A study of children and young people who present challenging behaviour

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Introduction

This literature review was commissioned by Ofsted as part of a large scale survey, to inform the report *Managing Challenging Behaviour* (Ofsted, 2005).

Following a tendering process, Ofsted commissioned the University of Birmingham to carry out this research to inform subsequent fieldwork which was undertaken by Her Majesty's Inspectors of Schools (HMI) between November 2003 and June 2004.

The purpose of this research was to:

- review published material to determine the range of characteristics and definitions of challenging behaviour used by academic researchers and practitioners
- survey a range of educational practitioners about their understanding of behaviour that presents challenges to settings, schools and colleges
- determine factors that account for effective practice in relation to pupils with difficult behaviour.

This publication covers the review of published material which formed a part of the larger research undertaken by the University of Birmingham.

1.0 Purpose and scope

1.1 Overview

After a brief historical introduction, which illuminates difficulties that continue in the present, this literature review covers:

- definitions of challenging behaviour
- the range of characteristics regarded by academics and practitioners as challenging
- prevalence
- the constituents of effective practice from an educational perspective, in particular the quality and nature of:
  - the staff working at sites of provision
  - support from local LEA and professionals working for other agencies
  - teaching, learning and care
  - the physical environment and resources
  - equal opportunity issues: gender and race.

This review acknowledges the literature relating to children and young people with severe cognitive disabilities and those on the autistic spectrum who exhibit 'challenging behaviours'. However, the majority of the literature on challenging behaviour relates to those most commonly referred to in the last decade as having emotional and behavioural difficulties (EBD). Since the revision of the special educational needs (SEN) Code of Practice (DfEE, 2001a) the label has widened to include the term 'social'. Its use is not as yet widespread in the literature.

1.2 Scope

This review focuses on the relevant English literature published since 1994, but occasional reference is made to earlier texts to aid understanding (in particular the Elton Report, DES, 1989a). The choice of any start date is arbitrary, particularly one as late as 1994. By this time, research into child development and EBD had established that pupils with EBD often respond positively to appropriate, skilled teaching and management, paying attention to needs theory (see Maslow, 1943). Effective interventions with pupils with EBD are based upon sound psychological principles, of use in any teaching or care setting, rather than specialist approaches designed specifically for pupils designated as having a 'disability' or 'disorder' called EBD (see Kounin, 1977; Wilson and Evans, 1980; Rosenberg, Wilson, Maheady, Sindelar, 1997). Reference is made to relevant American texts (notably Kauffman, 2001) and to other international literature.

Where possible, the perspective of LEAs and practitioners are represented (e.g. through Cole, Daniels and Visser's study of behaviour support plans, 1999, 2003; or Ofsted, 1999a). Evidence of alleged changes to clientele in specialist provision was difficult to establish other than Ofsted reporting (e.g. 1999a), as had Cole, Visser and Upton (1998), that teachers *believed* their pupils were becoming more complex and challenging. Ethnicity and gender in relation to EBD are also examined although the

literature was found to be limited and few specific approaches identified (beyond the application of approaches known to help *all* pupils said to have EBD). This review concentrates on the actual and potential practice of school-based professionals and support staff; and how they can (or more usually how they find it very difficult to) link their work with input from other agencies. It does not discuss in detail specialist interventions by medical practitioners and Children and Adolescent Mental Health Service (CAMHS) or social services staff. Aspects of CAMHS joint working with schools are covered by Pettit (2003).

Reference is rarely made to British academic psychological journals: this is because little of relevance was found in issues of these dating back to 1994. Similarly journals devoted to learning disabilities concentrated, in the main, on an adult population and contained very little on children with mild and moderate learning difficulties with challenging behaviour, some of whom are known to attend specialist EBD provision.

2.0 Setting the scene

2.1 Chronic definition difficulties

The Audit Commission (1992) wanted 'research to clarify how many children have emotional and behavioural disturbance, to discover what provision is currently made for them and to assess the effectiveness of that provision' (pp 59-60). A decade on, another Audit Commission (2002) report called for greater clarity in calculating types and numbers of pupils with SENs (including those with EBD). Their request will not easily be met. Defining challenging behaviour, EBD, Attention Deficit Hyperactivity Disorder (ADHD), disaffection, disruption or other terms preferred by different professional groups, has always been an unsatisfactory enterprise (see recent writers: Fogell and Long, 1997; Cooper, 1996, 2001; Daniels et al, 2001; Kauffman, 2001; DfEE, 1998b; Cole, Visser and Upton, 1998; Daniels et al, 1998a; and Thomas and Glenny, 2000). Cole et al (1998) (see also Daniels and Cole, 2002, and Cole and Visser, 1999) describe the debate that has persisted through many generations over who pupils with EBD are, where they should be placed and what interventions are beneficial.

2.2 The Education Act 1944 and consequent definition

Pupils who might now be called EBD were presenting problems to society in Victorian times and were receiving help in a range of provision (Cole, 1989). The ill-defined word 'maladjusted' was in official use by 1930, and indeed the first local education authority (LEA) schools for the maladjusted were founded in the 1930s, advocating an educational as much as a medical approach, but the legally enshrined category of 'maladjusted children' did not come into being until the 1945 Regulations which followed the Education Act 1944. These defined the maladjusted as:

> 'pupils who show evidence of emotional instability or psychological disturbance and require special education treatment in order to effect their personal, social or educational readjustment'.
>
> (Ministry of Education,1953, Part 3,9g cited in Cole et al, 1998)

Laslett (1998) commented on the vagueness of this description. In 1955, the Underwood Committee wished to classify pupils with maladjustment as having nervous, habit, organic or psychotic disorders or educational and vocational difficulties arguing for careful matching of provision to children's need. But this was rarely to be achieved and most specialist provision had generally to respond to a diverse and ill-defined clientele many of whose difficulties could be said to be reactions to environmental factors rather than 'within-child' problems requiring medical-leaning 'treatment' (Cole et al, 1998). It is noteworthy however to recall that during this period the literature refers to 'the maladjusted' reflecting the prevailing view that the behaviours were seen as within-child in origin.

2.3 The historical happenstance of assessment and placement

The Senior Medical Officer at the DES was to note in 1974 that 'only force of circumstance' dictated whether a child went to specialist education provision or to Community Homes with Education (CHEs). The Children and Young Person's Act 1963 (Hyland, 1993) had restated that truants and 'at risk' or 'problem' children (often it was girls who fell into these latter categories) not convicted of crimes could

be placed in the Home Office Approved Schools. After the Children and Young Persons Act 1969, Approved Schools evolved into CHEs run by social services departments. In fact, dating back to the work of the Royal Philanthropic Society in the 1790s, the precursors of the 'EBD' would seem to have been taken under the wing of any one of four government departments: welfare, juvenile justice, education or health. Whether the 'problem child' has been 'cared for', 'punished', 'educated' or 'treated' has often been a matter of chance depending upon which individuals in which agency happened to pick up his or her case. A child's placement often depended on where the vacancies were when the child was perceived by particular professionals to have reached crisis point *or* when funding became available (Hyland, 1993; Grimshaw with Berridge,1994; Cole et al, 1998; Daniels and Cole, 2002). The forthcoming Children Services Act promoting 'joined up' children's services has much potential to tackle these historical shortcomings.

2.4 A 'catch-all category'

Laslett's (1983/1998) view of a shift from a medical to an educational perspective between 1945 and the 1980s is persuasive but open to challenge as it does not take into sufficient account historical data showing widespread awareness of environmental, inter-actional social factors 'outwith' the child. However, he was right to comment that 'maladjustment' was 'a kind of catch-all for children showing a wide range of behavioural and learning difficulties'. While the 'maladjusted' have been conceptualised as a separate grouping, in fact many children thus labelled could equally have been described as 'socially deprived', 'disruptive', 'disaffected', sometimes 'delinquent' or 'mentally ill' or 'mentally deficient'. These descriptors were applied to many children placed in schools for the maladjusted. Conversely, children who might have been seen as genuinely maladjusted were placed in Home Office or health or welfare department provisions; or, from the 1950s, in tutorial classes or special units designed primarily for the so-called 'disruptive'. Galloway and Goodwin (1987) put forward a persuasive argument for describing these pupils as 'disturbing' to teachers and other professionals, rather than 'disturbed' (the word preferred by Wilson and Evans, 1980, in their national study of provision in the late 1970s).

2.5 A new, uncertain, label but describing real challenging behaviour

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

aggression, often mixed inextricably with emotional and social difficulties that had interfered with educational progress. Experience of failure and rejection, usually mingled with unsettled home circumstances had commonly led to low self-esteem (certainly in relation to their educational potential) and damaged confidence. Traumatic life events involving loss and bereavement were not uncommon (also noted in Daniels, Cole, Sellman, Sutton and Visser, 2003).

2.6 Defining EBD: American difficulties

Confirming the British experience, Kauffman (2001), in his seminal work, notes that children and youth with 'Emotional and Behavioural Disorders' (the Americans do not speak of 'difficulties') 'etch pictures in one's memory that are difficult to erase, and case-studies provide the basis for an intuitive grasp of what an emotional or behavioural disorder is' but:

> 'The definition of such a disorder – the construction of guidelines that will foster valid and reliable judgements about who does and does not have it – is anything but simple. One reason it is so difficult to arrive at a reliable definition is that an emotional or behavioural disorder is not a thing that exists outside a social context but a label assigned according to cultural rules…A science of behaviour exists, but the objective methods of natural science may play a secondary role in designating someone as deviant. An emotional or behavioural disorder is whatever a culture's chosen authority figures designate as intolerable. Typically, it is that which is perceived to threaten the stability, security, or values of that society. Defining an emotional or behavioural disorder is unavoidably subjective, at least in part.' (pp22-23)

Energy is devoted to being scientific but

> 'The problem of definition is made all the more difficult by differences in conceptual models, differing purposes of definition, the complexities of measuring emotions and behaviour, the range and variability of normal.' (p23)

3.0 Definitions

3.1 Introduction

The following definitions are covered:

- official and semi-official Department for Education/Department for Education and Employment definitions
- overlapping definitions of mental health difficulties/problems used by other English government bodies
- Scottish definitions
- two American definitions including that for the Federal category of 'severe emotional disturbance' [SED].

3.2 Circular 9/94 and other English definitions of EBD

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

> 'Children with EBD are on a continuum. Their problems are clearer and greater than sporadic naughtiness or moodiness and yet not so great as to be classed as mental illness.' (DfE, 1994b, p4)

EBD range (DfE 1994b) from 'social maladaptation to abnormal emotional stresses …are persistent and constitute learning difficulties', involve emotional factors and/or externalised disruptive behaviours and general difficulties in forming 'normal' relationships. Social, psychological and sometimes biological factors or, commonly, interactions between these three strands, are seen as causing pupils' EBD. There follows detailed amplification in which 'within-child' emotional factors are counterpoised with difficult externalised behaviours including truanting, aggression, violence and destructive behaviour. Children with EBD have problems in relationships, the causes are likely to be complex and systemic involving school and home factors. Determining whether a child has EBD depends on 'frequency, persistence, severity or abnormality and the cumulative effect of the behaviour in context' compared to 'normal' children (p8). A short chapter at the end of the circular is devoted to the small minority at the psychiatric end of the spectrum for whom meaningful inter-agency working, with substantial input from specialist services, is said to be essential. The definition of EBD given in this circular is a comprehensive summary, including items associated with EBD by leading contemporary academics e.g. Chazan, Laing and Davies (1994) and Cooper et al (1994) and again Cooper (1999a). The latter succinctly summarised a perhaps emerging consensus on causation of EBD: 'Whilst biology may create propensities for certain social and behavioural outcomes, biology is always mediated by environment and culture' (p239). For most pupils, it is the cumulative interactive effects of the different parts of children's lives which give rise to their challenging behaviour.

3.3 The first SEN Code of Practice, 1994

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

> 'have learning difficulties [as defined at paragraph 2:1 of the Code]. They may fail to meet expectations in school and in some but by no means all cases may also disrupt the education of others.
>
> Emotional and behavioural difficulties may result, for example, from abuse or neglect; physical or mental illness; sensory or physical impairment; or psychological trauma. In some cases, emotional and behavioural difficulties may arise from or be exacerbated by circumstances within the school environment. They may also be associated with other learning difficulties…
>
> Emotional and behavioural difficulties may become apparent in a wide variety of forms including withdrawn, depressive or suicidal attitudes; obsessional preoccupation with eating habits; school phobia; substance misuse; disruptive, anti-social and unco-operative behaviour; and frustration, anger and threat of or actual violence.' (paras. 3.64 –3.66)

3.4 Ofsted's 'Principles into Practice' report, 1999

Ofsted (1999a) repeats some of the content of Circular 9/94 but also follows Cole et al (1998) in citing the Underwood Report (1955). This stressed that EBD/maladjustment was 'not a medical term diagnosing a medical condition. It is a term describing an individual's relation at a particular time to the people and circumstances which make up his environment'. Reflecting a social-constructionist perspective, Ofsted (1999a) draws from this the need for schools to look to their organisation, curriculum and support systems to improve the relations between the child with EBD and his or her environment. They also raise the real concern that placing children with EBD together in a special school or unit may provide a plethora of inappropriate role models that can exacerbate EBD (although the report later recognises that effective special schools provide the respite and expertise that can benefit some pupils).

3.5 Revised SEN Code of Practice, 2001

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

> 'Evidence of significant emotional or behavioural difficulties, as indicated by clear recorded examples of withdrawn or disruptive behaviour; a marked and persistent inability to concentrate; signs that the child experiences considerable frustration or distress in relation to their learning difficulties; difficulties in establishing and maintaining balanced relationships with their

fellow pupils or with adults; and any other evidence of a significant delay in the development of life and social skills.' (para 7:43, p83)

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

> 'Children and young people who demonstrate features of emotional and behavioural difficulties, who are withdrawn or isolated, disruptive and disturbing, hyperactive and lack concentration; those with immature social skills; and those presenting challenging behaviours arising from other complex special needs,* may require help or counselling for some, or all, of the following:
>
> - flexible teaching arrangements
> - help with development of social competence and emotional maturity
> - help in adjusting to school expectations and routines
> - help in acquiring the skills of positive interaction with peers and adults
> - specialised behavioural and cognitive approaches
> - re-channelling or re-focusing to diminish repetitive and self-injurious behaviours
> - provision of class and school systems which control or censure negative or difficult behaviours and encourage positive
> - provision of a safe and supportive environment.' (DfES, 2001, p87)
>
> *(*note the absence of 'educational' needs)*

This same definition of EBD and helpful approaches also appears in Quality and Curriculum Authority (2001) and the SEN Code of Practice for Wales (NAW, 2002).

3.6 DfEE/QCA 'Supporting School Improvement' descriptors, 2001

This booklet by the Qualifications and Curriculum Authority (2001) was intended to support school improvement by offering guidance on setting improvement targets for groups of pupils' emotional and behavioural development. It contains a short list of desirable behaviours to which are attached more detailed descriptions that offer a revised definition of EBD. Five desirable behavioural traits are listed under each of the three headings 'learning', 'conduct' and 'emotional'. Pupils can be assessed on these 15 (in total) items by completing a five point scale on each.

To aid completion, a detailed 'emotional and behavioural development criteria' chart that counterpoises the desirable behaviours (e.g. under Learning, Item 1: 'is attentive and has an interest in schoolwork') with the undesirable ('a pupil may show verbal

off-task behaviour, lack interest, not finish work, not listen or hear etc' p12). A second example, 'Conduct' is item 7:

> 'Shows respect to other pupils' is set alongside the undesirable 'a pupil may aim verbal violence at other pupils, use psychological intimidation, show social aggression, be scornful with other students, call other pupils names, tease, try to dominate, use unethical (e.g. inappropriate sexual) behaviours, blame others, push ahead in queues.' (p13)

A third example, under the heading 'Emotional' is item 15: 'Is emotionally stable and shows good self-control' counterpoised by 'A pupil may be touchy, display inappropriate emotional reaction, have difficulty expressing needs and feelings, have frequent or strong mood changes, be irritable, be tough minded'. The descriptions of the negative behaviours are very detailed and amalgamate discrete items, creating problems for the accurate completion of the 15 point record sheet (though the document indicates that this record sheet was not intended as an assessment tool for individual pupils).

3.7 Birmingham Council description of 'emotionally vulnerable' children

The following is an example of a descriptor of what is sometimes seen as a sub-division of EBD, used by Birmingham City Council (BCC) and Health Authority:

> 'Those pupils who have low self-esteem. They may have characteristics associated with terms such as depressed, neurotic, school phobic, withdrawn or suicidal. They are not pupils who would attract the term conduct disordered.' (BCC, 1998a, p1; Daniels, Visser, Cole, de Reybekill, Harris, Cumella, 1998).

These pupils are often overlooked in the literature on challenging behaviour (Daniels et al, 1998b).

