# Children's Views and Speech and Language Therapy

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## Abstract

Children have a right to participate in decisions that affect them, yet regarding speech and language therapy these are often made on their behalf. There is outstanding need for research with (rather than on) the children whom we judge to have communication difficulties.

The aim of this study was to explore children’s experiences of communication and of speech and language therapy, in order to develop suitable methods of researching these children’s views, and to identify problems, skills and help from children’s perspectives. Forty four mainstream schoolchildren participated in the study, aged between 6 and 11 years. Eleven of the children were recruited purposively through the speech and language therapy service, to include a range of ages and severity of difficulties.

Open-ended interviews were carried out with the children in groups and, in the case of the speech and language therapy service users, individually. Verbal conversation was supported by non-verbal activity such as drawing, taking photographs and compiling a scrapbook. Data were audio and video recorded and transcribed. Findings were analysed qualitatively according to the principles of grounded theory.

These children were willing and able to talk about communication, difficulties and help. They showed that they could hold multiple identities, talking about themselves and others as impaired and at the same time as learners, as competent individuals, as co-operative group members and as agents in their own right. The study revealed how current notions of participation need to go beyond listening to children, to take into account different types of discourse and their impact on children’s view of themselves, their skills and their role in therapy. Findings have implications for speech and language therapy practice and for further research with children with communication difficulties.

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# Contents

# 01 INTRODUCTION

Children in England typically attend primary school between the ages of 5 and 11 years. The present study is concerned with primary school children, in particular those who have speech and language therapy. This introduction begins with a brief account of what we know about such children, for example the number of them, the types of problems they have and the way that therapy is delivered to them.

There are around 10,000 practising speech and language therapists in the UK, and over two thirds of them work with children (Gascoigne 2006). Communication disorders, as defined by speech and language therapists, are among the most prevalent problems affecting British primary school children. Around 6-8% of children up to the age of 11 years are considered to have communication difficulties (Law, Boyle et al. 1998). These include a high incidence of problems with *speech* (intelligible pronunciation of speech sounds) and problems with *language* (knowledge of words and sentence structure in order to understand others and/or to express themselves) (Enderby 2006). There are other types of communication difficulty for which children receive speech and language therapy, including stuttering, voice disorders, selective mutism, autistic spectrum disorders, and complex needs. Children for whom these specialist areas were a primary diagnosis were not included in the study. The present study specifically invited the participation of primary school children whose communication disorders were focused on speech and language problems.

Much of what we know and believe about the difficulties of children receiving speech and language therapy comes from research *on* rather than *with* this group of children, both as individuals and collectively. Standardised testing of them, questionnaires from them, and reports and ratings from their teachers and parents indicate that the difficulties are often long-lasting and have wide ranging impact on their lives. Children identified as having language difficulties in the first year of primary school are likely to have difficulties which persist through to secondary school (Law, Boyle et al. 1998). Communication difficulties have been found to have negative consequences for literacy (Snowling, Adams et al. 2001), social development (Conti-Ramsden and Botting 2004), emotion and behaviour (Lindsay and Dockrell 2000), and educational attainment (Lewis, Freebairn et al. 2000; Conti-Ramsden, Botting et al. 2001).

It is current practice in the UK for children referred to speech and language therapy to be seen for assessment at their local health clinic or at school. Therapy is carried out with the therapist directly, or delivered in the form of advice and programmes for parents or school staff to carry out. Speech and language therapists are responsible for making judgements such as diagnosing difficulty, deciding whether to prioritise a child for therapy, choosing the most appropriate type of therapy and mode of delivery, and judging when to discharge the child from the service. Therapists take many factors into account when making these decisions, including parental accounts, their own assessments and observations, and external constraints, such as the availability of resources and the need for equity across the service (Records and Tomblin 1994; Ferguson 2008).

There are, then, a large number of primary school children in this country receiving speech and language therapy for difficulties that can be long-lasting and pervasive. There are also important decisions to be made about what constitutes difficulty and how problems should be addressed. It is striking, however, that we know little if anything about the views of these children regarding their difficulties or the help that they receive. This presented itself as an important research question.

While speech and language therapy lacks research on children’s views, it could be argued that therapists engage children in expressing their views and sharing decisions as part of their everyday practice. Reflection and discussion with other therapists has indeed revealed elements of children’s participation that are intrinsic to speech and language therapy. Sessions are tailored to the child, based on constant observation of the way the child responds, whether they find something easy or difficult and whether an activity engages or loses their attention. Children are given choices such as which activity to do first in a way that gives them a sense of control and benefits their confidence and motivation. Offering choices within clear limitations avoids children asking for things it is not within the therapist’s bounds to change, and prevents children from becoming disillusioned or cynical about the listening process.

There are other ways, however, in which children’s involvement in therapy is *non*-participatory. For the purposes of consultation and sharing information, the *client* can often be understood as the parent or guardian rather than the child themselves. Children’s choices about therapy can typically be confined to small details while bigger decisions are made on their behalf. Extrinsic rewards are used to attract children’s interest and co-operation, and this can be instead of engaging in the more challenging task of consulting with them and sharing information. Importance may be given to participation as an *outcome* goal rather than as essential to the therapy process itself; the belief is that improvement of children’s communication (for example their ability to comprehend choices, express views or take others into account) will *as a result* of therapy equip them to participate more effectively in their everyday environments.

In research, then, we lack knowledge of children’s views regarding communication difficulty and therapy. Moreover, reflection on practice suggests that children are currently granted limited parameters for sharing their views and influencing therapeutic decision making, and that these depend on age and ability. The present study set out to address our lack of research knowledge by exploring children’s views and considering the implications for speech and language therapy practice.

There are a number of reasons why this was important to do. Firstly, children have rights to express their views and participate in decisions about matters that affect them (Franklin 2002). Secondly, services to children are likely to be improved when shaped by the views of the service users themselves (HMSO 2003). Thirdly, children’s perspectives can shed light on social and environmental factors that affect their experience of disability (Oliver 1990). These points are explored in Chapter 2.

The present study, then, was needed in order to increase our understanding of children’s views and the implications for speech and language therapy. Attention should briefly be drawn here to the title of the project: ‘Children’s views *and* speech and language therapy’. A more specific study could have been titled ‘Children’s views *of* speech and language therapy’. In such a study, children who received speech and language therapy could be asked to evaluate their experience of it, rating or defining what they find problematic or helpful. The present study was much broader than this, however. The project explored children’s views not only of therapy, but of wide-ranging aspects of communication, communication problems and help with communication, in order to consider the implications for therapy. In doing this, it departed from some of the methodological approaches that have been valued in speech and language therapy research. It was not quantitative, nor did it sample a large population, and it did not test a specific hypothesis. Instead, it dealt with qualitative data from a relatively small number of children, posing exploratory questions using a flexible design. Details of the methodology and its philosophical basis are discussed in Chapter 4.

## *Overview of the thesis*

The thesis is divided into eight chapters, of which this is the first. Chapter 2 reviews the literature regarding children's views. It looks at how children's views have been researched to date in speech and language therapy and other fields. It gives an account of current debates about the importance and relevance of children's views. Finally, it reviews what is meant by children's views, as they can be conceptualised in different ways. Chapter 3 sets out the aims and research questions of the study.

Chapter 4 is concerned with methodology. It first explores philosophical questions about what counts as knowledge, about the role of interpretation, and about the status of language as a research medium. Secondly, it looks specifically at the design of the study –how methods were chosen for sampling, data collection and analysis, and how questions of validity were addressed. Thirdly, it gives a specific account of the way in which recruitment, data collection and analysis were planned and carried out.

Chapter 5 presents the findings. The first section introduces participants' profiles of themselves. The second section looks at the children's responses to the particular interview techniques and materials used, in order to reflect on data collection methods. In particular, it looks at what led to data that were relevant to the research questions, and what empowered the children to initiate their own ideas. The third section presents the children's views, grouped according to three main themes that emerged from the analysis. These themes are normality and difference, autonomy and authority, and social circles. *Normality and difference* looks at children's accounts of impairment. *Autonomy and authority* looks at the dynamics of communication between the children and adults. *Social circles* considers problems and support within the children's social networks. Each of these themes is illustrated by excerpts from what the children had to say, and examples of the vocabulary the children used to talk about it.

The discussion, Chapter 6, relates findings to existing literature, and draws attention to new perspectives on children's views and speech and language therapy that emerged from the study. It discusses the methodological issues and questions of validity from the point of view of the study's participants. It discusses the theme of normality regarding children's identity and the potential impact of conventions of speech and language therapy on this. It considers the effect of different types of discourse on children's power relations with adults. Finally, it addresses the question of children's inclusion, and discusses the impact of children's social circles on their perception of problems.

Ethical issues are important in all research, but research with children requires particular sensitivity. This is the focus of discussion in Chapter 7. The chapter reflects on how ethical issues were dealt with during the study and on accounts from the participants themselves regarding the process.

Finally, the conclusion offers a summary of the main points of the thesis. It discusses the implications for speech and language therapy and for research with children with communication difficulties. Acknowledgement is made of the limitations of the study, and recommendations made for further research.

## Terminology

This thesis uses lay rather than technical terms wherever possible. Much academic language used in the literature can present itself to the reader as obscure or, worse, can be misunderstood because of the everyday words that terms resemble. Examples of such terms are *positivism*, *subjectivity, agency, discursive*. Other terms are used so widely that their definitions encompass many and various ideas, so that using them does not add clarity to the writing. Examples here are *social constructionism, interpretivism, grounded theory*. In order to suit a readership not only of speech and language therapists, but also of people from other disciplines, such terms are either avoided or defined in the text.

# 02 LITERATURE REVIEW

This chapter begins by explaining how the search was carried out for relevant literature, and then presents ideas and evidence addressing three questions relevant to the study. Firstly, the review investigated research into children's views in speech and language therapy and other related fields, looking particularly for examples of work with children with communication difficulties. Secondly, it considered debates about the potential importance and relevance of children's views, and possible reasons why they have not been taken more into account. Finally, it explored the way that children's views have been conceptualised for the purposes of research.

At the beginning of the study a review was carried out to discover existing literature in the following areas:

- *How have children's views been researched in speech and language therapy, and other fields, such as social work and education?*
- *What debates are there about the importance and relevance of children's views?*
- *How are children's views conceptualised, and how does this affect research methodology?*

The review began with searches of databases (CINAHL, BREI, PsycINFO and Medline) using the following key terms:

*child$, views, perceptions*
*speech and language therapy, speech-language pathology*
*communication impairment*
*participation*

The same search terms were also used in email alerting systems, so that relevant newly published articles could be retrieved during the course of the study.

It was difficult to achieve a systematic review of the literature using search terms, because there were synonymous terms, and each had alternative meanings. Searches retrieved many non-relevant items, so a snowball strategy was used alongside the searches, that is, relevant articles were used as sources of references. Literature was also searched by browsing recent editions of topical journals in the fields of speech and language therapy, education and social care.

## *How have children's views been researched in speech and language therapy and other fields?*

The idea of listening to children's views in order to facilitate their participation in the services that they receive is not new. A considerable body of research has been carried out in fields such as education and social care, and creative methods of interviewing have been developed. There is very little research evidence, however, of children's views of speech and language therapy, and children with communication difficulties have rarely been consulted in existing research. This section looks at not only our existing knowledge, but also the research methodology on which it is based, and identifies the potential for breaking new ground in this important area.

## The views of children receiving speech and language therapy

From research so far, we know very little about how children with communication difficulties construct their abilities and needs, and make sense of their experiences. Findings from a pilot study (Owen, Hayett et al. 2004) suggested that school children with communication difficulties have the capability to participate more fully in the decisions behind their therapy than is usually expected, and highlight the need for developing and evaluating appropriate tools and techniques for this purpose.

A handful of studies to date have looked at children's views of certain aspects related to their problems. Vanryckeghem and Brutten (1997) were interested in stuttering and children's attitudes towards speaking. They used a questionnaire with schoolchildren and found that from the age of six years, attitudes towards speaking were more negative among stuttering children than their peers. The implications of their findings were that children's speech-associated attitudes were a significant part of their difficulty and should be addressed by speech and language therapists along with their fluency failures. The questions that were asked of the participants, however, did not allow scope to discuss the effect of context on their communication (e.g. 'Talking is easy for me –true/false'). The questions were also sometimes about the behaviour of others rather than the child's own attitudes (e.g. 'People sometimes finish my words for me –true/false'). Vanryckeghem and Brutten touched on children's attitudes towards communication as an important issue for children who stutter, and this presents as one that could have relevance to other children receiving speech and language therapy.

Lindsay et al. (2002) were interested in self esteem. They used rating scales for aspects of self esteem with primary school children with specific speech and language difficulties at 6 to 7 years of age and again five years later. Ratings were taken from the children themselves, and from their teachers. Overall, the children at both time periods rated themselves lower than average with respect to their academic ability and their competence in relationships with peers; at the same time, they were able to maintain some positive self perception. Teachers in general rated the children's scholastic competence and social acceptance as lower than they rated themselves. The pattern of results was mixed, however, and does not correlate well with other studies such as McAndrew (1999). This suggests that self esteem is a complex issue, dependent on many factors. Lindsay and colleagues provided evidence that children with communication difficulty may well be affected by persistently negative influences on their self esteem, but also that these may be compensated by positive factors.

Apparent contradictions in the results of studies using rating scales could be addressed by a deeper exploration of children's views using qualitative methodology. In the above studies, researchers posed specific questions and predetermined dimensions for the children's responses. They did not give children the opportunity to raise issues that were important to them or to give information outside the anticipated parameters.

A few studies have looked at children's views of therapy. Clarke et al. (2001) interviewed young people with little or no speech about their therapy using rating scales with symbols on dimensions such as *fun-boring*, *useful-useless.* This was an adaptation of 'talking mats', a symbol-based interview technique designed for users of augmentative and alternative communication systems (Murphy 1998). Interviews were expanded into unstructured conversation where possible. These authors reported that while speech and language therapists with this client group tended to prioritise therapy for developing social skills in functional settings (i.e. the classroom), the children and young people themselves prioritised linguistic and operational competence, and preferred one-to-one therapy. Thus, the participants' views were 'in apparent opposition to therapists' current understanding of good practice' (p113). Despite many participants rating their assistive communication technology as useful, they also expressed its negative impact on their self-image. The study by Clarke and colleagues was specific to augmentative and alternative communication. However, it highlighted some issues that could be relevant to mainstream schoolchildren with speech and language difficulties. These were regarding linguistic versus social approaches to therapy, and the implications of communication impairment for self-image and social identity.

McLeod (2004) developed *Speech Participation and Activity in Children (SPAA-C)*, a set of questions for use in semi-structured interviews with children with speech impairments. Daniel and McLeod (2005) gave as an example of its use a child with poor intelligibility, who expressed his frustration at having to repeat himself to people. The SPAA-C explored the impact of speech impairment on the children's daily lives, but was designed in consultation with speech and language therapists rather than speech impaired children. This meant that, as with the rating scales, children's participation was in response to adult-led criteria.

A review of provision for children and young people with speech, language and communication needs was recently led by John Bercow MP. The Bercow Report is published by the Department for Children, Schools and Families *www.dcsf.gov.uk/slcnation* On behalf of this review, consultation groups were carried out with parents, children and young people (Ayre and Roulstone 2008). Five groups of children around the UK participated in activities to explore their experiences of talking situations and their views of people who helped them. These activities followed simple topic guides and included drawing as well as talking. The children considered talking to be an important part of all key aspects of their lives –family, friendships, school and activities. They talked of times when they were excluded and stigmatised or felt embarrassed, and also described experiences of support and inclusion among particular friends, teachers and family members whom they trusted. These findings indicate that consultation with children with communication difficulties is worthwhile and important, having the potential to highlight both positive and negative aspects of communication difficulty and support. These one-off focus groups, however, were limited in depth. Ayre and Roulstone suggested that for children to reflect more profoundly on their own communication would require a context of safe relationships and mutual understanding that takes time to establish.

Literature to date suggests that communication difficulty is likely to have a negative impact on children's views of communication and of themselves. At the same time, there are positive sources of support that it is important to understand and nurture. It is also likely that children see their difficulties differently to adults, and that listening to their views has the potential to influence and improve speech and language therapy practice. We currently lack depth of understanding in these important areas. While there is recognition of the importance of children's views, there are two main limitations on methods used to date. Consultations have tended to be heavily structured by adults rather than open-ended, so that findings inevitably address adult's rather than necessarily children's concerns. Moreover, children's views are often compared to, or used alongside, parents' views, the latter being given more weight and treated as more reliable and valid.

## The views of adults receiving speech and language therapy

Studies have been carried out investigating the views of adults receiving speech and language therapy. Theoretically, child and adult clients have some issues in common, in terms of speech and language therapy practice and clients' experiences of communication difficulty. Therapists working with children and adults alike are responsible for prioritising goals for therapy, and social inclusion is a common concern.

Worrall (2006), for example, reviewed studies that have sought to listen to the needs of people with aphasia, and concluded that their goals may be at variance with the way that their aphasia is commonly managed by speech and language therapists. Parr (2007) carried out an ethnographic study with adults with severe aphasia. Her observations and conversations with these people revealed ways in which they commonly experienced social exclusion. Yorkston et al. (2007) used semi-structured interviews with people with multiple sclerosis about their satisfaction with communication in different situations. Findings shed light on the way that satisfaction with communicative participation was defined for these people, some aspects of which were not reflected in current outcome measures. With regard to adults with learning difficulties, Jones (2004) highlighted the danger of deciding on clients' social, emotional and psychological best interests without exploring these with the individual. She argued that there may well be social and emotional risks to having therapy as well as benefits, and highlighted the issue of informed consent to treatment.

The literature regarding adults indicates that there is recognition within the profession of speech and language therapy that clients' views are important and that an active response to them could entail changes to current clinical goal setting and evaluation. This work has in some ways set a precedent for work with children. At the same time, the application of this body of literature to primary school children is limited for two reasons. Firstly, children spend time in educational environments, where targets for learning and development are prescribed for them. Secondly, children have a particular status in relation to their adult carers whereby judgements and decisions are routinely made on their behalf. These points will be discussed later in this chapter, regarding attitudes about childhood.

## Work outside the field of speech and language therapy

The literature review encompassed research outside the field of speech and language therapy, in order to learn from the range of methods used. In the field of education, there has been interest in children's views because of their impact on motivation and learning. Blatchford interviewed and used questionnaires with schoolchildren about their views of school, schoolwork and breaktimes (1996; 1998). From these, he was able to describe ways in which their attitudes towards school were largely affected by the work and their friends. Wall and Higgins (2006) used cartoons with thought- and speech-bubbles to facilitate children's metacognitive talk, and found such cartoon templates to be useful both as a research technique and as a pedagogical tool in the classroom. Murray and Harrison (2005) used pictures in interviews with children to provide a measure of stress in their first year at school.

These studies provide examples of children giving their views through interviews, including creative methods such as drawing and cartoons. Many other examples can be cited from the fields of health and social care. Williams et al.(1989) used drawing and open ended questions to explore primary school children's perceptions of some key areas of health, such as healthy eating, drugs and keeping safe. Thomas et al. (1999) interviewed adopted children about their wishes, feelings and experiences.

Work with children with communication difficulties, however, has been less extensive. There has been interest for some years in the field of social care in accessing the views of service users, some of whom have communication difficulties. Minkes et al. (1994) looked at interviews with children with learning difficulties about their respite care, and Preece (2002) looked at the same issue with children with autistic spectrum disorder. Findings from both studies were comparable. Visually mediated methods supported communication; knowing the children put them at their ease and was considered vital for interpretation; and no single method or questioning style suited all children. Both studies had limited success with interviewing children with communication difficulties, and showed reliance on proxy reports. Sinclair (2004) reported a lack of research, particularly with young children and children with disabilities and/or communication difficulties. There was particular concern for the views of these groups to be looked at separately, so as not to be subsumed in overall messages (Cavet and Sloper 2004).

## *What debates are there about the importance and relevance of children's views?*

Listening to children's views serves the interests of children, both generally in terms of their right to be heard, and specifically in terms of improving services for them. Research into children's views can also serve adults' interests. Knowledge of children's views can help adults to resolve dilemmas in areas where there is a lack of professional consensus, and fundamentally, can allow adults more scope to influence, motivate and control children. This section looks at the importance of children's views, and possible reasons why they have not been taken more into account. It reveals how the prospect of children influencing the adults who provide for them poses a particular challenge to therapists, one that depends on their view of expertise and professional model of working.

### Children's right to be heard

Self efficacy, self esteem and a sense of belonging are interrelated conditions understood to be necessary for children who are resilient to problems and successful during their school years (Gilligan 2003). They are seen as basic psychological needs fundamental to the development of intrinsic motivation (Ryan 1995). Being listened to and having an active role in their own life events is, therefore, pivotal in the process of children's psychological development.

Children have a right to freely express their views; this is recognised worldwide in the United Nations Convention on the Rights of the Child (1989). Views here are taken to mean their thoughts, feelings and preferences regarding matters that affect them. Their importance relates to decision-making with or on behalf of the child.

> State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (UN Convention on the Rights of the Child, Article 12)

Along with children’s right to express views comes the duty of professionals to take those views into account. In the UK this has been stated in government guidance and legislation. Since the Children Act of 1989 in questions affecting a child’s welfare courts have had a duty to have ‘regard in particular’ to the ‘ascertainable wishes and feelings of the child’ (Children Act 1989, Part I, 1). The Department for Education and Skills recommended that those working with children with special educational needs listen to and value their views, so that they can participate in ‘the decision-making processes that occur in education’ (Department for Education & Skills 2001, Special Educational Needs Code of Practice, p27). The Department of Health acknowledges children’s ‘own views and decision making’ as essentially relevant to the duty of care (Department of Health 2002, Listening, Hearing and Responding, p4).

‘Listening to children’s views’ is seen by the government as a way of improving services for children, and ‘taking account of their views’ is one of the standards of the National Service Framework for Children:

> Real service improvement is only attainable through involving children and young people and listening to their views (HMSO 2003, Every Child Matters, p68)
>
> Standard 3: Children and young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views. (Department of Health 2004, National Service Framework for Children, p87)

The Children’s Fund was a programme launched in 2000 as part of the government’s strategy to tackle disadvantage among children. Its underlying principles included participation as well as prevention and partnership; children and young people were involved in the design, operation and evaluation, in order to put their voices at the heart of the programme.

## Children’s participation

Listening to children’s views is one thing, but many have written about the importance of children’s *participation*, which means also sharing information with them and actively responding to them.

> Participation should go beyond consultation and ensure that children and young people initiate action and make decisions in partnership with adults (Department of Health 2002, Listening, Hearing and Responding, p4)

Some have been critical of the ‘gulf between the rights rhetoric and the realities of children’s lives’ (Lansdown 2002, p285). Current legislation, if interpreted conservatively, need not necessarily challenge assumptions about children and their lack of participation in society. Clauses such as ‘considered in the light of his age and understanding’ (Children Act 1989, Part I, 1), ‘where possible’ (Department for Education & Skills 2001, Special Educational Needs Code of Practice, p27), and ‘in accordance with the age and maturity of the child’ (UN Convention on the Rights of the Child, Article 12) continue to allow for a paternalistic view of children; their views can be overruled by decisions made in their ‘best interests’. The UK government has given emphasis to hearing views, but has been criticised for stopping short of empowering and involving children as partners in developing their services (Coad and Lewis 2004; Lewis and Porter 2004).

Policy consensus and rhetoric regarding children's rights began some way ahead of established attitudes, practices and expectations (Franklin 2002). Children with communication difficulties have the right not only to express their views, but also to participate actively in decisions made about their therapy. A number of commentators have developed models as a way of conceptualising levels of participation. These include Hart (1992), Lansdown (2001b), Shier (2001) and Kirby, Lanyon, Cronin and Sinclair (2003). In all these examples, low levels are characterised by consultation, with adults in charge of the agenda. High levels are characterised by children's initiatives and joint decision making. The level of participation achieved by children according to these authors depends in part upon certain 'barriers' in terms of adult attitudes. Barriers to participation are thrown up by the way that adults have traditionally viewed children, the way that professionals relate to clients, and the way that society regards disability. These are explored in the sections below. A further challenge is the methodological one of entering into meaningful dialogue with children whom we judge to have communication difficulties, and this is explored in the methodology section.

Participation is seen by some not as a principle or an end in itself, but as a means to effect change, to be evaluated in terms of its consequences (Sinclair 2004). Studies and projects involving low levels of participation, such as consultation, are viewed as less satisfactory than other more child-focused projects where children advocate their own issues and share decisions. If children are consulted but do not see any change as a result of expressing their views, this could lead to disappointment or cynicism on the part of the children (Kirby 2002). Recent concepts of children's participation have been about a process of dialogue, learning and reflection (Percy-Smith 2007). Voicing views and identifying issues is one step, but authors such as Percy-Smith aimed to demonstrate the further step of 'social action', 'through which individuals and groups enhance their ability to take control of their own lives' (p880).

However, the type of participation achieved by the children depends not only on adult attitudes, but also on the children, the context and the nature of the activity. Lewis (2004) makes the point that children have a right to, and may in some cases have a preference for, non-participation, and this needs to be respected. Different types or 'degrees' of participation may be ideal for different projects, and it is not necessarily helpful to conceptualise levels, with the assumption that one is the ultimate aim (Treseder 1997). It is important to manage children's expectations; if it is not essential to engage them in shared responsibility for the project, then it is also important not to give them the impression that one will.

## Attitudes about childhood

In speech and language therapy, as in society at large, there has been a long tradition of viewing children as adults in training, human *becomings* rather than human beings (Qvortrup, Bardy et al. 1994). From that point of view, children are less developed than adults, less knowledgeable and often wrong (Waksler 1991). Adults need to protect children, and decide on their behalf what is in their best interests, until they are old enough to make such judgements for themselves.

It is only recently that children have been seen as active in determining their own societies and having perspectives and concerns worthy of study in their own right (Prout and James 1997). This 'new' sociology of childhood suggests that children have great potential to participate in decisions about their needs and care.

There is increasing recognition of children as consumers and as service users (Fajerman, Treseder et al. 2004). Before this, children's services in the NHS were 'regarded as an addendum to adult services' (Lachman and Vickers 2004). Stalker and Connors (2003) acknowledged the value of specific skills and training, but also bluntly argued that attitudes were a crucial factor in communicating with child social work clients:

> If adults expect to get little or nothing from communicating with children, that is probably exactly what they will get. (Stalker and Connors 2003, p27)

The need to protect children as vulnerable individuals in our society remains, however, and the relationship between participation and protection of children is a complex one (Verhellen 1996). Over-protective attitudes –where taking responsibility *for* children includes taking responsibility *away* from them– can exclude children from opportunities to make choices and to take part in projects. At the same time, the more children are empowered to contribute to decisions and knowledge about them, the better protected they are from harm and abuse (Alderson 1993). Children's right to participation is ethically important for their protection (Lansdown 2001a).

> To be young person focused does not mean working from a *best interests* perspective but to work from the young person's definition of the problem. (Dalrymple 1995, p111)

## Research and expertise in child development

There has been research *on* children since early in the 20th century, but research *with* children only began towards the end of it (Alderson 1993). Until the early 1990s children were usually prescribed a passive role in research, which was largely concerned with their psychological, physical and social development. There are now increasing examples of studies involving children as active participants (Christensen and James 2000; Lewis, Kellett et al. 2004). Guidelines have been produced addressing ethical and design issues of research with children (Alderson and Morrow 2004; Lewis and Porter 2004).

Researching the views of children will be superfluous if one believes that the same or better information can be obtained from talking to the child's parents. Proxy reports have not been found to be a methodologically valid way of researching with children, however. Regarding problem behaviour, for example, Backe-Hansen (2003) found only moderate concordance between the views of teachers, parents and 10-12 year old children, and concluded that children are indispensable informants about their own situation. Stalker and Connors (2003) found disabled children and their parents 'had different views about a number of topics, including what caused the young people distress, how they behaved at school and what the future held for them' (p34).

Psychology has traditionally provided speech and language therapists with ways of seeing children's learning and development in terms of processes to which the children's reflections are somewhat peripheral. Expectations of children's competence are guided by notions about their age and stage of development (Rushforth 1999). Hobbs (2002) was concerned that this body of knowledge should not be overlooked or dismissed, just because it does not emphasise the 'active child'. Although he conceded the merit of listening to children's voices in specific circumstances (such as child labour), he did not see it as necessarily relevant to all areas of child development (such as early language development or management of behaviour in autism).

> It is tempting to enhance one's own heroic stance by claiming to have slain a dragon. (Hobbs 2002, p39)

This may be true, but there is at present a balance to be redressed in our work with children. It is not that our understanding of child development should be dismissed. However, it should not be used to justify intervention without regard for children's views, or to limit our expectations of children's participation. MacNaughton et al (2007) made an interesting critique of professional expertise among those who work with young children. They questioned the assumption that expertise in terms of objective science-based knowledge about child development was of value in consultations with children:

> early childhood professionals who define themselves in terms of their expertise in individual children's development will respond to calls for children's voices to be heard in public debates by asking 'How can we best use our expertise in child development to act as children's translators, intermediaries or advocates?' Their question reiterates their status as experts and reaffirms their authority-based relationships with young children, effectively undermining attempts to regard young children as citizens (MacNaughton, Hughes et al. 2007, p166-167)

Rather, experts should reaffirm and redefine their expertise in terms of their ability to collaborate with children 'to build new social structures in which everyone's voice is heard' (p167).

Parents are able to give many examples where they know best for their children even though their child disagrees. Telling them not to balance on a high wall might be one, to taste a food that they are unwilling to try, or to finish their homework so that they get the most out of their education. Children will not make judgements based on the same knowledge that adults have, may be more susceptible than adults to transient feelings, and make choices that are not always sensible. Professionals are in a similar position when clients want things that go against clinical judgement. A child might be concerned to work on a mild speech impediment, for example, when the therapist is concerned to target language comprehension. A parent might be asking for 1:1 support for a child, when in the therapist's view the social context of group work would better meet the child's goals. Armstrong, Galloway and Tomlinson (1993) discussed the conflicting pressures on educational psychologists to meet expectations of parents and schools as well as children. No professional wants to place themselves in the middle of conflicting demands, and yet welcoming the views of service users opens up the need for time-consuming discussion and negotiation. There are also decisions which depend on resources and are outside the bounds of the professional-client relationship.

For some, this means that it is the role of therapists to influence, persuade or work indirectly to determine the best outcomes for child clients. From a participatory point of view, these examples highlight the importance of dialogue and interaction rather than equating listening with straightforward agreement. The role of the speech and language therapist working within the medical model is to be the expert making judgements and recommendations on the basis of professional knowledge and experience. Within the field of speech and language therapy, not all are comfortable with this 'prevailing medical paradigm'. An approach is emerging in aphasia research that encourages participation of clients in treatment (Byng, Cairns et al. 2002) but little has been done with regard to children. Improving the participation of clients in therapy is also an under-explored topic. Fergusson and Armstrong (2004) looked at ways of empowering clients to be more than respondents in therapeutic interactions and felt that there was a lack of reflection among speech and language therapists about this.

## Gaps in professionals' understanding

So far, this review of the importance and relevance of children's views has been about children's interests –acknowledging their rights, empowering them and improving their experience of therapy. When adults commission and carry out research, however, it is inevitable that adults' interests will lie behind some studies. Adults are more likely to turn to children selectively in areas where they themselves are less decided, in order to resolve their own professional dilemmas and fill the gaps that concern them in their own knowledge.

There are many areas of decision-making where speech and language therapists lack consensus with each other and with other professionals. One example is defining and diagnosing disorders such as specific language impairment. Dockrell et al (1997) made the point that differential diagnosis can be made on the basis of normative judgements or on the individual child's pattern of strengths and weakness. In either case, there is diversity in the rate at which children acquire language, and no exact point that divides normal development from that which should cause concern. Dockrell and colleagues found that speech and language therapists and educational psychologists differed significantly between and within their professional groups about how to characterise specific language impairment. They varied, for example, in the importance placed on motor skills, play skills, and social and emotional difficulties as key features. One way of addressing this gap in professional understanding has been to pursue linguistic and neurological research: certain grammatical markers have been used to characterise specific language impairment, and some evidence has been presented for underlying neurological differences between children with normal and impaired language development (Levy and Schaeffer 2002). However, the views of services users add another dimension to our understanding, and could and should inform development in this and other such areas.

The further challenge is to remain open to children's views in areas where we are confident in our assumptions. Ferguson (2008) gives a helpful definition of speech and language therapy expertise. While novices solve problems in a step-by-step way, experts draw on their experience and knowledge to recognise patterns in a more holistic way. She points out the paradox that experts, in order to continually develop their expertise, need to critically reflect on these 'patterned practices' and be willing to deconstruct their assumptions. Listening to children's views offers us one way to do this.

## Control and influence

Speech and language therapists may well be interested in the views of the children and young people they work with in order to communicate better with them and persuade them to co-operate in the therapy process. Osborne (2004) found that few of her adolescent clients could describe the nature of their difficulties, and concluded that better communication with her clients regarding their difficulties and therapy goals would improve their motivation and involvement. The difference is easily blurred, however, between using children's views to influence them, and allowing their views to influence us. Today's children can be seen as the generation who will hold the power in the future (Alanen 2001). Controlling them is a way of influencing the future, and to this end knowledge of children's views can be manipulated (Coad and Lewis 2004).

Hart (1992) was particularly critical of adults' attempts to involve children without offering genuine participation, which he labelled as 'manipulation', 'decoration' and 'tokenism'. He gave examples where children are asked to participate without understanding, are consulted without feedback, or when individual children's voices are treated as unfairly representative. Here adults are using children's views to support an adult-centred framework.

Power relations between adults and children is a key question in children's participation (Challenging 'Social Inclusion' 2004). Robinson and Kellet (2004) saw power as not just about force, but about the development of ideas and the creation of knowledge. They argued that unequal adult-child relations are sustained by the belief that adults have superior knowledge, yet regarding what it is like to be a child it is children who have the superior knowledge. Power need not be taken from one in order to empower another. Seen positively, power is the capacity to act, which can be shared by all and is not a zero sum game of winners and losers (Hill, Davis et al. 2004).

## Speech and language therapy and models of disability

The importance of children's views to speech and language therapists depends in part upon the model of disability within which they are working. Speech and language therapy has origins in a traditional medical model of normality and development. Within such an approach, communication skills are assessed and compared to a standardised norm, and disability conceptualised as a disorder or delay of normal function. The communication problem is presumed to be in the client, and able to be remedied by providing the client with missing knowledge or skills (Duchan 2001).

However, some have labelled as 'prejudice' the assumption that failure to conform to the norm constitutes a problem (Morris 1991), and an alternative 'social model of disability' has become widely accepted as a basis for both research and practice. From this point of view, disabled people are not personally unfortunate because of individual limitations, but rather, the problem of disability is attributed to society's failure to adequately take the needs of disabled people into account (Oliver 1996).

