-making process. They reported that as a result of the consultations, there were significant increases in home-school communication and parent competence. When compared to the control group, children in the intervention group showed decreases in defiance, non-compliance and a reduction in tantrums (Sheridan et al., 2013). CBC has been used to develop more effective working relationships between home and school with both sides (parents and teachers) demonstrating high levels of acceptance and satisfaction of the process (Sheridan, Eagle, Cowan, & Mickelson, 2001).

Raver and Knitzer (2002) suggest that mental health consultations are also a promising approach to meeting the needs of children with challenging behaviour. Such mental health consultations involve a partnership between the setting and a consultant working collaboratively with school staff and families in order to "*prevent, identify, treat and reduce the impact of mental health problems among young children*" (Alkon, Ramler, & MacLennan, 2003, p. 92) Similarly, Upshur, Wenz-Gross, and Reed (2009) evaluate the use of a mental health consultation model to reduce rates of behavioural problems in school. Their study used a matched group design across a number of sites with 37 teachers of 136 children. Parents were involved for 37 of the 47 children in the experimental group. The programme involved individual child therapy, teacher consultation, parent consultation and family therapy over four to six months. The analysis of outcomes indicated significant reductions in aggressive and maladaptive behaviour and an increase in adaptive behaviour following the conclusion of the programme. However, the use of a multi-faceted intervention meant that the individual components of the programme, whether consultation or therapy, cannot be fully determined.

Dunson, Hughes, and Jackson (1994) argue that whilst evidence indicates that consultation which promotes behavioural change is effective, much research uses highly directive models of consultations as opposed to collaborative problem-solving. Their research with 20 teachers, identified as having a challenging child in their classroom, used a collaborative approach to consultation based on a four-step framework developed by Bergan (1977). Dunson, Hughes, and Jackson (1994) report that the consultations resulted in improved teaching ratings of childrens' behaviour and a reduction in the severity of target behaviours when compared to the control group. Furthermore, direct observations of children's behaviour by observers indicated that behaviour consultation with teaching staff is effective in changing child behaviour. Whilst Dunson, Hughes, and Jackson (1994) attempted to control for observer bias, by observing a child not known to them, the results of this study remain limited by the small sample size (n=20) and the potential for respondent bias due to the fact the consultant was also the researcher.

Fisher and Gilliam (2012) suggest that it is common practice when working with children who exhibit challenging behaviours, such as aggression, defiance, and conflict, to also work with the child's family. Fisher and Gilliam (2012) highlight that psychotherapy is regularly used for children with challenging behaviours and as part of the therapy work with the family of the child. There is a recognition that the success of such interventions is best utilised within the context of family dynamics (Patterson, 2002). In this way, cohesive and integrated provision can be established for the child (Wakelyn, 2008).

2.5.5 The Use of Group Consultations to Support Children with Social, Emotional and Behavioural Difficulties

Putnam, Handler, Rey and McCarty (2005) argue that most referrals for individual case-based consultations are for students who display challenging behaviours and are at risk of exclusion. Research indicates that group consultation is more effective than teacher only consultation (Sheridan, Kratochwill & Elliott, 1990), parent-only consultation (Sheridan & Steck, 1995) or use of self-training manuals (Galloway & Sheridan, 1994). Fuchs and Fuchs (1989) conducted a three-year study into behavioural consultations within a Mainstream Assistance Team. The purpose of the team's consultations was to accommodate pupils with challenging behaviour in the school setting. The study found

that the consultations led to a decrease in negative student behaviour, an increase in positive teacher ratings of behaviour and a reduction in referrals to special education (Fuchs & Fuchs, 1989).

In addition, Thornberg (2012) conducted a grounded theory study into the use of consultations with multi-professional teams and parents of a child with challenging behaviour. Findings indicate that parental involvement had a positive influence on academic achievement and encouraged teachers to focus on the development of supportive relationships between home and school. The consultations also offered the opportunities for identified problems to be understood and strategies to be generated. However, Thornberg (2012) cautions that the use of the label "challenging students" could result in the consultation group generating within student hypotheses and suggested that encouragement may be needed to help teachers and parents reflect on how the environment impacts on the behaviour.

Wakelyn (2008) further argued that consultation with foster carers, parents, social workers and other professionals should not be underestimated. In this way, consultation can offer the opportunity for joined-up working between multiple agencies in order for them to develop an action plan together (Golding, 2010). The combination of parents, teachers and support staff allows a process in which different systems can interconnect; an essential part of an effective and collaborative problem-solving process (Sheridan & Kratochwill, 1992). Barrows (1996) describe consultation as the creation of an opportunity to provide a remedial experience for children and families. Moreover, Nicholas and Feeney (2015) suggest the benefits of consultation include reductions in stress, practical and emotional support and an increase in consultee confidence. The recognition of the effectiveness of consultation by school staff (MacLeod, Jones, Somers & Harvey, 2001) is important, however the key is equipping group members to deal with incidences of challenging behaviour with greater competence and confidence in the future for both the target and other children (Putnam, Handler, Rey & McCarty, 2005).

Consultation can be used to develop a caring network for the target child (Barrows, 1996). Rocco-Briggs (2008) stated that consultations can be used to ensure that the network around the child and the support the child receives is more coherent and less fragmented. Furthermore, consultations can provide opportunities for problem solving and the

reflection of current practice (Rocco-Briggs, 2008). However, Wakelyn (2008) points out that a consultant's decision to focus on the team around the child as opposed to direct work with the child can cause contention and therefore the decision should be carefully considered.

More recently, Rae, Cowell and Field (2017) compared staff support groups and supervision as a method of supporting teachers' well-being through a small-scale exploratory study with 8 teachers in England. They argue that teachers working with children with emotional and behavioural difficulties need to be given the opportunities for emotional self-development. Staff support groups provide staff with an opportunity to problem solve (Monsen & Graham, 2002) and support professional and personal development for group members (Jackson, 2008). Rae, Cowell and Field (2017) conclude that staff sharing through a collaborative group process can be nurturing, supportive and reduce stress and anxiety.

Kinman, Wray, and Strange (2011) suggest that teachers of children in care or with emotional and behavioural difficulties experience emotional labour. However, individuals who receive peer support and supervision are less likely to burn out or become exhausted (Carlson, Ferguson, Hunter, & Whitten, 2012). Edwards (2016) therefore suggests that opportunities which promote reassurance, advice sharing, and joint working should be promoted. As Rocco-Briggs (2008) concludes, consultation work has a place when working with children as the process develops cohesion, consistency and ensures regular communication between all who work with and support the child.

2.5.6. The Use of Consultation within Educational Psychology Services (EPS)

Consultation is an increasingly common model of delivery in psychology services (Leadbetter, 2006; Sheridan, Witte, Holmes, Coutts, Dent, Kunz, & Wu, 2017). Nolan and Moreland (2014) suggest that consultations in EPS are a way of ensuring greater access to high-quality intervention for parents and teachers. Munro (2000) conducted an appraisal of consultation through qualitative research, gaining feedback from all key stakeholders, including EPs, school staff, and parents. This research evaluated the move towards a consultation model of service delivery for 17 EPs who worked at 252 schools

in one LA. This study found that teachers reported benefits from consultation, including immediate feedback and increased time to problem solve with the EP. Whilst positive, this study did not include the number of teachers, pupils or parents who took part in the research. Additionally, the time psychologists engaged in the consultation work is unknown. Feedback was gained through questionnaires which Larney (2003) suggests is not an objective indicator to measure success, hence, a combination of qualitative and quantitative methods may have been more helpful.

Wagner (2000) reports that consultation is a voluntary, collaborative approach which aims to aid the functioning of a system. Within an EPS context, consultations may focus on an individual child, group or class or at the whole school level. As a collaborative and recursive process, it attempts to develop a greater capacity for change for the group members (Wagner, 2000).

2.6. Systematic Review

2.6.1 Introduction

This section presents a systematic review of research that considers the use of consultation with children with SEBD. A systematic review is a formal process which can be used to bring together different pieces of evidence in relation to a given area (Gough & Elbourne, 2002). In this way, it allows for the judgement of the quality and relevance of existing research (Gough, 2007).

The Centre for Evidence-Informed Policy and Practice in Education (EPPI-Centre, 2011) proposes that systematic reviews need to have the following features:

- Explicit and transparent methods
- A standard set of stages
- Accountable and replicable
- User involvement ensures included articles are relevant

Gough (2007, p218) further explains the stages involved in systematic reviews, see Figure 1.

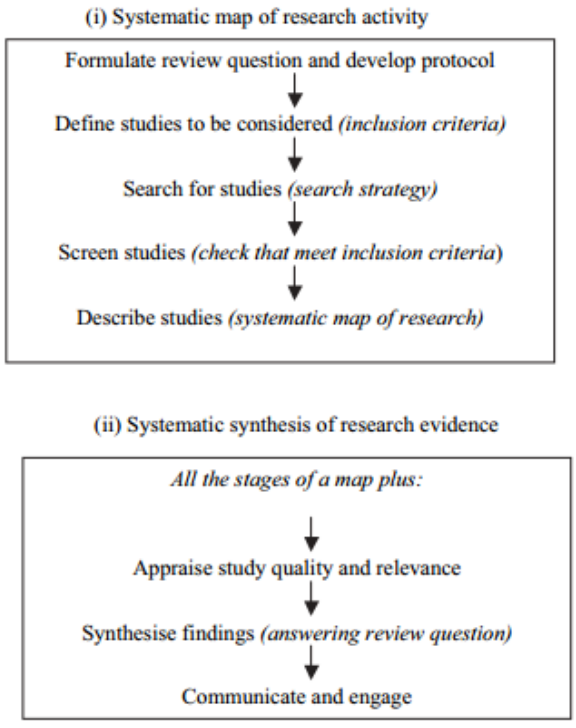


Figure 1: Systematic Review Process

Gough's (2007) stages will be followed throughout this review.

2.6.2 Approach to a Systematic Review

There are two prominent themes in the wider literature review: children with social, emotional and behavioural difficulties and group consultation. Preliminary searches using these terms failed to yield many results. Consequently, the decision was made to widen the search terms to include the use of "group consultation" and "behavioural difficulties". This decision was made due to the heterogeneous nature of the children with SEBD; more significant gains could be gained by widening this term.

The systematic review aimed to answer the following question:

Does the use of group consultation have an impact on children's behaviour?

The objective of this systematic review is to identify relevant research and consider the design, methodology and findings of these studies.

2.6.3 Inclusion Criteria

Inclusion criteria were selected to guide the literature search process. The following criteria were used:

- Full text accessible to the author
- Written in the English language
- Conducted within the last 15 years (since 2003).
- Research presented in a published journal article
- Based on primary research as opposed to a discussion paper
- Presents group consultation involving at least two group members about an individual child or children
- Group members include professionals who work with pupils aged between 3 and 16 years.
- Child outcomes are reported or discussed

2.6.4 Search Strategy

An exhaustive search of electronic databases was conducted in January 2018 with an additional search in May 2018 to identify any additional papers. Four databases were searched: 'ERIC' (EBSCO), 'ProQuest', 'PsycArticles' (Ovid), and ScienceDirect (Elsevier). The terms used included intervention related terms (e.g. "consultation" and "group consultation"), population related terms (for example, "child" and "pupil") and terms related to SEBD (for example, "behavioural difficulties" and "social, emotional and mental health"). See Appendix 1 for a full list of search terms used.

Titles and abstracts were screened before full copies were obtained and inclusion criteria applied. At this stage an inclusive approach was adopted to avoid any relevant papers being excluded. The reference list of the included papers was also hand searched. As a relevant journal, Educational Psychology in Practice was also searched.

2.6.4.1 Identifying and describing studies

Electronic searches initially highlighted 205 studies. After the titles and abstracts were reviewed and duplicates removed, 48 articles remained. A further 10 articles were found via viewing the reference list of relevant papers and specialist journals. Of the 58 articles read and considered against the inclusion criteria, 50 were excluded, as shown below in table 1.

Inclusion Criteria	Number excluded
Full-Text	2
Written in the English Language	0
Date (conducted in last 15 years)	4
Published journal article	6
Based on primary research	11
Group consultation about an individual child or children (with at least 2 group members)	20
Consultation group members include Professionals working with pupils between 3-16 years	1
Child outcomes reported or discussed	6

Table 1: Reasons for excluded papers

Appendix 2 offers further detail about the excluded papers and Appendix 3 details the included studies and their relevance for inclusion within this systematic review.

In the following section, there will be a discussion about the general characteristics of each included study and the intervention being evaluated before each study is discussed individually. These individual discussions will focus on the design, participants and main findings of the research as well as offering some critical evaluation of the validity and reliability of the research. Following this, general conclusions and implications are outlined.

2.6.5 Characteristics of Included Studies

The eight studies included in this review were completed between 2005 and 2017. Five of the studies took place in the United States of America, two in the United Kingdom and one in Ireland. Five studies examined consultations with parents and educational staff (Wilkinson, 2005; Garbacz, Woods, Swanger-Gagné, Taylor, Black, & Sheridan, 2008; Upshur, Wenz-Goss & Reed; Sheridan, Bovaird, Glover, Garbacz, & Witte, 2012; Sheridan et al., 2017), one examined consultation with professionals working with

looked-after children (Swann & York, 2011) and two looked at consultation involving school staff only (Durka & Hacker, 2015; Hayes & Stringer, 2016).

2.6.5.1 Research Quality Appraisal

As part of the systematic review, studies were considered individually to see how they contribute to answering the review question. Part of this process involved making judgments about the quality of the research (Gough, 2004). The methodological quality and relevance of each study were assessed using the weight of evidence (WoE) framework (Gough, 2007), summarised in Table 2. The WoE model (Gough, 2007) was chosen as it offers a practical tool which considers the relevance of the papers as well as their methodological features. The overall WoE judgment is broken down into three categories providing a clear step-by-step justification of the judgment given. Gough's (2007) criteria for each judgement was used to develop a definition to judge the quality and relevance of the studies reviewed. Please refer to Appendix 4 for further details. Judgements about the quality of the studies were made based on the WoE each study provides to the review question (low, medium or high). The subjective nature of the quality rating system, along with the presence of only one reviewer should be noted as this is a potential source of bias (Petticrew & Roberts, 2006).

WoE A: Methodological quality	Methodological quality, coherence and integrity: non-review specific judgement
WoE B: Methodological appropriateness	Appropriateness of the research design for answering the research question
WoE C: Relevance of evidence	The relevance of the focus of the evidence in answering the review question: appropriateness of sample, evidence gathering and analysis
WoE D: Overall Weight of Evidence	Overall Assessment of A, B and C.

Table 2: Weight of evidence framework

Table 3 below presents the judgments of the included studies according to Gough's (2007) WoE framework. A summary of the overall D ratings given to each study can be found in Appendix 5. Two of the studies had a "low" overall WoE rating, three had a "medium" WoE rating, and three had a high WoE rating.

Study	WoE A	WoE B	WoE C	WoE D
Wilkinson (2005)	Low	Medium	Medium	Medium
Garbacz et al., (2008)	Low	Low	Low	Low
Upshur, Wenz-Goss, and Reed (2009)	High	High	Low	Medium
Swann and York (2011)	Low	Low	Medium	Low
Sheridan et al., (2012)	High	High	Medium	High
Durka and Hacker (2015)	High	Medium	Medium	Medium
Hayes and Stringer (2016)	Medium	High	Medium	Medium
Sheridan et al., (2017)	High	High	High	High

Table 3: Weight of Evidence ratings given to the included studies

2.6.5.2 Intervention

Details of the nature of the consultation intervention varied across all of the studies. Four of the studies used conjoint behavioural consultation (CBC) (Wilkinson, 2005; Garbacz et al., 2008; Sheridan et al., 2012, and Sheridan et al., 2017). One study used mental health consultations through the "Together for Kids" project (Upshur, Wenz-Goss & Reed, 2009), while another used process consultation (Hayes & Stringer, 2016). Durka and Hacker (2015) did not describe the consultation in detail meaning the process they used was not clear. Swann and York (2011) detailed the use of a specific programme

"Thinkspace". For these last two studies, the process, size of group and number of consultations carried out were unclear, making direct replication challenging.

The number of consultation sessions and time-period over which these occurred varied considerably between studies with three to twelve consultations over periods ranging from six weeks to one year. Participants in Garbacz et al., (2008) and Swann and York's (2011) studies attended three consultation sessions while participants in Sheridan's et al.'s research attended four (2017) or five consultations (2012). Wilkinson (2005) reported that group consultations were held over a six-week period but did not detail the exact number of sessions. Durka and Hacker (2015) reported that consultations were held on a monthly basis for a year (approximately twelve) and in Hayes and Stringer's research, ten consultations were held at three schools (thirty in total) over one year. Upshur, Wenz-Goss and Reed (2009) described consultation input in hours with each participant receiving a mean of 11 hours of consultation or parent-teacher meetings.

2.6.6 Discussion of Research

The following offers a narrative discussion of each of the included studies, followed by a critical review of the presented studies and their contribution to answering the review questions.

Wilkinson (2005) aims to investigate the use of CBC to support the inclusion of a student with Autistic Spectrum Disorder (ASD) who is attending a mainstream setting in the United States. CBC is described as incorporating problem-solving and behavioural consultation. The focus of the consultations was to create a home-school relationship to meet the individual needs of a student.

The consultations were carried out by a school psychologist and attended by school staff and parents. An observational rating scale was developed to provide a repeated measure of targeted behaviours, which was triangulated with two behavioural checklists completed by parents and teachers as pre-post measures. Visual analysis of the behavioural observation indicated a noticeable change in level following the onset of the intervention with a 69% increase in on-task and compliant behaviour. Although the study

is limited by only using one participant, Wilkinson (2005) conducted follow up observation, which suggested that improvements remained.

The study was given an overall medium Weight of Evidence (WoE) rating. Although the study used direct observational methods, the class teacher carried out the observations and inter-rater reliability checks were not completed, potentially limiting the reliability of the observations. Furthermore, the observational ratings consisted of a teacher rating of the child's behaviour on a Likert scale and were therefore susceptible to interpretation and bias. The researchers report that the results from their study should be considered exploratory, as they cannot be generalised to other pupils with ASD.

Garbacz et al., (2008) seek to investigate the extent to which CBC can predict case outcomes. CBC is a problem-solving process in which families and school staff work collaboratively to address a child's academic, social and behavioural needs. The focus of the intervention is to promote a collaborative partnership between parents and teachers.

Three CBCs were carried out with parents and teachers. Outcome variables included parent and teacher ratings of acceptability, effectiveness and child behaviour outcomes. This data was triangulated with post-intervention interviews. Findings indicate that parents and teachers showed higher acceptability ratings of their child's behaviour and satisfaction with the process. The study did not specify the child behaviour outcomes, although Garbacz et al. (2008) claim their findings corroborate those of previous studies into CBC.

The consultations were led by graduate students who had all received identical training in the CBC process. As insufficient detail is given about the training offered and how it compares with other training on CBC, the external validity of the results is potentially reduced. Moreover, the study used a small sample size and lack of experimental manipulation, further limiting the reliability and validity of the data. As a result of this, the study was given an overall low WoE rating.

Upshur, Wenz-Goss and Reed (2009) report findings of a "Together for Kids" programme, a pilot project that included the use of mental health consultation to support the adults working with preschool children with challenging behaviours. 208 children

were identified as being at risk of behavioural difficulties across four preschool settings. Of these, 136 pupils were considered to be demonstrating externalised behavioural difficulties and were randomly assigned to the intervention group (n=47) or the control group (n=89).

The participants in the intervention group received individualised support depending on their needs including direct behavioural observations, parent and teacher consultations and individual child therapy. A number of pre- and post-screening tools were used to assess child behaviour, parenting skills and child development.

Following the conclusions of the intervention, measures for maladaptive and aggressive behaviours showed a decrease for the children in the intervention group compared to no change for the children in the control group. Upshur, Wenz-Goss and Reed's (2009) three-year study reported positive effects of the "Together for Kids" project. The study was given a medium WoE rating because as a multi-faceted intervention it is difficult to disaggregate the impact of each form of support, thus limiting the extent to which consultation can individually be said to have had an effect. The large difference in size between the experimental and control groups makes comparison difficult. Furthermore, while behavioural observations were carried out, the role they played was unclear, hence behavioural outcomes relied on teacher ratings of behaviour before and after the intervention.

Swann and York (2011) describe a model of multi-agency consultation, known as "Thinkspace" which has been created for social workers and other professionals working with children in care. "Thinkspace" is a reflective team model used to facilitate the consultation based on the work by Anderson (1987). The aim of the research is to evaluate monthly consultation meetings with all who work with the child (foster carer, social worker, teacher and so on). Swann and York present a case study example of a young person in care who was the focus of the consultation sessions. The qualitative information gained in the consultation is discussed. Following the sessions, the group members were invited to complete a brief evaluation which concluded that the "Thinkspace" model can have a significant impact on the creation of a shared understanding of a child's behaviour and their individual needs.

The study was given an overall low WoE rating as there was limited detail given about the process of consultation. Furthermore, while the case study was detailed, the outcomes of the consultation for both the child and group members were only briefly discussed.

Sheridan et al., (2012) conducted a large-scale RCT of CBC. The study examines the impact of consultation on promoting behavioural competence and reducing disruptive behaviours of target children. 207 pupils in 90 classrooms across 21 schools were randomly assigned to either a CBC group (n=113) or control group (n=94). Between four or five consultations, led by a school psychology graduate student, were held with the parents and teachers of a child over an eight-week period. Fidelity checks of the intervention indicated that of the 94 consultations coded, between 98% and 99% objectives were met, indicating a high level of internal validity.

The independent variable within this study was the parent and teacher consultation, while the dependent variable was the child's behaviour. Children whose parents and teachers participated in the intervention, showed greater decreases in specific measured behaviours (including defiance and tantrums) when compared to the control group participants. In addition, the researchers report improvements in home-school communication and problem-solving.

The study was given a high WoE rating because as an RCT it used randomisation of participants and control group. The process of the intervention and data collection was clear with a clear presentation of analysis and results. While the participants in this study were randomly assigned to each group, they were all derived from a population of students nominated as having behavioural concerns. The sample is therefore not necessarily representative of the general demographic of students. There is also an ethical concern in that only half of these students received a potentially helpful intervention.

Durka and Hacker (2015) explored the experience of consultation in three residential childcare settings using a mixed-methods sequential exploratory design. The research design had two phases, the initial phase involving a questionnaire survey to explore the consultee experience of consultation (N=30) and the second phase involved focus groups of staff members and consultants (N=15). The group members all received monthly consultation sessions from a psychologist for about a year. The qualitative data from the

consultee focus groups were analysed using thematic analysis, generating three main themes: the value of consultation, a new way of working, and building the consultation relationship. Three themes were also identified from the consultant focus groups: understanding roles, challenges, and building the consultant relationship. Durka and Hacker (2015) conclude that consultations increased staff confidence and empower them to implement new interventions and behavioural support for the young people. Alongside the positive elements of the consultations such as opportunities for staff to feel valued and listened to, consultees also indicated some frustration with confusion over the role of the consultant. Durka and Hacker (2005) conclude that while the consultation process encourages and increases collaborative working, it can also increase staff demand for expert advice.

The study was given a medium WoE rating because while the study presented a research design and data collection, the process and number of sessions of the intervention were unclear. While the research reported the use of consultation with residential care workers of pupils with behavioural difficulties, the impact of the consultation of child outcomes was not reported, limiting the relevance of the research in answering the review question.

Hayes and Stringer (2016) researched the introduction of process consultation within three mainstream primary schools in Ireland and evaluated the groups over one year. The study used a mixed methods approach comprising of mainly qualitative data. 10 consultations were carried out at each school, led by an EP. The study offers a detailed account of the model of consultation used, thus increasing the validity of the research.

Data were obtained from participant reflections, interviews and questionnaires, which were then analysed thematically. The results indicate that the teachers valued the organised time for discussion and information sharing, which they reported led to improvement in their behavioural management skills. However, there was a low level of completed questionnaires post-intervention which meant that the data could not be fully evaluated.

The study was given a medium WoE rating because while there was clear reporting of the design and intervention process, the study was limited as the majority of the outcomes

were based on the qualitative data which meant while improvements in behaviour management were reported, any change cannot be attributed to the intervention.

Sheridan et al., (2017) present a large-scale randomised control trial of CBC. The study explores the impact of consultations on promoting positive social-behavioural skills and strengthening teacher-parent relationships. Participants were 267 students and parents and 152 teachers from 45 rural schools. Participants were randomly assigned to a CBC group (n=159) or a control group (n=108). Four consultations, led by a school psychology graduate student, were held with the parents and teachers of a child over an eight-week period.

The independent variable within this study was the CBC, while the dependent variable was the child's school behaviour. The researchers report that following the consultations, improvements were seen in on-task and positive social interaction behaviour, as measured by standardised questionnaires and classroom observations. Each participant was observed eight times, three times before and five times during the intervention. However, the observations were limited by the lack of inter-rater reliability data. The measures were triangulated with pre- and post-teacher reports of behaviour and standardised assessments of behaviour and social skill development to better understand the impact of the intervention.

The study was given a high WoE rating because it offered a detailed outline of the intervention process and randomly assigned participants to groups, with the control group on a wait-list. The process of the intervention and data collection was clear with a clear presentation of analysis and results.

2.6.7 Critical Appraisal of the Studies in Answering the Review Question

The systematic review aims to answer the following question:

Does the use of group consultation have an impact on children's behaviour?

Five of the presented studies indicate that consultations had a positive impact on students while three studies (Swann & York, 2011; Durka & Hacker, 2015; Hayes & Stringer, 2016) report that there was an increase in shared understanding of individual needs and behaviour strategies. Within these three studies, the impact the consultation may have on pupils was not discussed.

Wilkinson (2005), Garbacz et al., (2008), Upshur, Wenz-Ross and Reed (2009), and Sheridan et al., (2012; 2017) all report decreases in disruptive behaviour and increases in adaptive behaviour in the focus children. However, only Wilkinson (2005), Garbacz (2008) and Sheridan et al., (2012; 2017) carried out direct observations of student's behaviour. However, most of the observations were carried out by school staff, with fidelity checks completed in only Wilkinson's (2005) and Sheridan et al.,'s (2017)'s studies. Teacher-led observations are more natural; however, the reliability and validity of the observations are unknown without the use of inter-rater reliability. Wilkinson (2005) used fidelity checks during the baseline phase but not in the intervention phase, using teacher report and Likert scale which may be subject to interpretation and bias.

The differences in the number of sessions experienced by consultees also mean that it is difficult to ascertain the influence of intervention length, intensity and duration of the consultation on the outcomes. Within the Swann and York (2011) study, information was gained immediately following the sessions and thus a positive session may have impacted on teacher responses. The reliability of the results in Wilkinson (2005), Garbacz et al., (2008) Upshur, Wenz-Goss & Reed (2009), Sheridan et al., (2012) and Sheridan et al., (2017) were enhanced by the inclusion of follow-up data. However, the maintenance of the positive outcomes reported in Swann and York (2011), Durka and Hacker, 2015 and Hayes and Stringer cannot be determined due to a lack of follow-up.

With the exception of Wilkinson (2005) who present the use of consultation for a single case, the other four studies who report child level data involved group studies (Garbacz et al., 2008; Upshur, Wenz-Ross & Reed, 2009; Sheridan et al., 2012 & Sheridan et al.., 2017). This means that it is difficult to establish why and how the intervention worked and whether it had an impact on some or all of the participants. It is also possible that the intervention had a large effect on some children but not on others, thus skewing the results.

2.6.8 Conclusions and Implications from the Systematic Review for the Current Research Project

In summary, all the included studies indicate positive outcomes for the adult group members as a result of the consultations attended. These positive outcomes were found despite differences in the consultation model and the number of consultations attended. This is perhaps indicative of the potential positive outcomes which can be achieved through the use of a series of consultations.

The inconsistencies regarding intervention frequency, duration and procedures make it difficult to establish the conditions under which consultations are most effective and beneficial. Thus, this is an area in which future research could investigate.

However, it should be acknowledged that this systematic review is limited by the small number of studies which met the inclusion criteria. This creates limits to the generalisability of the review. The included studies were completed in the United Kingdom, Ireland and the United States, which causes difficulties in comparing the studies and extrapolating to United Kingdom populations.

With the exception of Wilkinson (2005) who looked at group consultation in the United States with a student with ASD, the rest of the studies considered group effects for the adult group members and target children. Therefore, understanding if and how consultation impacts on individual children with behaviour difficulties in the United Kingdom would be helpful to add to existing research and extend the evidence base of consultation.

2.7 Rationale for the Research

As previously discussed, only a small body of research exists into the effectiveness of consultations with children with SEBD. Much of this research does not consider the differences in indirect impact on individual children who are the focus of the consultation, and so the reasons why and how the intervention worked, is not fully explained.

Supporting children with SBED is a key area of focus for schools (Poulou & Norwich (2002) with pupils displaying increased levels of challenging behaviour which is a source of stress for teachers (Male & May, 2007). Truscott et al. (2012) suggest that the use of consultative support for teachers with a child presenting challenging behaviours is well received and can increase participants' feelings of competence. Moreover, Edwards (2016) suggests that by an EP supporting teaching staff with consultation, positive outcomes can be promoted for both teachers and pupils.

Group consultations have been shown to be an effective method of discussion, information sharing and joint learning (Farouk, 2004). In group consultation, adults participate in shared problem solving, develop group solutions and strategies through the sharing and combining of the group members' collective knowledge (Matthews & Singh, 2015). Nevertheless, as Hibbert and Frankl (2011) suggest there remains a need to investigate the impact of consultation on the individual child being discussed. Hibert and Frankl (2011) further argue that if the system around the child is communicating well as a result of the consultation, then positive effects on the child should be seen and the risk of placement breakdown (both at school and at home) should decrease. This suggests that further research is needed to examine the impact of group consultation on the outcomes for individual children with SEBD. Therefore, this will be the focus of this research.

2.8 Unique Contribution of the Research

O'Farrell and Kinsella (2018) suggest that teachers' positive ratings of consultations are consistent across much of the research. Similarly, Truscott et al. (2012) consider the use of consultative support for teachers working with a child presenting with challenging

behaviours and report that its use is well received and can increase the group member's feelings of competence. However, as much research has predominantly examined the consultee as the outcome variable as opposed to the child or parent (Wagner, 2000), further studies are needed to understand whether there is a change in the child's behaviour as a result of a consultative approach (O'Farrell & Kinsella, 2018).

Some time ago, Dunson, Hughes, and Jackson (1994) found that the consultations result in improvement in teaching ratings of children's behaviour and reduction in the severity of target behaviours, based on teacher ratings. They also highlight that direct observations of children's behaviour following behavioural consultation with teaching staff show the approach to be effective in changing child behaviour. The present study aims to build on this research by investigating the impact of group consultation on the behaviour of individual children using direct observations in an attempt to better understand how and why consultations have an impact.

2.9 Research Questions and Hypotheses

The current study aims to investigate whether group consultation, with the adults supporting a child with social, emotional, and behavioural difficulties, can decrease that child's targeted behaviours in the classroom. This has led to the development of three research questions and one subsidiary research question.

Research Question	Research Hypotheses
Can group consultation lead to positive changes in the classroom behaviour of children with social, emotional, and behavioural difficulties?	There will be a decrease in the child's identified behaviours in the classroom following group consultations.
Does staff perception of pupil behaviour, as measured by Goodman's (1997) Strength and Difficulties Questionnaire, SDQ, change following group consultation?	There will be a decrease in target children's difficulties from pre to post intervention as reported by teachers according to Goodman's (1997) SDQ.
Does staff perception of pupil behaviour, as measured by Bronson et al.'s Child Behaviour Rating Scale (CBRS; 1990), change following group consultation?	There will be an increase in reports of social skills and self-regulation in target children from pre to post intervention as reported by teachers according to the Bronson et al.'s (1990) CBRS.

Table 4: Research questions and hypotheses

In addition, one subsidiary research question was developed:

What do key teaching staff and children perceive contributed to the changes and outcomes observed in the target child's behaviour?

Chapter 3. Methodology

This chapter provides an overview of the methodology of the current study. Additionally, the author aims to explain the rationale for the key methodological decisions that were made throughout the research period.

3.1 Real World Research

Stoiber and Waas (2002) report that the question of what works and for whom is at the heart of evidence-based practice. They argue that finding out which interventions and processes work best is vital to the work of EPs. Robson (2002) further suggests that real-world research is about solving problems rather than for obtaining large effect sizes.

3.2 Epistemological Paradigms

Mertens (2007) suggest that a paradigm offers a tool for identifying one's worldview. There are four major paradigms which have been identified within research: post-positivism, constructivism, transformative and pragmatism (Mertens, 2010). The lines between each paradigm have often been and continue to be a source of debate (Mertens, 2010). Before a researcher identifies the paradigm, which matches their own research, Cohen, Manion and Morrison (2011) suggest that a researcher needs to consider differing views of reality (ontology) and how knowledge is acquired in order to guide the methodology, data collection and analysis. Within psychological and educational research, the two dominant paradigms are constructivism and positivism (Cohen, Manion & Morrison, 2011**).**

Guba and Lincoln (2005) suggest that the four belief systems should be considered: axiology, ontology, epistemology and methodology. Examination of these beliefs can help to further identify each paradigm as each influence and lead to the next (Cohen, Manion & Morrison, 2011).

3.2.1 Positivism and Post-positivism

Positivism supports the existence of one reality (Mertens, 2010). Post-positivism, often considered to be one of the dominant paradigms within educational and psychological

research (Cohen, Manion & Morrison, 2011**),** was developed from positivism. Positivism assumes that the social world can be studied in a similar manner to the natural world (Mertens, 2010). Cohen Manion and Morrison (2011) suggest that within positivism, deductive and quantitative methods are typically used. Researchers are considered to be value-free and objective observers (Cohen, Manion & Morrison, 2011) whose purpose it is to look for the existence of a causal relationship (Mertens, 2010). In contrast to positivism, post-positivism acknowledges that there are limitations to achieving absolute objectivity (Mertens, 2010). Nevertheless, Robson (2002) argues that the focus on scientific rigour seen within post-positivist research can be difficult to apply to real-world research due to the complexities that exist in human behaviour.

3.2.2. Constructivism

Constructivism may be considered as the polar opposite of post-positivism as its central tenet is that reality is socially constructed (Mertens, 2010). Hence, the constructivist perspective is based on the view that there are multiple realities and interpretations thereof (Doyle, Brady & Byrne, 2009). Researchers working within this paradigm seek to share the reality of others through the description of experiences as well as acknowledging their own subjective perspectives (Doyle, Brady & Byrne, 2009).

Constructivism is primarily qualitative in design, detailing contextual information. Hence, constructivist researchers often utilise interviews and observations to gain multiple perspectives and understand varied social constructions (Robson, 2002). While post-positivists acknowledge the influence of their position as the researcher, constructivists embrace this and position themselves within the research (Creswell, 2013). A challenge to constructivism, however, is that by acknowledging multiple realities, the research participants help to construct the process so research questions cannot be established in advance (Robson, 2002).

3.2.3 Pragmatism

MacKenzie and Knipe (2006) report that pragmatism is not committed to any particular paradigm or philosophy but instead is led by practical experiences. The approach believes that truth and knowledge change over time by recognising social, psychological and natural assumptions (Robson, 2002). The pragmatic approach allows for the data collection and analysis to fit the real work situations, often found through mixed methods research (MacKenzie and Knipe, 2006).

A pragmatic paradigm offers the research the opportunity to avoid a purely positivist or relativist world-view (Robson, 2002). As social research attempts to explain the real world whilst discussing events in context, pragmatism offers a middle ground (Robson, 2002). However, by attempting to establish a middle ground, equal focus to each method is not always given. Mertens (2010) further argues that mixed methods approaches can be best explained using a pragmatist approach. Mixed methods approaches can be of particular value within educational research as the nature of phenomena studied may be more complex (Greene & Caracelli, 2003).

3.2.4 Epistemology of the Current Study

The aim of this research is to understand the effect group consultations can have on the classroom behaviour of a child with social, emotional and behavioural difficulties.

This research will take place in a naturalistic real-world setting with school staff, pupils and parents. Given the heterogeneity of the young people involved in the study and the uniqueness of each group consultation, a combination of quantitative and qualitative approaches will be adopted. Teddlie and Tashakkori (2009) report that in pragmatism the research question is more important than the method and underpinning philosophical assumption. The author, therefore, proposes to adopt a pragmatic viewpoint for this research as opposed to choosing one viewpoint over another.

3.3. Mixed Methods Approaches

Mixed methods research has grown in recognition and is identified as a valuable research tool which capitalises on the strengths of qualitative and quantitative methods (Ostlund, Kidd, Wengstrom & Rowa-Dewar, 2011). Through the use of mixed methods approaches, it is recognised that phenomena are multi-faced and one single approach would not completely address these in complex situations (Fidel, 2008). Onwuegbuzie and Leech (2005) noted that the combination of quantitative and qualitative research allows researchers to be more flexible and holistic in school research.

Creswell (2003) suggests that a sequential exploratory strategy is the most straightforward mixed method approach. This approach is characterised by the collection and analysis of quantitative data followed by supplementary qualitative data which are integrated at the final interpretation stages (Creswell, 2003).

However, Barbour (1993) criticised mixed methods research saying that the two methods (quantitative and qualitative) act as partial correctors of each other. Furthermore, researchers are unlikely to place equal emphasis on both quantitative and qualitative information gathered so one method takes priority. Mertens (2010) reported that a further challenge to mixed methods is the poor integration of the findings and combination of methods.

The overall design of this study, therefore, involves a mixed method approach combining different methodological approaches, which include a single case experimental design and case study data. Individual analyses from both sets of data will be integrated during the final stage so that inferences can be made based on these findings. As the research question proposes to understand the impact of the group consultation on the target children, greater emphasis will be placed on the quantitative data gathered.

3.4. Research Design

This research employed a series of case studies, each incorporating a single case experimental design (SCED). There were three case studies in total with each case study including both quantitative and qualitative methods.

3.4.1. Case Studies

Case study methodology enables researchers to investigate a particular phenomenon within its holistic real-world context (Yin, 2009). Yin (2009, p18) offered the following definition of a case study:

"…an empirical enquiry that:
Investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident."

Yin, 2009, p.18

Yin (2009) proposes that the ability of case study design to deal with a range of evidence is a particular advantage. The flexibility of the approach means that case studies can be used in situations where 'how' and 'why' questions are asked and when the researcher has little control over the events that occur (Yin, 2009).

Case studies have been criticised for the lack of generalisability when compared to experimental studies (Yin, 2009). However, as there are difficulties in the generalisability of both case study research and experimental studies, it is proposed that the researcher should aim to generalise to theoretical prepositions to support theory development as opposed to statistical generalisation (Yin, 2009). Furthermore, Flyvberg (2006) suggests that while generalisations cannot be made from case study research, they should still be considered as a valuable addition to scientific research. Yin (2009) explained that case studies can go into more detail about why and how interventions have worked, something purely quantitative research does not allow for.

3.4.2. Single-Case Experimental Design

Single-case experiment designs (SCEDs) originate from the work of Skinner who wanted to "produce, reliable data" for "the individual" (Robson, 2002, p147). SCEDs involve collecting data from one participant and investigating any change that happens because of the manipulation of one or more variables (Barker, McCarthy, Jones & Moran, 2011).

The What Works Clearinghouse (2008) was established to identify evidence-based interventions and despite originally focusing on group designs now recognises the importance of SCEDs as well (Kratochwill, Hitchcock, Horner, Levin, Odom, Rindskopf & Shadish, 2012). Group designs typically ignore the individual differences within and between groups (Reason & Morfidi, 2001). A SCED focuses on the impact an intervention has on one individual. Results have limited generalisability, however, SCEDs still offer greater description and data that can complement larger-scale experimental research opportunities (Reason & Morfidi, 2001). The external validity of a SCED can be improved through the inclusion of multiple participants, settings, materials and behaviours (Horner, Carr, Halle, McGee, Odom, & Wolery, 2005). A SCED can use several participants although the effect of the intervention is only considered for the individual (Horner et al., 2005). Hence, the term single case refers to the process of individual participant data analysis (McCormick, 1995). As Reason and Morfidi (2001) suggest individual studies are important when working with heterogeneous samples.

Single-subject research is a rigorous and scientific method which can help define behaviour (Horner et al., 2005). It has been regularly used within the field of special educational needs (Horner et al., 2005) because of the quality and detail of the data that can be established (Reason & Morfidi, 2001). The design requires experimental control like randomised control trials (Shavelson & Towne, 2002) and can be used to establish evidence-based practices (Horner et al., 2005).

McCormick (1995) suggests that SCEDs need to include individual assessment, an established baseline, repeated measures, standardised procedures and visual analysis of data. The baseline should be between three and five data collection points (Kratochwill

et al., 2012). The scientific rigour and standardisation involved in SCEDs are vital in order for the research to be replicated later (Horner et al., 2005).

Visual analysis is chosen for the present study because the purpose of the research is to determine educational significance rather than statistical significance (McCormick, 1995). A challenge to single case designs is that their individualistic nature means that the research can lack external validity (McCormick, 1995). Therefore, considerations of generalisation will be replaced with extrapolation, as the researcher will attempt to demonstrate the relevance of the research beyond the cases discussed (Alasuutari, 1995).

The baseline phase of the SCED is important in order to show behaviour change once the intervention has been implemented (Horner et al., 2005). The most basic method is the A-B comparison design where the behaviour is measured across the baseline (A condition) and the intervention phase (B condition) (Lane & Gast, 2014). Once a stable baseline is established, the expectation is for a change in direction following the introduction of the independent variable (Lane & Gast, 2014). An experimental effect can, therefore, be demonstrated if the change in dependent variable co-varies with the manipulation of the independent variable (Horner et al., 2005). SCEDs use a series of tests across the baseline and intervention stages to demonstrate whether the intervention has an effect. However, Palinesar and Parecki (1995) argue that repeated testing can cause a change regardless of the intervention and it is, thus, important that the intrusiveness and test style is considered.

There are several different forms of SCEDs which can be used, Kratochwill et al., (2012) suggested that the ABAB, multiple-baseline or the changing criterion designs are the most reliable and replicable. This is because these designs offer greater manipulation of the independent variable, offer different conditions, and allow for greater control of confounding variables (Kratochwill et al., 2012).

For this research, a multiple baseline AB design was chosen as the participants received the intervention at different points in time. The design has two conditions, the baseline phase (A condition) and intervention phase (B condition). The collection of stable baseline data was important to support the individual interpretation of the data. Although

data from more than one participant was collected, all data was analysed individually as recommended by McCormick (1995).

3.4.3 Alternative Single Case Experimental Designs

Alternative SCED designs were considered, including AB, ABA and ABAB designs. The AB design is the simplest of designs, having just a baseline and intervention phase where the researcher looking for comparisons between the phases.

The ABA design offers a return to baseline phase which can be used to identify whether any changes noted during the intervention phase were due to the intervention as opposed to extraneous variables. There are some ethical challenges to the removal of a potentially effective intervention so this was rejected.

The ABAB design has a second intervention phase added which alleviates the potential ethical issues of finishing on a baseline phase, thus increasing the confidence in any potential causal relationship being identified between the intervention and impact observed. However, this design was rejected as it requires greater time commitments and still has the ethical issues of withdrawing a potentially helpful intervention for a period of time.

