In trouble from day one

Children in Clondalkin with Emotional and Behavioural Difficulties:

A Community Response

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INTRODUCTION

The Clondalkin Partnership, Clondalkin Drugs Task Force, Youth Support and Training Unit and other agencies have identified a need in the area to support young people whose challenging and/or disruptive behaviours place them at risk of non-completion of schooling or training. A ten-year education plan (Clondalkin Partnership, 1999) and a study of school absenteeism (McSorley, 1997) highlighted the problems of young people at risk. Clondalkin Partnership's Area Action Plan 2000-2006 includes 'support for young people at risk of exclusion from school' as one of its key community-based initiatives.

The Education Working Group of Clondalkin Partnership established the Working Party on Young People exhibiting Emotional and Behavioural Difficulties, to examine the possibility of providing a local area intervention for children in this category. The results of the research are presented in this report.

Aims and objectives of the research

The aim of this research is to provide a theoretical and practical grounding from which to develop an appropriate and effective intervention for young people exhibiting emotional and behavioural difficulties in Clondalkin. The authors use the acronym 'EBD' throughout this report to denote 'Emotional and Behavioural Difficulties' for ease of reading, while remaining conscious of the perils of such 'shorthand' references to a complex problem and the dangers of labelling. The objectives of the study are:

- To investigate the nature and extent of existing services related to the target group

- To develop a profile of the target group and establish needs

- To identify a range of models of good practice at local, national and international level

- To identify an appropriate model for work with young people exhibiting EBD in Clondalkin

Methodology

This research report is based on documentary analysis, interviews, attendance at and participation in workshops and discussions, focus groups and visits. The documents consulted include programme reports and evaluations, Irish Government policy documents, research reports and contributions to theory-building in the field of EBD and special education provision.

Report structure

The national and local contexts for EBD are outlined in Chapter One. These include the public

CHAPTER ONE

Contexts

- National Children's Strategy

- Education (Welfare) Act 2000

- Strategy to Tackle Educational Disadvantage

- Support Teacher Project

- National Education Psychology Service

- Special Education Strategy

policy and legislative framework and the local initiatives in Clondalkin. Chapter Two is a brief overview of the key issues in the literature on EBD, and aims to introduce the range and complexity of factors involved in providing for young people in the target group. In Chapter Three a number of models of intervention are outlined, with a view to identifying how their strengths and success might contribute to the design of a model suitable for Clondalkin. Chapter Four presents the findings of the primary research undertaken for this report. Chapter Five includes recommendations and a proposed model for Clondalkin.

CHAPTER ONE

CONTEXTS

Introduction

This chapter outlines the contexts in which provision for children with EBD in Clondalkin needs to be considered:

- The National Context
- The Local Context

The national context

Recent developments at national level are crucial to the context (legal, theoretical, financial and practical), in which an intervention such as that proposed for Clondalkin will be funded, designed and implemented. Some of these developments, if implemented effectively and speedily, will contribute to the ability of such initiatives to bring about change for the children and young people of the community. The developments considered are:

- National Children's Strategy
- Education (Welfare) Act 2000
- Strategy to Tackle Educational Disadvantage
- Support Teacher Project
- National Education Psychology Service
- Special Education Strategy

National Children's Strategy

The National Children's Strategy aims to create:

> An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential. (Department of Health and Children, 2000, p. 92)

Three national goals have been identified. They are:

- Children will be given a voice
- Children's lives will be better understood
- Children will receive quality supports and services

To achieve these goals the strategy identifies principles which should inform the development and implementation of policies and services for children and their families.

Services must be:

- Child-centred
- Family-oriented
- Empowering of families and communities
- Equitable
- Integrated
- Inclusive i.e. taking account of the diversity in children's lives
- Action-oriented i.e. focused on achieving specified results to agreed standards in a cost-efficient and targeted way

The strategy aims to adopt a 'Whole Child Perspective' which will be used to audit the comprehensiveness of policies and services. It presents a holistic model of the child, identifying nine dimensions of child development, each of which must be addressed if children are to enjoy their childhood and make a successful transition to adulthood. The nine dimensions are:

- Physical and Mental Wellbeing
- Emotional and Behavioural Wellbeing
- Spiritual and Moral Wellbeing
- Family Relationships
- Social and Peer Relationships
- Intellectual Capacity
- Identity
- Self-care
- Social Presentation

The strategy acknowledges "public concern over the increasing numbers of children who are presenting with needs that existing services seem unable to meet" (Department of Health and Children, 2000, p. 45) and promises greater emphasis on prevention and early intervention.

> While it is important to ensure that there is an appropriate response to these problem behaviours, it is also necessary to see them, in part at least, as indicative of an imbalance in service provision leaning towards treatment rather than prevention. There will be a major expansion of preventative and early intervention services to ensure that issues can be addressed in a timely and more effective manner.

Education (Welfare) Act 2000

The Education (Welfare) Act 2000 has introduced a range of provisions which specify the duties of parents, schools and education welfare authorities in relation to ensuring that all children receive an education appropriate to their needs and one which promotes retention within the education system to the new minimum school-leaving age of 16, or the completion of three years of post-primary education.

The functions of the new National Education Welfare Board will be to implement a broad, holistic model of children's development and appropriate educational goals.

The Board will be responsible for developing and implementing a school attendance policy which aims to ensure that every child attends a recognised school or otherwise receives an appropriate education, and to foster a school environment that promotes retention. Children being educated outside the traditional school structure will be registered with the Board, which will assess such education.

Education Welfare Officers (EWOs) will be appointed to work in co-operation with schools, teachers, parents and community/voluntary bodies in developing strategies to reduce absenteeism and early school-leaving. The EWO must be informed in cases of suspension and prolonged or regular absences from school and will ensure that alternative education provision is made for the young person in cases of expulsion. School Boards of Management must consult with the EWO in the preparation of codes of behaviour for the school, attendance strategies and contacts with youth work programmes.

Strategy to Tackle Educational Disadvantage

The Department of Education and Science's Strategy to Tackle Educational Disadvantage was launched in early 2001 with three main platforms: a new statutory Educational Disadvantage Committee, a larger Forum to Address Educational Disadvantage and the appointment of an acting Director of Programmes to tackle disadvantage in primary schools. The Educational Disadvantage Committee will advise the Minister on policies and strategies to be adopted towards identifying and correcting educational disadvantage.

A total of €22.5m has been allocated in 2002 to school completion programmes such as the Stay in School Retention Initiative (SSRI) and the Early School Leavers Initiative (ESLI). It is intended that this funding will allow for significant expansion and will focus on areas with the greatest pupil retention difficulties. New proposals are under consideration with regard to the re-structuring of these initiatives.

Support Teacher Project

The Teacher/Counsellor Project was initiated by the DES in 1995 to support children and schools in dealing with EBD. Schools in the Tallaght/Clondalkin area, in Dublin's North Inner City and in Cork were selected to take part. A programme evaluation in 1998 resulted in a title change to 'Support Teacher Project' to reflect more accurately the nature of the work and skills involved. The evaluation (Department of Education and Science, 1998) recommended:

- The appointment of a national co-ordinator
- Parents and guardians to be fully informed of the role and function of the support teacher
- More parental involvement in the selection of pupils for inclusion in the programme
- The use of circle time methodology as a preventative strategy, and its implementation to be part of the class teacher's role; teachers were encouraged to develop appropriate skills in this area
- Better systems of recording and monitoring
- Complementary to the work of the class teachers
- Planning, implementation, review and evaluation to be supported and developed

National Education Psychological Service and developments in psychological assessment

In response to the urgent need for more psychological services to schools and children, the National Education Psychological Service (NEPS) was established in 1999 with a target of 200 psychologists to be employed within five years.

The duties of the NEPS psychologists include:

> The assessment of learning disabilities, advice on the response of schools to traumatic incidents, the development of preventative strategies in relation to aspects of students' behaviour and the encouragement of collaborative systemic change in schools.
> (Department of Education and Science, 1998)

In July 2001, £1.2 million were allocated by the Department of Education and Science to tackle the waiting lists of schools seeking psychological assessments for pupils. Schools not yet having access to NEPS can now commission assessments from private practitioners. NEPS can also commission such assessments, on behalf of schools where there is a backlog of urgent casework. The 2002 allocation of €11.3m (IR£8.9m) from the Exchequer provides for further expansion of the NEPS.

Special Education Strategy

Children with emotional and behavioural difficulties are included in the category of children with special education needs (See Chapter Two). At the launch of government plans for Special Education (August 2001) the Minister for Education acknowledged the impact of waiting lists for psychological assessments on the children involved: "This has hampered the provision of
appropriate services to the very people who need special education and training most" (Department of Education and Science, 2001).
A Special Needs Education Forum will be convened to receive contributions to the government's plans for those with special educational needs. The establishment of a National Council for Special Education has also been approved. The Council will be responsible for research, expert advice and input into the delivery of special education services.   There are plans for an Advisory Group on second-level education.

The forthcoming Disabilities (Education and Training) Bill will aim to provide more coordinated special education provision across the Departments of Education and Science, Health and Children, Justice, Equality and Law Reform. Developments in relation to the Government Task Force on Autism may result in legal requirements for parents to be involved in decision-making for children with special needs.

The local context

Area profile

Clondalkin is an area of predominantly local authority housing in West Dublin. Between 1986 and 1996 its population grew by almost 24 percent to 55,705. Of this total, young people under 15 years number 18,000 or 30 percent of the population. People over-65 comprise only 3.2 percent, which is low compared to the national average of 11.4 percent.

The number of lone parent families in Clondalkin rose from 1,112 in 1996 to 2,097 in 2000, with some districts having double the national average at almost 20 percent of the population. Many lone parent households in Clondalkin have twice the national average of children under 15 years and four of Clondalkin's District Electoral Divisions (DEDs) are among the most disadvantaged 20 percent nationwide.

Indicators of educational disadvantage in Clondalkin are high. Early school-leaving and absentee-ism are significant problems. In Rowlagh DED only 2 percent of the population over 15 years had remained in the education system up to or beyond 20 years of age. Participation in third-level education is low, at 15 percent for Clondalkin as a whole, compared to a figure of 25 percent in the Dublin Region and 20 percent nationally. In addition, schools and programmes such as CARA (Clondalkin Area Response to Absenteeism) have difficulty recruiting and retaining teachers, there are waiting lists for the Psychological Services, and a high juvenile crime rate (CSO, 1996; ADM, 1998; Clondalkin Partnership, 2000).

CARA Student Target Group

The outline of the projected CARA Target Group (Murphy, 2001) presented in the submission to the 8-15 Early School Leavers Initiative provides a profile of pupils to be included in the programme. A total of 108 students was selected on the basis of attendance records, test scores, data from home

visits, and school behaviour patterns. In addition to having a range of learning difficulties, the group also exhibited disruptive or withdrawn behaviours such as bullying, aggression, low motivation and school refusal. Most had between 20 to 183 days absent from school.

There are more boys than girls (66 boys and 42 girls) in this group. The age range is consistent with primary research data which indicate that such age groups display serious levels of EBD and reflect the difficult transition stage for children from primary to post-primary schools. Fifty-two children are in the 10-11 age group, 44 in the 12-13 age group, and 12 in the 14-15 age group.

Existing Programmes and Resources

In addition to the Home School Community Liaison Scheme, Stay in School Retention Initiative (SSRI), Early School Leavers Initiative (ESLI) and other school-based measures operating in the Clondalkin, five primary schools have Support Teachers.

Educational Psychological services to the second-level schools in Clondalkin are provided by two psychologists from the County Dublin VEC Psychological Service and to primary schools by four members of the NEPS team for the South Western Area Health Board.

A range of community initiatives and youth service providers within Clondalkin engage with children and young people at risk of non-completion of school or training and provide support to their families. These include before- and after-school provision such as breakfast clubs and CARA, Campus Clondalkin, family support services such as Dochas, Teen counselling, Teen parenting, Youth services, Parents in Education, alternative education provision such as Carline, and the Youth Support and Training Unit. There are innovative developments in forms of collaboration between youth services and schools, with in-school programmes implemented by teachers and youth workers.

The information below is not intended to be a comprehensive account of the range of programmes and service providers in Clondalkin; it serves as an outline only.

The Clondalkin Area Response to Absenteeism (CARA) was established in early 1999 with the aim of co-ordinating responses to absenteeism. The programme operates in three school centres, each centre comprising a post-primary school and two feeder primary schools. The activities of CARA include breakfast clubs and after-school clubs which provide academic support, social skills development, and a nourishing meal to a number of target children at risk of absenteeism, poor school performance and early school-leaving. The Transfer Programme aims to support pupils and parents during the transition from primary to post-primary school. The target group profile is outlined above.

Campus Clondalkin, a community-centred school-linked project, provides supports to 64 children/young people from the communities of North and South West Clondalkin, to maintain them in education and to actively encourage them to engage in other activities provided by the youth service and their local community. It is a partnership between parents, young people, youth service, schools and the local community. It was first established in 1998 as a pilot project of South Dublin URBAN Initiative.

A key focus of the project is to ensure an effective transition for the participants from primary to post- primary school. It also seeks to maintain relationships with those participants who have not engaged with school or other structures within the community and who, in essence, are very much on the margins. The project aims are:

- To support the participants to:
    - attend and engage positively with school
    - form positive relationships with their peers and with adults
    - engage in recreational activities provided by the youth service
    - form a positive self-image and a strong sense of identity
    - contribute to their community
    - make a successful transfer from primary to post-primary school

- To support the parents of the children/young people to:
    - enable them to participate at management level on the project
    - address their own needs
    - provide them with information about the project and issues around their children's education
    - address issues of concern as expressed by them with regard to their children, such as drug misuse, bullying, gang culture, sexuality
    - continue the weekly meetings of the parent support group
    - participate in programmes provided in response to their expressed needs

- To document the range of factors involved for those participants who have difficulty engaging with school / activities provided within the community and to disseminate this learning at both local and national level.