The social model of disability originated from disabled political activists as a definition of disability with reference to people with physical impairments. It recast disability as a form of social oppression on a par with racism and sexism, and put the spotlight on the need for the removal of discrimination. Changes in social and environmental 'barriers' could *en*able so-called *dis*abled people to participate in society and have their abilities recognised (Davis, Watson et al. 2003). The social model has begun to be applied and developed with children (e.g. Morris 1998; Connors and Stalker 2007).

The work of speech and language therapists is not confined to the medical model. The clinical importance of *functional* approaches is widely recognised within the profession. In these, the focus is not on individual impairment, but on the effectiveness and efficiency of communication in everyday settings and this approach is compatible with the social model of disability. Functional approaches to treatment are focused on client-centred goals and can involve changes to the person's environment, such as the behaviour of conversational partners or the organisation of the classroom. Emphasis is not on the client's deficits, but on the communicative impact of the client's differences (Duchan 2001). There are published functional assessments, which consist of lists of items representative of everyday communication for scoring or rating. These suit some populations at a general level, but functional assessment is also carried out at an individual level with clients through observation and consultation (Worrall, McCooey et al. 2002). Speech and language therapy based on the medical model focusing on individual impairments has tended to prioritise *transactional* types of communication (such as conveying information) for therapy; evidence from functional goal-setting with adults indicates that *interactional* types of communication (such as maintaining relationships) are just as important or even more so to clients and their well-being (Worrall 2006).

The World Health Organisation *International Classification of Functioning, Disability and Health* (ICF) created in 2001 went some way towards recognising the social model of disability, replacing the notion of 'handicap' with the more positive concept of participation, which takes the importance of environmental factors into account. There is a growing acceptance in the speech and language therapy profession of the ICF as an overarching conceptual framework for research and practice (Threats 2006). McLeod and Bleile (2004), for example, demonstrated how therapeutic goal-setting with children with speech difficulties can incorporate social factors as well as impairment-based accounts.

The social approach is discussed further in Chapter 6, but its limitations are briefly outlined here. There are some types of therapy which are not compatible with the social approach, but which have proved to be effective and helpful (McNeil 2001; Hobbs 2002). Moreover, clients, when asked for their views, may have a personal preference for receiving treatment within an impairment-based medical model (Chiat, Dipper et al. 2001). Too inflexible a view of the social approach, therefore, could lead to dilemmas regarding the nature of therapy and help. Exploration of children's views promises to offer new insights into these debates.

## *How are children's views conceptualised?*

What is meant by children's views was not at first something that seemed to need definition. However, reading the literature revealed that children's views, perceptions, experiences and voice had been conceptualised in various ways, and that this had implications for methodology. This section differentiates children's views from proxy reports, observations and ratings, and begins to consider the role of the researcher in the construction of meaning.

A defining quality of a *view* is that it is intentional, as opposed to a *reaction* (Ware 2004). In research with children with communication difficulties, simple choices about likes and dislikes can be presented and observations of reactions made, but this does not offer depth of understanding regarding the children's views. Ware, looking at the views of people with profound and multiple learning difficulties highlighted the problems in inferring general views from specific reactions. One can react negatively to having a filling, for example, but still believe in going to the dentist for a toothache. Views in the present study are taken to mean children's intentional ordering of thoughts and feelings, not only their expressions of opinion, but other functions such as describing people and routines, telling stories of events, making observations and asking questions. Conceptualised in this way, views are best researched using methods that are more complex than simple forced choices and rating scales.

Unlike reactions, views are expressed to someone for a purpose, and this social context is part of their meaning. Some studies talk about ‘accessing’ or ‘eliciting’ the views of children or ‘children’s voices’. This implies that children have their own pre-formulated opinions and accounts of experiences, and the research process is about discovering them. This is the case, for example, in child advocacy work (Dalrymple and Hough 1995) and forensic psychology (Hall 1996). Others would argue, however, that the sharing of views is a joint activity, and the meaning of views is constructed within the interview process itself. From this perspective, the formation and expression of views is a two-way process, and the role of the researcher is to enter into dialogue with the children.

For some researchers and practitioners, listening to children is about focusing on individuals and developing the professional skills needed to respond to them (e.g. Ross 1996; Dockrell, Lewis et al. 2000). For others, work on children’s views has overt political implications, children being seen as constituting a disempowered section of our society. Research on children’s views can be concerned with children’s collective voice and the extent to which this is respected by services and institutions within our society, for example Sinclair-Taylor (2000) on children’s rights, Hallet and Prout (2003) on social policy, Fielding (2004) on school students’ voice. In the present study, there is an assumption that participants will express a range of different views, and efforts are made not to conflate these or subsume less prevalent ideas in favour of giving the children a common ‘voice’. At the same time, the implications of the children’s views are considered with regard to power relations between children and adults, clients and professionals.

Another defining quality of a view is that it is verbally stated. Hill et al (1996) recognised that some children ‘find it hard to convey their feelings and opinions readily in words’ (p133), and that non-verbal methods such as drawings, games and exercises could help with this. Pridmore and Bendolow (1995) demonstrated how drawing could be used in conjunction with writing in interviews with children (the ‘draw and write’ technique ). Lewis (2002) used symbolic cue cards to guide children through a spoken interview. Coad (2007) reported how other arts-based activities including photographs and posters can be used in facilitating verbal interviews with children. Some have gone further, and suggested that non-verbal data can provide an alternative or additional source of information. Clark (2004) in her research with young children used some non-verbal methods in order to ‘move beyond the spoken word’ (p158), because children communicate in many ways other than words. However, interpretation of non-verbal data in the absence of verbal accounts poses particular difficulty (Thomas and Silk 1990; Coates 2004). It can be easy for researchers to interpret drawings in a way that does not necessarily relate to the intention of the drawer (Dockett and Perry 2007).

Some studies conflate views and *experiences*, the latter being explored by making observations of children’s behaviour or talking to proxies as well as to the children themselves (Clark 2004). Dockrell et al (2000) considered researching children’s *perspectives* to include indirect methods such as observation as well as talking directly to the children. By focusing the research question on the children’s views, however, the current study acknowledges the centrality of the children themselves as the research participants.

## *Summary of the literature*

This review of the literature found that listening to children's views has become well-recognised as important and valuable in order to facilitate their participation in the services that they receive. This is seen as a matter of good professional practice and of children's fundamental rights and well-being. Existing studies indicate the potential of children with communication difficulties to reflect on communication, and offer insights regarding difficulty and the help that they receive. Moreover, there is a readiness among some speech and language therapists to centre their approach to therapy and diagnosis on clients' perspectives. This has theoretical basis in the social model of disability.

At the same time, we know very little about the views of children with communication difficulties, and methods of researching with these children are underdeveloped. Some studies conceptualise children's views in a way that conflates their accounts with proxy reports and adult observations. Existing attempts to look at children's views in speech and language therapy have been heavily structured by adults, with little room for children to define issues in their own terms. There is a need to engage in dialogue with children in research in a way that empowers them to share their views and the issues that matter to them. Techniques of doing this have been developed in the fields of education, health and social care that could usefully be applied and adapted for children with communication difficulties.

# 03 AIMS AND RESEARCH QUESTIONS

Existing attempts to look at children's views in speech and language therapy have been heavily structured by adults. The present study in contrast aims to use a more open ended design in order to allow the children to shape the research agenda and outcomes. The views of children with communication difficulties are under-researched in all fields, including education and social care as well as speech and language therapy. The present study aims to fill this gap in current literature by recruiting children receiving therapy for speech and language difficulties to take part in interviews, and by exploring the topic of communication and difficulty with primary school children. The expression of children's views is important for their rights and psychological well-being. If adults are to allow children to influence them, rather than using their knowledge to influence children, then this could entail changes to current clinical practice and professional models of working. The present study offers a way of exploring these issues from children's perspectives.

The aim of the research was to explore children's views of communication and of speech and language therapy. This was in order a) to identify problems, skills and help from children's perspectives and b) to develop suitable and effective methods of eliciting children's views and facilitating participation.

The research involved two phases of data gathering. In the first phase, group interviews were carried out with mainstream school children, not necessarily with communication difficulties or experience of speech and language therapy. In the second phase, case studies were made of children receiving speech and language therapy. The research questions were as follows:

- *What methods and materials encourage the children to talk about communication?*
- *What are primary school children's views of communication and difficulties with communication?*
- *What views do primary school children referred to speech and language therapy have of communication, difficulties with communication, and speech and language therapy?*

# 04 METHODOLOGY

So far, the research questions of the present study have been outlined and justified, in terms of our existing knowledge and ideas about the importance and relevance of children's views. This chapter begins by presenting the philosophical grounding for the work. It considers some assumptions prevalent in speech and language therapy research about the nature of knowledge, and rationalises an alternative approach. It goes on to discuss decisions regarding design of the study, particularly how to involve participants and what counts as a good and valid study. Finally it gives a detailed account of the way the recruitment, interviewing and analysis were planned and carried out.

## *Philosophy of research*

The design of the present study departs from some prevalent and valued practices in speech and language therapy research in the following respects. Firstly, it is small scale and deals with qualitative data, rather than attempting to take a representative sample of a population and making statistical generalisations. Secondly, it is exploratory, looking for emergent theories rather than taking testable hypotheses as its premise. Thirdly, it acknowledges the way in which knowledge is socially constructed and the active roles of researcher and participants in this, rather than aiming for objectivity and the demonstration of fact. Finally, rather than treating verbal accounts as windows onto the minds of participants, it is concerned directly with the children's discourse and what this can tell us about their worlds.

### Small scale qualitative work

In the applied field of speech and language therapy, as in medicine, the value of research has traditionally been in providing reliable evidence of effective treatment as a basis for clinical practice. Evidence has come predominantly from empirical work using quantitative measures. Randomised controlled trials are widely considered among health professionals to be a strong test of treatment effects and therefore the best source of evidence (Black, Brazier et al. 1998; Thomson 1999); there is also an argument in favour of experimental case studies due to the heterogeneous nature of clients (Pring 2005). There is a bias in the field towards measuring the measurable.

Measurable evidence is undeniably important as a research basis for the speech and language therapy profession, but not necessarily sufficient. It is becoming recognised within the medical field that 'more emphasis needs to be placed on understanding and incorporating patients' values' (Straus and Jones 2004, p987). If research were limited to fixed empirical designs, certain questions would never be asked, and perhaps the most important findings, those that surprise and challenge us, might never emerge.

> The drive towards evidence-based practice and efficacy may be pushing researchers to research the technical end of the spectrum at the expense of the interpersonal aspects of therapeutic practice (van der Gaag and Mowles 2005, p12)

One source of evidence of therapy outcomes is the child's view of progress, yet this is the least explored. Understanding outcomes from children's point of view presupposes an understanding of their perspectives on what they need. To get to the heart of this issue is to engage with the children's perceptions of communication and difficulty at a fundamental level. Open-ended exploration of clients' perspectives regarding what constitutes difficulty and benefit is therefore proposed as an essential complement to the weight of empirical evidence in the field; this is best achieved using qualitative methods and a flexible design.

One criticism of small scale qualitative work is that anecdotal findings do not necessarily generalise to other individuals. Idiosyncratic details of personal experience may be interesting but can be dismissed as not useful, if the clinical value of research is considered to lie in the general themes and ideas that apply to other situations. At the same time, interpretation of large scale studies is always limited by the heterogeneous nature of the participants. Even within a single diagnostic group (such as specific language impairment or phonological disorder) the diversity between individuals often makes generalisation difficult. Moreover, human behaviour is so mediated by context that generalisations intended to be context-free will have little that is useful to say about human behaviour (Ward Schofield 1993).

There is no expectation that the small sample in this study is statistically representative of a population and therefore no claim that findings will generalise to a wider group. This is not the purpose of the design, nor the potential value of qualitative work. Instead, the study aims to offer clear and detailed description as a means of allowing judgements about the degree of *fit* with other situations. Findings provide a working hypothesis and basis of comparison with which to approach new situations (Hammersley and Gomm 2000). This quality has been referred to variously as *analytic* generalisation, *theoretical* generalisation or *transferability*. Transferability is more readily established where there is thick data, that is, data embedded in a richly described context where meaning can be thoroughly explored (Oakley 2000). In this way, paying attention to children's experiences and views as individuals offers an alternative way of developing our general understanding.

> In order to understand general themes in children's lives it is necessary to pay attention to their narratives and personal experiences (Connors and Stalker 2007, p20)

A second criticism of small scale studies has a political basis and comes from the disability movement. Finkelstein (1996) has argued that a focus on the individual lives and experiences of disabled people leads to a personalised view of disability that fails to enable us to understand and challenge the socio-structural dimension. However, a social model of disability that focuses on oppressive barriers in society does not fully account for the experiences of disabled people (Kelly 2005). Focusing on the way that social systems such as schooling, employment and leisure activities operate for disabled people has left subjective experience of disability neglected. There has been a tendency to ignore or deny the significance of impairment in terms of its impact on daily life. Many within the disability movement are increasingly acknowledging the need to consider the real experience of impairment and disability (Thomas 1999).

## Exploration and the role of theory

The present study is *exploratory* according to a definition given by Robson (2002). The purpose is to find out what is happening in a little understood situation, to seek new insights and ask questions, to assess phenomena in a new light, and generate ideas and hypotheses for future research. This type of purpose is almost exclusively associated with what Robson refers to as a flexible design. The study does not begin by predetermining which notions might be of importance to the children, as this is likely to unnecessarily constrain the findings that can emerge. It does not, therefore, begin with a theory to test, nor a set of questions to put to the children, nor codes onto which to map the data. Coding schemes based on a given set of categories are a powerful conceptual grid from which it is difficult to escape, and can deflect attention away from uncategorised activities (Gibbs 2002). Instead, the design of the present study gives importance to different perspectives, and reflects openness of mind about the outcome of the inquiry. The study aims to highlight some common issues, and suggest that other children may find these issues to be important too. It does not attempt, however, to draw predictions about how other individuals would think or feel, or hypotheses about causal factors.

One criticism of an inductive approach like this is that preconceived notions are difficult to avoid.

> It is impossible to embark upon research without some idea of what one is looking for and foolish not to make that quest explicit. (Wolcott 1982, p157).

Although the study does not test out a prior notion, it is not without theoretical background. The study recognises theory guiding the work at every stage, and the importance of literature as a source of propositions against which to compare findings. Openness of interpretation does not preclude using existing ideas as starting points, so long as data collection and analysis remain flexible and responsive.

## Interpretation and the role of the researcher

Much existing research in the field of speech and language therapy uses a methodology that can be described as scientific realism, that is, it seeks to describe constant objective truths, and there is an interest in causal mechanisms. Therapists typically seek to find out what is happening and why. From that philosophical starting point, a study of children’s views might seek to find out their experiences, that is, what actually happens for them (such as whether they are bullied, whether they are progressing well at school). It might seek to infer what they actually believe (for example, when they say they are popular whether they believe it, or when they report an improvement in their speech whether they themselves have really noticed one).

The present study, however, takes an alternative approach, by recognising the role of the participants and researcher as active in constructing meaning. It rejects assumptions that experiences and beliefs have a reality which can be discovered by the researcher, that views pertain to individuals, and that language is merely a medium for ideas. This section and the next discuss philosophy of research, in order to demonstrate how the rationale for this approach was developed.

An interpretative and idealist tradition of philosophy of research has concerned itself with the way in which the world is created and interpreted by the researcher. This work considers the extent to which participants’ views are knowable to an outsider. Wilhelm Dilthey was one of the early philosophers to propose that human consciousness is something that can be known directly. To this purpose, empathy –the everyday phenomenon of understanding others– was for him an essential part of understanding the human sciences. Research in the tradition of phenomenology is dedicated to entering the *lifeworld* of the participants (Giorgi and Giorgi 2003). According to this view, objects and events in everyday life present themselves to consciousness, and research is concerned with the participant's personal account of this.

The process of interpreting with empathy is complicated by the fact that every researcher has inevitable preconceptions and assumptions so closely held that they are taken for granted. In the case of the present study, the researcher was an experienced therapist, and as such entered the field with theoretical preconceptions; my professional view of children's communication and difficulties has been constructed by my experiences and education. It was the view of philosophers such as Edmund Husserl in his early work, and later Alfred Schutz that one could take steps to 'bracket' these, becoming aware of them in order to move beyond them.

Hans-Georg Gadamer, among others, believed that it was not possible to bracket one's preconceptions, and that understanding required the engagement of biases. This idea is central to the hermeneutic tradition, which grew up around the study of texts. Initial understandings raise questions, prompting returns to the text and revisions of interpretation. The researcher has active involvement in the process of trying both to understand what it means to participants and to integrate that meaning with one's existing understanding. A descendant of this tradition is interpretive phenomenological analysis (Smith, Jarman et al. 1999; Smith and Osborn 2003). As with phenomenology, it is the researcher's aim to get close to the participant's personal world. Interpretive phenomenological analysis acknowledges that one never can directly or completely, and that there is an explicit active role for the researcher in using their own concepts in interpretation. Rather than eschew one's own ideas, the researcher is to identify them and use them reflexively. My approach to the study began as a commitment to reflect upon my own position and to engage with those of others.

Creativity is intrinsic to good interpretation. The interpretative procedure can be seen as a double one, grounded both in the data themselves and also in imaginative recreation of the experience of the participants, in order to grasp the meaning things in their world have for them (Hughes and Sharrock 1997).

> Analysis is the interplay between the researcher and the data. It is both science and art. (Strauss and Corbin 1998, p13)

## Discourse theory

When one uses verbal methods to collect data, it could be argued that the task of the researcher is to access the truth behind the talk. One could argue that reality exists independently of our account of it, but is only knowable through socially constructed meaning (Hammersley 1992; Miles and Huberman 1994). Clark (2004), for example, describing her research with young children, supposed that children have their own beliefs and experiences and that these exist independently of their representation; she saw their interpretation as a social process and a collaborative task. This premise seemed particularly appropriate for research with children who are used to an interdependent relationship with adults, and for whom verbal communication is not necessarily straightforward. Talk, if seen as separable from reality, can either represent or misrepresent true events; one can experience things without talking about them, think things without saying them, joke and lie. In general, this approach makes the assumption that children's verbal accounts can be seen as a route to understanding their experiences and beliefs.

During the course of the present study, however, more and more consideration has been given to discourse theory as an alternative means of understanding the relationship between talk and reality. According to this approach, language is not just a medium for the expression of views and their interpretation, but a force shaping social reality itself. Austin (1962) in his speech act theory made the point that words are used in utterances with different 'forces'; utterances do something as well as mean something. Language can be treated not simply as a medium of communication but as action. Material and symbolic realms are 'inextricably bound up with each other, and [...] it is a pretty futile task to try to tease them apart' (Edley 2001, p439). This link between talk and reality was written about by Michel Foucault and Jacques Derrida, and is seen as belonging to the *poststructuralist* school of thought. From this perspective, interest in children's views is not so much about inferring their thoughts or experiences from their accounts. Rather, interest is in the words and phrases they use, the range of ways of talking available to them, and the function of these in different contexts.

Discourse theory also offers an alternative perspective regarding the individuality of each participant, and whether it is important to differentiate personal views. Individuals can clearly hold different views, and this can be a source of amusement, interest and conflict. From a realist standpoint, views can adequately be conceptualised as individual and, over time, contributing in a stable way to the establishment of identity. However, it can also be acknowledged that views are in constant evolution in a social context and understanding takes place in a particular time and culture. The way that experiences and beliefs are ordered is a social process, dynamic and open to change.

> Our minds are organised around collective resources so that the voices of others are embedded internally in our modes of representing. (Wetherell 2001, p188)

According to a philosophy on language which is attributed to Bakhtin and Volosinov, the language we hear makes certain ways of thinking available to us. Words come from others (Maybin 2001). This point is perhaps the most pertinent when researching with children, whose cognitive and language skills are still developing and whose use of words is sometimes quite obviously not originally their own. When people talk, they do so using a repertoire of terms provided for them by their historical and cultural context, and discourse theory captures this dimension.

On this theoretical basis, children's views can be understood through the way in which they use words in order to uncover not so much private thoughts, but rather shared knowledge of the way communication functions in the children's world. The concern is not whether each child '*means'* what he or she says. Indeed, meaning is not seen to reside or originate in the mind, an attitude system within the individual (Potter 2001). There are not always clues as to the origin and ownership of children's ideas, but this is not seen as relevant. What people say tells us a great deal, not so much about themselves as about the social constructs that structure and shape their experience.

> to focus on 'experience' alone undermines what we know about the cultural and linguistic forms which structure what we count as 'experience' (Silverman 2001, p221)

Discourse theory has given importance to the relationship between talk and identity, and between knowledge and power in society. Specific ways of talking 'position' people, that is, make a particular identity relevant to them (Horton-Salway 2001). People espouse different accounts on different occasions for different purposes. Authors draw on the works of Michel Foucault to describe language as not purely linguistic but also as a system of representing and producing knowledge and power (Hall 2001).

From this perspective, the status of talk is not just as a reflection of reality, but as productive of it; language is not merely a vehicle of knowledge but has a role in constructing it (Gill 2000). To take an example from speech and language therapy practice, the very existence of a particular problem such as specific language impairment (SLI) can be seen as socially constructed. SLI has, in a way, (like 'multiple personality disorder' or 'high functioning autism') been talked into existence (Hacking 2006). There was a time when SLI was talked about and treated in a different way, and a time when it was not talked about or recognised at all. It may be more challenging to concede that multiple disabilities requiring alternative communication systems are also socially constructed. The pervasiveness, severity and physicality of such disabilities seem to undermine the importance of language in their construction. However, the claim is not that phenomena (such as impairments, views, feelings) do not exist, but rather that the way they are talked about shapes the way that they present themselves to us.

## *Design*

In the previous section, the philosophical rationale for the design of the study was presented. This explained the value of a small-scale qualitative study in addressing the exploratory research aims, and explored ideas about verbal data and its meaning. This section discusses decisions regarding design of the study, particularly how participants should be selected and involved, how data should be collected and analysed, and how validity can be demonstrated.

### Ethical issues

Central to research with children is the ethical question of whether children can be considered to be consenting volunteers. Children are used to having expectations placed on them by adults, and invitation to participate in research is made within the context of an imbalanced relationship of power between children and adults. Efforts were made to counter this by emphasising free choice and the option to withdraw at any stage. Issues around informed consent are discussed in Chapter 7.

### Consultation, participation and emancipation

The design used in the present study has some features in common with participatory methods. The research question was stimulated by an interest in children's rights (Sinclair Taylor 2000) and empowerment (Armstrong and Galloway 1996). The work was underpinned by the social model of disability and the importance of subjective experience (Barnes 2002). The research aimed to ensure that the participants' voices were clearly represented in the data collection process. I aimed for dialogue with the children, rather than simply information from them. It was fitting to the research question for the methods of research to involve the children as much as possible in influencing the way the study was conducted.

Approaches to research have been described as a continuum, stretching from consultation through participation to emancipation (Porter and Lacey 2004). The present study was participatory to the extent that

- *open-ended interview techniques were used to allow children scope to shape the research question*
- *participants' suggestions influenced activities during data collection, such as the provision of snacks and the use of puppets*
- *interpretation of what they were saying was fed back to them for their elaboration and comment*

Thus, the study consulted children, and used some participatory methods, but was not emancipatory. The latter would involve the collaborative development of all parts of the research process including setting the agenda, carrying out the research, analysis and dissemination. It was the objective of Barnes (2002), a key proponent of emancipatory disability research, to give control of the research process, including the research agenda and funding, to disabled people. Fielding (2004) argued that children should be involved at all stages of the design. Otherwise, he claimed, in speaking *about* children and their views the author in effect takes the role of speaking *for* them, and with this come dangers of unwitting *dis*empowerment.

Another way in which the study differed from emancipatory or critical research was that its purpose was limited to exploration rather than change. The purpose was to give attention to developing knowledge and evaluating methods in a relatively little explored area, that is, to describe rather than change the status quo. Some activists critique such unrevolutionary work:

> There is no independent haven or middle ground when researching oppression: academics and researchers can only be with the oppressors or with the oppressed (Barnes 1996, p110)

Others, however, view exploratory work as a valuable and necessary first step. Chappell (2000) compares participatory and emancipatory approaches, and refers to the former as a methodological 'staging post' on the way to accomplishing changes for children. Action to improve children's experience of therapy was an implied application of the project, not an integral part of it. To her many examples of research with children and their application, Roberts added this caveat:

> We will sometimes not know the results of our good intentions for many years. This should tell us…to stop, look and listen before we try to bring about policy and practice change (Roberts 2004, p252)

That is just what one group of primary school children proposed, as reported by Hill et al. and what the present study aimed to do:

> STOP –and think about children's point of view. LOOK –for their feelings. LISTEN –to what they say (Hill, Laybourn et al. 1996, p142)

## Data collection methods

Interest in researching children's views has led to consideration and debate about methodological issues. Some have argued that children have their own perspectives and cultures, which means that research with them requires consideration of innovatory methods (Lewis and Lindsay 2000). Others have made the point that there is 'nothing particular or indeed peculiar to children that makes the use of any technique imperative' (Christensen and James 2000, p2). As in all research, what is important is that the methods chosen should be appropriate for the people involved. Morrow and Richards (1996) identified disparities in power and status between adults and children as a particular ethical challenge for researchers working with children. Punch (2002), similarly, argued that adults' perception of children and their position in society was what made research with child participants different to with adults, rather than age-related ability.

My role as researcher and therapist was therefore important when choosing methods of data collection, and required reflection. The skills required of a speech and language therapist in the collection of data for the purposes of assessment are in many ways transferable to data collection for research purposes. These include conversation with people with communication difficulties, open-ended interviewing and observation. There was a double rationale in utilising these methods. Not only were they methods with which I was experienced, comfortable and confident (therefore putting participants at ease), but also this would support the transferability of findings regarding the research method back to the clinical context. The danger in using these methods was of a lack of reflection and over-use of assumptions, a danger which could only be addressed by careful preparation and scrutiny of analysis.

Some key features of research interview techniques with children have been identified by other authors. These included avoiding being judgemental and accepting the child's viewpoint, and being flexible enough to let them switch attention or talk about other issues (Butler and Williamson 1994; Mauthner 1997; Thomas, Beckford et al. 1999). Whether or not these strategies could equally apply to research with adults, they seemed to be useful in equalising power and to some extent differentiating my role as researcher from therapist.

There remained the issue, however, of the children's communication difficulties, and this at first presented itself as a *Catch 22* type of logical dilemma: children with communication difficulties were required to express their views; if they were able to express their views to a researcher, could those children be considered to have communication difficulties? Visual media were used in the study. Some conceptualise these as an alternative to spoken communication. The value of communication 'through imagery and symbols' is underrated in our society compared to verbal communication (Dalley 1984). Mental health professionals view art as 'visual language' and drawing as 'an alternative way to speak' (Oster and Crone 2004). From a psychotherapeutic point of view, drawing can reveal things that our verbal defences censor.

Non-verbal media such as photographs, drawings and actions, such as showing me around supported verbal interview methods, but were not considered as substitutes. With regard to the present study, it was appropriate to conceptualise a contrast but not a dichotomy between visual and verbal media. Some of the participants had difficulties with spoken aspects of communication, but none was *without* language. The part played by visual media in the research process was seen as support for communication, not alternative communication. The verbal aspects of the interviews were complemented by visual aids and non-verbal activities. It is clear from literature as well as experience that the use of drawings is a popular research method with children (Barker and Weller 2003). Introducing drawing as an activity can also deliver a message of empowerment to the child (Oster and Crone 2004). For children with communication difficulties, visual skills are sometimes a relative strength on which it is valuable to draw. Images offer a platform for discussion. Visual art makes the abstract concrete and therefore easier to discuss. Pictures provide a shared context that supports comprehension.

Accompanied by non-verbal activities, then, interviewing was a viable and suitable choice of method for the study. Some obvious alternatives, however, were questionnaires and ethnographic observation. Compared to a questionnaire, interview questions had the advantage of being able to be more open and explore more complex ideas. It could be gauged when items were salient to the participant, and the opportunity for rapport could enhance the quality of the answers (Aldridge and Levine 2001).

Ethnographic observation, providing more 'naturally occurring' data, is less susceptible to bias than spoken accounts. It has the advantage of establishing ongoing interaction with participants, which enhances credibility (Christensen 2004; Dockett and Perry 2007). Ethnographic observation can also maximise children's competence as research participants. Dunn (1995) found that young children's understanding was crucially related to the emotional context of the interaction, and that their logical capacities in conversation were considerably greater than those reported in test situations. An alternative use for observation could be to provide data from one angle against which to compare interview accounts. Finally, observation could be a source of shared contextual knowledge which supports communication, particularly in the case of children with communication difficulties.

The value of some of these points was rejected, however, on methodological grounds. The assumption that the best data is untouched by human hands, neutral, unbiased and representative, is a kind of positivism. In the present study, interpretive bias is a source of reflection rather than something to be overcome. The study did not seek to compare or triangulate data from various sources. (This is discussed below in the context of issues of validity and trustworthiness). Nor was the present study an exploration of what children do; the focus of interest was on how children talk about communication, and, through this, the sense they make of their experiences. Finally, although not ethnographic, there was a sense in which the interview data were also observational, particularly in Phase One, where the children were interacting with each other, as Atkinson and Hammersley have noted:

> in a sense, all social research is a form of participant observation, because we cannot study the social world without being part of it (Atkinson and Hammersley 1994, p249)

Lewis (1992) suggested that group interviews and individual interviews have complementary advantages. Group interviews give insight into group behaviour, norms and consensus. Individual interviews are a better environment for personal confidence. The study, therefore, began with group interviews with a range of schoolchildren before focusing on individual interviews with children receiving speech and language therapy.

## Validity and reliability

Some authors have suggested that validity and reliability are criteria that apply to quantitative empirical research but not to qualitative. One will not have assumptions that a qualitative study should be replicable or generalise beyond its original context (Padgett 1998). There are criteria, however, by which the adequacy of a qualitative study may be judged. Guba and Lincoln (1989), for example, proposed that *dependability* is of equivalent importance to reliability. There are, moreover, criteria required of a good qualitative study to ensure validity. Validity of the study is discussed here with reference to three guiding principles when involving children in research as outlined by Lewis and Porter (2004). These are *authenticity*, *credibility* and *trustworthiness*.

### Dependability

Reliability, in a positivist study, is about consistent methods and predictable findings, often demonstrated by the replication of similar measurements on repeated trials. Guba and Lincoln (1989) argued that from a constructionist philosophy using an emergent design, continual methodological shifts and changes are expected as ideas mature. The study can be considered dependable, however, if the development of ideas is documented in such a way as to demonstrate rationale, as opposed to occurring due to boredom or fatigue.

### Authenticity

Authenticity is about ensuring that the account given genuinely comes from the child, as opposed, for example, to speaking on the child's behalf and misrepresenting their views. It has been common practice in research, therapy and social work practice to look to proxies to reflect the perspectives of children with communication difficulties, relying on them as communicators and translators. This might indeed be particularly appropriate in the context of research with people with severe communication and learning difficulties, who are in interdependent relationships with their carers, and for whom it is inappropriate to assume the principle of autonomy (Clegg 2004).

However, there are a number of reasons against using proxies, at least with children such as those who participated in the present study. Firstly, parents and children often have very different views (Mahon, Glendinning et al. 1996; Stalker and Connors 2003). Those who are most familiar with the child are most likely to interpret them well, but are also likely to be those with the highest degree of emotional involvement (Ware 2004). Secondly, children are citizens in their own right, and their views can and ought to be taken seriously (Mahon, Glendinning et al. 1996). Consequently, the study does not use parents, teachers, therapists or any other proxies, but is focused entirely on the accounts of the participating children.

Understanding children in conversation is not always straightforward. In many ways children are different from adults and have their own culture which requires interpretation (Waksler 1991). Children can bring their own meanings to specific words (Walker 1999). The way that questions are asked of children can determine their answers (Moston 1987). Their free recall can be patchy and at the same time it is easy to mislead them with specific questions (Steward, Bussey et al. 1993). Some interview guides have been produced to try to help interviewers facilitate good mutual understanding with children (e.g. Aldridge and Wood 1998; Wilson and Powell 2001).

Many of these recommendations about 'good' interview techniques are useful, and help to redress the balance of power, as mentioned in the last section. However, it is also important to recognise that the skills involved in a successful interview are shared by interviewer and interviewee (Silverman 2001, p95). The present study is based on the premise that research with children is about dialogue with them, entering children's 'cultures of communication' by employing practices that are in line with their experiences, interests and values (Christensen 2004).

Another issue concerning authenticity is the description of the data. For this to be authentic, it should be accurate and complete. Digital equipment was used in the study for high quality recording. A digital mini-disc was used for audio recording; a digital camcorder provided visual detail and back-up audio recording. The transcription process was careful and thorough, being carried out first from the audio recording soon after the event, usually on the day of the interview, and then double checked and enhanced with information from the video recording. Data collection, transcription and analysis were all carried out by the same person, so that details of the context, tones of voice and facial expressions were alive in memory as well as noted down.

### Credibility

For research with children to be credible, it must be believable that the findings come from the children, as opposed for example to their giving the socially desired response or echoing something they have been told by an adult. When an adult interviews members of vulnerable groups, there is a natural imbalance of power. This is well recognized as a source of methodological difficulty. Acquiescence can affect the validity of interviews with people who have learning difficulties (Finlay and Lyons 2002). Children can be eager to please the researcher, and consciously or unconsciously suggestible (Ceci and Bruck 1998; Mayall 2000). Clark discusses the 'danger of young children telling me what they thought I wanted to know rather than sharing their feelings and experiences' (Clark 2004, p159). Dockrell and colleagues express concern that children may not mean what they say, due to lack of competence:

> researchers can be seduced by seemingly competent responses from young children which in reality do not reflect the knowledge or views that researchers assume (Dockrell, Lewis et al. 2000, p47)

These arguments are addressed in two ways. Firstly, the study recognises that the notion of authorship is complex, and that views expressed by the children are bound to reflect the sayings of those around them. What the children have to say is of interest, regardless of whose influence this might reflect.

Secondly, these aspects of credibility are not necessarily specific to research with children. Alderson and Goodey (1996) argued that the issues are common to minority groups, and can be attributed to children's position in society, rather than children's limited abilities or misperceptions. When children are expected to communicate within an adult frame of reference, much of their effort goes into understanding how best to respond to what is required of them (McGurk and Glachan 1988). Credible accounts can be encouraged by creating a non-judgemental atmosphere, and giving children a sense of freedom over what they can say. An open-ended style of interview has the advantage that findings are likely to be more reflective of the children's own concerns, and less susceptible to suggestion or misunderstanding (Ceci and Bruck 1998). At the same time, open-ended questions are more cognitively and linguistically demanding for children with communication and learning difficulties than yes/no and forced choice questions (Dockrell 2004). The latter types of questions may be necessary, in order to encourage children to express themselves more fully and probe dimensions that may be critical to the research question. The approach was therefore to begin with an open style, and to follow up with more specific questions and prompts if necessary.