The multiple-baseline AB design was chosen as this involves the application of the intervention at different points of time across participants. The benefit of this approach is that if changes are noted when the intervention is implemented, the researcher can be more confident that the observed changes are causally linked to the intervention. As each participant received the intervention separately, this design was implemented, principally for ethical considerations but also practical reasons.

3.4.4. Alternative Research Design

A number of alternative designs were considered in addition to the chosen embedded SCED design. Randomised Control Trials are often considered to be the “gold standard” of applied research (Robson, 2002). However, the small number of participants and the heterogeneity of each participant’s behaviour and needs meant that this design was not

appropriate. Qualitative designs were also considered, but as the research aims are largely focussed on impact, this was also felt to not be appropriate. As Fredrickson (2002) suggested, the type of research design used depends on the question that is being asked and thus a multiple baseline AB design was implemented as the best suited method to investigate the research question.

3.4.5 Current Research Design and Rationale

After consideration of the pragmatic and practical requirements, a mixed methods design was chosen, namely a case study approach which incorporates a SCED. A purely quantitative design was excluded because it is not deemed appropriate for small group research (Robson, 2002). The inclusion of some qualitative data was felt to be important to add a potentially exploratory element to the research (Johnson & Christensen, 2012). Furthermore, the use of SCED research within a traditional case study approach provides greater experimental rigour which can be used to establish evidence-based practice (Feuer, Towne & Shavelson, 2002) and/or practice-based evidence (Fox, 2003). The consultations will be process-led and individual to each child. Yin (2009) explained that one of the benefits of single case methodology is that it helps to investigate the impact of interventions with participants with different profiles.

Reason and Morfidi (2001) acknowledge the potential use of a SCED as a sophisticated methodology for measuring rapid change whilst maintaining empirical control. While the limitations of SCEDs are acknowledged, namely the inability to generalise the results, SCEDs can be more flexible and attend to the individual experiences of the participant.

With this in mind, an embedded approach to mixed methods research was adopted, with the qualitative method used to support the quantitative, as part of an exploration of potential reasons underpinning the quantitative findings. The methods used will be repeated measures of behaviour over the evaluation period to measure any discrete changes as a result of the consultation and qualitative interviews post intervention with key stakeholders to explore their perceptions of the intervention and the outcomes observed. These measures are reviewed in greater detail in section 3.8.

The multiple case studies will focus on three individual pupils where the adults who work with them attend a series of group consultations, led by an EP. The study is intrinsically interested in the unique case of each individual child. The case study, therefore, aims to not be descriptive but to explore whether changes are possible and if so, why.

3.4.6. Stakeholders

Throughout the planning and implementation of the current study, a number of stakeholders were considered. Efforts were made to balance the needs of these stakeholders with the design of the study. The stakeholders to this study include:

- The targeted pupils
- Participating schools and school staff
- The parents of the pupils involved in the study
- Other professionals involved (such as family support worker, specialist teachers or behaviour support team).
- University of Nottingham
- Local Authority and Educational Psychology Service

The researcher was supported throughout the design and implementation of this study through university and LA supervision. Discussion occurred with both parties during the planning stages to ensure that the research meets expectations set out by both parties. The results of the study were shared with all stakeholders.

3.4.7. Independent and Dependent Variables

The independent variable was the group consultation, a six to fourteen-week intervention which was implemented by an EP during the intervention phase of the study.

The dependent variable was the participants' classroom behaviour, measured bi-weekly using a structured observation schedule which used coding of pre-identified behaviours (an example can be seen in Appendix 6). The target behaviours were identified through consultation with the child's teacher and included any challenging or disruptive behaviours, such as distracting peers. The repeated measures were triangulated with the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Child

Behaviour Rating Scale (CBRS; Bronson, Goodson, Layzer & Love, 1990) as pre- and post-measures.

3.5. Participants

3.5.1. Sampling Strategy

An opportunity sampling strategy was selected due to the limited pool of participants that matched the needs of the research question and rationale.

3.5.2 Participant Inclusion Criteria

The target population of the study was:

1. Pupil demonstrates frequent and observable challenging classroom behaviour.

Alongside the above, the following eligibility criteria were also applied with at least one other criteria needing to be present (as reported by the child's school):

2. The pupil is at risk of school placement breakdown.
3. The pupil has a history of fixed-term or permanent exclusions.
4. The pupil has (or had) a reduced part-time timetable
5. The pupil has demonstrated recent changes in behaviour, mood or academic attainment
6. The pupil has had prior involvement with the Educational Psychology Service.

The rationale for Inclusion Criteria One:

The participants' behaviour needed to be observable and occur regularly enough to provide sufficient opportunities for the intervention is to be shown to have a potential impact.

The rationale for Inclusion Criteria Two-Six:

The other criteria have been included to ensure that the child has difficulties that will be supported and measurable by the intervention. Meeting one or more of these inclusion criteria, through discussion with school staff, indicate whether the child has SEBD.

3.5.3 Participant Identification and Selection

Focus pupil participants were identified through discussions with Educational Psychologists within the researcher's LA. The EPs identified four schools which the researcher then contacted for an initial meeting. All four schools agreed to an initial meeting where they indicated that they would like to be part of the research. Informed consent was gained from the schools during this meeting. Four participants were identified anonymously within these schools and meetings were arranged with each participant's parents in order to discuss the research and gain consent for participation. One of the schools then reported that there were not able to commit the time and staff for the consultations and withdrew from the research. This left three participants, for whom parental consent was gained.

3.5.4 Description of Participants

The three participants identified were from three separate schools, two in year two and one in year four. There were two girls and one boy. All pupils identified as White-British and spoke English as their first language. All participants were identified by the school SENCO during a meeting with the researcher as having social, emotional and behavioural difficulties and engaging in challenging classroom behaviour.

Table 5 offers key participant information. Pseudonyms have been used for all participants to maintain anonymity. Further information about each participant will be presented within their individual case studies in the results section (chapter 4).

Child	School	Gender	Ethnicity	National curriculum level	Age (at start of baseline phase)	Length of intervention (in weeks)	Diagnosis (if any)
Hayley	1	Female	White British	4	9.4	11	N/A
Grace	2	Female	White British	2	7.1	14	Autistic Spectrum Disorder
Rob	3	Male	White British	2	6.9	13	N/A

Table 5: Participant Characteristics

3.5.5 Description of Schools

All the schools (two primary and one infant school) were based within a city in the East Midlands.

School 1: A large primary school (approximately 650 pupils). The majority of pupils are from White British backgrounds. The proportion of pupils from minority ethnic backgrounds is higher than the national average as is the proportion of pupils who speak English as an additional language. The school is in an area which experiences significant levels of socio-economic disadvantage.

School 2: An average sized primary school (approximately 250 pupils). The school is part of an academy trust. The school is an area which experiences high levels of social deprivation and mobility. The majority of pupils are from White British backgrounds. The proportion of pupils from minority ethnic backgrounds is higher than the national average, as is the proportion of pupils who speak English as an additional language.

School 3: An average sized infant school (approximately 200 pupils). The school is on the outskirts of the city, in an area that experiences moderate social economic deprivation. The majority of pupils are from minority ethnic groups and the number of pupils who speak English as an additional language is well above the national average.

3.6. Implementation of the Intervention

The intervention involved systemic support with the adults around the child through the medium of group consultation. Systemic work, such as consultation, allows for indirect therapeutic support for children and young people (Dowling & Osborne, 2003). Systemic support aims to ensure that the child's environment, including the support offered by the adults around them, is compatible with their needs.

The level and length of intervention varied depending on need and was regularly reviewed by the EP. There were between four and seven consultations for each participant. The consultation, led by the EP, provided an opportunity for the adults involved to discuss any issues and concerns, share successes and useful strategies, plan possible ways forward and reflect on progress. Those involved in the consultations were unique to each participant. Further details about the intervention for each participant can be found in the individual case studies in chapter 4.

A potential challenge to the research was the high number of people involved in the group consultations increasing the risk of attrition during the intervention. It is therefore expected that all those who attend the first consultation session would each attend a minimum of three sessions in order for the data collected to be included in the research. The EP leading the group consultations recorded attendance for each session.

3.6.1 Educational Psychologists

A different EP ran the consultations for each participant. This was a self-selecting sample as all the EPs volunteered to take part.

Case Study 1: Hayley

These consultations were run by a female senior EP with twelve years experience within the LA. The EP volunteered for the research as she was working with Hayley and felt that it would be of benefit to the school and develop her own consultation skills.

Case Study 2: Grace

These consultations were run by a female trainee EP in her third year of training. The trainee EP volunteered for the research as she was in discussion with the school to carry out a series of consultation to support Grace's integration into the school.

Case Study 3: Rob

These consultations were led by a female newly qualified Educational Psychologist in her second-year post qualification. The EP volunteered to run the consultation sessions as she was currently supporting the school to develop strategies to support Rob and reduce his challenging behaviour at the school.

3.7 Group Intervention Process

The process of the consultation was identified according to the model used by the LA where the researcher was placed as a TEP. This consultation model was developed by the LA EPS as part of a virtual school project. The process is unique to the LA and was influenced by the work of Schein (1999) and Farouk (2004). For the purposes of this research a group consultation was defined as a process which involved a consultant and at least two group members. An overview of the process is outlined below in Figure 2.

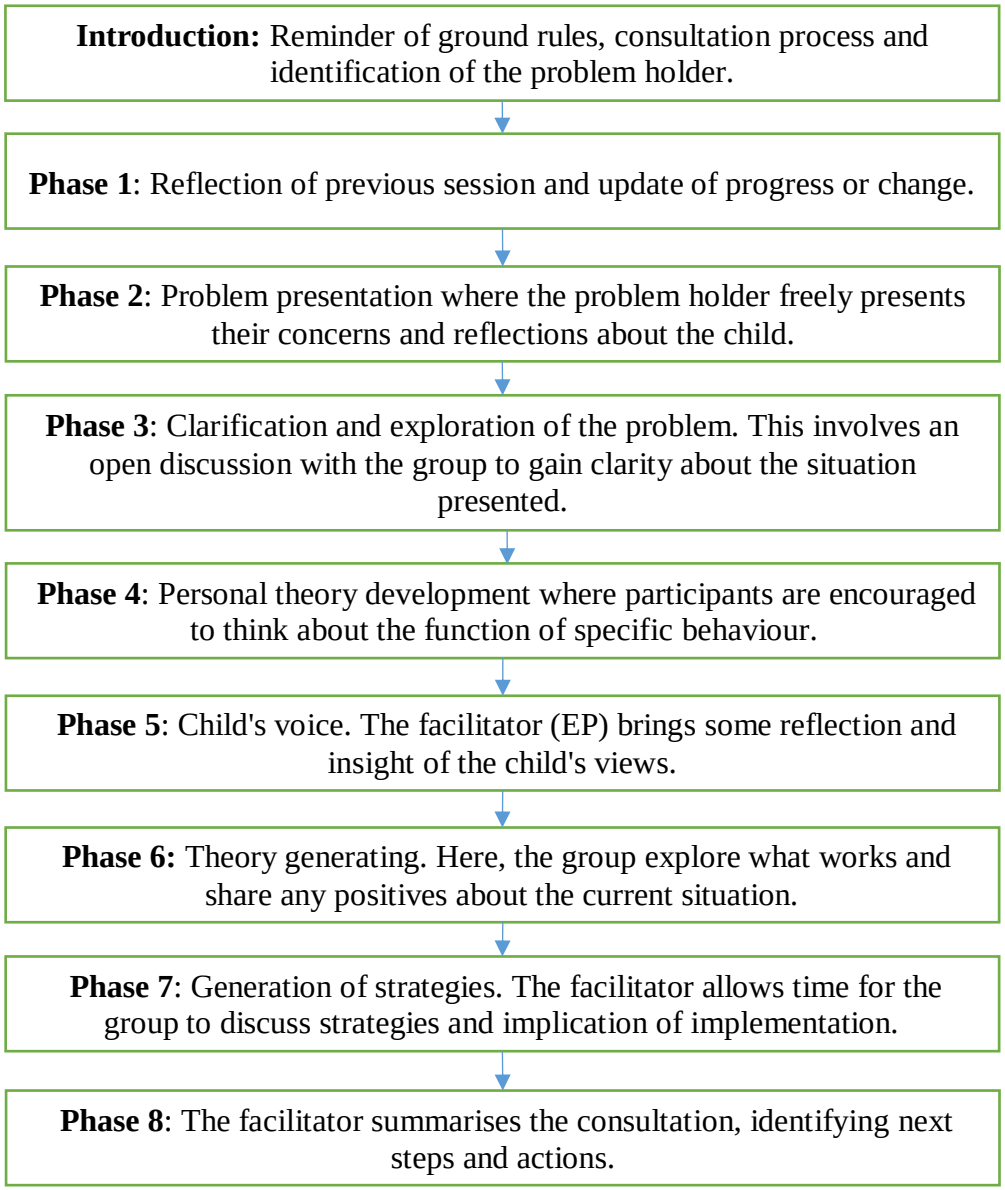


Figure 2: Overview of the consultation process.

3.7.1. Intervention Integrity

The intervention varied according to the needs of each individual child. However, the researcher observed three consultations for each participant and used an observation checklist to check fidelity (to the components) of the group consultation model used, discussed below in section 3.7.2.

3.7.2 Observation Checklist

An observation checklist was developed to see whether the consultations for each individual participant were carried out in a similar fashion. The observation checklist was developed according to the process of consultations used within the LA. A copy of the observation checklist can be found in Appendix 7. The researcher observed a minimum of three consultations for each individual participant, representing 33-50% of the total number of consultations held. The outcomes of the fidelity checks are reported within each participant's individual case study in the results chapter (sections 4.2.3, 4.3.3 and 4.4.3).

3.8 Ethical Considerations

Throughout the planning and implementation of this research study, the researcher gave consideration to the professional and ethical standards of EPs and researchers (British Psychological Society, 2004). Approval from the University of Nottingham Ethics Committee was obtained in June 2017 (Appendix 8). Due to a change in participant selection, an application for chair approval of minor amendments was made and granted in November 2017 (Appendix 9).

3.8.1 Informed Consent

Informed consent was gained from all participants, including the child's parents, the child, SENCO, class teacher and all group members.

3.8.1.1 Consent from Parents

Consent was gained from parents through a meeting with the researcher. This was set up by the EP who gave the parents an overview of the research and asked for verbal consent for a meeting with the researcher. This meeting allowed for a discussion of the purpose of the research and what it entailed. Parents were reminded of their right to withdraw at any time. Written consent was then obtained from the parents of all participants. Refer to Appendix 10 for parent consent form and information sheet.

3.8.1.2. Consent from Schools

The SENCO for each of the three schools met individually with the researcher to understand the research and to ask any questions. The researcher highlighted that that they had the right to withdraw at any point. Refer to Appendix 11 for the SENCO consent form and information sheet.

3.8.1.3 Consent from Key Teaching Staff

The researcher met with class teachers to explain the research and what the data collection entails. All class teachers gave written consent for the research to take place. Following this, a discussion took place to identify target behaviours to be observed and the teachers were asked to complete the SDQ and CBRS. The researcher highlighted that that they had the right to withdraw at any point. Refer to Appendix 11 for the key teaching staff consent form and information sheet.

3.8.1.4 Consent from the Focus Child

Prior to the start of the baseline phase, the researcher met with the focus child to discuss the research and ask for consent. Consent forms were specifically developed for younger children, aged between 6 and 12. The child was informed of the purpose of the research (see child informed consent form; Appendix 12). They were further told that the intervention aimed to help the adults in their school improve the support they offer (see information sheet, Appendix 13). The child was also reminded of their right to withdraw from the research. The child was not told that they were to be observed in the classroom as this may have changed their natural classroom behaviour. When the child was debriefed at the end of the research, they were given a further reminder of the right to withdraw their participation and data.

3.8.1.5 Consent from all group members

Prior to the start of the first consultation session, the researcher explained the research to all group members and gained written consent. It was explained that the researcher would observe 2 or 3 of the sessions and that they were able to leave at any point, and

withdraw their participation. Refer to Appendix 14 for group member consent form and information sheet.

3.8.2 Confidentiality

At the information sessions with the parents and school SENCO, it was highlighted by the researcher that all data collected would be held anonymously. All observation schedules were anonymised so the children were not identifiable. In keeping with the EPS, information was only shared with schools when explicit consent was gained from the young person and parents unless the information shared raised a safeguarding concern.

A challenge with case study methodology is the inclusion of some personal data so extra care needs to be taken to ensure confidentiality and anonymity. It was discussed with parents and school staff that only minimal background data will be reported in the research (including the age and gender of the child, approximate length of time they have been at the school and behaviour in school). There is a potential risk that those who know the child and of their involvement in the research could be able to identify them. This risk is acknowledged and will be mitigated by keeping background information to a minimum and not including any detailed or sensitive information which may reveal the identity of the child.

3.8.3 Debriefing

All participants were provided with face-to-face debriefing after the collection of the final measures. Participants were given a debrief letter and thanked for participating. Refer to Appendix 15 for the debrief letters.

3.9 Reliability and Validity

3.9.1 Reliability and Validity of the Research Design

Robson (2002) reports that if a study is able to demonstrate that the introduction of the intervention causes a change in outcome, the study has internal validity. SCEDs attempt to reduce threats to internal validity by carrying out repeated measures. Kratochwill et al.,

(2012) suggests that the internal validity of SCEDs is further improved by considering the effect of the intervention across multiple participants.

Robson (2002) defines validity as the extent to which what is observed is the same as what was purported to be observed. Robson (2002) further recommends that consideration should be given to both internal and external validity.

3.9.2. Internal Validity

Internal validity relates to whether any results obtained can be attributed to the intervention. There are a number of threats to internal validity (Cook & Campbell, 1979). Table 6 indicates the threats to internal validity in the current study and the measures taken by the researcher to reduce them.

The threats to Internal Validity	How the study attempted to control for these threats
History: things have changed in the participant's environment other than the intervention	School Staff were requested for the participants not to begin any new interventions during the study period. It was not possible to entirely control for this threat due to the conduction of the research in the real world. This should be considered as a potential limitation of the study.
Maturation: growth, change or development of participants not related to the intervention	This study is vulnerable to the effects of maturation as the data was collected over a period of time. While this cannot be totally controlled, SCED research attempts to mitigate this risk by establishing stable baselines and the introduction of the intervention at different times (for each participant). Therefore, if an effect is observed successively, this suggests that it is more likely to be an impact of the intervention. Nevertheless, maturation cannot be totally ruled out, due to the lack of a control group.
Testing: changes occurring as a result of practice and experience on any tests	An observational measure was used to attempt to reduce this threat, so the participants would not experience practice effects.
Instrumentation: changes in the way participants are measured throughout the study period	The observation was taken by the researcher during the baseline and intervention period. Efforts were made to make sure that the measures were taken at the same time and day each week.
Mortality: participant drop-out	To reduce the chances of participants dropping out, the researcher ensured continued contact with school staff across the schools throughout the data collection period.
Hawthorne Effect: participant's changing their	To reduce this threat, focus children were not told that they would be observed in the classroom. Due to

behaviour due to their awareness of being observed	staff shortages, the researcher conducted the observations which may have affected the behaviour of the child. This should, therefore, be considered as a potential limitation of the research.

Table 6: Threats to Internal validity

3.9.3. External Validity

External validity refers to the generalisation of the research to the wider population. This is a weakness of case study designs (Yin, 2009). In this study it is not anticipated that the data will be generalisable to the wider population, however, it is hoped that when comparing the data sets in the discussion section, there is opportunity to highlight processes and mechanisms which are evident across all case studies, which may indicate future implications for school staff and EPs using consultation groups.

3.9.4. Concurrent Validity

Concurrent validity refers to the triangulation of two or more methods of data collection. This is controlled within this research study by the collection of both quantitative and qualitative data.

3.9.5. Ecological Validity

Ecological validity refers to the practicality of the research, which is important in real-world education research. Ecological validity is particularly relevant to case study research as the situation needs to occur naturally. The group consultations in this study occurred with naturally formed groups of staff in school and were situated within the individual school system and context.

3.9.6. Reliability

Yin (2009) defines reliability as "*demonstrating that the operations of a study – such as the data collection procedures – can be repeated, with the same results"* (pp. 34). A number of steps were undertaken to minimise risk to the reliability of the behavioural observations and visual analysis, which is explained in the following section.

3.10. Quantitative Measures

3.10.1. Behaviour Observation

Horner et al., (2005) state that the dependent variable within a SCED is typically observable behaviour. Robson (2002) explains that observations can be advantageous in understanding the real world. To increase the reliability and validity of observational data, Horner et al., (2005) suggest that the behaviours observed should be:

- Operationally defined
- Repeatedly measured
- Assessed for consistency

Prior to collecting data within the baseline phase, semi-structured interviews were held with each pupil's class teacher to identify and define the target behaviours. Through discussion with the researcher, class teachers identified challenging behaviours which they felt occurred frequently.

From the interviews with class teachers, individual observation schedules were developed for each participant. Observations were completed twice a week by the researcher for thirty minutes. Event coding was used to record the frequency of observed behaviours. Table 7 below provides information about the target behaviours which were identified by school staff for each participant. Further detail regarding the target behaviours and their definition is presented within each participant's individual case study in Chapter 4.

Participant	Target behaviours to be measured	Frequency of observation
Hayley	• Shouting Out • Refusing to follow adult instructions • Climbing on furniture or throwing objects • Making inappropriate noises • Moving around the classroom without asking • Fidgeting	Twice a week: Monday and Friday 9:15-9:45
Grace	• Shouting Out • Refusing to follow adult instructions • Making inappropriate noises • Moving around the classroom without asking • Fidgeting	Twice a week: Monday and Friday 10:15-10:45
Rob	• Shouting Out • Aggressive Behaviour • Refusing to follow adult instructions • Leaving the classroom without asking an adult • Making inappropriate noises • Moving around the classroom without asking	Twice a week: Monday and Friday 11:15-11:45

Table 7: Participant individual target behaviours

3.10.1.1. Reliability of observations

Robson (2002) suggest that inter-rater agreement can be used to increase the reliability and validity of behavioural observations. Inter-rater agreement can be defined as the extent to which two observers, observing the same behaviours with the same observation schedule, agree. In the current study, three classroom observations were undertaken with the School SENCO for each participant. By completing joint observations, the researcher hoped to reduce the threats of observer drift, whereby the observer can become familiar with a schedule and subtly changes how they perceive the categories and defining behaviour (Robson, 2002). The inter-reliability for the observations was reported in the individual case studies for each participant in the results chapter (section 4.2.5, 4.3.5 and 4.4.5 respectively).

Due to staff shortages, the researcher conducted all the observations for each participant. The researcher attempted to be as unobtrusive as possible by sitting in the corner of a room, away from the target child, although still with a clear view. It was hoped that by the researcher observing the child twice a week throughout the data collection period that the child would become habituated to their presence. Nevertheless, as the child may have been aware that they were being observed, this is a limitation that needs to be acknowledged.

3.10.2. Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a behavioural screening tool which was used as the pre- and post-standardised measure of behaviour. The SDQ is a widely used tool in research and clinical settings and has a well-established evidence base for its use for children aged 4-16 years (Croft, Stride, Maughan & Rowe, 2015). There are three different versions of the SDQ available, although this study only used the questionnaire for the teachers of pupils aged 4-16.

Goodman (1997) explained that the SDQ measures five types of behaviour, each of which has a clinical cut off point:

1. Emotional symptoms, (cut-off ≥ 6).
2. Conduct problems, (cut-off ≥ 4).

3. Hyperactivity problems, (cut-off ≥6).
4. Peer relationship problems, (cut-off ≥ 4).
5. Pro-social behaviours, (cut-off ≤ 5).

These twenty-five items can then be used to provide an overall difficulties score where the clinical cause for concern is above 16. The SDQ also has some supplementary questions about the impact of the child's behaviour.

The SDQ was selected as it is a short questionnaire, user-friendly and reportedly sensitive to change (Van Roy, Veenstra & Clench-Aes, 2008).

3.10.3. Child Behaviour Rating Scale

The Child Behaviour Rating Scale (CBRS; Bronson, Goodson, Layzer & Love, 1990) was selected because of its focus on classroom behaviour. The CBRS is based on the Bronson Social Task and Skill Profile (1991) and is an observational instrument designed to measure classroom behaviour and strategies. Research has indicated that the CBRS has strong construct and concurrent validity (Seppanen et al., 1993). Lim, Rodger and Brown (2011) offer additional validity evidence for the CBRS by correlating the CBRS with an observational assessment, Evaluation of Social Interaction.

The CBRS (Bronson, Goodson, Layzer & Love, 1990) consists of seventeen items rated on a 5-point scale to indicate the frequency of behaviours, ranging from a one (never) to a five (usually). These items are then computed to create an overall mean rating.

3.11. Qualitative Measures

Case studies present qualitative information by providing context-specific knowledge (Yin, 2009). It is suggested the qualitative data gained will be supplementary to the quantitative data, which will facilitate knowledge and understanding of the data gathered (Yin, 2009).

3.11.1. Semi-Structured Interviews

Case studies often include a variety of sources of information which commonly include child records, direct, naturalistic observations and interviews (Yin, 2009). Gilham (2000) reported that semi-structured interviews can provide the qualitative data needed for case study methodology. As the intervention occurred with the adults working around the child, the inclusion of semi-structured interviews was used to discuss the perceived impact of the intervention on the child's behaviour.

The purpose of the semi-structured interviews is to gather the perceptions and views of the adults and children. The semi-structured interviews will occur after the intervention so as not to affect the outcome of the intervention.

Semi-structured interviews offer structure whilst still allowing flexibility (Gilham, 2000). The questions will comprise of a mixture of open and closed questions. The order of the questions can be altered slightly depending on the needs of the interviewee (Robson, 2002).

Alternatives to semi-structured interviews were considered. Mertens (2010) suggests that focus groups can gain participants' views without the reliance on a question and answer format, however, Cohen, Manion and Morrison (2011) report that focus groups can be hindered by group size and the potential dominance of individual group members. The use of questionnaires was also considered as this can be a cost-effective and low-pressure method of obtaining data, however, there are also difficulties associated with data quality and low response rates (Gilham, 2007). While questionnaires and focus groups have the potential to reach more of the group members and are timelier and cost-effective, they may not provide the rich qualitative data which can be gained from the individual interview (Gilham, 2000). It was therefore decided that individual semi-structured interviews will provide the opportunity to gain individual views in a flexible but structured way. An outline of the interview structure can be seen in Appendix 16.

3.12. Data Analysis

3.12.1. Quantitative Data Analysis

The results of the repeated measures (behavioural observation) and pre-, mid- and post-assessment data was analysed using visual analysis. Visual analysis is the most common method of analysis within single case research. The non-statistical analysis of data, as is the case in visual analysis, has the same purpose as statistical analysis (Kazdin, 2003). The use of visual analysis may be prone to subjectivity (Kazdin, 2003), although the researcher attempts to manage this through the use of inter-rater reliability.

For each participant, visual analysis of the graphs was examined within and between baseline and intervention phase considering the level, trend, variability, immediacy of the effect, and overlap of data patterns (Fisher, Kelley & Lomas, 2003).

The results of the pre- and post-test measures were triangulated with the repeated measures in an attempt to identify whether the intervention has been effective for each child. McCormick (1995) argues that the purpose of SCEDs should be to determine whether the differences between the baseline and intervention phases are educationally significant rather than statistically significant.

3.12.2. Visual Analysis

The observational data collected from each participant was analysed visually through the creation of graphs using Microsoft Excel. The dataset for each participant was analysed individually using the five-outcome measures recommended by Kratochwill et al (2012). The five outcome measures are:

- Level
- Trend
- Variability
- Immediacy of Effect
- Overlap

A description of each of these measures and associated analysis is provided in Table 8.

Measure Feature	Description	Indicators of an Effect Between Phases
Level	This is the mean score of data points within a phase. The mean line is indicated on each of the graphs for each target behaviour. To allow for further comparison between phases, mean scores are calculated for each of the target behaviours.	A difference between the mean scores of the baseline and phase B indicate a change between phases.
Variability	This is the range of data for each behaviour around the best fit line. The range and standard deviation were calculated for each dataset.	Low range and standard deviation in the data is indicative of a more reliable data set.
Trend	This is the slope of the best fit line for the data within a phase. Trend lines have been added to indicate the rate of progress for both phases.	The best fit line shows whether there is an accelerating, decelerating or stable trend within the data. If the slope of the trend line changes between phases, this may be indicative of an effect.
Immediacy of Effect	This refers to the change in level between the mean of the last three baseline points and the mean of the first three intervention points.	A difference between these data points indicates how quickly an impact was seen.
Overlap	This is the proportion of data from one phase which overlaps with the previous phase calculated by: % Overlap = Number of overlapping data points / Total number of data points X 100	If there is a small percentage overlap between Baseline and Phase B this indicative of an intervention effect. If the percentage overlap is large, there is unlikely to have been an intervention effect.

Table 8: Summarising the five measures used for visual analysis

Kratochwill, Hitchcock, Horner, Levin, Odom, Rindskopf and Shadish, (2010) suggest that the above features should be utilised during visual analysis to ascertain any demonstrations of an effect. Kratochwill et al., (2010) suggest that to establish any causal relation, there need to be three demonstrations of an effect within a case. The researcher applied the same criteria to the current study. Where any improvements in the target behaviour were deemed to be significant and when changes in three or more of the outcome-measure variables were observed this was considered as suggestive of an effect.

3.12.3. Inter-Observer Agreement of the Visual Analysis

To reduce the subjective bias of visual analysis, the researcher asked a fellow TEP who is familiar with visual analysis within SCED graphs to examine the results. The researcher and the TEP both rated each of the graphs using a 1-10 scale according to the following statement:

"There is an observable improvement in the participant's behaviour across the intervention period"

The researcher and TEP completed this task separately using graphs that have indicated the mean, trend, overlap and variability for each of the participant's behaviours. Friman (2009) suggests that a reliable estimate of inter-observer agreement (IOA) is calculated by dividing the smaller rating by the larger rating and multiplying by 100. Barlow, Nock and Herson (2009) reported that IOA of 80% is conventional and 90% is desirable. The higher the percentage agreement, the greater confidence is to be had in the inferences made. The IOA for each participant are in sections 4.2.6.9, 4.3.6.8 and 4.4.6.9.

3.12.4. Qualitative Data Analysis

The data gathered from the semi-structured interviews were analysed using thematic analysis on a case by case basis. Thematic analysis was chosen as it is a method of encoding verbal data through the identification of codes and subsequent themes (Braun & Clarke, 2006). Furthermore, Braun and Clarke (2006) suggest that it is a flexible tool which can be used across a range of approaches as it is independent of theory and

epistemology, unlike alternative qualitative approaches such as discourse analysis or interpretative phenomenological analysis. There are a number of models of thematic analysis which exist in the literature. The following section will outline principal models of thematic analysis before indicating the model of thematic analysis which was applied within this research study.

3.12.4.1. Braun and Clarke's model of thematic analysis

Braun and Clarke (2006) define thematic analysis as identifying, analysing and reporting themes within data which relate to the research questions. Thematic analysis is a flexible approach which can be used within the pragmatic paradigm. Data can therefore, be transcribed under headings which are relevant to the research questions. Braun and Clarke (2006) detail six phases to the thematic analysis:

- Phase one: become familiar with the data. This phase involves the repeated reading of the data and writing down initial notes and ideas for coding. The second part of phase one involves transcribing the verbal data into a written form.
- Phase two: initial coding. Once the researcher is familiar with the data, this phase involves the production of preliminary codes. At this stage, the researcher is not identifying themes but identifying interesting features of the data. Braun and Clarke (2006) recommend that as many initial codes as possible are identified to ensure that no content is lost.
- Phase three: searching for themes. Once the initial data has been coded and collated, the researcher needs to consider how the codes fit into overall themes and subthemes.
- Phase four: reviewing themes. During this phase, the researcher considers whether the data in each theme is meaningful and relevant to the data set.
- Phase five: name and define themes. Once a thematic map has been developed, the themes should be further refined. The researcher should outline how the theme fits into the broader context of the research and how it is distinct from other themes.
- Phase six: report production. The researcher should describe the themes, using data extracts to demonstrate their relevance.

Braun and Clarke (2006) offer a flexible framework for thematic analysis whereby a general explanation of each phase is given.

3.12.4.2. Fereday and Muir-Cochrane's model of thematic analysis

Fereday and Muir-Cochrane (2006) offer a variation of thematic analysis which is summarised below:

- Stage one: developing the code manual. This stage involves determining the broad categories which form the codes. These manual codes can be argued to be considered "theory-driven" codes as they were pre-determined before the data coding.
- Stage two: testing code reliability. This stage is essential to determine the applicability of the code.
- Stage three: data summary and initial theme identification. This stage involves the researcher familiarising themselves with the date and beginning to identify initial themes and organise the data.
- Stage four: applying code templates and additional coding. This stage uses manual codes to organise the data in a more meaningful way. Fereday and Muir-Cochrane (2006) suggested that data management programmes such as N-Vivo could be used. Any emerging themes considered to be data-driven can also be identified during this stage.
- Stage five: connecting codes and identifying themes. This is the process of discovering themes and patterns in order to establish a connecting framework. This stage can be used to compare different data sets and identify any similarities or differences between participants.
- Stage six: corroborating and legitimising themes. This final stage involves the further clustering of themes in order to confirm the findings.

A strength of Fereday and Muir-Cochrane's (2006) method is that it should be continually reflexive. Similarities between their method and Braun and Clarke's method should be noted, for example, both highlight the importance of the researcher becoming familiar with the data. One main difference is that Fereday and Muir-Cochrane (2006) use a deductive approach by taking predetermined codes to the data while Braun and Clarke (2006) suggest an inductive approach.

3.12.4.3. Thematic Analysis in this study

This study uses thematic analysis as outlined by Braun and Clarke (2006). Braun and Clarke's (2006) method was chosen as it suggests an inductive approach to coding the data which allows the codes to emerge from familiarisation and the identification of interesting features. The thematic analysis in this study will, therefore, be carried out inductively. This analysis will allow for the interviews carried out to be triangulated for each participant.

The researcher spent time reviewing Braun and Clarke's (2006) approach to ensure that the interviews were analysed with as much rigour as possible, nevertheless there remains an element of subjective construction (Gillham, 2005). Within thematic analysis, it is important to acknowledge that it offers the researcher's interpretation of the experiences of others. One option to minimise this and increase the rigour of analysis is the use of inter-rater reliability.

3.12.4.4. Thematic Analysis Inter-rater Reliability

To ensure that the themes identified from the thematic analysis were reliable, the researcher sought inter-rater reliability. A TEP, familiar with thematic analysis, was asked to examine the identified codes and themes. The TEP was presented with a selection of coded extracts and asked to place them under one of the themes identified. The researcher then calculated the percentage of coded data which agree with her analysis. Joffe (2011) stated that a high concordance of at least 75% indicates a rigorous and transparent analysis of data. The inter-reliability for the observations is reported in the individual case studies for each participant in the results chapter (section 4.2.9.1, 4.3.9.1 and.4.4.9.1).

Chapter 4: Results

4.1. Introduction

The results chapter will present data for each case study separately. The research specifically examines whether any improvements are observed in the participant's classroom behaviour or whether class teachers perceived any differences in the children's behaviour as measured by Goodman's (1997) SDQ or the CBRS (Bronson, Goodson, Layzer & Love, 1990), following the implementation of the consultation sessions.
Research questions and hypotheses can be found in section 2.9.

4.2. Case study 1:

4.2.1. Child A Profile (Hayley)

Gender: female Age: 9 years old Attends: School 1

Hayley is in Year 4 of a mainstream primary school. School staff described her as being of average ability and working towards expected Year 4 levels. Hayley does not have an Education, Health and Care Plan. She received support from the Educational Psychology Service at the start of Year 4. Hayley lives with her mum, stepdad, younger sibling and older siblings. An Early Help Assessment has been completed and her family allocated a family support worker. Hayley was identified as an appropriate case for the group consultation intervention due to frequent displays of disruptive behaviour in the classroom. Hayley's class teacher reported that her disruptive behaviour in the classroom included refusing to engage in learning tasks, leaving the classroom and throwing objects. Since starting in Year 4 Hayley had received two internal exclusions for disruptive behaviour. School staff had previously used several interventions to manage Hayley's behaviour including weekly access to a learning mentor, social skills groups, nurture group and an individual behaviour chart. School staff described these interventions as resulting in only minimal or time-limited improvements in Hayley's behaviour.

Through discussion with Hayley's class teacher, the following target behaviours were identified as needing further attention:

- Shouting Out
- Refusing to follow adult instructions
- Distracting peers
- Making inappropriate noises
- Leaving the classroom without asking
- Fidgeting

The behavioural observation form for Hayley can be found in Appendix 17.

4.2.2. Overview of Consultations

Five consultations were led by a Senior EP. The consultations were attended by:

- Hayley's mum
- Family Support Worker
- School SENCO
- Class Teacher
- Nurture Group Teacher

The class teacher, family support worker and nurture group teacher all missed at least one session due to illness or other commitments. Dates and details of the consultations can be found in Appendix 18.

4.2.3. Fidelity Observation

The researcher observed three of the consultations (consultation 1, 3 and 5). The observation checklist was used to check fidelity to the intended intervention. The observation checklist was also used to calculate a percentage of the composite time the EP used techniques consistent with the eight phases of the group consultation approach outlined in section 3.6.

Consultation number	Percentage given (of eight phases)	Comments
1	87.5%	Missing 'child's voice'
3	100%	
5	75%	Missing 'child's voice and too brief a discussion of "theory generating".

Table 9: A table to show the percentage of overall time where fidelity was shown to the intended intervention.

The fidelity check found that the EP led the consultations with high concordance to the structure of consultation (mean of 87.5%).

4.2.4. Behavioural Observations

There were five baseline data points and thirteen data points across the intervention phase. There were five dates within the intervention phase where observations were cancelled due to school holidays, indicated on the graphs below by a dashed line. Five baseline observations were carried out which is in accordance with recommendations by Kratochwill et al., (2012) who suggests that between three and five baseline points are needed.

4.2.5. Inter-Rater Reliability

Joint observations for Hayley were carried out with the School SENCO three times (once during baseline and twice during the intervention) to enhance the reliability of the observational measures. Cohen's kappa coefficient (Cohen, 1960) was calculated for the observations as a way of providing inter-rater agreement. Across the joint observations, Cohen's Kappa ranged from 0.72 to 1.0 (absolute agreement), with a mean of 0.85. According to Landis and Koch (1977), this indicates a high level of agreement.

4.2.6. Visual Analysis

Graphs and visual analysis of each individual targeted behaviour will now be presented before giving a summary of her overall behaviour, consisting of a composite of each of the behaviours that were observed. Raw data can be seen in Appendix 19. Following this the pre- and post-data collected from Goodman's (1997) SDQ and the CBRS (Bronson, Goodson, Layzer & Love, 1990) is presented.

4.2.6.1. Visual Analysis for "shouting out" behaviour

This behaviour referred to any occasion whereby Hayley called out without permission from a member of school staff.

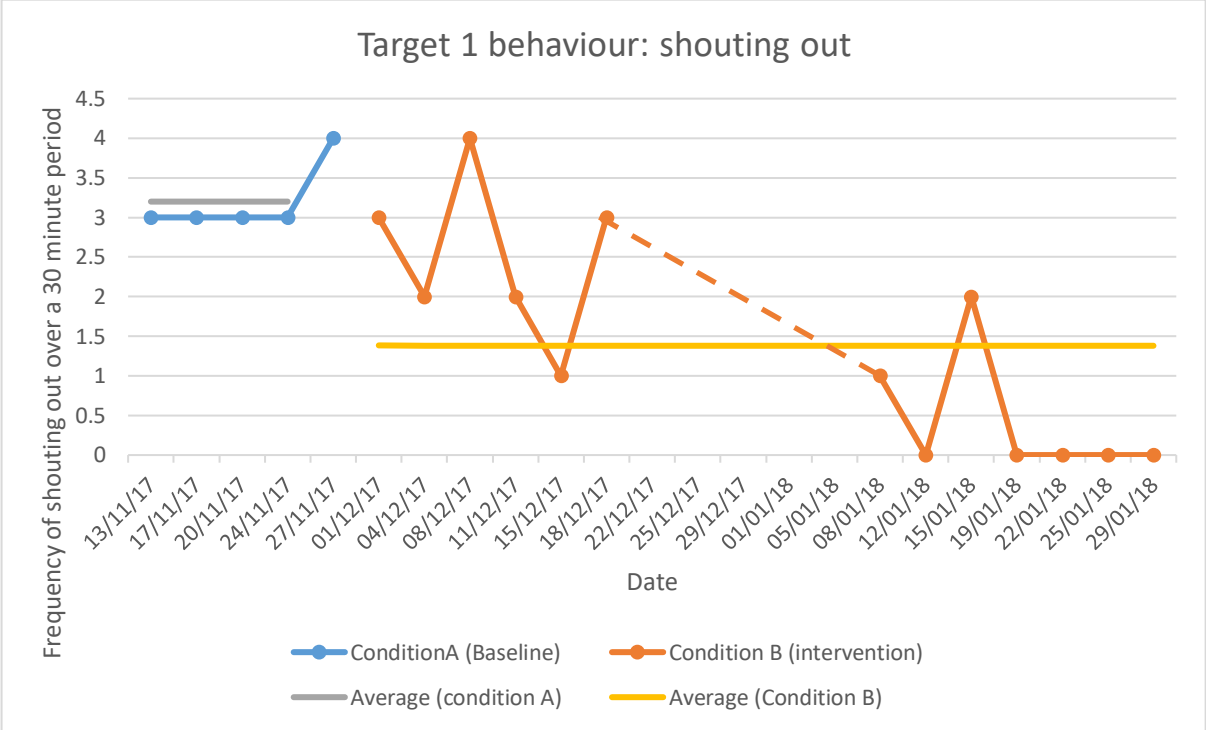


Figure 3: A line graph to show the frequency of Hayley "shouting out" across both phases with mean lines.