3.8 Overlap with definitions of mental health 'problems'

Circular 9/94 (DfE, 1994b) and the Code of Practice (DfE, 1994c) describe characteristics of emotional and behavioural 'difficulties' that are also identified, although often attached to words that tend to be avoided in the English government's educational guidance (namely 'problems' or 'disorders'), as key areas in the Health of the Nation Outcome Scales for Child and Adolescent Mental Health (HoNOSCA) (Audit Commission 1999; Gowers, Bailey-Rogers, Shore and Levine, 2000; Cole, 2000). The over-lapping key areas are disruptive, anti-social and aggressive 'problems' or 'difficulties'; over-activity, attention and concentration 'problems'; somatic, emotional and related symptoms; peer and family relationships and poor school attendance. There is also considerable congruence between Circular 9/94 and Department of Health definitions of mental health problems or disorders. The Department of Health (DoH) (2000) suggested:

> 'Mental health problems in children and young people are broadly defined as disorders of emotions, or social relationships sufficiently marked or prolonged to cause suffering or risk to optimal development in the child, or distress or disturbance in the family or community.' (DoH, 2000, p25)

3.9 Mental health disorders

Kurtz, Thornes and Wolkind (1995), reflecting medical tradition, prefer to use the word ‘disorder’ to ‘difficulties’ or ‘problems’. They give a long list of mental health ‘disorders’ appearing in the school age child. These include conduct, oppositional, panic, anxiety, and obsessive compulsive disorders; agora and social phobias; depression; attention deficit hyperactivity disorders, somatic complaints and various syndromes. A useful classification of the range is given in Health Advisory Service (HAS), (1995):

Table 1: ‘A classification of mental disorders’ (from HAS, 1995, p21)

Emotional disorders	e.g. phobias, anxiety state and depression
Conduct disorders	e.g. stealing, defiance, fire-setting, aggression and anti-social
Hyperkinetic disorders	e.g. disturbance of activity and attention, and hyperkinetic conduct disorder
Developmental disorders	e.g. delay in acquiring speech, social skills
Eating disorders	e.g. anorexia nervosa or bulimia nervosa
Habit disorders	e.g. tics, sleeping problems and soiling
Post traumatic syndromes	e.g. post traumatic stress disorder
Somatic disorders	e.g. chronic fatigue syndrome
Psychotic disorders	e.g. schizophrenia, manic depression, drug-induced psychosis

3.10 Other English writers’ views

Daniels et al (1998) provide a comprehensive review of definitions reflecting the wide range of definitions portrayed by authors. There are many of these (see Daniels et al, 1998). Maras (1996) says offering a definition is difficult but suggests that ‘suffering disruption of a number of emotional and social functions’ is ‘a useful starting point’ (p34). Garner and Hill (1995) describe challenging behaviour as that which prevents pupils’ participation in educational activities or isolates them from their peers, affects the learning of others, makes excessive demands upon teachers, staff and resources or places the pupil or others in physical danger. Cooper (1999a, 2001) notes the increasing evidence for biological/genetic reasons seen for example in Blau and Gullotta (1996). This has to be viewed alongside Galloway and Goodwin’s (1987) findings, repeated by McNamara and Moreton (1994) and Cooper (2001), that perhaps the most common factor determining whether children are said to have EBD is ‘that they are experienced as a source of serious disquiet to school personnel and other significant adults’ (p14). They are seen as subverting or detracting from ‘the formal educational functions of the school’ (Cooper, 2001, p14). O’Brien (1998), echoing data examined by Cole et al (1999) in LEA behaviour support plans, finds it necessary to stress that what is particularly disturbing to one teacher may be merely irritating to another; for example, spitting may upset more than swearing for one teacher but not for another. Consequently, the variable tolerance levels of individual teachers or schools may determine which pupils are labelled EBD.

3.11 Scottish definitions

Lloyd and O’Regan (1999) noted that there was no official definition of the well-established Scottish descriptor ‘social, emotional and behavioural difficulties’

(SEBD) and that the latter was ‘rather, a subjective professional judgement’ and for the purposes of their study into young women said to have SEBD, they used it as ‘an administrative category rather than an individual psychopathology’ (p38). Two years later, the Scottish Executive (2001) again found it hard to define SEBD, expressing reluctance to attach any label to a child. However, the Executive said there were such children and they clearly had SEN. They could have the following traits:

> ‘Children with behavioural difficulties are often the least liked and least understood of all children with special educational needs. Whether a child ‘acts out’ (demonstrates bad behaviour openly) or ‘acts in’ (is withdrawn), they may have barriers to learning which require to be addressed. Children ‘acting out’ may be aggressive, threatening, disruptive and demanding of attention - they can also prevent other children learning. Children ‘acting in’ may have emotional difficulties that can result in unresponsive or even self-damaging behaviour. They can appear to be anxious, depressed, withdrawn, passive or unmotivated; and their apparent irrational refusal to respond and co-operate may cause frustration for teachers and other children. (para. 2.13)
>
> Children with SEBD may :
>
> - be unhappy, unwilling and/or unable to work
> - receive less praise for their work and have fewer positive child/adult interactions
> - have learning difficulties or be under-achieving
> - have poor social skills and fewer friends
> - have low self-esteem
> - be emotionally volatile
> - be easily hurt.’ (para. 2.14)

Hamill and Boyd (2001) also comment on the difficulties of defining SEBD but offer a similar list to the above, adding pupils’ ‘feelings of helplessness’.

3.12 Educational Institute of Scotland

The Educational Institute of Scotland (EIS) (2003, p4) stresses that there is no simple definition of SEBD but suggests that the latter are present when pupils have difficulty ‘relating appropriately to other pupils and/or adults; recognising the commonly accepted boundaries of school; taking responsibility for the effects of their actions’.

3.13 The American ‘Severe Emotional Disturbance’ (SED) category

This federal definition is only employed in a minority of the states forming the USA (Kauffman, 2001) despite being in existence since the Education of the Handicapped Act of 1975 (Public Law 94-142). This states:

> ‘(i) The term [SED] means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects education performance:
>
> a) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

b) an inability to build or maintain satisfactory interpersonal relationships with peers or teachers;
c) inappropriate types of behaviour or feelings under normal circumstances;
d) a general, pervasive mood of unhappiness or depression; or
e) a tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term [SED] includes children who are schizophrenic or autistic.* The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.'

(* Nelson and Pearson, 1991, note that the reference to autism was later removed)

The exclusion of 'socially maladjusted', when added to a perceived ambiguity about much else in this definition, led to 'widespread professional criticism' (Nelson and Pearson, 1991, p12; see also Rosenberg et al, 1997). By 2000, while most of the definition remained the same, a revision to federal law dropped the word 'severe' from 'SED'. This change was criticised by many according to Forness and Kavale (2000).

3.14 Proposal in USA for a new category called EBD

In the late 1980s and early 1990s, the main professional body in America working for SENs, the Council for Exceptional Children, campaigned for the adoption of the term 'Emotional or Behavioural Disorder' in place of SED:

> 'Emotional or Behavioural Disorder (EBD) refers to a condition in which behavioural or emotional responses of an individual in school are so different from his or her generally accepted, age-appropriate, ethnic, or cultural norms that they adversely affect educational performance in such areas as self-care, social relationships, personal adjustment, academic progress, classroom behaviour, or work adjustment.'

The following points were stressed in the proposed new definition.

- EBD is more than a transient, expected response to stressors in the child's or youth's environment and would persist even with individualized interventions, such as feedback to the individual, consultation with parents, families, and/or modifications of the educational environment.
- The eligibility decision must be based on multiple sources of data about the individual's behavioural or emotional functioning. EBD must be exhibited in at least two different settings, at least one of which is school-related.
- EBD can co-exist with other handicapping conditions, as defined elsewhere in this law.
- This category may include children or youth with schizophrenia, affective disorders, anxiety disorders, or with other sustained disturbances of conduct, attention, or adjustment.' (Nelson and Pearson, 1991; Rosenberg et al, 1997; Forness and Kavale, 2000).

This definition was accepted (Forness and Kavale, 2000) by the federal government, who met opposition from school boards (education authorities) who feared, for

financial reasons, an increase in the number of young people identified for whom provision would have to be made.

3.15 Challenging behaviour in relation to cognitive disabilities

The literature using the term ‘challenging behaviour’ in relation to pupils with severe learning difficulties (SLD) and profound and multiple learning difficulties (PMLD) is not as extensive as that for pupils with EBD. Prominent writers in this field include Emerson et al (1987), Mansell (1994), Lowe and Felce (1995), Thurman (1997) and Harris, Cook and Upton (1996). These researchers prefer the term ‘challenging’ to what they argue are less satisfactory alternatives, such as ‘inappropriate’ or ‘problem’ behaviour. They see the term as more respectful and less deficiency-oriented. Blunden and Allen (1987) indicate that such challenging behaviours represent challenges to services rather than ‘within-person malaise’. McBrien and Felce (1992, p3) develop this idea:

> ‘We have adopted the term challenging behaviour…as a general label for those classes of behaviour which have previously been called problem behaviours, disruptive behaviours or behaviour disorders. The term emphasises that the behaviours constitute a challenge to other people to find effective ways of responding to them… the problem lies in the interaction between the person, their behaviour and their social environment.’

Emerson (2001) and Porter (2003) therefore stress the important need to understand the context in which the behaviour occurs.

3.16 Characteristics of challenging behaviour and cognitive disabilities

Harris et al (1996) are wary of attempting a concise definition, preferring to describe the attributes of particular individuals. They do note that challenging behaviour covers a range of highly varied behaviours, which have the common feature of posing social, developmental and educational problems. The challenging behaviour is seen as ‘not a personal feature carried around by individuals; instead, a challenge expresses the idea of a relationship between one person or group of people and another person or group of persons’ (p 4). Both parties to this relationship have a responsibility for addressing or overcoming the problematic outcomes of the behaviour. The behaviour can be situation- or person-related. It can involve bizarre and situation-inappropriate actions. Thurman (1997, p111) follows Emerson’s definition (1987, p8). Challenging behaviour is:

> ‘of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or which is likely to seriously limit or delay access to and use of ordinary community facilities.’

Zarkowska and Clements (1996, p3) offer the following (though are happy to use the word ‘problem’):

> ‘Whilst many of the problem behaviours are similar to those which may be found in the general population (for example, tantrums, aggression, absconding), there are also other kinds of behaviours less commonly found in the general population (repetitive and stimulatory behaviours, such as rocking or finger flicking; socially inappropriate behaviours, such as masturbating, stripping in public or smearing faeces; and, occasionally, more

> distressing self-injurious behaviours, such as self-hitting, self-biting or eye poking.' (p3)

They stress the social, emotional and cognitive factors (such as poor problem-solving skills, poor communication and social skills) that can contribute to the development and maintenance of challenging behaviour in this population. Thurman (1997) and Kevan (2002) see challenging behaviour as a form of communication used by some adults with severe learning difficulties in order to gain attention and communicate feelings or needs; or as escape-motivated action (to get out of having to do a required task). Lowe and Felce's (1995) Welsh study in relation to an adult population list the constituents of challenging behaviour as 'severe management problems' (for staff/carers), wandering away, aggression, temper tantrums, disturbing noises, throwing objects, anti-social behaviours, night disturbance, sexual delinquency of 'not severe' self-injury [sic], destructiveness, attention seeking and over-activity. 'Outer directed' behaviours tended to be rated as more challenging. Walsh (1994) gave an Irish perspective on stereotypical behaviours: these included body rocking, hand motions, rubbing, scratching, 'drilling fingers' and head banging. Porter (2003) indicates that pupils with learning difficulties may present behaviours perceived as challenging because they may be extreme, intense and repetitive, where the pupil may have a very narrow set of behaviours and little or no set awareness of the behaviour they are performing.

4.0 Challenging behaviour as defined in assessment tools and research data

4.1 Defining by tools and data

The characteristics of challenging behaviour may also be inferred from an examination of the items used in some common diagnostic and assessment tools by Ofsted and research that indicate the nature of the difficulties identified in pupils entering specialist provision. These characteristics must be viewed alongside critical comment on the use of assessment tools that focus on 'within' child deficits, noting these tools' shortcomings and their failure to allow for the social construction of much challenging behaviour

Diagnostic and assessment tools

4.2 American Psychiatric Association Diagnostic Standard Manual [DSM Categories]

This manual is widely used in America and in developing countries. It lists factors associated with certain claimed medical conditions and offers a different way of defining the constituents of challenging behaviour/EBD. Nelson and Pearson (1991) list the DSM Category II 'Disruptive Behaviour Disorders' as Attention, Deficit/Hyperactivity Disorder [AD/HD], Conduct Disorder (sub-divided into 'Group type', 'solitary aggressive type' and 'undifferentiated type' and Oppositional Defiance Disorder. There are also diagnostic categories for anxiety and depressive disorders. Some of these categories are covered in detail in Elliott and Place (1998), who indicate the reach and potential relevance of the DSM IV categories to pupils said to have EBD.

4.3 DSM IV: Attention Deficit/Hyperactivity Disorder (ADHD)

Given the now common usage of this term by educators and the possible increasing medical evidence for its existence (Kewley, 1997: challenged by Baldwin, 2000), the most commonly cited description of AD/HD (the DSM IV category of ADHD) must be included in this review. A pupil is said to have ADHD when:

> 'A. **EITHER** six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- often has difficult sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and fails to finish schoolwork, or chores (not due to oppositional behaviour or failure to understand instructions)
- often has difficulty organising tasks and activities
- often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

- often loses things necessary for tasks or activities (e.g. toys, schoolwork, pencils, books)
- is often easily distracted by extraneous stimuli, is often forgetful in daily activities

OR six (or more) of the following symptoms of hyperactivity/impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situation in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents this may be subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often 'on the go' or often acts as if 'driven by a motor'
- often talks excessively
- often blurts out answers before questions have been completed
- often has difficulty waiting turn
- often interrupts or intrudes on others (e.g. butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before seven years of age.

C. Some impairment from the symptoms is present in two or more settings.

D. There must be clear evidence of clinically significant impairment in social or academic functioning.

E. The symptoms do not occur exclusively during the course of another condition.'

Elliott and Place (1998) noted that British research suggests that there are different sub-groups within ADHD: primarily home-related; school-related; conduct/ oppositional and pervasive hyperactivity (sometimes related to birth and early development; sometimes to diet). There exists strong evidence that the pervasive sub-type (according to Elliott and Place 1998) has a genetic origin. An alternative but similar World Health Organisation (International Categories of Disability [ICD]) specification for ADHD is reproduced in Cooper and Ideus (1997).

4.4 DSM IV: Oppositional Defiance Disorder (ODD)

Elliott and Place (1998) note that ADHD is often associated with conduct disorder and sometimes ODD. ODD is 'a recurrent pattern of negativistic, defiant, disobedient and hostile behaviour toward authority figures that persists for at least six months' (Elliott and Place, 1998, p11). ODD is characterised by the frequent occurrence of at least four behaviours from the following:

- losing one's temper

- arguing with adults
- actively defying or refusing to comply with the request or rules of adults
- deliberately doing things that will annoy others
- blaming others for his or her own mistakes or misbehaviour
- being touchy or easily annoyed by others
- being angry and resentful
- being spiteful or vindictive.

The four or more behaviours must happen more than typically observed in comparable children of similar age and developmental stage. They must lead to significant impairment in social, academic or occupational functioning. Research indicates that rates of ODD vary from 2% to 16% depending upon the sample and method of assessment (Elliott and Place, 1998) casting doubt on the validity of this term as descriptive of an 'objective' label.

4.5 Conduct disorders

Kazdin, cited in Kauffman (2001), gives the following useful description of the American view of conduct disorders, drawing on the DSM IV definition:

> 'Conduct disorder encompasses a broad range of antisocial behaviours such as aggressive acts, theft, vandalism, fire setting, lying, truancy, and running away. Although these behaviours are diverse, their common characteristic is that they tend to violate major social rules and expectations. Many of the behaviours often reflect actions against the environment, including both persons and property …The term conduct disorder is usually reserved for a pattern of antisocial behaviours that is associated with significant impairment in everyday functioning at home or school, and concerns of significant others that the child or adolescent is unmanageable.'

Kauffman goes on to associate conduct disorders with 'noxious behaviours'.

A useful summary of the constituents of conduct disorders (from a British point of view), is given by Ayers and Prytis (2000). They write:

> 'conduct disorders are characterised by a need to assert one's self without feeling constrained, to be disobedient, to be negative, rude and argumentative and to sulk, bully others and to be selfish and impatient. There is also a lack of concern about the consequences of one's actions for the future…Risk factors include a difficult temperament, neurological problems, poor verbal skills, impulsivity, sensation-seeking behaviours, hostile attribution tendencies, problems at school and a family history of antisocial or aggressive behaviours.' (pp72-73)

4.6 The Achenbach Child Checklists (CBCL)

The American Achenbach CBCL is said to be used in more than 50 countries (Achenbach, 1991) and is quite widely used in medical circles in Britain (e.g. as an aid to determining whether a child has ADHD). It is mentioned in Chazan et al (1994)

and was chosen as the most appropriate instrument for Daniels et al's (1998b) investigation into emotional vulnerability in Birmingham schools. Over one hundred items form the CBCL; they indicate the presence and extent of 'disorders' in eight separate syndromes:

- 'withdrawn', 'somatic complaints', 'anxious/depressed' (called 'internalising')
- 'social problems', 'thought problems' and 'attention problems' ('neither internalising nor externalising')
- 'delinquent', 'aggressive' (called 'externalising').