### Trustworthiness

For research to be trustworthy, the child's contribution must be a fair reflection of what they believe, as opposed, for example, to being a response to features of the interview context. The school environment is perceived as being strongly adult-led (Coad and Lewis 2004). There is a 'culture of surveillance and compliance' within such institutions, and yet there can equally well be similar processes at work in the home (Barker and Weller 2003, p47). Existing power relations impact upon the possibilities of creating a confidential space for children to take part in research. All beliefs are contextual, however. In the study, some interviews were carried out in schools, others at home, and it was understood as likely and natural that different accounts would be given in different contexts.

*Triangulation* is sometimes used as a means of increasing trustworthiness by overcoming bias and the effects of context. Conti-Ramsden and Botting (2004), for example, in seeking to ascertain the extent to which children with communication impairments experienced victimization, compared ratings from children and their teachers to build up a 'social and behavioural profile' of the children. The epistemological assumption was that all accounts would point towards objective reality about the children's abilities and experiences, in the way that a location on a map can be ascertained by taking several bearings. This method of triangulating findings is well-recognised, and it has been specifically recommended for research with young children. Clark describes piecing together findings about the children from a number of sources in what she calls the mosaic approach (Clark and Moss 2001; Clark 2004; Clark 2005). Her sources include not only talking to the children in interview, but also observing them, giving them a camera to take photographs, asking them to take the researcher on a tour, talking groups of children, and interviewing nursery staff and parents. The method has also been suggested with children with communication difficulties. McLeod (2004) recommended using her semi-structured interview schedule, the SPAA-C, with members of the child's social circle as well as with the child themselves to explore their experience of speech impairments.

From an epistemological point of view, however, it is not clear how contrasting information from multiple sources can be compared and, where there are differences, what weight should be attached to which perspectives and how these compete with contrary perspectives (Ferguson 2008). Theoretically, the focus of the present study was on the children's accounts because, in a sense, the way they see things *is* what happens to them. Enquiry occurred in a range of contexts, and the effect of the interview setting was reflected upon in each case.

Another threat to trustworthiness is researcher bias, that is, where the researcher takes notice only of information confirming a particular hypothesis, and fails to take account of contradictory information or interpretations. To counter this, I actively considered alternative accounts and sought out data which were not consonant with the emerging theory. Supervision from tutors and discussion with peers helped in this process, encouraging me to reflect on my own assumptions, maintain an open mind and consider new and contradictory alternatives. *Member checking* was used as another way of guarding against researcher bias. This is where findings are fed back to participants for them to elaborate, refute or verify.

A final issue to do with validity is that the reporting of findings should be trustworthy. The fact that findings are reported with exemplary instances rather than all supporting data lends an anecdotal feel to the final report. It is inevitable that when the researcher abstracts data from raw materials to produce summarised findings, then their original form is lost, along with alternative interpretations. As data are selected, there is a danger of doing this to fit particular arguments or preconceptions or to highlight the dramatic or exotic at the expense of the typical. To support trustworthiness, this thesis includes, later in this chapter, a demonstration of how the interpretation was reached (Mason 1996). This was managed by keeping a research diary, and by recording the details of the coding process, as well as the end product. In this way, the link from findings back to the full set of data is made explicit.

## Sampling

The design involved a relatively small sample of children (ten small groups in the first phase and eleven individuals in the second). The children in Phase One functioned as focus groups, while the children in Phase Two can be considered as case studies. The small groups and individual interviews allowed the value of the children's unique contributions to be acknowledged, where a larger sample would risk subsuming important details. The aim was for rich data offering depth of understanding (Patton 1987), and the scope to take diversity among individuals into account (Wetherell 2001). Emphasis was on optimising understanding of the cases rather than generalising beyond them (Stake 2000), and taking contextual conditions into account (Yin 2003).

The study looked at children's views of communication difficulty while seeking to avoid preconceptions about what those difficulties would be. This extended to the sampling strategy, so that children were recruited both with and without experience of speech and language therapy, and the children's diagnosis was not shared with me in advance. This made it easier to take the children's accounts at face value, and lessened the tendency to anticipate or prejudge. Children registered with the speech and language therapy service could be at any stage in therapy, that is, receiving or awaiting therapy, or awaiting review after some therapy input in the past. The experience of therapy, then, could be current, recent, or a long time ago. The mode of delivery of regular therapy could be directly with a therapist, or indirectly through a parent or member of school staff.

## Analysis methods

Miles and Huberman (1994) described qualitative methods of data analysis as typically having a number of features in common. These features were applied in the present study, as follows. Transcriptions were coded and reflections noted. Codes were compared (by referring back to their corresponding extracts), identifying similarities and differences between them. These comparisons were used to split and merge codes. Commonalities, differences and patterns were isolated. A small set of generalisations were elaborated to cover consistencies. These generalisations were confronted with existing knowledge and theory from the literature.

More specifically, from among the range of qualitative methods, the analysis broadly followed the tradition of grounded theory (Strauss and Corbin 1998; Charmaz 2000). Key features of grounded theory used in the design were that:

- *it begins free of predetermined categories, and is therefore highly inductive*

- *it allows children's own concepts and priorities to emerge as categories*
- *it incorporates reflection about the intrusion of assumptions or beliefs on the analysis and the influence of bias*
- *interpretation involves imagination, and can reach levels of awareness not shared by the participants themselves*
- *it is a dialogic process, moving from data collection to analysis and back until categories are saturated*
- *sampling is purposive until categories are saturated*
- *there is constant comparison between the information from data collection and emerging theory*

Data were collected in two phases. Analysis was made during Phase One, generating an initial framework of key questions and contexts which was used to support the collection of Phase Two data. Phase One and Two data were then analysed together as theoretical threads were picked up and reflected on with increasing levels of abstraction.

NVivo software was used at the beginning of the analysis process. This had the advantage of being able to create free nodes that can then be ordered into categories. Categories need not be mutually exclusive, and in the present study the same data were coded in multiple ways. The software offered the facility to view categories in their abstract form, making and revising notes on their definitions, and at the same time to move at the click of a button from these to the corresponding coded extracts into the raw data. This enabled constant cross-referencing of theory with context throughout the analysis process.

Connections between codes became complex and non-linear. At that point the analysis moved from the NVivo software to analytic text. Here ideas could be worked out in prose, laying out extracts alongside arguments and explicitly linking the emerging findings with knowledge from the literature.

The chosen method involved progression from description to explanation, and thus to generation of theory. The distinction between description and explanation, it could be argued, is not a clear one, but a matter of degree of abstraction (Miles and Huberman 1994). Description can range from the level of mundane detail to a more inferential account of patterns, and explanations are always descriptive inasmuch as they contain elements that are themselves to be explained. A good theory is seen as one where the identified patterns or categories fit the data (Glaser and Strauss 1967). An equally important quality of a good theory is that it is modifiable in the light of new data (Charmaz 2000). Analysis in the present study progressed from detailed to more abstract and inferential categorisation, through a process of constant dialogue between the ideas and the data. Patterns emerged, questions were asked, and further patterns emerged.

## *Method*

The previous section discussed some of the decisions regarding design of the study. This section details how the participants were recruited and how the interviews were carried out during the two phases of the research. All names of research participants and the people they refer to have been changed in order to preserve the anonymity of the individuals concerned. Most of the children chose their own code names.

## Phase One

The aim of Phase One was to identify issues around communication that emerged as important for school children and explore ways of representing these issues using different media. This was in order to develop interview schedules/techniques and visual materials that are attractive and meaningful to children, and provide a starting point for work at Phase Two with peers who have communication difficulties.

### Participants

The Phase One sample consisted of 33 children attending adjacent mainstream Infant and Junior Schools, where I was working as a therapist, and had done for the last 5 years. A purposive sample was sought across age bands. The children were aged between 6 and 11 years old. As it happened, I had seen four of the children (Jessica, Tom, Michelle and Jason) in the past for therapy. Some other children had joined in therapeutic work with me in the school, or knew of my work with classmates or siblings. Others had not had contact with me before.

With the consent of the head teacher and class teachers I visited one class from each year group, and spoke to the class as a whole about the research, what it would involve and how they could get involved if they wanted. (In the case of Year 6, I addressed the whole year group.) It was made clear that involvement in the research was optional, with no negative repercussions for dissent or withdrawal. Volunteers took an illustrated information sheet, and consent form, which required the signature of a parent or guardian. Children returned the signed forms to their class teacher, who forwarded them to me.

Some class teachers predicted a large number of volunteers from their class, and wanted to know selection criteria. I hoped for as broad a range of views as possible to be represented –a balance of boys and girls across each of the 6 year groups, and a mix of children in terms of school achievement, behaviour, communication ability, talkativeness, and how used they were to having their views heard by adults. I shared these criteria with teachers who wanted them. In one case (Year 5) the teacher selected children to invite, and in another case (Year 1) the teacher selected from among the volunteers. Some class teachers wanted to deprive children of the opportunity to join in if they had been misbehaving in class (as a penalty) or if their behaviour was likely in the teacher's view to threaten the success of the project. They were also keen to encourage certain children to join in who they thought would 'benefit'. In discussion, these teachers agreed to keep the opportunity to participate as open as possible, and up to the children, but encouragement from their teachers undoubtedly influenced the patterns of recruitment from the children. The issue of adults acting as gatekeepers is discussed further in Chapter 7.

The proportion of volunteers in each class ranged between one and two thirds. Of the consent forms distributed to volunteers, about half were signed and returned. There was some informal feedback at this stage, as children approached me in the corridors and playground of their school. Some children explained that they had wanted to join in, but their parents had refused consent. One girl said her parents had initially been unwilling to give consent, but that she had persuaded them. One boy predicted that his parents would not give consent, and asked if he could sign it himself (a request which was declined). Others reported losing or forgetting the forms on the way to school, and a couple asked for replacements.

Ten groups were formed with between 2 and 4 participants in each (5 groups of four, 3 groups of three and 2 pairs). Where possible, group members were from the same year group, but two research groups contained children from across year groups. Most of the research groups were mixed, but two research groups contained only girls, and one contained only boys. The number of children from any year group ranged from 2 to 10, with at least one boy and one girl participating from each year group. Table 1 lists the ages of Phase One participants and shows the way they were grouped for the interviews.

**Table 1 Phase One participants**

| | |
|---|---|
| Interview 1<br>Year 6 | Asmita (girl, age 11)<br>Jessica (girl, age 11) |
| Interview 2<br>Year 5 | Luke (boy, age 10)<br>Zoe (girl, age 10)<br>Jordan (boy, age 9)<br>Tasha (girl, age 10) |
| Interview 3<br>Year 4 | Rebecca (girl, age 9)<br>Michelle (girl, age 8)<br>Mike (boy, age 8)<br>Spike (boy, age 9) |
| Interview 4<br>Year 4 | Sarah (girl, age 9)<br>Becky (girl, age 8)<br>Owen (boy, age 9)<br>Tom (boy, age 8) |
| Interview 5<br>Year 6 | Lola (girl, age 11)<br>Lisa (girl, age 11)<br>Louise (girl, age 11) |

| | |
|---|---|
| Interview 6<br>Year 3 and 4 | Connie (girl, age 8)<br>Scarlett (girl, age 8)<br>Ellis (boy, age 9) |
| Interview 7<br>Year 2 | Roxxi (girl, age 6)<br>Joanne (girl, age 7)<br>Gerrard (boy, age 7)<br>Rooney (boy, age 7) |
| Interview 8<br>Year 2 | Lois (girl, age 6)<br>Tyler (boy, age 6)<br>Lee (boy, age 7) |
| Interview 9<br>Year 3 and 6 | Murphy (boy, age 7)<br>Colin (boy, age 11) |
| Interview 10<br>Year 1 | Rachel (girl, age 6)<br>Nicole (girl, age 6)<br>Ellie (girl, age 6)<br>Jason (boy, age 6) |

## Procedure

Group interviews were carried out in non-teaching rooms in the school. Some of the children were familiar with the room for such purposes as the children's school council, year group assemblies, and speech therapy. The sessions lasted between 29 and 55 minutes.

I asked the children at the beginning of some sessions about what they were expecting and their reasons for volunteering. This was in order to let participants influence events as much as possible (for example, drawing straight away if they were keen to do so), and to acknowledge any hopes that could not be met (for example, obtaining a copy of the video to show at home). Children through experiencing the activities could influence the course of events at any stage. This was either directly (for example, introducing a topic of conversation), or indirectly (for example influencing the duration of the session by showing interest or tiredness).

Recording equipment was put in place and turned on after the participants entered the room, accompanied by some explanation and discussion. This was to help them understand about being recorded, and check their consent. In two of the interviews, participants handled the camera and did some filming themselves.

All information collected about a person was kept strictly confidential. Although no promises of confidentiality were made to the children, they were made aware of the ethos of privacy and confidentiality. It was explained to the children that what they said would be reported but without their real names, and most chose their own code names for the transcription.

In each interview, discussion about the topic of interest was supported by illustrations for the children to look at, and the opportunity for children to do their own drawings. Mind-mapping was used in two of the interviews (See Box 1 for futher details).

ILLUSTRATIONS: Illustrations on cards were shared with the children to elicit spontaneous expression around particular topics. The task avoided reliance on spoken skills, as the cards could be handled and responded to non-verbally.

DRAWING: In an adapted version of the draw and write technique, children were asked to draw in response to the topic, and talk about their drawing as they do so. Using this method, children could talk in their own time, rather than in response to questions, and express themselves non-verbally as well as verbally.

MIND MAPPING: This is a technique commonly used by teachers. The topic was written in the centre, and branches were added as children generated thoughts or feelings around it.

Box 1: Ways of supporting discussion

## Materials

I worked with a children's illustrator to produce pictures for the children to talk about. We aimed to portray a range of everyday situations in which children communicate, including at school and at home, with friends and with family, listening and speaking, joining in and also being alone. Such topic areas were found to be a good basis for interviews in a pilot project (Owen, Hayett et al. 2004). We also included images of successful communication, and communication difficulty, and these were based on comments from children in the pilot project.

As an abstract concept, communication could be difficult to represent pictorially. A search of children's literature was made to study the way in which children's communication was represented, and the range of functions that were typically portrayed. The illustrator drew on these materials and ideas, as well as her own experiences of children and memories of childhood, to develop a set of pictures. The characters in the pictures would have identifying features in terms of gender, ethnicity and dress that would differ among participants. We aimed, however, to produce images of communicative functions that participants were likely to recognise as familiar, in order to trigger their own accounts of communication.

Illustrated materials were adapted slightly over the first 3 interviews. In the first interview, illustrated picture cards were used with a statement for discussion and debate. There was a strong tendency, however, for children to find evidence to support the statements rather than to debate them. For the second interview, the statements were removed, and the same arrangements of illustrations were used with simple headings:

*talking*

*helping*

*listening and understanding*

The use of written words, even simple headings, seemed to inhibit and restrict children's choice of language. For the remaining interviews, therefore, a selection of illustrations without headings on single cards was used. The illustrations for Phase One are shown in **Appendix 1**.

The art materials provided for the children to use themselves comprised of full colour ranges of thick and thin felt tips and coloured pencils, metallic pencils, two tone pencils, chunky crayons, graphite pencils, black drawing pens and $100g/m^2$ A4 white paper.

Sessions were recorded using a digital video camera and portable minidisc recorder with external microphone. The minidisc recorder offered a higher quality of audio recording than the video, as the microphone could be placed in the centre of the group. The video provided a record of speaker identities, non-verbal activity and interaction.

Drinks (fruit juice cartons with straws) and snacks (savoury biscuits and apples) were available on the table in front of them for the children to help themselves.

## Phase Two

### Participants

Phase Two participants were children referred to one local Speech and Language Therapy service. Criteria for inclusion in the study were that the child:

- *was attending speech and language therapy*
- *attended a mainstream school or language unit*
- *had a primary diagnosis of speech or language delay or disorder*

My initial concern that putting therapists or parents in the position of screening for eligibility would risk introducing other biases into the selection process was confirmed following a discussion with therapists at their team meeting. Letters of invitation were therefore posted to the home addresses of all children within specific age limits attending Speech and Language Therapy at a selection of community clinics. Mailing was done by administrative staff of the Speech and Language Therapy Service using caseload information from their database. It was anticipated that interviewing younger children may involve greater methodological challenges than older children, as a greater proportion would be expected to have more severe difficulties. Participants were recruited in age bands, beginning with children aged 9-11, then children aged 7-8, so that methods for the younger children could be adapted in response to findings from the older children. The envelope of invitation contained information for the parent and the child, and a consent form for the parent to sign and return. Once signed consent was received, contact was made with the parents, and an appointment was made at home or at school, according to choice.

A total of 60 invitations were posted, and 15 parents responded with signed consent. Of these, one withdrew from the study before interview for personal reasons. Two children were interviewed, but excluded from the study because it was found they did not meet the inclusion criteria, having autism and selective mutism. The aim of Phase Two was a balanced representation of ages, genders and types of difficulty across a target number of ten children. After interviewing 10 participants, this balance was achieved, and therefore two further respondents were thanked but not offered an appointment.

I was concerned, however, by the possibility that there were children whose difficulties or feelings about communication inhibited them from accepting the invitation to participate in the research. Such a bias in the sample would compromise the study, which aimed for a range of severity and views. This was again discussed with the speech and language therapy team, after which a further phase of recruitment was carried out in a language unit. The speech and language therapist selected children to invite, whom she knew to have severe difficulties, and one further participant joined the study in response to this.

All children in Phase Two were registered under the speech and language therapy service. There were 7 boys and 4 girls aged between 7 and 10 years. All attended mainstream school, except Ben, who attended a language resource base with some integration with a mainstream class. Harry, Sam and Oscar were currently receiving speech and language therapy, and had been given activities to do with a teaching assistant at school. William was also having therapy. Emma, Laura, Marie, Declan, Callum and Susan were under review, with no current therapy sessions. At least three of the children had Statements of Special Educational Needs. Below is a profile of each of the Phase Two children, based on information that they themselves gave.

### ☙ Harry ❧

Harry is 10 years old and in Year 5 at school. He gave four interviews at school. He and his mother agreed that school would be the best location, because at home his friends call on him and he wants to be out with them. Harry’s teacher scheduled our sessions, so that he did not miss his favourite class (PE), core subjects or topic work.

During the interviews he compiled a scrapbook. He took photos at home using a disposable camera and put these in the scrapbook along with illustrations that he coloured in and cuttings he took from a football magazine. Harry was pleased with this scrapbook, and decided to carry on sticking pictures in it through the year. He also showed me round his school, and listened to a recording of himself.

Harry’s therapy is like schoolwork for him. He does worksheets with a teaching assistant at school and ‘every once in a often’ with his mother at home. He is motivated to work on his speech because he doesn’t want to ‘sound like a baby’, and doesn’t want to give older children an excuse to bully him when he goes to secondary school. During his therapy he says his Ss and SHs, uses past tenses and learns to say long words.

### ☙ Sam ❧

Sam is 10 years old and in Year 5 at school. He gave four interviews at school. His mother chose this location because of ‘family dynamics’ at home. He kindly gave up his playtime for these, as his head teacher did not want him to miss any lesson time. During the interviews he showed me round the school, listened to a recording of himself, looked at illustrations and played with some toys. Sam took a disposable camera home, but it was never developed because he wanted to keep it longer than our last session.

Sam doesn’t always speak clearly for everyone to understand. Sam’s therapist took him once a week for three weeks this year and last year. His therapy is ‘to get used to the sounds’. He plays games with ‘k’ with a teaching assistant ‘on the mornings before literacy or numeracy starts. Sam’s main experiences of talk seem to be being told what to do, being told off and being made fun of. Sam likes fun and games, however, during his speech therapy as well as his playtime at school.

### ☙ Emma ❧

Emma is 10 years old and in Year 6 at school. She gave four interviews, the first at home and the rest at school. Her mother felt that school was the best location, because her brother tends to ‘take over’ at home. During the interview at home she used a digital camera to take photos, did some drawings and read out a piece of writing she had done for me about herself. She was joined at times by her mother and her sister. During the interviews at school, Emma made a scrapbook using cuttings from magazines and her own drawings, and also took me on a tour of the school. She used a disposable camera, but we did not get it developed because she wanted to keep it longer.

Emma describes herself as ‘funny, a laugh, nice, happy’. She doesn’t recall having any speech therapy. She can talk clearly, but doesn’t always, especially when she’s at home. She likes to talk and doesn’t always concentrate in lessons. She has made visits to the hospital about her movements and hand-eye coordination. The occupational therapist gave her a special seat to sit on in class, but doesn’t like to use it because it embarrasses her. She has an autistic brother, who is both great fun and hard work to live with. Emma talks about the negative associations of someone being different from their peers and the stigma of ‘special needs’.

### ☙ Laura ❧

Laura is 10 years old and gave four interviews at home. During the interviews she made a scrapbook about herself. She coloured illustrations, did some of her own drawings, and stuck in photos that she had taken at home using a disposable camera.

Most of Laura’s speech and language therapy was several years ago. She talks well now. She does not recall any therapy, but talks about difficulties with her teeth and eating. Her experiences at the dentist were upsetting and horrible, and some of the dental work affected her speech.

Laura likes quiet, away from her noisy brothers and their friends. She is happy to play by herself at home, with her till and car mat and outside with her goal net. She keeps goldfish and likes ‘watching the balloons go by’. She has ‘a lot of friends’ at school and friends that visit, and has no problems communicating.

### ☙ Oscar ❧

Oscar is 7 years old and has just finished Year 2 at school. He gave 2 interviews at home, towards the end of term, and at the beginning of his summer holidays. During the interviews, Oscar looked at illustrations and did his own drawings. I drew a scenario for him to talk about. He took pictures using a digital camera, and cut and pasted the prints in a scrapbook.

Oscar has ‘made a lot of friends with a lot of people’. He did have a problem with being beaten up but this is less now. He has problems ‘sometimes about speaking, sometimes’. People notice his ‘speaking problems’, but always understand him. His therapy is fun, and a way of making new friends.

### Declan

Declan gave one interview at home. He wasn’t expecting the interview and was apprehensive about starting. He talked willingly about his interests, but not about his speech. Declan is happy with his speech, and doesn’t want speech therapy.

Declan likes football, and at school he likes art. He drew a football pitch, and showed me his football medal and a book. Declan has a big family, but likes spending his time with ‘mostly my dog’.

### William

William is nearly 9 years old and will soon start Year 4 at school. He gave two interviews at home, during his school holidays. During the interviews, William played with his own toys, with toys that I brought, and did some drawing.

William is the oldest in his class at school and a fast runner. He likes being the leader of a gang, and coming up with the ideas for games. He gets very annoyed if his games are spoiled, and thinks about how he and other people should act. He likes using his brain and imagination, and likes chatting. Words are difficult sometimes, but pictures help his memory.

### Marie

Marie has just finished Year 2 at school. She gave two interviews at home during her summer holidays. During the interviews she did drawings, looked at illustrations, cut and pasted photos of herself from the previous session, listened to herself on tape, and showed me some of her artwork.

Marie has made friends and is not lonely any more, but has been in the past, when people chose not to play with her. She gets bossy and shouts, and doesn’t always listen to others. She loves volunteering at school, although not when it comes to reading. Talking is not a problem for her. There are thousands of people who don’t speak clearly.

### Susan

Susan is almost 8 years old, and has just finished Year 3 at school. She gave three interviews at home. During the interviews Susan did drawings, colouring and writing, and took photos with a digital camera. She cut and pasted photos, illustrations and quotations in a scrapbook about herself. I drew pictures based on her conversation for her to respond to. She also showed me some of her toys and watched back some of the video recording of the session.

Susan is happy at school. The illustrations that are like herself were of reading and writing, and of being told off. She tries to be good at school and not mess about, so that she can catch up and not be behind.

### ☙ Callum ❧

Callum is 7 years old and has just completed Year 2 at school. He gave two interviews at home outside on the patio, and was joined sporadically by his younger brother. During the interviews, Callum did some colouring and drawing, and played with some toys that I brought. I drew pictures based on his conversation for him to respond to.

He likes doing the same as his younger brother, and they have fun together. He likes watching loud airplanes landing, racing on his Power Rangers scooter and watching Superman films. He sometimes gets tired listening, and when he wants to concentrate, he prefers people to be quiet.

### ☙ Ben ❧

Ben is 7 years old. He gave two interviews, one at school and one at home. During the interviews he drew, looked at illustrations, showed me around the speech therapy room, and made a puppet show.

Ben does work with the speech and language therapist at school, and finds her games quite fun. He tries his best with his schoolwork, is ‘kind of clever’ and especially likes PE, but he is sometimes a little bit naughty and messes around rather than listen. At home he goes on the computer a lot and plays games. He has some good friends, but one of them is annoying when he goes mad and gets rough.

Interviews were not directly sought with parents, therapists or teachers, but liaison did occur. I aimed where possible to listen to the child’s account first, and to welcome other people’s points of view later, with the consent of the child. The child then had further opportunity to comment on what had been said about them.

## Procedure

A series of individual interviews was carried out with participants on consecutive weeks. Participants had between 2 and 4 interviews, except one child who had a single interview. The number of visits was determined by the children’s interest, and also by the analysis, ceasing data collection once findings were saturating categories rather than opening up new ones.

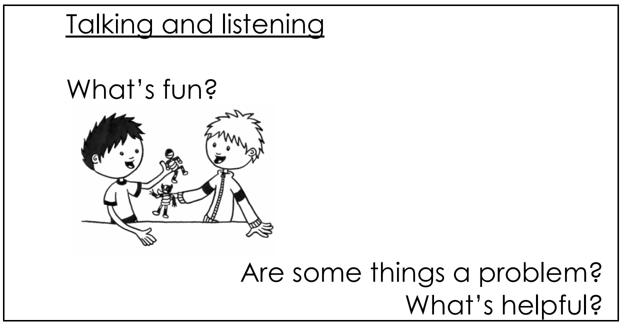
The research question was shared with the children at the beginning. Children were asked about their experiences and views in the following ways:

- *in conversation*
- *showing me around their room or their school*
- *viewing photos they have taken with a digital/disposible camera*
- *in response to illustrations*
- *while writing or drawing*
- *while playing with toys*
- *looking at magazines around their interests and cutting out*
- *creating a scrapbook of drawings, cuttings and photos about themselves*

Each interview built on the last, as I fed back to the participant what had been learned and interpreted, in order to verify and construct an account.

## Materials

An illustrated card was used to present the purpose of the interview (**Figure 1**):



Talking and listening

What's fun?

Are some things a problem?
What's helpful?

**Figure 1 Illustration of purpose of interview**

The skills of a children's illustrator were employed again to create a set of picture cards based on findings from Phase 1.

Illustrations for Phase Two were arranged under the 4 themes of company, conflict, learning and abnormality. These were themes that had emerged from analysis of the Phase One interviews. **Figure 2** shows some examples. The full selection is shown in **Appendix 2**.

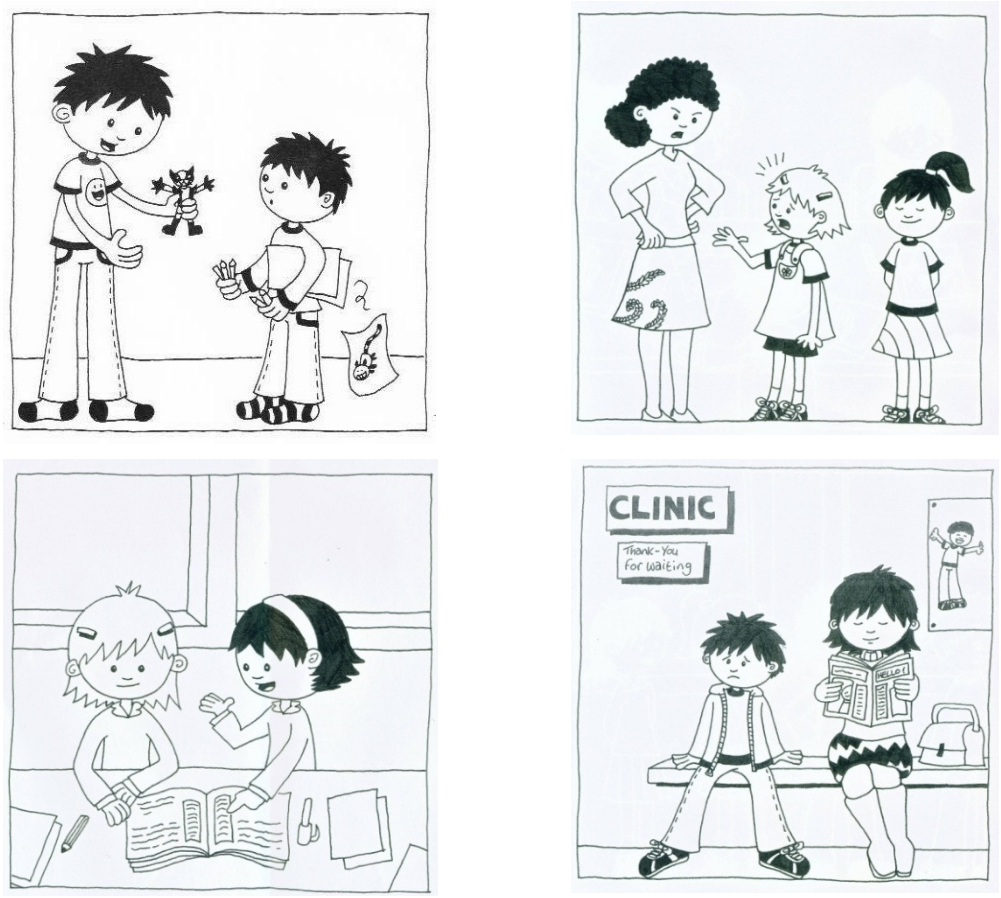


**Figure 2 Illustrated themes for Phase 2**

In addition to the illustrations, resources available for the Phase Two children included the following:

- *full colour ranges of thick and thin felt tips and coloured pencils, chunky crayons, graphite pencils, black drawing pens and 100g/$m^2$ A4 white paper.*
- *A4 scrapbook*
- *disposable camera for use outside the session*
- *digital camera for use during the session*
- *printed photos taken by them*
- *novelty toys: a spiky rubber glove, a slime filled tube with sea creatures inside, a Geo-Mag magnet construction set, model Scooby Doo characters*
- *age appropriate magazines*

Where sessions took place at home, children sometimes used their own resources. These included dolls, a Batman colouring book, a football magazine, construction toys and model making.

Sessions were recorded using a digital video camera and portable minidisc recorder with external microphone.

## *Analysis*

So far, this chapter has presented the philosophical grounding for the research methodology, discussed questions of design, and detailed the methods of recruitment and interviewing. It is considered important for the validity of the work that the route from the data to their interpretation is made as explicit as possible. The chapter therefore concludes with a detailed account of the data analysis.

### Transcription

Interviews were audio and video recorded and transcribed by the interviewer, including verbal and some non-verbal activity. The transcription of the tapes took place soon after the interview (usually the same day). The quality of the recording equipment was very high, so that all utterances that were clear enough to be understood during the interview itself were also clear on the recording. **Appendix 3** gives the details of the transcription conventions used, and the level of detail recorded in the transcripts.

### Step One: Open coding and initial framework

After an initial read of the Phase One data, an open categorisation process began. Free nodes were created using NVivo. Three questions emerged, and these represented three ways of looking at the data:

> *How were the children using language and communication skills during the interview?*
>
> *What accounts were the children giving of communication?*
>
> *What encouraged children to talk about communication?*

These formed three main nodes, under which the free nodes were organised into trees. The coding and categorisation process continued, adding new codes under each, merging or splitting codes until an initial framework emerged. This initial framework is outlined here, with footnotes giving excerpts from the transcripts to illustrate, and summarised in **Table 2**. Excerpts from the transcripts are given to illustrate the coding in **Appendix 4**.

Firstly, observations were coded of the children's *language and communication during the session*. These included vocabulary (with which words they referred to aspects of communication, such as *talk*, *hear*), grammatical functions (such as whether they were generalising, reasoning, hypothesising, using the third person to address someone), topics of conversation (such as football, holidays, pets), and pragmatic functions (such as discussing, impressing others, controlling the floor). At this level there was also a set of codes about the children's participation in the interview, including responses to materials (each illustration) and methods of prompting (such as questioning, reflecting back), and examples of children's initiative (such as deciding).

Secondly, children's *accounts of communication* were coded. These included metalinguistic comment about, for example, the way that they negotiate, interlocutors mentioned (such as teachers, family, dinner ladies, instructors), and accounts of communication as a problem (such as problems due to some aspect of themselves , behaviour issues, people not listening). At this level, there were also codes about the children's participation (such as their complaints about boredom and fairness at school, their reasons for volunteering in the research, their wishes about things outside their control).

Thirdly, coding concerned the *method of interviewing* used with the children, and how this encouraged them to talk about communication. Under this node, the children's contributions were coded in relation to the materials (such as particular illustrations) and prompts (such as introduction of the topic, specific questions).

**Table 2 Initial framework**

| EMERGENT QUESTIONS | TREE CODES |
|---|---|
| *How were the children using language and communication skills during the interview?* | **Vocabulary about communication**<br>Grammatical functions<br>Topics of conversation<br>Pragmatic functions<br>**Participation** |
| *What accounts were the children giving of communication?* | Metalinguistic comment<br>**Accounts of communication as a problem**<br>**Comments about participation** |
| *What encouraged the children to talk about communication?* | Responses to materials/prompts |

## Step Two: Initial patterns and preparation for Phase Two

The next step in the analysis was to identify three questions relating to the Phase One data that were not only relevant to the research, but also had specific relevance to preparing materials and methods for Phase Two:

*With regard to what contexts did children talk about communication?*

*With regard to what contexts did children talk about problems?*

*What were the children's views of the research process itself?*

The first of these emerged from categorisation of the children's **vocabulary about communication.** The second question emerged from categorisation of their **accounts of communication as a problem**. These two questions led to a set of contexts, summarised in **Table 3**, and formed a basis for illustrations. The third question came out of observations of the children's **participation** and **comments about participation**, and led, following Phase Two, to further reflection on ethical issues (see **Table 4**).