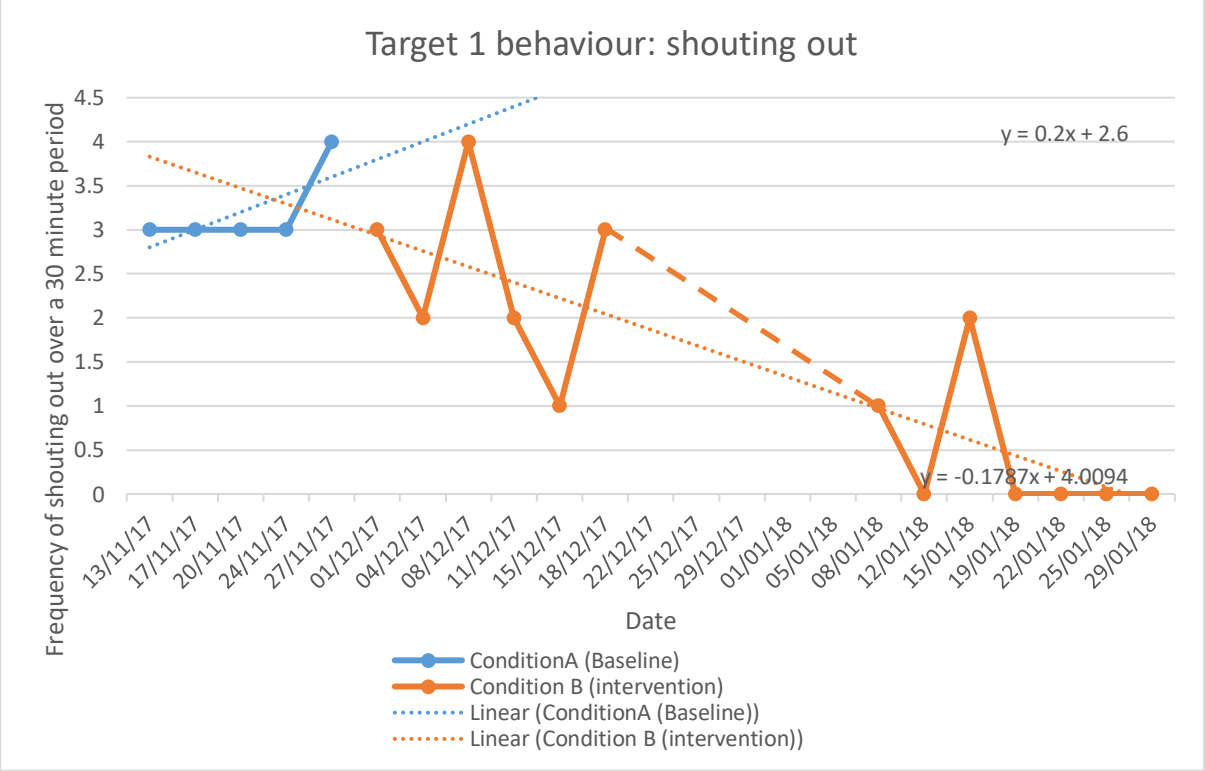


Figure 4: A line graph to show the frequency of Hayley "shouting out" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 3.22 Intervention mean: 1.38
Variability	Baseline range: 1 standard deviation: 0.44 Intervention range: 4 standard deviation: 1.38
Trend	Baseline trend: 0.2 (slight acceleration) Intervention trend: -0.1787 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:3.3 Mean of the first 3 intervention points: 3.3 No evidence of immediate effect.
Overlap	23% of the intervention points overlap with the baseline.

Table 10: Visual analysis of Hayley's "shouting out" behaviour.

Visual analysis summary – "shouting out"

The visual analysis indicates that there was a slight decrease in the frequency of Hayley shouting out across the intervention phase. Although short, the baseline was relatively stable (range of 1). The accelerating trend in the baseline phase indicates that without the implementation of the intervention Hayley's disruptive behaviour may have increased. There is no evidence of an immediate effect, as an increase in frequency was seen on observation 3 within the intervention phase. However, the level, variability and trend of the targeted behaviour indicate that the intervention had an effect (Kratochwill et al, 2010).

4.2.6.2. Visual Analysis for "refusal" behaviour

For Hayley 'refusal' was defined to be any occasion where she did not follow a direct instruction from a member of staff. A direct instruction was defined as an instruction given directly to Hayley, either using her name or giving her a high level of eye contact and/or gesturing.

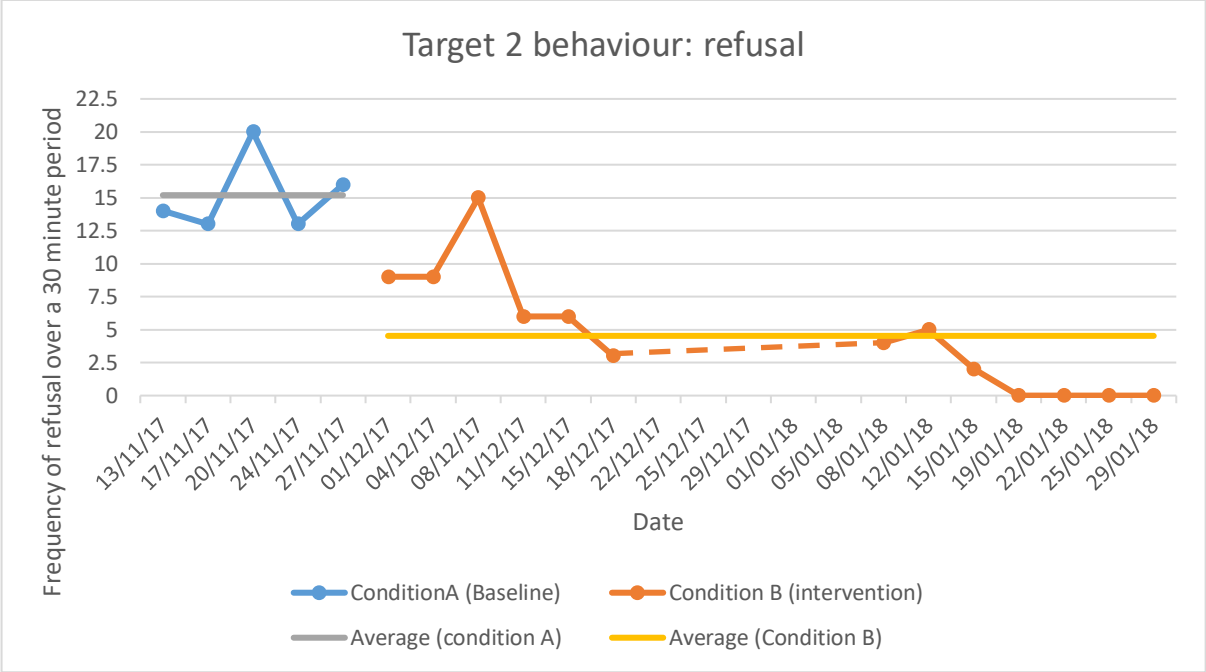


Figure 5: A line graph to show the frequency of Hayley refusing across both phases with mean lines.

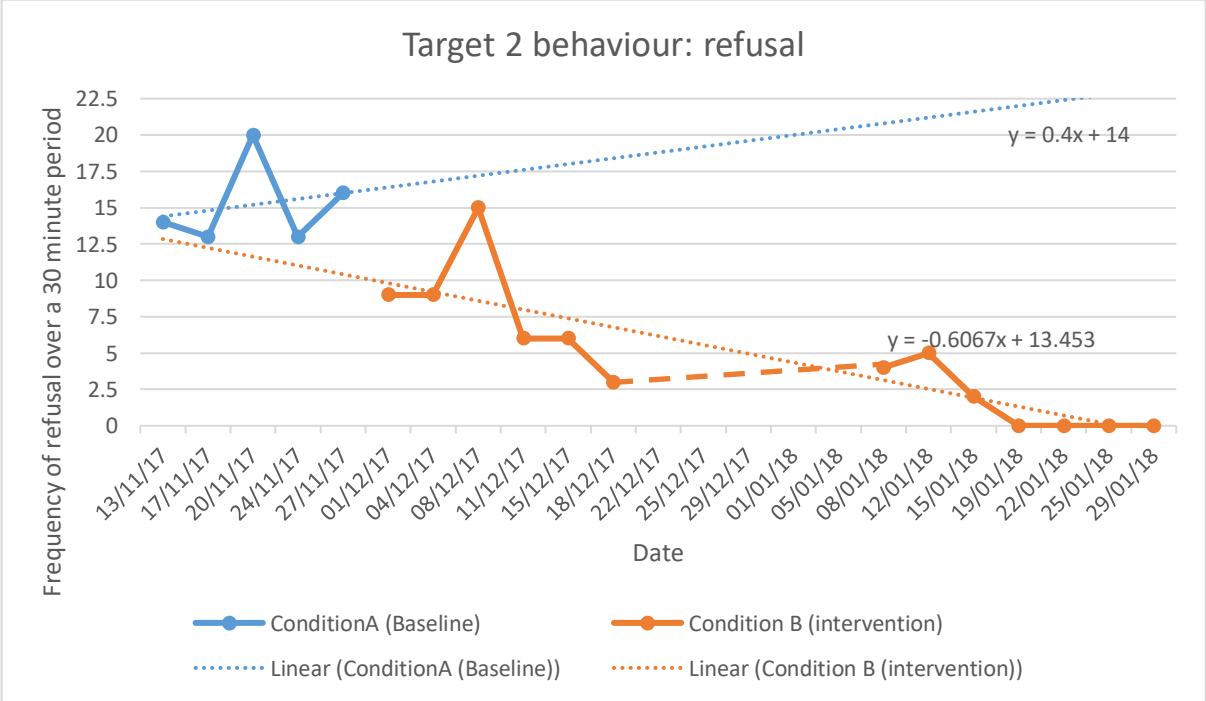


Figure 6: A line graph to show the frequency of Hayley refusing across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 15.2 Intervention mean: 4.53
Variability	Baseline range: 7 standard deviation: 2.94 Intervention range: 15 standard deviation: 4.52
Trend	Baseline trend: 0.4 (slight acceleration) Intervention trend: -0.607 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:16.3 Mean of the first 3 intervention points: 11 Evidence of immediate effect.
Overlap	8% of the intervention points overlap with the baseline.

Table 11: Visual analysis of Hayley's "refusal" behaviour.

Visual analysis summary – "refusal"

The visual analysis indicates that there was a slight decrease in the target behaviour of "refusal" across the intervention phase. The accelerating trend in the baseline phase indicates that without the implementation of the intervention the frequency of Hayley's refusal behaviour in lessons may have increased. According to Kratochwill et al., (2010), the low amount of overlap, the difference in level and evidence of immediate effect are indicative of an intervention effect. However, the reliability of the data is compromised by the short and unstable baseline (range of 7).

4.2.6.3. Visual Analysis for "distracting peers" behaviour

For Hayley 'distracting peers' was defined as throwing objects at other children, initiating conversations with them during focus work and climbing on furniture.

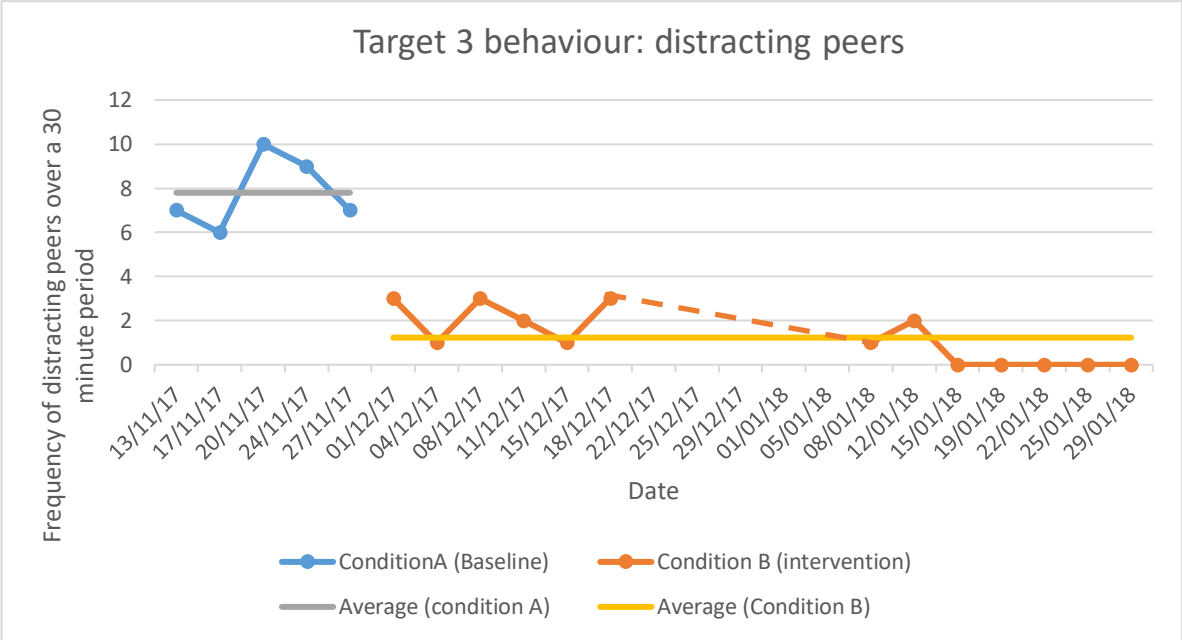


Figure 7: A line graph to show the frequency of Hayley "distracting peers" across the baseline and intervention phase with mean lines.

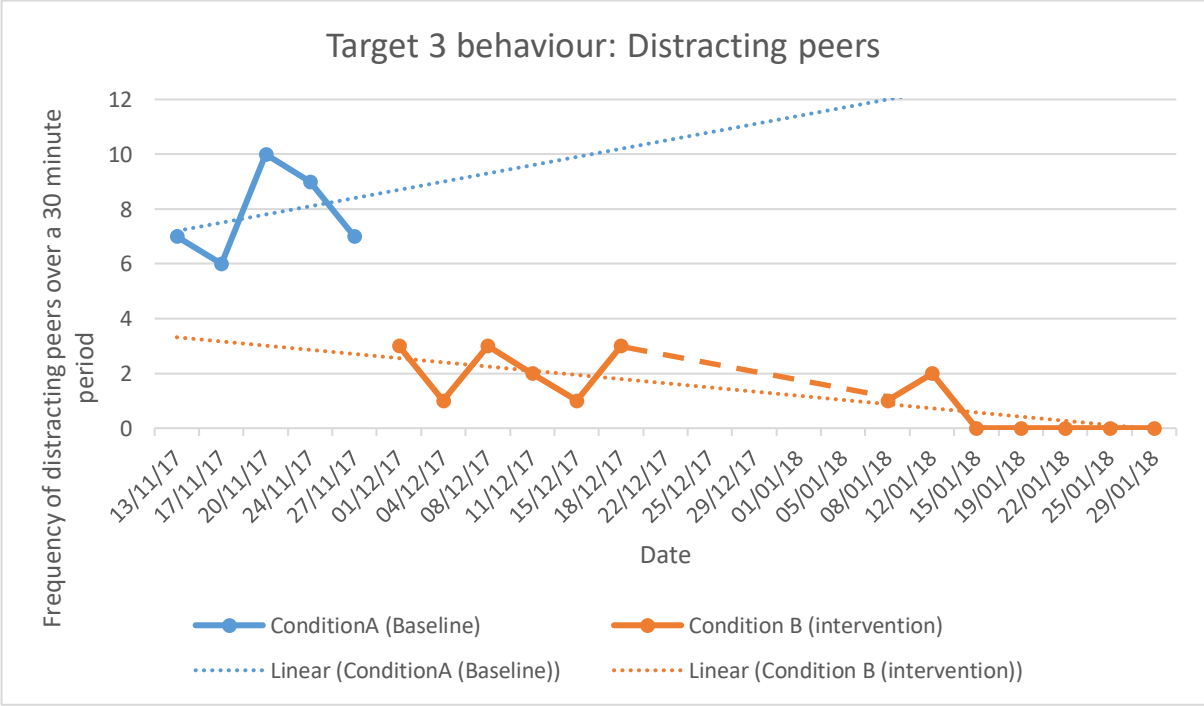


Figure 8: A line graph to show the frequency of Hayley "distracting peers" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 7.8 Intervention mean: 1.23
Variability	Baseline range: 4 standard deviation: 1.64 Intervention range: 3 standard deviation: 1.24
Trend	Baseline trend: 0.3 (slight acceleration) Intervention trend: -0.153 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:8.6 Mean of the first 3 intervention points: 2.3 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 12: Visual analysis of Hayley "distracting peers"

Visual analysis summary – "distracting peers"

The visual analysis indicates that there was a slightly decreasing trend in Hayley distracting peers across the intervention phase. The accelerating trend in the baseline phase indicates that without the implementation of the intervention Hayley distracting peers may have increased. There was a large decrease in the mean from the baseline phase of approximately 8 incidences to the intervention phase of 1 incidence per 30-minute observation. Although the low amount of overlap, evidence of immediate effect and difference in level and trend is indicative of an intervention effect, the length and instability of the baseline questions the reliability of the data to some extent.

4.2.6.4. Visual Analysis for "making inappropriate noises"

This behaviour was defined as any occasion whereby Hayley sung or hummed to herself or made high-pitched noises during lessons.

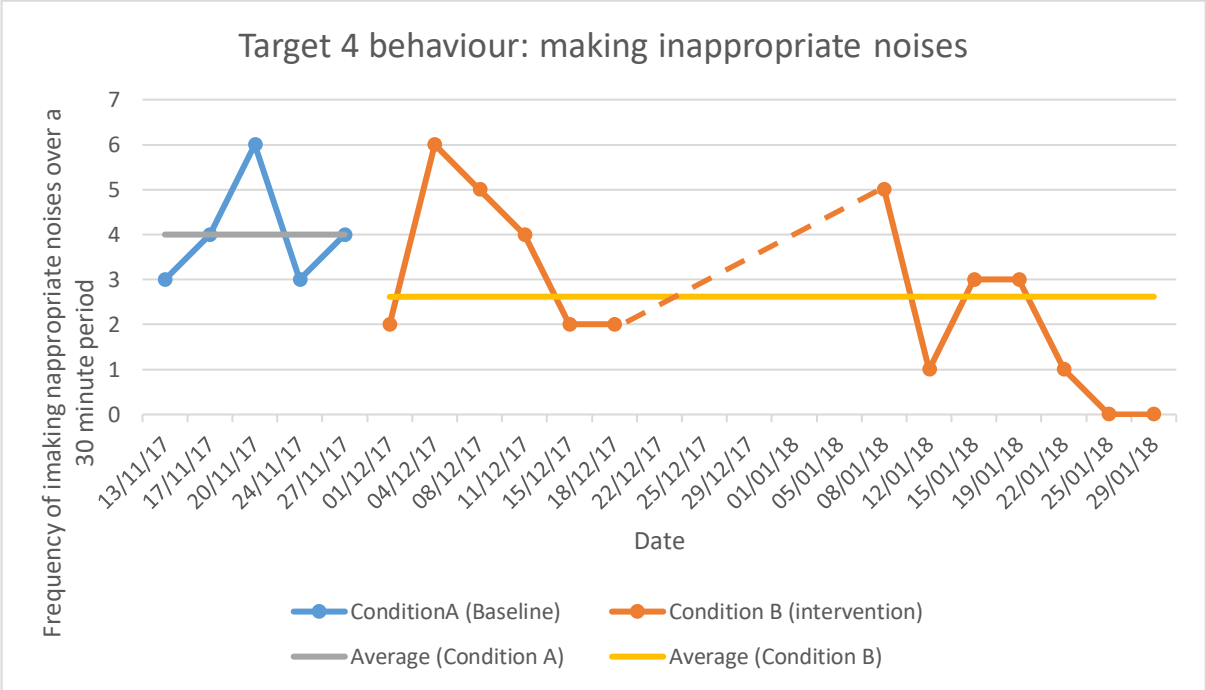


Figure 9: A line graph to show the frequency of Hayley "making inappropriate noises" across both phases with mean lines.

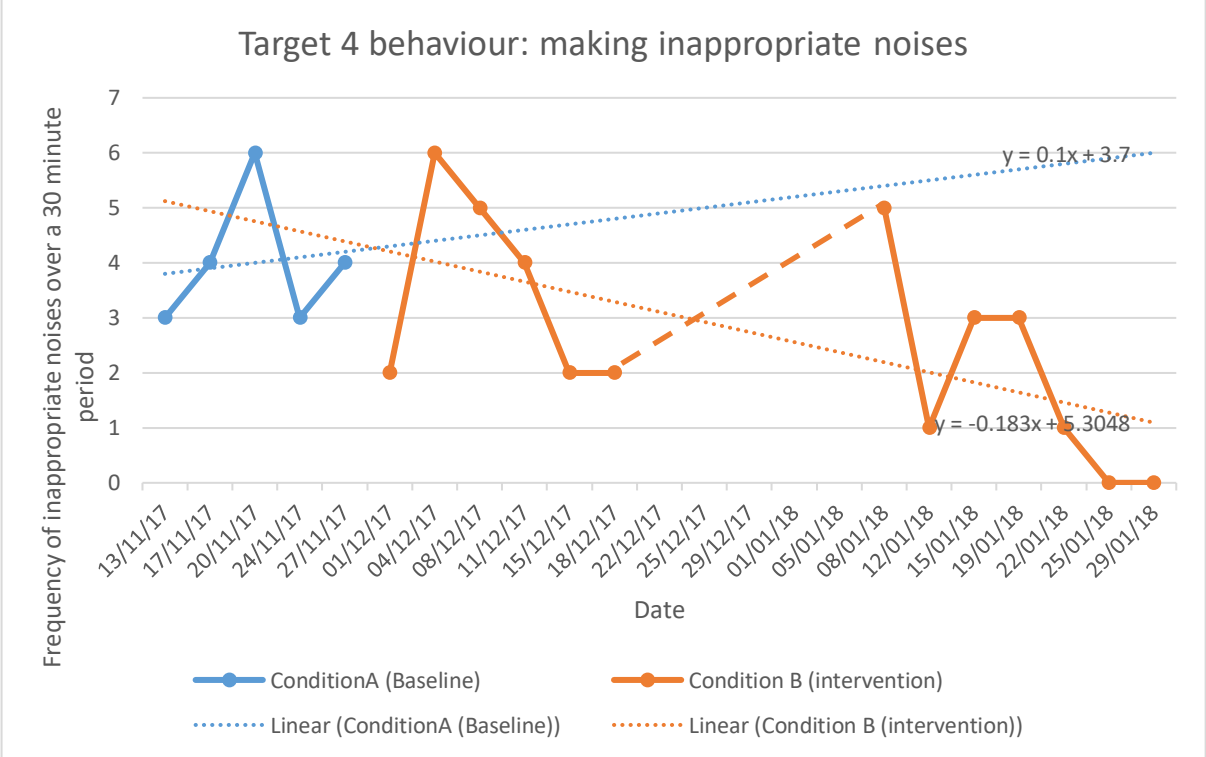


Figure 10: A line graph to show the frequency of Hayley "making inappropriate noises" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 4 Intervention mean: 2.62
Variability	Baseline range: 3 standard deviation: 1.22 Intervention range: 6 standard deviation: 1.93
Trend	Baseline trend: 0.1 (slight acceleration) Intervention trend: -0.183 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:4.3 Mean of the first 3 intervention points: 4.3 No evidence of immediate effect.
Overlap	46.2% of the Intervention points overlap with the baseline.

Table 13: Visual analysis of Hayley making inappropriate noises

Visual analysis summary – making inappropriate noises

The visual analysis of the targeted behaviour "making inappropriate noises" shows that there was a slight decrease in the frequency of the behaviour in the intervention phase. The mean number of occurrences decreased from 4 in the baseline phase to 2.6 in the intervention phase. The accelerating trend in the baseline phase suggests that the frequency of Hayley making inappropriate noises, without the intervention, may have increased. As there is no evidence of an immediate effect, a high level of overlap and an unstable baseline, there is unlikely to have been an intervention effect (Kratochwill et al., 2010).

4.2.6.5. Visual Analysis for "moving around the room" behaviour

This target behaviour refers to any occasion where Hayley moved around the room or left the classroom without asking or speaking to a member of staff. For example, Hayley leaving her desk to speak to her class teacher would not be counted, however, Hayley walking around the room without a noticeable purpose in mind during lesson time would be counted.

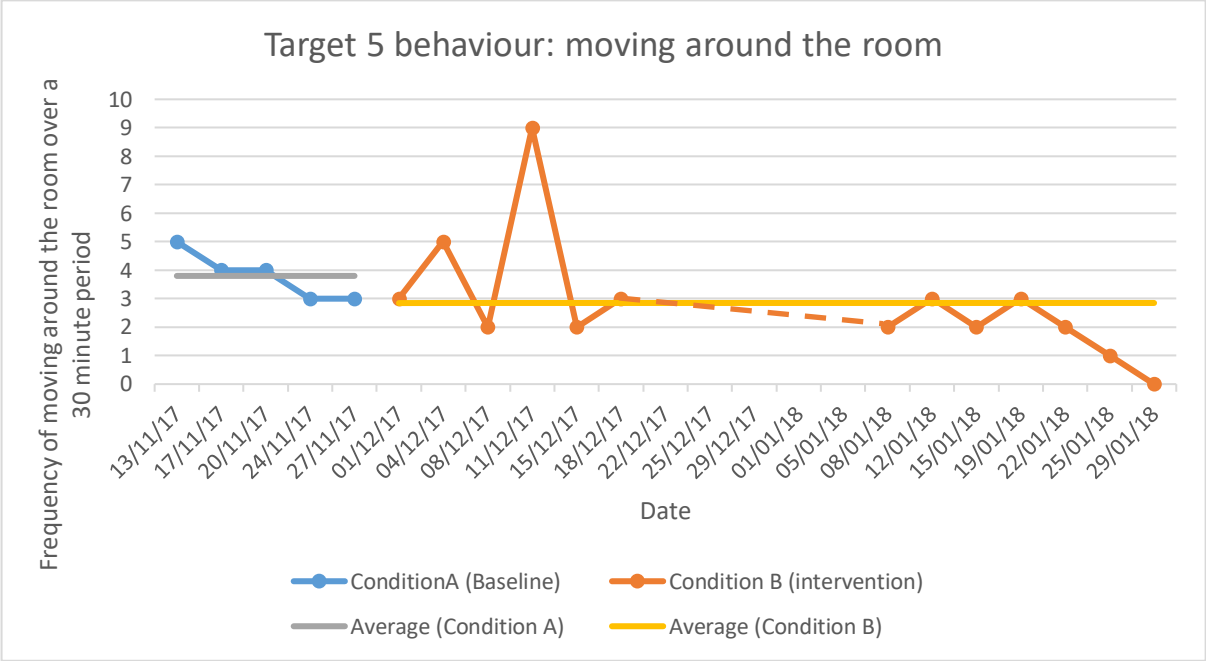


Figure 11: A line graph to show the frequency of Hayley "moving around the room" across both phases with mean lines.

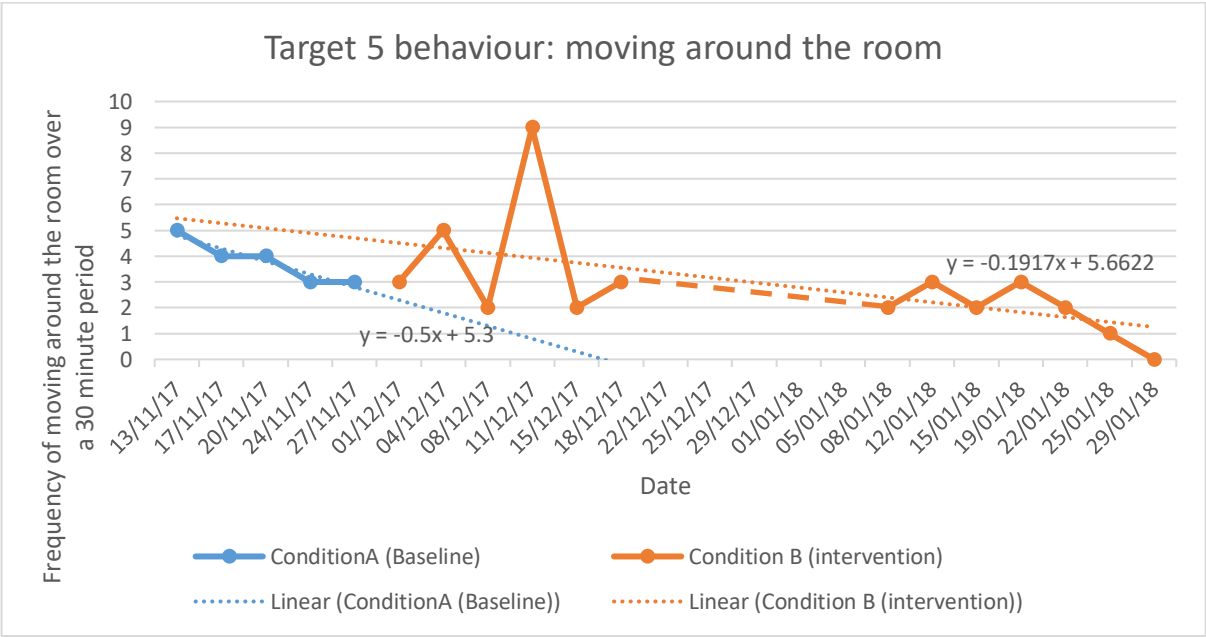


Figure 12: A line graph to show the frequency of Hayley "moving around the room" across both phases with mean lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 3.8 Intervention mean: 2.85
Variability	Baseline range: 2 standard deviation: 0.84 Intervention range: 9 standard deviation: 2.2
Trend	Baseline trend: -0.5 (slight deceleration) Intervention trend: -0.192(slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:3.3 Mean of the first 3 intervention points: 3.3 No evidence of immediate effect.
Overlap	46.2% of the Intervention points overlap with the baseline.

Table 14: Visual analysis of Hayley "moving around the room"

Visual analysis summary – "moving around the room"

The visual analysis shows that there was a decrease in the frequency of Hayley moving around the room in both the baseline and intervention phases. As the baseline trend was steeper, this could indicate that the intervention had a negative impact on the targeted behaviour, hence leading to its increase. Nonetheless, the mean number of occurrences dropped slightly between phases from 3.8 to 2.85 occurrences. Although short, the baseline was relatively stable (range of 2). However, as the trend was steeper in the baseline, there is no evidence of an immediate effect and with a high amount of overlap, an intervention effect is unlikely to have occurred (Kratochwill et al., 2010).

4.2.6.6. Visual Analysis for "fidgeting" behaviour

This behaviour incorporated behaviours such as playing with equipment, despite being asked not to by school staff.

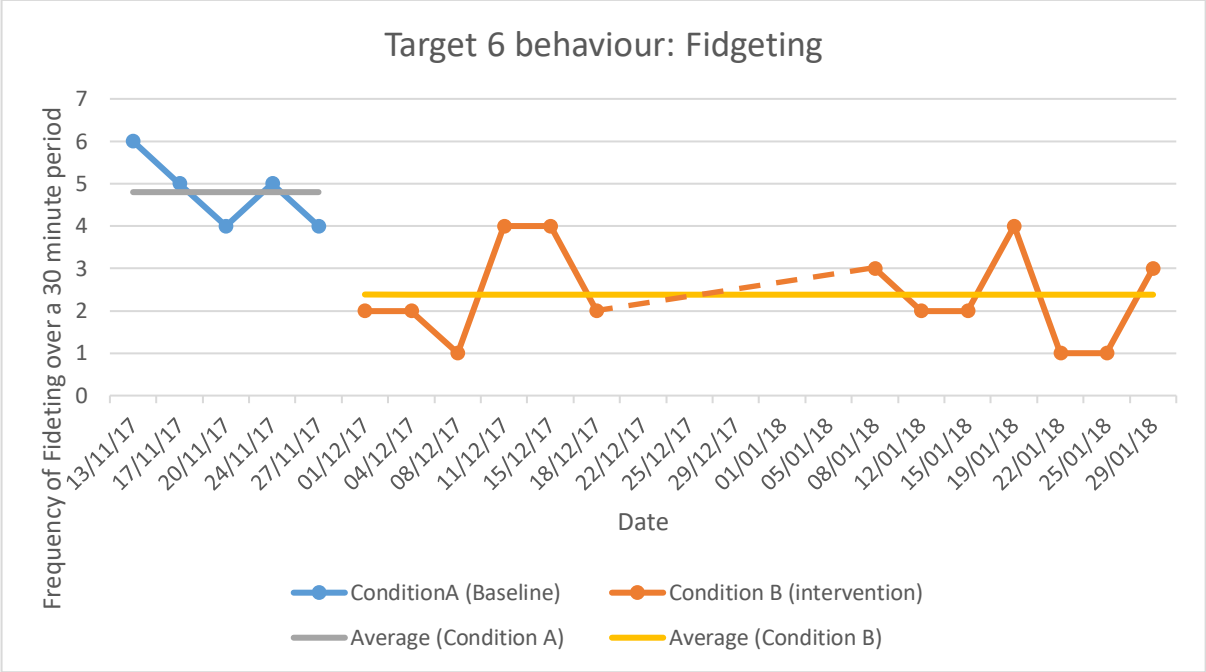


Figure 13: A line graph to show the frequency of Hayley "fidgeting" across both phases with mean lines.

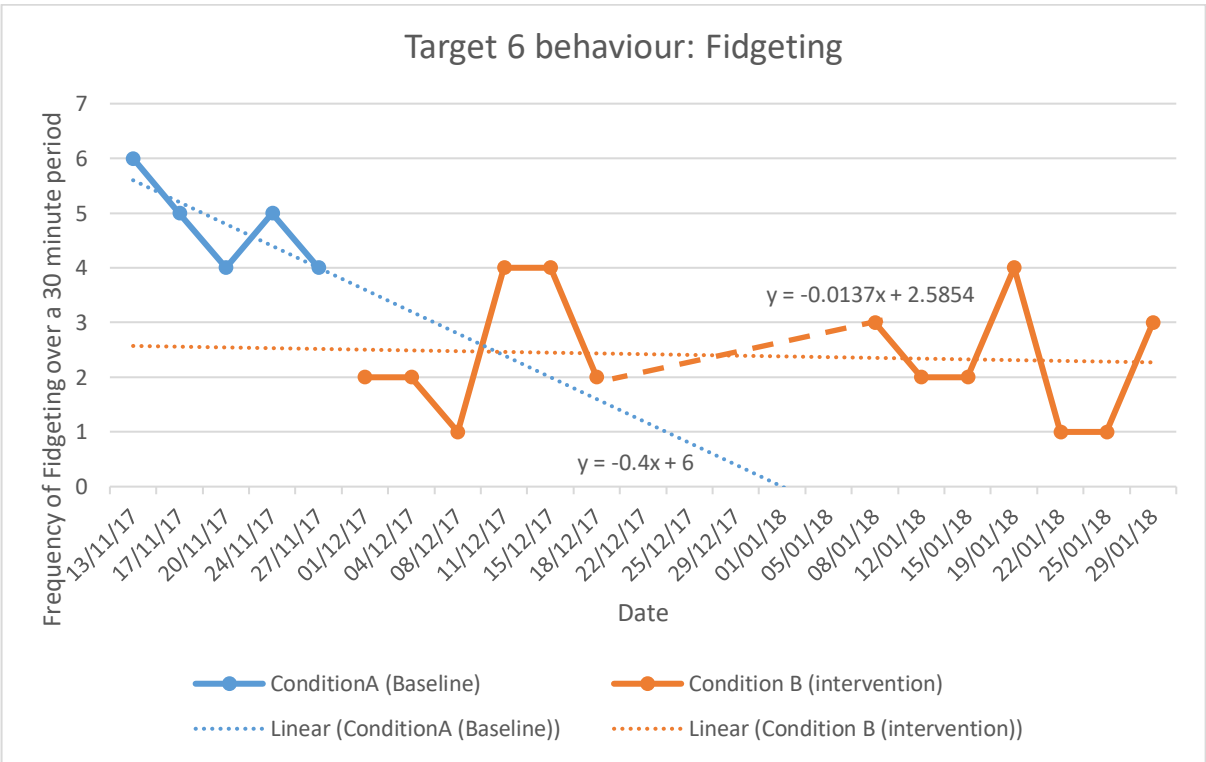


Figure 14: A line graph to show the frequency of Hayley "fidgeting" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 4.8 Intervention mean: 2.38
Variability	Baseline range: 2 standard deviation: 0.84 Intervention range: 4 standard deviation: 1.12
Trend	Baseline trend: -0.4 (deceleration) Intervention trend: -0.014 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 4.3 Mean of the first 3 intervention points: 1.66 Evidence of immediate effect.
Overlap	23% of the Intervention points overlap with the baseline.

Table 15: Visual analysis of Hayley "fidgeting"

Visual analysis of fidgeting

The visual analysis indicates that there was a decrease in Hayley fidgeting across both phases. Although the mean levels show a decrease in occurrences from 4.8 to 2.38 incidences, a steeper deceleration trend was noted in the baseline phase. The baseline, although short, was relatively stable (range = 2). As the baseline suggests that improvement was already being made, the researcher can therefore not attribute any differences seen as evidence of an intervention effect (Barlow & Hersen, 2002).

4.2.6.7. Summary of individual behaviours

Kratochwill et al., (2010) suggest that there should be at least three demonstrations (in level, variability, trends, the immediacy of effect or overlap) to show an effect. Following this criterion, the visual analysis of the individual behaviours indicated that an intervention effect was seen in "shouting out", "refusal" and "distracting peers". Although Hayley's fidgeting behaviour also demonstrated three of the five criteria, the decelerating baseline meant that the intervention could not be attributed to any changes seen. To better understand the impact the intervention had on Hayley's behaviour, an overall composite of her behaviours was created.

4.2.6.8. Visual analysis: Overall Targeted Behaviour

The following data offer a summary of Hayley's overall behaviour which is a composition of all target behaviours measures.

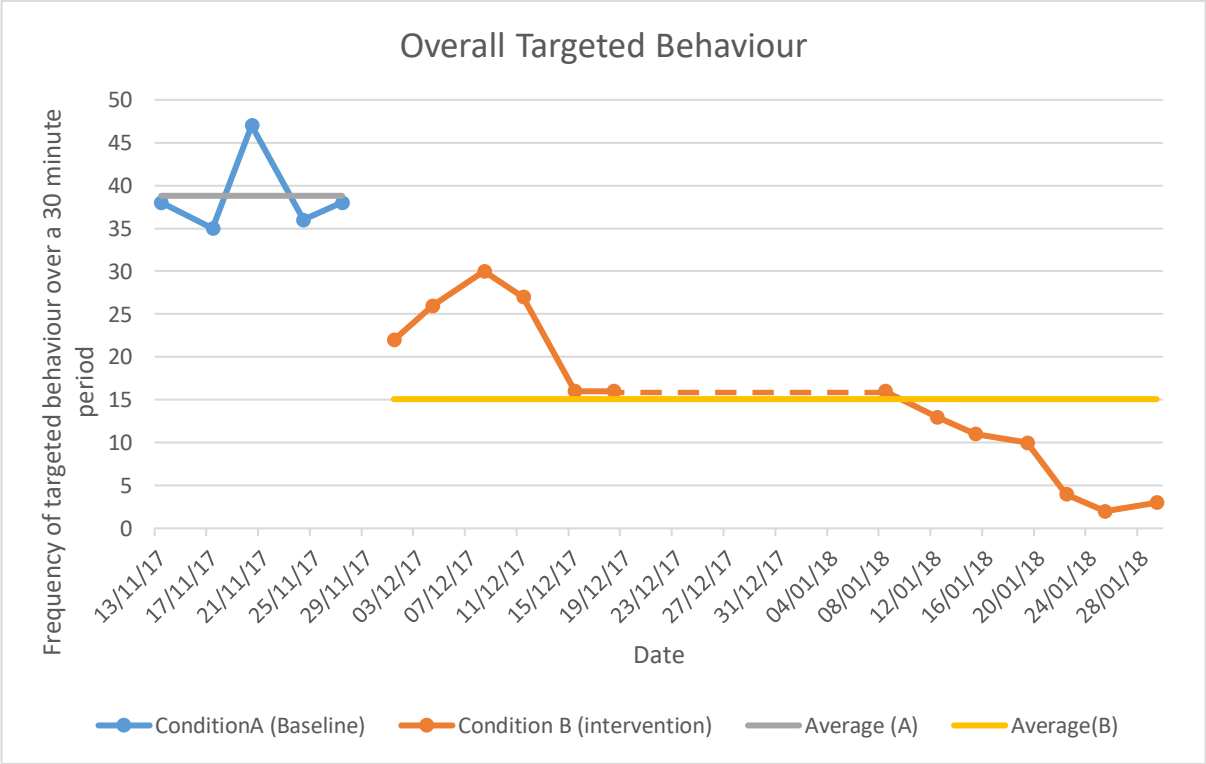


Figure 15: A line graph to show the composite of targeted behaviours across both phases with mean lines.

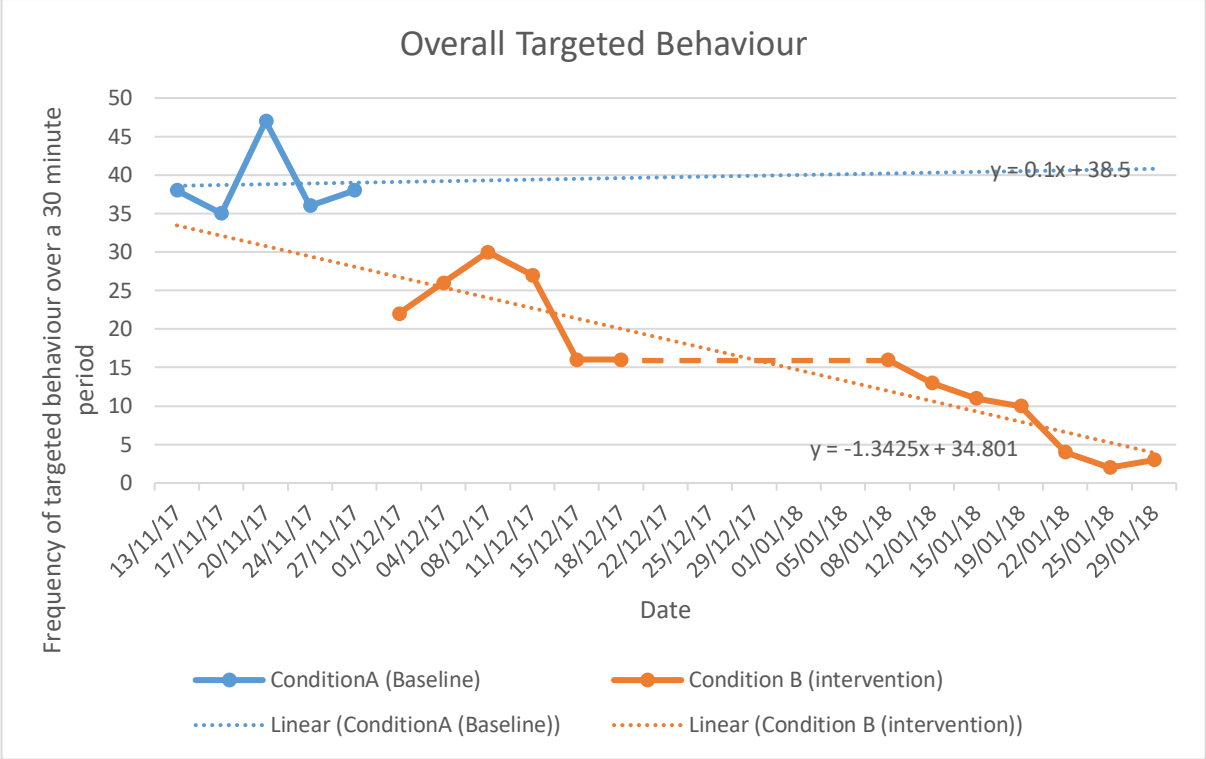


Figure 16: A line graph to show the composite of targeted behaviours across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 38.8 Intervention mean: 15.08
Variability	Baseline range: 12 standard deviation: 4.76 Intervention range: 28 standard deviation: 9.22
Trend	Baseline trend: 0.1 (slight acceleration) Intervention trend: -1.34(deceleration)
Immediacy of effect	Mean of the last 3 baseline point: 40.3 Mean of the first 3 data points: 26 Evidence of an immediate effect.
Overlap	13% of the intervention data points overlap with the baseline.