The 'internalising' syndromes indicate emotional vulnerability. Versions of the CBCL are completed by the teacher, the parent and one with the child as Achenbach (1991) stressed that the CBCL should be part of a 'multi-axial assessment'.

4.7 The Boxall Profile

This popular checklist and accompanying handbook (Bennathan, 1998) is described as 'A Guide to Effective Intervention in the Education of Pupils with EBD'. It is associated with the many schools now running 'nurture groups' but is claimed to be useful in assessing the needs of any school child. The teacher or other worker completes 68 items. These provide an assessment of:

- the child's organisation of his/her experience (degree of attention and participation with adults and peers)
- internalisation of controls (emotional security, responsiveness, accommodation of others)
- 'self-limiting features' (disengagement, self-negation)
- undeveloped behaviour (attachments to others; inconsequential behaviour)
- supported development (different aspects of attachment, sense of self, regard for others).

The items are scored from 0 to 4 and cover, for example, abnormal eye contact, mood swings, temper, inappropriate physical contact, attention seeking, restlessness, bullying, attention to teacher, reactions to disturbed routines, thoughtfulness, communication with other sand many other aspects of behaviour.

4.8 'Looked after' children assessment and action records

These detailed assessment and action records were produced after the Children Act 1989. They cover physical health issues, changes of school, identity (e.g. can the child explain why she is not living with her parents?), relationships and then a section on 'emotional and behavioural development'. This section covers eating and sleep habits, concentration, withdrawn-ness, disruptive behaviour, truancy, delinquency, sexual behaviour, alcohol and solvent abuse and other topics. This assessment section was used by Berridge et al (2002) in assessing the difficulties of young people in foster care, children's homes and EBD residential schools.

4.9 The Aberrant Behaviour Scale [ABC]

Recent literature suggests one tool being discussed and used quite widely with adults and children with learning difficulties. This is the Aberrant Scale (ABC), developed in New Zealand but published in America (Aman and Singh, cited in Sigafoos, Pittendreigh and Pennell, 1997). This assesses the frequency and severity of many of the challenging behaviours described earlier in relation to adults and pupils with learning difficulties. These are then grouped under five sub-headings of irritability (this includes aggression, tantrums and self-harm); lethargy; stereotypic behaviours; hyperactivity (boisterousness, running around etc); and inappropriate speech (talks to self, repetitiveness etc). The scale was first designed for adults but later modified for children with learning disabilities. Sigafoos et al (1997) claim it to be a reliable assessment tool for challenging behaviour in young children.

4.10 Some British checklists identifying EBD

Space forbids a detailed examination of the contents of many of the old and newer pupil checklists, sometimes contained in books addressing wider issues (e.g. Cornwall and Tod, 1998 on EBD and Individual Education Plans). One of the earliest, fullest and most common, is the Bristol Social Adjustment Guide (BSAG) first published in 1958 and widely used for 20 years (Stott, 1978). The BSAG was designed to measure syndromes such as ‘unforthcomingness’, ‘withdrawal’, ‘depression’, ‘inconsequence’, ‘hostility’ and to determine whether a child over- or under-reacted to situations and to establish the degree of his or her maladaptiveness.

4.11 Goodman Checklist

An original checklist by Rutter was revised by Goodman (1997). This widely used 25 item tool has the advantage of being short and easy to administer in comparison to checklists already cited and has been the basis for some research studies in EBD and related ADHD (e.g. Cassidy, James and Wiggs, 2001). Many educational psychology services, support services and/or consultants have developed behavioural checklists, each giving an indication of how EBD is seen (e.g. McSherry, 2001). Useful examples can be found in the materials produced by Cumbria County Council (Fairhurst, 2000). Forms accompanying the Birmingham Framework for Intervention Scheme (Daniels and Williams, 2000; Cole et al, 2000) also itemise behaviours. McSherry (2001) offers a ‘Coping Scale’ which includes items on the pupil being able/unable to accept discipline; promptness; use of language; turn taking; respect for property; staying in seat. Low scores on her items imply the ‘challenging behaviours’ of her book title.

The characteristics of pupils entering specialist provision for EBD

4.12 Research studies and Ofsted data

Another way of identifying the factors that make up challenging behaviour is to examine the character traits of the pupils attending special schools and units for EBD. The last clause of the definition proffered by Circular 9/94 (DfE, 1994a): ‘not so great as to be classed as mental illness’ is significant. It is noteworthy that headteachers resisted the admission of the minority of pupils with acute psychiatric disorders, in the clinical range (Cole et al, 1998). These include young people with chronic acute depression, suicidal tendencies, extreme anxiety disorders, bipolar

disorders, bulimia or anorexia nervosa or schizophrenia who should be in receipt of intensive 'Tier 3' and 'Tier 4' CAMHS interventions (see the four tiered model in HAS, 1995). Headteachers stressed their inability to address the needs of such pupils, reporting that they were sometimes expected to do their best with some young people, believed by the headteachers to have severe psychiatric difficulties, with little or no support from CAMHS. What special schools and PRUs can do to greater effect is to reduce less acute but chronic mental health difficulties. Similarly the admission of 'serious' and frequent offenders was resisted by headteachers, though sometimes unsuccessfully (Cole et al, 1998). Excluded pupils attending PRUs were often found to be offenders (Berridge et al, 2001; Daniels et al, 2003).

4.13 'Externalising' pupils, with social problems outside school

Cole et al (1998) found that respondents often found it difficult or impossible to separate behavioural from emotional difficulties, saying that these were inextricably linked. However, their data made clear that a special school placement was far more commonly triggered by overt and disruptive behavioural difficulties than by the identification of emotional difficulties. This was consistent with Grimshaw with Berridge (1994). Social difficulties and sometimes minor delinquency were also present in a substantial minority of pupils, particularly boarders, (Grimshaw with Berridge, 1994, Cole et al, 1998; Cole et al, 2003; see also Hayden and Dunne, 2001 and Daniels et al, 2003 on social difficulties and multiplicative disadvantage of some excludees going to PRUs).

4.14 Ofsted on diverse traits

Ofsted (1999a) stresses that pupils in schools for EBD have 'failed to benefit from ordinary schools. They are among the most difficult pupils to teach. Their behaviour requires particularly skilful and vigilant management' (para 1, Intro). Paragraph 2 continues:

> 'Some of these pupils may have temporary needs, perhaps provoked by sudden traumas in the family, or a long history of disturbed or delinquent behaviour of a serious kind, but alongside them may be children with conditions such as Tourette's Syndrome, Asperger's Syndrome, or other psychiatric disorders'.

In addition there could be child protection cases or pupils who in the past would have gone to community homes with education.

Assessment tools and faulty diagnosis

4.15 Doubts on the accuracy of assessment tools

The literature on EBD points to the dangers of 'deficit model' assessment tools and of accepting often but not always carefully conducted instruments as firm evidence for the existence of severe and lasting EBD. The distortions fed in by the environment, cultural features not allowed for in the instrument design, and the values and skills of the person(s) making an assessment have to be taken into account. For example, despite many years developing the CBCL, Achenbach (1991) noted that there was no well-validated criterion for categorically distinguishing between children who are 'normal' and those who are 'abnormal' and that with

respect to mental health syndromes, ‘children are continually changing’ (p45). He warned that:

> ‘All assessment procedures are subject to errors of measurement and other limitations. No single score precisely indicates a child’s status. Instead, a child’s score on a syndrome scale should be considered an approximation of the child’s status as seen by a particular informant at the time the informant completes the CBCL.’ (p45-6).

Achenbach’s (1991) frankness mirrors the doubts of others expressed in the EBD and mental health literature. Daniels et al (1998b) noted the continuing debate among psychiatrists about the relevance of the diagnostic model and particularly the use of diagnoses such as ‘conduct disorder’, which essentially medicalise difficulties. The Canadian psychiatrist Barker (1996) was also critical:

> ‘Efforts to create categories within what is a heterogeneous and wide-ranging collection of patterns are commendable attempts to bring order out of chaos; yet they are essentially both arbitrary and artificial and have serious limitations, particularly as guides to treatment and prognosis. In reality the disorders of childhood and adolescence are a very mixed bag of social-behavioural-emotional disorders, which usually have multiple causes. A comprehensive formulation of each case is more important than the assigning of a diagnostic label.’ (p13)

4.16 Environmental and social factors in schools and at home ‘creating’ EBD

The doubts described in the paragraph above support the message of much educational research. This suggests that the nature of schooling (Schostak, 1983), the ethos of schools (e.g. DES, 1989; DES, 1994a and b; Daniels et al, 1998; Cooper et al, 1994; Munn, Lloyd, and Cullen, 2000) and the behaviour of teachers (Smith and Laslett, 1993; McNamara and Moreton, 1995; Daniels and Williams, 2000) contribute substantially to the incidence of EBD within schools. Many teachers see pupils’ problems as social in origin, caused by poor parenting skills and a dysfunctional home (Maras, 1996b). Among the general population of children referred to CAMHS, the Audit Commission (1999) noted that 40% were living with only one natural parent compared with around 21% of all families with dependent children in Great Britain in 1996. 55% of children referred to CAMHS had more than a single disadvantaging factor in their lives, which exacerbates risk multiplicatively (MHF, 1999; Clarke and Clarke, 2000). Data from Cole et al (1998) Cole et al (2003), and Daniels et al (2003) suggests that similar levels of family disturbance and experience of multiple disadvantaging factors apply to the populations attending EBD special schools and PRUs (see also Hayden and Dunne, 2001). Cole and Visser (2000) found that about half of the pupils served in two LEAs’ ‘tutorial centres’ were known to, and had received input from, their local CAMHS.

5.0 Pupils with serious EBD/challenging behaviour: prevalence and provision

5.1 Introduction

Following from the difficulties of definition described above, the numbers of pupils with serious EBD/challenging behaviour in educational settings can only be estimated. The same applies to numbers said by health service studies to have mental health 'problems' or 'disorders'. Giving prevalence rates is made more problematic because data presently collected and analysed on schools' annual returns to government do not distinguish pupils with EBD from those with other types of special educational need.

5.2 Estimates of prevalence

Cole, Daniels and Visser (1999, 2003) were given access to unpublished DfE/DfEE statistics for 1994 and 1998. Their estimates, for January 1998, of numbers of pupils in 'EBD' schools, schools catering for pupils with moderate learning difficulties (MLD) as well as EBD and PRUs are given in Table 2.

Table 2: Numbers of EBD special schools and PRUs and numbers on roll in January 1998

	Numbers of schools/ units	*Numbers on roll, Jan 1998*	*Notes*
EBD schools	c.280	c.11,400	(about 30% of pupils were boarders)
MLD/EBD schools	c.70	c.6,500	
PRUs	c.300*	7740	Numbers in PRUs rise to c.10,000 in 2002

*[*NB PRUs can be single or multi-site and in 1998 sometimes had less than 10 pupils on roll and sometimes over 300]*

They found that while most pupils with EBD remain on the rolls of mainstream schools, an estimated 0.3 to 0.4% of the compulsory school-aged population (c.20,000 to 25,000 pupils) were solely registered in English EBD special schools and PRUs. Harris, Eden with Blair (2000) cited government figures for 1998 suggesting a further 4000 pupils (some Welsh) who remained on the roles of mainstream schools while attending PRUs part-time. Daniels et al (2003) found long waiting lists in some LEAs for places at PRUs, with allegations that local EBD schools were oversubscribed. A recent study (Cole, Daniels, Berridge, Brodie, Beecham, Knapp and McNeill, 2003) found 'good practice' residential EBD schools with few or no vacancies. Similarly, Ofsted (2002b) found that places in 'registered' independent schools were in demand. Data from the first LEA behaviour support plans (BSPs) (DfEE, 1998b; Cole et al, 1999) suggested that the numbers of pupils who were identified as EBD in an area, tended to be linked to local varying patterns of resource allocation (see Galloway et al, 1994, on availability of resources determining numbers given labels).

5.3 Numbers with EBD in mainstream schools

Cole et al (1999, 2003) found it difficult to arrive at a reasonable portrayal of the numbers of pupils with EBD in mainstream schools. In the 30 LEAs for which data were available, rates for pupils with statements for EBD ranged from 0.2% to 1.07%. The mode was 0.6%, i.e. twice the 0.3% suggested for 'the most difficult pupils' commonly reported by LEAs to the Elton Committee (DES, 1989). This 0.6% does not include those pupils presenting serious behavioural difficulties in mainstream settings who did not have statements. DfEE figures did not give information on pupils placed on Stages 1-3 of the first Code of Practice (DfE, 1994c) for EBD and only 6% of the BSPs offered relevant information on this topic. One English LEA suggested that 4.4% of its school population fell within the remit of the BSP, a figure Cole et al (2003) think might be typical in the light of some American evidence (see Table 3).

Table 3: Estimates of prevalence of serious EBD/mental health problems

	Country	*% of pupils*	*Further details*
Cole, Daniels, Visser (1999/2003)	England	4 -5%	0.3% - 0.4% of school population in EBD special schools and PRUs
Kauffman (2001)	USA	3 - 6%	Numbers relate to resources
Fortin and Bigras (1997)	Canada	c.4%	
Egelund and Hansen (2000)	Denmark	7 -11%	(based on teacher perceptions) 0.3% excluded from mainstream for social and/or emotional problems
Egelund and Hansen (2000)	Norway	c.11%	
Audit Commission (1999)	England	c.5% have ADHD	Also c.20% have mental health problems
Cooper (1999)/ Young Minds	England		10-20% of children have EBD that causes 'significant impairment'.

Suggestions that there are more than twice, perhaps three or more times that number of children with serious and enduring difficulties depend on broad definitions favoured by health professionals (Cole et al, 2002). Internalised mental health conditions that do not disrupt other pupils' learning can be ignored (see Daniels et al, 1998b; Cole et al, 1999). The Audit Commission (1999), looking from a health perspective, reported that estimates of children with childhood mental health problems ranged from 10-33% with 'a fairly close consensus on a prevalence rate of 20%' at any one time. 12% were said by the Audit Commission to have 'anxiety disorders'. 10% of children were reported to have 'disruptive disorders' although this claim was made without discussion of the situation-specific nature of much disruptive, reported earlier in this review. 5% were said by the Audit Commission to have attention deficit hyperactivity disorders [ADHD], a figure for ADHD far exceeding that produced if tight European definitions are used rather DSM-IV loosely applied (Greenfield, 1998). Cooper (1999) cites Young Minds (1999), following the mental health literature, who opt for a figure of between 10% and 20% of school students in the 4-16 age range having a degree of SEBD that causes significant impairment to their social and educational development (including depression, phobias and conduct disorder).

5.4 Prevalence in other countries

Kauffman (2002) estimates that between 3% and 6% of American pupils have serious behavioural disorders. Fortin and Bigras (1997), in a Canadian review of literature, arrive at an estimate of about 4%. Egelund and Hansen (2000) give a Scandinavian perspective, stressing that estimates of prevalence relate to definitions and the degree of social construction they contain. Their study of Danish teacher perceptions suggest that about 10% of the Danish school population have serious behavioural problems, while other Danish studies have suggested between 7% and 11%. In contrast to this fairly high figure, they note that only 1.25% are 'excluded from regular classes' (i.e. placed in segregated provision). Of these, 0.3% have been 'excluded' for social and emotional problems (more or less in line with the English experience). Egelund and Hansen (2000) cite a Norwegian study suggesting about 11% of Norwegian school children are said to have serious behavioural difficulties.

5.5 Gender imbalance

Cole et al (1998) (1999) established that there were ten to twelve times more boys than girls in English EBD schools and over three times as many boys as girls in PRUs. This creates very real difficulties in ensuring that girls have a suitable peer group if they attend a 'mixed' EBD school (see also Cruddas and Haddock, 2001). Egelund and Hansen (2000) noted a 5:1 boy:girl ratio in segregated provision in Denmark. In Scotland, Lloyd and O'Regan (1999) report that over 80% of the pupils in specialist provision for SEBD are boys. Fortin and Bigras (1997) note that boys heavily outnumber girls in Canadian literature on EBD.

5.6 Minority ethnic groups

Difficulties also exist in ensuring children from minority ethnic groups have a peer group from the same ethnic heritage when attending specialist provision. This is despite the well-publicised fact that certain ethnic minority children (notably black Caribbean and black African) were, in the early 1990s at least, heavily over-represented in special schools and PRUs (Parsons, 1999; Osler et al, 2001). Cole et. al (1998) indicate that this over representation was not so prevalent in their national study.