- To foster positive relationships between all partners involved i.e. parents, schools, youth services and community organisations.

The Carline Centre of Learning provides a training and education programme for young people who are at risk and unable to avail of existing programmes and education. These young people range in age from thirteen to eighteen years and have either left, or been asked to leave school. The Centre aims to work in partnership with families and community to guide young people away from destructive behaviours. Its approach is holistic, involving work with young people directly and with their families. In addition to its Main Programme, which involves practical skills training, job preparation, educational courses, personal development and counselling, the Centre also runs an Access Programme for those who may have initial difficulties in adapting to full-time place-ment. Trainees receive NCVA certification and some have returned to school to take Certificate Examinations. The Centre liaises closely with other local programmes and education providers.

Clondalkin Youth Service provides a programme of activities and resources for young people which includes:
- After-school clubs for children from 5-12 years of age
- Drop-in clubs for those over 12 years of age
- Sporting clubs
- Summer projects
- Workshops in arts, crafts, music and drama for local voluntary leaders
- Youth Information Centre

The Youth Service works in partnership with schools, for example, delivering leadership training and group work skills to second-level students. The Service also has important links with non-formal education providers and is represented in many community initiatives.

Dochas is an inter-agency project providing intensive support to children from eight to twelve years of age and their families in Ronanstown. Children may be referred by schools, individuals or

community groups. The programme works with children who are exhibiting emotional and behavioural difficulties and includes:

- Individual and small group work with children
- Individual educational assessment and support for school attendance
- A behavioural programme
- Creative, leisure and personal development activities
- Support to families through home visits, counselling and group work with parents

Children attend Dochas activities several times a week outside school hours.

The Get Ahead Club is a community based education project working to achieve the following objectives:
- To support the development among targeted children of:
  - good school attendance patterns
  - good homework patterns
  - positive relationships with their peers and with adults
  - intra-personal qualities such as self-esteem, self-confidence and the ability to deal appropriately with conflict

- To enhance the capacity of parents of targeted children to support their children's education

- To increase the capacity of the local community to be active partners in the provision of educational services in the area.

The project achieves its objectives through the provision of a range of services to targeted children and their families. These services include after-school groups, breakfast clubs, summer programmes, developmental work with parents and participation in integrated responses to educational needs. The project caters for 80 children aged 8-10 years in its core programme. Children are targeted according to selection criteria that include school attendance, homework patterns, concentration levels, behaviour and social skills. The project works with all seven primary schools in north Clondalkin.

The Youth Support and Training Unit (YSTU) began in 1997 as a two-year pilot programme, funded under the South Dublin URBAN Initiative, in response to research that called for an alternative approach to dealing with early school-leavers in Clondalkin. It is currently funded by the Department

Summary
A changing national environment in which support to children and families is constructed within a comprehensive framework of child development, and in which commitments are made to protect the child's welfare, also requires that resources be allocated to the services which support this development. This is particularly crucial for those children from families in which social deprivation and the confluence of a variety of risk factors may hinder their ability to realise their full potential.

Clondalkin itself is a community in which significant numbers of children, young people and families are at risk and under pressure; it is also a community in which dedicated efforts have been made to provide a more nurturing, secure and stimulating environment for its children.

The changing context provides opportunities for new thinking and innovative models within which a local area programme for children with EBD could be effective; one which will build on the strengths of existing community models.

CHAPTER TWO

Issues in Current Practice:
A Literature Review

- Definitions of EBD

- The incidence of EBD in Irish schools

- Teacher perceptions of EBD

- Attention Deficit Hyperactivity Disorder (ADHD)

- Aggression in children

- Aggression in schools

- Resilience

- The inclusion or separation debate

- Gender and EBD

- Approaches for working with children with EBD

- Programme structures and implementation issues

Department of Education and Science through County Dublin VEC under the auspices of the Youthreach Programme. Its aim is to identify, access and support early school-leavers aged 15+ and to link them with service and training providers in the area. To achieve this aim, YSTU provides:

- Outreach
- One-to-one support
- Motivational interviewing
- Counselling
- Assessment and development of individual plans
- Tracking and monitoring of clients' transition and progression
- Support programmes such as the Activity and Breakthrough programmes
- Individual literacy classes and specialist referrals

CHAPTER TWO

ISSUES IN CURRENT PRACTICE: A LITERATURE REVIEW

Introduction

This chapter briefly outlines current thinking and research in relation to interventions for children with EBD. The topics dealt with include:

- Definitions of EBD
- The incidence of EBD in Irish schools
- Teacher perceptions of EBD
- Attention Deficit Hyperactivity Disorder (ADHD)
- Aggression in children
- Aggression in schools
- Resilience
- The inclusion or separation debate
- Gender and EBD
- Approaches for working with children with EBD
- Programme structures and implementation issues

Definitions of EBD

Children with emotional and behavioural difficulties are included in the category of those needing special education. In some of the current literature on the topic, the term 'Social, Emotional and Behavioural Difficulties' (SEBD) is used, thereby broadening the perception and definition of the problems faced by such children and the developmental needs which must be addressed in providing for them.

In Britain

The definition of EBD currently in use in the UK is that expressed in the Department for Education's (DfE) 'Special Educational Needs - Code of Practice' of 1994.

> Pupils with emotional and/or behavioural difficulties have learning difficulties ... They may fail to meet expectations in school and in some but by no means all cases may also disrupt the education of others. Emotional and behavioural difficulties may result, for example, from abuse or neglect; physical or mental illness; sensory or physical impairment; or psychological trauma. In some cases, emotional and behavioural difficulties may arise from or be exacerbated by circumstances within the school environment. They may also be associated with other learning difficulties.

Emotional and behavioural difficulties may become apparent in a wide variety of forms - including withdrawn, depressive or suicidal attitudes; obsessional preoccupation with eating habits; school phobia; substance misuse; disruptive, anti-social and uncooperative behav iour; and frustration, anger and threat of or actual violence.

Also within the UK, the causes and effects of EBD are discussed in more detail in the Department for Education's Circular 9/94: 'The Education of Children with Emotional and Behavioural Difficulties' (1994) where the concept of a continuum of difficulty is developed, together with a staged model of intervention and assessment. (See Chapter Three for an outline of this staged model.)

In Ireland

The definition of EBD in Irish public policy is less clear. A statutory framework and new guidelines are awaited. The Report of the Special Education Review Committee (Department of Education and Science, 1993), in its definition of pupils with special educational needs, included:

All those whose disabilities and/or circumstances prevent or hinder them from benefiting adequately from the education which is normally provided for pupils of the same age, or for whom the education which can generally be provided in the ordinary classroom is not sufficiently challenging. (1993, p. 18)

The Report includes pupils with "emotional and behavioural disorders" alongside other categories of children who have special educational needs, such as those with mental handicap, physical and sensory disabilities, specific learning disabilities, speech and language disorders, and autism.

The incidence of EBD in Irish schools

Porteus (1991) found that 10 percent of his sample of 733 primary-school children in Cork aged 9-10 years suffered "significant emotional disturbance" a figure he thought was an underestimate due to lack of parental responses to the research. Many parents however, were worried and in need of help. His findings confirmed earlier studies (Mc Carthy and O'Boyle, 1986), which found marked levels of anxiety and depression in 11.9 percent of their sample of 542 Dublin primary school children. The severity of emotional disorders was found to be higher in schools serving disadvantaged areas. Research in Clare and Limerick (O'Connor, Ruddle and O'Gallagher, 1988) identified 11 percent of children showing symptoms of emotional disorder. O'Connor, et al. (1988) also noted the importance of the school as a focal point and stable environment for the child and the opportunity that presents for intervention.

Teacher perceptions of EBD

Maras and Kutnick (1999) acknowledge the important role of teachers in identifying students with EBD and point out that schools are most likely to first identify.   They suggest that teachers' identification may not be informed by the full range of theories and explanations for EBD. As a result they may disregard emotional and relational aspects and maintain a focus on individual students rather than fully recognising the social context in which EBD needs to be understood. In their study, teachers' identification of EBD was found to coincide with predominant theoretical explanations based upon an individual's inability to fit into society, seeing EBD as a product rather than a social process. The authors caution that such attitudes and perceptions may encourage instability in classrooms and may hinder effective intervention for EBD.

Attention Deficit Hyperactivity Disorder (ADHD)

There is an increase in awareness and diagnoses of children with what is termed 'Attention Deficit Hyperactivity Disorder' (ADHD). This is sometimes a controversial diagnosis and the topic has

given rise to debates in the medical, psychiatric, and other fields.

Kewley (1998) maintains that ADHD is a condition of brain dysfunction that is misunderstood and under-recognised and that research has shown it to be a genetic condition that can be effectively managed. If untreated, however, it may interfere with educational and social development and predispose to psychiatric and other difficulties. He cautions that expertise and care are necessary in assessment and diagnosis. ADHD is a common but complex medical condition characterised by excessive inattentiveness, impulsiveness, or hyperactivity that significantly interferes with everyday life. The continuing presence of symptoms is essential for diagnosis. The condition presents in many ways; some children may be only inattentive; others may be persistently hyperactive, and for some the hyperactivity may lessen with time. The wide range of possible presentations can be confusing. There are also complications that may mask or overshadow the underlying core symptoms and worsen with time.

Others such as Orford (1998) are of the belief that ADHD is more psycho-social in origin. Concern has been expressed about the growing numbers of young people prescribed Ritalin to treat ADHD, especially preschool children in the United States. The use of stimulants varies worldwide-it is estimated to be 10 to 30 times higher in the US than in the UK. Prescriptions in the UK rose from 183,000 in 1991 to 1.58 million in 1995 (Zwi, Ramchandani and Joughin, 2000).

Aggression in children

EBD in children sometimes expresses itself in aggressive and violent behaviour. Scott (1998) writes of aggression in children in the context of 'conduct disorder', the most common psychiatric disorder of childhood, occurring in 4 percent of a rural population and nearly 10 percent of an urban one. Three times as many boys as girls are affected. In younger children conduct disorder is character-ised by temper tantrums, hitting and kicking people, destruction of property, disobeying rules, lying, stealing, and spitefulness. In adolescence it may include bullying and intimidation of others, frequent fighting, carrying weapons, cruelty, assaults and extensive drug misuse. He summarises the issues as follows:

- The origins of persistent youth aggression and violence are to be found in early childhood
- 90 percent of recidivist juvenile delinquents have had conduct disorder at age 7
- Harsh, inconsistent parenting is the main cause of conduct disorder, but child hyperactivity and lower IQ also contribute
- Children with conduct disorder are usually unhappy and fail at school and with friends
- Programmes to improve parenting are effective in reducing antisocial behaviour in children under ten years of age; adolescent problems are more difficult to treat
- For vulnerable adolescents, the risk of developing an aggressive lifestyle will remain high while they have easy access to a subculture of violence and while few constructive alternatives are available to them

Aggression in schools

Bullying is attracting increased attention in Irish schools. Innovative approaches focus on the relative lack of attention to encouraging children themselves to solve the problem (Price and Jones, 2001). The Anti-Bullying Centre in Trinity College Dublin is researching the potential for peer mediation in tackling bullying behaviour. The Centre cites evidence of a decline in disruption levels where such approaches have been piloted in New Zealand, the US and the UK.

Skiba and Peterson (2000) suggest a number of elements for a school plan towards preventing and responding to youth aggression and violence:

- Conflict resolution/social instruction

- Classroom strategies for preventing and responding to disruptive behaviour
- School-wide discipline and behavioural planning
- Parent involvement
- Screening to identify students who are at-risk of school failure
- School- and district-wide data systems
- Crisis and security planning
- Functional assessment and individualised behaviour plans

Some common elements of effective prevention models are:

- Including all youth in school and community programmes
- Providing a full continuum of educational opportunities
- Reinforcing appropriate behaviours across environments, people, and contexts
- Promoting academic and social success
- Establishing partnerships that include shared responsibilities

Resilience

Many young people at risk do not display aggressive and violent behaviours. Protective characteristics which appear to account for this are described in terms of 'resilience', the ability to recover strength and spirit under adversity. Factors which promote resilience include the ability to maintain a positive view of one's life circumstances and a confidence in one's ability to affect them, along with stress-reducing strategies. Attachment to an individual who engages in proactive, healthy behaviours with the young person is of crucial importance. This relationship provides a connectedness, a sense of belonging and purpose and an experience of being valued. Bowlby's (1965) work on attachment highlighted the importance of early experience of a consistent and dependable close relationship and the distress suffered by its absence or withdrawal.

Schools and the wider community have a potentially fundamental role in the development of resilience in young people, by providing positive and safe learning environments, facilitating success, setting achievable academic and social expectations and providing a network of positive relationships (Charles, Maguire and McHugh, 2001). The community, with its network of social structures and organisations, can provide a context for young people to learn and use appropriate behaviours instead of aggressive and violent ones. In fact, for those whose experience and environments lack nurturing and positive attachments, the community has a responsibility to provide what is missing for these children.

Van Acker & Wehby, (2000) write of the role of a 'community mentor', who, like an influential family member, can be instrumental in teaching a child strategies for avoiding trouble and interacting positively with others. This mentor can link the school and family in supporting and encouraging the strengths and abilities of the young person. Other community support factors include after-school activities, recreational opportunities, and volunteering.

The inclusion or separation debate

There are varied perspectives on the effects of including children with special needs in mainstream education, rather than separating them into special classes or schools. A related issue is the reintegration of children into mainstream schooling.