Small categories were also maintained, such as children's **descriptions of speech and language therapy** (such as activities and process, reasons and purpose, feelings and judgements) and their comments about **school** (such as schoolwork, teachers, ability and progress, bullying, discipline, recreation)

**Table 3 Communication and problem contexts**

| EMERGENT QUESTIONS | CODES RE. COMMUNICATION / PROBLEM CONTEXTS |
|---|---|
| *With regard to what contexts did children talk about communication?* | Company & conflict<br>Naughtiness & rules<br>Development & learning<br>Something wrong |
| *With regard to what contexts did children talk about problems?* | Problem children, medicine and therapy<br>Rules and the way things are organised<br>Nasty children, and friends to support you<br>Friendships and making and breaking friends<br>Family dynamics, annoying, arguing, negotiating<br>Schoolwork<br>Naughty children<br>Speech |

## Step Three: Theoretical threads and reflection

Some systems of coding remained descriptive at a banal level (such as **grammatical functions** and **topics of conversation**), but the same data coded in other ways fed into conceptual categories. During and after Phase Two data collection, the next step in the analysis was to pick up and reflect on theoretical threads with increasing levels of abstraction. The first, as I have mentioned, were the ethical issues, summarised in Table 4. Categories regarding the children's views of the research process led to the following question, and a set of categories regarding ethical issues:

*What can be learned from the children about the ethical aspects of research with them?*

**Table 4 Reflection on ethical issues**

| | | | |
|---|---|---|---|
| *What were the children's views of the research process itself?* | Initiative<br>'Don't care'<br>Interpretation<br>Scheduling<br>Choices<br>Anonymity and confidentiality | *What can be learned from the children about the ethical aspects of research with them?* | Participation in procedure<br>Sampling and consent<br>Ownership and confidentiality<br>Expectation of participation<br>Interviewer role |

The second theoretical thread related to the contexts of communication and problems (shown in **Table 3**), which led to two further questions.

*What was the relationship for the children between communication and control?*

*What approaches did the children have to problems?*

Coding of these led to the more general issue of children's agency. The thread of questions and coding is shown in **Table 5**.

*To what extent are children agents (active rather than passive regarding the things that affect them)?*

**Table 5 Reflection on children's agency**

| | | | |
|---|---|---|---|
| *What was the relationship for the children between communication and control?* | Unwanted communication<br>Permission vs own ideas<br>Communication about them<br>Group alliance as powerful tool<br>Rules as powerful tool | *To what extent are children agents (active rather than passive regarding the things that affect them)?* | Solving own problems<br>Helping<br>Listened to<br>Being shown how<br>Choice<br>Cheering people up<br>Being bossed around |
| *What approaches did the children have to problems?* | Do something<br>Child to solve<br>Sympathy or solidarity<br>No solution sought | | |

At this point it became clear that not all shades of meaning mapped onto a hierarchy or polar scale. For example, the concepts of speaking 'not like us' and having 'bad ears'[1] both contrasted in a way with normality, but differed from each other, and neither were necessarily subordinates of '*ab*normality'. While the children's accounts of communication as a problem contained interesting examples of children defining[2] and explaining[3] problems and their solutions[4], issues were not always

---

[1] He doesn't speak...bit like us, does he. Cos he said he's got bad ears.

[2] Rebecca: When we are trying to say something, Owen keeps calling out all the time. (2) In'it?
Michelle: Mm. When I was trying to tell Miss something, he keeps shouting in your ear, saying 'Miss, Miss, I want to tell you something.'
Spike: Owen is spoiling it for the rest of us.

clearly defined as problematic, and a cause or solution[5] not always given. There were things that children clearly liked, objected to and did not mind, but feelings were often mixed or ambiguous.

A third thread was around the concept of normality.

> *What notions of normality did the children express, and how did these relate to problems?*

In this case, the hierarchical organisation of coding in NVivo was too rigid to capture the links between the emerging nodes, and a network model was used instead as a means of display. This is shown in **Figure 3**.

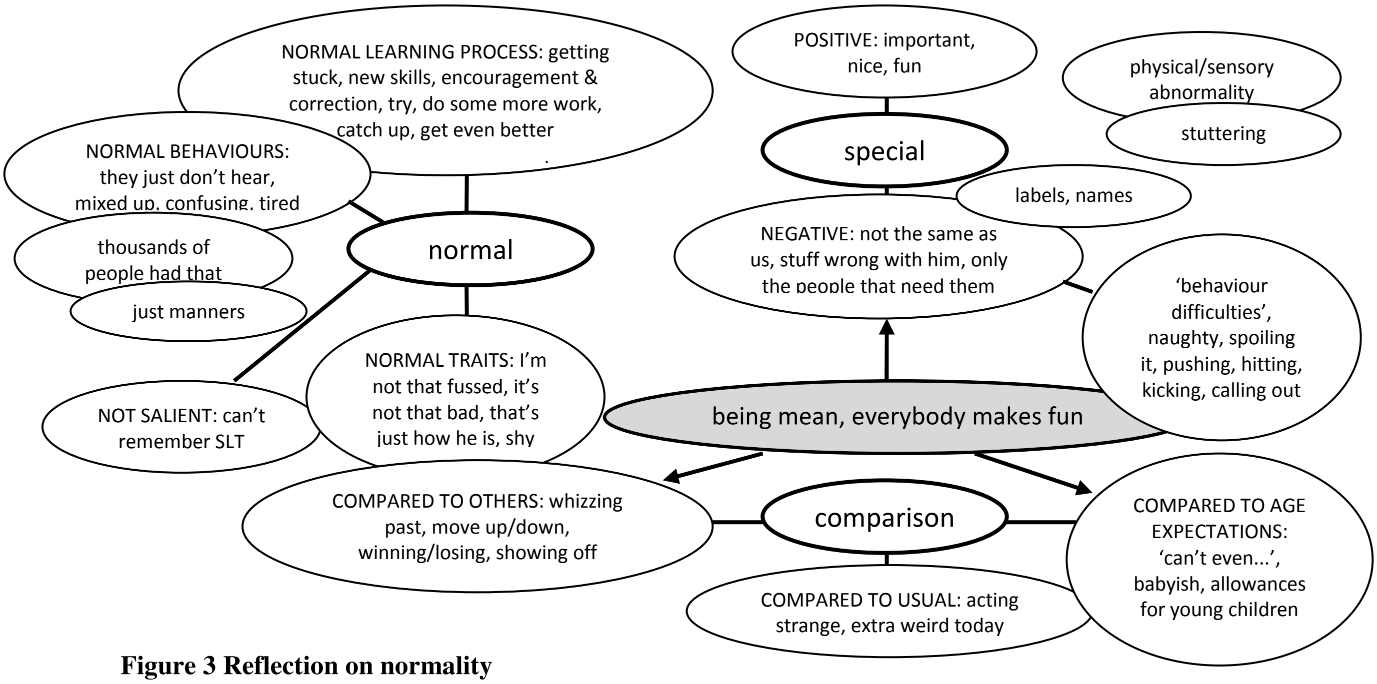


**Figure 3 Reflection on normality**

## Step Four: Analytic text and overall themes

At this point the analysis moved from the NVivo software with its hierarchical system of categorisation and linear connections to analytic text. This was a better medium for managing the several theoretical threads and many reflections emerging. It involved laying extracts alongside arguments and linking emerging findings with literature by working ideas out in prose. The key questions at this stage were:

---

[3] Mike: Cos he got a problem. He got ADD
Rebecca: He got loads of questions and he got stuff wrong with him.

[4] Mike: He got ADD so he has to take medication. To make him stop call out and calm down.
Michelle: Yeah. Cos all the time, before he has his medication [...] He calls out, um, before he has his medication. Then after he had his medication he don't call out.
Spike: Well he does sometimes.
Michelle: Yeah, when he gets too hyper.

[5] Rooney: I can't even understand what he's saying sometimes.
Roxxi: He's not too good. He's not really. Mrs [class teacher] can't even understand him, so...

*What did children say about coping, competence and acceptance?*

*What did they say about being different?*

*→ When was communication seen in terms of* ***impairment****, and when* ***competence?***

*How did children's descriptions of themselves and therapy relate to* ***identity****? What about their descriptions of others?*

*To what extent were the actions of others helpful, unhelpful or a cause of problems*

*→ How well does the social model of disability account for children's experience of communication?*

*What was the relationship for the children between talk and the dynamics of power?*

In the text, headings and subheadings were used to structure the developing themes. These are shown in **Table 6**.

**Table 6 Overall themes in analytic text**

| OVERALL THEMES | SUBHEADINGS |
|---|---|
| **Coping, competence and acceptance** | Relationships and intelligibility |
| | **Relationships and conflict** |
| | Annoyance, falling out |
| | **Identity** |
| | Being good at things |
| | 'That's me all over' –personality traits in self and others |
| | Forgetting and remembering |
| | **Getting better all the time** |
| | Practice |
| | Valuable help |
| | Independence |
| | Learning discovering figuring out |
| | Maturity and growing out of therapy |
| **Being different** | **Getting it wrong** |
| | Being correct |
| | Being clear |
| | Good manners |
| | Being told off |
| | **Being weird** |
| | **Being bullied** |
| | What are the children bullied about? |
| | What counts as bullying? |
| | Victims don't always take action |
| | What help do victims of bullying need? |
| | **Needing special treatment** |
| | Impairment and difficulty/Making allowances |
| | Special as good |
| | Not recalling therapy |
| | **Expectations** |
| | At your age |
| | Comparing oneself to others |

| | |
|---|---|
| **Talk and the dynamics of power** | Children in an **active role**:<br>Play, name-calling, disobedience, volunteering, imagination, pets, electronic media<br>Children in a **passive role**:<br>A system of discipline, witnessing or losing arguments, being called names/talked about, controlling the floor |

## Step Five: Drawing conclusions

In the final step in the analysis, the following theoretical questions were drawn up for consideration in the light of the findings and the current literature.

*How well do the notions of **normality and difference** account for the children's view of communication difficulty?*

*How well do the notions of **autonomy and authority** account for the function that communication has for children?*

*How well does the notion of **social circles** account for children's view of problems and help?*

*If communication is talked about in terms of traits, performance or behaviour, do these offer different perspectives on problems and help?*

**Table 7** (overleaf) gives a summary of the five stages of analysis, showing the emergent questions that guided the analysis and led to theory development.

**Table 7 Summary of stages of analysis**

| STEP ONE: OPEN CODING AND INITIAL FRAMEWORK | STEP TWO: INITIAL PATTERNS AND PREPARATION FOR PHASE TWO | STEP THREE: THEORETICAL THREADS AND REFLECTION | STEP FOUR: ANALYTIC TEXT AND OVERALL THEMES | STEP FIVE: DRAWING CONCLUSIONS |
|---|---|---|---|---|
| How were the children using language and communication skills during the interview?<br>What accounts were the children giving of communication?<br>*What encouraged children to talk about communication?* | *With regard to what contexts did children talk about communication?*<br>*With regard to what contexts did children talk about problems?*<br>*What were the children's views of the research process itself?* | *What was the relationship for the children between communication and control?*<br>*What approaches did the children have to problems?*<br>*→ To what extent were children **agents** (active rather than passive regarding the things that affect them)?*<br>*What notions of **normality** did the children express, and how did these relate to problems?*<br>*What can be learned from the children about the **ethical** aspects of research with them?* | *What did children say about coping, competence and acceptance?*<br>*What did they say about being different?*<br>*→ When was communication seen in terms of **impairment**, and when **competence?***<br>*How did children's descriptions of themselves and therapy relate to **identity**? What about their descriptions of others?*<br>*To what extent were the actions of others helpful, unhelpful or a cause of problems*<br>*→ How well does the social model of disability account for children's experience of communication?*<br>*What was the relationship for the children between **talk and the dynamics of power?*** | *How well do the notions of **normality and difference** account for the children's view of communication difficulty?*<br>*How well do the notions of **autonomy and authority** account for the function that communication has for children?*<br>*How well does the notion of **social circles** account for children's view of problems and help?*<br>*If communication is talked about in terms of traits, performance or behaviour, do these offer different perspectives on problems and help?* |

# 05 FINDINGS

This section presents findings from Phases One and Two. The section begins by introducing the Phase Two participants as individuals. Each of these children was receiving speech and language therapy, and gave a different profile of themselves. Following this, the findings from the two phases are presented together. Initial analysis of the two phases was separate, but themes across the two were shared. Results are first presented regarding the children's responses to techniques and materials of the interview process. Their views are then presented under the three emergent themes of normality and difference, autonomy and authority, and social circles.

## *The interviewing procedure*

This section examines the interview process, presenting the findings from both phases of the study regarding the researcher's techniques and the children's participation. It looks at the style of interviewing and the materials and activities used. Methods were considered useful if they a) led to data that were relevant to the research question, and b) empowered the children to initiate their own ideas. The aim was to give the children choice about when to talk, and allow them some control over directing the topic. This was for a number of reasons. Ethically it was important to respect autonomy and avoid a sense of coercion. Methodologically data from children are likely to be more authentic when child-led rather than directed. Practically, the research question could seem too abstract for the children to understand and maintain interest unless they were free to engage with the topic and talk about it in their own terms.

### Questioning style

The interview was not dependent upon questions and answers, but flowed conversationally, where the children understood the topic and purpose of the interview. Sometimes aspects of the research question were presented as a preamble at the beginning of the interview, but this was complex, and some children responded just to the last few words of it. Children showed most interest when the point of the research was presented concisely and reinforced incidentally, rather than attempting to convey too much information at the beginning, and illustrations were helpful for this. Sometimes the specific topic of therapy and difficulty was presented early, but the broad topic of communication often served as a better starting point for the conversation. This set a neutral rather than negative tone, and allowed participants to contribute, whatever their experiences or recollections of therapy.

Children talked readily in response to the research topic. No particular type of question or comment elicited more or less from the children. Directions, open and closed questions were all successful in encouraging children to talk. For example, in response to the direction to '*Pick up a card and see what it makes you think of*' [Phase One, Interview 2, line 13] the children related the pictures to their own experiences and talked about taking turns, arguing and negotiating. The open question '*What was it like at school today?*' stimulated a detailed account from Oscar of arguments and conflict with his peers. The closed question '*Do you know anybody who's got problems talking?*' [Phase One, Interview 8, line 246] prompted Lee to talk about his brother's stutter and the way that he managed this. A range of sentence types, then, stimulated conversation.

Some children's contributions on any particular topic were short, while others were happy to elaborate. Pauses by themselves did not tend to lead to elaboration, but allowing pauses, making minimal responses such as '*Mhm'* and reiterating what children were saying often allowed children to formulate their ideas and take the lead in the conversation. Directions and open questions encouraged the children to elaborate on what they were saying. For example, the invitation to '*Tell me about the other people in class eight'* [Ben 1 lines 178] prompted Ben to discuss his friend's behavioural difficulties. The question '*Why is it bad to be in Bottom group?'* [Phase One, Interview 2, line 306] prompted children to elaborate on the teasing and frustration that they experienced with regard to ability grouping. One useful function of closed questions was to express interest in a topic which the children could pick up if they wanted to, without putting children under pressure for a full reply. For example, '*Is Ella old enough to be talking then?*' [Phase One, Interview 3, line 427] led to conversation among the participants about babies and they way they communicated.

I recapped things that the children had said. This gave children and opportunity to build on what they had said, and also communicated to them the value of their contribution. It was possible to overuse this interviewing tool. Marie, for example, was more interested in doing new things than in going over old ground. With some of the youngest children in Phase Two, I drew as a way of actively listening, building up an image in response to what the child was saying. This encouraged them to elaborate about particular events, people present and facial expressions. Confident readers were given some of their own comments in written form. The children often stuck these in their scrapbook, but invariably accepted the text without amendment or comment. Children were also given the chance to listen back to the recordings of themselves. Comments on the recordings tended to be about the way they looked or sounded rather than the content of what they said. One group did revise what they had said, to make sure that a classmate they had criticised was in fact represented in a positive light.

Some closed questions were leading questions that led to little new information. For example, '*Does it bother* you*?*' and the child's response '*No'* functioned as a conversational filler rather than eliciting any useful data. However, children were also able to resist leading aspects of closed questions. Becky was willing to claim that adults were fair, and Owen equally willing to disagree.

> Interviewer: Do teachers do things that you think are *not* fair?
> Becky age 8: No adults do anything that…They do…Adults do things that are fair.
> Sarah age 9: Yeah.
> Owen age 9: No they don't!
> Becky: They do.
> Owen: They expel me. [Phase One, Interview 4, lines 658-663]

Open questions were not always successful in eliciting details. Sometimes an open question was too broad and halted the conversation, perhaps creating problems for the child in not knowing what was relevant. On one occasion, Owen asserted but did not elaborate on his view. This was perhaps because he was in the difficult position of asserting a contrary opinion to the rest of the group, while they spoke for him and interrupted him.

> Interviewer: What's it like for you in lesson times, Owen?
> Owen: Bad!
> Tom: Yeah. Really really.
> Becky: He doesn't like lessons. Cos he always gets shouted at.

> [...] Interviewer: What's it like in lesson times then Owen. Why is it bad?
> Owen: <All bad!>
> Tom: <Because he>
> Interviewer: What's bad?
> Owen: Everything!
> Interviewer: Can you say?
> Becky: [...] I *love* school. Cos I like…you get to play with your friends.
> Owen: And I *hate*! [lines 436-439, 473-485]

I tried to avoid filling pauses with questions, and giving evaluative responses, as these are typical of interaction between teacher and pupils (Dockrell, Lewis et al. 2000). The expectations of the children, however, influenced the dynamics of the interview, including the discourse used by me as interviewer.

In summary, the success of the interview was not dependent on a particular questioning style, be it open or closed questions, comments or silences. The skill of interviewing involved creating a balance, that is, defining the research topic and at the same time leaving freedom for the children about what they could say. Children were not passively acquiescent. They were able to refute suggestions and disagree, so long as this suited their interpretation of the interview situation.

### Drawing and snacks

Children engaged in drawing, eating or drinking were more likely to initiate their own comments, rather than wait upon the adult to direct the conversation. Inviting children to help themselves over these activities conveyed a sense of control over the interview and the research agenda. Most children in Phase One were keen to draw, although one boy chose not to. Some wanted to colour or trace, and some asked me or others to draw for them. Because not all the Phase One children were happy to draw, Phase Two children were equipped with toys as well as drawing materials, drawings to colour, and the option to talk while the interviewer drew.

The option to draw accompanied conversation, rather than being the focus of it; data from the drawings complemented their verbal accounts, rather than augment them. One limitation on the use of drawing as a source of data was the tendency of some children to confine the subject of their drawings to what they felt they could draw. The children had a variety of ideas about what they wanted to draw –their forthcoming holiday, characters from a recently released film, a PlayStation game, friends, castles and flowers, vehicles, or simply colourful patterns. The availability of the drawing materials engaged them in the activity with little direction or prompting, and conversation about the research topic occurred incidentally.

Some of the older girls specifically used drawing to illustrate their ideas or experiences regarding the research topic. Examples are shown in **Figure 4** and **Figure 5**, and (later in this chapter) **Figure 11** and **Figure 12**.

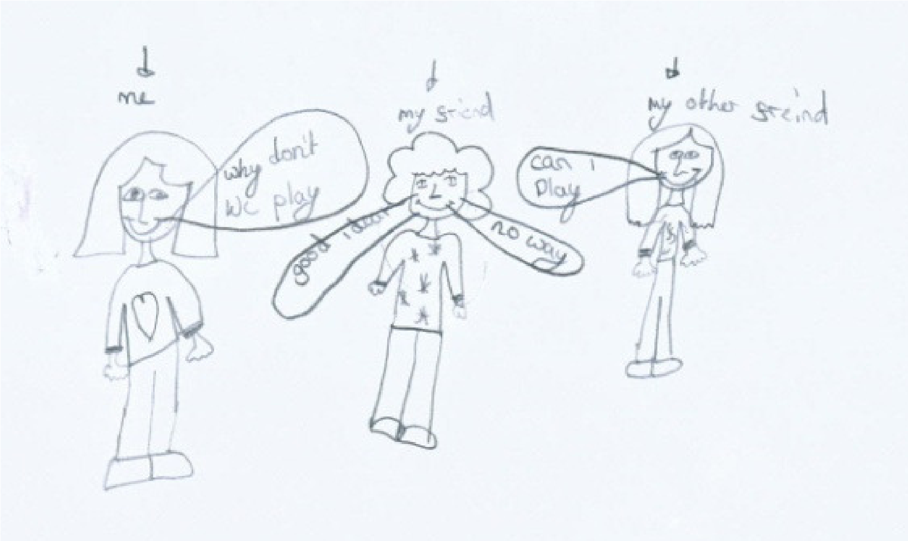


**Figure 4 Drawing by Scarlett (age 8)**

**Figure 5 Drawing by Lola (age 11)**

## Mind mapping

Mind mapping was used in Phase One, Interviews 5 and 6. In the first of these, speech and language was written in a circle. The children recognised the activity as a 'brainstorm' and needed minimal instructions. Single word contributions led to conversation and further ideas. The children took the pen and shared the task of brainstorming and writing. The result is shown in **Figure 6.** The words read 'communicating –lots of ways e.g. talking, sign language; speech therapy –stuttering; different languages; pronunciation'.

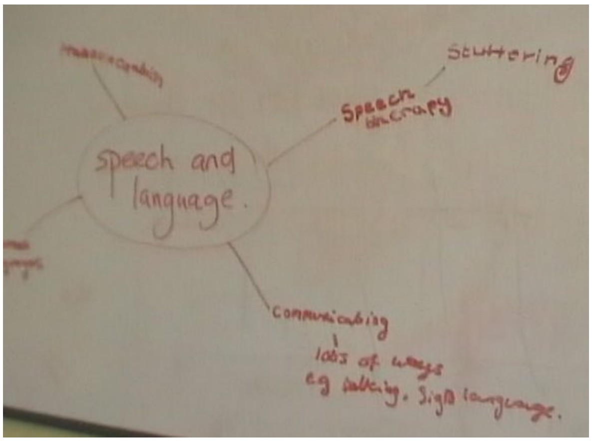


**Figure 6 Mind map**

When using mind maps, however, the children were concerned about giving answers that were considered correct. I felt that the mind mapping activity cast me in the role of a traditional teacher that was unhelpful for encouraging the children to be proactive in shaping the interview process.

> Sometimes you say something, you don't know it's the right answer. […] How do you spell therapy again? [Phase One, Lisa age 11, lines 74-76]

In interview 6, the children were not forthcoming with contributions, and the interview moved onto other methods. The map was used to summarise points at the end of the interview, so as to give a sense of completion.

## Illustrations

Illustrations were a useful way of presenting the research topic simply and briefly, and sustained children's attention and interest. Shuffling through the pictures at their own pace gave children control over whether to talk about them, and which.

The children occasionally produced straightforward descriptions, or passed over the cards without comment, but the illustrations were often valuable starting points from which children elaborated about their own experiences and views. Data from the children were most useful when the images were

- *unambiguous*

  -Illustrations provided listener and speaker with a shared context, which supported mutual understanding and enhanced intelligibility. Tom, for example, was able to point to the character in **Figure 8** while he searched for the word 'confused'. The illustrations relieved some of the reliance on spoken skills. Children picked up, put down and showed the illustrations to others, and sometimes dramatised them. The children's command and use of language was such, however, that non-verbal behaviour supported interpretation of verbal data rather than occurring in place of a spoken response.

- *recognised by many of the children as evocative of their own experiences*

-The illustrations made the abstract topic of communication into something tangible and concrete for children to talk about. Pictures were a way of stimulating conversation without constraining children's ideas with one's own verbal concepts. In **Figure 7**, for example, children brought various concepts to the pictures –arguing, tricking, cheating, telling me how to do it, bullying.

- *containing various characters representing different points of view*

-The availability of a range of pictures gave children choice about which to talk about. They related to some more than others, and elaborated on them with reference to their own experience. In **Figure 8**, for example, Tom identified with the middle child getting confused, while Rooney related to the child on the right hating schoolwork, and Rachel, it seemed, to the child on the left. In **Figure 9** the children talked from a range of points of view about being left out, worried, ashamed of yourself, sad and mean.

**Figure 7 Illustration of PlayStation**

Sometimes that's what me and Jamie do when he comes round my house. [Luke age 10, line 26]

That reminds me of my brother. If we're playing a game, then I was playing on the computer, he snatches it off me and he takes a go and says 'I'm just gonna do one thing' and he spends ages on there and tricks me. [...] My brother like cheats and stuff. And he doesn't tell me how to do it when it's my go [Louise age 11, lines 214-223]

This looks like my…me and my brother arguing cos I wanna play with the PlayStation and he wants to play something different, he want to play football. [Rooney age 7, lines 195-196]

I think this one's like kind of like bullying because um, the big boy's taking his game off of him. [Sarah age Y9, line 248]

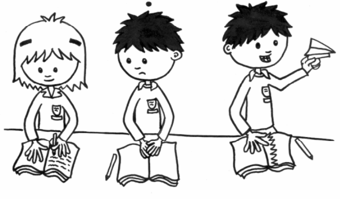


**Figure 8 Illustration of schoolwork**

The boy is really getting [gestures confusion by scratching his head] conf…don't know what to do. [...] I used to look like that. [...] I get…always get confused sometimes. [Tom age 8, lines 156-165]

He hates work. He's like me. [Rooney age 7, line 291]

Look how naughty he's been. He's made an aeroplane out of his writing book. [Rachel age 6, line 234]

He don't know what to do. [Tyler age 6, line 131]

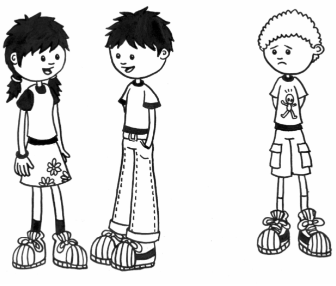


**Figure 9 Illustration of friends**

> I went to this house party and I got these friends […] They're called Abby and Rachel and stuff, and they're…Cassie's 6 months older than me, Rachel's one year older than me and Abby's 2 years older than me, and they're always talking about secondary school and leaving me out. And on camp people were leaving me out. [Lola age 11, lines 181-194]

> Know what it's like, being left out. You're worried that they're not gonna be your friend any more. [Connie age 8, line 84]

> If you are like leaving someone out, you feel a bit, well, ashamed of yourself sort of.
> […] Sometimes you get if you're playing with your…one of your friends, then your other one comes over and just take you away from them, and then you're a bit…[…] Cos I had that with my two friends. Um, if like say I play with one of them. Cos they both don't like each other, so I play with one of them and the other one gets sad. I play with the other, the other one gets sad. [Scarlett age 8, lines 49, 110-122]

> That's when you sad and they don't let you play it. And you's left out. That mean you's being mean to other people. [Lois age 6, lines 417-419]

There were children who did not relate to the pictures. Callum, for example, was more interested in his Batman colouring book. Sam shuffled through them silently and then put them aside. It could have been that the selection did not include situations that were important to those children. When a greater range of pictures was available, however, the children gave less attention to each picture, and were more likely to lose concentration or opt out of the activity entirely. It could also be that for some children the style of drawings did not appeal, or the effort of recognising and interpreting the pictures in order to talk about them. It was important, therefore, that talking about the illustrations was only one of a choice of activities.

## Puppets

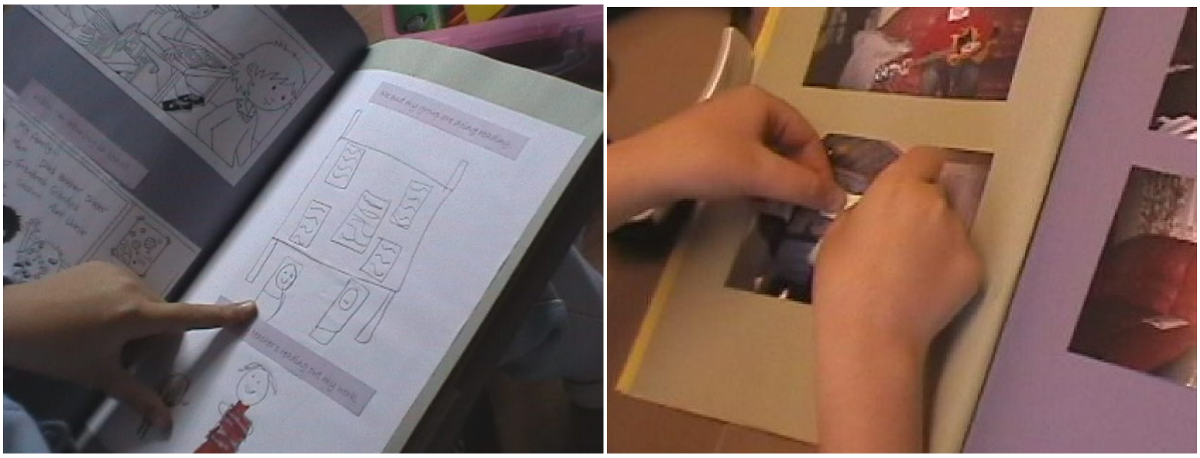
Puppets were used with one boy at his suggestion. He drew faces to characterise puppet templates, and enacted a fantasy scene where he rescued one friend from another. Despite the fictional element, the activity led to clear and useful data, as the enactment was accompanied by an account of his relationships at school, and the annoyance and powerlessness that he was feeling.

## Toys

Toys might be expected to distract children's attention from the interview topic. In fact, for the most part they provided a useful backdrop for conversation, which moved naturally from play onto aspects of the research topic and back. One boy seemed to prioritise play with the interviewer’s toys and see this as the primary purpose of the visit, his understanding and interest in the research question being difficult to engage.

## Scrapbooks and photography

Children made a scrapbook about themselves. Included in the book were their drawings, photographs they had taken, transcriptions from their own interviews and cuttings from magazines. When using cameras, children photographed objects, friends, family and pets to talk about, or collected photos of themselves taken by others. The scrapbook was a way of communicating to the children an interest in them as individuals. Talking about themselves readily led to references to communication. The children gave the book a positive focus, and this balanced the references they made to areas of difficulty. It made their work tangible for the children, and at least one participant continued the scrapbook afterwards.



## Tour of the school

Phase Two children who were interviewed at school were invited to show me round. Moving out of the classroom around the playground and other areas of the school broadened the scope of the children’s accounts. As we walked, they talked about teachers, school rules and practices and their views and experiences of these. The activity highlighted their own expertise relative to my ignorance, and empowered them as research informants.

## The interview situation

Phase One used group interviews, while Phase Two were all individual interviews. In the groups, one disadvantage was that one group member could dominate the others. Gerrard made his group laugh, and became the centre of attention, with others reacting to his provocation and humour. Owen in disrupted the conversation by moving around the room, handling extraneous equipment and making loud noises. The voice of no child was lost, but some were positioned in a passive rather than an active role. At the same time, advantages of the group interviews were the information that arose from the interaction between the children. Phase Two focused more fully on the individual child, and the one-to-one setting allowed each child to be the centre of attention without unwanted interruption, distraction or judgement from other children.

All the Phase One interviews were carried out at school, and so were 12 of the 30 Phase Two interviews. The rest of the Phase Two interviews were at home. School locations ranged in formality from sitting at a desk in a classroom to walking outside or sitting under a tree. Home locations ranged from sitting at a dining or patio table to playing on the living room floor. Methods, materials and location all combined to influence the way in which the children interpreted what was happening and how they could behave.

The varying types of language and behaviour that the interviews contained can be summarised under three types. In some cases, children drew on the conventions of a **lesson or therapy session**: The children called me '*Miss*', and waited for permission to talk. They looked to me to set the topic for discussion, and addressed their ideas on the subject primarily to me. They left silences when not sure how to reply. William explicitly compared me to the therapists and assistants that he was familiar with at school. Susan was keen to demonstrate her reading and writing skills.

> There's people bit like you, that help children. So I think you should go there [to my school].
> [William age 8, Interview 1, line 175]
>
> [pointing at her writing] There's my name. [Susan age 7, Interview 1, line 162]

In some cases, children were engaging in more of a **heart-to-heart**: The children talked about me coming '*to see*' them in the way that a friend makes a social call. They confided in me and each other, telling stories from their past, making complaints about people and sharing secrets.

In some cases, children seemed to see the interview as about **fun and games**: The children initiated ideas and talked across the group to others or all present. They called me by my first name and approached me mainly when they needed something. They moved freely about to reach and fetch things that they wanted, or to gain the attention of other group members. Children at home fetched toys of their own to share. Children at school reported to their teacher that they had 'had a party'.

## Children's participation

Some aspects of the research procedure were influenced by the ideas and suggestions of the participants, including the following:

- *watching themselves back on video*
- *having drinks and snacks available during the interview*
- *holding and handling the video camera*
- *the interviewer drawing pictures*
- *having pictures to colour*

A few suggestions of the participants were not taken up because they conflicted with the wishes of others or due to restrictions of time and materials:

- *pausing the video camera when others in the group wanted it running*
- *handling school equipment the room*
- *keeping materials for themselves, such as stocks of paper, extra drinks, toys*

- *continuing such sessions every week*
- *running over the allocated time*

## *The children's views*

This section presents the children's responses to the research topic, and also gives consideration to the language they use in their accounts. Findings are illustrated by selected quotations from participants. The analysis was based on the complete data set from the two phases of the project, not solely on the quotations given.

The children were able and willing to talk about communication. Analysis resulted in three main themes:

*Normality and difference*

*Autonomy and authority*

*Social circles*

*Normality and difference* looks at children's accounts of impairment. *Autonomy and authority* looks at the dynamics of communication between the children and adults. *Social circles* considers problems and support within the children's social networks.

Presentation of each theme below begins with consideration of the children's use of words about communication, giving quotations from the children to exemplify their word meanings. Dictionary definitions of words such as *speak*, *talk, understand, know, listen, say, call, problem* and *help* may be relatively neutral, but the words in context had particular power relating to each theme, and offered insight into what communication meant to them. Each theme is then described in terms of what the children had to say, and the selected quotations exemplify their views about communication, difficulty and what they found helpful.

### Normality and difference

This theme is about children's accounts of impairment. It presents the ways in which children recognised the abilities or behaviour of themselves and others as different as opposed to normal. This is specifically in terms of the way that they communicate, and generally, in terms of the way they are seen by others. The children described communication impairment as lack of ability on the part of the individual in comparison to some kind of healthy or proper norm. They saw differences in terms of inability, immaturity, physical impairment, labelled conditions such as autism, and special treatment. They also described possessing positive skills and qualities, compared themselves favourably with others, and saw problems as getting better with time. The children described some communication impairment in terms of abnormal behaviour, which was puzzling, amusing or scary, and often annoying.

### Children's vocabulary

Children commented on speech when there was something strange or different about it. They expected to understand people, and for people to be reasonable and intelligible. In the example below, the phrase 'can't even' suggested that it was unusual for some sense not to be made.