5.7 English patterns of provision

Cole et al (1999, 2003) covered the neglected field of patterns of provision. While Barrow (1998) gives one account of an LEA trying to make more provision for those with EBD in mainstream settings, demand remained nationally for segregated placements. Cole et al (1999) found that 82% of maintained and non-maintained EBD schools places were occupied; for schools for pupils with moderate learning difficulties as well as EBD, the figure was 91%. Where vacancies existed, it seemed to be because of specific difficulties (e.g. a school 'failing' in relation to an Ofsted inspection or staff recruitment difficulties) rather than because of a clear policy movement away from a belief in a continuing need for special schools. In January 1998:

- 101 out of the 131 (77%) LEAs then existing maintained one or more EBD schools
- 110 out of 131 (84%) LEAs had one or more PRUs

- 22 from 131(17%) operated with PRUs but no EBD school of their own
- 5 from 131 (4%) had neither PRU nor EBD school (including a small inner-city and an island LEA and one LEA planning 'alternative' full-time provision)
- many LEAs possessed and hoped to expand their support services to reduce behavioural difficulties in mainstream schools and dependence on segregated provision.

The BSPs made clear that the LEAs lacking their own special facilities had access either to other LEAs or non-maintained or independent schools. References were made in 40% of the BSPs to the usage of other LEAs' EBD schools. Sometimes this had been necessitated by the progressive fragmentation of SEN services by local government reorganisations, particularly of large urban areas, but sometimes of mixed urban and rural areas. Some LEAs had a primary but not a secondary-aged school (or vice versa); or their own school was over-subscribed. Some references were made to LEAs wishing to develop more 'in county' or 'in borough' resources to reduce the need for paying to use other LEAs' facilities. There were references in 70% of BSPs to the LEA placing children in independent EBD schools. Given the expense of this practice it was an oft-stated aim in BSPs to cut the usage of such placements.

5.8 Use of boarding in EBD schools

There was a significant reduction in the number of boarders in the 1990s. Cole et al (1999) found a decrease in numbers, of the order of 19%, in the number of boarders between 1994 and 1998, and a pronounced move away from seven to four nights a week boarding. However, Ofsted (2002b) and Cole et al (2003) found some residential schools remaining very much in demand, not a surprising fact given the complex social needs of some pupils and the perhaps reduced capacity of social services to provide residential care and continuing difficulties in recruiting suitable foster parents. Ofsted (1999a) had noted the movement to more flexible patterns of residential usage over the previous decade. Polat and Farrell's (2002) account of positive client feedback on their residential experience, beyond evidence of this in some Ofsted school reports, should also be noted.

5.9 A continuing need for better mainstream support as well as a range of specialist provision

Ofsted (2003) reported an increasing number of pupils in EBD schools and in the number of special schools providing for such pupils. Cole (2002) summarised the rapid growth in numbers in PRUs and noted that these often provided for pupils with EBD. This is perhaps explained by Chazan (1994), Cole et al (1999), Clark, Dyson, Millward and Robson (1999) and Croll (2001), who show continuing teacher resistance to the presence of pupils with behavioural difficulties in mainstream schools.

The SEN Programme of Action (DfEE, 1998a) was cautious, stressing that the government's approach to providing for pupils with SENs (including those with EBD) must 'be practical, not dogmatic' putting the needs of individual children first (para. 3.2, p13). Special schools would 'continue to play a vital role' (para. 3.5) (the same message is given in DfES, 2003). Ofsted (1999a) took a similar stance: there needed to be a range of appropriate provision, including PRUs and high quality special

schools as well as imaginative approaches to curricula and FE links - but these links should be appropriately used. Ofsted (1999b) was concerned that some LEAs did not provide EBD special schooling, offering their EBD pupils only part-time education in PRUs, which are not designed to be long-term provision. In Scotland, the Educational Institute of Scotland (EIS) (2003), noting the lack of support given to staff in ‘ordinary schools’, pressed for the maintenance of sufficient specialist ‘off-mainstream-site' provision.

Cole et al (1998) and Daniels et al (1998a), (also Cole, Visser, Daniels, 2000), argue that reform in attitudes, ethos and curriculum and the development of staff skills is required for mainstream schools to successfully accommodate and address the needs of progressively more pupils currently deemed as having challenging behaviour or EBD (see Hamill and Boyd, 2001; and Munn et al, 2000, on Scottish situation). Helping ‘learning support units’ to avoid the ‘sin-bin’ function of their predecessors (DfEE, 1999) (see also DfES, 2002; Sutton, 2002) and to become vehicles for attitudinal change as well as keeping more pupils in the mainstream, remains a challenge. Hallam and Castle’s (1999, 2001) study holds out hope for this type of approach.

The situation in Britain would seem to echo international experience. Egelund and Hansen (2000) note the continuing provision for EBD outside mainstream schools in Scandinavia, Jenkinson (1997) in Australia; Macmillan, Forness and Gresham, (1996) and Kauffman (2002) in the USA. In short, it seems that in many countries, there remain acute difficulties associated with realising mainstream school inclusion for pupils with EBD.

In the light of the paragraphs above, it seems that special schools and alternative forms of provision outside mainstream schools will continue to be required.

6.0 The elements of effective practice

6.1 LEAs furthering inclusion, recognising reality, meeting obligations

The evidence from Cole et al (1999, 2003) and Ofsted (1999a, 2003) suggest that LEAs recognise the reality presented above. They encourage greater inclusion of pupils with EBD but the view of the Elton Report remains inescapable:

> 'Ordinary schools should do all in their power to retain and educate all the pupils on their roll on-site. However, we recognise that in the case of a small number of pupils this may be difficult, and in some cases impossible' (DES, 1989, para. 6.39, p152).

Circular 1/98 (DfEE, 1998b) required LEAs to make comprehensive, co-ordinated provision for pupils with EBD but they frequently have difficulties in achieving this. (Cole et al, 1999, 2003). Where they are relatively successful, they pay careful attention to the elements of effective practice described below – as do the schools and units within their borders.

School/Unit level

6.2 Introduction

Weber (1982) claimed 'The teacher is the key' and this summarises the position of much literature on effective practice in relation to EBD (including Ofsted, 1999a). Visser (2000) lists research giving rise to his chapter headed 'Teachers make a difference'. However, elsewhere he and his colleagues stress that it is not just teachers, rather any person working in a setting for pupils with EBD, providing positive relationships, becoming a 'significant other', can make a positive difference (Cole et al, 1998; Daniels et al, 2003). A focus on teaching and learning in the classroom is very important, but without considering wider whole school or unit, community and familial factors, progress can be limited (Ofsted, 1999a; Cole, 1999; Cooper et al, 1994; Cole et al, 1998; Munn et al, 2000; Daniels et al, 2003). Sometimes events beyond the classroom make it very difficult for the children, in Greenhalgh's (1994) phrase, 'to make themselves available for learning'. 'Joined-up' multi-professional approaches are needed to tackle these wider difficulties (e.g. Ofsted, 1999a). Intervention must take into account the wider bio-psychosocial factors, in constant interaction, in the child's life (Cooper, 1999a, 2001; Daniels and Cole, 2002).

6.3 A framework for discussing the literature

The framework for this part of the literature review (see Figure 1) allows for a discussion of the principles of good practice, emerging from research and HMI/Ofsted inspections, which apply whatever the setting.

Figure 1: Effective provision for pupils with EBD

Client population

- **Children/young people**: violent or disruptive not allowed to undermine the maintenance of a safe, caring school environment; in general, numbers on

roll sufficient to allow for peer relationships and employment of range of staff able to offer broad and responsive curriculum

- **Parents**: the support of parents/carers should be won and sustained.

Staffing

- **Leadership:** energetic and proficient headteacher and SMT.
- **Teachers, LSAs, residential social workers (RSWs)** with appropriate values base, empathy, skills and knowledge; and commitment to pupils; able to offer a broad and balanced curriculum and quality group and individual care.
- **Professional support**: commitment and practical support from governors, LEA or proprietors, educational psychologists, education welfare service, local CAMHS and other agencies.

Provision

- **Policies:** comprehensive whole-school policies on education, and care, 'owned' by staff and pupils, implemented and regularly reviewed**.**
- **Programmes**: individual education and/or care plans addressing pupil's short and long-term affective and educational needs, allowing for *respite, relationships* and *resignification*. Efficient assessment, implementation and review. Pupils actively contribute to their own programme planning and monitoring.
- **Time for talking and listening** in one-to-one and small group situations.

Place

- **Physical plant:** 'the home that smiles, props which invite, space which allows' (Redl and Wineman, 1957) catering for individual, group and whole-school/unit needs.
- **Links to the local community**.
- **Appropriate transport links** to pupils' homes.

(Adapted from Cole et al, 1998, p147 and Cole et al, 2002).

The client population

6.4 Numbers on roll relate to effective provision?

Ofsted has praised very small special schools and units (Cole et al, 1998; Ofsted, 1999a). However, as a general rule (in the view of Cole et al, 1998), there should be sufficient numbers on roll to allow the employment of a range of staff able to offer a broad and balanced curriculum and in the case of residential schools, quality child care. The bigger school also facilitates the formation of same or similar-aged peer groups. Cole et al, 1998, found the average size of a EBD school to be about 43 pupils on roll and argue that this was too small to ensure good quality curriculum provision that had the breadth and balance required by the national curriculum .

6.5 Admissions/exclusions - limits to manageable behaviour

When challenging behaviour is characterised by violent and aggressive behaviours it can be difficult to place a pupil. Cole et al (1998) and Daniels et al (2003) reported headteachers and other teachers' view that pupils' behaviour should not be of an excessively violent or criminal nature, which makes the achievement of a positive ethos impossible. Headteachers want and need a degree of choice over whom they admit and (importantly - and not discussed by Ofsted, 1999a) which pupils stay at their schools. On occasion, planned transfers may be in the young person's and the school's interests. Exclusions should be used as a last resort but can be necessary (DfES, Circ 10/99). Ofsted (1999a) commends the practice of admissions panels (involving other headteachers and sometimes social service officers) in helping to avoid inappropriate placements.

6.6 Psychiatric needs beyond schools' capabilities

Supporting Circular 9/94, headteachers also argued to Cole et al (1998) that young people requiring intensive and prolonged psychiatric involvement were inappropriately placed in most schools for pupils with EBD – particularly where support from CAMHS was lacking, a common situation (see for instance: Cole et al, 1998; Ofsted, 1999a; Audit Commission, 1999).

6.7 Parents and carers

Making and maintaining contacts. Hoghughi (1999) wrote:

> 'Schools must recognise that getting parents on their side is not a luxury, but a necessity - and not just the job of a social worker or a psychologist, but their own. This means treating parents with particular care to raise their sense of self-worth, gently creating shared expectations and making it worth their while to help manage their disaffected, poorly-achieving children' (p15).

This reiterated a long held recognition that the support of the parents or carers must be gained and sustained (DfE, 1994a; Ofsted, 1999a, 2001c; Daniels et al, 2003) and that this can prove very difficult, particularly in the light of intractable family difficulties (Lloyd Bennett, 1999) - but not impossible. Ofsted (1999a) noted the high esteem in which many parents held EBD schools, which had been pro-active in engaging their support. Cole et al (1998) and Daniels et al (1998) found staff in special and mainstream schools placing faith in home-school diaries, telephone contact and home visits to gain and sustain partnerships. Ofsted (1999a) similarly argued for these forms of contact. Informing parents of their children's achievements at school, through certificates, notes, letters or phone calls was thought by senior staff to be valued by many pupils and their families. Ofsted (2001c) also stresses the need for schools to form relationships with parents to get them to assist in the attainment of better attendance levels by their children. Effective provision must therefore encourage a partnership with the pupils' parents or carers.

6.8 Family therapy/parent training?

Family therapy, where such services are available, can be valuable (Asen, 1996). Direct development work with parents can bring positive outcomes (Fairhurst and Riding, 1995). However, Lloyd Bennett (1999) reports mixed results for specific

parent *training* schemes, both in America and Britain while Bishop and Swain (2000) outline difficulties in involving parents in nurture group work or extending nurture group approaches to the home. However, Ofsted (1999a) reports some schools experiencing success in helping parents to understand and to better manage their children's behaviour; or to develop new skills e.g. in playing with children.

6.9 Carers of looked after children

Identifying which child is 'looked after' can be a deceptively difficult question that teachers in special schools and PRUs are often unable to answer, given flawed communications between education establishments and social services, the fluidity of children in and out of care and staff turnover (see Daniels et al, 1998b). However, it is sufficiently clear from Berridge with Grimshaw (1994) and Cole et al (1998) that many pupils in EBD special schools (perhaps 25%) have been or are looked after. Forging supportive relationships that pave the way for holistic, agreed approaches between teachers, field and residential social workers or foster parents must be a priority, as Social Services Inspectorate/Ofsted (1995) emphasised and as might be happening more as LEAs and social services appoint workers dedicated to forging inter-departmental links (Cole et al, 1999).

Staffing

6.10 Values and ethos

For effective teaching and learning and improved behaviour, whether in mainstream, special or 'alternative' settings, pupils with EBD need to feel that they are wanted and valued by at least some of their teachers and other staff. This has been emphasised in published studies of the University of Birmingham's EBD Research Team Daniels et al (1998), Cole et al (1998); Visser, Daniels and Cole, (2001) and other researchers including Munn et al (2000).

6.11 An inclusive ethos

Ethos is a crucial factor (Munn et al, 2000). Daniels et al (1998) and Visser, Cole and Daniels (2002) (agreeing with Thomas, Walker and Webb, 1998, writing about inclusion for other groups) found schools most successful with pupils with EBD were schools that worked at being :

- *communities* that were open, positive and diverse; not selective, exclusive or rejecting
- *barrier-free* in terms of curricula and support systems
- *collaborative* within the school between staff and between staff and pupils (stressed by Cooper, Smith and Upton, 1994; DfE, 1994b; Garner, 1996; Ofsted, 1999a; (in relation to black pupils – Blair, 2001; Majors, 2003); with outside agencies (DfE, 1994 a and b; Ofsted, 1999)
- *equality-promoting* schools stressing every pupil's rights and responsibilities.

6.12 A caring, listening staff who learn from their practice

Daniels et al (1998), mirroring other work (e.g. Lindsay, 1997) found that the successful inclusion of pupils with EBD relates strongly to the commitment of

teachers and support staff to their work in general and to each of their pupils. The staff members of inclusive communities are caring people who create caring communities. They talk to each other, support each other and learn from ongoing review of their practice (this is also stressed as important in DfE, 1994b). They also made themselves available to talk and importantly to listen to pupils (particularly those with EBD) and parents (Cole et al, 1998; Daniels et al, 1998a; Cole, Visser and Daniels, 2001).

6.13 Leadership

Whatever the educational setting, a keystone of effective provision is the quality of leadership provided by the senior management, in particular the headteacher (Cooper, Smith and Upton, 1994; Ofsted, 1995, 1999a; Cole et al, 1998). Charlton and David (1993), amongst others, suggest that a consultative, co-operative style of leadership which allows staff to develop ideas within an overall set of parameters set by the headteacher, makes for proficient provision (see also Cole and Visser, 1998). In mainstream settings Daniels et al (1998a) found key staff giving direction, creating coherence and leading by example: at the heart of staff discussions on behavioural issues, before, during and after the school day, were key members of senior staff. They expressed and lived the values and practices described in written school documentation. The difficulties of recruiting quality headteachers and other senior managers is noted in Ofsted (2002a) as well as the beneficial effect the appointment of a new headteacher can have on a school in special measures in Ofsted (1999b).

6.14 Teachers

The thrust of much work in the 1990s was to increase the number of skilled, subject specialists working with children with EBD and to improve recruitment and retention of skilled staff (Bull, 1995; Ofsted, 1999a, 1999b, 2001a, 2002a, 2003). Pupils with EBD respond well to skilled teaching and tend to be the first to be disruptive when faced by inappropriate or unskilled teaching. Ofsted (2002a, 2003) records some progress in the quality of teaching in special schools, including EBD schools but worsening difficulties in recruitment and retention of staff. Achieving better behaviour management, thereby increasing inclusion, is in part a training issue, as the Green Paper (DfEE, 1997) recognised: teachers should receive relevant professional development to enhance their competence in managing challenging behaviour.