Farrell and Tsakalidou (1999) considered trends and issues in this area. What Lindsey (1997) terms the "sociopolitical" perspective views integration as essentially a matter of human and legal rights. In the UK the Centre for Studies on Inclusive Education advocates this view forcibly in their Integration Charter (CSIE, 1989). Those who favour a more flexible approach (Ouvry, 1994; Segal, 1993) question the view that pupils are devalued in special schools, citing the range of opportunities

available to them and the commitment of teachers. They have access to opportunities that they may not experience in a mainstream school, where they are at risk of feeling devalued and isolated in a class with potentially unsympathetic teachers and pupils.

The potentially negative effects of separation include the child spending all school time with peers who also display behaviour, in a group which may be very difficult to teach and which may reinforce negative expectations. There is also the issue of labelling and the impact of such a unit on parents. There is a need for good peer role models from who children may learn appropriate behaviour and social skills.

Positive aspects of separate provision include the special attention, the opportunity to learn and practise special skills, and the resulting increase in self-esteem and a sense of achievement. Farrell (1997) reviewed the literature dealing with the inclusion of pupils with a range of learning difficulties. The evidence suggests that:

- Inclusion is more common and successful for younger pupils
- Pupils in mainstream schools generally accept their peers with disabilities
- For inclusion to be successful it is vital for teachers, managers, local authority personnel, parents and pupils to be wholly committed, trained and supported
- The attitudes of teachers towards inclusive education are not uniformly positive
- The role of support staff is complex and crucial

Until recently, however, most UK research literature on inclusive education has tended not to focus on pupils with EBD, which raises the possibility that the above findings may not apply to this population.

Recent evidence in the UK suggests that schools are becoming more hostile to the inclusion or rein-tegration of pupils with EBD. Increasing numbers of these pupils are being sent to special schools. A review of research on teachers' attitudes (Chazan, 1994) indicated that they tended to have 'negative perceptions of, and limited tolerance for, problem behaviour in the classroom' and were therefore unlikely to have positive attitudes towards the reintegration of pupils with EBD. This conclusion is supported by a study in Scotland (Lloyd and Padfield, 1996).

Reintegration

The findings of a nationwide survey in the UK found that very few pupils in long-stay EBD provision return to mainstream school. Evidence points to the difficulty of re-integrating children after withdrawal for long periods. The majority of pupils, once placed in EBD schools and units, tend to remain there. Part-time placements into mainstream schools are more likely for pupils from units which cater for children with less severe levels of EBD and those in EBD day schools. The residential, longer-stay provision is least likely to result in successful reintegration.

According to a number of authors (Askew and Thomas, 1987; Bin and Prickett, 1987; Greenhalgh, 1991; Jenkins and Miller, 1995) successful reintegration requires:

- Careful planning
- A contract specifying conditions for reintegration
- The full co-operation of the mainstream schools and support from the EBD school or unit at all stages, in particular after the pupils have transferred
- Pupils who actively want to return to mainstream school
- A reasonably secure and stable family life for the pupil

One of the conclusions drawn from these studies is that if EBD schools and units aim to re-integrate

their students, this should happen when students are younger and programmes must focus on reintegration from the start.

The views of students in EBD classes

In a Finnish study (Jahnukainen, 2001) former students of special classes for children with EBD in mainstream schools were interviewed about their school experiences. The most positive elements were the special teacher and the small teaching group. The most common and significant negative element was the experience of being labeled. The author concludes that there is still need for this kind of intervention for some pupils and in certain phases of their school careers. However, the quality of education must be guaranteed by individualised education plans (IEPs) drawn up in co-operation with the regular class teachers.

Influence of peers on performance and behaviour

The development of effective intervention strategies for EBD needs to be grounded in as complete an understanding as possible of all the factors involved. One such factor is the influence of peers on performance and behaviour.

Bevington and Wishart (1999) studied children aged 9 to 14 years in two special schools for EBD so as to assess the impact of peer presence on cognitive performance and behaviour. They found that, when required to work independently, children's performance on a series of tasks was significantly influenced by peer presence, in terms of time taken and number of errors made. Children had the fewest errors but slower task completion when working alone, an increase in errors and slowest completion time when working alongside one peer; the fastest completion and highest number of errors when working in a group of six peers.

The peer group provides an opportunity for fast completion of the task and this is sometimes necessary for confidence and self-esteem building. The presence of one peer may result in more distractions and opportunities for disruption. Within the group of six it is likely that at least one child will be attending to the task and may influence the others positively.

The results point to the complexity of factors involved in teaching children with EBD and the authors state the need for more classroom-based research. In the context of what they term "the current pressure to educate all children in mainstream classes" (Bevington and Wishart, 1999, p. 1), their findings would seem to point to the necessity of mixed provision for children with EBD, with a variety of educational environments and teaching methodologies.

Gender and EBD

Gender issues in provision for EBD are highlighted by Arnott and Martin (1995). Children with EBD are not a homogeneous group, but have a range of difficulties and needs. Their behaviour may be withdrawn and internalised or anti-social and externalised. However, most of the children identified by teachers as having EBD are boys presenting with anti-social behaviours. Girls are more likely to express their difficulties in less obvious ways and may therefore be overlooked (Curtis, 1989). Thus, Arnott and Martin claim, the allocation of resources between the sexes is consistently uneven, with boys receiving significantly more. In special schools and units, boys may outnumber girls by as many as 40:1. Girls who do 'act out' are more likely to be excluded from schools than boys. The authors recommend early identification of needs, and policies that take gender differences into account. They suggest that separate provision for girls be considered as a means of ensuring more equal distribution of resources.

Farrell and Tsakalidou (1999, p, 325) cite studies (Cooper 1993; Malcolm & Haddock, 1992) which found that a significant majority of children placed in special schools and units for EBD are males (a ratio of boys to girls of approximately 6:1) who present with aggressive, unsociable behaviour and

below peer academic attainments. Scott (1998) as noted above, found that three times as many boys as girls display the aggressive behaviour identified as 'conduct disorder'. Studies in Ireland confirm this trend (Carr, 1993; Mc Carthy and O'Boyle, 1986).

Approaches for working with children with EBD

Some of the approaches outlined below are methodologies for working with all children, not specifically those with EBD. These approaches are concerned with developing emotional literacy and newer ways of helping children to express and understand their feelings, form secure attachments, build resilience and relate in caring and responsible ways to others. Many are predicated on links between communication, emotions and behaviour. The approaches dealt with are:

- Personal Construct Psychology
- Methods of Changing Behaviour
- Circle Time
- Nurture Groups
- Promoting Alternative Thinking Strategies (PATHS)
- Marte Meo
- The Quiet Place
- The Arts

Personal Construct Psychology

Hardman (2001) describes the use by psychologists of Personal Construct Psychology (PCP) with pupils at risk of exclusion from school due to problem behaviour. This approach is based on Kelly's (1955) theory that a set of core constructs forms the basis for an individual's ability to define and maintain a sense of self. The application in the school setting involved children telling their stories so as to construct an alternative self-image and then experimenting with behaviours which might form part of that new image. The child is encouraged to try out a part of her/his ideal self. An interesting and potentially useful aspect of this is the use of PCP as part of a monitoring process which can access changes in pupils' self-perceptions.

Methods of Changing Behaviour

In contrast to the more behaviourist model of many discipline strategies, Kohn (1996) argues for a constructivist approach to developing socially responsible behaviour and a caring classroom. He believes that what is usually termed 'classroom management' is a teacher-directed model. He questions the assumptions behind traditional practices, which he asserts, emanate primarily from a negative view of children's nature. These practices tend to explain behavioural problems by blaming and focussing on what is 'wrong' with the child rather than by considering the contexts in which the behaviour takes place, such as curriculum and teaching styles. Instead, he advocates the inclusion of students as collaborators in solving classroom problems, allowing them to construct their own understanding of appropriate and inappropriate behaviour. Changing the environment can help to change behaviour. Discipline strategies must be consistent with classroom learning goals. He acknowledges, however, the constraints of the school administrative context and the expectations of the larger community.

Circle Time

Circle time involves children in a class sitting in a circle and taking part in a variety of activities designed to promote sharing of emotions and experiences. Each child has a chance to speak, sometimes to the whole group, sometimes to a partner. Circle time recognises that children need to be able talk about their feelings before they can control the behaviour through which those feelings are expressed. Circle time is especially effective in allowing each child in a group to express himself/herself, in developing listening skills and the ability to form and foster positive relationships. It is used successfully in many primary schools and its use is also advocated at second level

(Mosley, 1993; 1996; Mosley & Tew, 1999).

The methodology has been effective in improving children's self-concepts. Kelly (1999) describes the use of circle time as part of a systems approach in a school where resources were limited to what was available within the school itself. The whole-class setting was found to be the most effective in bringing about behavioural change.

Nurture Groups

This is a methodology in early childhood education which has proven successful in helping young children to settle in schools and which has been used with children in disadvantaged areas who present with some degree of EBD. The focus is on emotional development and relationship-building. It draws its theoretical base from research on attachment theory (Boxall, 2002; Bennathan and Boxall, 2000; Cooper and Lovey, 1999).

In a nurture group pilot programme in Leeds (Tate, 1999) seven out of ten pupils made sufficient progress to drop from Stage Three to Stage Two on the SEN Code of Practice. (DfE, 1994 and see Chapter Three of this report for an outline of this staged model.)

Lucas (1999) found that the high expectations of teachers in nurture groups can bring about change, not only in the children, but in the entire school. When Nurture Groups are used in school with a clear curriculum focus, a cycle of growth and development is begun in which teaching and learning become more effective for all children and the school becomes a "nurturing school" in which morale levels are high.

Promoting Alternative Thinking Strategies (PATHS)

This approach aims to foster greater levels of emotional intelligence in children by dealing with the expression, understanding, and control of emotions. In a series of PATHS lessons, more specific objectives may include:

- Teaching children to "Stop and Calm Down"
- Providing enriched linguistic experiences to help mediate children's understanding of self and others
- Teaching children to integrate emotional understanding with cognitive and linguistic skills in order to analyse and solve problems
- Encouraging the development of self-esteem and effective peer relations

PATHS lessons include dialogue, role-play, and modeling by teachers and peers. A crucial focus of the approach is to facilitate the dynamic relationship between the child's cognitive-affective understanding and real-life situations (Greenberg, 1991).

Marte Meo

Marte Meo is a communications approach to child development which focuses on the quality of interaction between child and adult. Situations are videotaped and then analysed to identify points in the communication where changes might be of benefit. The programme was initially a short-term support to families with problems. The focus is expanding however, and the method is being adapted to a range of situations and participants, such as foster care preparation, training for playschool staff and youth workers. Communication between adults is also receiving attention and those working with older people and with people with disabilities are being trained in the approach. The use of Marte Meo in Ireland is supported by the Eastern Regional Health Authority.

The Quiet Place

'Quiet Place' refers to an intervention in primary schools in Merseyside. The schools involved in the pilot programme are in areas of high social deprivation. Initial results have led to its extension to other schools. The approach was designed to increase the retention of children with EBD in

mainstream classes. The 'Quiet Place' aims to promote healthy emotional development by fostering and nurturing the inner world of the child. It does so by providing a space for a variety of therapeutic interventions and sensory experiences, such as massage, sand play (Kavanagh, 2001) systematic relaxation, story-telling and metaphor work. Children attend for a specific number of sessions for six weeks and parents may also avail of the facilities on offer. The evaluation by Spalding (2000) has noted its effectiveness. Children seem more self-confident, better able to manage their anger, and more reflective. Parents have spoken of reductions in their own stress levels. Teachers and principals have noticed a calming effect on the whole school. Spalding concludes that the approach has the potential for effectively addressing EBD and provides a focus for multidisciplinary and preventative work, especially in areas of social deprivation.

The Arts

Involvement with artistic activity and modes of expression has proven valuable for children whose environments and experiences show significant levels of deprivation. Programmes such as the 'Sparkling Seven' and other initiatives in the Irish Museum of Modern Art (IMMA) have involved youthworker and artist, or teacher and artist collaboration (Perry, 2000). These are examples of innovation in terms of inter-disciplinary and inter-professional partnerships with a focus on the impact of access to and engagement with the arts on the child experiencing disadvantage and deprivation at many levels. Music and drama are among the other art forms which can be of benefit (Sutton, 2001).

Programme structures and implementation issues

Change, culture and the organisation

Bettle, Frederickson and Sharp (2001), in their consideration of the potential contribution of educational psychology to a school, write of the change management and processes involved in providing for special needs. They identify some key points in such processes, including teachers having the opportunity to prioritise and plan actions and the motivational power of presenting tangible evidence that the measures taken by staff are effective, i.e. as a result of careful monitoring. The process of inclusion, feedback and participation engenders confidence and greater motivation. They maintain that the creation of a new subculture may be necessary in a school where the stable culture militates against change or is perceived to do so.

Pearson (2000) highlights the school as a complex organisation where change presents new and sometimes unwelcome challenges. She examines the influence of school culture on the establishment, implementation and effectiveness of Individual Education Plans (IEPs), which are now widely used in British schools. In some schools the collaboration which underpins IEPs may be an extension of existing practice, in others it represents a challenge to the existing school culture. Collaboration must be understood as involving the full range of relationships within a school, for example, students-teachers and teachers-teachers.