Table 16: Visual analysis of Hayley's overall targeted behaviour

Visual analysis summary – Overall targeted behaviour

The visual analysis indicates that there was an observable decrease in Hayley's overall disruptive behaviour across the intervention phase. The accelerating trend in the baseline phase indicates that without the implementation of the intervention Hayley's disruptive behaviour may have increased. The low amount of overlap, the difference in level and evidence of immediacy of effect are indicative of an intervention effect (Kratochwill et al., 2010). However, the reliability of the data is questioned as the baseline was short and unstable with a range of 12, above the 5% variance Sidman (1960) suggests.

4.2.6.9 Inter-Observer Agreement

The researcher and a TEP examined each of the graphs individually for each participant and each targeted behaviour. Using guidance provided by Friman (2009) and described in section 3.12.3, the IOA for Hayley was 91.6%.

4.2.7. Strengths and Difficulties Questionnaire

Goodman's Strengths and Difficulties Questionnaire (1997) was completed by Hayley's class teacher before and after the intervention. The questionnaire contains 25 items for which the teacher was asked to rate whether it was 'true', 'somewhat true' or 'not true' for Hayley. Scores that fall into Goodman's (1997) abnormal scores are shaded.

Information collected	**Total difficulties score**	**Emotional symptoms score**	**Conduct problem score**	**Hyperactivity scale**	**Peer problem scale**	**Pro-social scale**
PRE- (15-11.17)	27	4	7	10	6	3
POST (16.2.18)	19	3	5	7	4	5
Difference	-8	-1	-1	-1	-2	+2

Table 17: Teacher ratings of Hayley's behaviour using the SDQ (Goodman, 1997) before and after the consultations.

The results from the SDQ revealed a decrease in scores following the consultations. The largest difference is in peer problems and pro-social behaviours, with both scores moving from an "abnormal" score into the "borderline" range according to Goodman's (1997) scoring information. Hayley's total difficulties score decreased from 27 to 19. Goodman (1997) reported that a range of 17 to 40 indicates "abnormal difficulties", so Hayley's score post-intervention remained in that range, albeit at the lower end.

Hayley's class teacher was also asked to complete the Impact Supplement of the SDQ (Goodman, 1997). This section asks the teacher to rate the impact of the difficulties the child is experiencing according to the following ratings: 'not at all', 'only a little', 'quite a lot' and 'a great deal'. Scores that fall into Goodman's (1997) abnormal scores are shaded.

Information collected	Difficulties that upset or distress the child	Interfere with peer relationships	Interfere with classroom learning
PRE- (15-11.17)	2	2	2
POST (16.2.18)	2	1	2
Difference	=	-1	=

Table 18: Teacher ratings of Hayley's behaviour impact scores using the SDQ (Goodman, 1997) before and after the consultations.

Following the intervention, the teacher rated the difficulties upsetting Hayley and interference with classroom learning as remaining at the highest level 'a great deal', however, there was a decrease in rating of interference with peer relationships which the teacher rated as 'quite a lot' as opposed to 'a great deal' before the intervention.

4.2.8. Child Behaviour Rating Scale

Bronson et al.'s Child Behaviour Rating Scale (1990) was completed by Hayley's class teacher before and after the intervention. The questionnaire had 17 items for which 10 of the items refer to self-regulation and 7 of the items refer to social skills. Scores that fall below the expected mean are highlighted. (Bronson et al., 1990)

Information collected	**Self-Regulation (mean score)**	**Social Skills (mean score)**
PRE- (15.11.17)	2.3	2.43
POST (16.2.18)	2.8	3
Difference	+0.5	+0.57

Table 19: Teacher ratings of Hayley's scores on the Child Behaviour Rating Scale before and after consultation.

Bronson et al. (1990) use the benchmark self-regulation score of 2.9. Hayley's scores following the intervention remained below this benchmark mean, although it did increase to just below. Similarly, Hayley's social skills score pre- and post-consultation remained below the benchmark mean of 3.71. Nevertheless, the slight increase seen in both scores post-consultation appears to suggest there has been a change in Hayley's self-regulation and social skills.

4.2.9. Thematic Analysis

Separate interviews were held with Hayley (YP), her class teacher and school SENCO. The purpose of these interviews is to explore the factors underpinning the impact of the group consultation and consider staff views about the process. Interviews were also held with the child to understand whether she was aware of any changes at school. Thematic analysis was conducted according to the phases suggested by Braun and Clarke (2006). Extracts will be referenced as follows, depending on interviewee:

- Hayley (YP)
- Class teacher (CT)
- SENCO (S)

4.2.9.1. Inter-rater Agreement of Themes

In accordance with the process suggested by Joffe (2012) 20% of the total dataset was analysed by a second rater, an EP experienced in conducting thematic analysis. This procedure involved the second rater matching data extracts to themes and sub-themes developed by the researcher. Inter-rater agreement was 100%, well above the recommended level of 75% (Joffe, 2012). This suggests that the themes identified are a reliable demonstration of the excerpts within.

4.2.9.2. Themes Constructed from the Interview Data

Through familiarisation and coding of the data, three overarching themes and eight subthemes were identified from the interview data. Figures 17 to 19 below show these themes as thematic maps. In the following section, the themes will be discussed, according to the overarching themes.

4.2.9.3. Main theme 1: Relationships

Analysis of the interview data generated themes in relation to the development of relationships through increased pupil engagement with staff and the perceived improvement of the pupil-teacher relationship. It appears that consultations led to greater understanding of the child, allowing a better relationship to be built between key school staff and pupil. This is illustrated by a comment by the SENCO "*I have always felt we had an okay relationship but I think I understand her better now"* (S, 40).

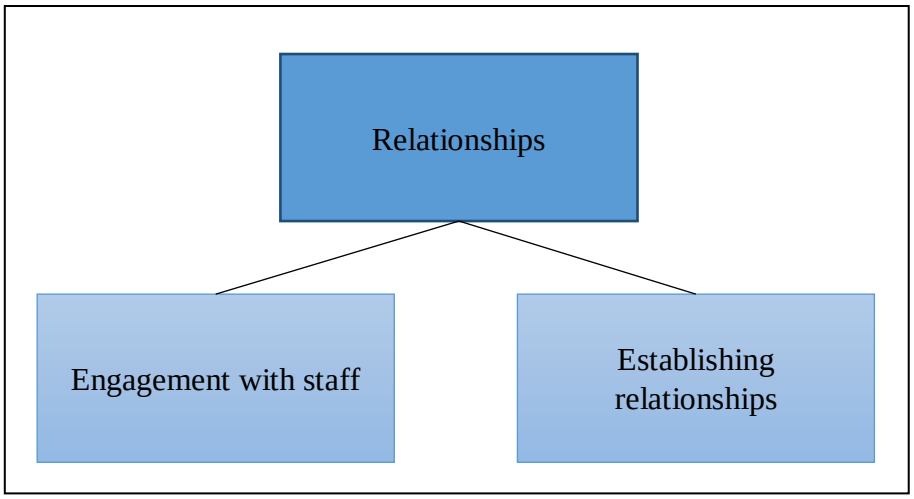


Figure 17: Subthemes for Relationships

Engagement with staff

The interviews made reference to changes that had occurred in Hayley's engagement with staff members, in particular in following instructions and listening to staff. The class teacher expanded on this saying "*She follows instructions quicker. We don't have to say her name all the time*" (CT, 52-53). Both the class teacher and the SENCO reported that they felt more "*patient*" (S, 26) and that they "*spent more time explaining things to her*" (CT, 55).

Establishing relationships

The interviewees felt that the consultations had impacted on their relationships. Both the SENCO and class teacher reported that the consultations had helped them understand Hayley's view and family life better. This is further illustrated through the SENCO's comment *"I understand her and her family better. I understand the situation, the home environment that she is living in and the challenges that she faces" (S, 42-43).* The class

teacher also reported that the process had allowed for trust to be developed between them: "S*he trusts me, like the thing of waiting 2 minutes, with another teacher she won't do that."* (CT, 71-72). The comments indicate that while the process appeared to have supported the development of a better relationship between school staff involved in the consultation with Hayley, the challenge is how to support the generalisation of these trusting relationships to other staff members outside the consultation process.

4.2.9.4 Main theme 2: Individual Changes

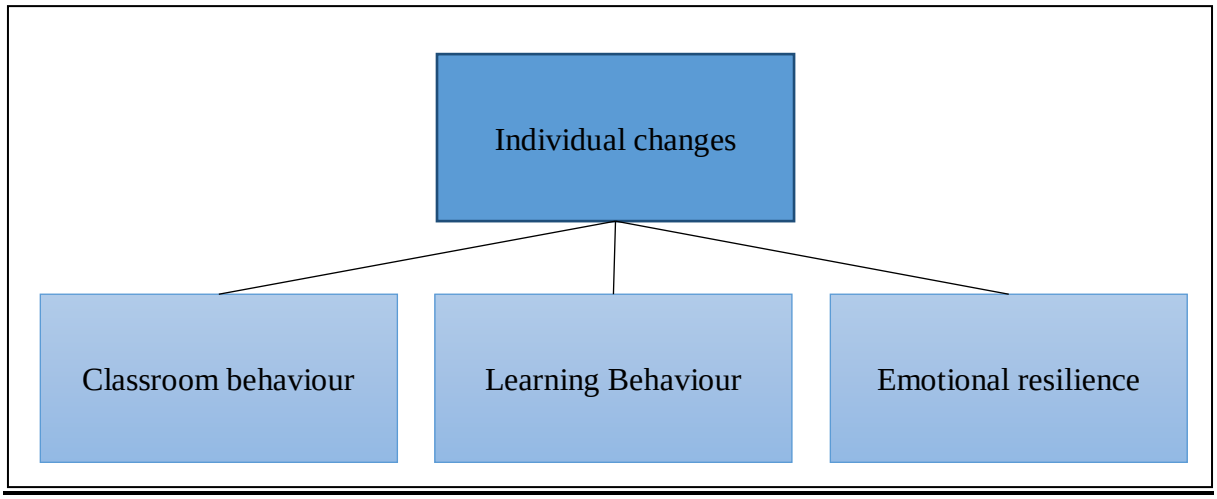


Figure 18: Subthemes for individual changes

The second overarching theme captured the perceived changes in behaviour which the interviewees noticed in Hayley following the group consultation. This included apparent differences in her classroom behaviour and correspondingly, in her willingness to undertake learning tasks and challenges. Three subthemes were devised which together describe individual changes noticed in Hayley following the conclusion of the consultation process.

Classroom behaviour

The interviewees described ways in which they felt that Hayley's classroom behaviour had changed. The school SENCO stated that "*her behaviour has been less challenging*" (S, 14-15). The class teacher made reference to the difference in Hayley's behaviour, explaining that before Christmas, there were almost daily instances of challenging behaviour but recently "*There have only been one or two*" (CT, 39). This was also reflected in the interview with Hayley who said "*It's a good week…. I haven't gone to see (SENCO) and not got told off*." (YP 39, 41).

Learning Behaviour

Data extracts indicate that changes were also noticed in Hayley's learning behaviour. The class teacher commented that "*There are days that she will more readily settle to do a piece of work and she has been more accepting of examples of putting her hand up and I said don't call out, put your hand up and I will come to you and she did*." (CT, 42-44).

The SENCO also noticed changes in Hayley's willingness to learn: "*She has stayed in class more. She's doing more work*" (S, 15).

Emotional resilience

Both the class teacher and SENCO made reference to the intervention helping Hayley's emotional resilience. For example, the SENCO commented that she is happier, calmer and copes better with certain challenges. This change was also reflected in the interview with Hayley: *"I had a little wobble when I got upset and didn't want to do my maths but I spoke to (CT) and she helped me do it.*" (YP, 48-49).

4.2.9.5. Main theme 3: Perceptions of Intervention Contents and Implementation

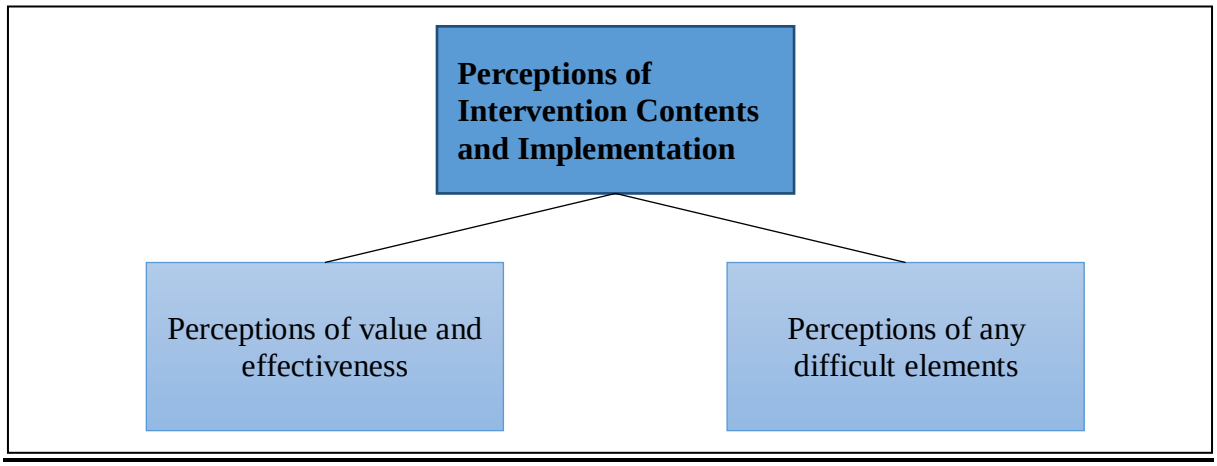


Figure 19: Perceptions of Intervention Contents and Implementation

This theme provides an insight into the interviewee's views about the intervention process and the elements which contributed to its outcomes, their enjoyment and any difficulties faced.

Perceptions of value and effectiveness

The group members interviewed perceived consultation as a useful opportunity to get together and problem solve. The SENCO elaborated on this commenting that it was a "*useful way of working. Having that time set aside to focus on her and discuss from different perspectives*" (S, 6-7). The class teacher commented that the process allowed for an *"opportunity to air my views and opinions, almost as a way of counselling for me as a teacher, to say what had happened and share"* (CT, 2-3). The class teacher explained that "e*veryone took an active role in the sessions which was really useful. We needed to work together to develop solutions"* (CT, 10-11). This indicates the class teacher's awareness of her role in the process and how this may affect the effectiveness of the consultation. Furthermore, the SENCO attributed value to the process, explaining that it *"has a huge impact on our confidence to meet her needs"* (S, 55-56).

Perceptions of any difficult elements

Data extracts also indicate that the time involved in attending the consultation was somewhat difficult for staff. The class teacher (CT, 13) commented that "*maybe committing the time involved*" was challenging. The class teacher's use of "maybe" suggests that she may be weighing the time costs of the consultation against the overall benefits.

4.2.10. Summary of Case Study 1's Findings

The single case experimental design measures show an overall reduction in target behaviour when compared to the baseline phase. In particular, there are steady decreases seen in levels of "refusal" and "making inappropriate noises". Both of these behaviours were highlighted as behaviours of concern by the class teacher before the data collection process began. The SDQ also indicates an 8-point decrease, to a level at the lower end of Goodman's (1997) "abnormal" score bracket. The CBRS (Bronson et al., 1990) shows a slight increase in Hayley's social skills and self-regulation, although not enough to have much of an impact on the overall standardised scores.

The thematic analysis suggests that school staff perceive the consultation to have had a positive effect. The group consultation seems also to help staff perceive improvements in relationships with Hayley and aspects of her behaviour. Underpinning this effect was improved relationships, child engagement with staff and improved emotional resilience for Hayley. Data extracts suggest that that staff feel Hayley is happier, more able to stay in class and complete work. For example, the SENCO commented: "*I think her behaviour has been less challenging. She has stayed in class more. She's doing more work. She seems happier.*" (S, 14-15). The adults interviewed shared that they felt the process provided an *"opportunity to air … views and opinions (*CT, 2-3) and to "*work together to develop solutions",* (CT, 11).

4.3. Case study 2

4.3.1. Child B Profile (Grace)

Gender: female Age: 7 years and 1 months Attends: School 2

Grace is in year 2 at a mainstream primary school. She has recently started at the school following a managed move. At her previous setting, there were concerns about challenging behaviour, learning and social communication. She has recently received a diagnosis of Autistic Spectrum Disorder. Grace lives with her mum, a single parent. Grace received five fixed term exclusions at the start of year two and was at risk of permanent exclusion. Grace is working around the same level as a child who is at the beginning of the reception year; she is not yet secure in recognising numerals 1-10 or reading and writing her initial sounds. Due to the disruption, she has experienced in her education so far, it is not yet clear whether this is due to a learning difficulty.

Grace was identified for the group consultation intervention to support her through the transition into the new school and provide her with support to manage her behaviour. At her previous setting, she was very disruptive in the classroom, had daily meltdowns and was physically aggressive towards adults and peers. Since starting in her current setting, her current class teachers reported that she was refusing to engage in learning tasks, distracting other children and throwing objects. This behaviour was reported to be at a lesser level than had been seen at her previous school. Previously, Grace has had access to a number of interventions and support including 15 hours of 1:1 support a week, nurture groups, individual timetables and behaviour charts. School staff described these as only resulting in time-limited improvements in behaviour.

Through discussion with Grace's class teachers, the following target behaviours were identified:

- Shouting Out
- Refusing to follow adult instructions
- Distracting peers
- Moving around the room

- Fidgeting

The behavioural observation form for Grace can be found in Appendix 20.

4.3.2. Overview of Consultations

Seven consultations were led by a TEP. The consultations were attended by:

- Grace's mum and family friend
- School SENCO
- Two Class Teachers (both teach jointly full-time)
- Teaching Assistant

Dates and details of the consultations can be found in Appendix 21.

4.3.3. Fidelity Observation

Three observations of the consultations were carried out by the researcher (consultation 2, 4 and 6). The observation checklist was used to check fidelity to the intended intervention and then to calculate a percentage of the composite time the TEP used techniques consistent with the eight phases of the group consultation approach outlined in section 3.6.

Consultation number	Percentage given	Comments
2	100%	
4	87.5%	Missing 'child's voice'
6	100%	

Table 20: A table to show the percentage of overall time where fidelity was shown to the intended intervention.

The fidelity check indicated that the TEP led the consultations with high concordance to the structure of consultation (mean of 95.8%).

4.3.4 Behavioural Observations

There were four baseline data points and sixteen data points across the intervention phase. There were seven dates within the intervention phase where observations were cancelled

due to school holiday, indicated on the graphs below by a dashed line. Four baseline observations were carried out, while this falls within the minimal recommendation by Kratochwill et al., (2012), time limitations meant that the researcher's ability to wait for a stable baseline to be established was limited.

4.3.5. Inter-rater reliability

Joint observations for Grace were carried out with the School SENCO three times (once during baseline and twice during the intervention) to enhance the reliability of the observational measures. Cohen's kappa coefficient (Cohen, 1960) was calculated for the observations as a way of providing inter-rater agreement. Across the joint observations, Cohen's Kappa ranged from 0.61 to 0.85 with a mean of 0.75. According to Landis and Koch's (1977) categories, this mean is indicative of a substantial level of agreement.

4.3.6. Visual Analysis

Graphs and visual analysis of each individual targeted behaviour will now be presented before giving a summary of her overall behaviour, consisting of a composite of each of the behaviours that were observed. Raw data can be seen in Appendix 22. Following this the pre- and post-data collected from Goodman's (1997) SDQ and the CBRS (Bronson, Goodson, Layzer & Love, 1990) is presented.

4.3.6.1. Visual Analysis for "shouting out" behaviour

This behaviour referred to any occasion whereby Grace called out without permission from a member of school staff.

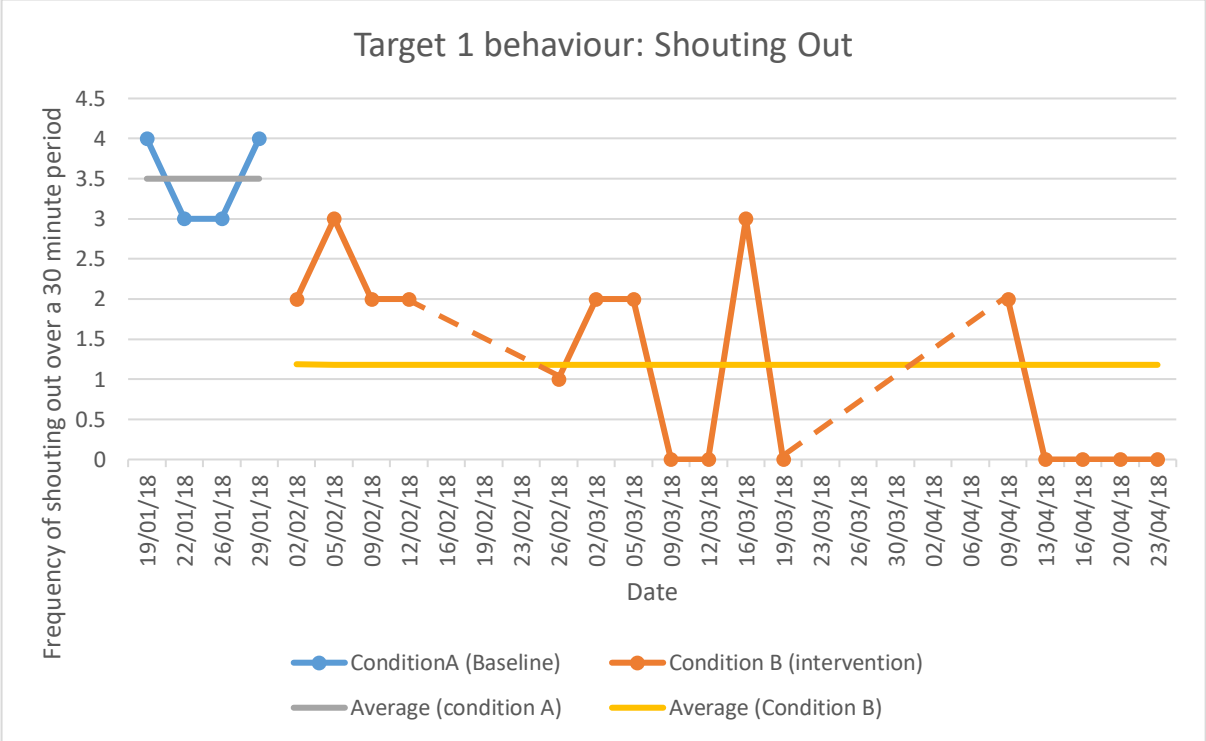


Figure 20: A line graph to show the frequency of Grace "shouting out" across both phases with mean lines.

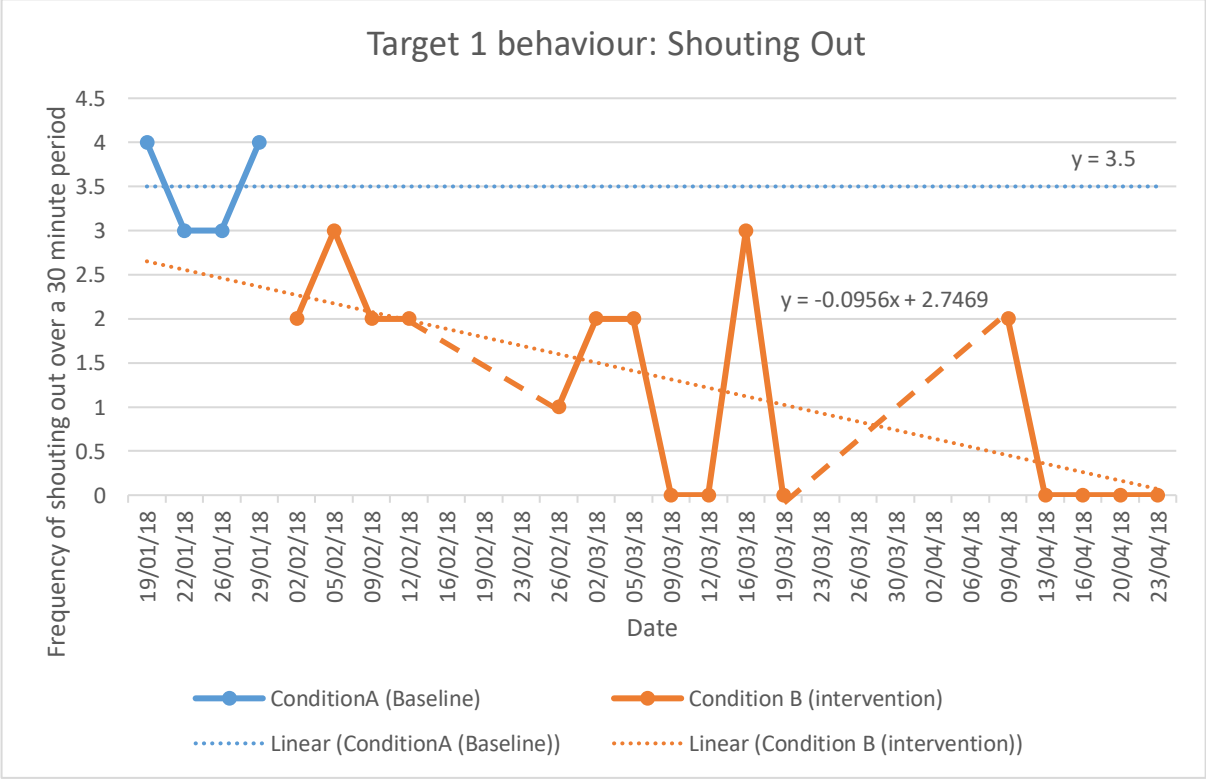


Figure 21: A line graph to show the frequency of Grace "shouting out" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 3.5 Intervention mean: 1.19
Variability	Baseline range: 1 standard deviation: 0.5 Intervention range: 3 standard deviation: 1.13
Trend	Baseline trend: 0 (neutral) Intervention trend: -0.096 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 3.3 Mean of the first 3 intervention points: 2.3 Evidence of immediate effect.
Overlap	12.5% (2 points) of the intervention points overlap with the baseline.

Table 21: Visual analysis of Grace's "shouting out" behaviour.

Visual analysis summary – "shouting out"

The visual analysis indicates that there is a slight decrease in the frequency of Grace shouting out across the intervention phase with the mean number of occurrences in the baseline phase being 3.5 and the mean in the intervention phase, 1.2. Although short, the baseline is relatively stable (range of 1). The baseline trend line offers a neutral baseline, while during the intervention phase, it shows a deceleration trend. The change in level, low variability, trend, evidence of an immediate effect and low overlap indicate an intervention effect (Kratochwill et al., 2010).

4.3.6.2. Visual Analysis for "refusal" behaviour

This behaviour was defined to be any occasion where she did not follow a direct instruction from a member of staff. A direct instruction was defined as an instruction given directly to Grace, either using her name or giving her a high level of eye contact and/or gesture.

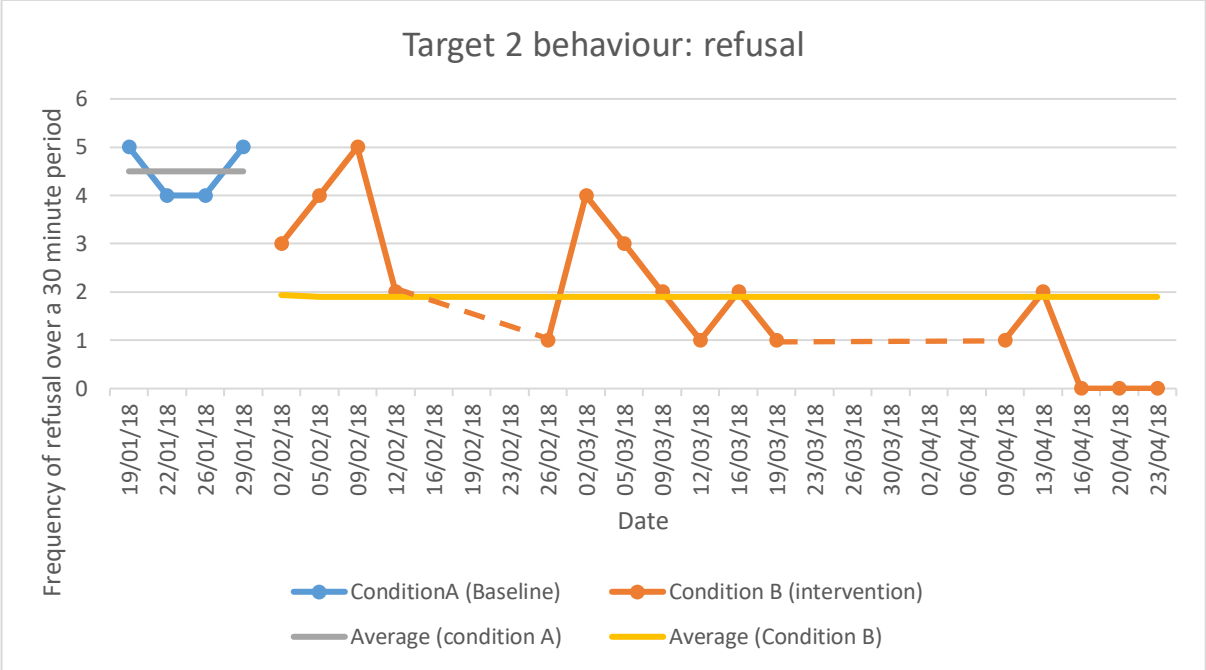


Figure 22: A line graph to show the frequency of Grace "refusing" across both phases with mean lines.

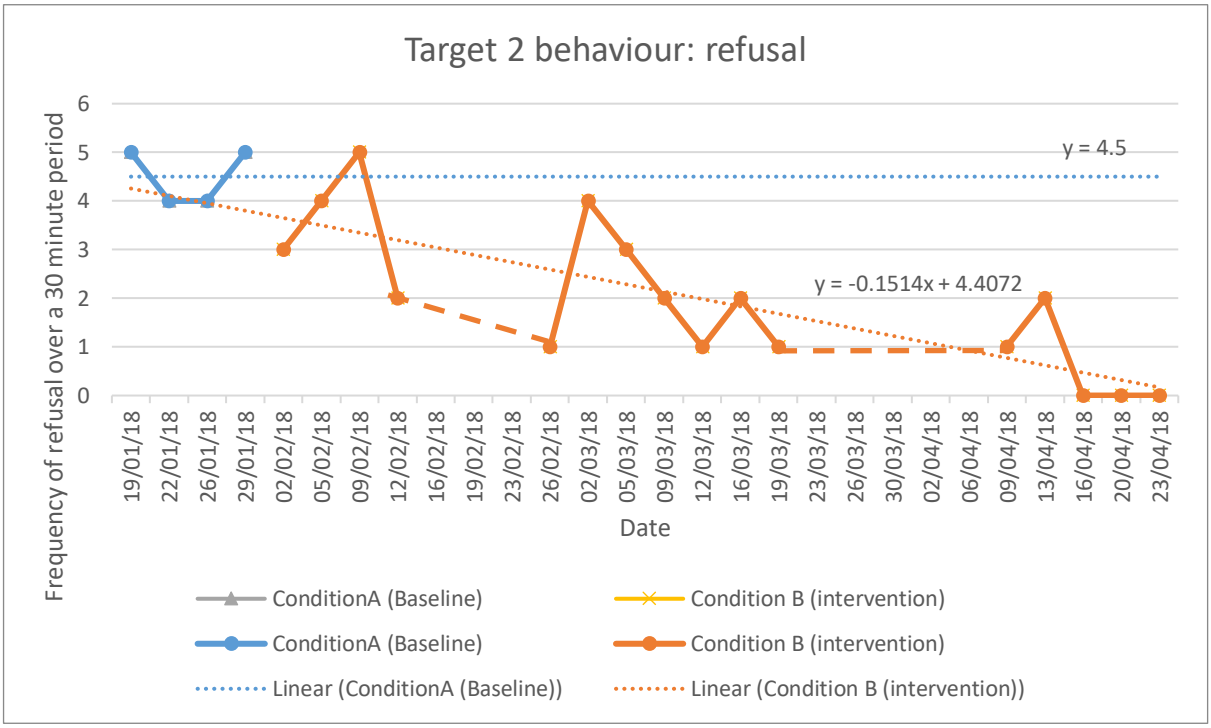


Figure 23: A line graph to show the frequency of Grace "refusing" both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 4.5 Intervention mean: 1.94
Variability	Baseline range: 1 standard deviation: 0.5 Intervention range: 5 standard deviation: 1.478
Trend	Baseline trend: 0 (neutral) Intervention trend: -0.1514 (deceleration)
Immediacy of effect	Mean of the last 3 baseline points:4.3 Mean of the first 3 intervention points: 4 No evidence of immediate effect.
Overlap	18.75% of the intervention points overlap with the baseline.

Table 22: Visual analysis of Grace's "refusal" behaviour.

Visual analysis summary – "refusal"

The visual analysis indicates that there is a decrease in the target behaviour of refusal across the intervention phase. The neutral trend in the baseline phase indicates that without the implementation of the intervention the frequency of Grace refusing in lessons may have stayed the same. The low variability in the baseline phase indicates a stable baseline (range of 1). There is no evidence of an immediate effect, with the frequency of the targeted behaviour decreasing, before increasing once more at the start of the intervention phase. According to Kratochwill et al., (2010), the low overlap, difference in trend, level and low variability is indicative of an intervention effect.

4.3.6.3. Visual Analysis for "moving around the room" behaviour

This target behaviour referred to any occasion where she moved around the room without speaking to a member of staff. For example, an incidence of Grace leaving her desk to collect a piece of equipment would not be counted, however, Grace walking around the room without a noticeable purpose in mind during lesson time would be counted.

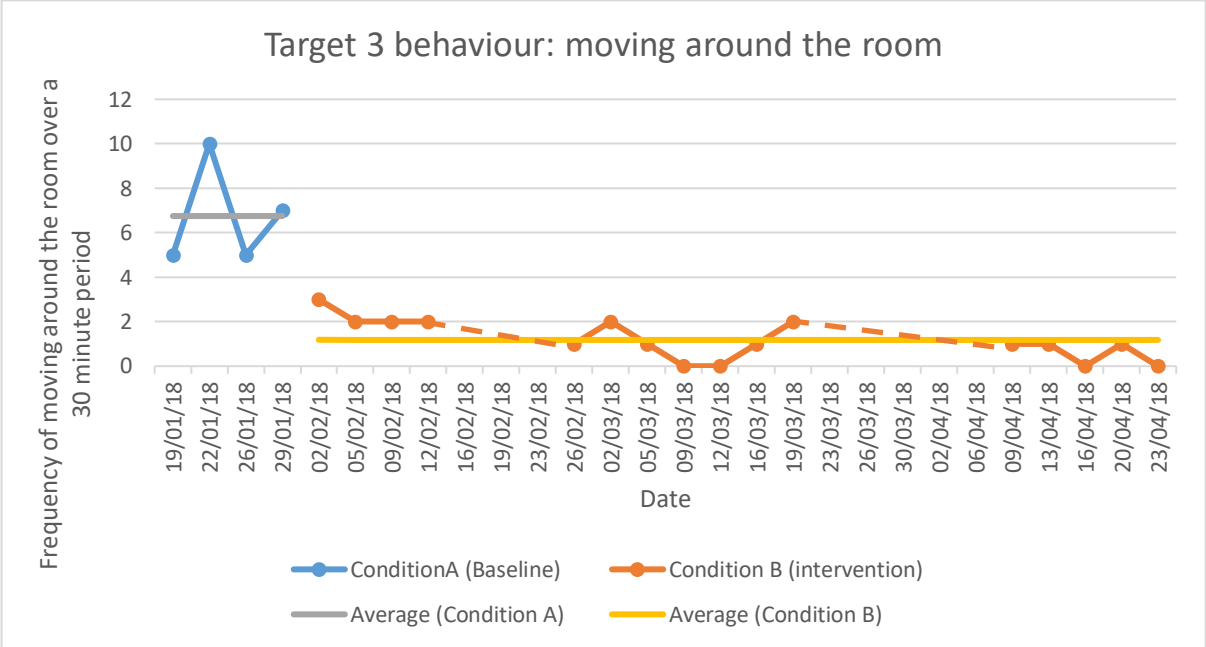


Figure 24: A line graph to show the frequency of Grace "moving around the room" across both phases with mean lines.

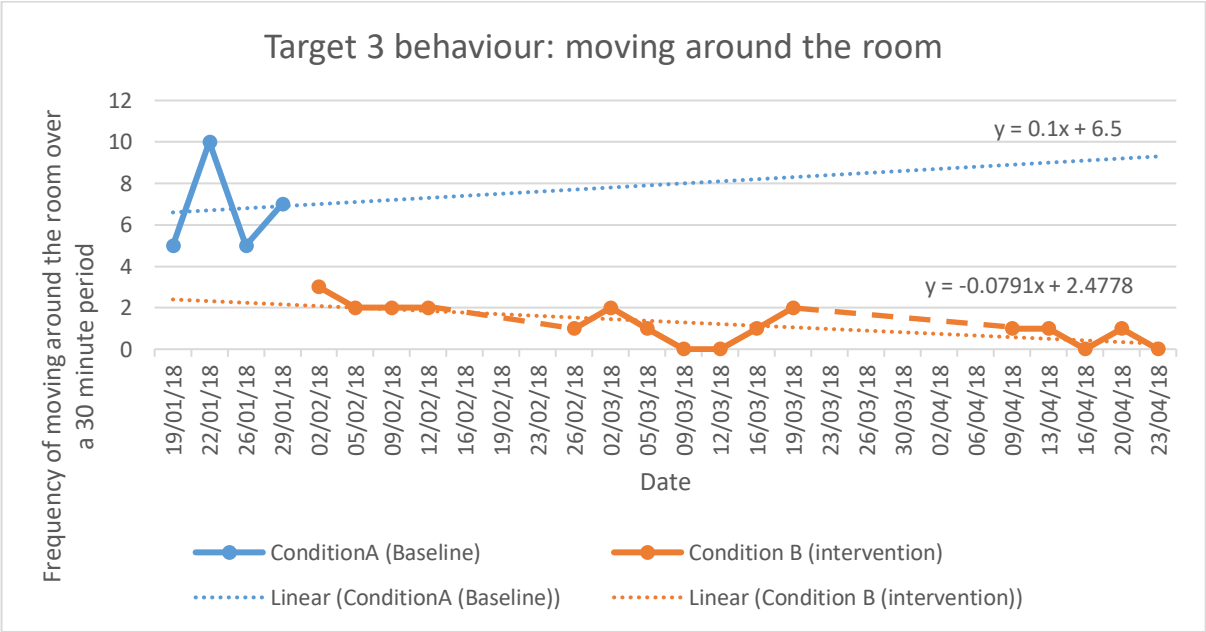


Figure 25: A line graph to show the frequency of Grace "moving around the room" both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 6.75 Phase B mean: 1.19
Variability	Baseline range: 5 standard deviation: 2.05 Intervention range: 3 standard deviation: 0.88
Trend	Baseline trend: 0.1 (slight acceleration) Phase B trend: -0.0791 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:7.3 Mean of the first 3 intervention points: 2.3 Evidence of immediate effect.
Overlap	50% of the data points in phase B overlap with the baseline.

Table 23: Visual analysis of Grace moving around the room.

Visual analysis summary – "moving around the room"

The visual analysis shows a decrease in the frequency of Grace moving around the room across the intervention phase. The accelerating trend in the baseline phase indicates that without the implementation of the intervention the frequency of Grace refusing in lessons may have increased. According to Kratochwill et al., (2010), the difference in level, trend and evidence of immediate effect is indicative of an intervention effect. However, the reliability of the data is compromised by the short and unstable baseline (range of 5).

4.3.6.4. Visual Analysis for "distracting peers" behaviour

This was defined as initiating conversations with peers during focus work, and/or for prodding or poking them to get their attention.

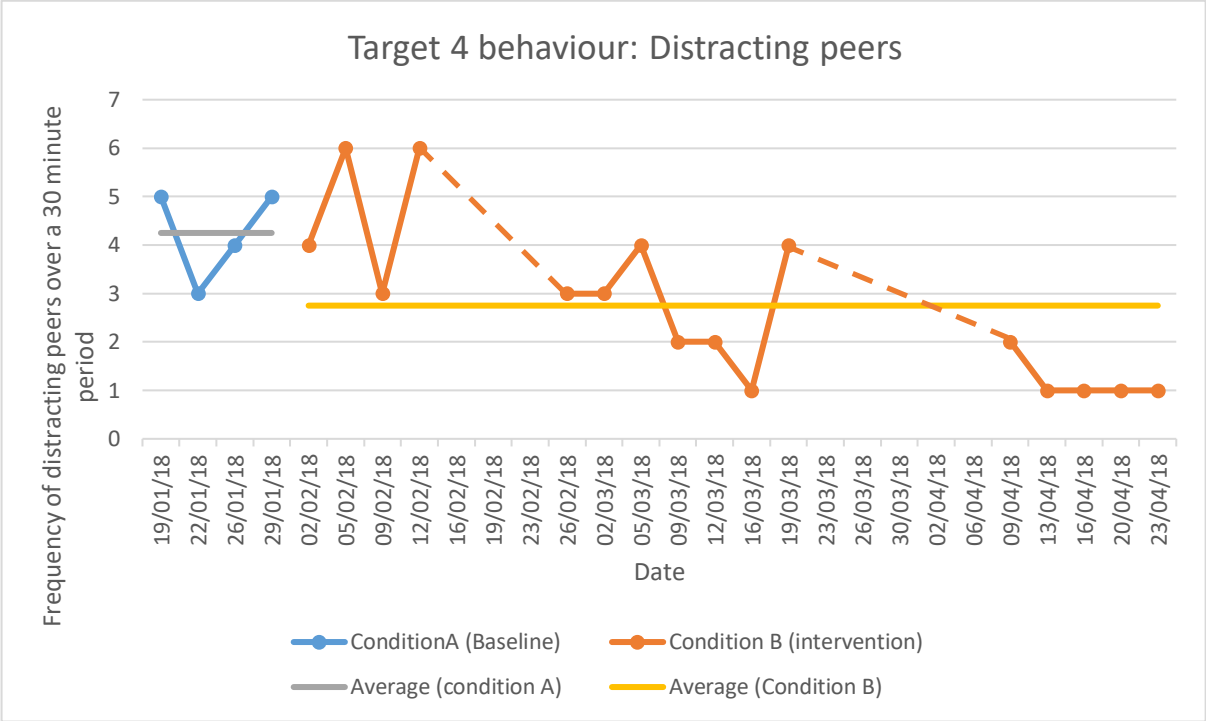


Figure 26: A line graph to show the frequency of Grace "distracting peers" across both phases with mean lines.