6.15 Required skills, attitudes and practice

DfE (1994a) wrote:

> ‘The role of the teacher is pivotal…Effective teachers operate under clearly understood rules; give clear presentations; have clear work requirements of pupils; give clear instructions; handle misbehaviour quickly and calmly; ensure that work is appropriate to pupils’ abilities; set clear goals; start and end lessons on time and minimise interruptions.’ (p4)

Ofsted (1999a, 1999b) and Cole et al (1998) similarly stress that good pedagogy offered by well-organised teachers, secure in their subject knowledge, elicits a good response, lessening the tendencies of pupils to be disruptive. An experienced headteacher, Samuels (1995) talked of good teachers being in authority because they *were* ‘an authority’. Cooper, Smith and Upton (1994) expressed similar sentiments. Cole et al (1998) in their national survey, asked respondents to suggest

the characteristics of effective teachers. The answers are shown in rank order in Table 4:

Table 4: Rank order of characteristics of effective teachers of pupils with EBDs

1. Good planning; well organised; structured
2. Consistency; fairness
3. Good sense of humour
4. Enthusiasm; interesting/challenging; passionate; stimulating
5. Understanding individual needs; understanding EBDs; knowledge of EBDs; pupil knowledge
6. Adaptability/flexibility
7. Empathy
8. Patience
9. Ability to form positive relationships with children
10. Give positive reinforcement; stress success; praise; encourage

11= Good subject knowledge
Firmness; stubbornness (determined)

13. Calmness, relaxed, good humour
14. Use a variety of responses/eclectic

15. = Have high expectations of pupils
Resilience; stamina

17. Positive regard for/ like children with EBD; interested in pupils
18. Carefully differentiates work
19. Set clear boundaries
20. Skilled in behaviour management; effective discipline

(Cole et al, 1998)

This list overlaps substantially with the qualities identified by Ofsted (1999a). Paragraph 120 of the latter advises staff in EBD schools: to be assertive but not aggressive; able to listen to pupils and empathise with them; not tolerate slipshod or careless work; keep reprimands brief; give clear directions with no back-tracking; foresee and forestall disruption; create a climate of trust and care unconditionally for the pupils thereby winning their confidence and respect. The emphasis on organisation and preparedness in Cole et al's (1998) list is repeated by other commentators (e.g. DES, 1989; DfE, 1994a; Galvin, 1999; Rogers, 1997). In effective lessons, there tended to be warm relationships, even an emotional engagement between teachers and pupils, a prerequisite for successful practice according to Greenhalgh (1994).

Visser (2002) points to the possibility of a set of teacher characteristics, which are common to all successful practice in meeting the SEN of pupils whose behaviour is challenging. Drawing upon a wide range of work, he sets out eight characteristics that he associates with successful practice:

- belief that behaviour can be changed
- intervening is second to preventing challenging behaviour
- reactions to challenging behaviours provide alternative behaviour for the pupil to follow

- communications are honest and transparent
- approaches are empathetic and are underpinned by a sense of equity
- pupils are set boundaries and are appropriately challenged about their behaviours
- a sense of humour is apparent which supports purposeful, lively exchanges.

These factors were described by Visser (2002) as 'eternal verities' and are in accord with the lists of characteristics given earlier.

6.16 Skilled 'micro-teaching'

This has been a consistent message from Ofsted (e.g. 1999a, 1999b; Bull, 1995) long supported by trainers and researchers (e.g. Smith and Laslett, 1993). Teachers who were observed controlling and motivating pupils with EBD were masters of the basic classroom craft of possessing 'with-it-ness' (Kounin, 1977). They were skilled in the use of eye-contact for engaging interest or of 'the look' to express disapproval; they used varying tone of voice and appropriate choice of language often blended with humour to defuse situations or to halt minor disruptions. They anticipated and avoided trouble usually through diversionary tactics or through low-level interventions, which did not provoke pupil resentment. They tended not to be desk-bound, but moved around the room as appropriate, using 'proximity control' skilfully (Redl and Wineman, cited in Cole et al, 1998). The breadth and flexibility of their craft contrasted with the limited repertoires of less effective teachers who were also observed in these studies. Daniels et al (1998a) reported that effective teachers paid careful attention to practical issues such as the entrance and departure of pupils to lessons, seating, pace and timing. Their data further justified the stress placed on these areas by e.g. Smith and Laslett (1993), Ofsted (1999a) and Daniels and Williams (2000).

6.17 Strategies used by effective teachers: an American view

Kauffman (2001, p278) cites a list of strategies, collated by Bear (Figure 2 below). This draws together elements appearing in many other publications. It goes beyond teachers being proficient subject experts to indicate that teachers must take a real interest in the social and emotional needs of their pupils. It mirrors much British writing on good practice with pupils whose behaviour is challenging or said to have EBD (e.g. Cooper et al, 1994; Greenhalgh, 1994; DfE, 1994b; Cole et al, 1998; Daniels et al, 1998; Ofsted, 1999a; Munn et al, 2000; Scottish Executive, 2001).

Figure 2: Strategies used by effective classroom managers to create classroom climates that prevent discipline problems and promote self-discipline:

In general, effective classroom teachers:

- Work hard to develop a classroom environment that is caring, pleasant, relaxed, and friendly, yet orderly and productive.
- Show a sincere interest in the life of each individual student (e.g. knows their interests, family, pets etc.)

- Model the behaviours they desire in their students and convey that such behaviours are truly important.
- Encourage active student participation in decision-making.
- Strive not only to teach pro-social and to reduce undesirable behaviour, but to develop cognitions and emotions related to pro-social behaviour.
- Work to develop peer acceptance, peer support, and close friendship among students.
- Appreciate and respect diversity.
- Appreciate and respect students' opinions and concerns.
- Emphasize fairness: then allow for flexibility in application of consequences for rule violations.
- Use co-operative learning activities.
- Discourage competition and social comparisons.
- Avoid producing feelings of shame (focusing more on pride and less on guilt).
- Reinforce acts of kindness in the school and community.
- Communicate often with each child's home.
- Provide frequent and positive feedback, encouragement, and praise, characterized by:
    - sincerity and credibility.
    - special suggestions and opportunities for good behaviour.
    - attributing success to effort and ability, which implies that similar successes can be expected in the future.
- Encouraging students to believe that they behave well because they are capable and desire to do so, not because of consequences.
- A focus on both the process and the product of good behaviour.
- Reference to prior behaviour when commenting on improvement.
- Specification of what is being praised.
- Praise that is contingent upon good behaviour.
- Establish clear rules, beginning during the first few days of school, which are characterized by:
    - clear and reasonable expectations
    - 'dos' and 'do nots' regarding classroom.
- Attempts to develop student understanding of rules and their consequences.
- Highlighting the importance of a small number of important rules.
- Fairness and developmental appropriateness.
- Explanations and discussions of the rationale for each rule.
- Student input during their development.

- Clear examples of appropriate and inappropriate behaviour related to each rule, and direct teaching of appropriate behaviour if necessary.
- Clear consequences for rule infractions.
- Distributing of a copy of rules and consequences to children and parents.
- Their consistency with school rules.
- Frequent reminders of rules and expected behaviours.
- Their non-disturbance of the learning process. That is the rules do not discourage healthy peer interactions such as co-operative learning or appropriate peer discussions.

  (Bear, cited in Kauffman, 2001,p278)

6.18 An Australian view

The work of Rogers (e.g. 1994, 2000) is in accord with much of the preceding paragraph. Rogers (2000) particularly stresses the importance of teachers not precipitating challenging behaviours by avoiding arguments with a pupil; careful use of appropriate language (showing good manners to pupils); balancing correction with encouragement; linking behaviours to consequences/outcomes; separating the behaviour from the person; using private rather than public reprimands; taking pupils aside; avoiding holding grudges; re-establishing the relationship after 'correction'.

6.19 Teachers must embrace their pastoral role

Bennathan (1996) claimed that teachers' emotional security has rested on their ability to keep classes under control, which for most teachers meant keeping children at a distance. The image they presented to their pupils therefore was rather impersonal, almost one-dimensional' (pp103-4). Power (1996) similarly talked of teacher resistance to taking on a pastoral role. Cole et al (1998) and Daniels et al (2003) interviewed many excluded pupils who commonly expressed satisfaction with the primary phase where they had a reasonable relationship with *their* class teacher but acute difficulties developed in large, impersonal secondary schools where they went to many subject-specialist teachers. They felt rootless and unsupported with many staff having little appreciation of their feelings or factors impinging on their lives outside the school gates. Commonly they switched off from most lessons, did not attend school or sought solace in challenging behaviours, thereafter slipping into a downward spiral of increasing learning and social difficulties. Pupils with EBD need extended access to the *real* people behind the professional façade (Bennathan, 1996). They need to find caring, skilled and motivated staff who are willing to 'make themselves available in relationship' for them (Balbernie in Cole et al, 1998). Ofsted (2001c) and Cole (1999) highlight the difficulty form tutors and heads of year have in finding sufficient time to devote to their pastoral roles.

6.20 Learning support/teaching assistants

The various Ofsted documents (e.g. Ofsted 1999a) stress the important contributions of LSAs/teaching assistants and express concern when there are insufficient numbers of such personnel on schools' staff (Ofsted, 1999b). The failure of special schools to provide numbers of LSAs in line with the advice given in government guidance on staffing levels (DES, 1990) was a worrying finding of Cole et al (1998).

LSAs can also make a positive contribution to the emotional support of pupils with EBD in mainstream schools (see Daniels et al, 1998). Lacey (2001) describes how they should and should not work in relation to pupils with severe learning difficulties and challenging behaviour. Striking a balance that avoids a stifling over-attachment, being in unwanted and ongoing close proximity, while providing sufficient support to a pupil with EBD is not easy for LSAs to achieve without some professional development opportunities.

6.21 Residential social workers

Kahan (1994) and Cole et al (1998) stressed the important contribution of residential child care staff to the creation of safe, supportive and responsive EBD schools where many pupils with challenging behaviours board. Lessons occupy up to 25 hours a week; the other waking hours are spent mainly in the company of RSWs, supported to an extent by teachers. A controlled, supportive boarding environment can facilitate better behaviour in class. Ofsted (1999b) similarly showed awareness of the importance of care staff. In schools judged by Cole et al (1998) as effective, RSWs were accorded status by management and given as generous terms of employment as could be afforded to support them and to encourage continuity of staffing. Ofsted (1999b) also implied this happened in some special schools.

6.22 Other staff

The ability of other non-teaching or care staff to create an environment which supports positive mental health, should not be underestimated. Examples are given by Cole et al (1998) of secretaries, gardeners and kitchen staff forming helpful relationships and providing significant and regular emotional support. Sometimes, the child will have formed a bond with a particular member of staff and will seek them out when needing support.

6.23 Governors

Cole et al (1998) also talked to headteachers of EBD schools who valued the support they received from their governors as confidantes and supporters; as allies in relation to other staff, parents or local community; as advocates on behalf of the school to LEA. Ofsted (1999a) agreed and regretted the difficulties EBD schools had in recruiting and retaining effective governors.

6.24 Ongoing and responsive teacher development

Given the crucial nature of staff values, skills and motivation to effective provision, it is to be expected that many commentators stress the importance of good induction and continuing training professional development for teachers (e.g. Hanko, 1995; DfEE, 1997; Cole, Visser and Upton, 1998; Ofsted, 1999a; EIS, 2003; Daniels et al, 1998). Ofsted (1999b) found the quality of teaching was lower in EBD schools than in other types of special school and Ofsted (1999b) found that staff development was weakest in EBD schools. Too often teachers lacked specialist subject knowledge and skills. But training needs to go beyond the teaching of specific subjects: it should help teachers and support staff to look beneath the surface of pupils' externalised behaviour, to understand causation as a step towards better management *and* teaching (Greenhalgh, 1994; Ayers et al, 2000).

6.25 Approaches to training

On-site training, as part of teachers' usual daily lives, can be effected through help from Behaviour Co-ordinators (see the Birmingham 'Framework for Intervention' – Daniels and Williams, 2000; Cole, Visser and Daniels, 2000) who in turn receive assistance from specialist advisory teachers. Teachers can help themselves by using instruments such as 'the Framework for Intervention's, Behavioural Environment Checklist' (Daniels and Williams, 2000; Cole et al, 2000) or similar forms such as Galvin's (1999) 'Classroom Management Checklist'. An outside 'critical friend/adviser' or specialist EBD advisory teacher can assist individual teachers or school communities working to the principles described by Hanko (1995). To assist their development, peer support systems for teachers can be developed (Cole et al, 1998; Hill and Parsons, 2000). These could take the form of 'teacher support teams' (Creese, Daniels and Norwich, 1997). Ofsted (1999a) approved of schools instigating formal regular observations of teachers by colleagues followed by review meetings of the teachers' performance. They also approved the use of LEA advisers and educational psychologists acting as staff developers. Specialist, award-bearing courses at or linked to a range of universities are needed to try to at least retain the percentage of staff holding a specialist qualification related to SEN and/or SEBD. Cooper, Smith and Upton (1991) found that only 30% of teachers in EBD schools had undertaken any additional relevant training. Cole et al (1998) found that in 46% of 156 schools, no member of staff had been funded to take an award-bearing EBD or SEN course between 1993 and 1996. There is currently no evidence to indicate that this situation may be improved.

6.26 Professional development of other staff

Ofsted (1999b) wanted an improvement in care staff induction and training programmes, areas that were judged unsatisfactory in half of the EBD schools inspected between 1994 and 1998. The loss of full-time certificated courses in residential childcare and their replacement by more generic diplomas in social work or competency-based National Vocational Qualifications for RSWs is regretted by Cole et al (1998). It is difficult for RSWs to progress to the quite basic Level 3 in childcare. In relation to teaching assistants, Jackson (2003) offers an invaluable short account of using support workers to develop 'on the job' the skills of less experienced teaching assistants working with children with EBD. Jackson cites research suggesting that lectures with a workshop lead to a 20% transfer of skills to the workplace while 'on the job' coaching leads to an 80% transfer. His article indicates encouraging outcomes using this approach.

6.27 Recruitment, retention, conditions of employment

Given teacher shortages (DfES, 2003; Ofsted, 1999b, 2002a) special schools and PRUs can be forced to recruit young staff who are rarely ready for such difficult work (Cole, et al, 2003). Cole et al (1998), echoing Ofsted, found contrasting patterns in stability of staffing. Stable staffing, particularly in senior staff, did tend to accompany effective provision. Berridge et al (2001) provides limited evidence of acute staff shortages that threaten the maintenance of secure, supportive environments in some schools. Schools weakened by long-lasting investigations, into often false abuse allegations including the suspension of key staff suffered further difficulties (Cole et al, 1998; Slater, 2001, Visser and Cole, 2001). However, Ofsted school inspection reports and Cole et al (1998) also indicate the sometimes positive benefits of staff

turnover: the replacement of unsuitable staff by more skilled and/or enthusiastic newcomers can make a rapid contribution to the creation of safe, supportive environments likely to support mental health needs (see also Ofsted, 1999b on schools recovering from special measures).

Cole et al's (2002) data suggest that building relationships supportive of mental health needs relates to longevity of contact between adult and child – an additional challenge for staff offering only a few hours a week to many pupils attending PRUs. Also to be noted is the insecurity of employment of some teachers and support staff working in 'education otherwise' services and PRUs (Daniels et al, 2003). Cole and Visser (2000) suggested that stretched LEA services, often in a state of flux, have difficulty in offering continuity of employment to skilled staff. They also continue to employ staff whose abilities might not suit them for working with children who are disruptive or have statements for EBD (Daniels et al, 2003). Cole et al (1999) further point to useful staff working with children in PRUs being employed only for the duration of time-limited government grants such as Standards Funds. These can include highly respected youth workers, EWOs, Connexions officers as well as teachers.

6.28 'Caring for the caregivers (and educators)'

Working with children with EBD is stressful, particularly for those new to the work but also for long-serving staff who can become tired and prone to 'burn-out' (Cole, 1986; Upton, 1996). Gersch (1996) cites the American concept of 'compassion fatigue', which tends to afflict those who have given of themselves for others over extended periods. Cole et al (1998) found that to retain freshness and to help staff through difficult periods a mixture of formal methods (careful induction, regular appraisal and ongoing supervision systems) linked to continuous informal methods of support between colleagues, or from school governors to the headteacher, were useful. The importance of staff maintaining interests outside work was also noted. Ignoring their own mental health is likely to lead to inappropriate responses to the children. Where RSWs work long hours to gain longer holidays outside term-time, management must check for over-tiredness and resulting poor practice (Cole et al, 1998). Cole et al (1998) and Steel (2001) urged the teaching profession to follow others in embedding formal supervision systems (as well as appraisal) in their working lives, noting how this had the capacity to enhance performance. Teacher support teams (Creese et al, 1997) or in Scotland, 'joint support teams' (EIS, 2003), are another approach to easing teacher stress. The EIS (2003) called for improved support for their members working with children with SEBD in mainstream settings to reduce pressure: measures could include warning systems to summon help or quiet rooms for staff. EIS (2003) warn that even well trained and expert staff need day-to-day support. Ofsted (1999a) report the effective use of experienced staff as mentors to new teachers.

6.29 Preventing abuse: staff vetting

Questionnaire responses on abuse allegations from staff in 130 EBD schools suggest that only one allegation in twenty revealed sufficient malpractice to merit dismissal or enforced resignation of a member of staff and perhaps 74% of allegations led to no criticism of staff actions (Cole et al, 1998; see also Prestage, 1999; Slater, 2001; Visser and Cole, 2001). However, widely reported cases of physical and occasionally sexual abuse of children by staff in residential EBD

schools, leading to successful prosecutions and children's allegations of wider abuse (Grimshaw with Berridge, 1994) highlight the need for thorough vetting of staff prior to their appointment, and the ongoing monitoring of staff once employed. It is to be hoped that measures now in place will prevent future abuse by staff. Pupils making false allegations are perceived as presenting particularly difficult-to-handle challenging behaviour (Visser and Cole, 2001).