> He doesn't speak…bit like us, does he. [Rachel age 6, Phase One, line 762]
>
> I can't even understand what he's saying sometimes. [Rooney age 7, Phase One, line 407]

The children expressed notions of inability and proper function:

> Some people can't speak or hear and they got to do some sign language. [Murphy age 7, Phase One, line 456]
>
> My mouth keep bleeding and I couldn't speak properly. [Laura age 10, Interview 4, line 172]

Problems with understanding could be attributed to the speaker's lack of clarity:

> He talks kind of fast […] and I can't understand him [Jessica age 11, Phase One, line 293]
>
> It a problem like when I wanna say something but I can't because I can't say it properly yeah, and they're like 'What?' 'What?' [Harry age 10, Interview 2, line 186]

Phase Two children talked about tuition that 'helps', that is, brought about improvement:

> It helps me, cos it helped me get up to the middle group. Cos I was in the bottom and I got to middle group cos of the extra maths I been doing. [Emma age 10, Interview 2, lines 80-81]
>
> Someone else comes to my house and helps me, and I can't remember her name exactly but she told me how to remember things. [...] She helps me and she got me to think of a picture in my head so that got me you know fixed up. [William age 8, Interview 2, lines 268-269]

Children sometimes talked about 'having a problem' as a fact rather than a judgement, a label for abnormality and an explanation for behaviour. The word 'help' could also have a labelling function, referring not to perceived helpfulness, but to the fact of professional intervention. 'Really needing help' was contrasted with other explanations of behaviour, such as naughtiness, bad temper or laziness, and to some extent functioned as an excuse.

> He was just making everyone upset and everything cos he had behaviour problems. [Lisa age 11, Phase One, lines 231-232]
>
> Some people really needs help on more stuff but he he's more naughty sometimes so he gets sent out of the class, or he strops a lot and don't do his work. [Asmita age 11, Phase One, lines 170-171]

Difference in the way someone talks attracted comment, but was not always a problem, as in the case of other languages, accents, little children or personal traits.

> It's very weird how they [Americans] speak though. They speak loud. [Rooney age 7, Phase One, lines 252-254]

> My little brother, when they said ‘Mathematics. Can you say mathematics?’ he went ‘Mathpatics’. [Becky age 8, Phase One, lines 798-799]

Having a ‘problem’ did not necessarily entail stigma. Speech errors drew a passing smile. Health problems attracted dramatic interest:

> quicklier…more quick. Or whatever I’m trying to say. [Lisa age 11, Phase One, lines 234-235]

> I got the worst thing ever. Heart problems, no, lung problems. […] Guess what Michelle. Did I tell you Michelle? Michelle, did I tell you that I got lung problems? [Mike age 8, Phase One, lines 479-487]

The phrase ‘can’t help it’ excused responsibility for behaviour such as hitting, fiddling or crying.

> Yeah but just don’t blame it on him cos he can’t help it. [Lola age 11, Phase One, line 613]

> It absolutely hurt. I tried to be brave on the floor but I couldn’t help it. It’s like it’s bursting out of me. So, it really really hurt. [William age 8, Interview 2, lines 526-527]

Recording brought the children’s attention to the process of uttering words and the way they sound:

> Can we speak through it [the microphone]? [Gerrard age 7, Phase One, line 771]

> That was weird how I was speaking. [Emma age 10, Interview 4, line 209]

Very few of the children used the term ‘speech and language therapy’, even those that received it. Rather, they talked about *doing speech* [Sam age 10, Interview 1, line 296], *doing some work* [Ben age 7, Interview 1, lines 52-53], *being taught* [Harry age 10, Interview 1, line 10], *practising* [Oscar age 7, Interview 1, line 271] or made no reference to their therapy at all. Laura’s mother is unable to jog Laura’s memory about her visits to the speech and language therapy clinic. The only therapy Emma could recall was for her hand-eye coordination, not speech and language.

> What’s speech therapy? [Laura age 10, Interview 1, line 203]

Phase One children connected speech and language therapy with stuttering or literacy, and many were unsure of what it was:

> It’s kind of like if someone has a problem with their speech, like a stutter or something, they just like, do something. [Lola age 11, Phase One, lines 70-71]

> I didn’t even hear of speech therapy until you come. [Lisa age 11, Phase One, line 586]

### Normal ability

The children talked about communication impairment, such as difficulties remembering words or pronouncing certain sounds, as personal lack of ability in comparison to some kind of norm or standard. For Harry there was a way of saying his name properly that he could not do, and Sam considered his speech ‘not good’ and ‘not clear’ enough for ‘everyone’ to understand. Oscar defined his speech as having ‘problems’ compared the correct version. Emma talked about sitting so that she can write ‘normally’. Tasha described stuttering as not being able to say a word, something that she recognised in others and herself:

> Not good. […] All the words weren’t clear and that. It wan’t clear. […] So everyone can like…so it’s clear for everyone. […] Cos people wouldn’t understand it and that. [Sam age 10, Interview 3 lines 95-113]
>
> sss like me, when I don’t can’t like say a word I like go sss stutter. [laughs] [Tasha age 10, Phase One, line 383]

The children compared themselves to others, not wanting to be babyish, slow or behind others. Harry wanted to work on his speech which otherwise might make him ‘sound like a baby’. William’s use of the word ‘easy’ carried the implication that he ought not to have found such words as hard as he did. Emma found the need for a special seat at school babyish and embarrassing:

> I can’t say my Ss sometimes. […] I sometimes say ‘k’ when I try say S. [Harry age 10, Interview 1, lines 19-20] I wanted to go [to speech and language therapy] cos I don’t wanna sound like a baby when I’m bigger. [Interview 2, lines 217-218]
>
> Sometimes I find hard to remember easy words. [William age 8, Interview 1, line 602] I’m not very good at words as well. Sometimes I try say something but it sometimes gets wrong and I can’t say it. [Interview 2, lines 427-428]

There were instances where children described a physical impairment as the cause of a communication difficulty. Having teeth out affected speech for Oscar and for Laura. Laura experienced some physical difficulty at mealtimes, and one particular type of braces on her teeth affected her speech and eating. Lee described his brother’s stammer in terms of a blockage in his throat:

> The ones [braces] what you take out was horrible […] Food got stuck up them and I was nearly sick. […] It was stuck up my {throat}. It was all stuck on my throat. […] but the ones what stay in your teeth was ok. […] Because you can eat properly. […] The ones that stay in your mouth I could talk properly. [Laura 4 lines 118-131]
>
> My brother, he got um…Do you know when you go like…like you stutter. He got that. [...] I’m not really fussed if my brother stutters, but all it is, it’s because they got like stuff in their throat what they… Cos some people goes like {he’s} like that. [Lee age 7, lines 247-283]

Children were labelled with particular conditions, which emphasised their difference from normal, and their inability to do the same as other people. Jessica described herself as having some autism, and explained that this affects one’s speech, emotions and concentration. Emma explained that her brother, Jack, is autistic, ‘not the same as us’ and ‘doesn’t understand’ what she and others say. Year 4 children explained that their classmate Owen had Attention Deficit Disorder (ADD), which for them meant that he had got ‘a problem’, ‘stuff wrong with him’. Owen’s behaviour stood out because he got ‘hyper’ and ‘calls out’ in class. During the interview, Owen’s classmates anticipated ‘mental’ behaviour from him and interrupted his turns with explanations about Attention Deficit Disorder, in effect stigmatising him because of his disorder or its label.

> I've got some autism. Autism is where you can't speak properly and your emotions… are a little bit funny. [...] There was this one time when we were in literacy and part of autism is like not concentrating, and I was staring at something and I wasn't listening to Miss and then Lauren was making fun of me by going [suddenly glaring her eyes] like that at me. […] I felt so stupid and embarrassed. [Jessica age 11, Phase One, lines 4-7, 228-232]

> He's autistic. […] He's…a spaz. (3) Something like that. Don't know what it is, don't know what it means really. […] When he was a baby, it was something happened to his body and it stopped so he went into another like…place, really, just not our world, really. Like…Like, he's not the same as us, really. He's the same as other like…autistic people. [...] It's just quite hard because like he doesn't understand what we're really saying and stuff. And we…It's like…Say if we said 'Wash your hands' he goes 'Wash your feet', and stuff like that and it's quite annoying. […] He doesn't understand like…Say if I said 'Let's go on the trampoline, Jack' he'll go 'Um What?' and he don't know what I'm saying. [Emma age 10, Interview 1, lines 338-346, 360-365]

Another point of difference for some children was their need of special treatment. Needing 'help' or having to do things differently to others denoted the extent to which something was wrong. Mike's classmate had to take medication and could not be photographed or go to discos. Oscar 'had to see a lot of people' for his speech, Emma had a special seat to help her concentration, Sam's classmate had a 'fiddle strip' to stop him making a racket, and deaf people had 'got to do some sign language'. Lola's dad had a stutter that was 'not that bad', as indicated by the fact that he had not had therapy for it.

> Mike age 8: He got ADD so he has to take medication. [...] To make him stop call out and calm down. [...]
> Rebecca age 9: He's got like um…stuff wrong with him cos he says 'Why did you don't come to school?' He said because I had fits.
> Mike: He has fits.
> Rebecca: Cos if the lights keeps…If the lights flash, he just goes…[faints] faints.
> Mike: He's not allowed to see flashing lights or he's not allowed to have pictures taken cos they flash, don't they. [...]
> Michelle age 8: He can't go in any discos can he.
> Mike: No, he's not allowed in school disco, and he's not allowed in school photos.
> Michelle: And he's definitely not in children's discos. [lines 287-289, 334-338, 350-352]

> My dad's got a stutter but he hasn't had speech therapy and it's not that bad. [Lola age 11, Phase One, line 584]

Having 'problems' could function as a label in similar ways to more specific terms such as autism or ADD. A girl with special needs in Emma's class has 'got problem in her head'. Harry had two colleagues at school with speech 'problems', and Rachel had a classmate whose speech was not 'like us'. In these cases the emphasis was on difference from normal. Problems could be used as an explanation, as in the case of Lisa's brother, for example, who was 'making everyone upset' at home 'cos he had behaviour problems':

> Just like got problem in her head, like that. [Emma age 10, Interview 2, line 308]

> She speak not funny but like problems. [Harry age 10, Interview 4, line 313]

Viewing a child as having impairment could mean feeling sorry for them as opposed to blaming them for their behaviour. Lisa captured the contradiction between this and an alternative perspective that attributes more responsibility to the child, in her account of a boy at school who had ‘got problems’. Asmita made the same distinction between naughty behaviour, for which the child is responsible, and impaired children who ‘really need help’. Mike had picked up from the television that ADD could explain violent behaviour.

> He’s horrible. I know he’s got problems and everything, but like he comes up to me and hits me […] and it just gets annoying. I don’t like him. Even though he has got problems and I feel sorry for him about that. […] I don’t blame it on him. I don’t say anything to him. I just tells him to get away. [Lisa age 11, Phase One, lines 609-615]
>
> On Casualty there was this little boy he like kept beating everyone up cos he had ADD [Mike age 8, Phase One, line 339-340]

Accounts of impairment were balanced by mention of positive qualities, such as being friendly, clever, or simply untroubled. Oscar was confident in his reading skills, ‘zooming off’ and not getting stuck. He was also proud of his ability to talk to people and make friends. Ben saw himself and his friend as ‘kind of clever’. Emma described herself as a nice and happy person who was ‘funny’ and ‘a laugh’. William was socially confident. Playing with magnets at the time, he made an analogy between himself and a magnet, alluding perhaps to attractiveness, perhaps to power. William was also confident about his knowledge. He took pride in being imaginative and creative, and sharing his ideas, and was ‘getting on’ without difficulty:

> I made a lot of friends with a lot of people. […] Most of all by talking to them. I know…talk to everybody in my whole class. […] I do talk a lot about stuff, all kinds of stuff. […] That’s how I made lots and lots of friends. Made hundreds in school, made hundreds out and I made hundreds out of school. [Oscar age 7, Interview 1, lines 252-262]
>
> He’s…kind of clever, like me. [Ben age 7, Interview 2, line 142]

There were many examples where the children rated themselves favourably compared to others, being older, faster, more skilful and envied by others:

> I’m the fastest in my class. I’m faster than Danny. He always keeps on going on how fast he is. [William age 8, Interview 1, lines 316-317]
>
> I’m quite good at football. Be better than the rest of the girls in this school. Really. [Emma age 10, Interview 3, line 415]

Regarding a ‘speech problem’, Harry compared himself to his classmate whose problem was ‘probably worse’ than his. He saw his own relative progress as due to having had more speech therapy:

> Somebody else in my class got a speech problem, probably worse than me. […] She was better when she was in Year like 2 { } but now I’m a bit better I think. Well, at speech. [Harry age 10, Interview 3, lines 468-471]
>
> Josie’s still got some problem […] I just got a bit better because she hasn’t had it [speech therapy] for that long and she speak not funny but like problems, yeah? […] I know why. Because, I been with Mrs [teaching assistant] longer. She han’t been that much. [Harry, Interview 4, lines 312-317]

Marie minimized problems by comparison to others. While there were times that Marie shouted instead of listening to her mother, she could think of someone who shouted louder. Unclear speech was less significant for Marie because if its prevalence:

> When I don't listen to Mummy I have a…I have a very big shout and so I had a shout. So I have a shout. And when Bradley screams, that's just a friend of mine, he screams so loud my ears [hands over her ears] just goes funny, he screams so loud and it goes all the way across the playground, and it's huge. [Marie age 7, Interview 1, lines 42-46]
>
> That's what my…thousands of people had that. [Marie, Interview 2, line 437]

Children related changes in ability to growing older and to attending lessons, and from this perspective progress was something that happened to them rather than something they did. Harry compared his speech problem to when he was younger, and concluded that he was 'doing alright'. Oscar's account of therapy was of people being nice to him while he had fun. Emma did not need a special seat to sit still, because 'it's changed' and she is 'fine now'.

> I used to not very good at it. I had to see a lot of people to help me. But now I got a bit better so I can say better words. […] I thought it was pretty fun. […] I got to meet a lot of new people. And um, and they were just like nice to me. […] So it was really fun. [Oscar age 7, Interview 1, lines 274-283]
>
> It's changed, really. I sit normally now. Cos I'm not slouching. And I'm fine without it. […] It's probably because like (3) I was a bit younger then. It's like, my muscles are working now a little bit. And it's really fine now. [Emma age 10, Interview 4, lines 74-79]

### Normal behaviour

The children described some behaviour as 'mad' or 'mental' rather than simply 'naughty'. In these cases the children were puzzled, amused or scared by annoying behaviour that they did not understand. Ben's classmate and friend, Mark, for example, got 'a little bit rough' and went 'a little bit mad', reacting and hurting his friends in ways that they did not understand. Ben tried to calm him down, but found it annoying when Mark did not stop. Ben used the puppets to play out an escape from Mark's annoying behaviour, pretending to be a robot with the power to rescue himself and his friend, Kane. Tom complained about Owen interjecting annoying noises during the interview, and laughed about his 'mental' behaviour. According to Asmita, the behaviour of Stephanie, a girl who used to be in her class, was 'really scary'. Lisa complained about the aggressive behaviour of a younger boy in her school who had 'got problems'.

> Mark [surname] sometimes reacts…reacts. I don't know why, he just sometimes…he just does reacts. […] I just tell him to relax, sit down in a chair and relax, and that's what I always say to him. [...] He's friends with Kane as well, too. And me. He sometime he got a little bit rough with me and Kane. [Ben age 7, Interview 1, lines 183, 188, 226-229] [...] Just have to say 'Get off' when he's hurting me and something like...well, he get on my nerves sometimes. […] I always say 'Get off, please', but um, he won't get off. Annoying, you know. [...] Sometimes he just go mad. [Interview 2, lines 96-100, 197]
>
> She [Stephanie] nearly chucked a chair at my friend's head and stuff. [...] I think she went to a different school to have more help. [...] Sometimes she was really nice but [smiles] it was getting really scary when she used to chuck chairs about and stuff. [...] I was feeling scared and worried that my sister don't get hurt and my friends. [Asmita age 11, Phase one, lines 176-186]

Marie described having therapy –not necessarily speech and language therapy but another kind– to make her 'get better' because she had a habit of twiddling her hair and 'they' (referring apparently to the therapist and her mother), said it had to stop.

> We sort of play and all that. And we draw and all that. And we play games and all that. [...] It's cos I twiddle my hair. […] And they're trying to make me get better and all that. So I…Every time I go up there I don't twiddle. And I han't twiddled at my nan's, and I han't twiddled today. So…Don't really need more twiddling. […] Cos I…my mum wants me to have long hair. […] I think I gotta stop. But I can't help it cos I keep forgetting to stop, so I keep doing it. But I ain't done it today. [Marie age 7, Interview 1, lines 119-150] Um, you know me, um and my clinics? If I um…if I stop twiddling my hair I'm gonna be on the magazine. That's what they say. [Interview 2, lines 287-291]

In contrast, Declan refused to see himself as in need of the 'manners' that others might judge him to be lacking. He recalled his speech and language therapist, but was not keen to talk about his therapy. He saw no issue with his speech and did not like going to therapy, which he associated with 'just manners'. At the suggestion from his mother that he have more sessions, Declan protested. His mother and brother thought he had misunderstood the purpose of therapy, but Declan was defiant and defensive:

> Declan: No! […] I don't like it. […] I don't want to. I don't need any manners.
> Mum: It's not for manners. […]
> Declan: It's manners!
> Mum: Nothing to do with manners.
> Declan: It is! It's just manners!
> Brother: Declan, it's the way you speak. It's just the way you speak.
> Declan: [defensively] Yeah, what about it? [lines 461-487]

## Autonomy and authority

This theme is about the power that language had for the children, both to enable them to act and to subordinate them. Children saw themselves as active in their social lives and in their learning, but also subject to rules, expectations and pressures.

### Children's vocabulary

The children used words about communication that showed them in an active role. They made choices and decisions, and asserted themselves through what they said. Children had to carry responsibility for their words, as what they said could be taken as definitive:

> Mum tells me to get on with it so I said I ain't doing it unless they get downstairs
> [Jordan age 10, Phase One, line 108]
>
> You just said you were. So you are. [Zoe age 10, Phase One, line 657]

Harry reflected with irony on classroom talk, distinguishing between child-centred chat and adult-organised discussion:

> When we at school, when we aren't allowed to talk we talk. And when we can talk, we don't really. It odd. [laughs] [Harry age 10, Interview 1, line 293-294]

Children actively tried to learn and remember names and words, and used the word ‘know’ about this. Not ‘knowing’ could be a matter of not having learnt yet:

> The past tense of stand? [...] When she tell me that, then I know it. [Harry age 10, Interview 3, lines 239-248]
>
> I remember this is called cow thing. I don’t know what the second name is. [clangs the cowbell] [Ben age 7, Interview 1, lines 425-426]

Children listened to things they found fun or funny, interesting or entertaining. Their computer games involved a kind of dialogue over which they had some control. Jordan did not listen to what his family are saying while he was playing, and even wished he could prevent them coming near him. Tasha could not get through to her brother when he is playing a PlayStation game, and she understood his need to concentrate.

> They’re saying things like ‘There’s a gun somewhere around here’ and I’m listening to it and people’s trying to talk to me but I’m listening to the TV. […] And after I’m like ‘Ma, what did you say?’ […] I’m buying a door and I’m buying some lock, and I’m gonna put a lock at the top, [gesturing] [Tasha laughs; Zoe smiles] a lock in the middle and a lock at the bottom […] and then nobody can get in while I’m playing on the PlayStation. [Jordan age 10, Phase One, lines 138-143, 159-163]
>
> I shouts out ‘Nick!’ like 3 times so loud and he’s like right next to me, and he’s like [gesturing holding the PlayStation controls] I’m like ‘Nick!’ and he says ‘Yeah?’. And he said ‘Get out!’ [gesture] and I was like ‘Cool’. He keep playing. He plays on PlayStation 24-7. [rolls her eyes] […] But we don’t like people to come up and like talk to us cos we’re like ‘Oh’, like concentrating. [Tasha age 10, Phase One, lines 150-158]

Children preferred to talk to other children rather than listen to their teacher:

> We got so bored everyone was talking [Asmita age 11, Phase One, lines 151-152]
>
> I feel bored, really, in class, really. Like, I just don’t concentrate. I just like chat. [Emma age 10, Interview 4, line 130]

Children took the role of requiring others to listen, telling them what to do or stop doing, and directing their activities:

> I just told her to shut up. [Lisa age 11, Phase One, line 352]
>
> I’m the boss of my own team. […] I make all the good games and also I made the crew. And I told them everything I think to play. [William age 8, Interview 1, lines 210-218]

‘Helping’ was sometimes about being in the powerful position of having skills and resources that another does not. Becky’s class visited a class of younger children to *help* them read. Jordan delighted in the ironically superior position they found themselves in when his father helped a broken down limousine (Figure 10).

> We’re going to the Infants on Friday to help um Reception to read. [Becky age 8, Phase One, line 213]

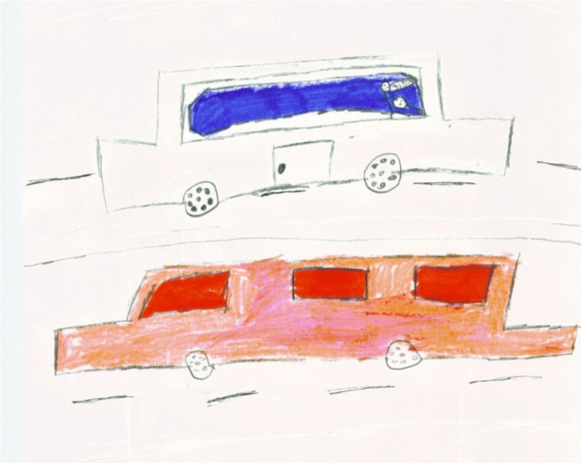


**Figure 10 Drawing by Jordan (age 10)**

The children also used words about communication that showed them in a subordinate role, the expectation to 'listen' being about co-operation. They did not always comply with expectations, however.

> When I don't want to listen, everyone's being quiet, but when you do want to listen, everyone's talking and you can't hear the teacher. [Lisa age 11, Phase One, lines 260-261]
>
> I think they just find it boring, sometimes. Even I just doze off because it's boring, they should make it more fun to listen and stuff. [Asmita age 11, Phase One, line 224-225]
>
> He went 'Oh, why can't you all listen, just for once!' and then he started shouting [Lisa age 11, Phase One, line 363]

They were expected to know things, that is, follow and learn what the teachers teach. 'Know' (rather than 'understand') referred to comprehension of words and meanings; general understanding of instructions and situations was about knowing what to do and knowing what was going on.

> I know the answer but I can't remember it. [Jordan age 10, Phase One, line 284]
>
> Dinners that end and packed lunches down that end. You should know by now cos you've been in this school a long time. [Rebecca age 9, Phase One, lines 190-191]

Not 'understanding' was associated with not receiving a clear or acceptable enough explanation.

> There was one thing I didn't understand. [Jessica age 11, Phase One, line 50]

Help with their work was not always welcome, however. Owen resisted the idea of help in class. Lisa and Scarlett complained about help from their teacher and mother respectively, when they had not asked for it:

> Tom age 8: There's a little boy who's really stuck on writing and there's a girl who's trying to help. 'Here is to write. I'll help you'. He's helping him. [shows the picture]
> Owen age 9: No-one help me! [lines 209-212]

> They're like 'Lisa, I'm trying to help you. Will you just take part in it?' It's horrible. [Lisa age 11, Phase One, line 277]

Children were told what to do. This could be information, such as how to do something, rules about school procedures and acceptable behaviour, or permission:

> Nicole age 6:You said 'Don't laugh at'… 'Don't laugh at Connor [surname]
> Ellie age 6: That's cos Miss [class teacher] said you're not allowed. [lines 312-314]

Children were subject to surveillance, and 'saying' and 'telling' could be about judgement and denunciation. A teacher 'speaking' to someone could mean taking social action to deal with a problem:

> People tell the dinner lady, then the dinner ladies tells your teacher and then the teacher sorts it out from there. [Tasha age 10, Phase One, lines 66-67]
>
> She just said 'If you don't want to use it, if you feel embarrassed about it, come tell me and I'll speak to the person, whoever it is like being mean.' [Emma 4]

Children were aware of a separation between saying things and meaning them. The effectiveness of a child's account was dependent upon being taken seriously:

> He doesn't say anything, he just says stupid things. [Ellis age 9, Phase One, line 319]
>
> If other people do it and they say it was you, then you might get the blame. [Murphy age 7, Phase One, line 332]

Children were prohibited from talking in ways that they found 'not fair'.

> They [the dinner lady] comes past and says 'Stop talking, eat'. Yeah, so it's not fair. I can't even talk to them. [Mike age 8, Phase One, lines 193-194]
>
> They just have to work and eat their lunch in there and no one talks to them. [Lola age 11, Phase One, line 722]

The children expected what they said to be judged as 'the right answer' or not. *How* you speak to someone was also judged for its correctness, and a way of determining social order.

> Sometimes you say something, you don't know it's the right answer. [Lisa age 11, Phase One, line 74]
>
> 'Just don't speak to me like that'. [William age 8, Interview 1, line 253]

Children talked about communication from different perspectives, and these fell into three categories:

- ***how they are***
- ***how they perform***

- ***how they behave***

Under the category of ***how they are*** the children talked about personal attributes and abilities, compared themselves to others, and described relationships where they were accepted or rejected. Under the category ***how they perform*** the children talked about variations in communication that depended on context, guidance, and their own efforts. ***How they behave*** focused on the extent to which communication conformed to the expectations and wishes of others. Findings are presented under these headings below.

### How they are

The children described therapy, teaching and medical treatment as a matter of co-operating with what was expected and what they were told. This might be doing work, or playing games and having fun, but their accounts were about being patients receiving treatment, not actors making decisions.

Although recognising communication impairment, the children did not always talk about actively identifying or solving their problems. Several of the children did not know what speech and language therapy was, despite receiving it. Ben's account of therapy was simply in terms of work to carry out and fun games to play. Complying with therapy activities and returning to his class formed part of the routine of his school day, without any account of purpose or progress. Sam also described his therapy in terms of games. The point of the game was to say words 'correctly' and get 'them all right'. He talked about the satisfaction of winning the game and getting a new one next time, rather than the purpose in terms of communication.

> Do some work. Do some work. And do some work. And then when I finished I only do a few **[shrugs]** and then I go back to my class. [...] We play games and we do some work, and um then when I done them all and I go…[...] I found them quite fun, actually. [Ben age 7, Interview 1, lines 52-53, 385-386, 395]
>
> You have to say the what it is and see if you…And if you don't say it **correctly** you don't get them, even if it's a pair. [Sam age 10, Interview 1, lines 47-48] Yesterday morning we done our speech with Miss [teaching assistant] and we done this pairs game with like 'k's at the end, and I got them all right. I beat Miss [teaching assistant] {by getting} most pairs. She only got one pair and I got all the…15 pairs […] so she's got to get something different. [Interview 4, lines 48-52]

The fact that the children gave selective accounts of therapy in terms of completing work or games did not mean that they had not engaged actively in the purpose at the time. Some children, however, clearly had decisions made for them about the provision and withdrawal of support that were outside their control. Oscar had a helper for reading but 'one day she just didn't come', and his referral to speech and language therapy was, as far as he can remember, decided for him.

> I went for it a long time and then one day she just didn't come. […] Used to just help me read. [Oscar age 7, Interview 2, lines 126-127].
>
> I didn't decide. Well, I don't know who started it [speech therapy]. I don't remember saying anything. It just like I started it. Can't even remember when I started it. [...]. Cos I've been doing it for such a long time. [Oscar, Interview 2, lines 277-283]

For Laura it was 'horrible' having her teeth taken out by the dentist. She was 'upset' by her visit and suffered afterwards. She understood why the dentist wanted to take her teeth out, but she was not in accordance with the decision, and would rather have had her teeth left. Emma similarly demonstrated how understanding the rationale for a particular treatment (in her case using a special seat) was not the same as agreeing with it.

> Horrible. [...] I had to have needles in my mouth. [...] Then they get tweezers and take them out. [...] They numb my mouth. [...] You can [feel it]. [...] Horrible. I [would rather have] let them fall out when they {would} [...] They're taking them out because my big teeth are ready to come through. [...] Upset. [...] My mouth keep bleeding and I couldn't speak properly. [...] Don't like going to the dentist. [Laura age 10, Interview 4, lines 147-178]

> Cos it's like…I can't concentrate sometimes, and I sit either like that or like that. So I have to have a seat in school to sit still. But it makes me feel a bit embarrassed…about it, really. Cos like I'm being like a little baby or someut. I feel embarrassed about it. [Emma age 10, Interview 1, lines 146-151]

## How they perform

The children saw themselves as active in their own progress. They described making mistakes and needing to learn, talking about communication in terms of performance rather than ability. They were willing to learn and correct themselves. They found it supportive to be corrected and shown how to do things.

The children described ways in which they solved problems by their own efforts, such as repeating themselves or changing the pitch of their voice. Lee observed his brother coping with a stammer.

> They [Emma's family] go, 'Oh Ems, what you on about?' and I say it again in a much clearer voice and they understand it. [Emma age 10, Interview 2, lines 339-340]

> When they're trying to say something, they like stutters a bit. Then you got to take a breath, then you can say it. [Lee age 7, Phase One, lines 285-286]

With his speech, as with other skills such as football, Harry focused on his room for improvement. This is captured in his use of the phrase 'even better'.

> My mum just want me to get better at **(3)** doing stuff. […] My mum think I got a lot better speaking, yeah? But, get **even better** at speaking with some words when I'm older. So that why. [Harry age 10, Interview 3, lines 418-420]

Difficulty with words could be a seen as to do with the words themselves rather than the individual. William compared spoken words to words that are hard to spell. Harry also made the comparison between speech and spellings. He did not mind being corrected by his teacher when it was just a matter of learning and carrying on, because 'everybody' receives correction like that and it did not 'really matter':

> Sometimes I try say something but it sometimes gets wrong and I can't say it. […] I go 'Ur, how I spell this thing?' […] in my mouth. Cos it's hard to spell, so… [William age 8, Interview 2, lines 427-432]

> It fine like if she like everybody do is like correct because I spelled a spelling wrong. I don't really care about that. You know, like I spelled a spelling wrong, yeah? I don't really care they mistake me on that. Cos that don't really matter, do it? You just need to try and learn it. […] or

> like work or something. Nobody mind being like…You just need to learn what you done, and you just need to carry on. [Harry age 10, Interview 4, lines 127-136]

The children talked about simply making occasional mistakes, such as forgetting or muddling words. Harry made accidental speech errors, and found that he could correct them when he repeated himself. Ben had trouble remembering names. Science was Emma's 'worst subject' because she 'can't remember' all the vocabulary. Jordan and Luke described a person's stutter in terms of not being able to remember a word. Mike got his words mixed up and laughed at Michelle for doing the same:

> My best subject is art, worst subject is science. [Emma 1 line 46] The words we have to say like solids, opaque and stuff like that, cos I can't remember all of them. [Emma age 10, Interview 3, lines 500-501].
>
> When I'm talking to people what I don't like I get my words mixed up. Like [name] cos I said he's my trusty sidekick and he said he's my stusty trikeick. [Mike age 8, Phase One, lines 161-163]

Asmita intended to listen in class but 'just dozed off'. She linked her poor attention to tiredness and hunger, and wished for the milk breaks she had at school when younger:

> I was thinking of my birthday which was coming up and I just dozed off and I was thinking and when [the teacher] told me something, I didn't even listen to her so I…I was dozing off somewhere. [...] We should just have snack time in class and then just drink a cup of milk or something to give us energy so we don't doze off. [Asmita age 11, Phase One, lines 237-239, 257]

The children talked about people who empowered them, by teaching them how to do things. William learned a technique for remembering words from his therapist that 'got him fixed up', made the most of his strengths and helped him at school. Harry's therapist was 'like a teacher', teaching him how to 'say the words properly'. He had 'to try and learn' the words she gave him. Harry recognised the value of correction from the teaching assistant and, although he found it tedious at times, he appreciated her patient prompting to practise and get things right.

> She told me how to remember things. Instead of using words, I use pictures. And I'm really good at pictures, so I remembered a very lot. And that's what I done at school. [...] Even they can't remember but I can! I got a clever head there. [William age 8, Interview 1, lines 178-182] […] She helps me and she got me to think of a picture in my head so that got me you know fixed up. [Interview 2, line 266]
>
> You go to like a teacher and stuff. [And they teach you] how you say the words properly and stuff. [Harry age 10, Interview 2, lines 210-212]. [...] Sometime like I don't get it right, she [the teaching assistant] could say like 'Now come on! We've been over this a thousand times!'. [laughs] […] [I] Just [think] 'Here she go again'. But it is a bit annoying because she keeps saying the same thing over and over and I'm like…But then I get {the hang, so…} but normally I do it right and then she don't have to keep saying it over and over. [Harry, Interview 4, lines 320-325]

Ben was confident in the help available when needed from his class teacher, and William too, appreciated such help to enable him to 'carry on'. Jordan, in contrast, was fearful of the consequences of asking for help, because of the ability streaming. One thing that made tests hard for Laura was feeling 'stuck' and not being able to ask her teacher for help.

> Sometimes I get scared and I don't write anything and I ask someone. And I get…and carry on. It's like I'm getting out of controuble. [William age 8, Interview 1, lines 534-535]
>
> When I'm in school yeah, and know this sum yeah, but I forgot it, I'm like scared to ask the teacher, cos I'm scared that she'll move me down. [Jordan age 10, Phase One, lines 279-280]

Emma had 'extra literacy after school' and 'extra maths', which helped her move up a to a new ability group at school. Oscar's speech had 'got a bit better' and he could '*say* better words' since starting therapy, and he attributed the improvement to the practice he has done:

> I do what's it called…extra literacy and extra maths. […] It helps me, cos it helped me get up to the middle group. Cos I was in the bottom and I got to middle group cos of the extra maths I been doing. [Emma age 10, Interview 2, line 64-81]
>
> Started practising a lot. I practised a lot and um I practised so much that some day I got better. [Oscar 1 lines 271]

### How they behave

The children on the one hand saw a need for compliance with social expectations, particularly to work hard, follow school rules and co-operate with playmates. On the other hand, they valued freedom to exercise individual choice and initiative.

Children talked about success with their schoolwork as dependent on their good behaviour rather than ability. Susan 'caught up' at school by being well behaved, and attributed being 'behind' at school to 'messing about'. For Ben, school work was 'very good and sometimes hard'. He expected himself to attempt things, even if 'not very good' at them, because this is what he has been encouraged to do at school.