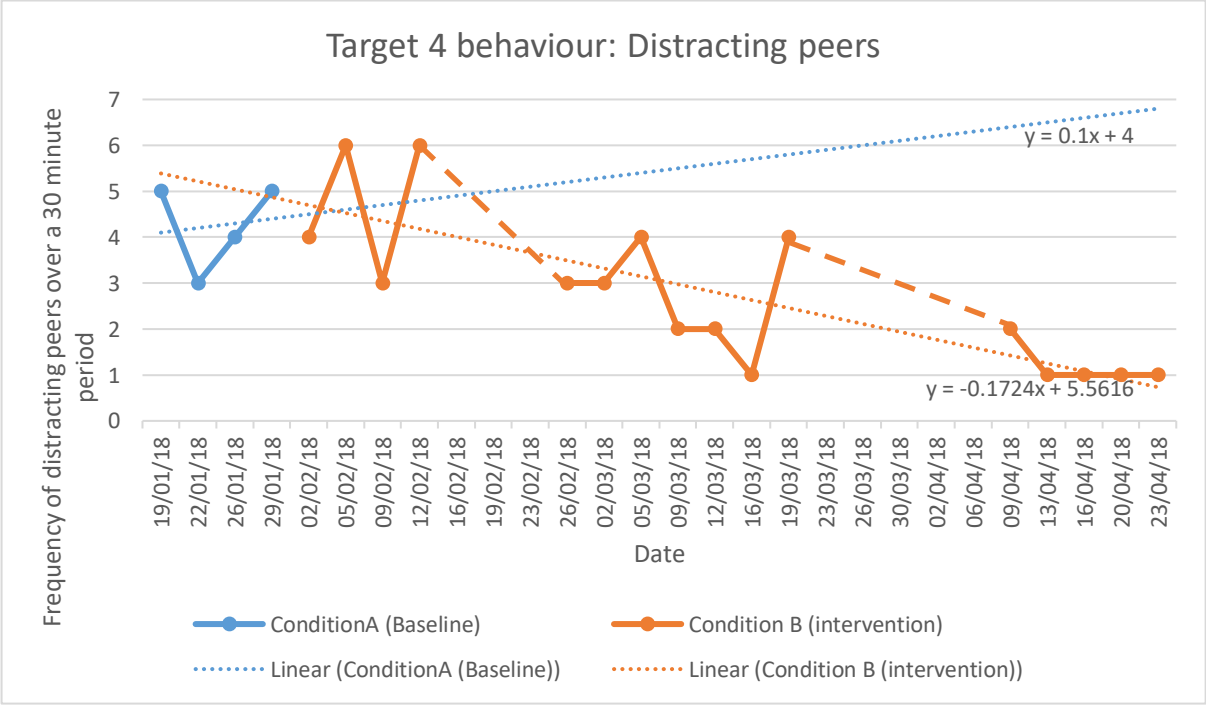


Figure 27: A line graph to show the frequency of Grace "distracting peers" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 4.25 Intervention mean: 2.75
Variability	Baseline range: 2 standard deviation: 0.83 Intervention range: 5 standard deviation: 1.64
Trend	Baseline trend: 0.1 (slight acceleration) Intervention trend: -0.172 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 4 Mean of the first 3 intervention points: 4.3 No evidence of immediate effect.
Overlap	50% of the intervention points overlap with the baseline.

Table 24: Visual analysis of Grace "distracting peers"

Visual analysis summary: "distracting peers"

The visual analysis indicates that there is a slightly decreasing trend in Grace distracting peers across the intervention phase. There is no evidence of an immediate effect, with the frequency of Grace's "distracting peers" behaviour increasing. The baseline was relatively stable with low variability (standard deviation of 0.83). According to Kratochwill et al., (2010), the high amount of overlap, high variability and no evidence of an immediate effect is indicative that there is no intervention effect.

4.3.6.5. Visual Analysis for "fidgeting"

This behaviour incorporated behaviours such as playing with equipment, despite being asked not to by school staff.

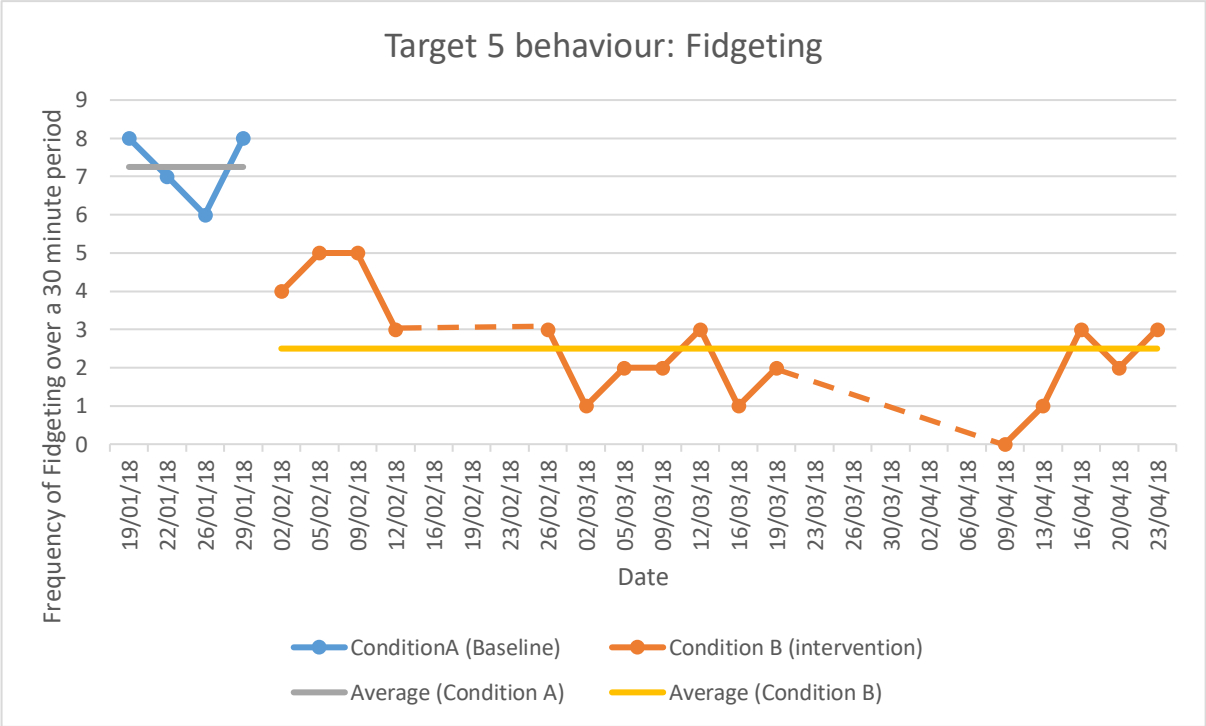


Figure 28: A line graph to show the frequency of Grace "fidgeting" across both phases with mean lines.

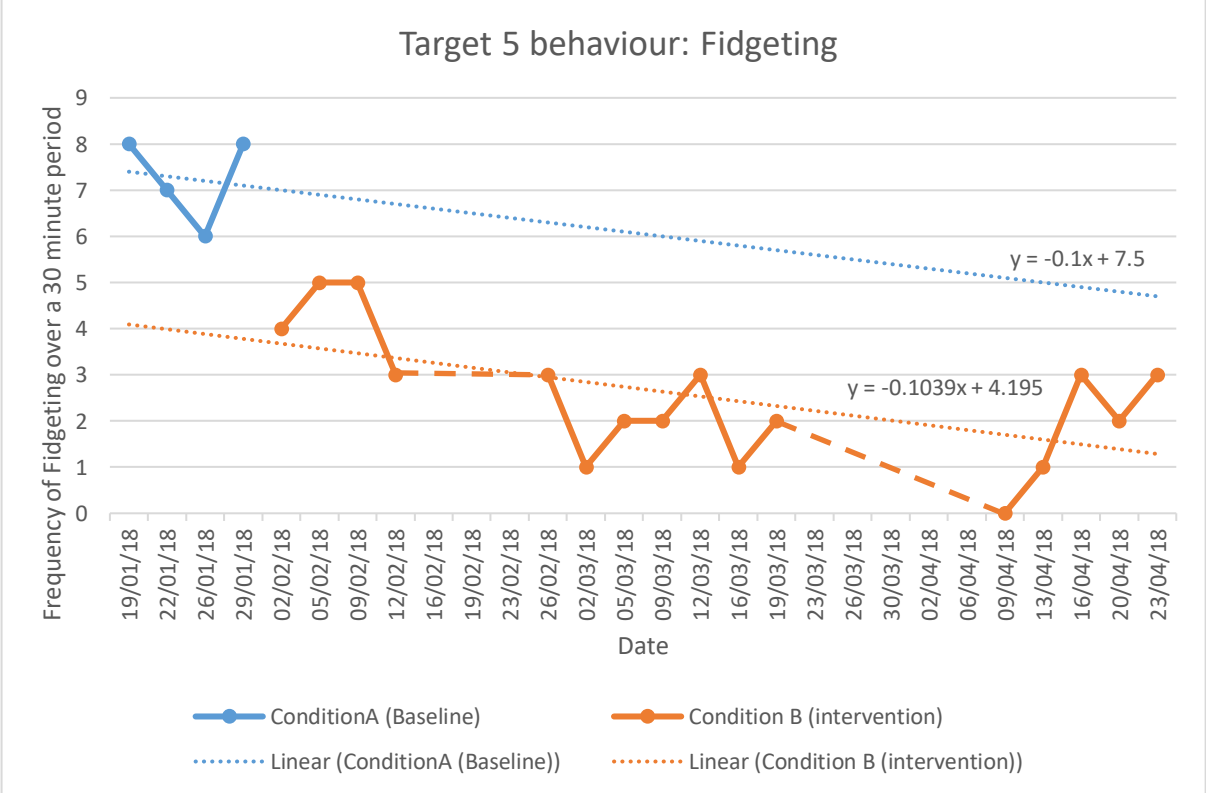


Figure 29: A line graph to show the frequency of Grace "fidgeting" both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 7.25 Intervention mean: 2.5
Variability	Baseline range: 2 standard deviation: 0.83 Intervention range: 5 standard deviation: 1.37
Trend	Baseline trend: -0.1 (slight deceleration) Intervention trend: -0.104 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 7 Mean of the first 3 intervention points: 4.6 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 25: Visual analysis of Grace "fidgeting"

Visual analysis summary – "Fidgeting"

The visual analysis indicates that there is a decrease in Grace "fidgeting" across both phases, although the deceleration in the intervention phase is slightly steeper. As there is already a deceleration in the baseline phase, the deceleration seen in the intervention phase cannot be attributed to the intervention.

4.3.6.6 Summary of Individual Behaviours

Kratochwill et al., (2010) suggest that there should be at least three demonstrations (in level, variability, trend, the immediacy of effect or overlap) to show an effect. Following this criterion, the visual analysis of the individual behaviours indicates that an intervention effect was seen in 'shouting out' and 'refusal'. Although Grace's 'fidgeting' behaviour also demonstrates three of the five criteria, the decelerating baseline means that the intervention could not be attributed to any changes seen. The data for Grace 'moving around the room' and 'distracting peers' is compromised by short and unstable baselines. To better understand the impact the intervention has had on Grace's behaviour, an overall composite of her behaviours was created.

4.3.6.7 Visual analysis: Overall Targeted Behaviour

The following data offer a summary of her overall behaviour which is a composition of all target behaviours measures.

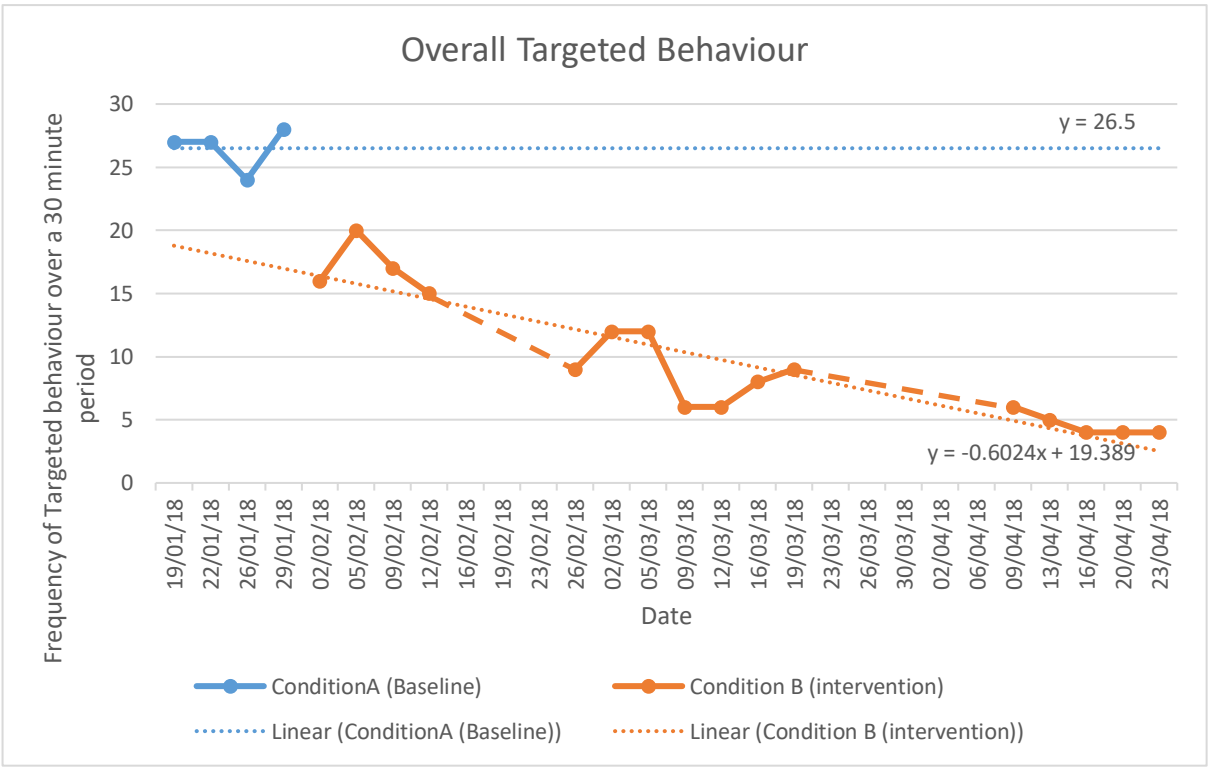


Figure 30: A line graph to show the composite of targeted behaviours across both phases with mean lines.

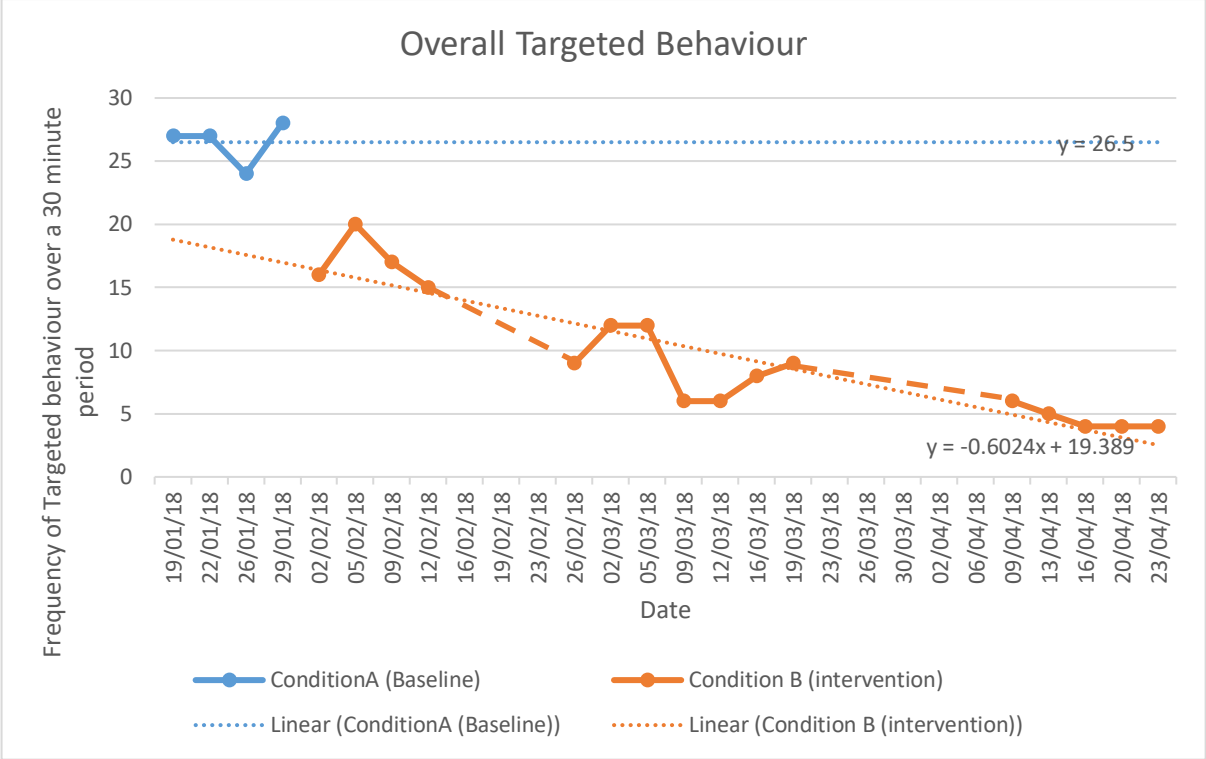


Figure 31: A line graph to show the composite of targeted behaviours across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 26.5 Intervention mean: 9.56
Variability	Baseline range: 4 standard deviation: 1.5 Intervention range: 16 standard deviation: 5.01
Trend	Baseline trend: 0 (neutral) Intervention trend: -0.6 (deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 26.3 Mean of the first 3 intervention points: 17.6 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 26: Visual analysis of Grace's overall targeted behaviour

Visual analysis summary – Overall targeted behaviour

The visual analysis indicates that there is an observable decrease in Grace's overall disruptive behaviour during the intervention phase. The neutral trend in the baseline phase indicates that, without the implementation of the intervention, Grace's disruptive behaviour may have stayed the same. There is a large decrease in the mean from the baseline phase of approximately 26.5 incidences to the intervention phase of 9.76 incidences per 30-minute observation. Although short, the baseline was relatively stable. According to Kratochwill et al., (2010), no overlap between phases, differences in level and trend, low variability and evidence of immediate effect is indicative of an intervention effect.

4.3.6.8 Inter-Observer Agreement

The researcher and a TEP examined each of the graphs individually for each participant and each targeted behaviour. Using guidance provided by Friman (2009) and described in section 3.12.3, the IOA for Grace was 95.2%.

4.3.7. Strengths and Difficulties Questionnaire

Goodman's strengths and Difficulties Questionnaire (1997) was completed by Grace's class teachers before and after the intervention. The questionnaire contains 25 items for which her teachers were asked to rate whether it was 'true', 'somewhat true' or 'not true' for Grace. In the below Table (27), scores that fall into Goodman's (1997) abnormal scores are shaded.

Information collected	Total difficulties score	Emotional symptoms score	Conduct problem score	Hyperactivity scale	Peer problem scale	Pro-social scale
PRE- (10.01.18)	12	1	0	9	2	5
POST (25.04.18)	30	9	4	10	7	3
Difference	+18	+8	+4	+1	+5	-2

Table 27: Teacher ratings of Grace's behaviour using the SDQ (Goodman, 1997) before and after the consultations.

When comparing the results from the pre-intervention SDQ scores to the post-intervention questionnaire, there was an increase in all the scores. With the exception of hyperactivity, the pre-scores were not within Goodman's "abnormal" range. The reason for this may have been due to Grace having only recently started at the school. This could either suggest that the pre-intervention scores obtained did not offer a correct representation of Grace's needs or that the intervention had made Grace's teachers more aware of her difficulties and therefore rated the post-intervention scores higher.

Grace's class teacher was asked to complete the Impact Supplement of the SDQ (Goodman, 1997). This section asks the teacher to rate the impact of the difficulties the child is experiences according to the following ratings: 'not at all', 'only a little', 'quite a lot' and 'a great deal'. Scores that fall into Goodman's (1997) abnormal scores are shaded.

Information collected	Difficulties that upset or distress the child	Interfere with peer relationships	Interfere with classroom learning
PRE- (10.01.18)	2	2	2
POST (25.04.18)	1	1	2
Difference	-1	-1	=

Table 28: Teacher ratings of Grace's behaviour impact scores using the SDQ (Goodman, 1997) before and after the consultations.

Following the intervention, the teacher rated the difficulties interfering with classroom learning as remaining at the highest level 'a great deal', however, there was a decrease in peer relationships and the impact on Grace which the teacher rated as 'quite a lot' as opposed to 'a great deal' before the intervention.

4.3.8. Child Behaviour Rating Scale

Bronson et al.'s Child Behaviour Rating Scale (1990) was completed by Grace's current class teacher before and after the intervention. The questionnaire had 17 items for 10 of the items referred to self-regulation and 7 of the items referred to social skills. Scores that fall below the expected mean are highlighted. (Bronson et al., 1990)

Information collected	Self-Regulation (mean score)	Social Skills (mean score)
PRE- (8.12.17)	2.1	3
POST (25.04.18)	2.1	2.4
Difference	=	-0.4

Table 29: Teacher ratings of Grace's scores on the Child Behaviour Rating Scale before and after consultation.

Bronson et al. (1990) report that the benchmark self-regulation score is 2.9. Grace's scores pre- and post the consultations fell below this benchmark and there is no change in the score given. Grace's mean social skills score pre- and post the consultation were below the benchmark mean of 3.71. The score given actually decreased slightly, this may be due to the reasons described above about the SDQ scores (section 4.3.7).

4.3.9. Thematic Analysis

Separate interviews were held with Grace and both her class teachers (job share). The purpose of these interviews is to consider the group member views of the group consultation and explore the potential impact of the process. Interviews were held with the child to understand whether the child was aware of any changes. Thematic analysis was conducted according to the phases suggested by Braun and Clarke (2006) as outlined in chapter 3. Extracts will be referenced as follows, depending on interviewee:

- Grace (YP)
- Class teacher (CT1)
- Class teacher (CT2)

4.3.9.1 Inter-Rater Agreement of Themes

In accordance with the process suggested by Joffe (2012), 20% of the total dataset was analysed by a second rater, an EP with previous experience of thematic analysis. This procedure involved the second rater matching data extracts to themes and sub-themes developed by the researcher. Inter-rater agreement was 95% which is above the recommended level of 75% (Joffe, 2012). This suggests that the themes are a reliable demonstration of the excerpts within.

4.3.9.2. Themes Constructed from the Interview Data

Through familiarisation and coding of the data, three overarching themes and eight subthemes were identified from the interview data. Figures 32 to 34 below show these themes as thematic maps. In the following section, the themes will be discussed according to the overarching themes.

4.3.9.3. Main theme 1: Relationships

Analysis of the interview data revealed developing relationships to be a key theme. It appears that consultations led to a greater understanding of the child, allowing a better relationship to be built between staff and pupil and between staff and parents. This is illustrated by the class teacher's observation: *"I feel like I know her now. And a lot of that has come from learning about her outside of her classroom and having those conversations."* (CT1, 53-55).

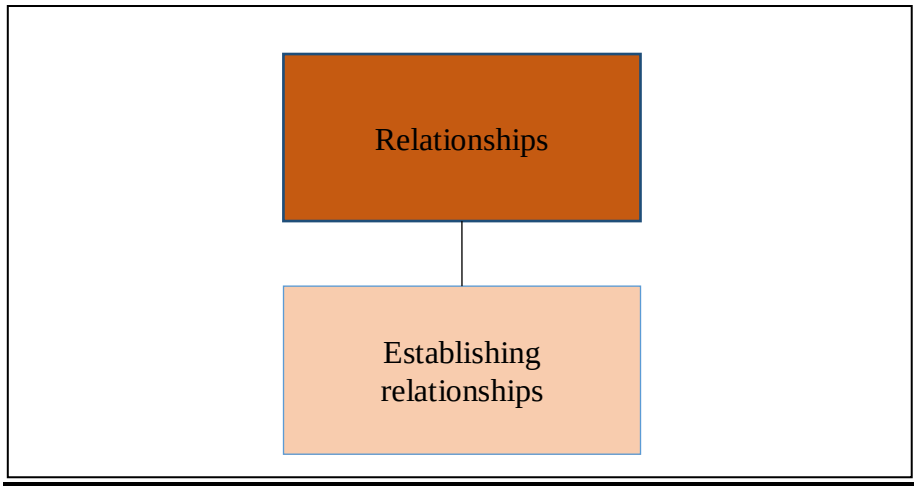


Figure 32: Subtheme for relationships

Establishing relationships

The interviewees commented that the consultation process had allowed for better relationships to develop with Grace but also with her parent. This is illustrated by Grace's class teacher who commented: *"I feel it has been a good way to establish a relationship with mum which we would not have normally have had with other children in the past when they start with us."* (CT2, 3-5) The interviewees also noted that their relationships with Grace improved after the onset of the consultations: "*I feel like I know her now"* (CT1, 53). The establishment of a relationship between Grace and class teachers was also reflected in the interview with Grace, who said: "*They are helpful to me and I like them."* (YP, 19).

4.3.9.4. Main theme 2: Individual Changes

The second overarching theme related to the perceived changes that had occurred for Grace, during the period of the consultation. This included her integration within the classroom and correspondingly, improvements in her classroom behaviour and willingness to undertake learning tasks and challenges. Three subthemes were developed to describe the individual changes noticed in Grace's behaviour following the conclusion of the consultation process.

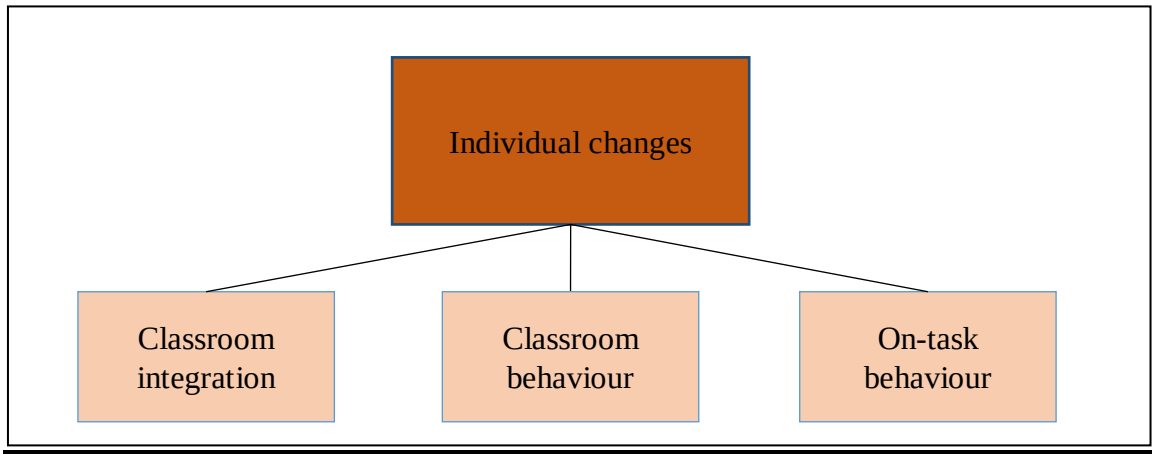


Figure 33: Subthemes for individual changes

Classroom Integration

Extracts from the interviews highlight how Grace integrated within the school during the period of the consultation: *"She has settled in well, from where she came from to now especially."* (CT1, 31). One of the class teachers also made reference to the fact the increased support they put in place for Grace was beginning to be removed as she settles: "*Lots of scaffolding has been taken away and the expectations are higher. She now comes all day"* (CT1, 37-38). In addition, comments were made about how the knowledge about Grace gained from the consultation, contributed to how she has settled: *"We have known more about the impact at home and sort of how her settling in has affected home"* (CT2, 33-34). Reflections indicating how she feels she has settled was also offered by Grace: *"My first school wasn't okay. Now I am here, I like this school. It's really good. It makes me happy."* (YP, 21-22).

Classroom Behaviour

Data extracts from the interviews show that while there have been some noticeable improvements in Grace's behaviour, there is also a perception of an increase in defiance:

"S*he is more responsive. But she is also a bit more resistant to doing things that she does not want to do. Now that she is comfortable, she does show some stroppiness"* (CT1, 22-24). As her teacher explained, this increase may have come about as a result of the Grace being more comfortable in the classroom. Grace reported that, compared to her old school where she might have thrown things, she now speaks to her teacher: *"At my old school sometimes I got angry and threw things. Now if I get a little bit angry I just tell my teacher, they help me. I don't throw things anymore or leave the room."* (YP, 26-28).

On-task behaviour

Data extracts indicate that changes were noticed in Grace's on-task behaviour. The class teacher commented that "*She is much more engaged with school, she is more aware of what is expected"* (CT1, 27). Moreover, Grace was said to be more involved in her own learning: *"She is participating in learning, and in group activities a lot more. She's more focused"* (CT2, 20-21).

4.3.9.5. Main theme 3: Perceptions of Intervention Contents and Implementation

This theme provided an insight into the interviewee's views about the intervention process and the elements which contributed the interventions effectiveness, their enjoyment and any difficulties.

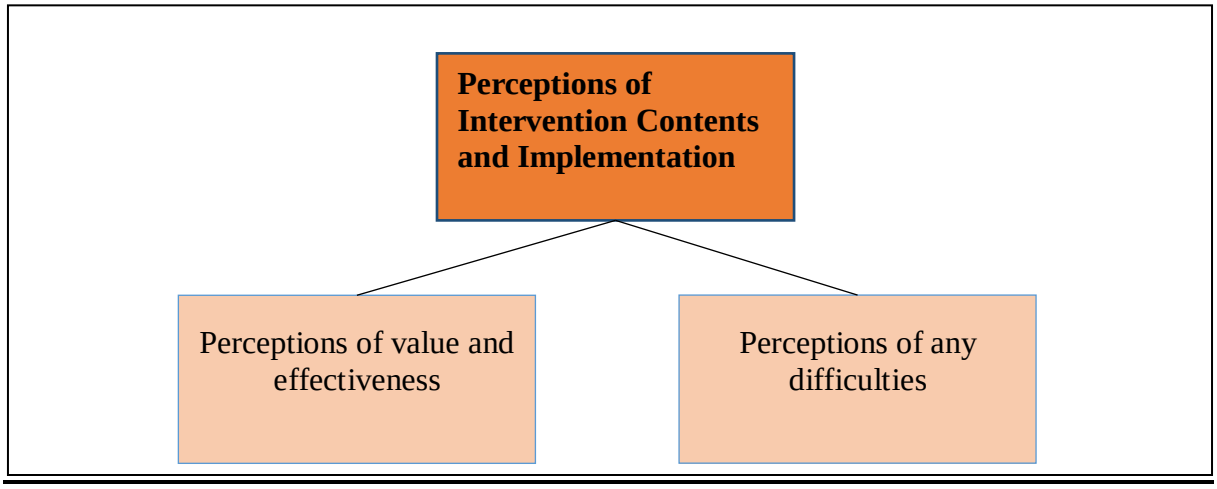


Figure 34: Subthemes for Perceptions of Intervention Contents and Implementation

Perceptions of value and effectiveness

Data extracts indicate that the class teachers interviewed found the process "*effective … in communicating messages"* (CT1, 8-9). Both teachers reported that the process enabled them to develop *"greater understanding of what life is like at home for (child) and seeing the start of those behaviours"* (CT1, 6-7). The class teacher went on to explain that "*because our understanding of her needs has increased and we have come up with strategies to help her, that's supported her as well in her development and in her learning"* (CT1, 48-50). This indicates, that for the teacher, the process has had an impact on Grace.

Perceptions of any difficult elements

Both interviewees highlighted that the time taken to participate in the process was a hindering factor. Extracts from the interview with CT1also indicated that part of the process was quite "mum-directed" which she felt made the process more time-consuming. Though, later in the interview, CT1 stated that "*because mum has been involved that has affected mum's understanding of the situation about how she deals with (child). So that's had an impact at home and she brought that to school*" (CT1, 44-46). This suggested that although part of the consultations was focussed on home, the class teacher also recognised the value in this.

4.3.10. Summary of Case Study 1's Findings

The single case experimental design measures show an overall reduction in disruptive behaviour when compared to the baseline phase. Decreases are particularly seen in the frequency of aggressive behaviour and moving around the room. The SDQ (Goodman, 1997) and the CBRS (Bronson et al., 1990) do not show a decrease in behaviours measured from pre- to post-intervention.

The thematic analysis suggests that school staff perceive the consultation to have had a positive effect. Underpinning this effect was establishing relationships between home and school and supporting child integration and improved on-task behaviour in lessons. Data extracts discussed indicate that Grace is happier, more settled and engages more in work. For example, her class teacher commented: "*She is calmer now and she listens mo*re" (CT2, 23-24). The key teaching staff commented that the development of communication between home and school relationships was key to the process.

4.4. Case Study 3

4.4.1. Child C Profile (Rob)

Gender: male Age: 6 years and 9 months Attends: School 3

Rob is in year 2 at a mainstream infant school. He is working at expected levels in maths and working slightly below in reading and writing. Rob lives with his mum, stepdad and younger siblings. There has been social care involvement for the last two years. Rob was identified for the group consultation intervention due to frequent disruptive behaviour in the classroom and being at risk of permanent exclusion. According to his class teacher, Rob is very challenging in the classroom with frequent aggressive behaviours, leaving the room and refusing to engage in learning tasks. Since starting in year two, he has received six fixed-term exclusions for aggressive behaviour. He is currently on a part-time timetable. Previously, Rob has accessed a number of interventions to manage his behaviour including weekly access to a learning mentor, social skills groups and an individual behaviour chart. According to school staff, these have only resulted in minimal or time-limited improvements in behaviour.

Through discussion with Rob's class teacher, the following target behaviours were identified:

- Shouting Out
- Aggressive behaviour
- Refusing to follow adult instructions
- Distracting peers
- Absconding
- Moving around the room

The behavioural observation form for Rob can be found in Appendix 23.

4.4.2. Overview of Consultations

Four consultations were led by an EP. Four consultations were cancelled due to illness and poor weather. Due to EP availability only two of these were rescheduled. Dates and details of the consultations can be found in Appendix 24.

The consultations were attended by:

- Rob's mum
- Rob's dad
- School SENCO
- Class teacher
- Head Teacher
- Teaching Assistant

4.4.3. Fidelity Observation

The researcher observed three group consultations (consultation 1, 3 and 4). The observation checklist was used to check fidelity to the intended intervention. The observation checklist was used to calculate a percentage of the composite time the EP used techniques consistent with the eight phases of the group consultation approach outlined in section 3.6.

Consultation number	Percentage given (of eight phases)	Comments
1	87.5%	Missing 'child's voice'
3	75%	Missing 'child's voice and too brief a discussion of "theory generating".
4	75%	Missing 'child's voice and limited discussion on the current situation.

Table 30: A table to show the percentage of overall time where fidelity was shown to the intended intervention.

The fidelity check found that the EP led the consultations with standard concordance to the structure of consultation expected (mean of 79.2%).

4.4.4. Behavioural Observations

There were three baseline data points and seventeen data points across the intervention phase. There were seven dates within the intervention phase where observations were cancelled due to school holiday, indicated on the graphs below by a dashed line. Due to time limitations, only three baseline observations were carried out which limited the researcher's ability to wait for a stable baseline to be established, however this is still at the lower end of the range suggested by Kratochwill et al., (2012).

4.4.5. Inter-Rater Reliability

Joint observations for Rob were carried out with the School SENCO three times (once during baseline and twice during the intervention) to enhance the reliability of the observational measures. Cohen's kappa coefficient (Cohen, 1960) was calculated for the observations as a way of providing inter-rater agreement. Across the joint observations, Cohen's Kappa ranged from 0.59 to 0.85 with a mean of 0.63. According to Landis and Koch's (1977) categorises this mean as indicating a substantial level of agreement.

4.4.6. Visual Analysis

Graphs and visual analysis of Rob's behaviour will now be presented, beginning with individual targeted behaviours. Following this is a summary of the individual behaviours and a composite graph of the overall targeted behaviours. Following this will be the pre- and post-data collected from Goodman's (1997) SDQ and the CBRS (Bronson, Goodson, Layzer & Love, 1990). Raw data can be seen in Appendix 25.

4.4.6.1. Visual Analysis for "shouting out" behaviour

This behaviour was defined as any situation where Rob called out without permission from a member of school staff and not at the same time as another peer.

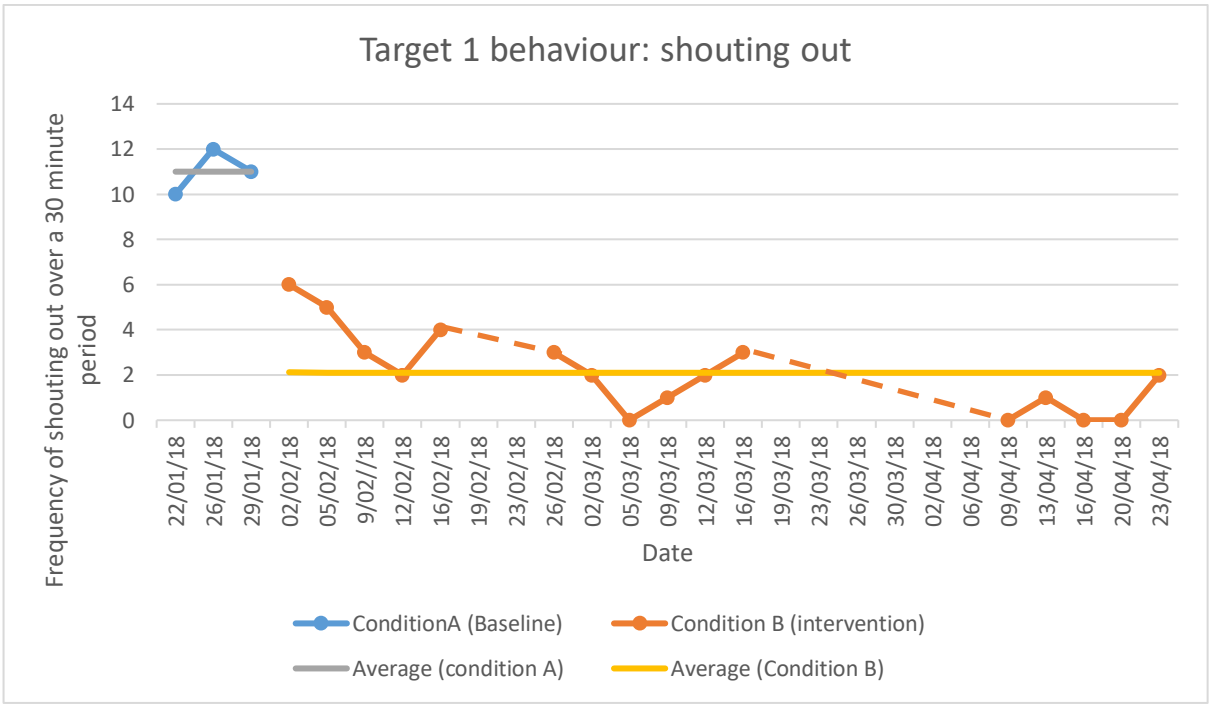


Figure 35: A line graph to show the frequency of Rob "shouting out" across both phases with mean lines.

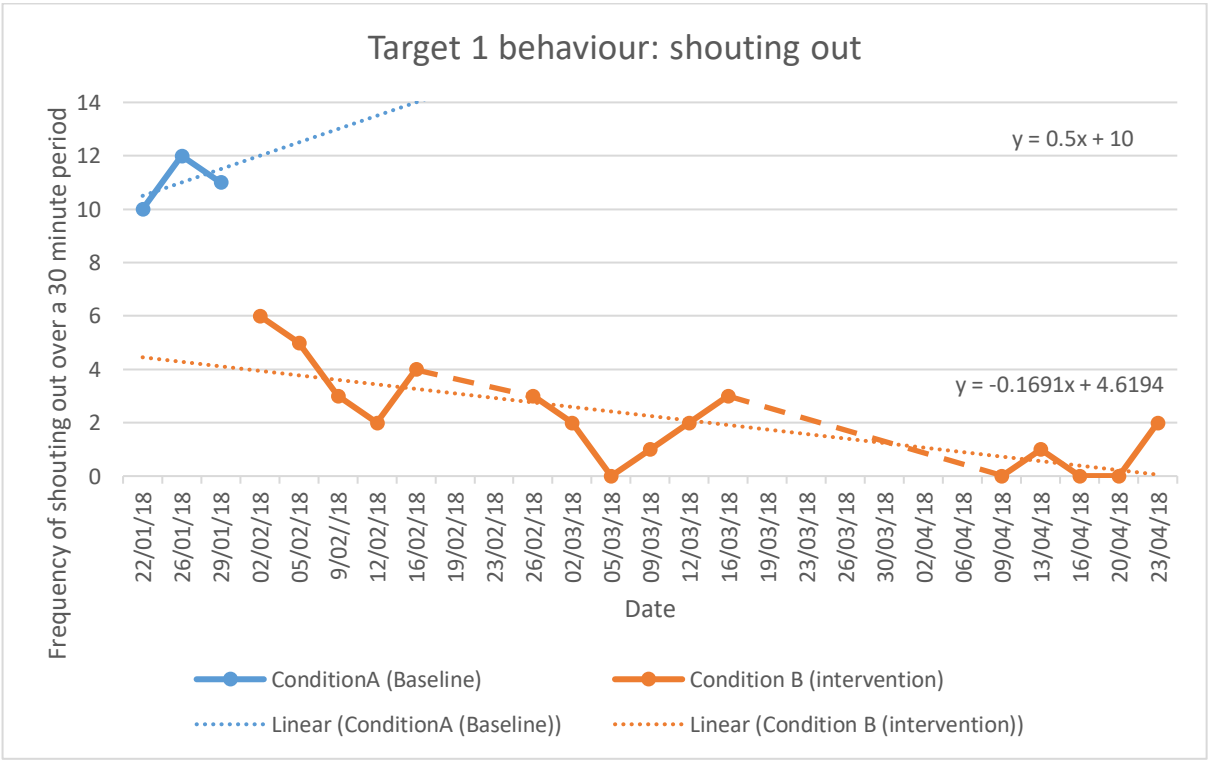


Figure 36: A line graph to show the frequency of Rob "shouting out" across both phase with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 11 Intervention mean: 2.1
Variability	Baseline range: 2 standard deviation: 0.94 Intervention range: 6 standard deviation: 1.76
Trend	Baseline trend: 0.5 (acceleration) Intervention trend: -0.1691 (deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 11 Mean of the first 3 intervention points: 4.6 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 31: Visual analysis of Rob shouting out

Visual analysis summary – 'shouting out' behaviour

The visual analysis indicates that there is a slight decrease in the frequency of Rob shouting out across the intervention phase. The accelerating trend in the baseline phase indicates that without the implementation of the intervention Rob's disruptive behaviour may have increased. Although short, the baseline is relatively stable (range of 2). According to Kratochwill's (2012) criteria, the low amount of overlap, the difference in level and trend and evidence of immediate effect are indicative of an intervention effect.

4.4.6.2. Visual Analysis of "aggressive behaviour"

For Rob, this referred to any behaviour where he was physically or verbally aggressive towards peers, adults or objects.