Multi-agency support

6.30 The need for LEA and other agency support

The complex social and emotional difficulties of most pupils with EBD reach into their homes and communities. It is therefore unsurprising that many texts stress the need for effective, co-ordinated input from a range of other professionals (e.g. DfE, 1994; DfEE, 1997; Ofsted, 1999a; Cole et al, 1998; Daniels et al, 1998 a and b; Visser 2000 and EIS, 2003). The literature suggests there are still very large deficiencies in England in the quantity and quality of support offered to schools and units for pupils with EBD. Even where it is good, it appears to be 'down to a few keen people at local level' (Ofsted, 1999a).

6.31 Educational psychology

EBD schools receive most support from educational psychologists (DES, 1989a; Smith and Thomas, 1993; Kurtz et al, 1996; Cole et al, 1998) with 51% of the 156 schools replying to Cole et al (1998) rating the quality of educational psychology input as 'good' or 'excellent'. The quantity of input was variable with only 2.5% reporting 'extensive' support and 40.5% 'regular', a picture mirrored by the Audit Commission (1999). Support was often restricted to formal reviews associated with the procedures dictated by the annual reviews of statements for SEN required by the Special Educational Needs and Disability Act 2001, rather than offering expert advice to staff on approaches to EBD or direct interventions with pupils. There is a clear lack of educational psychology resources with 20% to 30% of existing posts unfilled in 1997 (Audit Commission, 1999). Smith and Thomas (1992) pressed for a re-analysis of the role of educational psychologists and highlighted the failure of the system to provide any expectation of psychological treatment for children with EBD. Educational psychologists and schools both felt that educational psychologists possess certain skills (e.g. counselling, management therapy) in addition to assessment, that could be better utilised in the service provided to schools without cutting across other professionals (Elliott, Hayes, Indoe, Pecherek and Wolfendale 1994). Too much of their time (22%) is spent on administration (Audit Commission 1999). A review of their role has been undertaken but with no major changes made to their duties as yet (Kelly and Gray, 2000). Variable practice, contrasting staffing levels and recruitment difficulties continue to be reported (Kelly and Gray, 2000; Stoker, Gersch, Fox, Lown and Morris, 2001). Ofsted (1999a) noted tensions sometimes created by the involvement of several educational psychologists at one school. They reported staff preferring one nominated EP and also wanted at least one Educational Psychologist in an authority to have specialist knowledge and skills in working with EBD.

6.32 Educational Welfare Officers and others

Cole et al (1998) and Ofsted (1999a, 2001c) found that assistance from EWOs was variable but the input of some officers, particularly in providing home links, was rated highly. Some help was received from careers officers. Occasional input was received in a handful of EBD schools from LEA advisers, youth workers and support teachers. Cole et al's (1999) study of English LEAs' behaviour support plans indicated some support offered to some PRUs from these LEA services. Nationally, there seems limited direct input into supporting the mental health needs of pupils in many special schools and PRUs from LEA support services. However, Daniels et al (2003) found EWOs and specialist teachers in four LEAs attached to PRUs providing useful liaison and practical support on a regular basis with pupils' homes. Social skills training, drug awareness programmes and outdoor activity programmes offered by youth workers offered to pupils on the rolls of PRUs have also been praised by PRU staff (Daniels et al, 2003). After initial teething difficulties, the Connexions services for 14 to 19 year olds could foster a better targeted, more holistic approach.

6.33 Mentors

The use of mentors has been encouraged by government (e.g. through the Excellence in Cities programme) and is apparently increasing. Harris (2003), Majors (2003) and Osler and Hill (1999) make claims for the effectiveness of mentors particularly working with 'at risk' black students. Roberts and Constable (2003) offer practical advice to those taking on this role and research by the National Foundation for Educational Research shows their positive impact (NFER, 2002) but also worries about the terms and conditions under which mentors are employed and their need for access to continuing professional development. Mentors have a role to play but it seems unlikely they should be regarded as a panacea.

6.34 Social services

Ofsted (1999a) reported that EBD schools' view of Social Service Departments (SSDs) tended to be negative. This was supported by Cole et al (1998) where only 5% of its large national sample of English EBD schools reported 'extensive' and only 19% 'regular' support from social workers. Only 15% of these respondents rated the quality of this input as 'excellent' or 'good' while 30% said it was 'poor'. Daniels et al (1998b) and Daniels et al (2003) are examples of studies which report the acute pressures under which large urban social service departments work and the cuts in trained human resources they have endured over recent years, meaning that they are unable to provided services beyond strict mandatory duties, often related to child protection. It is therefore not surprising that some special schools and PRUs do not receive the support they would like from social services. Indeed attitudes seem to be dominated by mistrust and sometimes a lack of mutual respect between education and social services (see also Dyson, Lin and Millward, 1998). It was therefore encouraging to read Callen's (2003) account of her work, financed in part by her social service department, as a field social worker, working full-time in an EBD school.

6.35 Health service (including CAMHS)

Nationally, the assistance given by CAMHS to EBD special schools and to PRUs is variable and often very limited (HAS, 1995; Ofsted, 1999a). HAS (1995) states that 80% of EBD special schools surveyed by their team reported that help from CAMHS was minimal. 86% felt that the NHS did not provide the resources they needed (e.g. visits from specialists). Headteachers of EBD schools estimated that 46% of their pupils needed therapeutic help while only 14% had statements specifying such: only 9% actually received such help. 64% of EBD schools had had no visit from a psychiatrist in the past year. Psychotherapists and counsellors were employed by 19% on a consultation basis, clinical psychologists by 12%. Psychiatric social workers, drama and art therapists were employed on a sessional basis in a small number of schools. Cole et al (1998) reported some input to EBD special schools from nurses (occasionally psychiatric nurses), speech therapists, physiotherapists, counsellors (perhaps employed by health authorities), and occasionally clinical psychologists. Direct support from psychiatrists was very rare (confirmed by Ofsted, 1999a). HAS (1995) also noted the retreat of educational psychologists from working alongside health service staff in, for example, the Child and Family Services. According to the Audit Commission (1999), only 18% of clinical psychological services gave regular sessions in special schools. Difficult access to CAMHS (usually through GPs or educational psychologists) and long waiting periods are also well documented (Audit Commission, 1999). A picture emerges of CAMHS support to special schools and PRUs as worryingly infrequent.

Provision of education and care

6.36 Theories underlying sound provision

Recent literature on EBD recognises that effective teaching and learning is facilitated by educators' understanding of and stress on the affective and expressive needs of children (e.g. Greenhalgh, 1994; Bowers, 1996; Cooper, 1999; Long and Fogell, 1999; Hook and Vass, 2000; Ayers, Clarke and Murray, 1995; Cole, 1998, 2003). Staff should look at the emotions beneath the surface, in short, to be aware of theoretical perspectives on child development, needs and consequent behaviour. DfE (1994b) and Cole et al (1998) recognise that education can help to repair and build pupils' self-esteem. The DfE circular (1994b) alludes indirectly to the 'hierarchy of needs' for which Maslow (1943) first argued: school systems must offer security, the opportunity to initiate and maintain good relationships with adults and peers and encourage personal growth towards maturity. There is also awareness that the teaching style has to be matched to pupil learning style as adherents of behaviourist, cognitive/ behaviourist theory and ecosystemic approaches would advise (Ayers, Clarke and Murray, 2000):

> 'It is important to set short-term targets and goals which will stretch but not overwhelm them, to involve them in the formation of these learning goals and to establish high expectations of their performance' (p23).

The implication is that the collaborative approach to learning (strongly advocated by e.g. Cooper et al, 1994; Garner, 1996; Cole, 2003) can assist staff in helping pupils to break out of the children's negative cycles of pessimistic thinking in which they may be locked. The current authors urge a eclectic use of underlying theory (Cole, 1998, 2003; Visser 2000, 2002) emanating in a range of practical approaches that

can include counselling, peer support, behaviourist approaches such as target setting and contracting (see also: Jones and Charlton, 1996; Gray, Miller and Noakes, 1994).

Policies

6.37 Behaviour policies

To minimise challenging behaviour in mainstream and special schools and units, all educational settings must have comprehensive, clear written documentation covering all aspects of education and management (DES, 1989; DES, 1994a; Rogers, 1994, 2000), health and safety issues, bullying, harassment, racism and other legal requirements (Ofsted, 1999a, 2001c). Staff, in addition to the senior management team, in good practice schools will have been involved in policy construction and regular review, helping to produce accessible working documents which are owned by the staff (Cole et al, 1998; Daniels et al, 1998). Policies will provide consistent and fair systems for the wider community, will be clearly understood by staff and by pupils, and will facilitate a focus on individual needs. Many commentators (e.g. Clarke and Murray 1996; Daniels et al, 1998; Daniels and Williams, 2000) stress that policies specifying 'positive' behaviour management benefit all pupils but particularly those with EBD. Well-established routines, reward and sanction systems provide pupils with the supportive 'rubber boundaries' (Cole et al, 1998) they need. Much challenging behaviour is context-related, altering according to time, place and the adults involved. Policies help to reduce different reactions and approaches by different teachers and other staff, thereby helping consistency and fairness. Where such policies are 'owned' and 'lived', safe, well-organised schools with staff clearly in control tend to result (Daniels et al, 1998a). Policies must allow for staff to listen and talk to pupils and to provide 'emotional first aid' (Davie and Galloway, 1996; Cole et al, 1998; Cole, 1999, 2003).

6.38 Time for pastoral work

Ofsted (2001c, paragraph 34) reported that in mainstream schools there was often insufficient time for form tutors to carry out their pastoral roles effectively and that teachers were rarely trained for this important role. This was an important theme also in Cole (1999) and in work by the University of Birmingham EBD Research Team (e.g. Daniels et al, 1998; Cole et al, 2002).

Programmes responsive to pupils' educational and social needs

6.39 Whole-school/unit programmes and targeted interventions

Education, and pastoral/care programmes must relate to the whole-school provision as well as addressing an individual's specific difficulties (e.g. DES, 1989; Smith, 1996; O'Brien, 1998; Ofsted, 1999a; Rogers, 2000; Scottish Executive, 2001). As stated at the start of this literature review, the general principles of teaching and learning, based on sound psychology, apply to pupils who present challenging behaviours as much as to other pupils. Key recent texts on teaching and learning for pupils with EBD (in particular Ofsted, 1999a, 2001c; Daniels et al, 1998; and Cole et al, 1998) are referred to in this strand of the literature review. These repeat many of the messages from a wider literature, which reflect the reoccurrence of concerns regarding behaviour in past generations of educators. They confirm that improved

and high achievement in pupils with EBD are facilitated when skilful teaching is matched to pupils' abilities and learning styles. Lesson content is to an extent prescribed by national legislation, but within that compulsory framework there is scope for choice of material and style of delivery. The organisation of teaching groups, the structuring of the timetable and support packages can also impact on the performance of pupils with EBD, lessening the frequency and intensity as well as the opportunities for challenging behaviours to be presented.

6.40 A normal curriculum facilitating reintegration

Ofsted (1999a), amongst other publications, stresses the fact that good practice requires schools to work towards re-inclusion into mainstream wherever possible of pupils who are in specialist provision. For primary schools, where re-inclusion can more readily be achieved (see Cole et al, 1998, for figures on reintegration rates) this is particularly relevant. Re-inclusion is facilitated by schools abiding by the national curriculum, so that the pupils in specialist provision have had the same educational experience prior to re-entering the mainstream. This argument (added to 'entitlement') helps to explain Ofsted's drive (see 1999b) to ensure that EBD schools and PRUs (Ofsted, 1999a) provide a broad and balanced education that incorporates the national curriculum and also government-required national literacy and numeracy strategy approaches (Ofsted, 2001b). Where this does not happen, e.g. in some non-approved independent schools (Ofsted, 2002b), it is criticised. Re-inclusion can also happen at the end of Key Stage 3 by transfer to 14+ programmes in FE (Ofsted, 1999a, para 62).

6.41 Planning, assessment and measuring progression

Ofsted (1999 a, b; 2002a) stress the importance of effective planning, assessment and tracking of progression at school, class and individual levels. Ofsted (2002b) discussing 'registered' independent schools (i.e. schools not 'approved' under terms of the 1993 and 1996 Education Acts) finds unsatisfactory assessment and recording of pupil progress, as it had in earlier years in many maintained and approved independent schools. Ofsted (1999c) stresses the centrality of effective individual education plans (IEPs) to successful assessment and recording systems, particularly, but not exclusively, in mainstream schools. IEPs should be 'working' documents that focus on the learning difficulties of the child, take account of what the child has achieved, setting clear targets in a specified time frame; involve the young person and parents; include advice from specialists (such as the educational psychologist). They should avoid jargon and be shared with all staff. LSAs need more training to support the use of IEPs (Ofsted, 1999c). Cornwall and Tod (1998) offer detailed and practical advice on the developmental needs of pupils with EBD (e.g. enhancing their self-esteem, anger control, turn taking) while constructing IEPs. For pupils 'at risk' or who have experienced fixed-term exclusions, DfEE (1999) advises the blending of IEPs with Pastoral Support Programmes. PSPs are seen as important aides to maintaining pupils presenting challenging behaviour within mainstream schools by setting achievable behavioural targets and then monitoring these effectively.

6.42 Transitions: knowing Year 7 entrants

Planning appropriate programmes should take place against the background of staff having a close knowledge of their pupils from the day they start at the school. Ofsted

(2001c) urges mainstream secondary schools to form close links with their feeder primary schools and for their staff to familiarise themselves with Year 6 pupils about to transfer, particularly those at risk of presenting challenging behaviour. Ofsted (2001c) also stresses the need for the early identification of potential learning difficulties, particularly in literacy, of pupils who have not been placed on the Code of Practice stages in primary school. The close links between unidentified or un-addressed learning difficulties and challenging behaviours have been often noted (e.g. Daniels et al, 1998).

6.43 Match teaching to learning style/high expectations

There is an extensive literature on learning style that cannot be considered in detail here. A useful account can be found in Rayner and Riding (1998). In the specific EBD literature, Cole et al (1998) cite Kolb (1984) who identified four styles of learning: 'abstract conceptualisation', 'reflective observation', 'concrete experience' and 'active experimentation'. Daniels et al (1998), Cole et al (1998), Daniels et al (2003) found that pupils with EBD, were reported by experienced staff as preferring the last two modes. Ofsted (1999a) stresses the importance of pupils with EBD being given 'real materials and situations in which to practise newly gained skills' (e.g. collecting, classifying and recording information for a real, easily identifiable concrete purpose, perhaps through a survey conducted outside the classroom). However, modes of learning that pupils prefer do not necessarily address their priority needs. Reading, reflective observation, numeracy and writing are essential components of education and help to prepare pupils for adult life. Ofsted (1999a) talked of the need for a balanced approach: 'The achievement of a good mix of desk-top work and more practical or active work was found in the best schools' (para 51). Getting pupils writing might help short-term classroom control (Daniels et al, 1998; Duffield, 1998) but plays to the weaknesses of many children with difficulties in this area and can exacerbate levels of challenging behaviour. Duffield (1998) found that a concomitant of excessive writing was that there was less time left for group discussion, although the pupils enjoyed the latter more.

6.44 Lessons where pupils with EBD were motivated

Government literature (DES, 1989; DfE, 1994a, 1994b. Ofsted, 1999a) indicates that a structured, consultative and individualised style of teaching delivered with creativity and imagination within a wider framework of positive whole-school policies, which are permeated with a concern for pupils' personal and social needs (as advised by Galloway, 1990) aids educational progress and minimises classroom disruption in both mainstream and specialist settings. The skilful teacher maintains high expectations of pupils with EBD, providing a variety of activities, some of which, at least, build upon the individual pupil's capabilities rather than constantly highlighting weaknesses (Ofsted, 1999a; Daniels et al, 1998a; Cole et al, 1998). In particular Daniels et al (1998a) and Cole et al (1998) found that pupils with EBD were motivated and disruption was lessened where lessons:

- were well controlled from before the children entered the classroom until the last pupil left the room at the end
- were well planned and delivered authoritatively by teachers who were clearly authorities on their subject

- incorporated good differentiation to allow for individual needs and to minimise the difficulties of those with EBDs
- took cognisance of pupils' current levels of attainment and understanding and offered new tasks which extended and built on these levels
- where possible, utilised pupils' known interests
- contained many small tasks with built-in mechanisms for frequent positive feedback
- were structured to allow some freedom but avoided open-ended approaches which placed too much responsibility on the child
- were well paced and varied in approach
- were not over-burdened with writing tasks
- contained a practical element.