> You just do work and then if you mess about you won't catch up with 'em. That's why I did catch up to 'em. I'm gonna be good today. [Susan age 7, Interview 2, lines 245-246]
>
> Very good is I can do things. The very not very good is…if something is hard for me I just have a try…have a go at it. [...] When this Yoyo man came with Ned, 'n' stand for never give up, 'e' stand for 'encourage others' and the last one but not least 'd' stand for 'do your best'. So [shrugs] I'm going to do those. [Ben age 7, Interview 1, lines 130-131, 261-263]

Children expected more of themselves as they got older. For Harry, age was associated with being 'better at stuff' as well as working harder. Acting his age was important to him, and the comment from his teaching assistant that he sounds immature had motivated him to work on improving his speech and language. William tried to act like a 'big boy', which meant being 'brave' and trying not to cry when he was sad or in pain. He associated being a 'big boy' with being a 'captain' in games with his friends, and felt 'like I'm the baby' if he did not have a leading role.

> When you littler, you don't like wanna do everything, do you, like hard work or something. Miss said now like everybody not allowed to say 'I can't!'. 'I'm not gonna do it!' 'It's too hard!' And you need have a look at it. [Harry age 10, Interview 3, lines 457-460] I'm a bit older now. […] Polite and stuff. Like more better at stuff. And you…and you know a lot more. [Interview 4, line 502] I wanted to go [to speech and language therapy] cos I don't wanna sound like a baby when I'm bigger. [Interview 2, lines 217-218]

> I just feel like I'm the baby. So feel like 'Oh man, I'm not being in this crew. I'm quit!' Cos I don't much really like being you know…not being a captain. () And sometimes in games, sometimes I'm pretty upset I'm not captain. [William age 8, Interview 2, lines 121-125]

Allowances were made for young children and babies. Mike pointed out how responsive one should be with a baby. Sam talked with fondness about the afternoon playtime he used to have at school, when less work was expected of him.

> You gotta do what babies say. If you like…babies say something to you, I does it cos it's like, don't want to be nasty to a baby, do you. [Mike age 8, Phase One, lines 437-438]

> Cos it's hard for them [Key Stage 1] to do work all afternoon [Sam age 10, Interview 2, line 158] [...] [Key Stage 1 was] Better than now. [...] Cos we got afternoon play as well [Interview 2, lines 182-184]

Sometimes working hard had relevance for their future, such as for Sam, who could see the point of maths, and Emma who was 'half the time' motivated to do her homework:

> When we start a job when we're older, like when we work at a shop, when we have to add, so it's better, because you know then how to add [Sam age 10, Interview 2, lines 395-396]

> It's alll right. Sometimes I have to do homework cos my mum says I can get a better job when I'm older and stuff. and sometimes I don't really want to do it. And stuff, so it's like half the time I don't want to do it, half the time I do want to do it. [Emma age 10, Interview 2, lines 285-287]

There was pleasure in doing what other people do, enjoying contact and joint activities. Friendships and relationships were defined by playing with each other and spending time together. Children talked about friends calling at home, and the choices they made about whom to see.

> Playing with your friends is nice, cos they play with you. [Callum age 7, Interview 1, line 73]

> I play with them. […] They said 'Can Susan play with me?'. And I went down there. They said 'Yeah'. [Susan age 7, Interview 1, lines 118, 128-130]

The children used 'we' and 'you' in a general sense to refer to their identity as friends and pupils. Being a pupil was about working together and following group rules. In this context, individuals doing something different were remarked upon by others. Sam's classmates reacted to his absence when he left class for special sessions:

> We do a lot of work here. And we do our best. And there's a song about our school. [Ben age 7, Interview 1, line 97]

> Lois age 6: I like it when I show and tell. […] It's you can bring something in or you could…
> Lee age 7: From home, but you're…if you like bring something in, you're not allowed to bring the same thing in again. [Phase One, lines 92-99]

> When I come back they wondered 'Where you been?'. [Sam age 10, Interview 4, line 240]

When describing school life, children gave accounts of the way in which their behaviour was supervised and judged, with warnings and penalties for being 'naughty'. Becky and Sarah expressed their disapproval of older children who ‘break the rules’, Lee recalled the punishment of his naughty classmate, and Louise had even heard of a ‘child prison somewhere’. Sam, on the receiving end of the system of punishment, gave a detailed account of the rules.

> She got all of her golden time took off. Like Miss says, ‘If you do something really naughty, you’ve got to take every single bit of your golden time off.’ [Lee age 7, Phase One, lines 335-336]

> If you get your first, this is a warning, second is time out, third is go to another class for 10 minutes, fourth is get a letter home, and fifth…don’t know. Don’t know what fifth is. […] I think it’s you get sent to Miss [head teacher] the head teacher, and they call your parents and then you got to go home, or something. [Sam age 10, Interview 1, lines 247-251]

Children expressed some objections to restrictions imposed on their communication, such as the obligation to listen and prohibition to talk. Emma’s teacher ‘picked on’ her in a way which she described as ‘like bullying really’. She chatted when bored, as did others in her class, and did not believe that her talking posed a problem for herself or anyone else. Asmita was annoyed at the double standards of her teacher who stopped for a chat ‘for ages’ in a class next door, and reprimanded certain children for talking while they all waited for her. She also found the individual reprimand unfair when ‘everyone else was talking as well’:

> He’s a bully! […] We were chatting, and our teach…he moved us and there was these other girls that were chatting and they were sit next to each other, and he dun’t move em. (2) So like> [Emma age 10, Interview 1, lines 623-628] I don’t like him. He always really mean. I don’t like him. He just like picks on me all the time because my sister was in this school. And it’s like we’re exactly like each other in personalities really. And he like picks on me all the time. So it’s like bullying really. [Interview 2, lines 123-125] {I feel} bored, really, in class, really. Like, I just don’t concentrate. I just like chat { } and he [the class teacher] thinks I distract people and that. I don’t even distract one person. I just talk to myself. I don’t talk to any other people. [Interview 4, lines 130-132]

> I can remember this teacher in Year 1, and she was…we were going to the library and then she stopped next door and they were chatting for ages, for about 10 20 minutes, and then because we got so bored everyone was talking, yeah, [name] was talking, my sister was talking to her friend when everyone else was as well, and then Miss sent her to another classroom, when everyone else was talking as well. [Asmita age 11, Phase One, lines 150-154]

Adults imposed deliberate restrictions on the contact children could have with others. Harry described himself as ‘a bit sad’ when not able to join in what his friends were doing because of being grounded. Dinner ladies at school limited the way that Rebecca and her colleagues socialised during their lunch break. Lisa did not approve of the time-out room in her school. Isolation was too harsh a punishment for children in her view, it did not work, and behaviour management was more the parental domain:

> At dinner times the dinner ladies don’t let us sit by our friends and some of us get upset. [Rebecca age 9, Phase One, lines 187-188]

> What they do, if they’re naughty in any school, they come to this school and someone like Miss [learning mentor] takes them to the Iceberg Room. […] It’ll teach ’em a lesson, but it doesn’t all the time and like, we’re only kids. […] We’re only kids, and we get locked in a room for a whole day without being talked to or anything. And we got to sit down in one place and we’re not allowed to do anything. It’s not fair that they’re in a room. Cos we’re only kids. We shouldn’t be disciplined like that. […] I reckon they should let their parents deal with it. See what they want to

> do. The school can't really decide if they're…if someone's child is gonna be locked in a room. [Lisa age 11, Phase One, lines 729-753]

Sometimes naughtiness occurred despite good intentions. According to Colin and Murphy 'everyone' in the neighbouring school ended up getting into trouble despite trying to 'be all good'. Ben was eager to please his teacher, and ashamed when something he said met with her disapproval.

> Colin age 11: That's naughtiest school is [name of the area].
> Murphy age 7: Everyone in [name of neighbouring school] tries to be all good but after they all gets like
> Colin: Chucked out.
> Murphy: Mm. [nods] My friend got excluded. (3) [Phase One, lines 254-257]

> Remember once she [his teacher] didn't like, for me. It's when when she take off her shoes um I said 'Stinky feet' and then I sit down on carpet and tell her what I said. […] Sometimes she get cross with me. […] Feel like my heart's hiding. [laughs] It like…like…like this. Yooh! [gestures his heart disappearing round the side of his body; smiles and nods]. It like he's hiding behind my chest. [Ben age 7, Interview 2, lines 259-274]

Naughtiness could also be described in terms of a choice that children were making. Ben was capable of sitting and listening very well, but also of being 'a little bit naughty'. Sam did not always pay attention during his lessons, and would rather talk and play. Sam contrasted his own fiddling, for which he was responsible and punished, with his classmate, whose behaviour was seen as abnormal. Allowance was made for the classmate as he 'needed' to fiddle and had special permission.

> Very good, and um, and a little bit naughty too. [...] Sometimes I don't listen. Sometimes yes, sometimes no. Sometimes I mess around, sometimes I don't. Sometimes yes, sometimes no. Sometime I don't sit very good and sometimes yes, sometimes no, and that's it. [Ben 1 line 442-447]

> Yesterday I got sent out. Cos I had three warnings. […] For mucking about, fiddling. […] Fiddling with a rubber…(2) What else was I doing? (2) Talking when the teacher was teaching us stuff. And (1) the other one was for (4) playing touch in the classroom [Sam 1 lines 243-256]

The children sometimes consciously avoided compliance in favour of doing what they wanted to do. Sam's morning break at school was, in his view, not long enough. He and his friends found a way of carrying on their game of touch after the bell has sounded. At home, Callum 'got naughty', attempting to override his parents' choice of television viewing by turning the telly off. Harry was not prepared to be bossed around by his football coach and quit the team for a while to avoid it:

> When they keep playing football and they don't want me to do anything. I says 'Shut the telly off', cos I don't like…I do like football now. […] [smiling] Dad put it on again. And I keep shutting it every time, don't I, Mum.[to Mum:] When I get naughty I…I…remember…keep shutting the telly off, don't I. […] When Dad's watching the football and I keep shutting it off. [….] Yeah. Ha ha hah ha hah. […] Cos I wanna watch something different. [Callum age 7, Interview 2, lines 343-364]

> I started six and when I was eight I quitted. […] I didn't like the manager. [laughs] I didn't like the manager. And then he went, you know. Then I went back in. […] He ok but he bossy. Bossy boots. […] He was like 'Get up!' 'No!' 'Sit down!' 'No!'. [Harry age 10, Interview 1, lines 226-233]

Children sometimes did not listen because they did not agree with what they were told. Callum disagreed with his mother about needing slippers. Marie had a 'very big shout'. Oscar described trying hard to exert persuasive influence over his mum.

> [to his mother about slippers] Don't need 'em. […] No! […] Don't wanna listen to you. [Callum age 7, Interview 2, lines 429-434]
>
> When I don't listen to Mummy I have a…I have a very big shout and so I had a shout. So I have a shout. [Marie age 7, Interview 1, lines 42-43]
>
> Sometimes I get sit…want something so much that I get on my knees and beg. […] I just go like this. I just go like this. 'Please please!' And then I go 'Please please!' [kissing the floor] like that, to beg. [Oscar age 7, Interview 2, lines 695-699]

In contrast to school work, children described playtimes, Golden Time (part of the school day when they had choice over activities), and holiday times as particularly enjoyable.

> A happy day. Do you want hear why? […] No work. Golden time all day. And play time all day. No work, Golden time and play time all day. […] We didn't do no work. [Oscar age 7, Interview 2, lines 4-7]
>
> It's really fun I don't need to go to school. [Marie age 7, Interview 1, line 86]

The children used their imagination to empower themselves and solve problems. Imagination was important to William, and his fantasy world made him happy. In a puppet show, Ben used imaginary super powers to rescue his friend Kane and play out an escape from their irritating friend, Mark.

> I think you should have this picture. […] [tapping the side of his head] It's just my imagination. Hey, sometimes your imagination could cheer you up. [William age 8, Interview 1, lines 586-592]
> [...] I remember sad memories. But sometimes I cheer them up and turn them into good memories. [Interview 1, lines 613-614]
>
> Ben age 7: This one me and that one Kane and that one Mark [surname]. He can't get me because I'm a robot, because I can go high. Look. Look, I can bounce. Weee. Boing, boing, boing. [making the figure bounce]
> Interviewer: You'd like it if you can get away from Mark [surname].
> Ben: Yeah. [sighs] Annoying, you know. [Interview 2, lines 107-111]

Getting older was associated with more choice. Secondary school children had more options than primary school children, and adults had even more freedom. Harry looked forward to choosing his own school subjects, having more choice over what to eat, having his own dog and eventually buying his own car.

The children described choice about aspects of their lives such as their appearance, contact with friends, and recreational time. Marie thought about her looks and how to choose her clothes. Emma was confident to assert her taste in clothes regardless of other people's reaction. Harry and Colin were given the freedom to call on their friends who lived nearby. Callum enjoyed choosing activities with his family. William appreciated that his friends only joined in the group and played his games 'if they felt like it':

> Say if I wear…wore this really nice top and everybody thought it was disgusting, I'd just go 'Well I like it'. It's not what you think. [Emma age 10, Interview 2, lines 409-410]

> Sometimes if people are out like, or my friends name Brandon gone out of my crew and he wandered off and I saw him and I runned off to him and I said 'Sorry what happened', and he said 'I only enter if I feel like it'. [William age 8, Interview 1, lines 545-547]

## Social circles

This theme is about the way in which language functioned to define children's social circles. Social networks were shaped by the choices children made about whom they talked to and what they said. The theme is about co-operation and conflict as a function of language and communication. The children had relationships where they felt accepted without needing to change. There were degrees of friendship ranging from close friends, playmates and occasional enemies. Some children talked about bullying and teasing, and their ways of coping with this, and the conflicts that arose in their everyday relationships.

### Children's vocabulary

Being able to 'talk' to people was about being part of a relationship. Talk was essentially person to person, and even when a computer talks, there was a personal element:

> I didn't have any friends there, no one to talk to [Jessica age 11, Phase One, line 82]

> When the computer is like saying stuff it's like they're talking to you. [Jordan age 10, Phase One, line 227]

Keenness to talk reflected personality and gender differences:

> The quietest person in the class, yeah, people think that they're boring and everything. But if you actually talk to them, they come out with all sorts of interesting things. So people should talk to quiet people and all sorts of people. [Lola age 11, Phase One, lines 904-906]

> Only in our class girls do that. Like talk, you know. And boys run around. Like mad chickens. [Harry age 10, Interview 1, lines 285-286]

Social networks were shaped by speaking to certain people and not others.

> Loads of people come up to her and say 'I don't want Danielle speaking to my child' [Lola age 11, Phase One, line 755]

> Playing with someone, someone else comes along, and they just start talking and leave me out and walk off. [Lisa age 11, Phase One, lines 187-188]

Talk outside a close relationship could be malicious or unwelcome. **Figure 11** depicts boys on the next table upsetting Tasha's friend by talking about her as 'smelly', and Tasha telling them to leave her alone.

**Figure 11 Drawing by Tasha (age 10)**

> She's a bit angry because […] some smelly old boys are talking about her. [Tasha age 10, Phase One, lines 527, 595 (Figure 11)]

'Names' reflected relationships between people in either positive or negative ways. Being called by one's name promoted a positive relationship. Light-hearted name-calling reinforced friendship. Name-calling could also be hurtful and a form of bullying.

> What me a girl? Oh! I'm glad I said you've got an afro. [Mike age 8, Phase One, line 559]

> I was being calling racism names. [...] I wish that they would stop calling me names. [Asmita age 11, Phase One, lines 88, 95]

Name-calling was a means of defence and retaliation as well as attack:

> I call her mum Dougal because of her hairstyle. […] She does make fun of my dad. She calls him an ape and everything. [Lola age 11, Phase One, lines 811-819]

> He bullies me. But now I'm feeling much better now because –Do you know why I'm feeling better? Cos I get to call him names and I'm faster than him. And he doesn't normally get me when I'm calling him names. [...] Sometimes I call him 'toad' [smiles] [William age 8, Interview 2, lines 352-354]

Bad language was associated with aggression and characterised particular groups:

> It's quite bad language in here [this school], quite bullying and that. [Emma age 10, Interview 2, lines 426-427]

> They're saying stuff like dirty words and everything [...] I'm not going to say dirty words [Lola age 11, Phase One, lines 196-198]

'Saying' and 'telling' defined social circles by the way in which information was shared or withheld.

> He wants to keep it confidential, just with Mum. He won't even tell me. [Louise age 11, Phase One, lines 688-690]

> I used to have a social worker. Cos my mum kept hitting me and I wouldn't say anything at first, but then I did. Cos I wouldn't…I didn't want to tell them at first. [...] I was talking…I was talking to them, but I was making out everything was alright. [Lola age 11, Phase One, lines 630-633]

Adults who listened to them were considered nice, caring and fair.

> My mum's really nice sometimes so my mum, she just listens to me and stuff [Asmita age 11, Phase One, line 214]

> They should listen to you a bit more [Lola age 11, Phase One, line 795]

Sharing problems, helping and being helped could be a sign of relationships that are trusting and mutually supportive. Emma confided in her sister when needing support. Sarah connected being helped in class with having good friendships. **Figure 12** depicts a friend being grateful to Zoe for helping her when 'stuck' on her schoolwork.

> I talk to Tiffy the most, really […] if I have a problem or something. [Emma age 10, Interview 1, lines 454-456]

**Figure 12 Drawing by Zoe (age 10)**

'Helping' was about being around at the right moment and doing something to fix things when needed:

> Mr [class teacher] helps us a lot. Cos when you're stuck he tells us to put up our hands and he comes over to help us. [Asmita age 11, Phase One, line 146]

> Someone tackled me, when they kicked me at football in their studs and it…and I ends on the ground, and someone helped me up. [Luke age 10, Phase One, (Figure 13)]

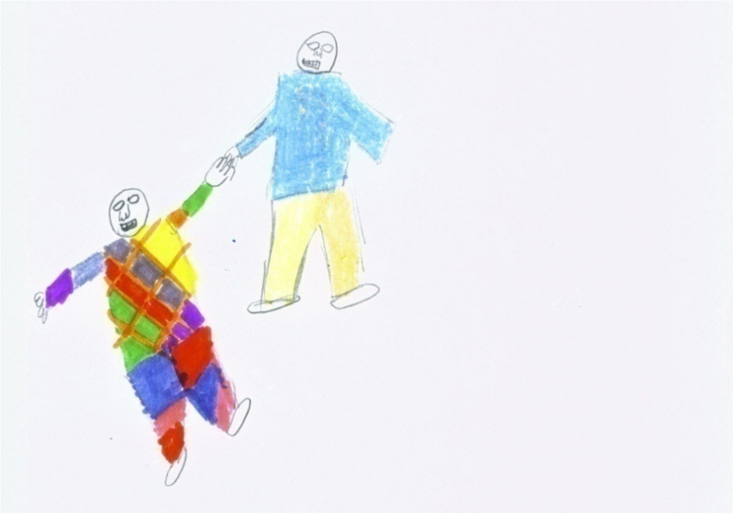


**Figure 13 Drawing by Luke (age 10)**

Talking about problems was a means of solving them, by reaching agreement or confiding in others.

> First you're arguing about it, then you talk about it and then you solve the problem. [Interview 2 Jordan Y5 lines 42-44]
>
> I had to go to the headteacher, so I could talk about it. She said that um…that my…that if anyone's being mean to me, I should just see her. [Oscar age 7, Interview 1, lines 477-478]

Talk was not always enjoyed. It was annoying to be subjected to other people's talk, when the children wanted to be heard themselves or simply wanted quiet:

> When we are trying to say something, Owen keeps calling out all the time. […] Yeah, he always, like, talks. [Rebecca age 9 and Mike age 8, Phase One, lines 248, 330]
>
> I was speaking to her and then this girl just butts in and then my mum and her starts chatting, and then I'm speaking to her and she don't listen. [Asmita age 11, Phase One, lines 209-210]

'Understanding' had a broader meaning than verbal comprehension. It could be about being prepared to listen and not argue, take other people into account and think about someone else's point of view:

> Those two are arguing. So they're not really actually listening and understanding each other. [Tasha age 10, Phase One, lines 28-29]
>
> I'm the only one that really understands her [Emma's mum], cos she thinks that her whole family argues and bes like that. So it's like I'm the only one that don't argue, really. [Emma age 10, Interview 2, lines 165-166]

### Non-verbal interaction

In some of the children's accounts, fun was in action, without reference to talking. Harry and his friends interacted through football. Sam had physical games and burping competitions with his disabled sister. William and his father played water fights and slapstick pranks on each other, and William's friend played tricks on passersby by rustling leaves at them. Callum enjoyed going up ‘roundy things’ in the park on his Power Rangers scooter. Marie found it funny to watch a grown man trying to ride her small bike.

> All of my five best friends, yeah, they all like football, so…and everything. […] We always play football. We never stop playing football. We play football, football games…football everything. [laughs] [Harry age 10, Interview 1, lines 251-261] Football is what we do together [Interview 4, line 387]
>
> The thing she [his sister] likes is burping and likes being pulled off the sofa. Because it makes her laugh. Because when I pulled her off the sofa last night she was laughing, cos she fell over like that [sideways] when she sat down. She was laughing. And she tries to do burps. But I do them better [Sam age 10, Interview 2, lines 381-386]

Non-verbal communication spoke for itself in familiar situations. For example, parental disapproval was conveyed by facial expression alone.

> Lola age 11: That’s the look my mum usually gives me when she’s disappointed with me, she just goes like that.
> Louise age 11: As if to say, ‘What are we going to do with you?’
> Lisa age 11: And my mum does it as well. She’s like when I’ve caused trouble or something, she just looks at me like that and does that to me. [Phase One, lines 284-290]

## Relationships

The children described acceptance without the need for communication to change. Intelligibility was not an issue for Harry with his friends, and he did not mind repeating himself. Oscar similarly was pleased with that way that his friends made allowances for him and ‘stuck up’ for him if others were ‘nasty’ about his speech. Ben described his friend’s voice as ‘very strange’, ‘deep’ and ‘creepy’, but as a distinguishing characteristic like hair type, rather than a problem. Emma’s relationship with her autistic brother was characterised by fun, and she was disappointed that others did not share her understanding of him.

> Some of my friends they don’t care {if I can’t say it properly} because like, they know what I said. [...] Some of my friends they just said like ‘Say that again, please?’ or something like that. […] They just didn’t hear what I said. […] Said it again and they then they heard. That’s it. [Harry age 10, Interview 2, lines 188, 196-201]
>
> If like um anybody make fun of them they just like stick up for me and say, if they forgot they just say ‘Remember he got speaking problems’. […] That’s what I like about having friends. [Oscar age 7, Interview 1, lines 289-292]
>
> This is Kane. [drawing] Got spiky hair. (6) And glasses. […] And Tim. He got normal hair like that, plain hair then. (12) That Tim. And he talking in a very strange voice. Like a [deep voice] deep voice. [Ben age 7, Interview 1, lines 301-313]
>
> [Having an autistic brother is] Really hard. People don’t understand really what he’s like. […] He’s like…(5) He just like…he’s really…He’s a little bit shy but not that shy with me really. [Emma age 10, Interview 1, lines 348-352] We have lots of fun all the time. [Interview 3, line 281]

Friendliness was important in teachers and therapists. Marie appreciated her teacher’s personal greetings. Oscar was positive about the whole experience of therapy, finding it fun and valuing the social contact that it offered.

> I'm excited {cos I have to} go back [to school]. So I'm gonna be in Mrs [surname]' class and she's really really nice. […] She every time when I see her she says 'Hello, Marie'. [Marie age 7, Interview 1, lines 254-260]

> I like it that I got speaking problems. I like it. […] I get to meet lots of new people, and I have fun with them, and like um, oh, lot of peo…like that. I can meet new people and I have fun with them. [...] I just like say a lot of words and like, I just say a lot of words and a lot of people are nice to me when I do it. [Oscar 2 lines 159-177, 183-186]

There were degrees of friendship. Oscar had a 'best mate' whom he played with a lot, and other friends whom he played with 'quite a lot'. Jessica had a 'best friend' and a mutual 'enemy'. William had enemies who were sometimes playmates.

> Mostly I play with Nick and sometimes I play with Tim. I play a **lot** with Nick. He's my best mate in school. And I play quite…just…not a **lot** just **quite** a lot with Tim. Quite a lot with him. [Oscar age 7, Interview 1, lines 174-178]

> There's a Jamie in our school, Jamie [different surname], [smiling] he's an enemy of ours and my best friend's. [Jessica age 11, Phase One, lines 76-77]

Harry and Oscar knew 'everybody' with whom they came into regular contact.

> I know everybody well. I know everybody well, who talk to me. [Harry age 10, Interview 3, line 291]

> I know…talk to everybody in my whole class. [Oscar age 7, Interview 1, line 257]

Some children saw a role for themselves in directing others. William saw himself as a 'pretty good leader', with a sense of leadership that involved coming up with ideas for games and 'keeping an eye on' his friends. Marie told her sisters what to do, both when they were playing and when they were doing chores, and she enjoyed being behind a camera and getting people to pose.

> I am pretty good leader. […] Just keep an eye on my friends so they don't do anything mean to each other. [William age 8, Interview 2, lines 133-135]

> We had to tidy our room up just when we waked up. And I got a little bossy then. [Marie age 7, Interview 1, line 220]

Children were actively engaged in negotiating their friendships. There were arguments over whom they would or would not play with or sit with. Colin was adapting to changes in his friendship patterns. Marie had the experience of being 'all lonely' and then, having made friends, she found they 'don't like her' and 'don't play with her' now. Some children were bullied for their unpopularity, making it an even greater threat.

> They keep fighting over who I should play with. Cos they both want me to play with them. [...] And when they, um…both want me to play with them I don't play with either of them, I go and play with my friend Rhiannon. [Joanne age 7, Phase One, lines 146-156]

> I just broke up with one of my friends, cos he's playing with his best friend now. And he used to play with me every day. And now he's playing with this other boy. [Colin age 11, Phase One, lines 183-184]

> Used to be all lonely. Until I made friends to two of my friends. And every time I play with them but now they don't play with me. They play with theirself now. […] [sighing] It's cos they're making new friends and now they don't like me. [Marie age 7, Interview 1, lines 408-413]
>
> They bully him, because he has no friends and stuff' [Emma age 10, Interview 3, line 536]

Children talked about being excluded from particular groups. Emma's football team 'got rid of' her because she was a girl. Ben's classmates 'didn't like him' when he joined a new class, until he drew a good picture. Showing ability was important in his inclusion among his new classmates.

> I did go…I did go…I was in a team but they don't let me in really, so I just left it, and just done something different. […] Cos they too many in a team so they got rid of the girl. […] I was quite upset about it really. (2) Cos I been waiting to play football for years, really, in a team, really. [Emma age 10, Interview 1, lines 90-103]
>
> First, when I was at…when I was in Class 3 and they didn't like me, then when I drawed this picture which is very good, they just play with me [Ben age 7, Interview 2, lines 286-287]

Some of the children's friendships were based around the contact they had with others in class. This was how Ben met his 'very best friend'. Asmita remembered being allowed to talk to friends in class over a snack, and she missed having this opportunity.

> He's my very best friend. […] When I went to class eight, here, um I just met he and he become friends [Ben age 7, Interview 1, lines 211-213]
>
> It was really fun and um everyone used to bring apples in, the teacher used to cut them up and we all used to talk to our friends and eat apples and drink milk as well. [Asmita age 11, Phase One, lines 262-263]

A mix-up of classes meant that, having made friends, Marie would not be with them in the same class next year. Half the class would be new to her, and she would have to get used to their names, which could be 'hard'. Mike was separated from his friend by the class streaming system. Oscar looked forward to a change of year group until he realised that he would never catch up with his older friends and join their class.

> I used to have no friends with me, now I have, but when I'm going back to my…when I'm going back to school I haven't got noone of my friends with me. […] Cos they're in different classes {as} me. And all my friends what I like is not in my class. […] Cos we had a mix up. [Marie age 7, Interview 1, lines 356-363] It's hard to get used to names cos when you meet different people. […] I know half of my class went to um my thing so I know half. [Interview 2, lines 206-210]
>
> He's in Middle and I'm in Top, so it's like I want to be in the same group as him so I'm never allowed to see him in my group. So I'm just like… [Interview 3 Mike Y2 lines 371-372]
>
> When I was in Year 1, I thought when I moved on to Year 2 I'd be able to see some of my friends that are in Year 2 but unfortunately that didn't come true. Cos I got some friends that are in Year 3. […] Because next year they'll be in Year 4 and next year after that five. Year after that six. Year after that seven. So like if they got onto Year 9, I'll be in Year 8. If they go on to Year 10, I'll be on Year 9. If they got onto Year 5, I'll be on Year 4. [Oscar age 7, Interview 1, lines 243-249]

Circumstances sometimes meant that the children did not get the contact that they would like with other people. Sometimes this was due to lack of time. Emma's father's work and recreation did not leave much time for her, and she wished she saw more of him. Marie's mother's long working hours limited the time they could spend together.

> I hardly ever see him cos he goes to work and sleep and football, and it's like 'Oh I'm going out with my mates' and stuff. So it's like hard. Sometimes I do see him a little bit but sometimes he's like…Say if my mum went on holiday like, gets a babysitter and like goes out and stuff. And I wanna like spend time with him. [Emma age 10, Interview 2, lines 154-157]
>
> I do talk to my mum but she's um, she just comes…she come back from work and she had to go back from…then she had to go back again. [Marie age 7, Interview 1, lines 316-317]

Regarding speech and language therapy, parents and teaching staff were not always available to help. Sam's teaching assistant did not always do his speech work with him because she was 'busy', and his mother did not help with his speech at home because 'she's always busy'. Oscar's mother was available in the case of emergencies, but not involved in his therapy group, which he did with his teacher and friends:

> Sometimes, some morning she [teaching assistant] can't do it because she's busy like with other stuff. So she can't do it all the time. [Sam age 10, Interview 1, lines 309-310]
>
> What my mum? She dun't do nothing. She just waits there. She don't have to do nothing. She don't even have to come. I just do it with me and my teacher and my friends. That's all. [Oscar age 7, Interview 2, lines 221-222]

Outside school time, some children missed friends who did not live near enough to call on each other. Laura's older brothers lacked interest in her toys and games and she was left to play on her own:

> I wish everybody who I like near me, then I can call for everybody. But everybody like too far. [Harry age 10, Interview 1, line 253]
>
> Noone wants to play [shops] with me. […] They say it's boring. [Laura age 10, Interview 2, lines 114-116].

Talk from other people could be annoying when the children wanted quiet or to be left alone. Callum wanted people to be quiet when he was trying to concentrate, as 'chat' made it 'harder'. Lisa found it difficult to hear the teacher when others in the class were talking. Zoe, Rooney and Ellis all laughed about the annoyance of provocation from siblings.

> You chat, then it make it harder. [Callum age 7, Interview 2, line 797]
>
> Zoe age 10: Tasha?
> Tasha age 10: Yah?
> Zoe: You smell.
> Tasha: [laughs] Shut up.
> Zoe: That's what Natalie does. That's what Natalie does. [...] My sister. [laughs] Damn annoying.
> [Phase One, lines 529-540]

Children did not always want to participate in joint activities. Laura enjoyed quiet, and at times was happy to stay away from her noisy brothers. Emma found a way of tolerating her brother's intrusions into her room, but found it 'quite a little bit annoying'. Lisa teased Lola about her 'really annoying' exuberance on camp.

> When I'm in my room, doing my work it's nice and quiet. [...] I like playing with my cars and my till, on my own. [...] It's quiet [...] so I don't get a headache [...] when everyone's noisy. [...] My brothers argue, and then they shout. [Laura age 10, Interview 2, lines 119-121, 132-147]
>
> He's just….He is quite a little bit annoying, but not as much as…He is really annoying, but not as much like really really really much. It's just that um…Say if I'm in my room listening to music, he'll have to come in to join in, so I let him come in and join in, really. To shut him up. [Emma age 10, Interview 2, lines 186-189]
>
> She [Lola] gets hyper easily right. We went on camp with her, she has one sweet, and she starts getting really hyper and jumping about and singing really loud. It gets really annoying. [Lisa age 11, Phase One, lines 349-350]

Talk from adults could be intrusive. Scarlett found help with her work annoying when she knew what to do, and Lisa and Lola found the same in class. Lisa complained that her mum questioned her too much, and Lola complained that her nan spoke to her too childishly

> Sometimes you might think 'Oh I don't really need help, so… [...] Or with your mum, if she's trying to help you and 'I know what to do' and she still says… [Scarlett age 8, Phase One, lines 172-175]
>
> I get annoyed with my mum sometimes, cos like, she's like, I talk to someone, I come home, and they she's like, 'Oh, what did they say? Oh what was they like? What did they say? Oh what did you say? It gets so annoying. And when I'm on the phone to someone they're like 'What did they say?' [Lisa age 11, Phase One, lines 294-296]

### Conflict and bullying

Children expressed their frustration and sadness about arguments around them:

> I see my mum and dad swearing at each other, having an argument. […] I just want to bang their heads together and I just go up to my room. [Lola age 11, Phase One, lines 224-228]
>
> I keep having to listen to um Georgia [surname] and Abigail arguing all the time. [Joanne age 7, Phase One, line 114]

There were certain individuals whose behaviour made life difficult for other children. In the examples below, the children complained about another child, and indicated that they were not the only ones to find the individual difficult. Amman was a school bully, and there were older children in Harry's school 'just bully little kids'.

> There is like um 3…1…3…2 people what's a bit good and one person who's very bad, like a bully. […] Name is Amman and every time I touch him, or anyone touches him, or annoy him, he gets mad. [...] He always hits people and stuff' [Declan lines 74-81, 366]
>
> Some people were like meanies. […] Well they ain't meanies but, they just, not really nice. […] They just bully. They bully little kids. [Harry age 10, Interview 3, lines 310-314]

The children gave accounts of being spoken to in ways that they objected to. Asmita experienced racist abuse, and Jordan and Tasha were made fun of for being in the lowest ability group. Sam was humiliated about lack of confidence on an assault course. Oscar talked about 'some big boys' who were mean to him by 'annoying' him and calling him names. Unwanted treatment was sometimes directly related to communication difficulty. Harry experienced name-calling in response to his 'speech problems', and Sam was corrected and made fun of in ways he found 'horrible'.

> Tasha age 10: Everyone sometimes people take the mick <out of you going>
> Jordan age 10: <Yeah, they make fun of you>
> Tasha: 'Ha! You're in Bottom group' and we're like [shrugs her shoulders, palms up]
> Jordan: and we get like frustrated and we just want to hit 'em. [Phase One, lines 307-310]

> It was hard and stuff. [...] It a problem like when I wanna say something but I can't because I can't say it properly yeah, and they're like 'What?' 'What?' [...] Not my friends, yeah. Like Year 6s. [Harry age 10, Interview 2, lines 183, 186-187, 196] Because I had some speech problems. […] They just say it's bad names. [Interview 3, lines 316-318]

> People, other people say 'It's not that but it's that', and they be horrible [...] He'd been making fun of me as well in school. Before the residential he was making fun of me, and then he keeps on being horrible to me. […] He says like, like he makes fun of me cos I've got speech therapy. (3) and um I don't like it. [Sam age 10, Interview 4, lines 181, 193, 209]

It mattered to children not only what was said but who said it. Emma was 'upset' by criticism from her brother and sister, but could accept it from her mother, whose opinion and good intentions she could trust.