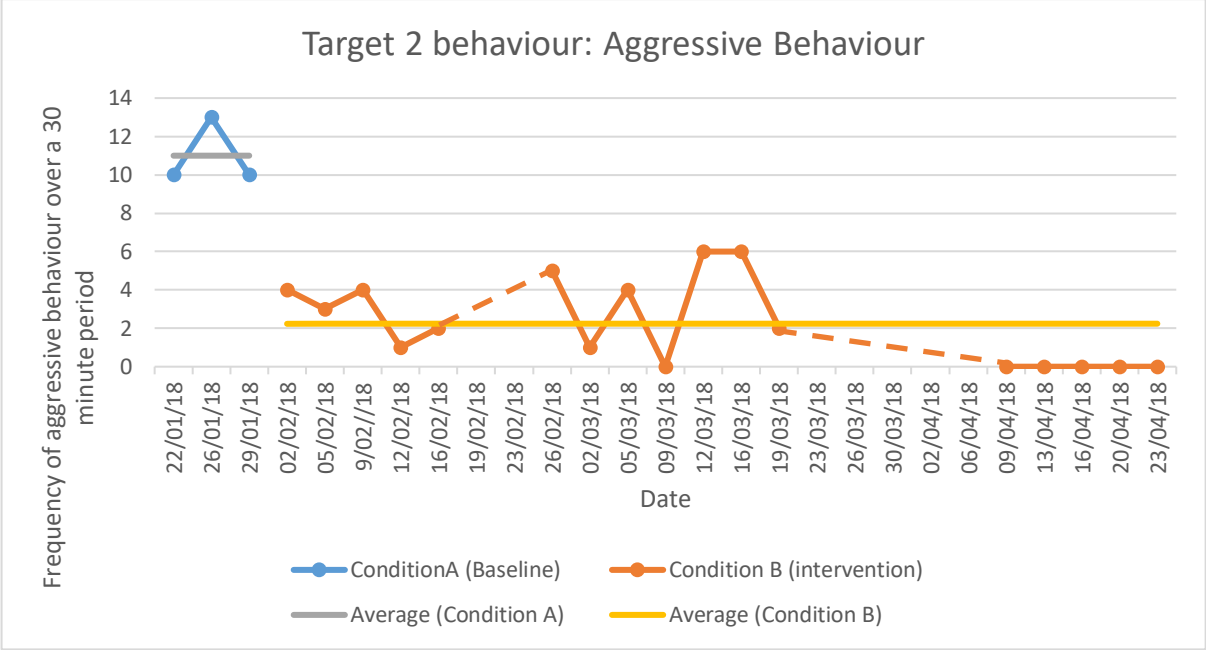


Figure 37: A line graph to show the frequency of Rob's "aggressive behaviour" across both phases with mean lines.

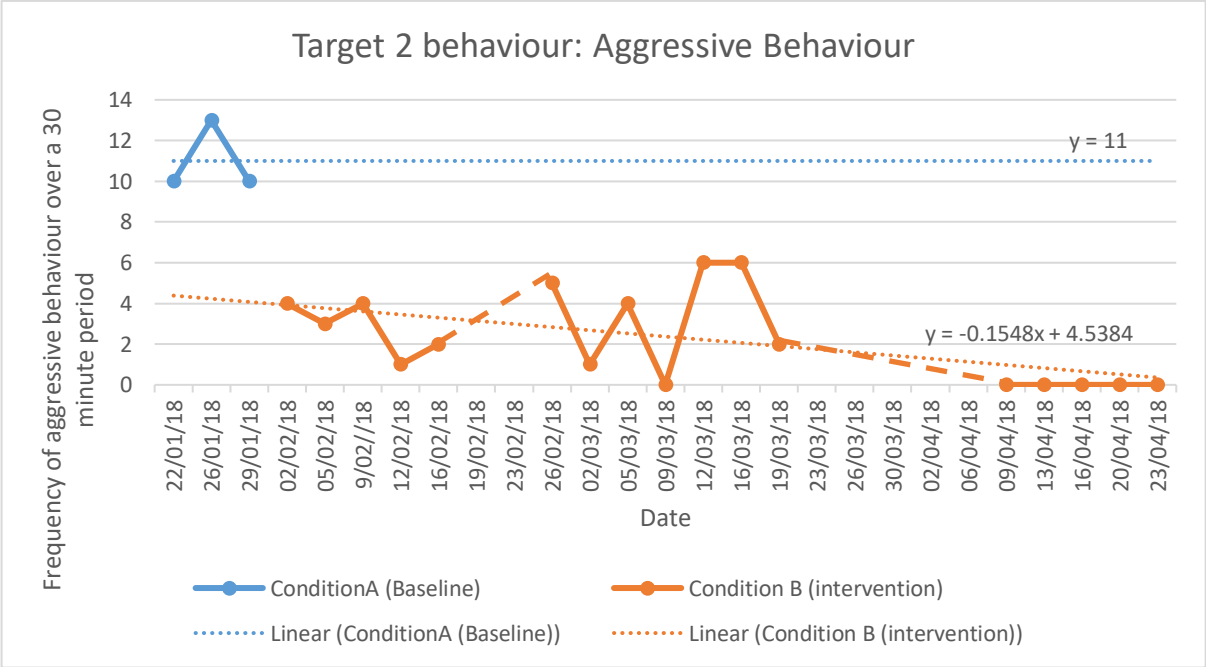


Figure 38: A line graph to show the frequency of Rob's "aggressive behaviour" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 11 Intervention mean: 2.24
Variability	Baseline range: 3 standard deviation: 1.41 Intervention range: 6 standard deviation: 2.15
Trend	Baseline trend: 0 (neutral) Intervention trend: -0.1548 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 11 Mean of the first 3 intervention points: 3.6 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 32: Visual analysis of Rob's "aggressive behaviour"

Visual analysis summary – "aggressive behaviour"

The visual analysis of the targeted behaviour for Rob shows a decrease in the frequency of this behaviour in the intervention phase. The neutral trend in the baseline phase indicates that the frequency of Rob's aggressive behaviour, without the implementation of the intervention, may have stayed the same. This behaviour was seen in all three of the baseline observations, however, for the last five observations of the intervention, no behaviour that fell in this category was seen. According to Kratochwill's (2012) criteria, the low amount of overlap, the difference in level and trend and evidence of immediate effect are indicative of an intervention effect. However, the reliability of the data is compromised by the short and unstable baseline (range of 3).

4.4.6.3. Visual Analysis for "refusal" behaviour

"Refusal" was defined to be any occasion where he did not follow a direct instruction from a member of staff. A direct instruction was defined as an instruction given directly to Rob, either using his name or giving him a high level of eye contact and/or gesture.

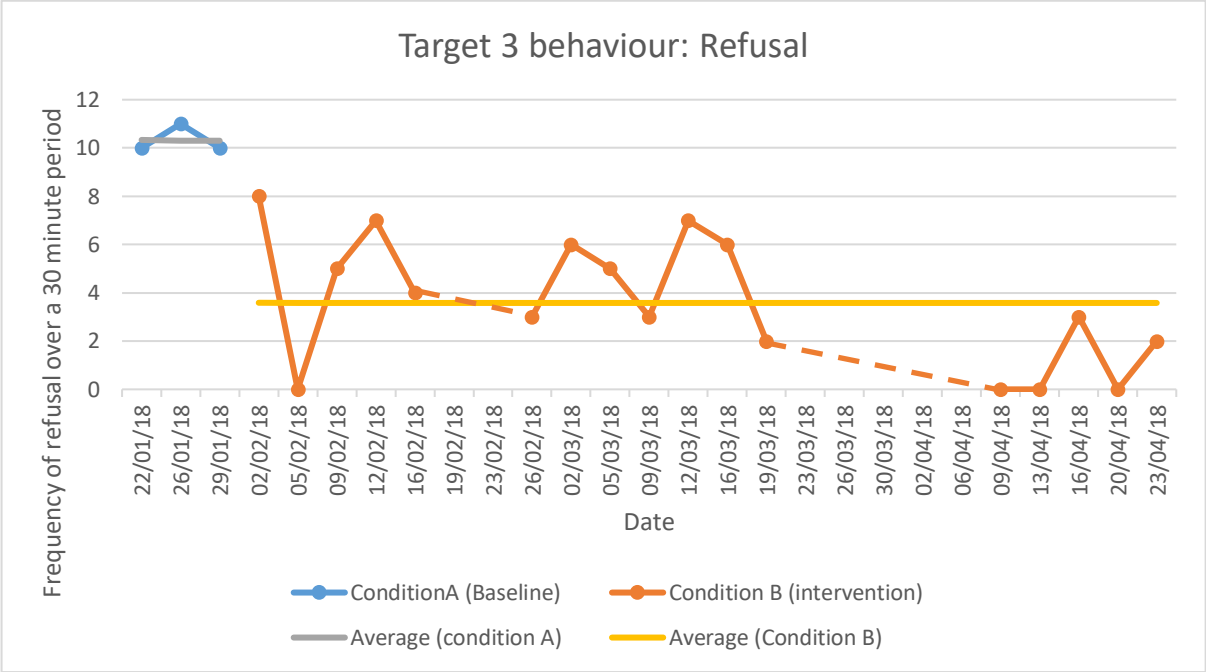


Figure 39: A line graph to show the frequency of "refusal" across both phases with mean lines.

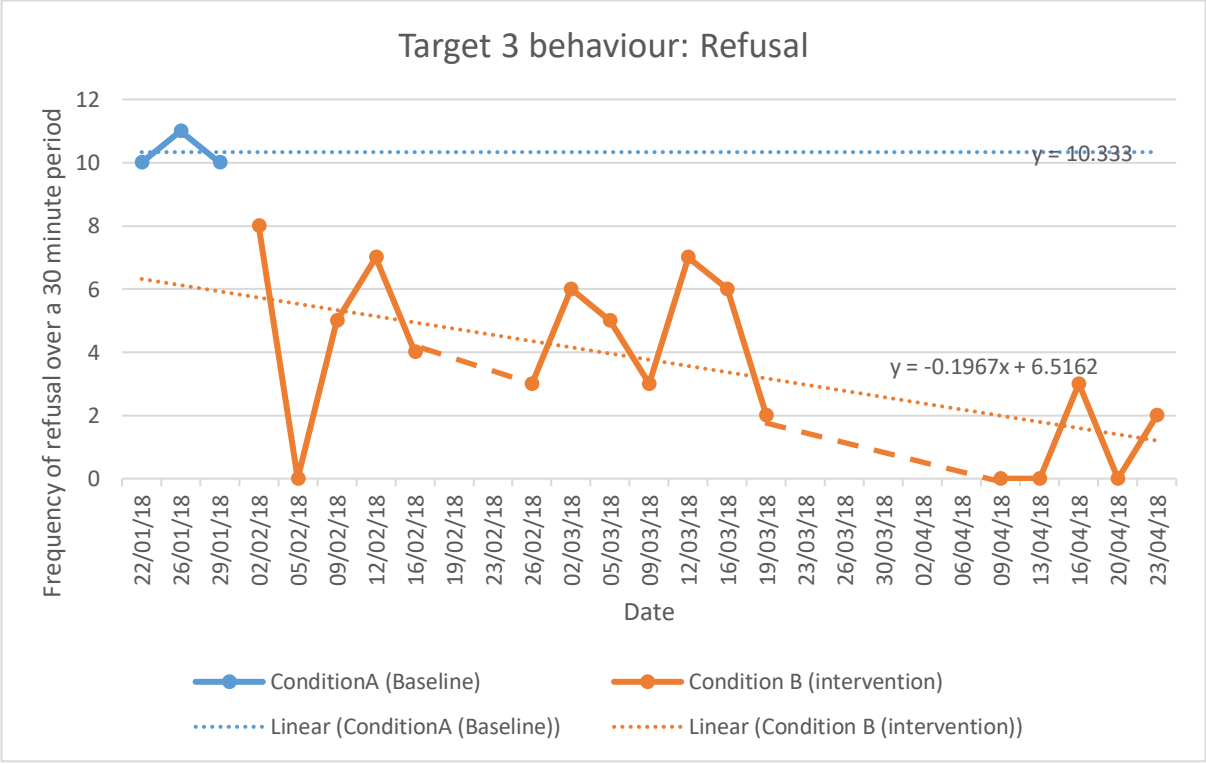


Figure 40: A line graph to show the frequency of "refusal" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 10.3 Intervention mean: 3.58
Variability	Baseline range: 1 standard deviation: 0.47 Intervention range: 8 standard deviation: 2.61
Trend	Baseline trend: 0 (neutral) Intervention trend: -0.197 (deceleration)
Immediacy of effect	Mean of the last 3 baseline points:10.3 Mean of the first 3 intervention points: 4.3 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 33: Visual analysis of "refusal"

Visual analysis summary – "refusal"

The visual analysis indicates that there was a decrease in the target behaviour of refusal across the intervention phase. The neutral trend in the baseline phase indicates that without the implementation of the intervention the frequency of Rob refusing may have stayed the same. The low variability and standard deviation in the baseline, indicates stability, increasing reliability in the results. According to Kratochwill's criteria, the low amount of overlap and variability, difference in level and trend and evidence of immediate effect are indicative of an intervention effect.

4.4.6.4. Visual Analysis for "absconding" behaviour

This was defined to be any occasion where Rob left the room without seeking permission from a member of staff.

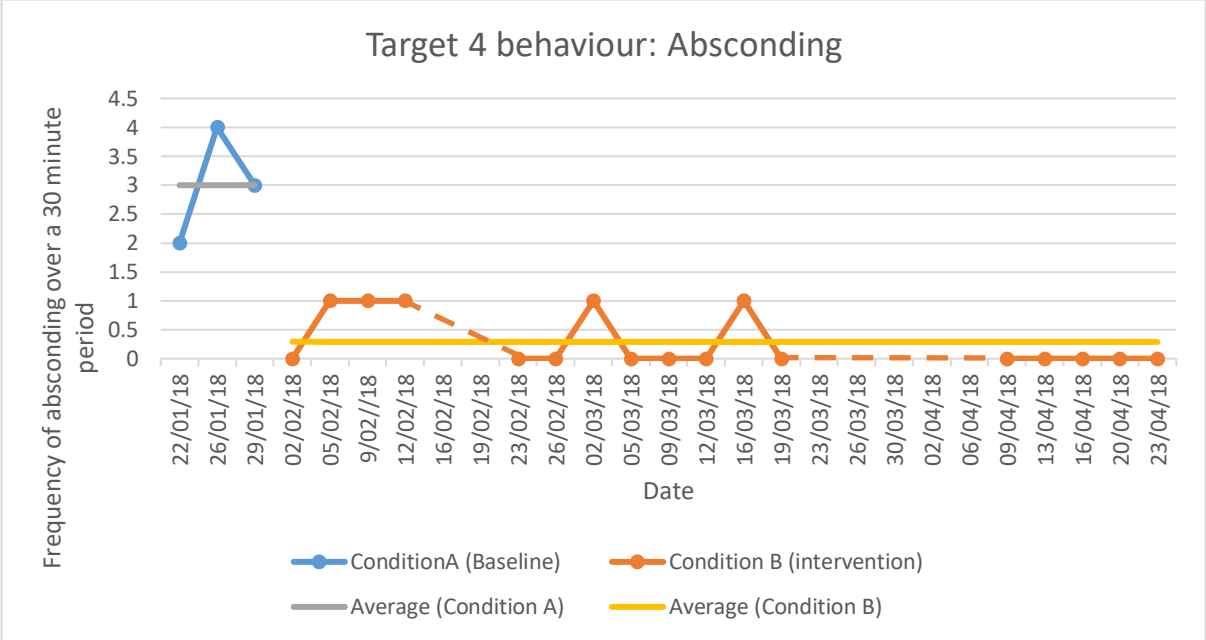


Figure 41: A line graph to show the frequency of Rob "absconding" across both phases with mean lines.

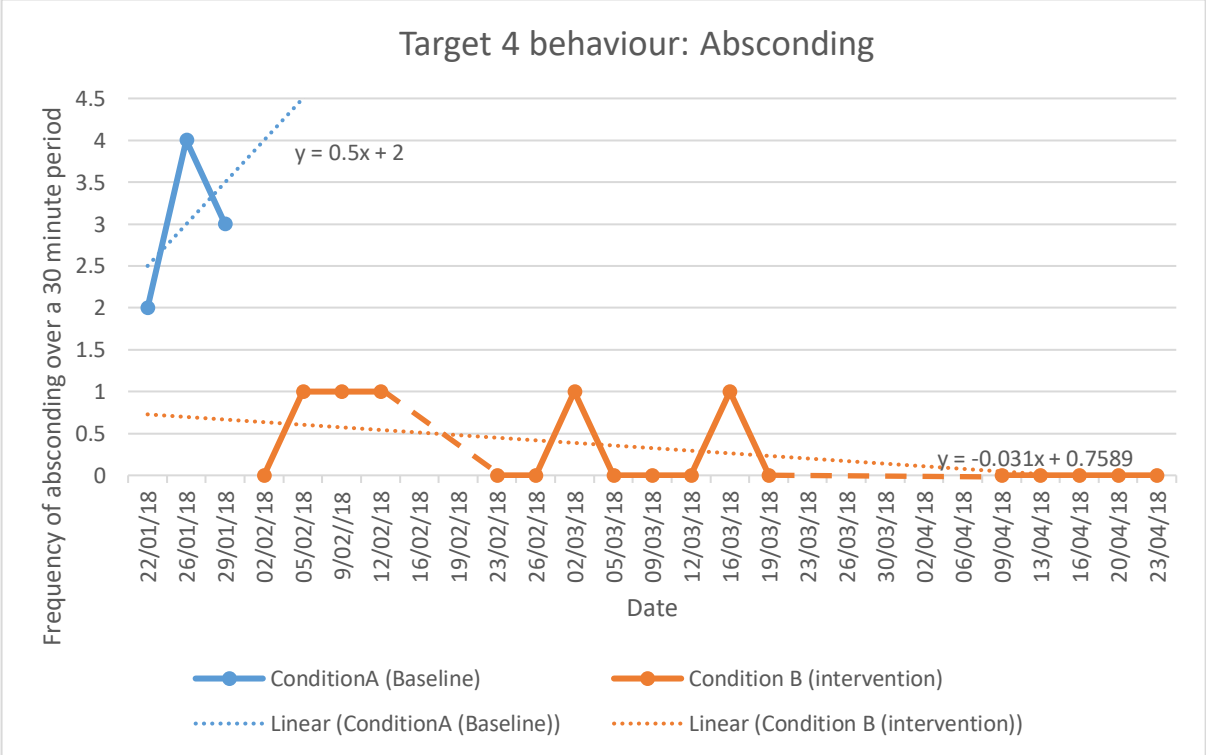


Figure 42: A line graph to show the frequency of Rob "absconding" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 3 Intervention mean: 0.29
Variability	Baseline range: 2 standard deviation: 0.81 Intervention range: 1 standard deviation: 0.46
Trend	Baseline trend: 0.5 (acceleration) Intervention trend: -0.031 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 3 Mean of the first 3 intervention points: 0.66 Evidence of immediate effect.
Overlap	0% of the intervention points overlap with the baseline.

Table 34: Visual analysis of Rob "absconding"

Visual analysis summary – "absconding"

The visual analysis indicates that there is a decrease in the target behaviour of absconding across the intervention phase. There is an accelerating trend noted in the baseline phase, suggesting that the frequency of Rob absconding may have increased. The baseline has low variability, seen in the standard deviation. According to Kratochwill's (2012) criteria, the low amount of overlap and variability, difference in level and trend and evidence of immediate effect are indicative of an intervention effect.

4.4.6.5. Visual Analysis for "distracting peers" behaviour

For Rob "distracting peers" was defined as initiating conversations with peers during focus work or making inappropriate noises.

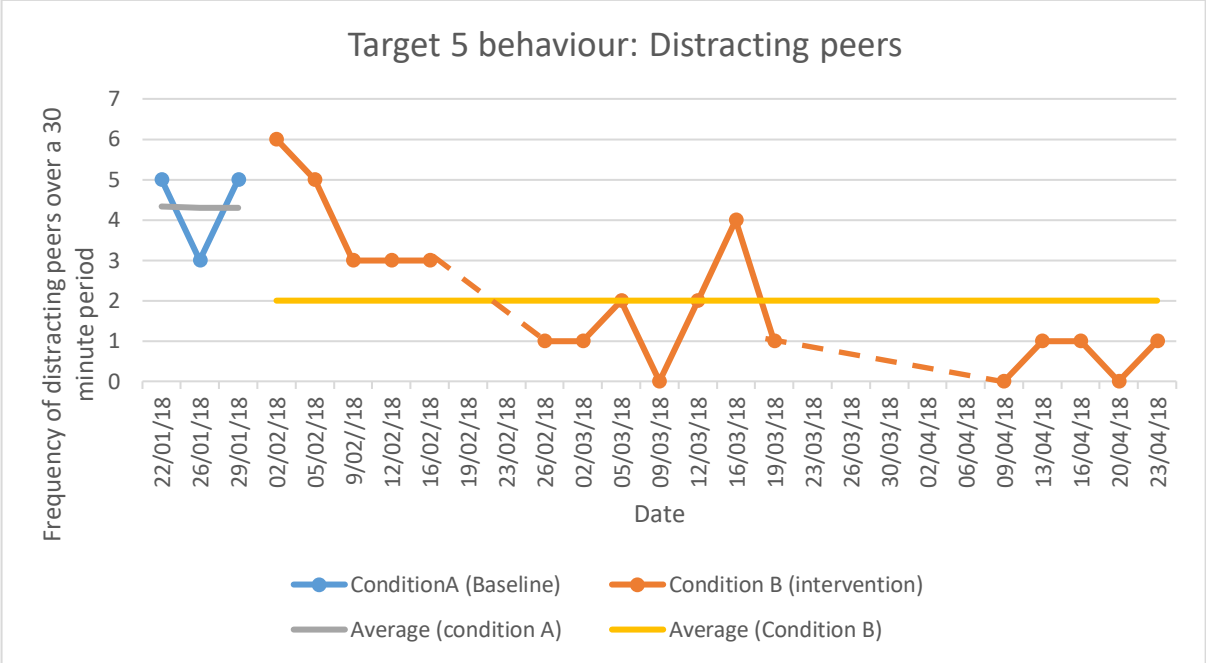


Figure 43: A line graph to show the frequency of Rob "distracting peers" across both phases with mean lines.

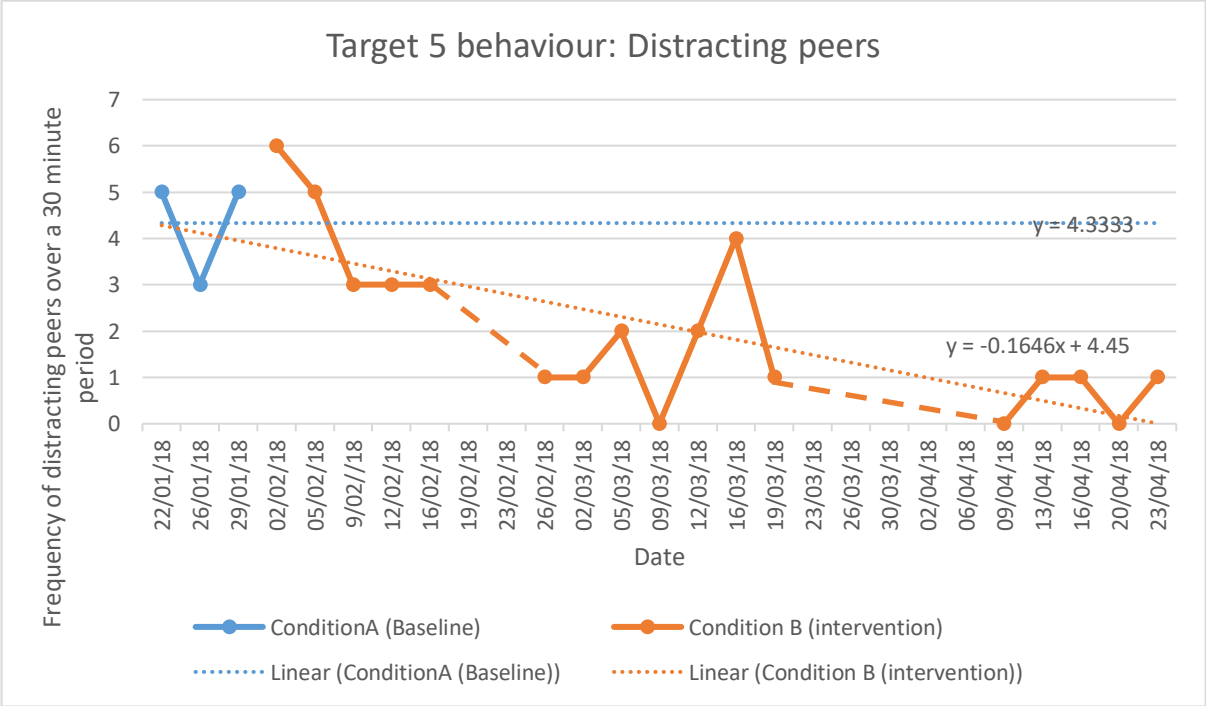


Figure 44: A line graph to show the frequency of Rob "distracting peers" across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 4.3 Intervention mean: 2
Variability	Baseline range: 2 standard deviation: 0.94 Intervention range: 6 standard deviation: 2.94
Trend	Baseline trend: 0 (neutral) Intervention trend: -0.1646 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points:4.3 Mean of the first 3 intervention points: 4.6 No evidence of immediate effect.
Overlap	35% of the intervention points overlap with the baseline.

Table 35: Visual analysis of Rob distracting peers

Visual analysis summary – "distracting peers"

Visual analysis indicates that there is a stable trend in the baseline phase. The baseline, although short had relatively low variability (standard deviation of 0.94). Following the start of the intervention phase, the frequency of the observed behaviour increases. Although the intervention phase demonstrates a deceleration trend; the high overlap and increase in behaviour frequency at the start of the intervention phase, indicate that it there is unlikely to have been an intervention effect (Kratochwill et al., 2010).

4.4.6.6. Visual Analysis for "moving around the room" behaviour

This target behaviour refers to any occasion where Rob moved around the room or left the classroom without asking or speaking to a member of staff.

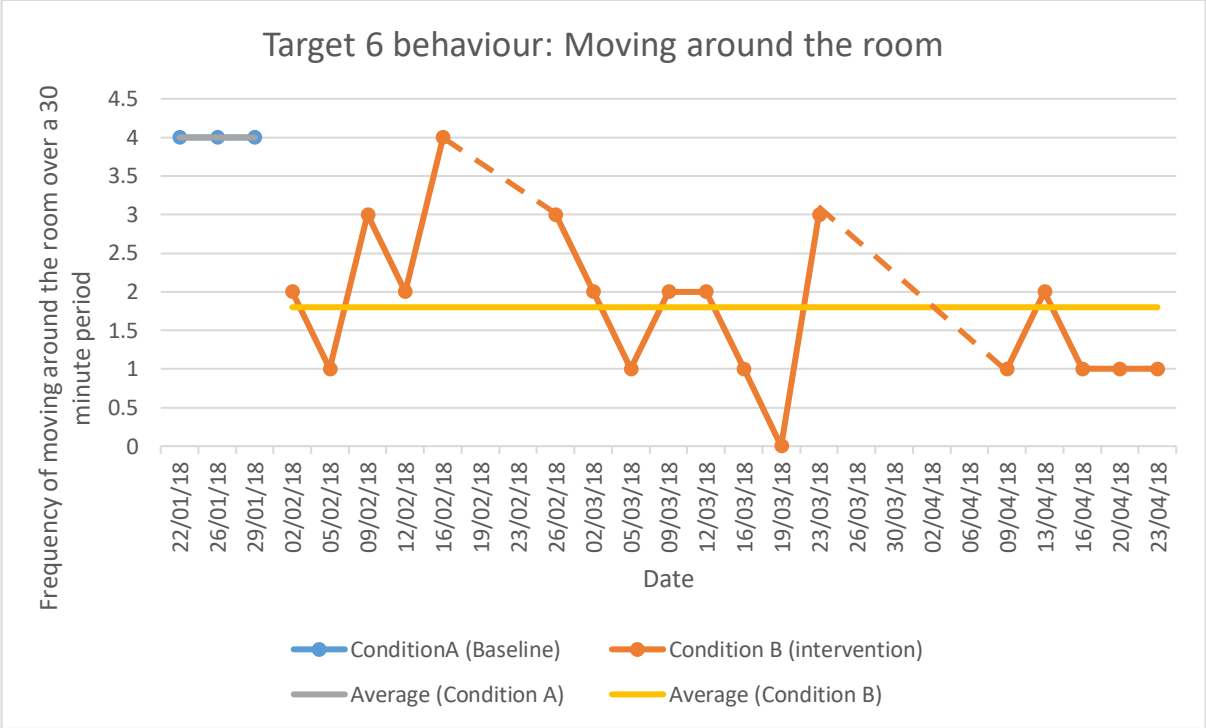


Figure 45: A line graph to show the frequency of Rob "moving around the room" across both phases with mean lines.

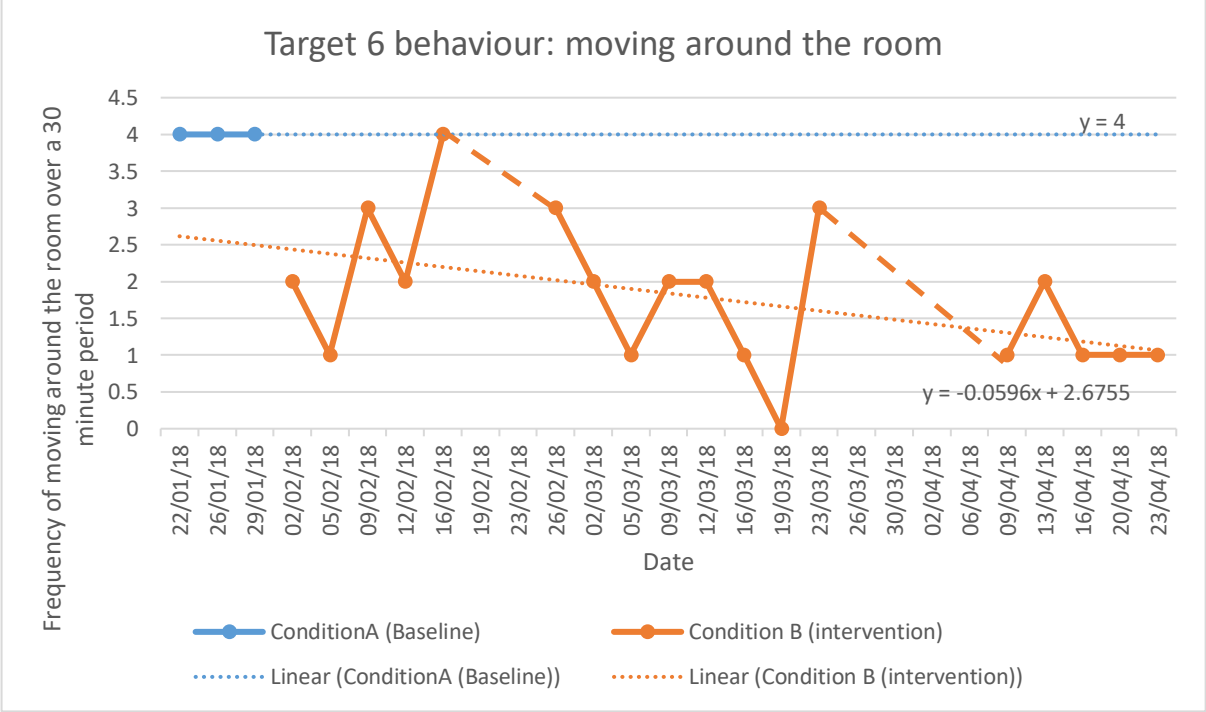


Figure 46: A line graph to show the frequency of Rob "moving around the room" across both phases with mean lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 4 Intervention mean: 1.8
Variability	Baseline range: 0 standard deviation: 0 Intervention range: 4 standard deviation: 0.97
Trend	Baseline trend: 0.4 (slight acceleration) Intervention trend: -0.607 (slight deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 4 Mean of the first 3 intervention points: 2 Evidence of immediate effect.
Overlap	5.8% of the intervention points overlap with the baseline.

Table 36: Visual analysis of Rob moving around the room.

Visual analysis summary – moving around the room

The visual analysis shows that is a decrease in the frequency of Rob moving around the room in the intervention phase. The mean number of occurrences dropped from 4 to 1.8 occurrences. The data shows a stable baseline. According to Kratochwill's (2012) criteria, the low amount of overlap and variability, difference in level and trend and evidence of immediate effect are indicative of an intervention effect.

4.4.6.7. Summary of Individual Behaviours

Kratochwill et al., (2010) suggests that there should be at least three demonstrations (in level, variability, trends, the immediacy of effect or overlap) to show an effect. Following this criterion, the visual analysis of the individual behaviours indicates that an intervention effect was seen in "shouting out", "refusal", "absconding" and "moving around the room". No effect was seen in Rob's "distracting peers" behaviour because of the increase in the frequency of behaviour at the start of the intervention. Rob's "aggressive behaviour" although showing a decelerating trend line in the intervention phase, the reliability of the data is compromised by the unstable baseline. To better understand the impact the intervention had on Rob's behaviour, an overall composite of his behaviours was created.

4.4.6.8. Visual analysis: Overall Targeted Behaviour

The following data offer a summary of his overall behaviour which is a composition of all target behaviours measures.

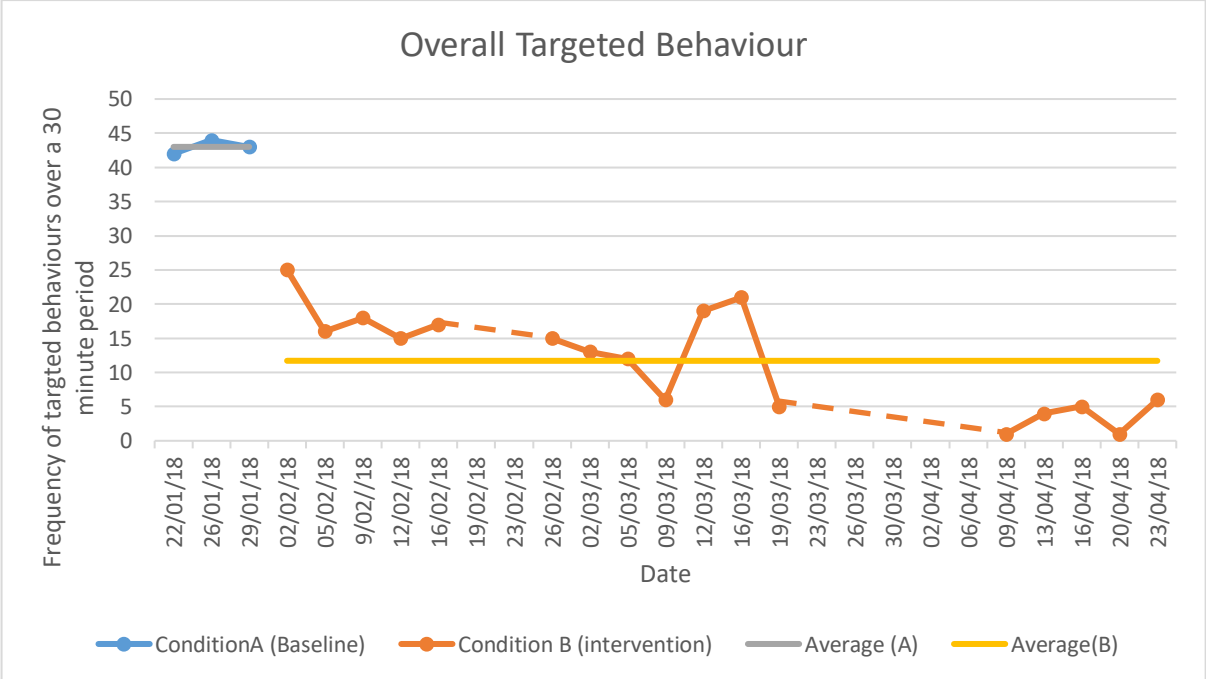


Figure 47: A line graph to show the composite of targeted behaviours across both phases with mean lines.

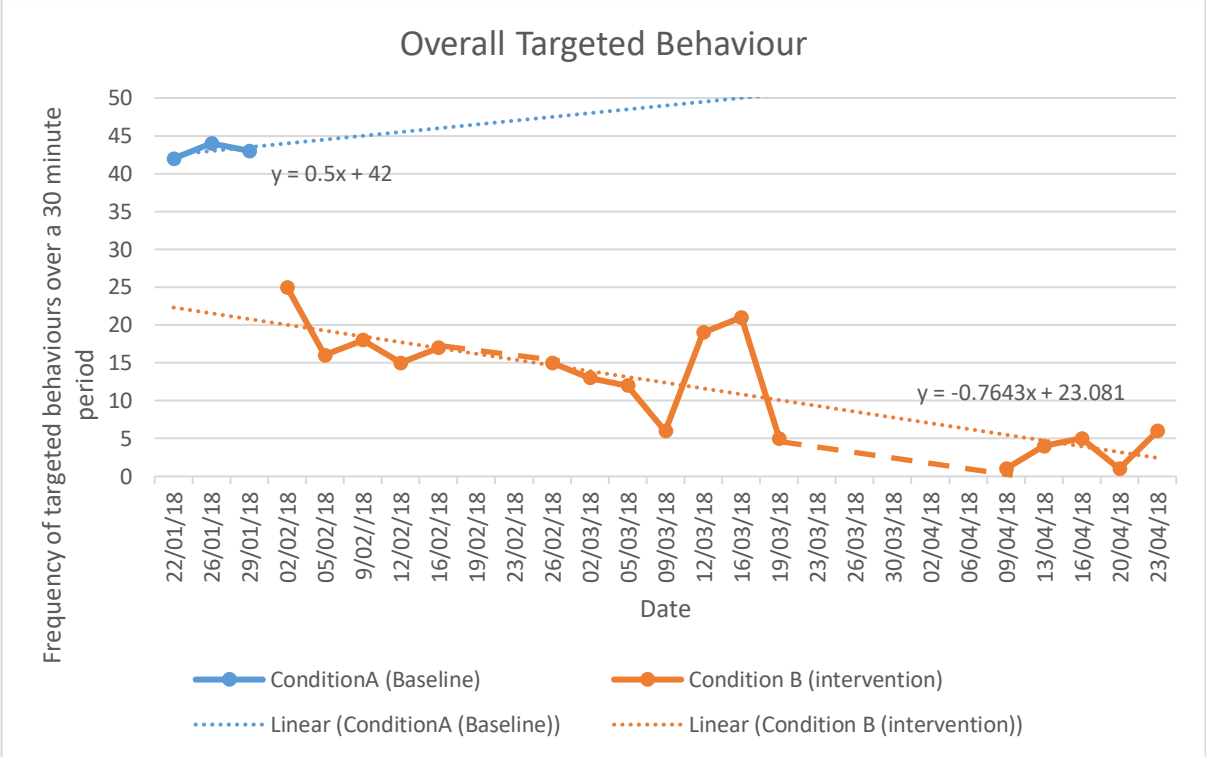


Figure 48: A line graph to show the composite of targeted behaviours across both phases with trend lines.

Outcome-measure feature	Visual Analysis
Level	Baseline mean: 42.6 Intervention mean: 11.7
Variability	Baseline range: 3 standard deviation: 0.81 Intervention range: 24 standard deviation: 7.15
Trend	Baseline trend: 0.5 (acceleration) Intervention trend: -0.764 (deceleration)
Immediacy of effect	Mean of the last 3 baseline points: 42.6 Mean of the first 3 intervention points: 19.6 Evidence of immediate effect.
Overlap	0% of the Intervention points overlap with the baseline.

Table 37: Visual analysis of Rob's overall targeted behaviour

Visual analysis summary – Overall targeted behaviour

The visual analysis indicates that there is an observable decrease in Rob's overall targeted behaviour across the intervention phase. The accelerating trend in the baseline phase indicates that without the implementation of the intervention Rob's disruptive behaviour may have increased. The mean number of observed behaviours in the intervention phase is less than a third of the mean number during the baseline phase, showing a noticeable decrease. The baseline was short but relatively stable with a range of 3. According to Kratochwill's (2012) criteria, the low amount of overlap and variability, difference in level and trend and evidence of immediate effect are indicative of an intervention effect.

4.4.6.9 Inter-Observer Agreement

The researcher and a TEP examined each of the graphs individually for each participant and each targeted behaviour. Using guidance provided by Friman (2009) and described in section 3.12.3, the IOA for Rob was 92%.

4.4.7. Strengths and Difficulties Questionnaire

Goodman's strengths and Difficulties Questionnaire (1997) was completed by Rob's class teacher before and after the intervention. The questionnaire contains 25 items for which the teacher was asked to rate whether it was 'true', 'somewhat true' or 'not true' for Rob. Scores that fall into Goodman's (1997) abnormal scores are shaded.

Information collected	Total difficulties score	Emotional symptoms score	Conduct problem score	Hyperactivity scale	Peer problem scale	Pro-social scale
PRE- (19.1.18)	24	4	5	10	5	5
POST (4.5.18)	20	5	3	7	5	5
Difference	-4	+1	-2	-3	=	=

Table 38: Teacher ratings of Rob's behaviour using the SDQ (Goodman, 1997) before and after the consultations.

The results from the SDQ reveal a decrease in scores following the consultations. The largest decrease was shown in the hyperactivity scale although the scores remained in Goodman's (1997) abnormal range. Rob's score for conduct problems reduced from an abnormal score to a score within the borderline range (Goodman, 1997). Rob's total difficulties score decreased from 24 to 20. Goodman (1997) reports that a range of 17 to 40 indicates "abnormal difficulties", while Rob's total difficulties score post-intervention remains in that bracket, it has decreased 4 points and is now at the lower end of that range.

Rob's class teacher was asked to complete the Impact Supplement of the SDQ (Goodman, 1997). This section asks the teacher to rate the impact of the difficulties the child is experiences according to the following ratings: 'not at all', 'only a little', 'quite a lot' and 'a great deal'. Scores that fall into Goodman's (1997) abnormal scores are shaded in the below in table 38. Following the intervention, there was no change in how the teacher rated the impact scores.

Information collected	Difficulties that upset or distress the child	Interfere with peer relationships	Interfere with classroom learning
PRE- (19.1.18)	1	1	2
POST (4.5.18)	1	1	2
Difference	=	=	=

Table 39: Teacher ratings of Rob's behaviour impact scores using the SDQ (Goodman, 1997) before and after the consultations.

4.4.8. Child Behaviour Rating Scale

Bronson et al.'s Child Behaviour Rating Scale (1990) was completed by Rob's class teacher before and after the intervention. Scores that fall below the expected mean are highlighted. (Bronson et al., 1990)

Information collected	Self-Regulation (mean score)	Social Skills (mean score)
PRE- (19.1.18)	1.9	2.42
POST (4.5.18)	2.4	2.86
Difference	+0.5	+0.44

Table 40: Teacher ratings of Rob's scores on the Child Behaviour Rating Scale before and after consultation.

Bronson et al. (1990) suggest that the benchmark mean self-regulation score is 2.9. Rob's scored pre- and post the consultations falls below this benchmark, however, the score post-consultations has increased by 0.5. Similarly, Rob's social skills mean score pre- and post the consultation is below the benchmark mean of 3.71. Nevertheless, the increase seen in both scores post the consultation is a positive one.