6.45 Effective approaches to engaging pupils with EBD

Table 5 reports data from the national survey of EBD schools, conducted in 1996 to 1997 (Cole et al, 1998). It summarises many of the important messages in the literature on behaviour management and on the addressing of emotional, behavioural and social needs (e.g. McNamara and Moreton, 1994; O'Brien, 1999; Cooper, 1999; Galvin, 1999; Ofsted, 1999a; Rogers, 2000; Porter, 2000).

Table 5: Approaches to managing and motivating pupils with EBDs ranked according to perceived importance (n ranges from 151 to 153 across the items) figures are given as percentages:

		Very important	*Important*	*Quite important*	*Un-important*
1	Improving pupils' self-image by helping them succeed	96	3	1	0
2	Helping pupils 'catch up' in basic language and number skills	76	19	5	0
3	Challenging but appropriate curricula expectations	61	33	6	0
4	Wide curricula access through differentiated teaching	54	36	9	1
5	Well planned individual educational programmes	59	26	12	3
6	Structured personal and social education programme	47	40	13	0
7	Creative work in the arts	35	43	22	1
8	Frequent pupil involvement in planning their own learning	21	34	35	9
9	Frequent use of IT in many curriculum areas	15	36	45	4
10	Cross-curricular topic work	7	22	47	24
11	Allowing pupils substantial choice in what they study	2	17	44	37

(Cole et al, 1998)

Cole et al (1998) stress the importance of setting realistic and quickly achieved targets that build on pupils' present level of knowledge and understanding (the 'plus one principle'). Ofsted (1999a) similarly stresses the need for pupils with EBD to experience 'immediate success'. Other important elements identified by Cole et al (1998) are included in Table 6.

Table 6: Elements in addressing the needs of pupils with EBD ranked according to perceived importance across the items (n ranges from 141 to 153) figures are in %

		Very important	*Important*	*Quite important*	*Un-important*
1=	Frequent encouragement and praise	92	5	2	1
	Clear expectations and firm, consistent discipline	91	6	3	0
3	A well-established daily routine	89	9	1	1
4	Caring, long-lasting relationships between staff and pupils	76	20	3	1
5=	Helping children to express their feelings appropriately	63	30	7	1
	Staff who listen to children and reflect back their feelings	65	28	6	1
7	Key-worker or named person for each child	41	24	14	21
8	Groups discussions/meetings with skilled staff	27	38	27	8
9	Touch/holding children by staff to comfort/ease tantrums	22	37	30	11
10	Regular individual counselling with qualified counsellor/therapist	11	26	38	25
11	'Sorting out' pupils' EBD before stressing their education	12	16	20	74
12	Use of drug therapy (other than for the control of epilepsy)	3	3	20	74

(Cole et al, 1998)

Ofsted (1999a) stresses the importance of the following features to minimise the potential for challenging behaviours to occur:

- minimal number of school rules that are clearly explained;
- taking every opportunity to involve the children in the day-to-day running of the school (e.g. through school councils);
- humour used by staff and the strict avoidance of sarcasm and cynicism;
- fairness;
- rewards and praise used effectively;
- sanctions fit the offence with all pupils being aware of the consequences of offending;
- genuine mistakes are not reckoned as failure so much as experiences from which to learn (see also overlapping advice in Ofsted, 2001c).

Some schools reported to Cole et al (1998) that they had found the use of structured approaches such as Assertive Discipline (Canter, 1990) useful when made sufficiently flexible to allow for EBD.

6.46 Offering support sensitively

Observations in Daniels et al (1998a) and Cole et al (1998a) back other studies (e.g. Lacey, 2001) indicating that some pupils, usually those with cognitive as well as behaviour difficulties, were quite at ease with the presence of an LSA beside them. In contrast other pupils disliked their presence, seeing it as a highly visible stigma. Daniels et al (1998a) cite the example of a Year 10 pupil appreciating a teacher who sometimes managed to brief the pupil ahead of the lesson about its contents. The pupil alluded to other staff, who would wait until the other pupils were engaged in quiet writing before discreetly moving to him to offer support. LSAs also described their tactics for giving help. Daniels et al (1998a) describe a trained social worker who made a point of sitting close to the girl who liked her in close proximity. In contrast the social worker would bide her time and wait until the teacher was moving round a room offering support to other children so that it was not unusual or stigmatising for her to go over and offer to be a scribe for the second child she supported.

6.47 Managing the physical 'behaviour environment' to minimise disruption

Repeating lessons from DES (1989, 1994a) and many other writers, Daniels and Williams (2000) and Cole et al (2000b) stress the importance of attending to the basic 'behaviour environment'. Daniels et al (1998a) and Cole et al (1998) found that proficient teachers took care to seat children with difficulties in places which minimised potential disruption and maximised their chances of remaining on task and completing their work. The potentially disruptive child can be placed with groups whose positive peer pressure was likely to encourage on-task in the EBD child. The Birmingham 'Framework for Intervention' scheme (Daniels and Williams, 2000) includes useful guidance for teachers to use in checking the constituent parts of their classroom and school's behaviour environment and how they might improve it. Visser (2001) offers further advice on the importance of the careful structuring of the physical environment.

6.48 ICT as a motivational aid

Data from many studies point to the usefulness of computer based and other technological aids in engaging and maintaining the interests of pupils with EBD. Computers can help pupils avoid public humiliation and failure and provide individualised appropriate learning. Software programme with good feedback can provide pupils with instant praise and sense of achievement in a way a teacher working with a large group of children can find difficult (Daniels et al, 1998a, 2003; Cole et al, 1998; Luth, 2001). It is therefore disappointing to read the consistent message in Ofsted (1999b) that ICT is a weak and under-resourced area in many EBD schools, or that when the equipment is there it is under-used (Ofsted, 1999b).

6.49 Rewards and privileges valued by pupils with EBD

Overlapping with findings by Cole et al (1998), Ofsted (1999a) reports that pupils in general rate the following rewards as important: use of IT equipment or special rooms (e.g. music); mentions at assembly; certificates of merit; being given more responsibility; art and written work displayed; parents being informed; being allowed off school premises e.g. to shop; end of term outings; joining staff for meal in a restaurant.

6.50 Psychostimulants and ADHD/EBD

Debate continues about the desirability and ethics of prescribing methylphenidate ('Ritalin') to control the behaviour of pupils diagnosed as ADHD. Cole et al (1998) heard opinion for and against this type of intervention but found a large majority of senior staff wary of ‘drug therapy’ (see Table 4). Wurtzel’s (2000) account of addiction to methylphenidate would seem likely to fuel their fears. How the phrase ‘drug therapy’ was interpreted by respondents to the national survey (Cole et al, 1998) is unfortunately unclear but it was probably connected in the minds of many to the use of ‘Ritalin’. Cooper and Ideus (1997) and Elliott and Place (1998) give guidance as to when the use of psycho-stimulants is appropriate, stressing (as does Kewley 1997) that it should be one part only of a multi-modal approach. Baldwin (2000) remained highly suspicious of the validity of the concept of ADHD, the accuracy of diagnoses and the use of drugs while Armstrong, Belmont and Verillon (2000) noted that in France it is illegal to prescribe ‘Ritalin’ to children under the age of five. Local variations in diagnosis rates in relation to ADHD continue to give cause for concern. While it is hard to argue that there might not be a medical or genetic reason for some forms of behaviour, the literature remains divided as to which behaviours have a more predominantly genetic base. In practice, the label ADHD is in wide use and provides a conceptualisation of challenging behaviour as at least in part a ‘medical’ issue, involving a medical diagnosis which can be difficult for educators to challenge. The concerns of educators are therefore sometimes of a practical rather than of an ethical nature with regard to drug therapy. Cole et al (1998) heard first hand of a few cases where medication was unevenly administered by parents and where school staff were worried about the responsibilities of giving out medication. Clear policies and carefully monitored practice are required in this area. The literature does not provide evidence that this is the case in all schools.

Content of curriculum

6.51 The national curriculum and pupils with EBD: general

Ofsted (1999a, 1999b) argues that the introduction of the national curriculum has helped to provide a wider and better balanced education in EBD schools, and that attention to PSHE does not need to suffer. This is in contrast to the early worries of, for example, Cooper et al (1994) and Smith (1996). The latter expressed the view that ‘where behaviour is profoundly disturbed, a developmental curriculum which is more concerned with social than academic goals may be more appropriate’ (pp67-8). Lewis (1999) continued to have reservations, wanting the balance of provision adjusted away from the academic to allow schools to work at building resilience in their pupils. These reservations were also found in some teachers responding to Cole et al (1998). However, the latter found the majority of senior staff in special schools for pupils with EBD broadly welcoming the national curriculum and seeing it as a means of raising standards of achievement and increasing the breadth of the education on offer. Yet it was sometimes seen as making the delivery of PSHE and vocational education more difficult. As the DfE (1994b) hoped, it was found that with proficient teaching, any part of the national curriculum could be taught to children with EBD. However, some subjects and some parts of other subjects were seen as being more appropriate and others more difficult to deliver effectively. Schools in Daniels et al (1998a) generally welcomed the ‘freeing up’ of Key Stage 4 as did

teachers talking to Daniels et al (2003), when linked to flexible modes of delivery and widened accreditation opportunities (see paragraphs 6.52 and 6.53 below).

6.52 Core subjects

Reflecting the strong views of staff in EBD schools expressed to Cole et al (1998), Ofsted repeatedly stresses the importance of teaching English, mathematics and, to a lesser extent, science. The thorough teaching of reading skills is emphasised and it is claimed that this is being helped by the National Literacy Strategy (NLS) (Ofsted, 2000), to which special schools, including those for pupils with EBD, are reported to have responded enthusiastically. Ofsted (2002a) found that pupils achieve better in the speaking and listening components than in reading and writing, areas in which pupils with EBD commonly have difficulty (Ofsted, 1999a, Cole et al, 1998) but the contrast in pupil performance in these areas is said to be diminishing as the NLS becomes embedded and continues to raise expectations. Ofsted (1999a) approved of EBD schools giving extra attention to the teaching of reading: for example, in one school, midday meal supervisors had been trained to offer additional sessions to those with greatest need for 15 minutes during lunch break. Ofsted (2001b) found that special schools had adopted the National Numeracy Strategy effectively and EBD schools were said to have welcomed it despite some difficulties with plenary sessions. Ofsted (1999b), in its continuing advocacy of imaginative and motivational teaching, noted the over-use of worksheets for mathematics in too many special schools. Ofsted (1999b) noted that the improvement in science teaching was greater in EBD than in other special schools between 1994 and 1998 and applauded the creation of specialist teaching areas for this subject.

6.53 Humanities

Ofsted (1999b) had particular praise for the rise in standards in geography. This was attributed to the employment of more specialist teachers and a more varied approach to teaching, involving practical survey work, map reading and investigational skills. Ofsted (2001a) noted the importance of specialist subject co-ordinators in developing curricula and skills in teaching across schools for humanities and indeed for all areas of the curriculum.

6.54 Inclusion of pupils with EBD, related to subjects taught

In Daniels et al (1998a) teachers recognised that their task was to abide by national curriculum guidelines and to make their particular subjects accessible to all their students. Pupils with EBD and/or learning difficulties were observed actively included in mainstream classes for English, maths, science, information technology, French, Spanish, technology and history lessons. In line with Ofsted (1999a), when teaching was appropriate and skilful, pupils were sometimes enthused, at least coping, and did not seriously disrupt their peers.

6.55 Reservations about the national curriculum: modern foreign languages

In both Daniels et al (1998a) and Cole et al (1998) reservations were expressed about the need for modern foreign languages (MFL), despite the recognition that all pupils could enjoy oral work. There are some indications that this subject presents some pupils with particular challenges, resulting in feelings of frustration and inadequacy, which in turn leads to 'difficult' behaviour. Where mainstream schools expected pupils to take two languages, it was sometimes found appropriate to free

some children with EBD from the one in which they were least successful and in which they tended to cause most problems. Ofsted (1999a, 2001) noted the continuing difficulties in employing and retaining teachers of MFL and MFL was commonly not offered in EBD schools.

6.56 Physical education/outdoor pursuits

The diverse nature and preferences of pupils said to have EBD were highlighted by their reactions to physical education. Daniels et al (1998) reported data from EWOs showing children were often in trouble at school because of their behaviour in or their 'bunking off' from PE. Conversely, two headteachers in this same study wished to introduce more outdoor pursuits (e.g. canoeing) for pupils who would be unlikely to take a range of GCSEs. Cole et al (1998), agreeing with Jones, Charlton, Emery, Wakefield, Russell and Horton (1998), Daniels et al (2003) and Shaw (2003) found PE and outdoor practical activities to be among the most appealing subjects in the eyes of many pupils with EBD. Inspection data show that PE can build social skills and teamwork; and can also be a vehicle for providing pupils with quick success, thereby building their self-esteem (Ofsted, 1999a).

6.57 Support for a flexible, practical and vocational Key Stage 4

Daniels et al (1998a) recorded some senior staff's welcome for the Green Paper's (DfEE 1997) endorsement of alternative practical and vocational forms of provision at Key Stage 4 for children with EBD. In other schools (and in special schools investigated by Cole et al 1998) there were feelings that the early national curriculum had squeezed out worthwhile programmes that, in the past, had engaged pupils who would not be taking a range of GCSEs. Daniels et al (1998, 2003) offer data showing the success of Key Stage 4 pupils taking practical and vocational courses either at their schools or in further education colleges. Extended work experience was also favoured. Ofsted (1999a) also noted the welcome given by some EBD schools to a less academic Key Stage 4 while Ofsted (2001c) urged mainstream secondary schools to make greater use of the curriculum flexibilities on offer for Key Stage 4.

6.58 Creative subjects

Cole et al (1998) indicate that creative subjects should continue to have an important place in the curriculum. Many staff in EBD schools saw them as therapeutic. Ofsted (1999a) reported that pupils with EBD often performed, constructed, designed, invented, composed and improvised with considerable flair. Opportunities for these activities should be present in the curriculum: they encouraged the expression of feeling that nurtured aesthetic sensibility and built confidence and concentration.

6.59 Avoiding the low status 'alternative curriculum'

Ofsted (2001c) encourages practical 'alternative' curricula but previously worried about its quality (e.g. Ofsted, 1999a). Daniels et al (1998a) recorded staff awareness of the need to avoid practical and vocational courses being seen as 'easy options' of little lasting value. Some teacher interviewees did not wish a revised curriculum to be construed as a school's lack of interest in its 'bottom 30%'. The senior staff of one school, having developed a more 'academic' curriculum, which was accessible to all, were supporters of the old national curriculum. Practical and vocational courses must be linked to nationally recognised accreditation, or national youth award schemes. Ofsted (1999b) noted the improving standards (more than in other special schools) in

EBD schools, were often linked to EBD schools introducing national accreditation thereby raising expectations and giving pupils a sense of purpose. Ofsted (1999a) expressed concerns that vocational courses at FE colleges sometimes did not complement what was taught in school.

Pastoral support

6.60 'Combining Educational and Therapeutic Approaches'

This was the title of a chapter in Cooper (1999a) in which he described specific approaches to developing social competence to meet the needs of pupils presenting challenging behaviours. Circle time, peer support approaches and mentoring (see also Majors, Wilkinson and Gulam, 2003, in relation to black pupils) were favoured. McNamara and Moreton (1994) and Long and Fogell (1999) cover similar ground in more detail with the latter adding useful advice on anger management techniques. Sharp (2001) also offers an approachable guide to the promotion of self-esteem, handling relationships, theories of emotions, emotional coaching, and promoting assertiveness.

6.61 A particular therapeutic approach: Nurture Groups

Nurture groups (Bennathan and Boxall, 1996) are now provided at many locations across Britain, with some research evidence suggesting their effectiveness as an early intervention strategy for 'at risk' pupils of primary age (e.g. Cooper, Arnold and Boyd, 2001). They are based on the premise that young pupils with EBD are expressing emotions and exhibiting behaviours that are inappropriate to the development stage of the majority of their peers. To progress, these children need to experience a small-group nurturing environment, usually a separate room in a primary school, where they can be guided through nurturing experiences more normally provided to pre-school children, thereby building their social competence and equipping them to cope better with the demands of mainstream classes. This is primarily an approach designed for infant children but the principles are claimed to be useful for junior and even secondary-aged children (Bennathan, 1997, 2002, 2003; Cooper, 1999; Cooper and Lovey, 1999). Long-term studies on this approach's ability to lessen the likelihood of pupils presenting challenging behaviours at a later stage have yet to be published.

6.62 The extended curriculum

The extended or '24 hour curriculum' in residential schools can make a significant contribution and has been praised in some schools in various Ofsted documents (e.g Ofsted, 1999a). In related vein, Ofsted (2001c) noted the value of before and after-school clubs in mainstream schools, as a way of improving motivation and attendance. The worth of breakfast clubs was also suggested to Daniels et al (1998).