> Don't mind her [Emma's mother] saying anything about me. It's just that if my brother and sister say anything about me I just like get upset. Cos she's telling you what she thinks. Like that. My sister just don't really mean it. [Emma age 10, Interview 2, lines 324-327]

The children talked about others being picked on for being different, such as having a speech problem or wearing big glasses and being 'a special needs'. Emma was keen not to stand out in this way, and for that reason avoided using a specially provided seat. The danger of being made fun of would be even greater as Emma started secondary school, where she did not know everyone. Harry anticipated mean behaviour from older children as a hazard of secondary school, but he did not see himself as a likely victim as long as his speech continued to improve.

> We did used to have a special needs, but he was a bit weird. His name was [starts to say the name]. His name was um [name]. He was a bit. He smelt a little bit, and everyone made fun of him and stuff like that. Cos he wore big glasses in like that and it didn't really suit him, and everybody was going 'It doesn't really suit you, mate, so take em off cos they're like really big' and stuff like that, so it was like he's quite picked on. Like, by other people. And stuff like that. [Emma age 10, Interview 2, lines 380-384]

> I have to have a seat in school to sit still. But it makes me feel a bit embarrassed…about it, really. Cos like I'm being like a little baby or someut. [Emma, Interview 1 lines 147-151] Cos it's like everyone goes 'What is that?' and stuff like that. And I'm like, 'It's a seat'. [Interview 2, line 400] I don't want to use it. […] Cos I'm the only one using it. Cos I'm the only one that's got it, and I don't really want it, cos everyone's making fun of me. [Interview 4, lines 55-64]

> I don't wanna take that [seat] to secondary school because people make like more fun {than they do already}. [Emma, Interview 4, lines 330-331]

> Can be probably a bit mean. Probably. Because in Year like 8 or 9 they will probably pick on you or something. If you can't speak properly. […] But I can speak properly now, nearly. And when I'm in Year 6 I can probably speak fine. So, I'm not worried about that yet. [Harry, Interview 4, lines 217-221]

Some children described being upset by physical as well as verbal assaults. Sam was punched in the eye at a disco, and ducked under in the swimming pool. 'Getting beaten up' was school is a recurrent problem for Oscar who recounted a catalogue of 'painful' experiences.

> There's one of the people in my class bees horrible to me, because when we were on residential he punched in the eye. […] Because when we were at…on the…the last night staying, or the night before we were going home, it was disco night, and then he punched me.[…] Cos in swimming or on yesterday, he jumped on my back and ducked me under. [Sam age 10, Interview 4, lines 181-195]

> One thing I really didn't like [today] […] Getting um cos um {somebody} beated me up. […] We were playing football. It was my penalty. And um he pushed me over to get the ball. And I said 'But it's my penalty', and he started beating me up. […] And plus it happened lots of times. […] Not just with the same people…person, a lot of people. [Oscar age 7, Interview 1, lines 69-88]

The children did not always tell someone when they were bullied, despite recognising this as a correct thing to do. Lola saw that children might be 'scared' of telling on their bullies, and Lisa and Louise preferred not to tell teachers. Harry felt 'sad', but did not want to tell on the bullies, and did 'nothing really' about it. Sam felt social pressure not to 'spoil the fun' by telling a teacher. Emma rejected her teacher's suggestion of reporting mean people who make fun of her special seat. She preferred not to draw their attention in the first place by avoiding using it.

> Lola: And some people, even though they know what to do really, like tell the teacher, they still won't do it <because they're so scared.>
> Lisa: <I tell my mum> but I don't tell the teacher.
> Louise: Even though I should…
> Lisa: I don' like telling teachers. But I don't tell my mum either. If I was getting bullied.
> Louise: Cos someone was picking on me in Year 5, and I told my mum but I didn't tell the teacher. Cos I had a problem, and I was getting picked on by this boy in Year 5 and um…I told my mum but I didn't tell anybody else. [Phase One, lines 713-720]

> Well I didn't want to tell because otherwise it would spoil the fun. [Sam age 10, Interview 4, line 257]

> I felt embarrassed about it and everybody makes fun of it and says, 'What's that?' and stuff like that. And I don't really wanna use it. So. Miss [special needs coordinator] says 'Alright' 'It's up to you. Cos if you find it embarrassing, just don't…do it really.' She just said 'If you don't want to use it, if you feel embarrassed about it, come tell me and I'll speak to the person, whoever it is like being mean.' And I said, 'No, but I don't want it.' So, and I just didn't take it, really. Don't wanna use it. [Emma 4 lines 34-42]

Oscar ignored children who annoyed him and called him names, but was prepared to report the problem when physically hurt. Declan, similarly, was confident that adults were available to talk to when someone had hurt themselves, but did not always 'tell someone' when other children were nasty. When his playmate threw a mudpie, he went along with his friends, ran off and kept it a 'secret'.

> I just kept on ignoring them. […] Best thing to do. I always do it when people are being mean to me. Like calling me names. Just ignore them. [Oscar age 7, Interview 2, lines 412-416]

> Sometimes I keep it to myself. They want it…If they want it to be a secret. [Declan lines 93]

The children sometimes dealt with bullying by fighting back. William felt 'much better' when he could call the perpetrator names and then run away without being caught. Emma associated her brother's special needs with name-calling, but was confident in her ability to verbally defend herself:

> There's one thing I don't like about Cubs. There's someone called Lewis, another Lewis, and he bullies me. But now I'm feeling much better now because –Do you know why I'm feeling better? […] Cos I get to call him names and I'm faster than him. And he doesn't normally get me when I'm calling him names. […] Sometimes I call him 'toad' **[smiles]**. [William 2 lines 347--354]

> I don't care about my brother, whatever say about my brother. Cos it ain't true really. If they call me names, I'll just like have a go at them, really. [Emma 4 lines 342-343]

Children still considered some others to be their friends, despite annoyance and even physical harm. A boy hurt Oscar sometimes, but was still his friend. Billy annoyed William by hugging and smacking him, and 'outraged' him by biting him, but an apology restored the friendship. William and his friends got angry with each other and broke up, but they made friends again, as they were keen to continue their games and not miss out on playmates.

> He is my still friend. He does play with me a bit. But sometimes he just gets too {x} cos after that he hurt me again. Because sometimes like he…he hurts me sometimes. [Oscar age 7, Interview 2, lines 256-259]

> Sometimes he gets in a mood and we break up. But we get back together. That's what friends *are*. [William age 8, Interview 1, line 230]

Playing and arguing sometimes went hand in hand, and children tolerated a certain amount of conflict and annoyance within their relationships and friendships. Emma accepted as 'me all over' her tendency to spread secrets round the school, despite criticism from her friends about it. Laura did not like losing games to her brothers, and William's friends complained when he won. Emma's siblings could sometimes 'just be a pain':

> I can't really keep secrets and um, not really. […] I spread it round the whole school. […] Everyone like goes 'Oh, I can't trust you. Sorry'. And then I go 'Please' and then they tell me, and then I spread it round the whole school. [laughing] […] Then they just have a good go at me. And then…Then not be my friend, and then then I go 'I'm sorry', and then they go 'We're friends again', and then they tell me another secret, and then I spread it round the whole school. But I don't care. That's me all over, I am. [Emma age 10, Interview 1, lines 477-488]

> When they play, when they win, I don't like it. […] When they're on the game and I ca…not allowed on the game. […] I already have goes, I…I get short goes and they get longer goes than mine. [...] [It makes me] angry [...] They show off and that. [Laura age 10, Interview 3, lines 205-211]

Boisterous behaviour and affection could go together, as in the cases of Oscar's Staffordshire puppy and William's dog.

> He's good, it's just sometimes he loves me so much that um that he gets so excited with me, he accidentally bites me. [Oscar age 7, Interview 1, line 313]
>
> She's annoying. She always growls and barks at me. You won't like to have a dog like [dog's name]. She's annoying. But sometimes she be nice. […] Sometimes she bites…hurts me, but sometimes I love her. And sometimes she loves me. [William age 8, Interview 1, lines 462-469]

## Problems and helpfulness

In situations of conflict, it was supportive to the children to have others siding with them. When an older girl was 'really mean' to Emma by snatching a ball and pushing her, Emma's friend defended her by having 'a right go at her', and the incident remained an isolated one. When Asmita experienced racist name-calling, sharing this with others experiencing the same was important to her. William found it supportive when his friend Joe sided with him over Billy's behaviour.

> She just go 'Why are you picking on my sister?' and stuff like that. And then they just like left me alone, ever since then. [Emma age 10, Interview 3, line 195]
>
> I get upset about mean things Billy says. I ask Joe 'Do you think that's funny?' and he sometimes says 'No' and I'll be on his side, not on Billy's side. [William age 8, Interview 2, lines 344--345]

Harry, Emma and Oscar all saw themselves as in a position to stick up for others who are being picked on by peers. Harry told the teacher on others' behalf when a boy with a speech problem was picked on. Emma stopped to talk to a child herself who was upset. Oscar, like Harry, felt it was up to the witnesses to 'tell' when they saw mean behaviour going on, and offered help to others, being a frequent victim of accidents and bullies himself:

> The only one I tell is like they picking on like another little kid or something. Or like picking on because a person in Year 6, yeah? And he got really like problem, like he can't speak and he just…So, and they pick on him, like, our chaps pick on him. I don't, but like other people do like Jake, Lewis and Gareth do, pick. That one I tell, because it not that nice hearing two people {x that} so…[…] because it isn't that nice, bullying. [Harry age 10, Interview 4, lines 231-236]
>
> If somebody spots it, I think they should just tell. That's the best thing Cos you know if you go up to them they might be mean to you as well {all that}. So {telling off} the best thing to do if you see that happening. [Oscar 1 lines 420-423] [...] I get hurt a lot and I help people a lot. [Oscar 2 lines 535]

The support of peers had been formalised in two of the schools. Sam's school had a buddy system with a procedure for helping children who were physically hurt. There was a peer support system called the Friendship Bench at Harry's school, but the system offered no real support for children. It was a good idea 'at the start, but then nobody took it seriously'. Rather than a formal system, Harry said children simply needed playmates or concerned others to look out for them when hurt:

> Harry: That why I said we got the what was it? [...] friendship bench, so if they got hurt they can like, then they can go on there or if nobody play with them and then they will play with them, or get somebody else to play with them.
> Interviewer: So, did you think that was a good idea, then?
> Harry: Well, no because they never do it. So no, not really. **[laughs]** It was at the start but then nobody…then nobody took it seriously and if you go on it, nobody comes. [...] Normally, if they're playing, they're gonna play with a friend aren't they, so. They will probably tell or something. So that be alright. [Harry age 10, Interview 4, lines 244-253]

In some cases, children needed and appreciated the help of adults in managing their conflicts. When pushed under in the swimming pool, Sam was relieved when the boy was removed from the pool. When Sam was teased for his fear of heights, reassurance from the teacher helped him overcome his difficulty. Oscar 'had to' get help from a Circle of Friends group and utilise the support of the head teacher, because he was getting beaten up so much. Laura turned to her mother for back up when she wanted to avoid direct conflict with her older brothers.

> And the first time I only got up to the top ladder, and then the second time I managed…we went up the other way, and done it all. […] That's because a teacher came up and helped me. Came up with us. With the people who couldn't do it. [Sam age 10, Interview 4, lines 268-291]
>
> I had to get my Circle of Friends. I had to go to the head teacher, so I could talk about it. She said that um…that my…that if anyone's being mean to me, I should just see her. She said my {door}'s always open for me. Can see her any time if somebody's beating me up. […] I just believed her so…so when she said that, then the next time I got beat up I did went and told her. […] She told um those people off. Can't remember who it was. [Oscar age 7, Interview 1, lines 477-486]
>
> Sometimes my big brother says I'm not allowed in the garden when his friends are there. So, cos I can't bring my friends in the garden as well. [...] I asking my mum first, though. [...] Go tell my mum. And then they gotta get out the garden. [...] Cos I'm scared of them, sometimes. [because] they show off in front of their friends. [Laura age 10, Interview 3, lines 250-253, 257, 262, 267-271]

Children were sometimes frustrated by lack of support from adults. Lola was not always confident that the adults around her would deal with behaviour reported to them. She approved of Danielle's punishment at school, but was frustrated by the girl's lenient mother.

> Danielle, yeah, her mum never does {anything} does she. She's like 'Good little Danielle' [Lola age 11, Phase One, line 754]

Some children found the help they received from an adult supportive. Jordan was given the means by his teacher to talk about his ability group in a positive way. For William, telling an adult helped him to keep his feelings of annoyance under control.

> When I was in Bottom group people used to take the mick out of me. So I wanted to hit em. But I told Miss, yeah, and she said 'It don't matter what group you're in because you're still learning.' [Jordan age 10, Phase One, lines 316-317]
>
> Sometimes I tell because people annoy me. And I think I don't like being annoyed so I try and stop me you know getting in control. [William age 8, Interview 1, lines 515-516]

## *Summary of findings*

This chapter has presented results from the children in two sections. The first section considered the children's responses to techniques and materials of the interview procedure. It examined ways in which the researcher's strategies facilitated useful data. It also demonstrated children's active role in making sense of the research question and the interview situation.

The second section presented the children's views under the three emergent themes of normality and difference, autonomy and authority, and social circles. It highlighted certain words children were using about communication, and their meanings. It looked at children's accounts of impairment, at the dynamics of communication between the children and adults, and at problems and support within the children's social networks. Three key conclusions are drawn from the findings.

Firstly, **children appraised the abilities and behaviour of themselves and others in terms of difference and normality**. Difference and normality were notions that had social significance. Difference was associated with special treatment but also sometimes with stigma; abnormal behaviour was a cause of annoyance, puzzlement and sometimes alarm. Children tended to compare themselves favourably with others, to see themselves as possessing positive skills and qualities, and to see problems as getting better with time.

Secondly, **children saw themselves as active in their social lives and in their learning, but also subject to rules, expectations and pressures**. The children reflected on the dynamics of power: language was a means of asserting themselves and of learning; at the same time it was the means by which they were subordinated. Three types of discourse characterise their different views of communication and therapy. *How they are* was about their personal attributes and abilities, and their acceptability to others. Therapy was about being treated, rather than being active in making decisions. *How they perform* was about variability in their own efforts to communicate, making mistakes, learning and correcting themselves. In this way they saw themselves as active in their own progress. *How they behave* was about choice and freedom to exercise initiative and to comply with social expectations.

Thirdly, **language and communication had an important function for the children in shaping social networks; good close relationships were crucial to their management of problems and understanding of help**. The children had relationships where they felt accepted without needing to change. They tolerated and managed conflicts that arose in their everyday relationships. At the same time, some children were bullied and teased. Potential communication problems were minimised in the context of mutually supportive relationships.

The children, therefore, showed that they were willing and able to talk about communication, difficulties and help. They expressed the issues that were important to them, particularly regarding relationships and social identity. Their views were not characterised simply in terms of likes and dislikes; instead rich data emerged about the function of communication for them, and the dynamics of power operating through language. These findings are discussed in the next chapter.

# 06 DISCUSSION

In the previous chapter, findings from the children were presented regarding their involvement in the interview process and regarding their views about communication, communication difficulty and what they found helpful. This chapter discusses the key themes in the light of the literature. The chapter is divided into four sections. The first comprises a reflection on the method with regard to the children's participation in the research process. It discusses the value of using an open-ended method, children's understanding of the research process and the implications for validity, and the part played by non-verbal methods in communicating with the children.

Children's views of normality and difference are discussed in the second section and related to ideas about children's identity. It considers the way that problems are defined and the impact this might have on the way that identity is constructed. The third section examines the children's views about the ways in which they are empowered but also restricted through language, and considers the effect of context and discourse on children's position in relation to adults. Finally, children's views about the importance of good relationships are discussed. This section considers how communication functions differently inside and outside close relationships, and how this impacts on children's perception of problems.

Consideration is given to implications which may be drawn from these discussion points for speech and language therapy practice and for research with children with communication difficulties. These are summarised in the final chapter. The chapter concludes with a discussion of the limitations of the study.

## *Interviewing children*

Methodological issues regarding research with children and techniques of interviewing are considered here in the light of findings from the interviews of the present study. The focus of interest is the extent to which the children were able to understand and shape the research process themselves, and provide valid data.

The participants of the present study were bringing views to the open ended interviews that were complex. Attempts to categorise in a simple way, for example listing positives and negatives, were not successful. The children gave descriptions of situations without always giving simple clear judgements about likes and dislikes, problems and coping. Had the study used a fixed design with, for example, rating scales and forced choice questions, this would have made analysis more straightforward, but would not have offered the same theoretical depth. The rich data from the interviews led me to question pre-existing concepts such as normality, problems and help, and understand them in new ways.

### Group and individual interviews

The study used group and individual interviews in a complementary way. The literature review identified that group interviews offer insight into group norms: ideas are elaborated and opinions sometimes intensified as one child's contribution triggers another (Lewis 1992). It also highlighted that members of a group can feel encouraged to voice their opinions when others do, and develop their points in response to the stimulation (Hill, Laybourn et al. 1996). Participants of group interviews in the present study were indeed often willing to disagree with each other, so that a range of views emerged from the discussion. Edley (2001) used the term 'ideological dilemmas' to describe inconsistencies in contemporary common sense. He argued that the dilemmas revealed through discourse have analytic value, as they reflect the beliefs, values and practices of a society or culture. This proved a useful concept when looking at data from the group interviews; different points of view were interpreted in the light of competing themes in the children's lives. For example, Rebecca talked about school grouping in terms of ability, while Michelle recast the debate in terms of learning and needing help. This contrasted impairment and normality with performance and learning. Lola and Lisa debated the need to be understanding of a child with behaviour difficulties as set against their dislike of his violent actions. This contrasted normality and impairment with behaviour and compliance.

The potential for the voice of child to dominate or to be overridden by others can be seen as a disadvantage of group interviews. At the same time, these dynamics are informative if reflective of the way that views have salience and consensus operates in the children's culture (Morgan, Gibbs et al. 2002). Gerrard monopolised the attention of his group by initiating topics and making others laugh. Owen was outnumbered in his group by others who did not share his view of school. Others treated his contributions to the discussion as disruptive and not to be taken seriously.

The advantages of individual interviews were that idiosyncratic views could be explored in a non-judgemental atmosphere. There were examples of this where children complained about the behaviour of 'everyone' else, such as mockery, curiosity, or lack of understanding.

## Authentic data: children's cultures

The children used words differently from adults. Analysis of their vocabulary regarding communication not only offered insight into the way that communication functioned for them, but also showed up areas for potential misunderstanding. While *speech* and *language* might be seen by a therapist as neutrally descriptive labels, these had connotations for the children of difference and differential power relations. *Speech and language therapy* was often not comprehended or recognised as a term, even by children who received it. The meaning of *help* was not always about genuine helpfulness, but rather about being labelled as abnormal.

The pictorial illustrations helped to create a shared context about which to talk. Different children brought various descriptions to the same pictures, showing how pictures could avoid putting words into children's mouths and open up a range of views.

## Credible data: dialogue and empowerment

Evidence from psychological experiments suggests that children are acquiescent, suggestible, yield to leading questions, and mould their account to the feedback they get (Dockrell, Lewis et al. 2000; Lewis 2004). Recommendations have been made on the basis of this evidence regarding techniques for questioning children (Ceci and Bruck 1998). Dent (1986), for example, advised against the use of specific questions for eliciting accurate information from children. He found that the most accurate responses were during free recall or, in the case of children with learning difficulties, in response to general open-ended questions, while specific questions tended to lead to inaccurate information.

These principles and recommendations were taken into account during the interview process. However, interviewing skill depended on more than the strategic use of questions. The experimental evidence cited above omitted to consider the sense the children might be making of the interview situation and the relevance of this to their behaviour. Answering questions is not simply a matter of giving information, it is also about understanding the purpose of the question. Findings from the present study showed that the same techniques, be it open or closed questions, comments or silences, resulted sometimes in valuable data, sometimes not. The children were not passively acquiescent, and were able to refute suggestions. It was important to define the research topic in a way that the children could relate to, and create a sense of freedom and acceptance for them about what they could say with regard to it.

Dockett and Perry (2007) understood their interviews with schoolchildren as 'interactional' events, where both researcher and children shaped the generation of accounts, and recognised data as 'collaborative productions' (p49). In this process, knowing children, and their knowing the researcher were seen as essential parts of constructing meaning and interpreting the data. This is possible where research involves ongoing or extended periods of interaction and there are opportunities to develop relationships. Christensen (2004) was critical of one-off interviews which do not give children the chance to engage and reflect in this way.

In the present study, conducting a series of interviews with Phase Two participants enabled this kind of relationship building, and the chance for children to reflect, question, and add to what they had said. This was particularly important in the light of their potential communication difficulties. Phase One interviews had the disadvantage of being one-off; in this case more depended upon initial rapport, and children's interpretation of the event. While I took steps to share control of the interview with the children, this did not always mean that the dynamics of the interaction were characterised by empowerment on the part of the children. Their expectations and interpretation of the situation could work to position the interview as a teacher or a therapist.

Some of the children's views clearly reflected the sayings of others. Harry, for example, wanted to work on his speech so as not to sound like a baby, and admitted that this was what his teaching assistant told him. Emma wanted 'half the time' to study hard in order to get a better job, and said that this is her mother's way of motivating her. Some children identified their sources of influence, while others did not. There is no theoretical need, however, to separate the children's views from their reports of others'. Indeed, to attempt to distinguish between a *speaker* –the author of an idea and a *listener* –the receiver of it is simplistic and a 'science fiction' (Bakhtin 1986, p68). The response of the children to what they are told can be seen as active, not passive, and their account is inevitably a reflection of, and reaction to, what has been said to them.

Some ways of conceptualising children's views were discussed in Chapter 2. Komulainen (2007), looking at the views of children with special needs, drew on the philosophy of Bakhtin in criticising understanding of the concept of voice as the straightforward mental, verbal and rational property of the individual. She argued that voices are always social, and that this social quality introduces ambiguity to the notion of autonomous, intentional beings with 'message-like thoughts that can be exchanged'. Clegg (2004) made a similar point, disputing the concept of separable individual opinions in cases where children have great interdependency with parents and teachers. The present study aimed to represent a range of different views, and not to conflate these or subsume less prevalent ideas in favour of giving the children a common 'voice'. What emerged from the analysis was that while different views could be differentiated, these were not directly attributable to particular individuals. It made more sense to see participants as drawing on a common repertoire of perspectives, applying them in different ways in different contexts.

I would argue, then, that the children's views were inevitably influenced by the sayings of others and by their understanding of the interview setting, and that this does not undermine the credibility of the data. Important for credibility was building up an understanding with the children about the nature of the research and the acceptability of a whole range of points of view.

## Trustworthy data: children's interpretation of the interview situation

Context was treated as important in the study, as all beliefs are contextual, and it was understood as natural that different accounts would be given in different contexts. Ben, for example, gave two interviews, one at school and one at home. In the first, while sitting in his therapy room at school, he talked about his ability and willingness to work hard, and in the second interview, on the floor of his sitting room, he introduced more information about friends and relationships. There was no attempt to discount information that pertained to one context but not another.

Some methods were more successful than others in conveying to the children a sense of control over the interview and the research agenda. Some commentators have suggested that the setting, whether at school or at home, has implications in terms of children's expectations of accepted forms of communication and the balance of power (Barker and Weller 2003; Robinson and Kellett 2004). Fielding (2004) expressed concern that listening to students in the school environment was in practice balanced against traditions of adult authority, class control and school based targets. Stromstad (2003) criticised 'pseudo-democracy' in schools, where children were encouraged to have a voice, while little importance was attached to what they said. In the present study, however, school and home environments were used in many different ways. Sitting under a tree at school or on the sitting room floor at home made for more playful and less formal interview situations than sitting at a table in either location. The availability of non-verbal activities was important in allowing children choice over their activities and when and whether to speak.

After data collection, one threat to trustworthy analysis was the risk of over-generalising during the coding process. As categories were developed, there was a tendency to code into the existing structure, rather than creating new categories or acknowledging new shades of meaning. Efforts had to be made to keep the categorisation fluid so that the coding remained responsive to the data. One way of doing this was to manage many codes, and merge these when theoretically similar. Another way of doing this was to use only a few codes and embellish these with descriptions, conceptually elaborating the descriptions as new data were added. The NVivo software enabled both these strategies to be used efficiently and effectively. After the categorical coding, analytic text was used to make explicit links between data and emerging theories. At this point trustworthiness of the analysis was supported by actively seeking and considering alternative accounts.

Feedback of initial findings was given to many of the participants in an attempt to guard against researcher bias. This technique is known as *member checking*. There were practical and theoretical problems with this, however. Many were quite simply not interested in going over ground they had covered a second time, and for others the interest was more in reviewing their appearance and behaviour than in what they had said. Some did reflect on the findings from their own interviews and those of others, and their responses helped me gauge which were key issues shared by children, and which were more incidental. It seemed that the strategy of member checking assumes consistency of views over time, whereas variability occurred quite naturally from interview to interview, without this undermining credibility. For example, classmates complained about having a particular boy in their class because of his disruptive behaviour, but on another occasion wanted to overwrite these views with more positive views of him as a nice boy and a fun playmate.

## Non verbal expression and interpretation

Verbal aspects of the interview process were supported by the non-verbal activities available: looking at illustrations, drawing and colouring, taking photographs, making a scrapbook, taking a tour, playing with toys and sharing snacks. The activities themselves generated talk which included relevant data. They gave children a sense of control over the research process, positioning them as initiators and not simply respondents. They created spaces for pause and reflection on the part of the interviewer and the participants. They introduced shared context which supported mutual understanding. They gave a concrete focus to the conversation, where ideas might otherwise have been too abstract to sustain interest and engage understanding.

Ultimately, analysis relied on the verbal data. Non-verbal media such as the children's drawings, photographs and scrapbooks supported the verbal data, as did non-verbal information from the video recordings regarding facial expression and gestures. What the children photographed or drew was in part determined by stereotypes associated with those behaviours, as well as practical limitations of convenience and ability, and a valid interpretation without the verbal accompaniment would be difficult to achieve. This corroborates findings by Punch (2002), who reported similar limitations to the use of drawings and photographs, and found that their visual media were open to misinterpretation when not accompanied by open-ended interview.

## Implications

This reflection on methods contributes to our knowledge about research techniques and working with children with communication difficulties. Some existing literature has emphasised the researcher's role in applying certain techniques, such as questioning children in a particular way that will lead to valid data. The present study demonstrates how the relevance and validity of the data also depended upon the children's interpretation of the research process, and how participants could have an active role in this. Open-ended interviews led to data that were complex but theoretically rich, and allowed children some scope to shape the research process.

The study demonstrated complementary benefits of group and individual interviews. The series of individual interviews gave the children with communication difficulties a chance to engage with and reflect on the research topic; it enabled a relationship to develop as a basis for the construction of meaning and interpretation of the data. The study showed ways in which children's word meanings varied in different contexts, and highlighted the importance of sharing children's understanding of vocabulary and its connotations. The study provides an example of how non-verbal media can support mutual verbal comprehension, as well as help to convey to participants a sense of choice and control over the interview process. A range of different views emerged from the study. The discussion reveals how children can be seen as drawing on this repertoire of perspectives, applying them in different ways in different contexts.

The following sections consider the three main themes that emerged from what they children had to say. These themes are normality, difference and identity, autonomy and authority, and social circles.

## *Normality, difference and identity*

Children appraised the abilities and behaviour of themselves and others in terms of normality and difference. They talked about impairment as well as strengths. This section addresses the question of children's identity. It considers the way that speech and language therapists define problems and the impact this might have on the way that identity is constructed.

### The notion of normality

The findings identified how notions of normality were evident in children's accounts. They generally expected communication to be effective, and made value judgements about what was good, correct, clear and proper. Communication impairment was seen as personal lack of ability in comparison to normal standards, or as being babyish and slow in comparison to others. There were instances where children described a physical impairment or a particular medical condition as the cause of a communication difficulty. These emphasised their difference from normal, and their inability to do the same as other people.

These findings are of particular interest in comparison to the assumptions implicit in speech and language therapy practice. In general, the children described low ability and specific diagnoses in a matter-of-fact way, without these in themselves presenting as problematic. Expectations of normality are intrinsic to much speech and language therapy practice, and speech and language therapists make interpretive judgements with regard to appropriateness of communication. It could be said that the profession of speech and language therapy is founded on the notion of normality and difference, the association of difference with disorder and the need for something to be done about it (Ferguson 2008). Standardised measurements and comparisons to age norms and peers provide the benchmarks for defining need, allocating provision and demonstrating progress.

Children's notions of problems were not about difference per se, but about the social position in which children were placed by virtue of being different. Having a recognised problem and receiving help meant that some allowances were made, but it could also function as a label and lead to alienation. Needing special treatment (such as therapy, material provision or special restrictions) singled some children out in ways they did not want. This raises the question of whether it is helpful or not to identify and label particular difficulties with communication. Beyond their apparent objectivity, the mechanisms for defining normality and diagnosing abnormality are essentially social and cultural (Hacking 2006). A norm is not something physically real, but 'an artefact of the discipline that measures it' (Allen 2005, p94).

Avdi (2005) goes so far as to say that in relation to psychotherapy 'problems, identities and therapy are *talked into being* in actual practice' (p507). She described the case of an autistic boy whose agency was 'obliterated' by the discourse of his family therapy which positioned him as an object rather than an intentional subject. She argued that pathology was powerfully maintained because of the way in which the diagnostic discourse was allowed to dominate ‘as a single all-pervasive explanation for all of his actions’ (p499). Similarly, Bagatell (2007) presented the case of a young person with Aspergers Syndrome, who saw himself as a failure, marginalised by ‘the authoritative voices around him that told him that in order to have a meaningful life he would have to act normal’ (p418). As he got older, he integrated his impairment into his sense of personality, and found it less stressful to realise that ‘I am who I am and, that it really should be okay for me to be who and what I am’(p419). This was given as an example of how the voices and words of others contribute to people’s sense of self, and socially position them.

In this vein, many have criticised normative ideas and practices as being value-laden (Morris 1991) and in effect limiting people’s sense of what they can *be*, as well as what they can *do* (Thomas 1999). Connors and Stalker (2007) suggested that this has ‘particular significance during the childhood years, when young people are going through important stages of identity formation which may lay the foundations of self-confidence and self-worth for years to come’ (p31).

Lauchlan and Boyle (2007) considered the advantages and disadvantages of labels in special education. Among the advantages were the promotion of understanding of particular difficulties, the comfort to children and families offered by an ‘explanation’, and the sense of identity that comes from belonging to a group. Acknowledgement of impairment can be positive for identity if labelling the problem is within the child’s understanding and control, if the child has other sources of identity across different contexts and if the pathological view of the child is not allowed to dominate (Riddick 2000; Avdi 2005). Diagnosis can be one of multiple overlapping identities that children can assume at different times in different contexts. Riddick provides the example of a child with dyslexia, who preferred diagnosis coupled with understanding to a harsher interpretation of his deficits:

> “I’d rather know I’ve got dyslexia than think I’m an idiot” School age child, (Riddick 2000, p658)

Findings from the present study supported the notion that having ‘problems’ need not be negative, if accompanied by support and understanding from peers, friends and family.

Among the disadvantages of labelling considered by Lauchlan and Boyle (2007) were focus on within-child deficits, lowered expectations, stigmatisation and low self esteem. Woolfson (2004) theorised that negative views of disability in society have a potentially harmful effect on family dynamics and children’s behaviour. Some parents, for example, view all problems through the lens of the child’s impairment, even though parents of non-disabled children experience similar problems to some extent. If people anticipate problem behaviours as an inevitable effect of the impairment, this leads them to tolerate difficult behaviour rather than manage it effectively. Others view the child as passively dependent on them for help, and this leads to over-protection. Allen (2005) saw impairment not as ‘something missing’ but as ‘something added’, the ‘unasked for’ contribution of disciplinary knowledge and power to the person’s identity (p94). Labelling and diagnosis becomes unhelpful when it dominates a child’s identity. Ferguson (2008) reflected that instances of a client’s difference may not necessarily all be reflective of a disorder, but ‘it is difficult to avoid the conflation of observed difference with the construct of deficit’ (p13), because this is the way in which communication disorders are detected and understood.

The present study supported these theories, providing some examples of how labels could be associated with negative treatment and alienation. Behavioural disorders in others presented a particular dilemma for the children, feeling on the one hand that they should tolerate the behaviour and make allowances, and on the other hand troubled and hurt by it. Priestley (1999) observed this issue operating in classrooms where disabled children were not disciplined and punished in the same way as their peers. He expressed concern that this reinforces powerful negative messages about special needs and otherness.

As outlined in the literature review, approaches to speech and language therapy have traditionally been based on a medical model of disability, but alternative practices based on a social model also exist. While the two models are theoretically distinct, there is some debate about their application to speech and language therapy practice. Duchan (2001) argued that an impairment view and a social view of communication disorders lead to ‘two quite different ways of approaching clinical practice’ (p41). The social view involves recognising the social implications of impairment, working with clients towards functional goals, and attributing difficulty to social and situational barriers rather than presuming the disability to be in the client. This social view puts the therapist in the position of understanding the client’s definition of need rather than judging normality.

## Awareness of communication and therapy

So far, this section has discussed children’s views about communication impairment. It is worth mentioning, however, that their concerns and comments about communication were balanced by their descriptions of non-verbal activity. *Action* (such as playing football, ambushing friends, burping) was fun, and their accounts of these activities did not necessarily make reference to talk. Non-verbal communication spoke for itself in familiar situations, such as parents conveying disapproval by facial expression alone. Recording brought the children’s attention to the mechanics of speech. In all these examples, there seemed to be an element of verbal communication being taken for granted, aspects emerging as salient only when problematic, unusual or talked about by others.

Very few of the children used the term ‘speech and language therapy’, even those that received it. It could be that children lacked information about the therapy that they were receiving, or that in some cases an imbalanced view of therapy was available to them, with ideas about stutterers and deaf people prevailing over other types of work. Having little to say about speech and language therapy may have reflected its low profile in their current daily life, or it may have been a methodological difficulty in identifying therapy as a topic. Stalker and Connors (2003), seeking to find out children’s views of social services, had difficulty identifying what a ‘short breaks facility’, ‘playscheme’ or ‘social worker’ meant to the children, and did not gain a lot of data from children about services and professionals. They suggested that most professionals might not count as important people in the children’s estimation, perhaps tending to communicate more with parents than children.