4.4.9. Thematic Analysis

Separate interviews were held with Rob' class teacher and teaching assistant. The purpose of these interviews was to consider group member views of the group consultation process and explore the potential impact of the process. Although several attempts were made, due to child absence and researcher time constraints, an interview was not held with Rob. Thematic analysis was conducted according to the phases suggested by Braun and Clarke (2006). Extracts will be referenced as follows, depending on interviewee:

- Class teacher (CT)
- Teaching assistant (TA)

4.4.9.1. Inter-rater Agreement of Themes

In accordance to the process outlined by Joffe (2012) 20% of the total dataset was analysed by a second rater, an EP experienced in conducting the thematic analysis. This procedure involved the second rater matching data extracts to themes and sub-themes developed by the researcher. Inter-rater agreement was 90% which is above the recommended level of 75% (Joffe, 2012). This suggests that the themes are a reliable demonstration of the excerpts within.

4.4.9.2. Themes Constructed from the Interview Data

Through familiarisation and coding of the data, three overarching themes and six subthemes were identified from the interview data. Figures 49 to 51 below show these themes as thematic maps. In the following section, the themes will be discussed, according to the overarching themes.

4.4.9.3 Main theme 1: Individual Changes

Analysis of the interview data provided an insight into perceived changes underpinning Rob's behaviour. This included changes in his classroom behaviour, emotional regulation, and self-concept as a learner. These subthemes describe the individual changes school staff reported noticing in Rob.

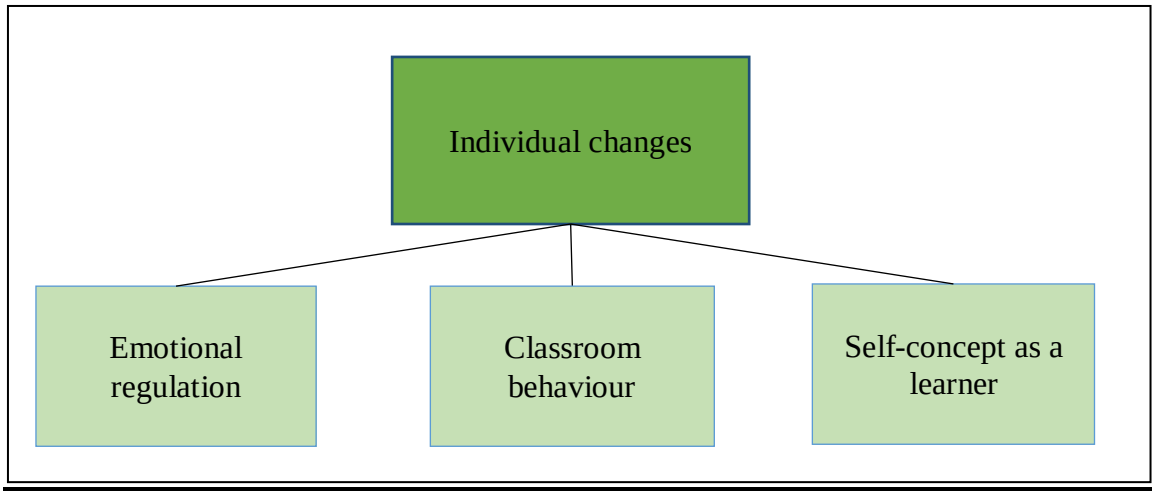


Figure 49: Subthemes for individual changes

Emotional regulation

Extracts from the interview describe how Rob is better at managing his feelings. Rob's class teacher commented: *"He is better at talking about how he is feeling"* (CT, 71-72). Nevertheless, while comments were made about improvements, the class teacher suggested that underlying issues remain. For example, the class teacher said: "*He is definitely happier but bubbling away under the surface are issues that we haven't quite got to the root of what makes him feel like it."* (CT, 77-79). Therefore, while there were some positive reflections about an improvement in Rob's emotional regulation, there may still be further to go.

Classroom behaviour

The interviewees report noticing a change in Rob's behaviour in the classroom. His class teacher acknowledged an improvement: "*Some really good progress in terms of behaviour, calmness, attitude to school. Unfortunately, that has been a bit up and down again in the most recent past"* (CT, 20-22). The teaching assistant further explains that Rob's behaviour can be unpredictable and while an improvement has been seen there are still incidents of challenging behaviour. She pointed out that Rob "*still has the potential to escalate"* (TA, 22).

Self-concept as a learner

The interviewees reported that there had been changes in Rob's learning behaviours. His class teacher said: *"He is completing work tasks, not all the time, but most of the time"* (CT, 25-26). She further explained that there had been a change in Rob's attitude, that he is more likely to complete set tasks, describing him as*"really happy* and *really positive"* (CT, 50).

4.4.9.4 Main Theme 2: Adult-led Changes

This theme provides an insight into the changes that have been carried out following the consultation, including changes in strategies as well as in staff understanding of Rob's needs.

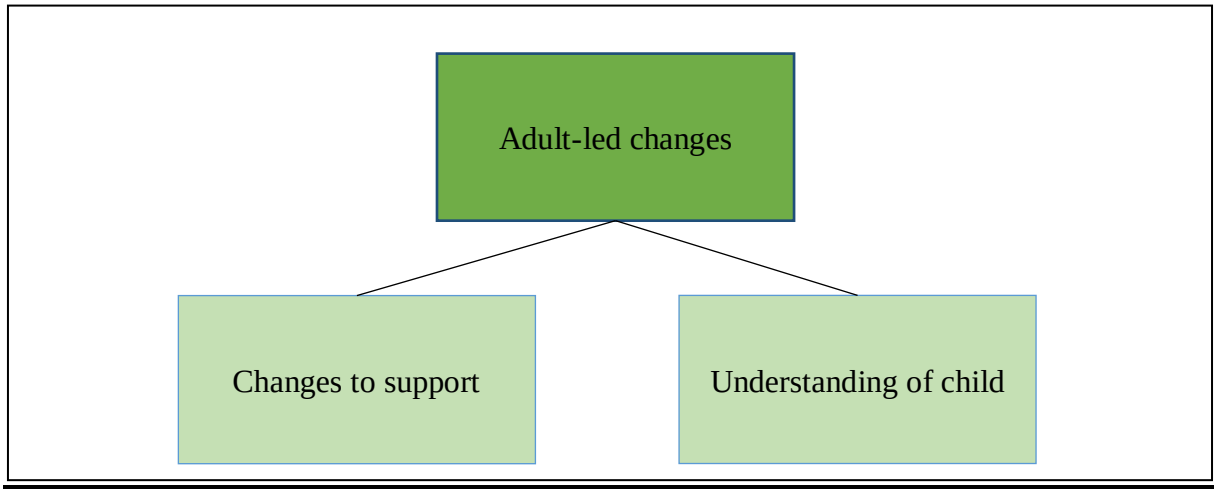


Figure 50: Subthemes for Adult-led changes

Changes to support

The interviews highlighted that there have been some changes to the support that Rob is receiving in the classroom. The class teacher commented that the process *"helped us consolidate some of the things that do work for him and obviously get rid of some of the things that don't. We have seen some progress"* (CT, 5-6). A new member of staff had also been employed to support Rob: *"We have actually got some extra help in for him as well which has really helped. He does have effectively some 1-1 help for the time he is in school now which has helped him. It's working well in class (CT, 34-36).*

Understanding of child

Data extracts indicate that there have been changes in staff understanding of Rob and his needs. The class teacher said that it was helpful to think about "*what is best for him. Talking about it together, even mum and dad."* (CT, 72-73). The teaching assistant explained that by reflecting on what works well she understands that *"Being consistent with him works and how I handle* the situation. *His physical aggression has stopped towards me." (TA, 16-17).*

4.4.9.5. Main theme 3: Perceptions of Intervention Contents and Implementation

This theme offers insight into the interviewee's views about the intervention process and the elements which contributed to its effectiveness and their enjoyment of the process.

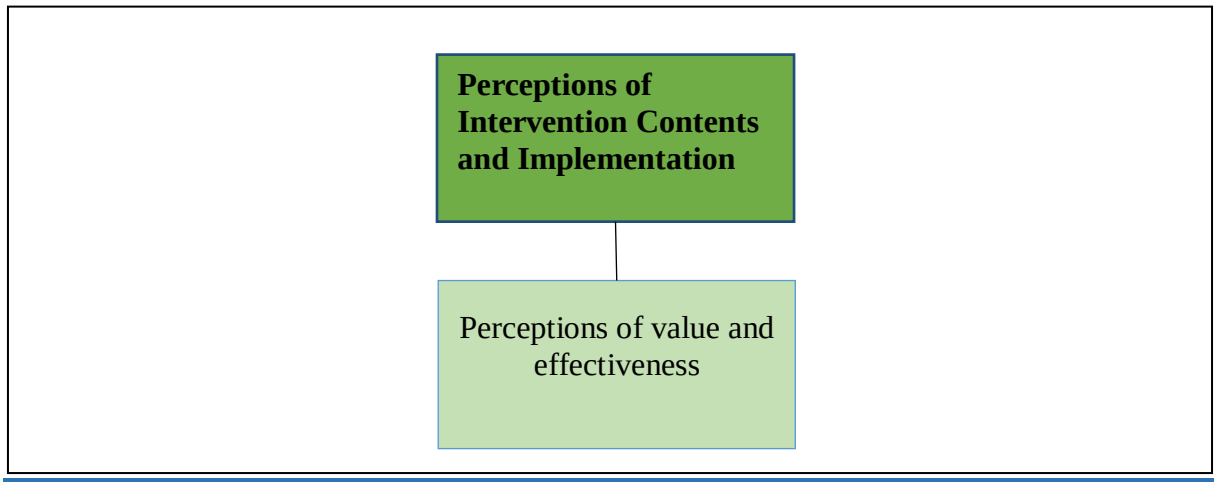


Figure 51: Subthemes for Perceptions of Intervention Contents

Perceptions of value and effectiveness

Analysis of the interviews showed that most helpful were the opportunities to gather as a group and discuss the current situation. Rob's teacher suggested: *"It's been good in terms of being able to talk about what's been going on with this child and how it has been affecting the class and us personally. And I think that's always a bit of therapy really, being able to actually talk about it"* (CT, 2-4). Similarly, the teaching assistant said: *"I like the meetings. It was good that everybody comes together and has a chat about different behaviours and strategies that might work"* (TA, 2-3). This indicates that they both placed value on the opportunity to reflect and discuss the current situation as a group.

4.4.10 Summary of Case Study 3's Findings

The single case experimental design measures show an overall reduction in Rob's disruptive behaviour when compared to the baseline phase. Decreases were particularly seen in the frequency of aggressive behaviour, shouting out and absconding. The SDQ (Goodman, 1997) shows a decrease of 4 points, although Rob's score post-intervention remains within Goodman's (1997) abnormal range. A positive increase is also seen in Rob's social skills and self-regulation score as measured by the CBRS (Bronson et al., 1990). Similar to the SDQ, although positive, these scores remain below the expected mean score. Nevertheless, the reduction in disruptive behaviour seen through the observations, complemented by the positive changes seen in the standardised measure, tentatively suggests an impact on Rob's behaviour.

The thematic analysis indicates that, based on the perceptions of key teaching staff, the consultations seemed to effect child behaviour. Underpinning this effect are individual changes in Rob's behaviour in lessons and his emotional regulation as well as adult-led changes in support and their understanding of Rob. The interviewees commented that the process provided an opportunity to share views on the current situation and develop solutions together.

Chapter 5: Discussion

5.1 Introduction to Chapter

The current research used a series of single case experiments to investigate whether group consultations improved the targeted classroom behaviour of three primary aged pupils. Interviews were carried out with two members of key staff for each participant which was analysed thematically. This chapter outlines and discusses the key quantitative findings from the single cases, and the supplementary qualitative findings. The methodology used in the current study is then evaluated and limitations of the research acknowledged and discussed. The chapter closes with a discussion of the implications for practice and ideas for possible future research.

5.2 Reflections on Quantitative Findings

Table 40, below, offers a summary of the results for each participant in relation to key research questions. These will be discussed in greater detail for each participant in the following sections (5.2.1, 5.2.2 and 5.2.3).

Participant	Did group consultation show a positive impact (e.g. did overall targeted behaviour reduce?)	Did the group consultations show a reduction in individual targeted behaviours?	Did Total Difficulties score on Goodman's (2001) SDQ reduce?	Did the scores on Bronson et al.,'s CBRS increase?
Hayley	Yes	**Shouting out:** Yes **Refusal:** Yes **Distracting peers:** Yes **Making inappropriate Noises:** No **Moving around the room:** No **Fidgeting:** No	Yes	Yes
Grace	Yes	**Shouting out:** Yes **Refusal:** Yes **Moving around the room:** No **Distracting peers:** No **Fidgeting:** No	No	No
Rob	Yes	**Shouting out:** Yes **Refusal:** Yes **Moving around the room:** Yes **Absconding:** Yes **Distracting peers:** No **Aggressive behaviour:** No	Yes	Yes

Table 41: Summary of results for participants

5.3 Summary of Findings

The follow section describes the individual data gained for each participant in relation to the research questions.

5.3.1 Research Question 1:

Can group consultations lead to positive changes in the classroom behaviour of children with social, emotional, and behavioural difficulties?

5.3.1.1 Case study 1: Hayley

"Shouting out"

There was an observable decrease in the frequency of Hayley shouting out in the intervention period. Given the acceleration in the baseline phase, there is evidence to suggest that this improvement may not have occurred without the introduction of the consultations.

"Refusal"

There was an observable decrease in the frequency of Hayley refusing to follow instructions during the intervention period. The acceleration in the baseline phase suggests indicates that this improvement may not have occurred without the introduction of the consultations.

"Distracting Peers"

There was an observable decrease in the frequency of this behaviour in the intervention period. The acceleration in the baseline phase suggests there is evidence to indicate that this improvement may not have occurred without the introduction of the consultations.

"Making inappropriate noise"

Although there was an observable decrease in this behaviour, the unstable baseline, and initial increases in behaviour frequency, suggest insufficient evidence to indicate a difference following the onset of the intervention.

"Moving around the room"

There was an observable decrease in the number of times Hayley moved around the room across the entire intervention period. However, the decelerating trend line in the baseline phase suggests there is insufficient evidence to indicate a significant difference due to the consultations.

"Fidgeting"

There was a slight decrease in this behaviour during the intervention phase, however, the deceleration seen in the baseline, suggests that there is insufficient evidence to show whether the intervention had a positive effect.

"Overall Targeted Behaviour"

There was a consistent observable decrease in Hayley's overall targeted behaviour across the entire intervention period. The accelerating trend line in the baseline phase offers evidence that this improvement may not have occurred without the introduction of the consultations.

5.3.1.2 Case study 2: Grace

"Shouting out"

There was an observable decrease in the frequency of Grace shouting out in the intervention period. The stable baseline and trend suggest there is evidence to indicate a positive difference when the consultations were introduced.

"Refusal"

There was an observable decrease in the frequency of Grace refusing to follow instructions during the intervention period. The stable trend in the baseline phase suggests there is evidence to indicate that this improvement may not have occurred without the introduction of the consultations.

"Moving around the room"

There was an observable decrease in the number of times Grace moved around the room across the entire intervention period. However, a short and unstable baseline limits the reliability of the data so an intervention effect cannot be reported.

"Distracting Peers"

Although, there was a decrease in the frequency of this behaviour in the intervention period, this was not consistent as there was some spiking in frequency. The high overlap, variability and no evidence of immediate effect, indicates that there is not an intervention effect.

"Fidgeting"

A slight decrease in this behaviour during the intervention phase can be seen, however as the baseline also shows a decelerating trend, there is insufficient evidence to determine whether the intervention had a positive effect.

"Overall Disruptive Behaviour"

There was a consistent observable decrease in Grace's overall disruptive behaviour across the entire intervention period. The stable trend line in the baseline phase offers evidence that this improvement may not have occurred without the introduction of the consultations.

5.3.1.3 Case study 3: Rob

"Shouting out"

There was an observable decrease in the frequency of Rob shouting out in the intervention period. The stable baseline and trend suggest there is evidence to indicate a positive difference when the consultations were introduced.

"Aggressive behaviour"

An observable decrease in the frequency of this behaviour was shown. The low amount of overlap, the difference in level and trend and evidence of immediate effect are indicative of an intervention effect. However, the reliability of the data is compromised by the short and unstable baseline (range of 3).

"Refusal"

There was an observable decrease in the frequency of Rob refusing to follow instructions during the intervention period. The stable trend in the baseline phase suggests evidence to indicate that this improvement may not have occurred without the introduction of the consultations.

"Absconding"

A consistent observable decrease in Rob absconding across the intervention period and accelerating trend line in the baseline phase offer evidence to suggest that this improvement may not have occurred without the introduction of the consultations.

"Distracting Peers"

Although there was a decrease in the frequency of this behaviour in the intervention period, this was not consistent with spikes in behaviour frequency occurring. The high overlap and increase in behaviour frequency at the start of the intervention phase, indicate that it is unlikely to have been an intervention effect.

"Moving around the room"

There was an observable decrease in the number of times Rob moved around the room across the entire intervention period. The stable trend in the baseline phase suggests there is evidence to indicate that this improvement may not have occurred without the introduction of the consultations.

"Overall Disruptive Behaviour"

Rob's overall disruptive behaviour consistently decreased across the intervention period. The stable trend line in the baseline phase offers evidence that this improvement may not have occurred without the introduction of the consultations.

5.3.1.4 Interpretation of Findings

There is some evidence to indicate that for all three participants, the introduction of the consultations reduced targeted behaviours. In addition, the visual analysis highlights that across all individual behaviours, decreases in mean frequency are seen in the intervention phase.

In the results chapter, the researcher has detailed the individual behaviours that were observed for each of the participants. It should be acknowledged that the reliability of some of this data is limited by the short and sometimes unstable baselines. Despite decreases being seen, the interpretation of 6 of the 17 individual behaviours observed for the three participants are limited by the unstable baselines effect, for example, for Hayley unstable baselines are seen in "refusal", "distracting peers", "making inappropriate noises". The composite of individual behaviours also showed unstable baselines for Hayley and Grace. There were, however, 6 individual behaviours which demonstrated an observable decrease in frequency and had stable baselines, for example, for Grace this was seen in "shouting out", "refusal", and "moving around the room". The composite of overall behaviours for Rob showed a stable baseline and observable decrease. The remaining 5 individual behaviours measured cannot be said to indicate an intervention effect due to decelerating baselines or high overlap in data.

There is some evidence that the consultations had an impact on child behaviour. However, it is also possible that there may have been observer effect on school staff or teacher behaviour. Hence, as the teachers were aware that the child's behaviour was being observed, they may have paid more attention to the individual child and thus, impacted on behaviour. Although the participants were not told that they were going to be observed, the presence of an external person (the researcher) in their classroom may have impacted on their behaviour, known as the Hawthorne Effect (Robson, 2002). Due to staff shortages, the researcher completed all the observations herself and as she was not a natural presence in the classrooms, this may have impacted on the findings. Alternatively, the reduction in the targeted behaviours may have occurred due to other factors in the participant's environment such as changes at home or school.

5.3.2 Research Question 2:

Does staff perception of pupil behaviour, as measured by Goodman's (1997) Strength and Difficulties Questionnaire, change following group consultation?

The scores on the SDQ (Goodman, 1991) highlighted a reduction in the total difficulties score for Hayley and Rob. This reduction ranged from -8 (for Hayley) to -4 (for Rob). For both Hayley and Rob, decreases were noted in the conduct problem score and the hyperactivity scale. There was an increase seen in the SDQ score for Grace (of +18).

5.3.2.1 Interpretation of Findings

Data from the SDQ (Goodman, 1997) indicates that the consultations had a positive impact on behaviour for Rob and Hayley. It is interesting to note that decreases were particularly noted in the conduct behaviour and hyperactivity scores. Arguably, these two scores link most closely to disruptive classroom behaviour, which was the focus of the consultations. Limitation for the use of Goodman's SDQ will be discussed in section 5.5.8.2.

The increase in the SDQ score for Grace may have been because she had only recently started at the school and the class teacher may not have been aware of the extent of her difficulties. Furthermore, the class teacher's perception of Grace's difficulties may have increased during the process, for example, she received a diagnosis of Autistic Spectrum Disorder shortly after the intervention began.

5.3.3 Research Question 3:

Does staff perception of pupil behaviour, as measured by Bronson et al.'s Child Behaviour Rating Scale (1990), change following group consultation?

The scores on the CBRS (Bronson et al., 1990) indicate a positive increase in Rob and Hayley's self-regulation and social skill scores. The increases vary from 0.44 to 0.57. There was no change in Grace's self-regulation score and a decrease in her social skills score.

5.3.3.1 Interpretation of Findings

Data from the CBRS (Bronson et al., 1990) suggests that for Rob and Hayley the consultations had a positive effect on their self-regulation and social skills. Many of the items within the questionnaire refer to classroom behaviour so it is interesting to note that a positive increase was seen. Limitation for the use of the CBRS (Bronson et al., 1990) will be discussed in section 5.5.8.3.

For Grace, there was no change in her self-regulation score and a decrease in her social skills score. This may have been due to the reasons discussed above in relation to her SDQ scores (section 5.3.2.1).

5.3.4. Comparison of SCED and Assessment Data

Observable decreases in targeted behaviours were seen for all three participants, however, decreases in Goodman's (1997) SDQ scores and increases in the CBRS (Bronson et al., 1990) scores were only seen for two of the participants. For Hayley and Rob, the scores from the pre- and post-assessment data support the indication that the intervention had a positive effect.

For Grace the pre- and post-assessment data showed an increase in difficulties which conflicts with the observation data. It is possible that the initial pre-assessments score did not provide an accurate assessment of her needs as she was a new pupil at the school. It

may have been beneficial to ask Grace's previous teacher to complete the pre-intervention assessments, although the change in settings would have made a comparison difficult. It is also possible that the teacher's knowledge of the ASD diagnosis may have influenced the post-intervention ratings. It could have been helpful to wait for the Grace to settle into the school before starting the baseline data phase, however, due to time limitations, this was not possible.

5.3.5. Reflections on Supplementary Qualitative Findings

In order to inform the reasons why the group consultations may or may not have had an effect, the researcher explored the perceptions of key members of staff for each participant. The aim of this is to illuminate the quantitative findings and provide the stakeholders, particularly the EPS, with detail to inform future implementation of the intervention in schools.

5.3.6 Subsidiary Research Question

What do key teaching staff and children perceive contributed to the changes and outcomes observed in the target child's behaviour?

Themes identified in the thematic analysis are underlined, for further information refer back to sections 4.2.9, 4.3.9 and 4.4.9.

5.3.6.1 Case study 1: Hayley

The thematic analysis of the interviews conducted with Hayley, her class teacher and the school SENCO suggests that they perceived an improvement in her classroom and learning behaviours. Data extracts also indicate that the group members valued the process as it provided the time set aside to discuss the current situation, air views, reflect and problem solve together.

5.3.6.1.1. Interpretation of Findings

Through the thematic analysis, an overarching theme, individual changes, was highlighted as the interviewees commented on noticing changes in Hayley. Hayley was perceived to be happier, calmer and more willing to take on challenges. Hayley's class teacher reported that there have been fewer incidents of challenging behaviour which reflects the reduction in targeted behaviour across the intervention period. The interviewees felt that Hayley was more engaged with staff and learning and that they are more responsive to her needs. In this way, the change in their interactions with Hayley, for example being more patient, could have contributed to the reported change. Hayley herself commented on feeling happier at school and more able to regulate her emotions.

The interview data highlights the benefits of group support, collaboration and different perspectives to develop coherent support for Hayley as well as being a potential therapeutic process for the group members which the class teacher describes as "*counselling*" (CT, 3).

5.3.6.2 Case study 2: Grace

The thematic analysis indicates that the class teachers felt that the consultations had a positive effect. Underpinning this was perceived differences in how she had integrated into the classroom and improvements in her classroom behaviour. The class teachers reported that they valued the process as it was effective at communicating messages and helped foster the home-school relationship.

5.3.6.2.1. Interpretation of Findings

Despite the fact that Grace's pre- and post-assessment SDQ and CBRS scores did not show a reduction in severity, Grace's class teachers felt that she was more engaged in school and happier. In accordance with the observations of her classroom behaviour across the baseline and intervention periods, they perceived that incidences of challenging behaviour were reduced. In particular, the class teachers reported that they had established a better relationship with Grace as they had a better understanding of her needs and felt

better equipped to respond to these. The interviewees indicated that the most valuable element of the process was the information sharing and development of a relationship between home and school.

Although Grace was not fully aware of the consultation process, she compared her current and old schools, saying: *"My first school wasn't okay. Now I am here, I like this school. It's really good. It makes me happy."* (YP, 21-22). This is in accordance with comments from her class teachers about how well she has settled into the school.

5.3.6.3. Case study 3: Rob

The thematic analysis indicated that the class teacher and teaching assistant placed value on the consultation process. Rob's teacher commented that there has been a change in Rob's classroom behaviour. Moreover, it was suggested that Rob is calmer and better at regulating his emotions.

5.3.6.3.1. Interpretation of Findings

The class teacher suggests that he was happier and more engaged in school. Acknowledgements were made to improvements in his behaviour, although this was not reported to be stable and incidents of challenging behaviour were still occurring, albeit at a reduced frequency.

Data extracts show that the teacher and teaching assistant found the process helpful. References were particularly made about the opportunity to gather and discuss the current situation. The class teacher reported that the consultations gave her the opportunity to discuss things openly and referred to the process as "*therapy*".

Unfortunately, it was not possible to hold an interview with Rob due to pupil absence and researcher time constraints. This limits the data as Rob's view of current behaviour was not gained.

5.3.7 Common Themes Across the Case Studies

The thematic analyses highlighted that those involved perceived there to be changes in the target children's behaviour, emotional resilience and home-school relationship following group consultation. This reported development of home-school relationships complemented findings by Thornberg (2012). Moreover, all interviewees noticed changes in the target child's behaviour and particularly found improvements in their willingness to learn or engage in lessons. All interviewees reported that they found the process helpful as it provided an opportunity for discussion and reflection. This finding adds to the existing evidence base of consultation as a valued support system for school staff (Nolan & Moreland, 2014). Key members of staff for Hayley and Rob also referred to the process as counselling or therapy which links to research by Nicholas and Feeney (2015) who suggest that consultations can provide emotional support for the group members.

5.4. Consultation

The interviews with the group members indicate that the valued parts of the consultations were the collaboration and communication between home and school, involvement of different staff members, shared problem-solving and time to reflect on what is working. This research indicates that the key to the success of the consultation appears to be the opportunity to promote a partnership between parents and teachers (Garbacz et al., 2008), and the opportunity to problem solve together and reflect on current practice (Rocco-Briggs, 2008).

5.5. Links to Previous Research

Consultation has been highlighted as an effective and commonly utilised intervention in schools (Hagermoser Sanetti et al., 2015) and within Educational Psychology Services (Larney, 2003). Consultation has been shown to be a useful method of developing interventions and improving outcomes as a multi-tiered system of support (Kratochwill, 2008). In accordance with comments from Farouk (2004), group consultations were shown to be an effective method of discussion, information sharing and joint learning. This study supports these findings as the key teaching staff interviewed perceived value of the consultations.

The findings from the SCED indicate that the consultations resulted in a reduction in targeted disruptive behaviours for three individual pupils. This complements findings by Sheridan et al., (2013) who found that parent and teacher consultations resulted in a reduction of defiance and non-compliance. Further research has also reflected the positive impact of consultation on child behaviour (Wilkinson, 2005; Garbacz et al., 2008; Upshur, Wenz-Ross & Reed, 2009; and Sheridan et al., 2012; 2017), however, much of this evidence was based on teacher perceptions or ratings of behaviour.

One of the aims of the present study was to generate insight into the case-related and contextual factors that may influence the child-level outcomes of group consultation. With the exception of Wilkinson (2005), previous research has reported the impact of consultation for children as a group rather than for an individual pupil (Garbacz et al., 2008; Upshur, Wenz-Ross & Reed, 2009; Sheridan et al., 2012; 2017). This means that it is difficult to establish why and how the intervention worked and whether it had an impact on some or all the participants, for example, a large effect for some children may have skewed the results.

5.6. Evaluation of Research Methodology

The current study adopted an embedded case study design incorporating a single case experiment in an attempt to explore the impact of a series of group consultations on the classroom behaviour of three primary school children. In addition, a multiple baseline AB design was used to enhance the reliability of the findings. While McCormick (1995) reports that SCEDs are associated with good experimental control, a number of limitations in the design arose which will now be discussed.

5.6.1 Stability of Baseline Phases

Baseline data allow the researcher to understand the participants' natural behaviour in order to predict how the behaviour may continue without intervention (Rizvi & Nock, 2008). According to Kratochwill et al., (2010) a stable baseline should be observed before the intervention is introduced if a causal relationship is to be inferred. Within the current

study, the researcher's ability to establish a stable baseline was limited by time constraints. It is therefore important to acknowledge that the absence of a stable baseline means that is not possible to reliably draw inferences about the impact of group consultation on some of the individual behaviours observed. It would, therefore, be helpful for future research to extend the baseline periods to gain a better understanding before the intervention begins.

5.6.2. Limitations of the Visual Analysis

Visual analysis was used to analyse the SCED data, which may be vulnerable to subjectivity (Kazdin, 2003). This limitation was acknowledged and the impact mitigated through the use of inter-observer agreement of the visual analysis (see sections 4.2.6.9, 4.3.6.8, and 4.4.6.9)

5.6.3. School Holidays

Due to the timelines for each participant, there were gaps in the intervention period due to school holidays for all three participants. For Grace and Rob, there were two school holidays which fell during the intervention period. The researcher acknowledges that this may have impacted on the validity of the results.

5.6.4. Fidelity of Consultations

The fidelity checks indicated that the consultations followed the process, as outlined in section 3.7, between 80.5% and 95.8% of the time. The fidelity check showed a high level of fidelity to the consultation process for all three consultants, however, as the researcher only observed three consultations for each participant, there may have been differences in the unobserved consultations.

The diversity of the individual needs of the participants meant that the focus and group composition of the consultations were different for each participant. The use of case study and SCED methodology reflects this as it can expand on how an intervention may have an impact and allows for the difficulties in real-world research (Yin, 2009).

In addition, for each participant, there were different periods of time between the consultations. For example, in Hayley's case, there were 19 days between consultation 1 and 2 and 7 days between consultation 3 and 4 (Appendix 18). It is therefore not clear whether consultations are more effective when they are closer together or with longer gaps in between. It would also have been of interest to record the length and duration of each consultation as there may have been differences for and between each participant. Variations in the regularity of the consultations and the unrecorded duration mean that it is difficult to determine whether these factors were influential to the outcomes observed.

5.6.5. Consultant Characteristics

Within this research study, consultations were carried out by three different EPs. EP characteristics (including gender, age and experience) may have impacted on the relationship between consultant and consultees (Wampold & Brown, 2005). It is possible that the positive benefits reported by group members may be due to the interaction with the EP and would have occurred irrespective of the group consultations. Hence, it may not have been the type of intervention but the client-therapist relationship that made a difference (Wampold & Brown, 2005).

5.6.6. Limitations of the Thematic Analysis

While the flexibility of thematic analysis may be of benefit to researchers, the absence of clear guidelines means that "anything goes" (Antaki, Billig, Edwards & Potter, 2002). This study followed the process outline by Braun and Clarke (2006) to decrease this threat. Thematic analysis is interpretivism in that it is the researcher's interpretation, however, the researcher attempted to reduce this by using inter-rater checks which indicated a high level of agreement of between 90 and 100%, thus increasing the likelihood that the themes were a reliable demonstration of the excerpts within. To further negate this threat, member checks could have been used by presenting the themes back to those interviewed to ensure that they felt that it was representative of their viewpoint. Due to researcher time constraints, this was not possible.

5.6.7. Threats to Internal Validity

Threats to internal validity were previously shared in section 3.82. Class teachers were asked to report any changes in staff or school environment and for participants not to begin any new interventions. None were reported. The researcher stayed in regular contact with school staff and with the EPs running the consultation sessions through email and school visits. None of the participants dropped out.

5.6.8. Measures Used

The following sections offer an evaluation of the quantitative measures used.

5.6.8.1. Observation measures

Kratochwill (1992) suggests that direct observation measures can increase the validity of the SCED. For all three participants, efforts were made and largely achieved to complete the observations on the same days and at approximately the same time each week.

Horner et al., (2005) report that the validity of observational measures can be increased by measuring the targeted behaviour repeatedly and using inter-rater agreement. In the current research, 3 observations for each participant were undertaken jointly with the researcher and school SENCO. The mean of Cohen's Kappa indicated a moderate (0.63) to high (0.85) level of agreement which Robson (2011) suggests increases the reliability of the data.

There is limited previous consultation research which has conducted direct observations of child behaviour with fidelity checks (Wilkinson, 2005; Sheridan et al., 2017). The inclusion of the behavioural observations and fidelity checks, complemented by the qualitative data analysis in this study attempted to provide information about the process, conditions and details of the consultations to better understand how and why the consultations had an impact on an individual child through the implementation of a single case design.

The reliability of the observational data may have been impacted by the presence of the researcher. As the researcher was not a natural presence in the classroom, the child's

behaviour may have been affected. Due to staffing time constraints, a staff member was not available to carry out bi-weekly observations. Furthermore, due to time demands it was only possible for the researcher to complete observations twice a week for 30 minutes. Further studies may wish to carry out more frequent observations in order to capture a larger sample of target behaviours, thus further increasing the reliability of findings.

5.6.8.2. SDQ (Goodman et al., 1997)

SDQ data were collected twice for each participant (pre-and post-intervention). There is the possibility that other factors, such as maturation and/or other home or school environment changes may have affected changes in the SDQ score. In addition, the scores may have been affected by the re-administration of the SDQ within a short period of time of between 11 and 13 weeks. Therefore, one has to be cautious in inferring links between the SDQ scores and the consultations.

5.6.8.3. CBRS (Bronson et al., 1990)

CBRS data was collected twice for each participant (pre-and post-intervention). There is the possibility that other factors, such as maturation and/or home or school environment changes may have affected the CBRS scores. In addition, scores may have been affected by the teacher completing the CBRS so closely together (around 12 weeks). Therefore, one has to be cautious in inferring links between the CBRS scores and the consultations.

5.7. Implications for EP Practice

The current study has added to previous research through its exploration of the impact of group consultation on the classroom behaviour of three children with social, emotional and behavioural difficulties. The study offers tentative support to suggest that group consultation can be used to achieve change in targeted behaviours of individual children. Evidence of positive change in behaviour was seen in all three cases, and for two of these pupils these findings were supported by teacher ratings of behaviour using the SDQ (Goodman, 1997) and the CBR (Bronson et al., 1990). This finding is particularly

important as there is limited research to evidence whether school staff and parents attending a series of group consultations can impact positively on the targeted child.

As a result of the findings in the current study, the researcher has identified a number of implications for EP practice. These are discussed below.

The use of group consultation

As consultation is a common method of service delivery within Educational Psychology Services (O'Farrell & Kinsella, 2018) and is considered as a process which can provide access to high quality intervention (Nolan & Moreland, 2014), it will, therefore, be of interest to know that group consultation appeared to have a positive impact on individual children's behaviour in the present study.

The thematic analysis highlights that staff members thought that the consultations were useful and informative as a way of effective and valued method of communication and support. As well as the perceived changes in behaviour, it was reported that the consultations helped to develop relationships and consistency between home and school environments. This is supportive of research by Wilkinson (2005) who reported that the development of the home-school relationship is key to meet the individual needs of a pupil and could help provide cohesive and integrated support and provision (Wakelyn, 2008).

The use of a structured consultation process

This research study evaluated the impact of a group consultation process which was developed by a LA EPS. Although this process was not compared to other consultation methods, it offers tentative support that within the environments discussed, the consultation process was valued and reported to have a positive impact on child behaviour.

Use of consultations as a method of support for children with SEBD

The findings of this research suggest that group consultation involving staff supporting a child with SEBD can be effective in reducing targeted challenging behaviours. This suggests that it may be a useful tool for EPs to use to meet the needs of children with SEBD and staff who support them. EPs may therefore be able to apply this research when

looking to support schools with pupils with SEBD and challenging classroom behaviours. This research identifies important issues detailing the implementation of the intervention and possible challenges that may arise.

The interviewed group members reported that they valued the time set aside to reflect together with school staff and the child's parents. Within this research, the number of consultations given varied between four and seven sessions, however, a positive impact was seen for all three cases. This, therefore, could tentatively indicate that a time-limited intervention (such as four consultations offered over three months, as in the case for Rob) can reduce challenging behaviour and increase staff members' feelings of competence and support. Further research would be needed to corroborate this claim and consider the longer-term impact of such an intervention.

Further research is also required to see if the finding in this study can be replicated with larger samples over long periods and whether it ultimately helps to promote inclusion and reduce exclusion, a current focus of EP work and concern for many LAs (Armstrong & Hallett, 2012).

5.8. Future Research

This research presents three case studies which indicate that school staff attending a series of group consultations appears to improve the targeted classroom behaviours of primary aged pupils. Given the nature of the SCED methodology applied, the extent to which findings can be generalised to wider populations is limited. Kratochwill et al., (2012) suggest that reliability can be improved by replicating a study with more cases across more settings. The current study was confined to three child participants across three different schools and so further replication would be advantageous.

The optimum number of consultations

To further ascertain how and why the consultations had an effect, it would be helpful for future research to consider the impact of the number and length of the consultation on the outcomes. Within this study, there were between four and seven consultations carried out, which all indicated a positive effect. It would be useful to compare the impact of a single versus a series of group consultations, such as was used in this study, to see whether a

similar effect is seen. Furthermore, it would be useful if future studies could further investigate the impact of the length of the consultation in order to ascertain whether having a longer or shorter period of consultation make a difference.

Evaluate the use of Consultations for Secondary School Pupils

The current study indicates that consultations reduced the challenging behaviour of primary aged pupils with social, emotional and behavioural difficulties. It would be useful for future research to replicate this study using group consultations with adults supporting secondary-aged school pupils. Sheffield and Morgan (2017) report that the frequency of social, emotional and mental health and challenging behaviour is of real concern in secondary schools, thus understanding whether consultations could be an appropriate source of support would be important for EP casework.

Evaluate consultation using a Randomised Control Trial (RCT)

To extend the findings of the current study further research is needed such as employing a more rigorous experimental group level design involving the use of a control group. The use of an RCT is commonly referred to as the gold standard in research (Robson, 2002) and would allow findings to be more generalisable. The use of a control group would allow for other potentially confounding variables witnessed in the present study to be controlled and potentially eliminated.

5.9. Unique Contribution

The findings from the current study add to the limited evidence base around the effectiveness of consultations on child behaviour. In addition, this study employed three case studies embedding single case designs, which to the researcher's knowledge is one of the first of its kind to be used to investigate the impact of group consultation on children's classroom behaviour.

The research offers tentative evidence, that in certain conditions, group consultations can be effective in reducing the disruptive behaviour of primary aged pupils. Group consultation may, therefore, be a useful tool for EPs to help meet the needs of children with SEBD and the staff who support them.

Therefore, the findings of this research suggest that group consultation involving staff supporting a child with SEBD can be effective in reducing/changing targeted behaviours.

5.10. Researcher Reflections

The aim of the current study was to understand the impact of group consultations on the targeted classroom behaviours of primary aged pupils. Completing this research highlighted to the researcher the challenges of implementing research within 'real-world' settings (such as schools). The researcher experienced several issues, such as identifying participants, negotiating timetables for observations and supporting schools to identify timeslots for consultations.

While the results of this study were positive, more robust research is needed to improve the generalisability of the results. This research study has, however, contributed positively to the evidence base for the use of consultations as a method of support for disruptive behaviour and has helped to identify areas of further research and implications for practice within Educational Psychology Services.

Chapter 6: Conclusion

This study evaluated whether a series of group consultations could improve primary aged pupils' disruptive behaviour at school. Outcomes from the SCEDs show that in all three of the cases there was a decrease in overall targeted behaviours. The study also compared measures of behaviours before and after the consultations using the SDQ (Goodman, 1997) and the CBRS (Bronson et al., 1990). For two of the participants, positive changes in teacher perceptions, as measured by these standardised assessments, were demonstrated. The supplementary interview data revealed that group members valued the process as a useful method for sharing information, collaborative problem-solving and developing home-school relationships. Furthermore, in support of the behavioural observation data, all group members interviewed reported a positive change in participant behaviour.

There are, however, several key limitations to the design and implementation of the research which should be taken into account when considering outcomes such as short baseline compared to the length of the intervention phase, breaks in data collection due to school holidays and the impact of the researcher during observations.

There is a need for further research to replicate this study with a wider population of pupils and practitioners, adopting a more rigorous design such as an RCT to improve the generalisability of findings. Nevertheless, despite the limitations discussed, this study provides tentative evidence for the use of group consultations to reduce targeted disruptive behaviours.

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Appendix 1: Search terms

Intervention	**Population**	**Context**
group consultation	child* (children, child, child's)	Social, emotional and behavioural difficult*
consultation	Pupil*	SEBD
process consultation	Student*	Social, emotional and mental health
	Young people	SEMH
	Teacher*	Behavioural difficult*
		Challenging behaviour

Database	**Search terms**
ERIC (78 found) 17	group consultation OR consultation OR process consultation AND child* OR pupil OR student OR young people OR teacher AND social, emotional and behavioural difficult* OR SEBD OR social, emotional and mental health OR SEMH OR challenging behaviour OR behavioural difficult*
ProQuest 58 found 10 (terms limited to abstract)	
PsycArticles Intervention terms limited to abstract 27 7	
ScienceDirect 42 14	

Appendix 2: Reasons for excluding papers against the inclusion criteria

Once an inclusion criterion was not met (indicated by an N), further studying of the paper stopped.