6.63 Importance of good child care in residential settings

Given that boarding pupils with EBD spend as many hours in the presence of residential care staff as teachers, this is also a crucial area (Cooper, 1993; DfE, 1994b; Grimshaw with Berridge, 1994; Kahan, 1994; Grimshaw, 1995; Cole et al, 1998). It was therefore reassuring that Ofsted (1999b) reported that the quality of care in residential special schools (including those for children with EBD) was satisfactory or better in 80% of the schools they had inspected between 1994 and

1998. The items listed in Tables 3 and 4 earlier often apply as much, sometimes more, to the hours pupils spend outside the classroom.

6.64 Flexible use of boarding

Ofsted (1999a), echoing practice in schools studied by Cole et al (1998, 2003), approves of the increasingly flexible use of boarding. Residential care, appended to special education, should be adjusted to suit individual need and stage of development. There should not be a strict dichotomy between seven night and four night boarding. As pupils approach school leaving age it is the sensible practice of some schools to increase the time spent at home by their pupils.

6.65 Child care and physical contact

Addressing needs can sometimes require an appropriate use of physicality – the arm round a shoulder, holding a young pupil's hand. Cole et al (1998) cited the American Keating: 'Touch is not only nice, it's needed.' It is a natural part of creating warm, positive relationships, particularly but not exclusively for younger pupils. Well-founded worries about abuse allegations should not prevent all physical contact. The post-1989 Children Act guidance said: 'The use of "holding" which is commonly used, and often helpful, containing experience for a distressed child is not excluded.'(DoH, 1991a, p17). The many abuse allegations made against staff help to explain what the AWCEBD (1997) newsletter described as the damaging 'taboo on tenderness' (p7). Cole et al (1998) therefore found it reassuring that many senior staff in special schools still saw the use of touch and physical holding as a necessary part of the worker's repertoire subject of course, to close knowledge of a child's background. If there was a history of abuse or allegations then staff avoided touch.

6.66 Physical Restraint/Restrictive Physical Intervention (RPI)

Treading the fine line between providing a safe school environment through the appropriate use of physical restraint *in extremis* (when preventative interventions short of RPI have failed), and being accused of child abuse, has posed serious dilemmas for teaching and other staff over the last 15 years. Visser and Cole (2001) report national data suggesting that most allegations of abuse are false or of little substance. Long investigations involving suspensions before allegations are not proven (staff rarely have their innocence pronounced publicly) can be a chronic ordeal and very damaging to schools and individuals. Physical restraints commonly lead to allegations. Against this background, it is essential that schools have clear policies for restraint and that sufficient numbers of their staff have undergone training and are confident in appropriate techniques. Pritchard (2003) describes the long wait until the Department of Health commissioned the British Institute for Learning Disabilities (BILD) to develop a system for accrediting organisations offering training in the use of physical restraint. This system now operates and is bringing some relief and clarity to schools. Powell (2003) provides another short view of this field, although this does not consider this the perspective of teachers with children with EBD.

Severe Learning Difficulties

6.67 Approaches for pupils with severe learning difficulties

As indicated earlier, a comprehensive coverage of interventions with pupils with severe learning difficulties (SLD) who present challenging behaviours is not offered in this literature review. Carpenter, Bovair and Ashdown (1996), Tilstone, Florian and Rose (1998) and Tilstone and Rose (2003) report research and good practice in relation to curriculum (including the application of the national curriculum) for pupils with severe learning difficulties. As for all pupils, children with SLD require good planning and careful teaching which can in themselves lessen challenging behaviour. To manage behaviours particularly associated with pupils with cognitive disabilities (e.g. stereotypical behaviours, tantrums, self-harm) specific approaches, such as the use of Snoezelen rooms (Withers and Ensum, 1995); or cognitive behavioural approaches to anger management (Rossiter, Hunnisett and Pulsford, 1998) or touch (in this case, massage) as ‘ a therapeutic medium’ (Hegarty and Gale, 1996), might be useful. The issue of RPI, in a scale and manner that is different to physical restraint for pupils without SLD, is important: useful advice on situating RPI within a wider framework of care and positive relationships is given by Stirling (1998) and the various publications of the British Institute of Learning Disabilities (e.g. Harris and Hewett, 1996; Harris, Allen, Cornick, Jefferson and Miles, 1996). Speech therapy to develop expressive language is vital as is work to gauge and develop young people’s and adults’ receptive language: communication difficulties are believed to link to challenging behaviour, indeed the latter can be a vehicle for communication of feelings and wishes (Thurman, 1997).

The physical environment and resources

6.68 Location

Ofsted (1999a) stresses that EBD schools should not be remote from mainstream society. This should not be gauged simplistically by citing the number of miles a school is from a child’s home (Cole, 1986; Berridge et al, 2002). Good schools, although sometimes distant from pupils’ homes, are able to forge close links with pupils’ homes. The challenging behaviour of some pupils can be lessened by developing and maintaining such close links with the pupils' families and homes (Cole et al, 1998).

6.69 The ingredients of appropriate sites

The HMI and Ofsted reports of the 1980s and 1990s indicated that the physical accommodation of many special schools and units was unsatisfactory, making the task of the staff much harder. Cole (2002) reported that many PRUs (containing pupils with EBD) were still housed in sites deemed unsatisfactory by HMCI. In contrast were a variety of well designed and maintained settings. Cole et al’s (1998) national study concluded that effective EBD schools could be housed on sites of contrasting age, size, style and location but they must be warm, inviting, well-resourced buildings which allow for individual, group and whole-school needs both in lesson time and breaks and, in residential schools, in the care hours. There must be good transport links between the school and pupils’ homes, to allow for flexible patterns of residence or reasonable ease of daily transport for non-boarders. The necessary constituents of a suitable physical environment are explored in Cole et al

(1998), DHSS (1970), the Schools Premises Regulations (DfEE, 1996) and Visser (2001). Morgan's (1993) advice, which fed into social service requirements for children's homes, is crucial. He described the six key welfare areas for which the physical environment should allow: privacy, dignity, independence, choice, rights and fulfilment. Kahan (1994) argued that high quality physical provision showed the young people that they were worthy of adult respect and attention.

6.70 Design for curriculum delivery and management

Ofsted (1995d), reflecting on current shortcomings in many EBD schools, stressed that schools must have appropriate teaching areas to allow the delivery of the requisite broad and balanced curriculum. Ofsted (1999b) found too many schools lacking libraries or specialist teaching areas for science or having to rely on outside sports halls etc. Ofsted (1999a) noted the value of quiet spaces, such as a supervised library area, where pupils could be guaranteed time to themselves; or rooms acting as 'social havens' for deeply troubled children to go to at breaktimes (Ofsted, 2001c, para. 76). Lloyd-Bennett and Gamman (2000), following playground observations, stressed the need for children who wanted to sit down and chat at playtime to have the facilities to do this: where this happened bullying and aggressive confrontations could be lessened. Mainstream schools should allow for the particular needs of pupils with EBD – for example cooling off areas (Daniels et al, 1998; Scottish Executive, 2001; EIS, 2003) or appropriately staffed time-out rooms (Rogers, 2000). Ofsted (2001c) was aware of difficulties caused by the built environment (e.g. schools consisting of various scattered buildings). Providing adequate supervision was a challenge: where this was not provided then bullying and difficult behaviour could be exacerbated. Ofsted (1999b) noted the effect of the physical environment on the social and behavioural development of pupils: bare walls, hard floors and steel and plastic furniture in, for example, dining halls, were said to defeat staff efforts to provide positive social experiences, often contributing to a crescendo of noise and shouting adults, struggling to stay in control. Too often there was a lack of adequate storage space (Ofsted, 1999b) that provided opportunities for damage of property, materials and resources, which could not be put away securely.

6.71 Resources

Beyond the physical environment, the provision of appropriate and sufficient teaching equipment and materials is an obvious and important ingredient of effective schooling. Yet Ofsted (1999b) found that provision for pupils with challenging behaviour had a narrower range of resources for English and mathematics; fewer than half of the inspected special schools (particularly EBD schools) had adequate libraries. Resources for science were said to be improving in EBD schools. Ofsted (2002a) reported an improving situation in relation to resource provision, contributing to a rise in overall standards. In the independent and non-maintained special schools sector, Ofsted (2002b) noted that substantially higher levels of fees did not guarantee better resourcing for education: some lower charging schools offered better value.

7.0 Equal opportunity issues

7.1 Gender issues

The contrast in numbers of girls identified as having challenging behaviour compared to boys has already been discussed (see also Arnott and Martin, 1995; Connor, 1994). There is very little published in the last decade on why this is so, or on specific treatments/approaches that are gender specific and effective. What literature there is raises issues about ‘what is effective practice in relation to girls?’ but provides no clear answers. In relation to Scotland, Lloyd (1992) reported that girls were less likely to invoke sanctions, to be excluded or to commit offences or to show overtly disruptive behaviours - thereby escaping notice and the need for referral. Lloyd and O’Regan’s (1999) small-scale study of 20 female pupils’ views on their education found the girls tending to value their alternative education higher (notably the support they received from staff) than their previous mainstream experience, mirroring the views of girls interviewed as part of Daniels et al, (2003). Solden (1996) reported that American girls with attention deficits but no hyperactivity escaped diagnosis, and, she claims, suffered damaged self-concept as a result. The day conference held by AWCEBD (1995) tried to fill an identified gap in discussing girls and EBD but provided little guidance.

Clubb (2003) also noted the lack of a literature on gender-specific issues in relation to adolescent girls. She applied nurture group principles in group discussions with girls identified by staff as having EBD in a secondary school. This study had hopeful outcomes but involved very few girls and lasted for a limited period only. Cruddas and Haddock (2000), reporting a small project in one London borough, repeated arguments put forward by Arnott and Martin (1995) and heard by Cole et al (1998) in the course of their study: it is boys rather than girls who ‘act out’ and push schools into segregating them into special provision. Girls more commonly experience internalised difficulties that attract less teacher attention and challenge school communities less. Cruddas and Haddock (2000) want schools that do not allow boys to 'drown' girls’ voices and that identify and address girls’ emotional difficulties better.

Ofsted (1999), echoing Cole et al (1998), was concerned about gender imbalances in EBD school rolls: sometimes boys heavily outnumbered a small group of girls. Some ‘mixed’ schools had opted to admit boys only.

7.2. Ethnicity

Little has been written directly about ethnicity and EBD but some insights are given in a wider literature associating black and some Asian students (though generally not Indian pupils) with school disaffection and exclusions. Cooper, Smith and Upton (1991) highlighted the over-representation of black students in specialist settings for pupils with EBD. Soon after, government statistics on disaffection and exclusions clearly showed the substantial and perhaps increasing over-representation of black students amongst excluded students. This was of concern to researchers (e.g. Parsons et al, 1995; Parsons, 1999; Osler, 1997, Osler and Hill, 1999, Osler et al, 2001; Ofsted, 2001c). Similarly, in the United States, Forness and Kavale (2000) recorded a disproportionate representation of youth from minority ethnic groups in special education. Majors (2003) worried about the exclusion from schools of black youth for fairly minor offences and sometimes for culturally specific behaviours (e.g.

wearing dreadlocks). The government has been seriously concerned, and the DfES, in commissioning Daniels et al (2003), asked for black Caribbean and black African students to be 'over-represented' in the sample. Given a perhaps widespread belief that black students continued to be over-represented, Berridge et al (2002) found it remarkable that so few black students attended the eight residential EBD schools studied as part of their pilot. At least one of the schools in this study reported a decrease in referrals of black students in recent years. Firm evidence is lacking but it might be that the situation reported by Cooper et al (1991) no longer obtains or the problem of over-representation has lessened. Also to be noted is data in Daniels et al (2003) showing black students sometimes appreciating better relationships and new educational and training opportunities in alternative settings (usually PRUs, FE but occasionally special schools) compared to their previous experience in mainstream settings.

7.3 Interventions that help black pupils

McIntyre (1993, 1995) wanted higher status to be accorded to pastoral systems in schools to help identify and support black pupils at risk. Daniels et al (2003) found some black students resentful and critical of the mainstream schools that had excluded them. This echoed the work of, for example, Blair (1994, 2001) and contributors to Majors (2003). What is needed in all schooling to reduce many black pupils' sense of alienation and unfairness that often leads to disaffection, behaviours associated with EBD and sometimes exclusion? Blair (2001) highlights the competitive nature of schooling, associated with the educational reforms of the late 1980s and 1990s but points out that black pupils were over-represented in the exclusion figures before 1986. However, she sees the national curriculum (certainly the one existing before 2001) as restricting 'the opportunities for teachers to make teaching culturally relevant to students from all ethnic groups' (p113). She wants all teachers to be better trained in understanding and responding more appropriately to pupils from minority ethnic groups. Teaching needs to embrace issues of rights, citizenship and social justice. Blair (2001) writes: 'New teachers need to understand how racism operates and how various ethnic groups are differentially positioned within society ' (p142). At present they are 'woefully ill-prepared for a career in a context which has clearly changed from largely mono-ethnic to multi-ethnic, multi-faith and multilingual' (p11) (see also Osler, 1997, Osler and Hill, 1999, and Graham, 2003). This should help to address a serious situation described by Majors (2003) who indicates that the culture of black students:

> 'is (in most instances) so different from that of their teachers, teachers often misunderstand, ignore, or discount Black children's language, non-verbal cues, learning styles and worldview…When teachers are colour-blind to the culture of others, and therefore ignore or are unwilling to affirm another's culture, it often leads to hostility and conflict between White teachers and Black pupils' (pp2-3).

This conflict between white teachers and black students was also noted by Ofsted (1996). Blair (2001) advocated ongoing training for established teachers to help their understanding of issues surrounding ethnicity and to help them to guard against common stereotyping of black students. Sewell and Majors (2003) stress the diversity of black youth: black-Caribbean boys are not 'one big lump of rebellious, under-achieving, phallocentric underachievers' (p182) (see also, Sewell, 2001).

Ofsted (1999b) seemed sympathetic to these criticisms; reporting (Ofsted 2003) an improvement as schools provided an education that better reflected cultural diversity.

In the main, Blair's (2001) and Majors' (2003) recommendations do not have a particularly ethnic slant: they are in line with much of what has been identified as good practice in relation to general school inclusion issues and pupils whatever their ethnicity, in mainstream or special settings. Blair (2001) urges a humanistic approach to teaching and skills training in understanding and dealing with adolescents, as well as skills in conflict management, appreciation of the vulnerability of students, and staff who listen to parents and students and involve them in decision-making processes. Staff must know their students and have close relationships with them. Praise and quality time must be found for students. Pupils must be treated with respect. Staff must work closely with parents. All qualities evidenced in earlier paragraphs in relation to all pupils with EBD. Majors (2003) stresses the value of mentoring (as had Osler and Hill, 1999), but this also has potential value for all young people at risk of disaffection/with difficulties (Roberts and Constable, 2003). He praises the social inclusion policy and practice of the government but a radical alteration to the fabric of British education is indicated. Drawing on his research, he suggests:

> 'The fact is, we are obsessed with controlling, monitoring, disciplining, punishment, excluding and labelling rather than focusing on relationships, communication and social justice. If our goal is to motivate, raise attainment and reduce behavioural problems among our children, it is critical we give greater status to social justice and human rights of young people in our schools.' (Majors, 2003, p6).

It is noteworthy that he does not use the word 'black' in this quotation, and in the light of this literature review, the changes he seeks would be helpful for pupils who present challenging behaviours whatever their ethnicity, age, gender or cultural heritage.

8.0 Conclusion

8.1 Range of literature

This review has reported the international difficulties of defining challenging/emotional and behavioural difficulties and given details of its associated traits. It has outlined the difficulties of assessing numbers of pupils who present challenging behaviour/EBD. It has discussed in some detail the literature on approaches that prove effective, drawing from the available published research base. It has concentrated on the recent English literature but has drawn on American, Australian, Scottish and occasionally European sources. It has sought to include the published views of practitioners on what challenging behaviour is and how to address it. In the main, the practitioner view is in accord with and often drawn from the research findings.

8.2 Good practice for all

The review also concentrated on ethnic issues, transition and age-related issues, but this proved difficult given the sparsity of publications devoted to these particular topics in relation to challenging behaviour/EBD. However, it is apparent that major effective approaches, which have been described in detail in this review, generally apply both to the wider field of challenging behaviour *and* to more specific situations and/or age groups. Good practice, such as knowing the child, hearing the pupil voice, working through close, positive relationships, is of particular importance during transitions from one year group or stage to another. When black writers outlined their views on effective practice in relation to black students, the approaches advocated were, in the main, ones that were indicative of inclusive practice and also of practice that tends to minimise challenging behaviours wherever the education is being offered.

8.3 Inclusive practice the key

Finally, the review has indicated a high degree of overlap between the many publications in the huge literature on ‘behaviour’. It seems that there is consensus about what should be done: the objective should be to ensure that teachers and support workers in all key stages and all educational settings engage in effective inclusive practices, which can have a significant impact on reducing challenging behaviour.

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