Establishing an IEP is in itself a learning process which contributes to the development of school practice, teacher skills and attitudes, and student development and learning. Pearson describes one school's success in building on existing strengths by collaborative working and the process by which a special needs unit attached to a secondary school involved students in designing an IEP system. She concludes:

> The way in which the school culture develops will depend on the extent to which schools recognise that IEPs are not solely concerned with individual pupils meeting prescribed targets but also with the encouragement of a collaborative approach to children with special educational needs. (Pearson, 2000, p. 148)

The complexity of change and the interconnectedness of policies, practice and culture are among the issues identified by Senge (2001). He calls into question the "embedded cultural beliefs" which give rise to assumptions about learning, and the purpose and nature of schools. Any organisation involved in change needs to adopt a capacity-building approach to organisational development and become a learning organisation. Although Senge deals here with the school as a learning organisation, the concepts underlying his work and that of other writers on organisational learning are of relevance to all organisations, and specifically in this case to those involved in the proposed intervention in Clondalkin. Some of these issues are echoed in the work of Leithwood (2000) who focuses specifically on processes of capacity building.

Communications and parental involvement

In the UK, the SEN Code of Practice 2001 outlines some key principles for communicating and working in partnership with parents and refers to the barriers caused by stereotypes and expectations of parental behaviour and response. Those working with children are advised to draw on parents' knowledge of their child, recognise the emotional investment of parents, and ensure as far as possible parental access to and understanding of documents and procedures relating to their child.

In Ireland, the DES Circular 20/90, 'Guidelines towards a positive Policy for School Behaviour and Discipline' issued in 1991, advocates communication with and involvement of parents as crucial to the success of behaviour policies.

> The policy should indicate ways in which parents can have easy access to teachers and set down procedures for meaningful communications between both parties....Evidence seems to indicate that schools which succeed in achieving and maintaining high standards of behaviour and discipline tend to be those with the best relationships with parents. Principals and staffs should ensure that their schools provide a welcoming atmosphere which encourages parents to become involved and that parents are not only told when their chil dren are in trouble but also when they have behaved particularly well. Schools' policies on behaviour should be communicated fully and clearly to parents.
> (Department of Education and Science, 1991)

As noted in Chapter One, legal requirements may be put in place regarding parental involvement in decision-making for children with special needs.

Multi-Agency/Inter-Agency approaches

Hamill and Boyd (2001) studied inter-agency provision for young people with challenging behaviour involving 12 comprehensive schools. They examined the systems in place from the perspective of all stakeholders, including teachers, pupils, parents and key personnel in other agencies including social work, community education and psychological services. The focus is upon the inter-agency dimension and in particular the barriers to inter-agency partnership, which impact upon the effectiveness of support systems for the target group.

A particularly interesting finding relates to the impact of different professional contexts and perspec-tives. Professionals tend to assess a child's levels of need according to the needs hierarchy of their particular profession.

The authors conclude that their evidence suggests deep-rooted professional barriers which must be tackled if such initiatives are to succeed. "To suggest that all professionals will slide seamlessly into effective inter-agency teamwork is to say the least somewhat naïve" (Hamill and Boyd, 2001, p.148). In addition, collaboration is time-consuming and may be seen as a luxury when professionals

are stressed and under pressure.

They identify an urgent need for joint inter-professional development and see it as an issue that must form part of initial training and continuing professional development for all professional groups.

> It is vitally important to emphasize that specialists such as teachers, social workers and educational psychologists can share skills and expertise, but at the same time the unique role of each professional group must be recognised and retained. It is important to see professional skills as complementary as opposed to interchangeable.
> (Hamill and Boyd, 2001, p. 141)

Whilst the principle of cooperative working between professionals is widely accepted and well documented in the literature (Dimmock, 2000; Evans et al., 1999; Thomas, 1992), actually achieving positive collaborative practice remains a challenge. No single agency can be expected to overcome problems of poverty, underachievement and disruptive behaviour; instead the key to resolving some of these deep-rooted issues is inter-professional partnerships and inter-agency collaboration. "Joined-up solutions" are essential if the needs of young people with EBD are to be effectively addressed; inter-agency work must become a successful reality.

Multi-agency work is also one of the recommendations of the National Children's Strategy:

> By developing services which are better integrated and more easily accessible by children and families through fostering closer working relationships between the services providing

Summary
To complement the policy and local contexts outlined in Chapter One, in this second chapter we have moved on to introduce current thinking and research on interventions for children with EBD. Definitions of EBD and research on its incidence in Ireland are first presented. Attention Deficit Hyperactivity Disorder (ADHD) and perspectives on children and aggression, including bullying in schools, are briefly dealt with. Issues involved in ways of providing for children with EBD have also been outlined, such as the inclusion or separation debate, and the gender dimension of EBD. Approaches which might be effective with children experiencing EBD have been considered, together with implications for programme structures and implementation. Chapter Two then, has presented the conceptual and theoretical background to EBD. In the following chapter we consider the practical application of theory and methodologies in some models currently in use.

> special child welfare, mental and physical health and juvenile justice services are particularly important. (Mulcahy, 2001)

The Strategy also identifies the necessity for partnership approaches to meeting the needs of children:

> It is within this dynamic environment of change that the Strategy seeks to listen to, think about and act more effectively for children. That task requires the combined efforts of multi-levelled partnerships built around children. The status of children and the quality of their lives will be improved only if these partnerships engage in effective action.
> (Department of Health and Children, 2000, p. 92)

CHAPTER THREE

Models in Use

- The MAST Programme in Lincolnshire

- The Birmingham Framework Initiative

- The Comer School Development Programme

- The Education Guidance Centre, Bayview House, Derry

CHAPTER THREE

MODELS IN USE

Introduction

This chapter outlines some interventions for children with EBD. These are models-in-use from which valuable lessons may be learned towards devising a programme for Clondalkin. Each outline presents a brief description, underlying aims and principles, evaluation results and elements of potential relevance for Clondalkin. The programmes included are:

- The MAST Programme in Lincolnshire
- The Birmingham Framework Initiative
- The Comer School Development Programme
- The Education Guidance Centre, Bayview House, Derry

Some of these are within the UK and complement the staged model of intervention which has been adopted by the DfEE for dealing with children with EBD. An outline of this five-stage model is presented below.

Five Stage model of EBD in use in England and Wales

Stage One: Class or subject teachers identify or register a child's SEN (Special Education Needs) and consult the school's SENco (Special Education Needs Coordinator) to take initial action.

Stage Two: The school's SENco takes the lead responsibility for gathering information and for coordinating the child's special education provision, working with the child's teachers.

Stage Three: Teachers and the SENco are supported by specialists from outside the school.

Stage Four: The Local Education Authority (LEA) considers the need for a statutory assessment and makes a multidisciplinary assessment if appropriate.

Stage Five: The LEA considers the need for a statement of special educational needs and, if appropriate, makes a statement and arranges, monitors and reviews provision.

The MAST Programme in North East Lincolnshire

Description

As part of its 'Promoting Positive Behaviour' Strategy, North East Lincolnshire Education Authority has adopted a multi-agency approach in the area of behaviour support. A multi-agency support team

(MAST) works with primary schools to reduce behavioural difficulties.

Evaluation

The National Foundation for Educational Research (NFER) in its evaluation of MAST (Haynes, Atkinson and Kinder, 1999) identified a range of impacts on schools, teachers and pupils, as well as on the MAST team members.

Participants in multi-agency training courses noted impacts in terms of greater awareness of other professionals and agencies, opportunities for communication, less isolation and increased motivation. A key factor in the success of the courses was the inclusion of group discussion and group activities. Involvement in the MAST team contributed to professional development. Teachers were motivated to adopt new work practices and methodologies. The impact on pupils was described in terms of improved self-esteem and opportunities to share and resolve problems.

Notable features in relation to Clondalkin

The evaluation's recommendations for MAST would be of importance in designing any new intervention:

- Coordinating work with a range of agencies
- Balance between whole-school and individual pupil intervention
- Balance between preventative and remediating strategies
- The importance of monitoring and record keeping
- Attention in the design of multi-agency training courses to methodologies which maximise participation and sharing

The Birmingham Framework for Intervention

Description

Schools in Birmingham's LEA and in other areas of the UK have used the Framework for Intervention (FFI) over the last three years. It is also attracting interest from education providers outside the UK. This model concentrates on the circumstances in which behavioural difficulties occur (the behavioural environment) before moving to an increasing focus on the individual child. It is grounded in a set of principles and a philosophy which determine the nature of the work.

Philosophy

- Positive approaches to children's behaviour as central to the learning process
- Problem behaviours in educational settings are usually the product of a complex interaction between the individual, school, family, community and wider society
- Social interaction based on mutual respect is the fundamental basis of an optimal educational environment
- A child's difficulties and needs can vary over time and in different settings; 'labelling' children and young people is not beneficial
- Organisational consistency and improvement are crucial; all involved in the organisation (including children, taking into account their age and understanding), should be included in the process of determining and reviewing values and beliefs

Evaluation

Evaluations have found that the beneficial effects of FFI in a school are related to: the level of support from senior staff, the quality of the Key Support Workers and Behaviour Co-ordinators, and the receptiveness of class teachers. The Key Support Worker is seen by teachers as a supportive 'critical friend' and a fresh pair of eyes. Interviewees see it as resulting in:

- More effective support services

- Better behaviour management
- More confident, less stressed teachers
- Improved school atmosphere and ethos
- Effective work with parents
- Reductions in upward referrals

The evaluation recommends establishing FFI with senior staff's active support among a section of a school and then its gradual permeation to the whole school. Acceptance of elements such as the environmental audit by teachers is enhanced if a respected and obviously effective and successful teacher uses it; it is therefore not seen as a test for bad teachers. (Cole, Visser and Daniels, 2000; Williams and Daniels, 2000; Williams, 2001)

Notable features in relation to Clondalkin
In addition to the positive evaluations noted above:

- A staged model which complements other behaviour management systems and special needs provision in schools
- An approach which provides both a preventative strategy and a focused intervention
- Underlying principles and philosophy consistent with an empowering, holistic model of development, learning and behavioural change
- A complex model of EBD which recognises the environmental and contextual components of behaviour
- Focus on increasing teacher confidence and skill

3 Teams	3 Operations	3 Guiding Principles
School planning and management team	Comprehensive school plan	Consensus
Student and staff support team	Staff development	Collaboration
Parent team	Monitoring & assessment	No-fault:problem-solving rather

The training and professional development components provide credits towards a Masters programme in Education and are therefore attractive to teachers

The Comer School Development Programme, New Haven
The Comer School Development Programme is part of the School Development Programme of Yale University's Child Study Centre in New Haven, Connecticut. The programme is grounded in a model of six developmental pathways for children: physical, cognitive, psychological, language, social and ethical. These pathways provide the framework for a whole-school systemic approach to the child. Organisational, management and communications systems are seen as crucial. Participation of all members of the school community is central to the model so as to provide a positive and supportive school environment.

The programme is structured around nine elements:

Evaluation
The programme has been extensively evaluated (for example Haynes, Emmons, Gebreyesus, and Ben-Avie, 1996; Cook, Murphy and Hunt, 2000) and is subject to ongoing monitoring from Yale. It has also received attention from the Centre for Research on the Education of Students Placed at Risk (CRESPAR), a partnership between Johns Hopkins and Howard Universities.

Evaluations have noted beneficial effects on:

- School climate: including improved relationships among adults and students in the school
- Student attendance: reduction in absenteeism and suspensions
- Student achievement: aong disadvantaged students self-competence, self-concept and achievement indicators showed greater improvement in Comer students than in non-Comer students (Haynes, Emmons, Gebreyesus, and Ben-Avie, 1996.)

Notable features in relation to Clondalkin

- The underlying model of child development is a broad holistic one similar to that identified in the National Children's Strategy
- Team work and team support are an integral element
- An environmental model of child behaviour and development in which a no-fault policy and ethos are adopted
- Whole-school prevention, inclusion and school as community are key principles
- Used in schools in disadvantaged areas with impressive evaluation results
- Focus on whole-school systems and a communications framework

The Education Guidance Centre, Bayview House, Derry

Description

The Education Guidance Centre at Bayview House caters for post-primary students who experience EBD within the Western Education and Library Board area. Its programme involves:

- Outreach to schools
- Short-term placement
- Staff development and training

The programme is structured around a stepped approach which complements the 5-Stage SEN model in use in the UK education system. The Centre has developed its own positive behaviour programme. Outreach to schools may take the form of work with individual pupils or with small groups. A pupil with the appropriate level of need is offered a 6-8 week assessment in the Centre or a placement for one term, and spends a maximum of 4 days per week there. The Education Welfare Officer (EWO) in the Centre accompanies pupils on their first visit, attends meetings and reviews, works alongside Centre staff in the school and liases closely with the schools' EWOs.

The Centre works in partnership with parents, schools and other agencies. Support for reintegration is a core element of the programme.

Notable features in relation to Clondalkin

- The role of the Education Welfare Officer
- Parental inclusion in work with the child
- Continuing contact with mainstream school throughout the placement
- Support for reintegration

Other models

The Ballymun Education Support Project (BEST) aims to implement a three-tier approach to supporting children, families and schools around issues of problem behaviour, absenteeeism and early school-leaving. The current programme uses the Marte Meo method among other approaches, and may be a valuable resource for consultation and inter-agency liaison, partnership and information dissemination. A programme evaluation is planned.