Articles	Full-Text	Date (conducted in last 15 years)	Published Article (not thesis)	Based on Primary Research	Group consultation about individual child or group of children (with at least 2 group members)	Professionals working with pupils between 3-16 years	Child reported outcomes
Aarons, Sommerfeld, Hecht, Silovsky and Chaffin (2009)	Y	Y	Y	Y	N		
Alkon, Ramler and Mclennan (2003)	Y	Y	Y	Y	N		
Anderson, Hofstadter, Kupyzyk, Daly, Bleck, Collarom Jonesm Clure and Blevins (2010)	Y	Y	Y	Y	N		
Beardslee, Ayoub, Watts, Avery and O'Carroll (2010)	Y	Y	Y	Y	N		
Bozic & Carter (2002)	Y	N					
Brown & Henderson (2010)	Y	Y	Y	Y	N		
Campo (2001)	Y	N					

Capella, Hamre, Kim, Henry, Frazier, Atkins, Schoenwald (2012)	Y	Y	Y	Y	N		
Carter and Norman (2010)	Y	Y	Y	Y	N		
Castro-Villareal and Rodriguez (2017)	Y	Y	Y	Y	N		
Cautili, Harrington, Gilham, Denning, Helwig, Ettingoff, Waldes and Angert (2004)	Y	Y	Y	N			
Couture and Line (2014)	Y	Y	Y	Y	Y	Y	N
Denton, Hasbrouck and Sekaquaptewa (2003)	Y	Y	Y	Y	N		
Dobson and Gifford-Bryan (2014)	Y	Y	Y	Y	N		
Drinkwater, Jarvis and Trevatt (2004)	Y	Y	Y	Y	Y	N	
Evans (2005)	Y	Y	Y	Y	Y	Y	N
Farouk (2004)	Y	Y		N			
Fellows and Jones (2011)	Y	Y	Y	Y	N		
Funk (2013)	Y	Y	Y	N			
Gravois (2012)	Y	Y	Y	N			
Grisson, Erchul and Sheridan (2003)	Y	Y	Y	Y	Y	Y	N
Grobe (2005)	Y	Y	N				

Guli (2005)	Y	Y	Y	Y	Y	Y	N
Hussain (2016)	Y	Y	N				
Jones, Monsen & Franey (2013)	Y	Y	Y	Y	N		
Kratochwill Elliott, Loitz, Sladeczek and Carlson (2003)	Y	Y	Y	Y	N		
Kress & Elias (2013)	Y	Y	Y	N			
Lea (2003)	Y	Y	Y	N			
Leffler, Jackson, West, McCarty and Atkins (2013)	Y	Y	Y	Y	N		
Lenore (2008)	N						
Mautone, Luiselli and Handler (2006)	Y	Y	Y	Y	N		
McGoey, Rispoli, Scheider, Cark and Novak (2013)	Y	Y	Y	Y	N		
McLennan and Perry (2016)	Y	Y	Y	Y	N		
Mueller & Nkosi (2007)	Y	Y	Y	Y	N		
Moorman, Sheridan, Kwon, Woods and Semke (2012)	Y	Y	Y	Y	Y	Y	N

Newman, Ingraham & Shriberg (2014)	Y	Y	N				
Nugent, Jones, McElroy, Peelo & Thronton (2014)	Y	Y	Y	Y	N		
Rae, Cowell & Field (2017)	Y	Y	Y	Y	Y	Y	N
Rankin (2013)	Y	Y	Y	Y	N		
Rautenbach (2010)	Y	Y	N				
Resnick and Kuczek (1996)	Y	N					
Rosenfield (2013)	Y	Y	Y	N			
Sayal, Tischler, Coope, Robotham and Ashworth (2010)	N						
Segool, Brinkman and Carlson (2007)	Y	Y	Y	N			
Spratt, Saylor and Macias (2007)	Y	Y	Y	N			
Truscott, Kreskey, Bolling, Psimas, Graybil, Albritton & Schwartz (2012)	Y	Y	Y	N			
University of South Florida Research Center (2004)	Y	Y	Y	N			
Walsh (2018)	Y	Y	N				
Wilcox (1980)	Y	N					

Wilkinson (2005)	Y	Y	N				
Number per criteria	2	4	6	11	20	1	6

Appendix 3: Included Studies and Relevance for Systematic Review

Study	Study title	Research Design	Study Aim and brief procedure overview
Wilkinson (2005)	Supporting the Inclusion of a Student with Asperger Syndrome: A Case Study using Conjoint Behavioural Consultation and Self-management	Single Case AB design through a case study	- The study used conjoint behavioural consultations involving school staff and parents to support a child with autistic spectrum disorder (ASD). - Consultations were carried out over a six-week period (number unknown).
Garbacz et al., (2008)	The Effectiveness of a Partnership-centred Approach in Conjoint Behavioural Consultation	Pre and post longitudinal exploratory study	- The study sought to investigate the extent to which conjoint behavioural consultation can predict case outcomes. - A number of conjoint behavioural consultations were carried out with parents and teachers about a target child.
Upshur, Wenz-Goss,	A pilot study of early childhood mental health consultation	- Pilot study - non-equivalent	- Used a mental health consultation model to address the needs of

and Reed (2009)		control group design, and matching procedures	young children with challenging behaviours
Swann and York (2011)	Thinkspace – the creation of a multi-agency consultation group for looked-after children	- The study investigated the use of consultation sessions with the team around the child - The study used a case study design, focusing the consultations on a particular young person.	- Thinkspace – the creation of a multi-agency consultation group for looked-after children - Consultation group met monthly for three sessions lasting around an hour each.
Sheridan et al., (2012)	A Randomized Trial Examining the Effects of Conjoint Behavioural Consultation (CBC) and the Mediating Role of the Parent–Teacher Relationship	- Randomised control trial (RCT)	- The study presented a large-scale RCT of CBCs. The study intended to investigate the impact of these consultations on promoting behavioural competence and reducing disruptive behaviours. - Consultations involved parents and

			teachers of a target child. - Four to five consultations were held over an approximately eight-week period.
Durka and Hacker (2015)	The experience of receiving and delivering consultation in a residential childcare setting for looked-after and accommodated children: a sequential exploratory design	- Mixed-method sequential exploratory design	- The study aims to investigate the role consultation offers in providing indirect support to vulnerable children
Hayes and Stringer (2016)	Introducing Farouk's process consultation group approach in Irish primary schools	- Mixed method design	- Looked at EP led consultations with school staff supporting pupils with behavioural difficulties - 10 consultations were carried out at three schools. Consultations group size of 3-7 staff members.
Sheridan et al., (2017)	A Randomized Trial Examining the Effects of Conjoint	RCT	- The study looked at the effect of Parent and teacher CBCs.

	Behavioural Consultation in rural schools: student outcomes and the Mediating Role of the Parent–Teacher Relationship		- Four consultations held over an eight-week period.

Appendix 4: Gough (2007) Weight of Evidence Criteria as applied to the included systematic review studies

WoE rating	WoE A: Methodological quality	WoE B: Methodological appropriateness	WoE C: Relevance of evidence	WoE D: Overall Weight of Evidence
Definition	Methodological quality, coherence and integrity: non-review specific judgement	Appropriateness of the research design for answering the research question	The relevance of the focus of the evidence in answering the review question: appropriateness of sample, evidence gathering and analysis	Overall Assessment of A, B and C.
High	Purpose of research is clear Clearly defined participant sample Clearly defined and described data gathering strategies, clear outcomes and how these led to conclusions	Design presents or discusses impact on individual cases. Pre- and post- and follow-up measures Standardised assessments used	Clear description of consultation processes. Number of group members of consultations evidenced. Outcomes for the child presented (including direct observation or standardised assessments)	Calculation: A 'high' rating is worth 3 points, 'medium' is 2 points and 'low' is 1 point. This category ranks the studies in terms of their average score on the other 3 judgements. High- 2.5-3 Medium-1.5-2.4 Low-1-1.4
Medium	Purpose of research is partially clear Some elements of participant sample described Partially defined and described data	Mixed-methods or qualitative design Group focus or limited individual outcomes Pre- and post- and follow-up measures	Some clear description of consultation method and processes. May be multifaceted but impact of consultation clearly discussed	

	gathering strategies, some clear discussion outcomes and how these led to conclusions		Child outcomes presented (but may be based on teacher or parent reports)	
Low	Purpose of research is not clear Participant sample poorly described Partially defined and described data gathering strategies, outcomes and how these led to conclusions	Qualitative design May include only pre or post measures Outcomes may be self-reported	Limited discussion of behaviour. Consultation methods and processes unclear. Multi-faceted interventions making impact of consultation unclear.	

Appendix 5: Details of Articles Included in the Systematic Review and WoE ratings

Title of research paper	Setting	Participants	Intervention (type of consultation)	Methodology	Outcome of research	Overall rating for the Weight of evidence model (D)
Wilkinson (2005) Supporting the Inclusion of a Student with Asperger Syndrome: A Case Study using Conjoint Behavioural Consultation and Self-management	Mainstream school in the USA	9 year old boy (case study)	Conjoint behavioural consultation Joint consultations over a six week period (number unknown) led by school psychologist – involved school staff and parent	Single Case AB design thorugh a case study	-Results indicated a significant increase in teacher ratings of behavioural control (on-task and compliant behaviour) from baseline to treatment. -Clinically meaningful changes in parent and teacher perceptions of challenging behaviour were evident. -Measures of treatment acceptability and effectiveness, treatment integrity and satisfaction also produced positive results	Medium: Literature review, clear SCED design, baseline data collected, follow up data, moderately explicit reporting of results.

Garbacz et al., (2008) The Effectiveness of a Partnership-centred Approach in Conjoint Behavioural Consultation	Suburban Midwestern city (USA) Participants identified from surrounding elementary, middle and high school settings	20 child participants (range 3-15 years, with a mean age of 8.45 years) 20 parents and 19 teachers involved	Conjoint behavioural consultation (CBC) Three conjoint behavioural consultations were carried out with parents and teachers about a target child	Pre and post longitudinal exploratory study	- Mean scores revealed high acceptability of CBC, perceptions of the effectiveness of CBC, and approval with the consultant. - Revealed that partnerships are correlated with improvements in students' academic, social, and behavioural functioning.	Low: Literature review, no presence of comparison group, medium sized sample, lack of detail in results – for example further information needed about stated student improvements
Upshur, Wenz-Goss, & Reed (2009) A pilot study of early childhood mental health consultation for children with behavioural problems in preschool	Four pre-school settings in the USA	37 preschool teachers 208 pupils identified as at risk of behavioural difficulties in preschool Of these, 136 children were randomly assigned as control or intervention group	Mental health consultations TFK intervention families received a mean of 24.5 h of individual Services: child and family assessment (*M*= 5 h), classroom observation of the child (*M*= 6),	Pilot study - non-equivalent control group design, and matching procedures	Significant improvements in classroom aggressive and maladaptive behaviour, and growth in adaptive behaviour.	High: control group, longitudinal design, follow up data conducted, large sample, clear description of the intervention, participant details

			individual child therapy sessions (*M*= 9 h, parent/teacher consultation *M*= 8 h, and parent–teacher team meetings (*M*= 3h). These services were individualised depending on the needs of the child and family.			
Swann and York (2011) THINKSPACE – the creation of a multi-agency consultation group for Looked After Children	Multi-agency work in the UK	1 student	"Thinkspace" Consultation group met monthly for three sessions lasting around an hour each.	Case study	Significant impact on the creation of a shared understanding of a child's behaviour and their individual needs.	Low: no empirical control, limited detail about the process
Sheridan et al., (2012) A Randomized Trial Examining the Effects of Conjoint	90 classrooms in 21 schools in the Midwest USA	207 children with a mean age of 6.53 years. 113 in the intervention group and 94 in the control group.	Conjoint behavioural consultation - Consultations involved parents	Randomised control trial	- Results indicated that there were significantly different increases in the home–school communication	High: Literature reviewed, large sample size, participants randomly assigned to a group, control

Behavioural Consultation and the Mediating Role of the Parent–Teacher Relationship		90 general education teachers	and teachers of a target child. Four to five consultations were held over an eight-week period.		and parent competence in problem solving for participants in the intervention group relative to control group. - Similarly, compared to children in the control group, children in the CBC group showed significantly greater decreases in arguing, defiance, noncompliance, and tantrums	group included, fidelity of interventions made clear, detailed measures and results included.
Durka and Hacker (2015) The Experience of Receiving and Delivering Consultation in a Residential Childcare Setting for Looked-after and	Residential care settings in the UK	30 members of staff across three residential care establishments	A clinical psychologist held monthly consultations for a year at three residential settings but the number of attendees and length of each session is unclear.	Mixed-method sequential exploratory design	Consultation increased staff confidence and empowered staff to implement discussions and training into their practice	Medium: clear research design, control for extraneous variables, mixed method data, number of sessions and consultation method unclear

Accommodated Children: A Sequential Exploratory Design						
Hayes and Stringer (2016) Introducing Farouk's process consultation group approach in Irish primary schools	3 primary schools in Ireland	3 primary schools were chosen due to the number of EP referral for pupils with social, emotional and behavioural difficulties. 26 school staff members (leadership, SENCO, teacher, counsellor, teaching assistants) in total: School 1: 9 School 2: 7 School 3: 10 School staff attended some or all consultations	Farouk's process consultation approach Group sizes of the consultations varied between 3 and 7. 10 consultations at each of the 3 schools.	Mixed method design comprising mainly qualitative and some quantitative analysis. The data was gained from participant and researcher reflections, interviews and questionnaires.	The results suggest that the groups provided the teachers with an organised time for discussion, information-sharing and learning, which enhanced their behaviour management skills through the sharing of strategies and their implementation through teamwork	Medium: Literature review, no presence of a control group, medium sized sample, clear design, limited quantitative analysis due to low return of post-intervention questionnaires, moderately explicit reporting of results.
Sheridan et al., (2017) A Randomized Trial Examining	152 classrooms across 45 schools in the Midwest USA.84 treatment	267 students in grades kindergarten through third grade, 267 parents	Conjoint behavioural consultation	Randomised control trial	improvement among students whose parents and teachers experienced CBC	High: Literature reviewed, large sample size, participants

the Effects of Conjoint Behavioural Consultation in rural schools: student outcomes and the Mediating Role of the Parent–Teacher Relationship	and 68 control classroom s.	and 152 teachers (84 treatment, 68 control)	- Small group format – one teacher and parents involved in the consultation - Four consultations held over an eight-week period.		significantly outpaced that of control students in their teacher-reported school problems and observational measures of their inappropriate (off-task and motor activity) and appropriate (on-task and social interactions) classroom behaviour.	randomly assigned to a group, control group included, fidelity of interventions made clear, detailed measures and results included.

Appendix 6: Example of Behaviour Observation

Observation Schedule

Child's initials: **Year group:**
Date: **Time:**
Observer:

The following behaviours will be the focus for this observation

- Shouting out (using the code SO)
- Distracting peers (using the code DP)
- Arguing with school staff (using the code AS)
- Refusing to complete learning tasks (using the code R)

Day and time to be observed each week: Mondays, Wednesdays and Friday's, 9.45-10.15

Length of observation: 30 minutes
Please record the codes of any of the above behaviours observed.

Time	Behaviour observed (code)	Comments (optional)

Appendix 7: Fidelity Checklist

Observer name: **Date:** **Session number:**

Please indicate whether the following aspects of consultation have been observed at least once by indicating Yes (√) or No (χ). Qualitative data, if needed, can be captured in the 'comments' section.

Group process stages	Observed Yes /No	Comments	**Facilitation skills**	Observed Yes/No	Comments
Introduction: Reminder of ground rules and consultation process and identification of problem holder.			Ensuring the presenter has time to speak. Reinforcing positives Keeping the process on track Clarification questions Rapport building		
Stage 1: Reflection of previous session and update on generated strategies and progress					
Stage 2: Problem presentation One group member presents a concern or reflection about the target child and is given the opportunity to speak freely					
			Demonstrating active listening skills (Mirrored body language, nodding, maintained eye contact, and open body posture).		
Stage 3: Clarification and exploration of the problem Open discussion for the group to gain more clarity on the situation presented. Can ask solution focused questions, although discouraged from giving advice			Solution focused questions		
			Exception questions		
			Focusing group to exploring the issue		
			Summarising		

Stage 4: Personal theory development Participants are encouraged to think about the reasons for specific behaviours.			Unconditional positive regard		
			Open questions		
Stage 5: Child's voice: The EP brings some reflections and insight of child views			Reframing Supporting setting realistic expectations Developing an understanding of child through child's voice		
			Demonstrates empathy Reflecting on the system around the child		
Stage 6: Theory generating. Exploring what works well and thinking about how any positives have been achieved			Gate keeping (reducing the activity of overactive members and increasing the activity of more passive members)		
Stage 7: Generation of strategies The facilitator allows time for the group to discuss strategies and the implications of implementation			Use of expert knowledge and advice		
Stage 8: Summarising next steps and actions					

Appendix 8: Ethics Approval Letter

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

School of Psychology
The University of Nottingham
University Park
Nottingham
NG7 2RD

T: +44 (0)115 8467403 or (0)115 9514344

SJ
Ref: S978R

Tuesday, 06 June 2017

Dear Nick Durbin and Charlotta Watson,

Ethics Committee Review

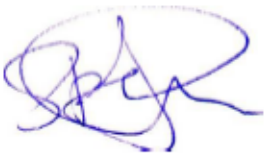
Thank you for submitting an account of your proposed research 'An Investigation Into The Impact Of Process Consultation On The Classroom Behaviour Of Looked-After Children'.

That proposal has now been reviewed by the Ethics Committee and I am pleased to tell you that your submission has met with the committee's approval.

Final responsibility for ethical conduct of your research rests with you or your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society and the University Research Ethics Committee. If you have any concerns whatever during the conduct of your research then you should consult those Codes of Practice. The Committee should be informed immediately should any participant complaints or adverse events arise during the study.

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

Yours sincerely



Professor Stephen Jackson
Chair, Ethics Committee

Appendix 9: Chair Approval for Amendments

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

School of Psychology
The University of Nottingham
University Park
Nottingham
NG7 2RD

tel: +44 (0)115 846 7403 or (0)115 951 4344

SJ/tp

Ref: S1023

Tuesday 14th November 2017

Dear Charlotta Watson & Nick Durbin,

Title of the new project: An investigation into the impact of process consultation on the classroom behaviour of children with emotional and behavioural difficulties
Applicants: Charlotta Watson & Nick Durbin

Further to your request for Chair Approval for amendments to the project:-

Details of the previous study:

Applicant: Charlotta Watson
Title: An investigation into the impact of process consultation on the classroom behaviour of looked-after children
Date of approval: 6/6/17
Reference number (if known): S962

As Chair of the Ethics Committee I have considered your request and I am happy to grant approval for the following changes:

- Change from looked-after children to children with emotional and behavioural difficulties
- Removed reference to social workers and foster parents – replaced with school staff and/or parents
- Removed reference to Social, Emotional Wellbeing team, replaced with Educational Psychology Service

Changed rationale for research to explain the use of the intervention for children with emotional and behavioural difficulties:

- Supporting children with emotional and behavioural difficulties is a key area of focus for schools (Poulou and Norwich (2002) for these pupils display levels of challenging behaviour which is a source of stress for teachers (Male & May, 2007). Truscott et al. (2012) reported that in order for schools to improve behaviour, teachers must have first developed the capacity to do so. Research has indicated that teachers can find it difficult to implement and measure strategies that try to improve student behaviour (Martin & Carroll, 2005). Truscott et al. (2012) considered the use of consultative support for teachers working with a child presenting challenging behaviours and reported increases in participants' feelings of competence.

Changed how participants will be identified:

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- Educational Psychologists will liaise with schools about the research and identify any children who have emotional and behavioural difficulties and may be suitable for the research. It is anticipated that these will all be children who have had prior involvement with the Educational Psychology Service. The Educational Psychologist will briefly explain the research to the school and parents. The parent will then be invited to meet the researcher so that the purpose and rationale of the research study can be further explained and their consent obtained. The researcher will ask all adults involved to read the information sheet explaining the research (see appendices 2, 4 and 6), and if they are willing to participate, to sign the informed consent forms (see appendices 1, 3 and 5). Once consent has been gained from the adults, the researcher will meet with the target child, supported by a familiar adult (likely a teaching assistant) to discuss and explain the research (appendices 6, 7 and 8).

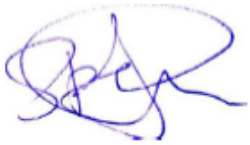
- Due to a change in how participants will be identified, a number of Educational Psychologists may run the consultation. To support intervention fidelity, the Educational Psychologist will also be interviewed post-intervention.

- Changed the Rating Scale to be one adapted from the Brief Problem Checklist.

Final responsibility for ethical conduct of your research rests with you or your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society and the University Research Ethics Committee. If you have any concerns whatever during the conduct of your research then you should consult those Codes of Practice.

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

Yours sincerely



Professor Stephen Jackson
Chair, Ethics Committee

Appendix 10: Parent Consent and Information Sheet

School of Psychology

Consent Form

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S962

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
School of Psychology, University of Nottingham, NG7 2RD

Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

The participant should answer these questions independently:

- Have you read and understood the Information Sheet? YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily? YES/NO
- Do you understand that you are free to withdraw from the study? YES/NO (At any time and without giving a reason)
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected YES/NO.
- Do you agree for the child to take part in the study? YES/NO
- Do you agree for the child to be interviewed? YES/NO
- Do you agree for the interview with the child to be audio recorded? YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Child's initials: _____

Signature of the Participant: Date:

Name (in block capitals)

I have explained the study to the above participant and he/she has agreed to take part.

Signature of researcher: Date:

School of Psychology

Information Sheet

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S292

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
School of Psychology, University of Nottingham, NG7 2RD
Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully.

The aim of this research is to support children who have social, emotional and behavioural difficulties and challenging behaviour. An Educational Psychologist will run a number of consultations with the adults supporting your child. Group consultations are a method of consultation which offers group members a chance to discuss, share information and jointly learn about their concerns and hopes for an identified child. I would like to investigate the impact of these consultations on the classroom behaviour of your child.

The research will involve weekly behavioural observations of the child in class. The child will be told about the intervention and research and asked for consent, however, they will not be told, until the end of the research, that their behaviour is being observed in class as this may change their behaviour.
The class teacher will be asked to complete a pre- and post-intervention measure of behaviour using the Strengths and Difficulties Questionnaire (Goodman, 1997) and the Child Behaviour Rating Scale (Bronson et al., 1990). Following the conclusion of the intervention, I would like to hold a short interview with the child to talk about their school experience and support. The interview, taking place in a room visible from the outside, will be audio recorded for the purpose of transcription using a Dictaphone. The audio files will then be transferred and stored in an encrypted folder with each file password protected on a computer. The audio files will be stored for 24 months following the completion of the research and then destroyed. Consent for the research will also be sought from the child.

The research collection and intervention process will last between 6 and 14 weeks, depending on the number of consultations carried out, which is determined by the Educational Psychologist responsible.

All information gathered will be kept confidentially and anonymously and any identifying information removed.

Participation in this study is totally voluntary and you are under no obligation to take part. You are free to withdraw at any point before or during the study. All data collected will be used for research purposes only. It will be stored in compliance with the Data Protection Act for a period of two years and then confidentially destroyed. If you do not wish to participate in the research, the intervention can still go ahead with the child, through discussion with the Educational Psychologist service.

If you have any questions or concerns please don't hesitate to ask now or contact us later using the contact details above.

If you have any complaints about the study, please contact:
Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

Thank you,

Charlotta Watson

Appendix 11: Key Teaching Staff and SENCO Consent and Information Sheet

School of Psychology

Consent Form

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S962

Researcher: Charlotta Watson
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07393142689
School of Psychology, University of Nottingham, NG7 2RD
Supervisor: Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

The participant should answer these questions independently:

- Have you read and understood the Information Sheet? YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily? YES/NO
- Do you understand that you are free to withdraw from the study? (At any time and without giving a reason) YES/NO
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO
- Do you agree to take part in the study? YES/NO
- Do you agree to be interviewed? YES/NO
- Do you agree for the interview to be audio recorded? YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: Date:

Name (in block capitals)

I have explained the study to the above participant and he/she has agreed to take part.

Signature of researcher: Date:

School of Psychology

Information Sheet

The University of Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S962

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
School of Psychology, University of Nottingham, NG7 2RD

Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully.

The aim of this research is to support children who have social, emotional and behavioural difficulties and challenging behaviour. An Educational Psychologist will work directly with the key adults supporting a child in order to help them to identify how best to meet the child's needs. The Educational Psychologist will run a number of group consultations with these key adults. Group consultation is a method of consultation which offers group members a chance to discuss, share information and jointly learn about their concerns and hopes for an identified child. I would like to investigate the impact of these consultations on the classroom behaviour of the child.

These consultations will be run by the Educational Psychologist and I will also observe up to two of these sessions. My observations will be looking at the integrity of the consultation process and the extent to which it is conducted in line with the group consultation model. I will be taking notes during my observation; however, these will not include any names or identifying details of any participants. At any point during my observation of the group consultation, you are free to leave and withdraw from the process or ask me to stop observing. At the end of the consultation, you will be free to ask me any questions about the notes I have taken.

The research will involve weekly observations of the child, and pre, and post assessments. As the child's class teacher, I will ask you to complete a pre- and post-intervention measure of behaviour using the Strengths and Difficulties Questionnaire (Goodman, 1997) and the Child Behaviour Rating Scale (Bronson et al., 1990).

The child will be told about the intervention and research and asked for consent; however, they will not be told that their behaviour is to be observed in class, as this may change their behaviour, until the end of the research.
Following the completion of the consultations, I would like to interview you about the process and to discuss whether you have noticed any changes in the child's behaviour. If you agree the interview will be audio recorded for the purpose of transcription using a Dictaphone. The audio files will then be transferred and stored in an encrypted folder with each file password protected on a computer. The audio files will be stored for 6 months following the completion of the research and then destroyed.

The research collection and intervention process will last between 6 and 14 weeks, depending on the number of consultations needed.

All information gathered will be kept confidentially and anonymously and any identifying information removed.

Participation in this study is totally voluntary and you are under no obligation to take part. You are free to withdraw at any point before or during the study. All data collected will be used for research purposes only. It will be stored in compliance with the Data Protection Act for a period of two years and then confidentially destroyed. If you do not wish to participate in the research, the intervention can still go ahead with the child, through discussion with the Educational Psychology Service.

If you have any questions or concerns please don't hesitate to ask now or contact us later, using the contact details above.

If you have any complaints about the study, please contact:
Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

Charlotta Watson

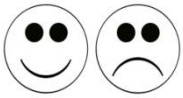
Appendix 12: Child Consent

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S962

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242

Please choose  *for **yes** and*  *for **no**.*

- Have you been told about the research (from the information sheet)? 
- Have you been able to ask questions? 
- Are you happy to take part in the study? 
- Do you agree for our interview to be audio recorded? 

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

My name: Date:

I have explained the study to the above participant and he/she has agreed to take part.

Signature of researcher: Date:

Appendix 13: Child Information Sheet

The following information sheet will be given to the child as a hand out as well as being read to and discussed with them in order to offer any clarifications and to answer any questions as needed.

School of Psychology

Information Sheet

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Ethics Approval Number: S962

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
School of Psychology, University of Nottingham, NG7 2RD
Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

We would like to ask you to take part in a research study. Before you decide whether to take part or not, it is important for you to understand why the research is being done and what it would involve for you. Please ask me at any time if you would like more information.

Why are we doing this research?
We are looking at using something called group consultation which is where some of the adults that work with you will meet together with an Educational Psychologist to discuss the best way that they can support you in school. I would like to find out whether these consultations have any impact on your experience at school.

Why have I been asked to take part in this study?
Your class teachers have asked for some support to know how to best support you in school. They will have discussions with some of the other adults that support you and consider how they can work together to offer you support.

Do I have to take part?
No, it is up to you to decide. If you agree to take part you can change your mind and withdraw from the study at any time and you do not have to give a reason for this. If you agree to take part, I will ask you to fill out a consent form, which is attached.

What will happen if I take part?
I would also like to interview you after the work with the adults is complete to discuss how things are going in different lessons at school. To make sure nothing important you say is missed; I would like to use an audiotape to record the interviews. You will be asked in the consent form, attached, to say whether you do not want to be recorded. If

you don't want to be recorded this is ok, in which case with your permission I will just take written notes which I will share with you at the end. If you are happy to be recorded, I will check with you at the beginning of the interview to make sure you are still happy with this. You will be able to change your mind at any point.
During our chat, I will ask you about school and things that are going well and things that are a bit more difficult. If there are any questions you don't want to answer, that's okay and we can skip the question.

Will the information I give be confidential?
All of the information you give will be made anonymous and kept confidentially. No one will know what you have said. Your name will be replaced with a number that only the researcher knows. The audiotape will be destroyed once the study is complete. Your answers will be confidential and only members of the researcher team will have access to them.

The study will be published as part of a doctoral thesis and may also be used in research journals in the future. This will not include any personal information which will identify you, for example, your name will be changed and it will not say where you live or what school you go to.

All information collected in the study will be kept confidentially. However, we have a duty of care to protect you, if you are at risk of harm. If you tell us information that indicates that you might be at risk of seriously harming yourself or others or that you are at risk of harm from another person we will need to inform a member of school staff as part of the local authority's safeguarding procedure.

What if I have questions about something to do with the study?
If you would like to ask about anything to do with the study, please ask your teacher or parents to contact me at lpxcw5@nottingham.ac.uk. You or your parents can also ask my supervisor for further information too, their contact details are listed above.

Who is organising and funding the research?
The research has been organised by researchers at the University of Nottingham in partnership with the Educational Psychology Service.
If you have any questions, please ask.

Remember, if at any time you decide that you do not want to take part in the study, you are free to change your mind and withdraw.

Thank you for reading this.

Charlotta Watson

Appendix 14: Group member Consent and Information Sheet

School of Psychology

Consent Form

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S962:

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
School of Psychology, University of Nottingham, NG7 2RD
Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

The participant should answer these questions independently:

- Have you read and understood the Information Sheet? YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily? YES/NO

- Do you understand that you are free to withdraw from the study? YES/NO
  (At any time and without giving a reason)
  I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO

- Do you agree to take part in the study? YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."
Signature of the Participant: Date:
Name (in block capitals)
I have explained the study to the above participant and he/she has agreed to take part.
Signature of researcher: Date

School of Psychology

Information Sheet: group members

An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties

Ethics Approval Number: S962

Researcher*:* Charlotta Watson
lpxcw5@nottingham.ac.uk
07393142689
School of Psychology, University of Nottingham, NG7 2RD

Supervisor*:* Dr. Nick Durbin
nick.durbin@nottingham.ac.uk
0115 84 67242
Joint Programme Director - Doctorate in Applied Educational Psychology (Professional Training): School of Psychology, University of Nottingham, NG7 2RD

Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully.

The aim of this research is to work with children who have social, emotional and behavioural difficulties and challenging behaviour. The Educational Psychologist will work directly with the key adults supporting the child or child in order to best meet their needs. An Educational Psychologist will run group consultations with some of these key adults. Group consultation is a method of consultation which offers group members a chance to discuss, share information and jointly learn about their concerns and hopes for an identified child. I would like to investigate the impact of these consultations on the classroom behaviour of the child.

These consultations will be run by the Educational Psychologist and I will also observe two of these sessions. My observations will be looking at the integrity of the process and the extent to which it is conducted in line with the group consultation model. I will be taking notes during my observation; however, these will not include any names or identifying details of the participants. At any point during my observation of the group consultation, you are free to leave and withdraw from the process. At the end of the consultation, you will be free to ask me any questions about the notes I have taken.

The research will involve weekly behavioural observations of the child, and pre, and post assessments. The child will be told about the intervention and research and asked for consent; however, they will not be told that their behaviour is to be observed in class, until the end of the research, as this may change their behaviour.
The child's class teacher will complete a pre- and post-intervention measure of behaviour using the Strengths and Difficulties Questionnaire (Goodman, 1997) and the Child Behaviour Rating Scale (Bronson et al., 1990).

The research collection and intervention process will last between 6 and 14 weeks, depending on the length of the consultations.
All information gathered will be kept confidentially and anonymously and any identifying information removed.
Participation in this study is totally voluntary and you are under no obligation to take part. You are free to withdraw at any point before or during the study. All data collected will be used for research purposes only. It will be stored in compliance with the Data Protection Act for a period of two years and then confidentially destroyed. If you do not wish to participate in the research, the intervention can still go ahead with the child, through discussion with the Educational Psychology Service.

If you have any questions or concerns please don't hesitate to ask now or contact us later, using the contact details above.

If you have any complaints about the study, please contact:

Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

Charlotta Watson

Appendix 15: Debrief letter

School of Psychology

Debrief Form

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

<u>An investigation into the impact of group consultation on the classroom behaviour of children with social, emotional and behavioural difficulties</u>

Ethics Approval Number: S962

Researcher: Charlotta Watson
lpxcw5@nottingham.ac.uk
Supervisor: Dr. Nick Durbin
nick.durbin@nottingham.ac.uk

The aim of this research was to investigate the impact of group consultation on the children's classroom behaviour.

This research aimed to investigate the impact of regular consultations with the adults who work with a child with social, emotional and behavioural difficulties. The Educational Psychologist worked directly with the key adults supporting the child in order to identify how best meet their needs.

The research involved weekly classroom observations. The child was not told that they would be observed as this may have changed their behaviour in the classroom. The child has now been told of the reasons for this and the purpose of the observations. They may have some questions or want to talk to you about this. Please let me know if you need any support to answer any of their questions.

The class teacher was also asked to complete a pre- and post-intervention measures of behaviour using the Strengths and Difficulties Questionnaire (Goodman, 1997) and the Child Behaviour Rating Scale (Bronson et al., 1997). The reason for these measures was to see whether any changes in the child's classroom behaviour could be noted.

The child and class teacher were interviewed afterwards to gain their views and to see whether they have noticed any changes in the child's behaviour. These interviews will be analysed to see if it provides any further insight into the changes or otherwise that were observed.

Any information gathered will be kept anonymously and any identifying information removed.

If needed, please contact the facilitator of the consultations (Educational Psychologist) for support who will be available to offer support and/or signpost you to appropriate voluntary or local authority organisations if needed.

If you have any questions or concerns please don't hesitate to ask now or contact us

later.

If you have any complaints about the study, please contact:
Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

Thank you,
Charlotta Watson

Appendix 16: Interview Structure

Interview structure for key teaching staff

Introduction (to be spoken by the researcher)

Hi, my name is Charlotta Watson and I am a Trainee Educational Psychologist currently on placement in (insert placement authority) whilst completing my Doctorate training at the University of Nottingham. As part of my university research I have been looking at the impact of the group consultations on the classroom behaviour of a primary school child. I would like to have a short interview with you to find out about how you have felt about the process and any differences you may or may not have seen in (insert child's name). Is it okay if I audio record the interview?

1. How have you found the process consultation process? Are there any particular aspects you have found helpful/unhelpful? Can you tell me more about that?
2. Have you noticed any changes for the child? In what way? In what areas?
3. Do you think participant x's behaviour has changed since the consultations started?
4. Can you go into more detail about how their behaviour has changed please? How has that changed from a few weeks ago? Can you identify any reasons that have contributed to that change?
5. Have any other members of staff commented on improvements to participant x's behaviour?
6. Have there been any changes to the support participant x is getting at school?
7. Do you think this may have impacted on their behaviour?
8. How has the process impacted on your relationship with the child? Can you tell me more about that?
9. Any other comments

Interview structure for the child

Hi, my name is Charlotta Watson and I am a Trainee Educational Psychologist currently on placement in (insert placement authority) whilst completing my Doctorate training at the University of Nottingham. I have been looking at group consultation, which is where some of the adults that work with you will meet together with an Educational Psychologist to discuss the best way that they can support you in school. I would like to find out whether these consultations have any impact on your experience at school. Is it okay if I ask you some questions about school? Is it okay if I audio record what you say?

1. Can you tell me about school?
2. What is your favourite/least favourite lesson?
3. Can you tell me about any successes that you have had at school? What did that look like? Who was involved? How did that make you feel?
4. Can you tell me about anything that has been challenging at school? What did that look like? Who was involved? How did that make you feel?
5. Can you tell about the adults in your class? Can you tell me more about the work they do with you? Do you have a favourite teacher? What is it about them that you find positive/helpful?
6. Think back a few weeks – what was school like then? Can you explain why you think that? What rating would you give school out of 10 then? What made it a number x? What would have helped to make it a higher number?
7. How was school last week? Can you explain why you think that? What rating would you give school out of 10 last week? What made it a number x? What would have helped to make it a higher number?
8. How has school been this week? Can you explain why you think that? What rating would you give school out of 10 this week? What made it a number x? What would have helped to make it a higher number?

Appendix 17: Behaviour Observation Schedule for Hayley

Observation Schedule

Child's initial: **Year group:**
Date: **Time:**
Observer:

The following behaviours will be the focus for this observation

- Shouting out (using the code S)
- Refusing to complete learning tasks (using the code R)
- Distracting peers (using the code D)
- Moving around the classroom (using the code M)
- Making inappropriate noises (using the code N)
- Fidgeting (using the code F)

Length of observation: 30 minutes

Please record the codes of any of the above behaviours observed.

Time	Behaviour observed (code)	Comments (optional)

Appendix 18: Dates and Details of Consultation for Hayley

Date of Consultation	**Attended by**	**Observed by the researcher**
30/11/17	• Hayley's mum • School SENCO • Class Teacher • Nurture Group Teacher	Yes
7/12/17	Cancelled due to school festive event	
19/12/17	• Hayley's mum • Family Support Worker • School SENCO • Class Teacher • Nurture Group Teacher	No
11/01/18	• Hayley's mum • Family Support Worker • School SENCO • Class Teacher • Nurture Group Teacher	Yes
18/01/18	• Hayley's mum • Family Support Worker • School SENCO • Class Teacher	No
25/1/18	• Hayley's mum • Family Support Worker • School SENCO • Nurture Group Teacher	Yes

Appendix 19: Raw Data for Hayley

Baseline scores are highlighted.

Date	Shouting Out	Refusing to follow adult instructions	Distracting peers	Making inappropriate noises	Moving around the classroom	Fidgeting	Total
13/11/17	3	14	7	3	5	6	38
17/11/17	3	13	6	4	4	5	35
20/11/17	3	20	10	6	4	4	47
24/11/17	3	13	9	3	3	5	36
27/11/17	4	16	7	4	3	4	38
1/12/17	3	9	3	2	3	2	22
4/12/17	2	9	1	6	5	2	26
8/12/17	4	15	3	5	2	1	30
11/12/17	2	6	2	4	9	4	27
15/12/17	1	6	1	2	2	4	16
18/12/17	3	3	3	2	3	2	16
22/12/17	Christmas Holidays						
25/12/17	Christmas Holidays						
29/12/17	Christmas Holidays						
01/01/18	Christmas Holidays						
05/01/18	Christmas Holidays						
08/1/18	1	4	1	5	2	3	16
12/01/18	0	5	2	1	3	2	13
15/01/18	2	2	0	3	2	2	11
19/01/18	0	0	0	3	3	4	10
22/01/18	0	0	0	1	2	1	4
25/01/18	0	0	0	0	1	1	2
29/01/18	0	0	0	0	0	3	3

Appendix 20: Behaviour Observation Schedule for Grace

Observation Schedule

Child's initial: **Year group:**
Date: **Time:**
Observer:

The following behaviours will be the focus for this observation

- Shouting out (using the code S)
- Refusing to complete learning tasks (using the code R)
- Moving around the classroom (using the code M)
- Distracting peers (using the code D)
- Fidgeting (using the code F)

Length of observation: 30 minutes

Please record the codes of any of the above behaviours observed.

Time	Behaviour observed (code)	Comments (optional)

Appendix 21: Dates and Details of Consultation for Grace

Date of Consultation	**Attended by**	**Observed by the researcher**
31/01/18	• Graces' mum and family friend • Class Teachers (job share) • Teaching Assistant	No
7/2/18	• Graces' mum and family friend • School SENCO • Class Teachers (job share) • Teaching Assistant	Yes
14/2/18	• Graces' mum and family friend • School SENCO • Class Teachers (job share) • Teaching Assistant	No
28/2/18	Cancelled due to EP illness	
7/03/18	• Graces' mum and family friend • School SENCO • Class Teachers (job share) • Teaching Assistant	Yes
14/03/18	Cancelled due to poor weather	
21/03/18	• Graces' mum and family friend • School SENCO • Class Teachers (job share) • Teaching Assistant	No
12/04/18	• Graces' mum and family friend	Yes

	• School SENCO • Class Teachers (job share) • Teaching Assistant	
19/04/18	• Graces' mum and family friend • School SENCO • Class Teachers (job share) • Teaching Assistant	No

Appendix 22: Raw Data for Grace

Baseline scores are highlighted.

Date	Shouting Out	Refusal	Moving around the room	Distracting others	Fidgeting	Total
19/01/18	4	5	5	5	8	27
22/01/18	3	4	10	3	7	27
26/01/18	3	4	5	5	6	23
29/01/18	4	5	7	4	8	28
2/02/18	2	3	3	4	4	16
5/02/18	3	4	2	6	5	20
9/02/18	2	5	2	3	3	17
12/02/18	2	2	2	6	5	15
16/02/18						
19/02/18						
23/02/18						
26/02/18	1	1	1	3	3	9
2/03/18	2	4	2	3	1	12
5/03/18	2	3	1	4	2	12
9/03/18	0	2	0	2	2	6
12/03/18	0	1	0	2	3	6
16/03/18	3	2		1	1	8
19/03/18		1	2	4	2	9
23/03/18						
26/03/18						
30/03/18						
2/04/18						
6/04/18						
9/04/18	2	1	1	2	0	6
13/04/18	0	2	1	1	1	5
16/04/18	0	0	0	1	3	4
20/04/18	0	0	1	1	2	4
23/04/18	0	0	0	1	3	4

Appendix 23: Behaviour Observation for Rob

Observation Schedule

Child's initial: **Year group:**
Date: **Time:**
Observer:

The following behaviours will be the focus for this observation

- Shouting out (using the code S)
- Aggressive behaviour (using the code A)
- Refusing to complete learning tasks (using the code R)
- Absconding/Leaving the room (using the code L)
- Distracting peers (using the code D)
- Moving around the classroom (using the code M)

Length of observation: 30 minutes

Please record the codes of any of the above behaviours observed.

Time	Behaviour observed (code)	Comments (optional)

Appendix 24: Dates and Details of Consultation for Rob

Date of Consultation	**Attended by**	**Observed by the researcher**
1/02/18	• School SENCO • Class teacher • Teaching Assistant	Yes
8/02/18	Cancelled due to class teacher illness	
15/02/18	• Rob's mum • Rob's dad • School SENCO • Class teacher • Teaching Assistant	No
1/03/18	Cancelled due to poor weather	
15/03/18	• Rob's mum • Rob's dad • Class teacher • Head Teacher • Teaching Assistant	Yes
12/04/18	Cancelled due to SENCO and class teacher availability	
19/04/18	Cancelled due to parent illness	
26/04/18	• School SENCO • Class teacher • Teaching Assistant	Yes

Appendix 25: Raw Data for Rob

Baseline scores are highlighted.

Date	Shouting Out	Aggressive behaviour	Refusal	Absconding	Distracting peers	Moving around the room	Total
22/01/18	10	10	10	2	5	4	41
26/01/18	12	13	11	2	2	4	44
29/01/18	11	10	10	3	5	4	43
2/02/18	6	4	8	0	6	1	25
5/02/18	5	3	0	1	5	2	16
9/02/18	3	4	5	3	3	3	18
12/02/18	2	1	7	3	2	2	15
16/02/18	4	2	4	1	4	4	15
19/02/18	Half term						
23/02/18	Half term						
26/02/18	3	5	3		1	3	15
2/03/18	2	1	6	1	1	2	13
5/03/18	0	4	5	0	2	1	12
9/03/18	1	0	3	0	0	2	6
12/03/18	2	6	7	0	2	2	19
16/03/18	3	6	6	1	4	1	21
19/03/18	0	2	2		1		5
23/03/18	ill						
26/03/18	Easter						
30/03/18	Easter						
2/04/18	Easter						
6/04/18	Easter						
9/04/18	0	0	0	0	0	1	1
13/04/18	1	0	0	0	1	2	4
16/04/18	0	0	3	0	1	1	5
20/04/18	0	0	0	0	0	1	1
23/04/18	2	0	2	0	1	1	6