Summary

In this chapter, models currently in use for children with EBD have been outlined. They represent some of the best practice in the field and can provide ideas for designing a programme in Clondalkin. Many features of these models relate to the current thinking on EBD and related issues identified in Chapter Two. These features can be summarised as follows:

- An empowering, holistic model of development, learning and behavioural change
- A complex model of EBD which recognises the environmental and contextual components of behaviour
- A multi-agency, co-ordinated approach
- Inclusion and school as community as key principles
- Balance between preventative and remediating strategies
- Balance between whole-school and individual pupil intervention
- A staged model which complements other behaviour management systems and special needs provision in schools/projects
- A no-fault policy and ethos
- The importance of monitoring and record-keeping, and communication systems
- Focus on increasing professional confidence and skills; the training and professional development components provide credits towards further qualifications
- Training methodologies which maximise participation and sharing
- Team work and team support as an integral element
- The role of the Education Welfare Officer
- Parental inclusion in work with the child
- Continuing contact with mainstream school throughout placement in specialist unit
- Support for reintegration

CHAPTER FOUR

Data from Primary Research

- Schools and levels of need

- Family needs

- Inter-professional issues

- Communications

- Gender and age

- Treatment, diagnosis and assessment

CHAPTER FOUR

DATA FROM PRIMARY RESEARCH

Introduction

This chapter presents the major findings from the primary research. Information and ideas which emerged from interviews and discussions with key players and stakeholders such as teachers, youthworkers, family support workers, psychologists, and teacher training professionals have been grouped thematically as follows:

- Schools and levels of need
- Family needs
- Inter-professional issues
- Communications
- Gender and age
- Treatment, diagnosis and assessment

The chapter also presents case studies of children with emotional and behavioural difficulties, based on focus group discussions with parents.

Schools and levels of need

Primary school teachers have spoken of the frustration of seeing children at risk, emotionally and behaviourally disturbed, and of feeling unable to access adequate help. They know that early prevention and intervention may significantly alter a child's future. They have also described the effects on other children of witnessing and not understanding why a child is disturbed, the questioning that follows, and the expectation that the teacher can put things right. The pressure on teachers in these situations is enormous.

Withdrawing the child from the class provides an important break for the teacher who may have other difficult situations to deal with. However, the importance of the child's relationship with the class teacher has been stressed, especially in primary school. The class teacher is pivotal to the experience of school and is often an important and stable link for a child with EBD.

Teachers at second level see children arriving in first year with apparently long-established emotional and behavioural difficulties. These children cannot cope with the demands and stress of the transition to second level and their behaviour often deteriorates. Teachers and the school support systems are doing their best to provide care for such children, but some feel they have few resources to help them cope. Increasing numbers of children in their early days of second-level schooling are being referred to alternative provision.

It is more difficult to attract children in the older age groups to extra-curricular programmes such as breakfast and homework clubs. Also within these programmes, there are children whose needs are too complex and acute to be met by the existing activities and support systems.

The heavy workload and crowded timetable leave teachers little time for meeting and discussion. In these circumstances, collaboration between teaching and non-teaching staff is sometimes less than optimal.

Initial training and in-service development which promote greater levels of skill, knowledge and understanding for work with children with EBD and other special needs is required. Respondents have noted that training in innovative methodologies, even when only a small number of staff have participated, has had a positive impact on the whole school.

Family needs

Support agencies have remarked on increasing levels of family and child needs and greater demands on their services. For example, Youthreach places in Clondalkin have risen from 37 to 50 to deal with increasing demand, Carline reports more referrals. A comparison of referrals to Dochas from one school in Neilstown in the years 1995 and 1999 (source is Dochas) reveals the increasing seriousness of the problems faced by some children. Of five children referred in 1995, two had been allocated social workers because of their level of need. Out of six children referred in 1999 the number with assigned social workers was five; two of the six were the subject of supervision orders and two were occasionally in foster care.

The Youth Support and Training Unit (YSTU) estimates that 50-70% of its client group exhibit EBD. The increasing numbers of young people in the 15-18 age group referred to YSTU are evidence of the absence of adequate support at earlier stages of the child's life.

Teachers and project workers are being asked for help by parents of children with EBD. In some cases, as many as three children from one family exhibit EBD. Family support requires a lot of time and flexibility of response. Several agencies have identified alcoholism and domestic violence as sources of family instability, resulting in practical basic needs such as child hygiene and nutrition being neglected. Dealing with urgent cases has hampered preventative work.

Inter-professional issues

Respondents in all fields have noted the importance of the variety of perspectives on young people provided by, for example, youthworkers and teachers, and the resulting difference in emphasis when working with children. However, problems with regard to professional rivalries and perceived lack of trust, territories and 'ways of doing things' have also emerged. There are issues concerning not feeling properly valued; some respondents feel perceived as lower down the professional ladder. There are also problems in relation to salary levels and the difficulty of recruiting staff in these circumstances. High staff turnover has implications for the capacity of a programme to provide stable relationships for the children.

Communications

Communication difficulties are frustrating for teachers, youthworkers and family support services. For instance, those providing additional support to children and families have stressed the need for timely and comprehensive information concerning a child's history. Situations have arisen in which a support agency has not been told of a child's suspension from school. Accessing information at the stage of referrals to support agencies (and in some cases at the transition from primary to second-level school) is a problem which hinders more complete understanding of the child's situation. This may reduce the effectiveness and speed of response. While there are legal and other restrictions regarding confidential material, respondents have remarked that an appreciation of and

confidence in the professionalism of all those dealing with the child might improve communication between agencies, schools and individuals.

The benefit of clearly explained and systematic feedback when children have received psychological and other assessments has been stressed. Staff in schools and other programmes then understand clearly the strategies they can employ and the reasons behind them. As a result, they can plan and manage their work with greater confidence, clarity, and effectiveness.

There is the danger of an overlap of services and supports to particular families and children. Potential contradictions and duplication may result in additional and inappropriate pressures on a child. For example, s/he may have to choose between activities scheduled for the same time by two different support agencies. As well as being potentially confusing and difficult for the child, this would appear to be an ineffective use of resources.
The need for increased levels of communication with and involvement of family members has been noted by all respondents.

Gender and age

Positive role models are important for the development of boys and girls. This is an issue in primary schools in particular, with lower numbers of men now opting for teaching as a career. It is of major significance for boys experiencing difficulties in family and school. An example was given of a child possibly 'acting out' in order to maintain his place in special class sessions run by a male teacher with whom he had a very positive relationship.

Respondents have spoken of the need to retain the child for as long as possible within the traditional school system rather than opting too early for alternative provision. With the right kind of support this should be possible for many. Some have observed how difficult it is for the child to re-integrate after more than 6 months out of school. Boys may experience additional difficulties if they are withdrawn from class for special sessions. Belonging to 'the gang' is important for their identity and often crucial for acceptance on the street and in their community.

More boys than girls are referred to the various support agencies. Girls with less disruptive EBD may complete schooling, but with their problems unattended to.

As noted previously, serious levels of EBD become apparent in some children at the difficult transition stage from primary to second-level schools.

Treatment, diagnosis and assessment

The time taken for assessment and referral of children is a source of concern and frustration to all and it was generally remarked that the psychological services are under pressure.

The additional resources which are allocated to some children in primary school, for example, do not then transfer to the child's placement in alternative provision if that becomes necessary.

Some children in the client groups of the various agencies have been diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD). Some respondents believed there was an emphasis on ADHD diagnosis, treatment and funding, to the neglect of other areas of child distress, and that the situation is "diagnosis-driven rather than needs-driven." The diagnosis of ADHD brings with it additional resources to schools and families, for example, teaching assistants and disability allowances. This may contribute to a neglect of preventative work, an over-emphasis on assessments and a reduced level of intervention for those without a diagnosed psychological condition. Many of those interviewed believed that the child's EBD needs to be seen more broadly

and as a reflection of the complex social needs of the area. Primary preventative work would have a greater reach and impact and work with parents would be ultimately more beneficial to the children.

In relation to withdrawal to a specialist unit, there was a fear that a new unit might be in danger of becoming a 'dumping ground' for offloading 'problem' children. Respondents also highlighted the risk of regression to problem behaviours in the absence of a reintegration and support strategy for those returning to school/project placement.

Conversations with parents: case studies

Two groups of mothers spoke to us about their children: in one group, the mothers of primary school children attending a before- and after-school programme; in the other, the mothers of older children with emotional and behavioural difficulties. The understanding and experience of these women, and the stories they tell, provide an insight into the impact of EBD on entire families.

Younger children

The mothers of younger children told stories of girls and boys being bullied, of shy children withdrawing into their homes. Some want to retaliate after years of bullying and become aggressive and disruptive. Homework time is difficult for the families of all these children; it can often be the crisis point for child, parents and siblings, leading to conflict and distress.

The mothers notice that their children are more confident since they began attending the before- and after-school programme. They are more able to ask questions in class, can make friends now and look forward to going to the small group sessions of the programme.

However, they only attend the programme for two years; when they leave they miss the support, especially in the final year of primary school.

Older children and teenagers

Three mothers, of teenage boys aged 15 and 161/2 and of an 11-year old boy, told us their stories. Two of the boys have been diagnosed as having ADHD and other behavioural and learning difficulties. Their school careers have been marked by multiple suspensions, withdrawal to a special school or child development centre, inability to stay there or return to mainstream schooling, and so on to other education and training providers. They have gone through their childhood in frustration, unable to make real progress at school, and their levels of difficulty are such that it is hard for them to retain a place with any education provider.

In telling their stories and describing their children, the mothers discovered they had a great deal in common.

School history

As young children these boys were easily frustrated by simple problems and setbacks; a coat that couldn't be put on properly would cause a tantrum. These are children who need instant gratification. Schooling has been difficult for them.

The youngest boy was *"in trouble from day one"* at school, at four years of age. Desperate to get an appointment for her son with a psychologist, his mother *"threatened the social worker with the media."* He has a place in a special school for the next academic year, as he *"would never be able for"* the local second-level school, but is making progress at the moment in small group sessions within his primary school; *"starting to calm down now."* He is still *"very behind in his work...but the school has been brilliant and his teachers have given him chance after chance."*

He also attends an after-school programme and has a range of support mechanisms including Juvenile Liaison Officer intervention. His mother is worried about the distance he will have to travel to the new school and the older boys he will meet up with on the buses.

The mother of another boy saw a change in his behaviour from the day he started school; before that he was a *"normal, happy child."* He could not cope with the demands and boundaries of the school environment. She described how, if given paper to draw on by the teacher, her son would then move on to draw on the floor and the walls. This boy was diagnosed as having ADHD, and was prescribed medication, but it was not suitable for him.

> *Homework is a nightmare, they can't do homework.*

> *He has never had one happy day at school. My child has had a miserable childhood.*

When this boy was 9 she was told he needed *"one-to-one"* tuition. She spoke to a psychologist in the Department of Education and Science, saying *"I need help and I can't get it."* Eventually her son got individual tuition for seven and a half hours a week in his special school. He was very positive about those sessions and loved his teacher, but he had to travel a long distance.

He was in the special school for two years and was eventually excluded from there. His mother feels such a school is *"not the answer, they still have the same problems when they come out."* He has recently been suspended from another education and training provider, and she hopes he will be taken back soon, *"he gets in trouble everywhere he goes."* She believes that children like her son are *"not able for the strict discipline, it stresses them more."* He still loves drawing, is very good at art and is interested in music.

The mother of the third boy described how, before he started school, her son:

> *Never slept, maybe an hour or two...five things to do in the room, he would try everything immediately... afraid to death of missing out.*

As a child, *"anything mechanical kept his concentration"*, but in school, with his difficulty in concentrating, he became:

> *Extremely frustrated and started thinking he's stupid, constantly failing compared to others...realised if he messes about he will be sent out and won't have to face the failing.*

This boy is described as having:

> *A lovely nature...the first to help and comfort a crying child, a high achiever in sports...will do anything practical you ask him to do.*

When he was 11 he was diagnosed as having ADHD and was prescribed Ritalin, but hid the tablets rather than take them. In school, when he misbehaved he was put in the library, the worst possible thing for him, according to his mother; he was isolated, under pressure from the other pupils, and

"anger and frustration made his temper worse...the slightest thing he saw as pressure when he got home." His family had to deal with the consequences. Now, the usual pressures and stresses of the teenage years are multiplied.

Having done some training, he is very skilled at a craft, but *"couldn't do a three-year apprenticeship, would get bored."* Issues of personal safety and security, for example around machinery, are a problem for him and other young people with concentration difficulties. They leave windows and doors open, heedless of the dangers. In these circumstances, employment opportunities are severely curtailed.

The large classes of the mainstream school are very difficult for these children. Their mothers say they want to be taught, but they are so often blamed in class, labelled as disruptive, their names are known to everyone in the school and they feel victimised. They often don't know or can't say why they did a particular thing, and some of the remedies seem to add to the problem, e.g. removal from class to sit alone. They *"can't take correction"* and at times seem to *"believe they didn't do it...though the teacher and...I would see him."*

All the mothers agree that early intervention is crucial.

> *They needed more attention in their early days in school.*

The two older boys have missed out on the support services put in place in recent years, but have found people they trust and seek out to talk with among the staff of a local agency.

> *He trusts her and respects her.*

Restlessness

These young boys are constantly restless. One has left his house in boxer shorts and his mother's shoes because his clothes had been hidden by a mother desperate to keep him in during the night, but his urge to go out and wander was too strong. Another jumps out his bedroom window, for no apparent reason, rather than use the front door.

> *We've tried everything with him, and some things work for a while, but then he gets bored.*
>
> *There was a time when he couldn't stay in school for a full week, he had to be sent home at lunch time...a teacher came to work with him, it didn't work for long, he wanted to be out.*

These boys want to be outside, yet, while they are at school, they are excluded from class outings because of their behaviour.

Relationships and isolation

They are easily led in their craving for attention and friends, but have difficulty making and keeping real friends; their behaviour eventually alienates others. One boy *"doesn't go out much."* The friends leave when they see *"the other side, the demanding side."*

These boys are locked into a cycle of attention seeking, looking for connection, and inability to control the behaviour which lessens their chances of connecting with others in ways beyond the superficial and the manipulative. They often misbehave because *"they want to be a part of something."*

> *They want to be a part of the classroom, they're not a part of that community as they grow up, they're isolated...mentally, emotionally and sometimes physically.*

One boy waits in his bedroom for someone to call for him, nobody comes and he tells his mother *"I feel so lonely."*

All these mothers are worried for their children and know the dangers they face; they are *"very vulnerable to drugs...they think after doing the thing."*

Their children constantly test the limits. One boy has threatened to cut his throat and his wrist. His mother knows that she must not react, but describes her worry and anguish as she listens, unable to sleep, and wonders what her son is doing.

Communication

Throughout the conversation, a picture emerged of mothers and children, united in their concern for each other, but unable to connect. The mothers spoke of the protective, emotional nature of their children. These mothers are blaming themselves, searching desperately for a reason, a sequence of cause and effect to explain the changes in their children. They say they would do anything to help them. The whole family is caught in the turmoil of mood swings, fragile communication, anger and frustration. The commitment, the care, the heartbreak of the families runs through the conversations.

> *He could go out the door great, to the toilet and...he'd come back in a different kid.*

> *A simple thing blows up...X is very emotional and protective.*

They (and probably entire families) live their lives on a knife-edge, trying to find the right balance for the particular moment, to match the child's mood and emotions. They are frantically looking for a way of dealing with and helping their children.

> *You could end up doing the wrong thing.*

The mothers have become increasingly aware of the power of communication when dealing with their sons. They wish they knew how to say the right things. One of them realises:

> *It only comes with years of experience...with the simplest, the least, the right key words you get there.*

They describe the agony of feeling that you've said the wrong thing, used the wrong word:

> *And you think 'my god I didn't mean to say it like that'...too late, they've heard the word, it's locked in, it stays there, nothing you say or do will budge it till they're prepared to let go of that emotion.*

They have attended meetings, and follow the advice given to them. They try rewarding good behaviour. They have learned that it is best to say positive things and praise the child, but their children won't believe praise from parents; *"you're only trying to make me happy"* is the response.

> *It does get you to that stage where you want to put your head against the wall and bang it.*

> *Even if you sit there for an hour and explain gently...out the door and it's gone, they don't retain it.*

Support for the family

The need for the right kind of support is acute:

> *I've just had enough...We've had rows for four or five days from the minute he got up to the minute he's gone to bed, and please somebody just take me away, or take <u>him</u> away, just give me a break.*

> *It's great to have someone who'll say 'we're here to listen' or...'here's a bit of information you can try'...but you have to know who to trust.*

All agree that the support needs to be non-judgemental. These mothers question and blame themselves constantly, they sometimes have partners and other family members complaining; the pressure on them is enormous.

> *Where is me in this?*

A diagnosis

The desire to have a diagnosis, usually of ADHD, emerges throughout the conversations. Sometimes the pressure to get a diagnosis comes from neighbours and friends. These women are very often at the limits of their resources; they speak out of desperation to have something to cling on to:

> *I can't get a diagnosis*

ADHD and dyslexia are talked about over cups of tea. They are labels the entire neighbourhood seems to recognise; the environment seems diagnosis-driven.

However, in the course of a long conversation, when the mothers speak out of their own understanding of their children and long experience of the effects of their behaviour, they also talk of the ineffectiveness of medication and the belief that it is not the answer.

> *Everyone thought this was the miracle answer, but my impression was, 'give them a few tablets.'*

One mother was delighted when her son was diagnosed but she felt that too many children with various problems were being grouped together:

> *Unfortunately the umbrella comes out and they all get under the umbrella, and...the medication, my son didn't take it and he could fool them, but the teaching never changed, the lessons at school never changed, so why was it giving medication and not the whole package...and that includes parents...*

One mother admitted she sometimes uses *"the condition"* as an excuse for behaviour, and her son *"plays up the condition."*

All the women we spoke to feel the suffering of their children, when they were young and not understood, and now as they grow up and face the adult world and its pressures. They have high praise for the support they receive in Clondalkin, but also voice a sharp sense of injustice at what they see as inadequate attention to their children's problems at a broader policy level.

Summary

This chapter has presented the main themes and issues to emerge from the primary research data. Increasing levels of need among children and families have resulted in teachers, youthworkers, family support workers and psychologists feeling frustrated and under pressure. They need additional resources, and support and referral systems which are timely and appropriate in their response. The sometimes controversial area of ADHD diagnosis has surfaced. Different perspectives are brought to the topic of EBD by the variety of viewpoints involved in service provision. This has the potential for an enriched and comprehensive approach to the problem but also carries with it the danger of less than ideal levels of collaboration. Communications systems can also pose difficulties and there is some duplication of services. The gender dimension to EBD has been mentioned in terms of role models, identity, and withdrawal issues for boys.

Parents have spoken of the needs and experiences of children and their families caught in the nightmare of EBD.

The high levels of commitment, professionalism and care, and the very good work being carried out already in Clondalkin have emerged clearly in the course of the research. Those involved in the area of EBD and children and families at risk are very aware and thoughtful in their approach to the work. The issues are not new to them and in most cases their own observations echo the concerns voiced in the literature and policy documents. What is at issue then is the actual design of an intervention which can meet the level of need, match and build on the commitment and professionalism already existing, and engage all, adults and children, in an ongoing process of change and development. Such a programme needs to be adequately, consistently, and reliably resourced and funded.

The following chapter will consider the actual design of an intervention, taking into account the information presented in preceding chapters on current thinking and policy, the practical application in a selection of models of best practice, and the insights of those consulted in the research.

CHAPTER FIVE

A Proposed Model for Clondalkin

- A summary of key themes based on research

- A model of the child in the environment

- Identify guiding principles and aims for a programme dealing with EBD

- Propose a model for Clondalkin

CHAPTER FIVE

A PROPOSED MODEL FOR CLONDALKIN

Introduction

This section outlines the steps by which we arrive at a model of intervention for Clondalkin:

- A summary of key themes based on research, together with;
- A model of the child in the environment, allow us to;
- Identify guiding principles and aims for a programme dealing with EBD, and;
- Propose a model for Clondalkin, with;
- Recommendations on how the model should work.

Key themes

Throughout this research a number of themes have emerged:

Inclusive provision
Gender dimension
Resilience
A staged approach
Parental involvement
Programme structures and implementation systems

It is best not to segregate children with EBD; links with school and classmates are important and must be kept. Best practice emphasises **inclusive provision** where possible. A programme or unit must not be used as a 'dumping ground'. The pressure on boys to remain in their 'gang' means that for them the problems of labelling and stigma associated with separate provision are especially difficult. If withdrawal from school becomes necessary, it is essential that a reintegration strategy be included in the plan.

EBD may be expressed differently in boys and girls. This **gender dimension** is important, as girls with EBD tend not to be as disruptive and attention-seeking as boys, so there is a danger that girls' difficulties may not be as easily identified. This can lead to inequalities in provision. Many EBD programmes have a sizeable majority of boys. In Clondalkin, many agencies have a higher number of boys referred, as noted for example, in the initial target group for CARA. Another factor to be considered is the need in young boys and girls for both male and female role-models.

It is clear from the literature that **resilience** is a protection for children at risk. Measures that build

resilience include helping children to develop relationships and secure attachments and providing new ways in which their feelings can be expressed.

A number of the programmes examined in this research adopt a **staged approach** which takes into account the spectrum of needs and behaviours of children with EBD. A balance between whole-school and individual approaches to EBD and the inclusion of preventative and remediating strategies constitute a **systemic** approach at **the level** of the child, the family and the school.

Parental involvement is crucial in addressing EBD. National guidelines, legal requirements and good educational practice stress this. Weaknesses in current provision have been noted, but also the difficulty of working with high levels of parental disaffection and limited resources.

In looking at innovative ways in which agencies can work together in partnership, the research alerts us to the challenge posed for **programme structures and implementation systems.** There are sometimes tensions between the ethos, values and methodologies of different agencies, whether statutory or voluntary. Good communications and teamwork are essential. Record keeping, monitoring and evaluation are central to the delivery of an effective programme.

The child in the environment

Children need an environment of consistent care, structure and stability. The child with EBD, however, may experience life as fragmented, unpredictable, chaotic and incoherent. Disturbed behaviour may be the result of instability, insecure attachments and incomprehensible and unpredictable responses.

Figure 5.1 shows the major arenas and elements of a child's experience. It is a model of the child's world in which family, school, community and the wider political, economic and legal contexts intersect. From this we can identify levels and location of intervention and support systems, and potential sites for change. In this model, the child is the centre; but the environment may not in fact be child-centred. A programme for children with EBD which places the child at its centre will ideally draw from all of these elements so as to intervene in ways which the child experiences as caring, coherent and holistic.

Each element of the child's world has its own discourses, culture and systems. These may be experienced by the child as contradictory, disconnected, perhaps even antagonistic. Competing or simply incongruent discourses may affect provision and care. It is therefore imperative that a programme have as its aim and practice the reduction of the tensions within which the child may be caught.

Recognising the variety of cultures involved in the process of change which such a programme embodies is vital to its effectiveness. All involved need the opportunity to reconcile potentially serious differences which may impinge on the quality of response. A learning programme may help to examine assumptions, professional and personal worldviews, and arrive at shared understandings and mutually-agreed methodologies. This process will ensure the consistency of response crucial to the child.

The National Children's Strategy has a similar child-centred perspective:

> The 'whole child' perspective recognises that children are active participants in a complex set of relationships within families and with friends and communities. These relationships shape children's lives and in turn are shaped by them. They are also affected by the major social and economic changes being experienced at this time.
> (Department of Health and Children, 2000, p.92)

It is also essential that congruence and consistency are maintained in programme material and content. Such internal elements must be consistent with the guiding principles underpinning the proposed programme.

Economy

Figure 5.1

Policy

The

Family
relationship of parents, siblings, extended family, child-parent relation-ship

Community
health authority & psych. services
family support services
community groups
peer groups

probation & welfare
social work-ers
pre-

Child

School/Project
class teacher, teachers & principal
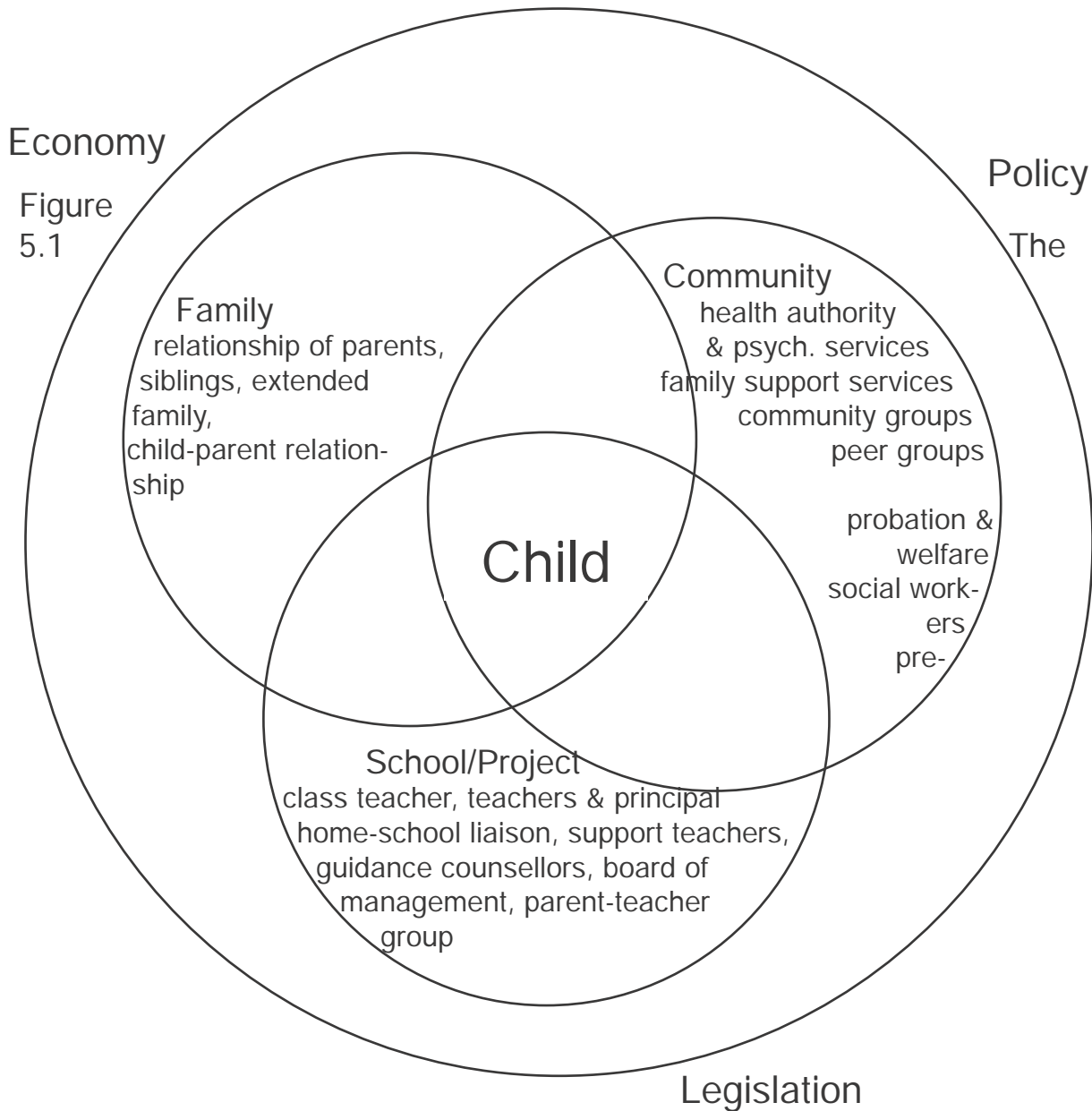home-school liaison, support teachers, guidance counsellors, board of management, parent-teacher group

Legislation

Guiding principles and aims

Based on the key themes and the model of the child's environment, an effective programme for children with EBD will:

- Deliver a **child-centred**, coherent, congruent, participatory, effective, integrated and systemic programme of care and learning.

- Be grounded in a **holistic model** of the relationship between child development and experience.

- Promote the **broadest possible development** of the child by providing a range of appropriate experiences from which to learn.

- Approach EBD as more than a characteristic of an individual child, but as having an **environmental and systemic dimension** involving the family, community and all the relationships of the child.

- **Work from strengths**; it is not a deficit model. Based on a positive view of the child, behaviour, change, and organisations, a strategy can be developed which builds on the strengths within the environment and the people surrounding the individual child.

- Build **resilience** by providing opportunities for learning and achievement, for amassing greater personal and social capital through secure, nurturing relationships. The aim is to provide not only an optimal behavioural environment but also an optimal emotional environment.

- Be **integrated**; internally within the education provision itself, and externally with community education, youth and family support initiatives.

- Provide a response by which children with EBD are dealt with **locally, as early as possible**.

- Address the **learning and support needs** of professionals whose training has not prepared them for working with EBD and its social contexts.

A **regular programme audit** of these principles will be necessary throughout all stages and levels to ensure clarity of response and focussed and targeted action towards clear aims and objectives.

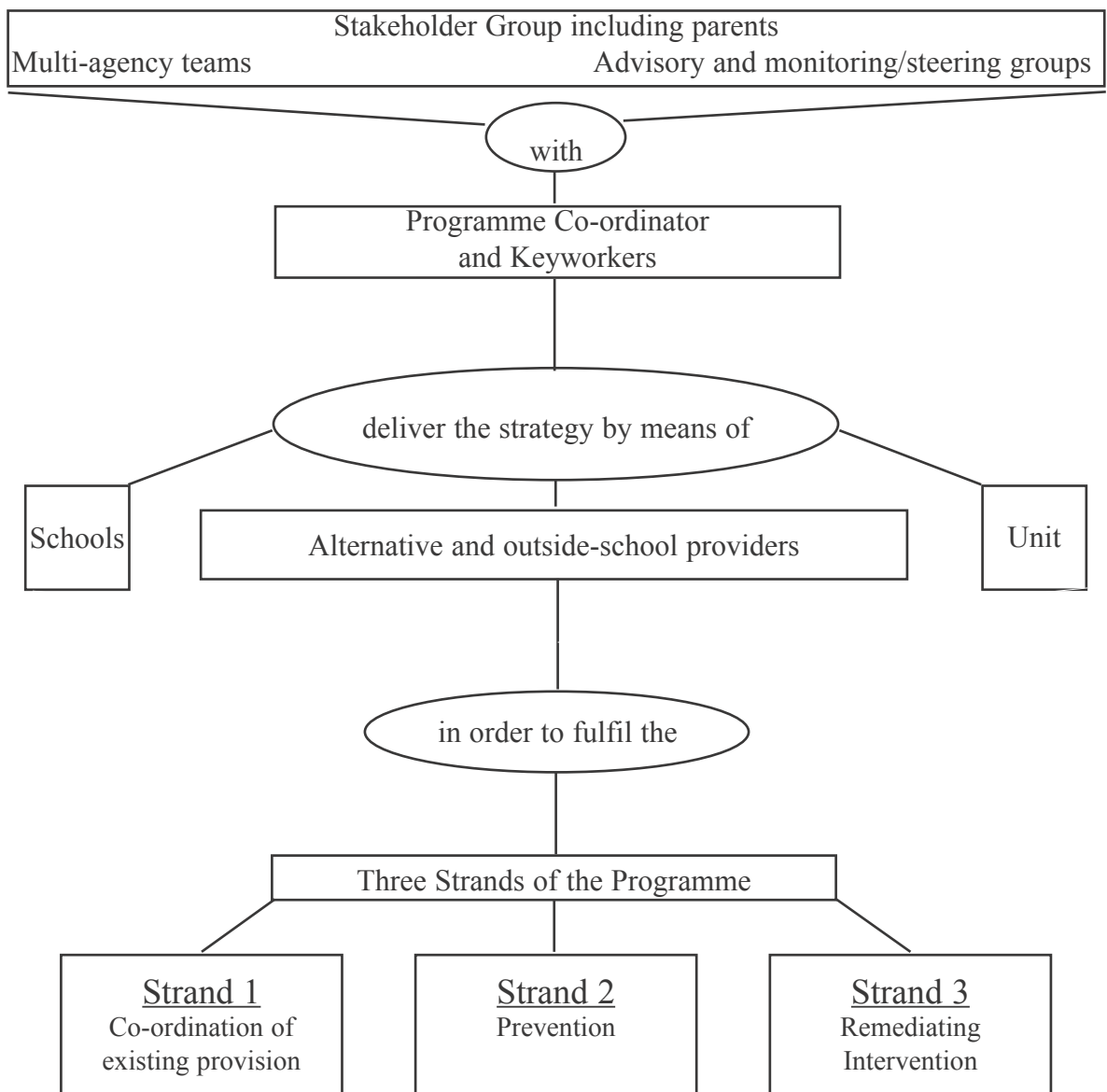| Strand One Co-ordination and integration of existing provision	Strand Two A preventive strategy	Strand Three A six stage programme of focussed intervention
This involves co-ordination and integration of existing provision in Clondalkin. It will minimise overlap and duplication of services and improve communication systems.	This provides preventive and early intervention strategies and support for all in the community who are dealing with children and families. This will benefit all children, whether identified as having EBD or not. The aim is to provide a comprehensive programme of activities which will foster healthy social, emotional and behavioural development.	This is a staged process of focussed interventions to address the spectrum of problem behaviours associated with EBD, starting with the earliest indication that a child may be in difficulty. The design is based on the most appropriate and effective features of the models outlined in Chapter Three.

Stakeholder Group including parents

Multi-agency teams   Advisory and monitoring/steering groups

with

Programme Co-ordinator
and Keyworkers

deliver the strategy by means of

Schools

Alternative and outside-school providers

Unit

in order to fulfil the

Three Strands of the Programme

Strand 1
Co-ordination of existing provision

Strand 2
Prevention

Strand 3
Remediating Intervention

Figure 5.2 A Model for Clondalkin: Overall Structure

A model for Clondalkin

Here we propose a model for responding to EBD in Clondalkin. In detailing the elements of the programme in the following sections we include:

- A summary of the overall model with diagram (Figure 5.2)
- A brief outline of the three strands of the programme
- Details of the six stages that form strand three of the programme, with corresponding diagram (Figure 5.3)
- An outline of the programme support structures and staffing requirements
- Recommendations on the implementation of the programme

NOTE: In the diagrams and text the word 'school' also denotes alternative education providers, including youth and community initiatives, in which children from the target group may be involved. The intention here is to provide a response which is community-wide. The word 'unit' is used to describe the proposed out-of-school provision, although the authors are aware of the problematic and potentially negative connotations of such terminology.

The proposed programme

Figure 5.2 is an outline of the overall programme structure. It involves three strands, each one crucial to the effectiveness of the model. These are:

- **Strand One**   Co-ordination and integration of existing provision
- **Strand Two**   A preventive strategy
- **Strand Three** Six stages of focussed intervention

The programme will be delivered in schools, in other education provision and in a placement centre or 'unit'. A programme team of Co-ordinator and keyworkers will deliver the programme in partnership with stakeholder groups and multi-disciplinary teams.

Strand One responds to the research findings that alert us to the need for an integrated response and co-ordination between existing programmes and projects.

Strand Two responds to the need for measures to prevent EBD and for a system of early response to less serious levels of difficulty. The strategies in Strand 2 include many of the approaches referred to in Chapters Two and Three of this report, for example:

- The Quiet Place
- Nurture Groups
- Marte Meo
- Circle time
- The Arts
- Anti-bullying strategy

It is intended that youth projects and schools will be supported in introducing a number of these activities as appropriate. Support will involve training, advice and liaison with the Programme Team. Attention to and strategies for the gifted child and the withdrawn child might also be developed. Anti-bullying strategies, such as those already introduced by the North-Eastern Health Board (NEHB), have shown that significant progress can be made in reducing bullying and increasing the general civility of the school and the playground. These initiatives involve parents, children and teachers in setting up and implementing procedures for everyday monitoring and dealing with unwanted behaviours.

Strand Three: a staged approach to EBD

Strand Three of the proposed programme involves six stages of support for the child with EBD (Figure 5.3). The stages involve a progressive, phased response to EBD. Each stage is outlined below.

Stage 1

The initial trigger for intervention is a statement of concern about a child's behaviour by a teacher, other school or non-school personnel. The emphasis at this stage is on identifying factors in the school/project environment which may be contributing to the behaviour. To this end, a Behavioural Environment Checklist is completed by the teacher, leading to a Behavioural Environment Plan (BEP). This Plan is a statement of what is to be done by all involved, in a coordinated way, to address the behaviour of the child. The School/Project Behaviour Team may provide support at this stage. (See below for an outline of the School/Project Behaviour Team.) Where appropriate, the child

is involved in consultation and decision-making at all stages of the phased response.

The child's behaviour is observed and recorded during the implementation of the BEP and all personnel within the school/project are informed that the child is receiving attention. Changing the child's environment, however modestly, will require that others, as well as the teacher, adopt changes in their interaction with the child. The child remains within the class and the system requires only input from the school team. After an agreed period the child's progress is reviewed.

Stage 2
The child moves to Stage 2 if there is a lack of progress at the review of Stage 1 or if additional needs are identified. In this stage the focus is broadened to include a meeting of parents, teacher and School/Project Behaviour Team. While the focus is increasingly on the child, the strategies adopted at Stage 1 are continued, with modifications where necessary. The environmental model is still central and the child remains within the class. In consultation with the parents, an Individual Behaviour Plan is drawn up and, where appropriate, a Home Behaviour Plan. These plans involve systematic progress towards target behaviours and responses.

The observation, recording, and communications systems within the school continue. A school-external communication system is put into effect so that other agencies working with the family and child are informed of the strategies being adopted. The child's progress is reviewed.

Stage 3
Lack of progress identified in the review or additional needs result in a move to Stage 3. This involves an Educational Case Conference, attended by the School Behaviour Team, teacher, parents, programme keyworker, educational psychologist, and other specialist support as appropriate. There may be a need for a series of meetings of various sub-groupings, including the child.

New inputs are decided on. A keyworker from the Programme Support Team is allocated to do individual work with the child in short sessions. The child may also be included in group sessions. These sessions form part of the programme outreach to the school or project and involve withdrawal from class for only short periods at intervals throughout the week.

Inputs from the previous stage and observation and recording systems continue with modifications as necessary. Both the intra-school and school-external communication systems are in operation. The stage review takes place.

Stage 4
At this stage the needs of the child are such as to require short-term withdrawal from school for special sessions in the out-of-school provision or specialist 'unit'. This is decided as a result of further case conferences and specialist appraisal. Within the unit the child participates in a programme of individual and group work according to needs identified. The learning of social and personal skills is emphasised. S/he continues to have some contact with the mainstream school, with a view to reintegration as soon as is feasible. The unit now has responsibility for implementing a communication system to the school and other relevant parties. Observation and recording systems continue. The stage review takes place.

Stage 5
When the level of need is such that the measures put in place at other stages are insufficient, a decision is taken to place the child in the unit for a specific period. Individual and groupwork continue, along with whatever specialist support is needed. The school curriculum continues to be delivered. Inputs from previous stages continue as appropriate and the observation and recording systems continue. The unit's communication system keeps all relevant parties informed.

This stage also requires that the school/other education provider guarantee a place for the child on completion of the withdrawal period. The stage review takes place.

Stage 6
Progress at Stage 5 indicates that reintegration should begin. The reintegration process is gradual and complements the preceding staged approach, involving similar support structures, personnel and communication systems.

Some **general points** to note:
- The review at the end of each stage may result in one

Stage 1
Within class

Trigger
Statment of concern by teacher, other school or non-school personnel

Actions
Teacher, Behaviour Co-ordinator and/or Support Teacher meet; the child may also be involved at this stage

Observation Plan drawn up

Behavioural Environment Checklist completed

Behavioural Environment Plan drawn up

Inputs
Behavioural Environment Plan

Observation and recording system

Intra-school communication system

Review

Stage 2
Within class

Trigger
Lack of progress at Stage 1

Additional needs identified

Actions
Teacher, Behaviour Co-ordinator and/or Support Teacher meet with parents and child where appropriate

Individual Behavioural Plan drawn up

Possibly Home Behavioural Plan also

Behavioural Environment Plan continued with modifications

Inputs
Individual Behavioural Plan

Home Behavioural Plan

Behavioural Environment Plan

Observation and recording

Intra-school communication system

School-external communication system:
- To other agencies working with
  family and child
- To other local providers eg CARA, Dochas, Youth Services, YSTU, etc.

Stage 3
Within class mostly

Trigger
Lack of progress at Stage2

Additional needs identified

Actions
Educational Case Conference of School Team, parents, programme keyworker, Ed Psychologist and other key personnel (incl possibly EWO)

Perhaps a series of meetings of various groups, including the child

Inputs
Keyworker from unit appointed to do individual work with child in short sessions

Possibly also group work

Individual Behavioural Plan

Home Behavioural Plan

Behavioural Environment Plan continue with modifications

Observation and recording

Intra-school communication system

School-external communication system:
- To other agencies working with
  family and child
- To other local providers eg CARA, Dochas, Youth Services, YSTU, etc.

Review

of three options:

- Progress in the young person moving back

achieved at any stage will result to the

Stage 4
Short-term withdrawal

Trigger
Lack of progress at Stage3
Additional needs identified

Actions
Further case conferences, including child where appropriate

Short-term withdrawal to unit for special sessions during the school week

Inputs
Group work on specific areas according to needs identified

Individual work continuing

Home Behavioural Plan

Behavioural Environment Plan

Individual Behavioural Plan continue with modifications

Observation and recording

Intra-school communication system

School-external communication system in operation

Review

Stage 5
Withdrawal to unit

Trigger
Lack of progress at Stage4
Additional needs identified

Actions
Meetings and decision regarding placement in unit

Commitment by school/other provider that placement will be retained for child

Inputs
Individual and groupwork with child in out-of-school provision

Curriculum delivered

Home Behavioural Plan

Behavioural Environment Plan

Individual Behavioural Plan continue with modifications

Observation and recording

Unit communication system to other parties

Review

Stage 6
Re-integration begins

Trigger
Progress at Stage 5

Actions and inputs
A programme of support for reintegration involves actions and inputs, appropriate to the individual child, which mirror the stages leading to withdrawal to the unit. The child moves through stages of reintegration involving a gradual decrease in intervention.

Review
The reintegration strategy will be reviewed systematically at all stages

previous stage or
  - A short-term continuation at the current stage with modifications so as to maximise benefits
  - Lack of progress indicates a move forward to the next stage

- Some inputs and strategies continue from Stage 1 throughout all stages of the programme

- An individual education plan may be put in place at any stage, in accordance with the needs identified

Figure 5.3 A Model for Clondalkin: Strand Three

Programme support structures and staffing
The proposed programme requires support structures and staffing as outlined below.

Programme Team
A Programme Team comprising a Co-ordinator and Keyworkers will provide:
- Outreach to schools and other providers in the form of work with children individually and   in groups, and with parents
- Staff and parent training
- Placement for children withdrawn from school or project
- Support with and monitoring of the reintegration strategy

In addition, the Programme Co-ordinator will be responsible for the monitoring and evaluation, liaison and audit mechanisms throughout all strands of the programme. S/he and the Keyworkers will be able to call on multi-agency teams and advisory and monitoring groups for additional support.

School/Education Project Behaviour Team

Within schools/other education providers the specific form of support structure may vary as appropriate to the individual organisation, its resources and needs. One such structure might be a School Behaviour Team comprising a Behaviour Co-ordinator and Behaviour Support Teachers, the number depending on size of school. Existing staff and special post holders might see it within their brief to involve themselves in this project. This team would support the implementation of all three strands of the programme within the school. Responsibilities might include:

- Support to teachers
- Co-ordination and monitoring of communication system within school
- Implementation of whole-school approach
- Integration of programme with existing structures such as school discipline strategies
- Liaison with non-teaching personnel, Home School Community Liaison, Support Teachers etc.
- Liaison with Programme Co-ordinator, Keyworkers, and specialist support to the school
- Peer training

Education Welfare Officer

It is envisaged that the Education Welfare Officer, in accordance with the duties and responsibilities outlined in the Education (Welfare) Act 2000 (see Chapter One) will play a pivotal role in the programme. S/he will be involved in activities throughout all three strands.

Finance

Existing financial resources for the programme will be sufficient to cater for:

- Salaries
- Overheads
- Administration
- Rent of modest premises
- Programme Expenses
- Materials and transport etc.
- Training

If the purchase or building of premises is necessary for Stages 4 and 5 (that is, if no other location can be identified), this will only be possible with additional funding.

Recommendations

It is recommended that the **proposed model be adopted**, if not in its entirety, then as a template from which to decide modifications, while adhering to the underlying principles and conceptual framework. In its aims, structure and processes it is a potentially effective and feasible intervention for children with EBD in Clondalkin. There is of course much work to be done in developing and teasing out structures and processes, and in accessing the necessary resources.

The programme requires that all the elements of the child's world come together in **partnership**: between schools, between school and family, between school and other agencies, and between agencies, etc. All stakeholders should be involved in design, planning and implementation. The principle of participation needs to run through the overall system, creating an environment of sharing and collaboration.

The experience, knowledge and training of Support Teachers, Home School Community Liaison staff, other school support staff and those involved in the range of youth services and family support services are crucial resources. Such personnel should be centrally involved in planning the programme.

When **parents** are not included in planning and decision-making around their child, the roles which *are* available to them are limited and may take the form of critic and opponent. Parents, like all those involved in change, need to understand the entire context within which it takes place. The challenge is to create an environment which enables them to see the whole picture. When parents are consulted, attention should be paid to the danger of raising expectations and causing disappointment. Parents of children with EBD may themselves be disaffected. There is a need therefore for sensitive and experienced outreach by those familiar with, and if possible known to, the parents.

A **process of consultation** is needed to bring forward the plan and to form the beginnings of multi-disciplinary teams and stakeholder groups as in Figure 5.2. This process might include a broad community forum and a forum of professionals which would assess the availability of inputs and detailed feasibility.

The use of existing resources wherever possible is recommended. Liaison with services such as the West Dublin Teacher's Centre may provide support for staff development. **Training** of core personnel is essential. The potential for peer training systems should be examined.

A coherent, participatory strategy which is understood and implemented by all those dealing with the child requires an effective and comprehensive **communications system**. The proposed programme incorporates such a system as a core element.

Information dissemination is vital to developing models of best practice in any sphere. Cullen (1997) as cited in Fleming and Murphy (2000) writes of the "varied publics and groups" who are receptive to information on new practices for tackling educational disadvantage. Liaison with the broadest possible range of agencies and individuals involved in providing for children with EBD is recommended. At another level, communication systems which enable contribution to public policy should be established and nurtured. Ongoing monitoring and evaluation will result in the collection and analysis of data which may provide valuable insights towards innovative and effective practice.

Monitoring and evaluation are essential components of an effective system, and will be a crucial element of the proposed programme for Clondalkin. This may involve familiarisation of stakeholders with methods of monitoring and evaluation, staff training and workshops with experienced practitioners in this area. It will also involve time allocation.

It is important to identify **indicators of achievement** by which progress can be monitored. Their absence is identified as a weakness in programme effectiveness and planning (Craig, 1995). The European Social Fund (ESF) evaluation of preventative actions in education (ESF, 1997) highlights the importance of a monitoring system which includes performance indicators. The evaluation of the Support Teacher Programme (Department of Education and Science, 1998) also drew attention to the relative neglect of such systems. Of course, in an area as complex as the development and emotional wellbeing of children, it is not easy to identify suitable indicators. Nevertheless, the effectiveness of the programme will be enhanced if an appropriate and sensitive system is devised which can monitor the changing needs and abilities of the individual child.

The programme will be a **capacity-building** process for all concerned, not only for the child. It must aim to develop skills, attitudes and structures, for example, in the exchange of professional

perspectives and in the strengthening of community education structures.

The new programme structure will operate as a **learning organisation**. Existing agencies can be encouraged to modify their practices and to adapt to change in ways which permit the greatest development and learning. All involved need to develop the type of collaborative systems, communication channels, etc. which characterise the learning organisation.

It is essential that an intervention be designed and implemented in such a way that it has, or will have, the capacity to absorb and utilise additional resources in an effective and coherent manner. In the event of additional funding being allocated to the programme, it should have the capacity to absorb this effectively.

In relation to **programme structure**, the existing network of the CARA programme, with its 'nodes' comprising a second-level school and primary feeder schools might serve as a model for structuring initial delivery.

Attention should be given to any potential **imbalance in provision for girls and boys**. Care is needed in the selection of participants and in programme delivery so as to avoid inequalities. Those working with children must be alert to the sometimes less obvious signs of EBD in girls. Training and increased awareness of ways in which EBD may be expressed would assist staff in identifying children in need.

The **physical environment** of a child needs to provide the fullest possible range of experience and

Summary

This chapter proposes a model of intervention for children with EBD in Clondalkin. The model is designed to ensure the achievement of a number of specified aims and is based on fundamental guiding principles. These aims, principles, and programme design are based on a synthesis of the themes, issues and models of best practice which have emerged in the course of the research.

modes of expression: sensory, cognitive, expressive, relational. Children with EBD may be deprived of such stimulation. In the course of the research the unsuitability of certain locations for after-school and pre-school activities was mentioned, for example, smoky rooms or those used for detention. The 'review base' of St Saviour's High School, Dundee (Lloyd and Munn, 1997) and the Quiet Place strategy (Spalding, 2000) provide spaces which are calming and which balance social and functional purposes; they are not seen as places of punishment, detention or isolation. All personnel need to view and speak of such facilities in positive terms, as a support. The location within a school will give important signals as to their importance. Careful choice of lighting, materials, size, colour, shapes, textures, etc. can create physical environments as conducive as possible to soothing troubling emotions and troubled behaviours.

Flexibility of response is key to meeting the needs of the child. Integrated support systems which involve all those working in the programme in an equal partnership are essential to maximising flexibility of response.

One of the grounding elements of any new intervention must be an approach which allocates time, resources and goodwill to the on-going process of joint discovery and learning among the various professionals, the parents, and others involved in the programme. The first point of a new intervention needs to be **focussed on the adults** in the child's environment, rather than immediate intervention with the children. Evidence from studies outlined in Chapter Two and data collected in the course of this research point to the need for and potential of such an approach. This is not an optional extra dimension to the programme; it is an essential component.

The Clondalkin programme could work to develop a model of **inter-agency partnership** by devising training and staff development using Adult Education principles and methodologies in order

to surface attitudes, discourses and key assumptions within the various professions and professional models. The intervention will depend to a large extent on a joint approach and common understandings.

We acknowledge that this will require a commitment of time and resources and means more demands on busy people. There is already a commitment to inter-agency work in Clondalkin; it is perhaps timely to introduce systematic and focused work on methods and strategies for advancing this. The Working Group can be seen as a beginning and a potential forum where this process can be developed.

A related recommendation is that the initial **training and ongoing professional development** of all those working with children: teachers, social workers, youthworkers, psychologists, etc. should have as essential components the issues relating to children with EBD, to teamwork, and to inter-agency and partnership approaches to education.

Conclusion

This report presents the results of research into ways of providing for children exhibiting EBD in Clondalkin. The research has aimed to provide both theoretical and practical information to guide those designing a new intervention.

Emotional and behavioural difficulties in children is a complex area, touching as it does on issues of education, mental health, family life, culture, systems and public policy. This report has sought to do justice to that complexity by presenting a range of perspectives on the topic. Changes in national policy and new commitments to child welfare and development recognise the varying needs of children and families and should provide a supportive context for intervention. The overview of Clondalkin's population and its educational profile presents a community where, for many, these needs are acute.

Bibliography

Current thinking and research on EBD highlight the many aspects of the topic: the debate on inclusive or separate provision, the gender dimension, the wide range of approaches, the issues around programme structures and delivery. We can learn valuable lessons from models of intervention which have proved successful and identify the most relevant features for Clondalkin. The concerns and experiences of those in contact with children exhibiting EBD provide crucial first-hand, personal and local perspectives.

We propose a programme design which we believe to be feasible, effective and appropriate to the needs of children with EBD in Clondalkin. Within this local-area approach, the opportunity exists to engage fully with all the potential elements of good practice and to be innovative in their implementation. This would build on, enhance the effectiveness of, and harness in a focused intervention the high levels of skill, experience and commitment evident in the area. Ultimately, it is hoped that the children of Clondalkin will experience this as another element in an increasingly supportive and nurturing environment in which they may grow and reach their potential.

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Glossary of Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ADD	Attention Deficit Disorder
DES	Department of Education and Science
DfE	Department for Education
DfEE	Department for Education and Employment
HSCL	Home School Community Liaison

NEPS   National Educational Psychological Service

EBD   Emotional and Behavioural Difficulties

ESF   European Social Fund

EWO   Education Welfare Officer

SEBD   Social, Emotional and Behavioural Difficulties

SEN   Special Education Needs

SENco   Special Education Needs Co-ordinator

SSRI   Stay in School Retention Initiative

Appendix 1

List of Those Consulted for the Research

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Mary Atkinson, National Foundation for Educational Research, UK

Enda Barron, Clondalkin Drugs Task Force

Patricia Byrne, The Marte Meo Project

Eibhlin Campbell, teacher in Archbishop Ryan National School, Clondalkin

Jim Connolly, VEC Psychological Services

Amanda Daniels, Birmingham Framework for Intervention, Birmingham City Education Department and other members of the Framework team

John Duddy, Education Guidance Centre, Bayview House, Derry

Jane Gallier, Birmingham Framework for Intervention, Birmingham City Education Department

Katherine Griffin, Clondalkin Drugs Task Force

Regina Halpin, Home School Liaison Co-ordinator of Archbishop Ryan National School, Clondalkin

Gerardine Harris, Clondalkin Youth Service

Vincent Jackson, Clondalkin Youth Service

Brid Laffan, Special Education Department, St Patrick's Training College, Drumcondra and formerly National Co-ordinator for the Support Teacher Programme of the DES

Grainne Looney, CARA

Margaret Maher, Education Co-ordinator Clondalkin Partnership

Mary Mc Cormac, Home School Liaison Co-ordinator of St Kevin's Community College, Clondalkin

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Conor Owens, Psychologist with Lucena Clinic, Tallaght

Toni Owens

John Peelo, Geraldstown House Family Resource Centre and BEST, Ballymun

Patricia Reynolds, Dochas, Clondalkin

Trevor Sweetman, Get Ahead Club, Clondalkin

Austin Vaughan, Senior Psychologist and Team Leader of NEPS Team for the ERHA Western Area

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