## Strengths and positive identity

Writers within the disability movement have defined disability as a form of oppression comparable to racism or sexism. They advocate pride in a disabled identity, seeing being disabled as about celebrating difference and diversity (Morris 1991). From this point of view, being disabled can be a shared experience based on common interests, comparable with other types of social identity

(Watson 2002). Swain and French (2000) proposed an *affirmative model* of disability. They wanted to emphasise a non-tragic view of disability and impairment, an issue which they felt was not centrally addressed by the social model of disability. They argued from the writings and experiences of disabled people that 'far from being tragic, being impaired and disabled can have benefits' (p574). This runs counter to the assumption that normality should be used as a benchmark or that abnormality requires treatment.

> In affirming a positive identity of being impaired, disabled people are actively repudiating the dominant value of normality. (Swain and French 2000, p578)

Qualitative research with disabled people has shown, however, that many do not tend to embrace a positive disabled group identity in this way. Watson (2002) found that physically disabled adults did not share a common disabled identity or see their impairment as an essential component of their identity. Instead, they tended to separate body image from self-identity. Some questioned the concept of normality, so as to avoid seeing themselves as different. Some tried to make difference not matter, centring their identity on what they *could* do. Connors and Stalker (2007) found that disabled children could be matter-of-fact about their impairments, and concerned to emphasise similarities with their peers. They found that the children had a practical, pragmatic attitude towards their impairment, were happy with themselves and not looking for a cure:

> When a boy aged 9 was asked if he ever wished he didn't have to use a wheelchair, the reply was: 'That's it, I'm in a wheelchair so just get on with it … just get on with what you're doing'. (Connors and Stalker 2007, p25)

Seeking to cure impairment implies non-acceptance, and this can present problems for positive self identity. Trying to ignore impairment or emphasise the child's limitations was associated with self hatred and embarrassment, according to disabled adults' reflections on their childhood (Thomas 1998). Coles (2001) looking at the views of adults with learning difficulties reported that the concept of acceptance of disabled people was 'rarely evident—with services often acting under medical model influence (and behaviour modification in particular) in seeking to cure or improve service users, rather than help them to lead their chosen lives to the full' (p503). On the other hand, Watson suggested that rejecting a disabled identity was a way of coping with living in a society that denigrates disabled people. In a way, the adults he interviewed were reinforcing (rather than challenging) a stigmatised image of disability by denying that they were part of it. Connors and Stalker suggested that perhaps disabled children would embrace a disabled identity if more affirmative role models were available to them.

While this may be the political ideal of some, there is no evidence, however, that this is realistic or desirable from the children's point of view. Indeed, it seems important that impairment does not determine identity, and is not seen as the most important aspect of children's lives, but simply that it is incorporated in a positive way. Kelly (2005) found that the experience of impairment was only one aspect of the lives of learning disabled children. It varied in importance, but was neither tragic nor all-encompassing for them. For Kelly the role of significant adults in disabled children's lives was to 'encourage them to develop a strong, positive self-identity that embraces impairment as one element of their fluid and complex identity' (Kelly 2005, p272).

Participants in the present study gave accounts of impairment which were not often affirmative, but neither were they tragic. Indeed, some suggested that communication difficulty was either not important to, or not a part of, their identity at all. Accounts of impairment were balanced by mention of positive qualities, and there were many examples where the children rated themselves favourably compared to others. The children were in many ways keen to put forward a positive view of themselves and their abilities, and to actively address their own concerns. This fits with the strengths perspective in health and social care which has shifted focus from deficit and risk to growth and health (Cefai 2007). Stalker and Connors (2003) were struck by the 'strongly positive image' which most of the children in their study had of themselves as this 'flies in the face of much previous research, mostly based on parents' or professionals' accounts' (p31).

People have a strong tendency to see themselves as normal. Sutton et al. (2007) found this when looking at poverty, where children from very differing socio-economic backgrounds all considered themselves to be average on a scale of rich to poor. Participants in the present study often showed an acceptance of their own abilities and behaviour as ordinary. Failure to make themselves understood, annoyance with other people, difficulties finding the right words and poor academic progress were all problems mentioned by the children and coped with in positive ways. Firstly, the problems could be seen as not unique to them, but part of many people's everyday experience. Communication difficulty, unlike some physical impairments, can be described in this way. Failure to be understood, for example, is likely to be a common experience for all schoolchildren in noisy classrooms (Jamieson, Kranjc et al. 2004). Secondly, they described failings of performance rather than competence, and these occurred in the context of relationships where they were accepted as they were. The importance of this is discussed in a later section. Thirdly, they described room for improvement over time as they learned new skills and practised. They related gains in ability to growing older, and also recognised that tuition could help to improve abilities. This distinguishes their views from those of people with disability that is understood to be permanent. The distinction between able and unable is blurred if one takes the view that anything is possible with time or with teaching.

## Locating the problem outside the child

Children attributed some difficulties to others' unfair demands or restrictions rather than their own short-comings, and this provided an alternative to the view of communication as a personal impairment or disability. This raises the question of whether children's difficulties are assessed and diagnosed in terms of individual pathology when an environmental account would better match the children's perspectives and concerns.

Disability theory views disability as a socially created experience of discrimination, inequality and segregation (Kelly 2005). The theory emphasises the importance of locating problems within society rather than the individual (Oliver 1990). Coppock (2002) criticised the interpretation of Attention Deficit Hyperactivity Disorder as a medical disorder, and explained its treatment in terms of adults' imposition of control.

> From the point of view of children and young people themselves, it is not difficult to perceive the use of medication and/or behaviour 'therapies' as tools of adult social control, or even violence. (Coppock 2002, p149)

While that particular diagnosis is complicated by ethical issues over medication, Coppock's point has relevance to behavioural issues in general. Adults' wish for children's compliance and to avert blame from themselves can lead to the pathologising of oppositional behaviour.

### Implications

The discussion leads to concerns about the relationship between the way problems are defined and the way that identity is constructed. It raises the question of whether speech and language therapists give consideration to the effects of this 'discourse of normality' on children's sense of social identity and recognise alternative ways of viewing the children. The notion of normality and the judgements made about the children have potentially harmful effects on their sense of identity. It seems that the children are protected from these by the existence of alternative ways of seeing themselves –for example by emphasising their strengths, the ordinariness of their difficulties, and their potential to progress. Along with this is the question of how central children's understanding and control are to the process of assessment and diagnosis. This will be discussed further in the next section.

## *Autonomy and authority*

Children were empowered but also restricted through language. They talked about themselves as active communicators, asserting themselves and choosing what to listen to. They also talked about themselves in a more passive role. This section addresses the question of children's autonomy, giving consideration to the effect of different types of discourse on children's power relations with adults.

### Children in active and passive roles: subject positions

When the children talked about communication, they described themselves sometimes as active and sometimes in more subordinate roles. They asserted themselves, actively chose what to listen to, sought to know things, and were in the position of helping others. They described themselves directing others at play, arguing and negotiating, and using their abilities to win popularity. They were also, however, expected to listen and know things when their interest was not necessarily engaged, and to understand when insufficient explanation had been given. They were subject to surveillance, judgement, prohibition, and not always taken seriously. There were influences on their social lives over which they had no control – placement in particular classes or groups at school, location of houses and the facility to visit friends, groups of children who were unwilling to include them, parents who were too busy at work to spend time with them. Regarding speech and language therapy, parents and teaching staff were not always available to help.

It is obvious that practical circumstances impose restrictions on what can be said and done. However, children's autonomy can also be seen as related to dynamics at work regarding the power relations between adults and children. The concept of discourse offers a way of accounting for these dynamics, and children's different roles, active and passive. Discourse refers here to clusters of themes, ideas and images which are shared through use of particular language. Bakhtin (1986) described how utterances are in one sense individual, but in another sense fall into 'relatively stable types' of discourse which he called speech genres (p60). Following the influence of Foucault, Tremain (2005) described the way in which discourse positions people in relation to each other, so that people are made 'subjects' by the framework of discourse in which they take part.

According to discourse theory, power relations are not explained in terms of one group oppressing another. Rather, people are positioned by discourse in different ways depending on the context (Henriques, Hollway et al. 1984). The individual is not assumed to have a single, complete or unitary self-identity. The subject can occupy any number of subject positions, and can resist being positioned in a fixed way by taking 'identity standpoints' (Sullivan 2005, p31). People can be passively positioned by the external authority of a particular institution or social group. People can also recognise themselves as certain types of subjects, assign meaning and value to their conduct in line with particular ideals, and thereby position themselves (Yates 2005).

There were variations in the children's accounts between and within interviews which can be seen in terms of discourse. The children's accounts of communication can be assigned to three types of discourse: the discourse of impairment and normality, the discourse of performance and learning, and the discourse of behaviour and compliance. These are summarised in **Table 8**: The children could shift between these when talking about difficulty, competence, and what they find helpful. The paragraphs below explore the ways in which each of these types of discourse positioned children in active or passive roles.

**Table 8Types of discourse**

| | Difficulty | Competence | Helpful | Discourse |
|---|---|---|---|---|
| How they **are** | Impaired ability | Personal skills and qualities | Being accepted | The discourse of impairment and normality |
| How they **perform** | Making mistakes | Making an effort | Being taught | The discourse of performance and learning |
| How they **behave** | Bad behaviour | Being good | Fun and freedom | The discourse of behaviour and compliance |

## How they are: the discourse of impairment and normality

When talking about communication in terms of impairment, the children tended to describe themselves in a relatively passive role, complying with therapy work that was prescribed for them or playing therapy games. Others with impairments were seen as not being able to help it, and not responsible for their behaviour. Some children clearly had decisions made for them about the provision and withdrawal of support that were outside their control.

This relatively passive approach to therapy is what one would expect within an impairment-based approach and medical model of disability, which casts the therapist in an authoritative role and presumes the disability to be in the client (Duchan 2001). Armstrong (1995) has argued that the power to define the needs of others, which is implicit in the activity of professionals involved in the assessment of special educational needs, 'stands somewhat awkwardly in relation to the humanitarian principles frequently used by professionals in theorising their own practice' (p1). He was critical of the assessment process, arguing that decisions about how a problem is conceptualised were disempowering for children, and that children were not given an opportunity to tell their side of the story. He reported that from the perspective of children he interviewed, assessment 'was concerned with the needs of their teachers and parents' rather than a way of addressing their own interests (p101).

As outlined in the previous section, a social approach to speech and language therapy has been described as an alternative to impairment-based approaches (Duchan 2001). Some have been reluctant to accept a dichotomy between the two. Worrall (2001) regarded the World Health Organisation's ICF as an overarching framework for speech and language therapy that can combine impairment-based and social elements into a 'biopsychosocial' approach. However, the tendency then is to embrace the framework of the ICF, to talk about the importance of *activity* and *participation*, and to maintain an impairment-based approach. ICF coding can be carried out according to the therapist's judgement without consultation. Ueda and Okawa (2003) identified the subjective dimension of functioning and disability as an important 'missing' element in the ICF. Similarly, Duchan (2004) criticised the ICF model's 'blind spot for the person's subjective experience' (p63). A position paper published by the Royal College of Speech and Language Therapists recommended that speech and language therapists give training to people involved in the child's care, in order to achieve 'real change for the child' (Gascoigne 2006, p17). While this suggests functional goals reflecting a social approach, the child's activity and participation were considered in terms of the impact of the impairment, with no reference to the impact of the environment, and no reference to the child's views.

Findings from the present study support the assertion that the discourse of impairment if unchallenged is disempowering for children. Categorical identities can be imposed on children through dominant discourses about special needs, disability and difference. Davis and Watson (2001) described disabled schoolchildren in their ethnographic study experiencing discriminatory notions of normality and difference in both special and mainstream schools. The authors attributed these experiences to 'structural forces' in schools, such as the system of issuing statements of special educational needs, as well as cultural and individual practices. Billington (2002) has observed that not only school staff, but also visiting professionals such as educational psychologists are used to their own words carrying the weight of 'authoritative truth', while children's views are not systematically accessed. Fielding (2004) argued that dialogue with children that is educative for both parties would require a transformation of current presumptions and practices. Kelly (2005) criticised social workers' negative assumptions and prejudice inherent in what she called 'current discursive professional practice' (p272) that focused on limitations of impairment.

At the same time, children can and do resist these forces, actively constructing and re-constructing their own identity with alternative discourse (Priestley 1999). Declan was an example of this, seeing speech therapy as 'just manners' and rejecting the judgements of those who thought he needed it. It is also acknowledged that compliance need not be equated with passivity. Children can make an autonomous decision to obey rather than resist, and take pride in their co-operation and participation (Punch 2004).

## How they perform: the discourse of performance and learning

When talking about communication in terms of performance, children described themselves in an active role, solving problems by their own efforts, improving their skills with practice, recognising their mistakes and putting them right, and learning how to do things from their teachers and therapists. Difficulty was attributed to the task –such as words that are hard to say, rather than to inability.

Work in the field of psychology has related children's motivation to their need for autonomy. Autonomy is seen here not in terms of self-reliance and resistance to control, but rather as a matter of a having a range of effective choices (Forman 2007). Intrinsic motivation is about behaving out of personal choice rather than external requirement, and is supported by the satisfaction of autonomy as a basic need (Ryan 1995). The importance of autonomy runs alongside the need for relatedness, that is, close relationships that offer a sense of belonging and the perception of support (Osterman 2000). The children's accounts add to these existing notions of autonomy. Help can be given in a way which is empowering to the children, equipping them to be active in their own learning.

## How they behave: the discourse of behaviour and compliance

Communication, if seen in terms of behaviour, was often a matter for which the children showed a sense of responsibility and choice. As pupils, friends and family members they talked about wanting to act their age, join in with others, and behave well in class. As pro-active children they talked about behaviour for which they were told off, consciously avoiding compliance in favour of doing what they wanted to do. The children showed appreciation of choice and freedom, for example in the way they played, socialised and used their imagination. Some expressed objections to restrictions imposed on their communication, such as the obligation to listen, prohibition to talk, and determining whom they could see when.

Existing literature supports the finding that the experience of disapproval for inappropriate communication can be both common and also particularly salient for children. 'Getting scolded' for talking to their friends in class or 'messing' instead of concentrating on their work was among the worst things about school for primary children according to a study by Horgan (2007). The freedom to make choices has been associated with children's willingness to accept social norms and values, and is thus supportive of both autonomy and compliance (Ryan 1995).

Behaviour in others was most problematic for the children when it was puzzling, scary or annoying, and associated with conflict and violence. In these cases, the children used the discourse of impairment and normality. From adults' point of view of, there is considerable concern about the co-occurrence of behavioural difficulties with specific language impairment (Stringer and Lozano 2007). Expressive language delay has been associated with high rates of problematic behaviour, even in very young children (Caulfield et al 89). The present findings suggest that the children interpreted others' difficult behaviour in terms of a predominantly medical model, but this led to labelling and stigmatisation rather than understanding.

## Implications

Establishing an ongoing process of dialogue between children and adults is central to children's participation (Lansdown 2005). The type of discourse available for considering children's communication has implications for their sense of identity and for their participation in speech and language therapy. Certain types of discourse seem to be supportive of children's sense of autonomy, while others cast the children in a more passive role. The discourse of impairment and normality was essentially disempowering for children, while the discourse of performance and learning allocated them an active and responsible role in their own progress. The discourse of behaviour and compliance emphasised the children's choice within certain social parameters, that is, the rules, expectations and wishes of others.

## *Social circles*

Communication was an integral part of the children's relationships, and these relationships were a source of both problems and help. This section addresses the question of children's inclusion. It considers accounts of how communication functions between children, compares their views with educational inclusive ideals, and discusses the impact of children's social circles on their perception of problems.

### Relationships

Being able to talk to people was, for the children in the present study, about being part of a relationship. Listening to children in almost any context has revealed the importance to them of relationships with friends and family. Seven and eleven-year olds reported playing with their friends to be the best thing about school (Blatchford 1996). Making and meeting friends, playing and 'having fun' were the best things about school for young primary school children interviewed by Horgan (2007). For rich and poor children alike, family and friends were among their main interests (Sutton, Smith et al. 2007).

Some authors have made the distinction between interactional function of communication (such as maintaining relationships) and the transactional function (conveying messages). As mentioned in the literature review, Worrall (2006) argued that for adult clients *interactional* types of communication may be the more important of the two. The same claim seems to be true for the children in the study. The children's concerns were more about the interpersonal than transactional function of communication.

At the same time, it should not be forgotten that children sometimes wanted the option not to communicate or participate. Talk from other people could be annoying and intrusive when the children wanted quiet or to be left alone. Lewis (2004) has pointed out that, in relation to research, children's right to silence and non-participation should be respected. Findings from the present study suggest that this should apply beyond research to children's everyday contexts.

Social networks were shaped by speaking to certain people and not others, sharing and withholding information. There were degrees of friendship –best mates, occasional playmates, mutual enemies. Children tolerated and resolved conflicts within their friendships, still considering some others to be their friends, despite annoyance and even physical harm. Playing and arguing sometimes went hand in hand, and boisterous behaviour and affection could go together. It was annoying to be subjected to other people's talk, when the children wanted to be heard themselves or simply wanted quiet, and children expressed frustration and sadness about arguments around them.

Studies among primary school children have shown that there are not simply friends and non-friends, but various circles of best friends and less frequent playmates (Hartup 1996). Children's close relationships involve a complex interplay of co-operation and conflict (Punch 2007). Disagreements are common between friends, and conflict occurs among friends no less than non-friends (Besag 2006). Mutual friendships can involve aggression and victimization. Children's peer culture and play can be concerned with establishing the power order rather than giving others fair and equal treatment (Löfdahl and Hägglund 2007). What distinguishes friends from non-friends is not the amount of conflict but the way in which conflicts are resolved, for example by negotiation rather than assertion of power (Hartup, Laursen et al. 1988).

Friendships and sibling relationships, then, involve conflict which is managed by the children as part of their daily lives. This raises the question of whether children's perspectives on their social networks and their methods of managing conflict are adequately taken into account when assessing social skills and offering intervention.

## Bullying

Name-calling reinforced relationships between people in positive and negative ways, so they could underline friendship or be a form of bullying. Besides name-calling, the children gave other accounts of being spoken to in ways that they objected to, such as racist abuse, mockery and humiliation. Sometimes a certain individual was identifiable as a bully or a victim, and being different or unpopular were reasons to be 'picked on'. Sometimes the children's concerns were not so much with managing verbal hostility as making and maintaining friendships. They did not always clearly label or define their experiences as bullying.

Existing research indicates that bullying is both a considerable cause of anxiety for pupils that 'constantly returns to the educational agenda' despite measures to prevent it (Lee 2006), and also in some ways an ambiguous concept. Adults tend to agree on a definition of bullying as repetitive and characterised by an imbalance of power (Siann and Callaghan 1993). Beyond this, however, Lee found that teachers lacked consensus in defining bullying, some being more likely than others to count teasing, name-calling, ostracism and playful fighting as bullying. This finding was attributed to the subjective nature of the experience of bullying, and the importance of the context of the interaction in understanding it. Kidscape, a UK charity for the prevention of bullying on its website *www.kidscape.org.uk* describes physical, verbal and emotional bullying, the latter being seen as not only more common but also more difficult to cope with and prove.

There are problems for children with the under-recognition of the importance of some types of bullying. Girls have been found more likely than boys to use ostracism and less likely to use physical means. Besag (2006), looking at the views of 10 to 12 year old girls found that teachers underestimated the power and importance of their close friendships, and did not always understand the distress that quarrels and conflicts could cause, considering them to be petty squabbles rather than acts of bullying.

Friendship and bullying have been linked in research to the notion of social competence. Teachers associated victims of bullying with a quiet personality and not having many friends (Siann and Callaghan 1993). Schoolchildren aged 9-11years and their teachers perceived victims as having poorer social skills (Fox and Boulton 2005). Even pre-schoolers are less likely to interact positively with peers who are mildly delayed, perceiving them to be of lower social status (Guralnick and Groom 1987). As mentioned in the literature review, Conti-Ramsden and Botting (2004) found that children with specific language impairment were as rated having poor social competence, with many being at risk of being regular targets of victimisation.

The children in the present study did not entirely portray themselves as incompetent victims, as they had a range of ways of dealing with bullying. They did not always tell someone when they were bullied, particularly in the case of verbal abuse despite recognising this as a correct thing to do, not wanting to draw attention. However, they also gave examples of times when they had verbally defended themselves. Priestley (1999) reported disabled schoolchildren hitting back when teased, and saw this as an example of the children as active not passive in the construction of their own identities. Participants in the present study also talked about the supportiveness of other children siding with them in situations of conflict. The support of peers had been formalised in two of the schools, but the children retained the assumption that actual support depended upon real friendships, children's helpfulness and a sense of responsibility towards others.

## Inclusion

Promoting inclusion and developing communities is central to educational policy. The large topic of inclusion is concerned with issues around children's assessment, school placement and teaching strategies which lie outside the scope of this study. Of relevance here, however, are some educationalists' ideals about inclusion and the way in which they compare to children's social experience at school. Definitions of educational inclusion vary, and are not always made explicit, but inclusion is founded on the moral principle of education for all. It has historically been an approach to serving children with disabilities within general education settings, but is also seen as 'a reform that supports and welcomes diversity among all learners' (Ainscow, Booth et al. 2006, p2). Ainscow et al. articulated the fundamental importance of values such as equity, participation, community, compassion and respect for diversity; this meant in practice reducing exclusion and discriminatory attitudes, including those in relation to age, social class, ethnicity, religion, gender and attainment. Barton (1998), similarly, saw inclusive education as 'about the participation of all children and young people and the removal of all forms of exclusionary practice'. Clough and Corbett (2000) were concerned with the link between policy and practice, arguing that 'What is established as policy must be concordant with what actually happens in schools, and in the lives of pupils' (p6).

The children's notion of problems centred not on their personal deficits, nor on treatment from the community at large. Their concerns were about themselves in relation to others, and their identity as individuals and group members. The children's accounts suggested that difference was a cause of discrimination and difficulty for them, and that this problem occurred outside close relationships rather than within them. What seemed important and supportive for them was not so much popularity, although some took particular pride in having 'hundreds of friends' and talking to 'everyone'. Rather, it was good relations with particular individuals that mattered to them. Older children sometimes explicitly disregarded the views and intentions of others outside their social circle. Existing literature suggests that children with only a small number of strong mutual friendships can appear to be socially ‘neglected’ but are not ‘rejected’ (Erwin 1993). This is in line with a theory put forward by Hartup (1996) that the significance of friendship for children derives not so much from popularity as from the identity of friends and the quality of the relationships.

Within their close relationships, children were active in negotiating their friendships and identities. Messiou (2006) rejected the concept of inclusion as a static state. She found that some primary school children experienced marginalisation without others recognising it as such; equally individuals considered by others to be marginalised did not always recognise or admit that this was their experience. Messiou proposed that notions of normality determined children’s social circles, but also that the boundaries of these circles were flexible and crossable for children.

It has been a cause of concern to educational idealists that the principle of inclusion comes into conflict with the standards agenda, that is, the focus on measured attainment reflected in national performance tables and targets. A report by the Audit Commission (2002) described schools feeling ‘pulled in opposite directions by pressures to achieve ever-better academic results and to become more inclusive’ (section 4). Ainscow et al. (2006) acknowledged a tension between these different goals. Whereas inclusion is about valuing diversity, the standards agenda, it could be argued, is driven by the practical need for, if not moral preference for, homogeneity (Wedell 2005).

Findings from the present study reflect this tension between on the one hand children being accepted as they are, and on the other hand making comparisons according to socially valued criteria. The children ranked themselves and others in terms of age, ability and achievement. Being older, faster or more skilful were points of pride for the children, while being academically behind or linguistically less able were sometimes causes of humiliation. Some of the children had found a solution to the tension by focusing on the potential to learn rather than on achievement. While variations in knowledge and ability differentiated between children, the need to continually learn, develop and improve was something that they all had in common, and this discourse was a social leveller for them.

## Problems and helpfulness

Good relationships seemed to have the power to alleviate or minimise potential problems. Speech intelligibility was one such area in particular which was helped by good relationships. Experimental studies might suggest that that intelligibility is primarily down to the talker (Markham and Hazan 2004) but the familiarity of the listener, such as mothers of children with speech delay, also clearly helps intelligibility (Flipsen 1995). This may be one reason why the children found intelligibility less problematic in the context of close relationships.

However, close relationships held another advantage. Even when there were breakdowns in communication, children found these unproblematic with friends and family compared to non-friends. It could be that the shared context, history and trust within close relationships provided a safe environment for children to make errors. There was less at stake, as the children would not be judged on their speech, nor lose the chance to be heard when not understood. Close relationships provide children with a sense of acceptance and belonging. Stalker and Connors (2004) found that regarding disabled siblings, children’s shared experiences took precedence over any perceived differences. Barr, McLeod and Daniel (2008) found that siblings of children with speech impairments were typically positive about their relationship and protective in the context of outsiders.

Not only speech intelligibility but also problems and help of all kinds held different significance within and outside close relationships. In the context of close friendships and family relationships, difference was accepted without stigma, and support was mutual rather than one-way. The children described acceptance without the need for communication to change, such as friends making allowances for unclear speech or a strange voice. Variation in the way people communicated was attributed to culture, personality, age and gender, and these differences were not necessarily considered to be problems.

From a psychological point of view, a sense of belonging is essential to children's learning and to growth. Indeed, Osterman (2000) attributes a wide range of psychological and behaviour problems to lack of this sense of belonging. Autonomy, self esteem and a sense of belonging are interrelated conditions seen as fundamental to the development of intrinsic motivation (Ryan 1995) and understood to be necessary for children who are resilient to problems and successful during their school years (Gilligan 2003).

Good relationships also seemed to be important with people who were in a position to offer help and support. Sharing problems and offering mutual support could function as a sign of trust and understanding. Supportive relationships were about being listened to, and being around at the right moment when needed. The friendliness of teachers and therapists was appreciated by some participants in the present study, for whom those relationships were socially important.

An important part of speech and language therapists' role is training others who care for the child, particularly parents and teaching staff (Gascoigne 2006). There is some indication in the literature that children do not always appreciate 'help' when it is given by people outside their chosen social circles. Bowers (1997) when asking pupils about assistants supporting children in class found that although many valued them, some felt it singled children out as different, and some viewed them as helpful for the teacher rather than the child. Gilligan (2003) has pointed out the importance of valuing the support available to children within their naturally occurring relationships, rather than over-emphasising professional roles.

## Implications

The issue of relationships has two main implications. Firstly, awareness of the importance for children of the social function of language may have implications for goal setting with them. It is possible that speech and language therapists over-emphasise the transactional function of language, where children would give more priority to the interpersonal dimension. While the two are obviously related, findings suggest that accuracy is only important in certain social contexts, while good relationships are fundamental to the children's well-being.

Secondly, children have many strategies for dealing with conflicts that arise in their everyday interaction, and not all disagreements constitute problems that require action. This raises the question of when and how speech and language therapists should diagnose social problems and offer intervention for the development of social skills.

## *Limitations of the study*

### Sampling and recruitment

One limitation of the study was to do with recruitment and a possible source of bias. Towards the end of Phase Two, there was the concern that some children might have been inhibited from accepting the invitation to participate in the research because of their difficulties or feelings about communication. This could mean that the study had selectively sampled children who were less troubled or inhibited by communication difficulty. This problem was addressed by purposively inviting children from a specialist language unit, with the help of their speech and language therapist whom they knew well. Children in the language unit would have been assessed as having severe specific difficulties, according to the admission criteria. The speech and language therapist was in a position to give shy, worried or inhibited children reassurance and confidence about volunteering, without persuasion or coercion. This final phase resulted in participation from one more child. It is possible, however, that while his difficulties may indeed have been specific and severe according to formal assessment, the study had again recruited a child who himself was relatively untroubled and uninhibited by his difficulties.

This leads to a more general point about the extent to which findings from the study can be generalised to other contexts. The study aimed to sample a range of views from primary school children about communication, difficulty and help. As previously discussed, the range was limited to children who had the confidence to volunteer their participation. It was also limited to children whose parents submitted written consent on behalf of their child. This might have excluded children whose parents were not confident to communicate in written English. It is possible that such children might have had different perspectives to offer, and this is therefore a theoretical gap in the findings.

Children under 6 years old were not included in the study. Children within the age range for the study (6 to 11 for Phase One; 7 to 10 for Phase Two) had plenty to say that warranted in-depth study. It is possible that extension of the sample to younger children would also produce valuable material but it would require new or adapted methods and introduce new themes. This would be well suited to a separate further project. There is a high proportion of children receiving speech and language therapy within a younger age band (primary school children under 6 years, and preschoolers). It would therefore be important to explore the extent to which methodology and findings from the present study fit with those from work with younger children.

### Theoretical tensions

The children's ages are reported, but the study did not specifically analyse the possible effects of age on children's level of participation in the research or on the types of views that they expressed. No information was obtained or included, either, regarding formal assessment of the children's abilities. A body of literature was reviewed earlier that stresses children's competence as social actors (James and Prout 1997). This approach rejects the idea that children's ability or inability to participate in decisions and dialogue should be assumed on the basis of chronological age or developmental stage (Alderson 1993). It emphasises other factors affecting children's participation, such as adults' competence and willingness to share information with them, and children's personal experience in particular domains (Kirby, Lanyon et al. 2003). The study was largely working from this theoretical perspective. The children's various views were laid out as a range of possible accounts, without attempting to attribute them to individual differences or developmental trends.

From talking to speech and language therapy colleagues, however, it is clear that their expectations about children's participation in therapy are strongly related to their judgements regarding the child's age and ability, and sometimes gender. The data from the study could have been treated in a different way, categorising children according to their 'language age' and gender, and looking for ways in which these factors influenced their accounts. This would involve accessing information from their speech and language therapists, or conducting formal testing as part of the research process, and would alter the ethos and theoretical basis of the study.

The study did not seek the perspectives of other adults on the children's abilities or communication difficulties. The present study sought to focus specifically and solely on the children's perspectives. In doing so it avoided compromising the voices of the children and upheld their status as informants in their own right. In speech and language therapy practice, however, consultation is routinely made with parents, teachers and other professionals involved with the child, and their perspectives contribute to an overall profile of the child's communication. Consideration needs to be given to whether and how children's accounts should be integrated with these other sources.

One aim of the method was to encourage the children to initiate their own ideas and comments, rather than to position them as respondents to an adult-led agenda. To that end, a conversational rather than question-and-answer style of interviewing was adopted, as well as utilising activities that encouraged them to exercise choice and control within the interview process. Two (inter-related) theoretical points stand in apparent contradiction to this aim, however. One is the acknowledgement of the role of the interviewer in interacting with participants to construct *joint* accounts (Dockett and Perry 2007); the second is the notion that authorship is ambiguous and that 'individual voice' is a questionable concept (Bakhtin 1986; Komulainen 2007). To some extent this inconsistency represents a development in the researcher's theoretical perspective over the course of the project.

This relates to a wider question about the place of discourse theory within psychology. The study began with a psychological perspective on children's views and interpretation (Dockrell, Lewis et al. 2000). Analysis and discussion then drew on ideas from discourse theory that emphasise social rather than cognitive aspects of language. The discussion of children's views of communication incorporates notions of autonomy that are grounded in developmental perspectives on children. At the same time, the positioning of children is seen as a dynamic feature of discourse. These theoretical tensions are to some extent unresolved in the work, and lead to further questions which are endemic to the nature of speech and language therapy and to work with children in general. They are highlighted by the exploratory nature of the study, and the diversity of issues touched on by the children.

# 07 ETHICS

Ethical issues are important in all research, but research with children requires particular sensitivity. Involving children in research raises ethical questions to which answers are not definitive. This section contains reflection on how ethical issues were dealt with during the study and on accounts from the participants themselves regarding the process.

## *Access*

Authorisation from particular adults is needed to allow researchers access to children who may become research participants. The role of these gatekeepers is of ethical importance, because they protect children from unwarranted intrusion. The *Local Research Ethics Committee* and *Research and Development* departments of the NHS Trusts acted as gatekeepers before recruitment could began on the present study. Permission was also needed from head teachers in Phase One and the manager of the Speech and Language Therapy service in Phase Two for invitations to be made to children in their care. In all cases, permission was also needed from the parents for their children to take part in the study.

All adults involved had the potential to influence the pattern of recruitment, not only those whose authorisation was needed, but also those whose co-operation was involved in the practicalities of recruitment and scheduling interviewing. In all cases, these people were positive and keen to be supportive of the research, and this was much appreciated. In some cases, they were inclined to act in what they believed to be the best interests of the researcher and the child, but were in fact interfering with the validity of the study and children's right to participate.

The Local Research Ethics Committee stipulated that written opt-in consent should be obtained from the parents for all participants. Opt-out consent risks recruiting children without their parents' consent, whereas opt-in consent assures the researcher of active parental approval. A disadvantage of using opt-in parental consent, however, was that the opportunities for children to participate might be undermined for those whose parents had poor literacy or with whom written communication was not an effective medium.

Co-operation was required with class teachers who facilitated recruitment and interviewing within the children's school day. Some of the class teachers in Phase One asked for the selection criteria, as they wanted to choose from among volunteers. They had a dual rationale of wanting to give access to the required range of different children, and of exercising their role as educators –wanting to use the interviews as a reward for good behaviour, to exclude children they thought might be disruptive, or encourage quieter children they thought would benefit. In discussion, these teachers agreed to keep the opportunity to participate as open as possible, and up to the children, but encouragement from their teachers undoubtedly influenced the patterns of recruitment from the children.

During Phase Two, one head teacher allowed access only during the non-teaching hours of the school day. This caused an ethical dilemma for me, as the child made his preference clear that he did not want to miss playtime with his friends. This was an example of a clash between the ethical protocol of the researcher and the ethos of the institution within which the research was being carried out. The dilemma was resolved by the boy's sympathetic class teacher, who discussed a choice with him to schedule interviews at the end of his lunchtime and into part of his registration time, or to withdraw from the research without any repercussions. The boy expressed a strong desire to participate and did so on these terms, but the head teacher's restrictions were an example of a decision taken on a child's behalf that was clearly contrary to his wishes.

Co-operation was required with administrators, who selected children's names from a database, addressed and posted written invitations. I negotiated a way in which selection of a suitable number would be randomised, and dissuaded them from omitting individuals such as children whose first language was not English.

Gatekeepers had a role not only in protecting children from unwarranted intrusion, but also in giving them reassurance about whether it was safe and potentially desirable to participate. This was particularly important at the end of Phase Two, when a speech and language therapist was asked to make a personal invitation to children in her Language Unit with severe communication difficulties.

## *Consent*

For researchers to obtain informed consent from research participants is an ethical requirement based on human rights and the principle of respect for autonomy. Kant wrote that to treat a person as a means to an end is a moral violation of that person's autonomy, because people are ends in themselves, worthy of determining their own destiny (Kant 1993). In practice, there were points of contrast between the assumptions of the research community about informed consent and the expectations of the children.

Voluntary consent of research participants was at the heart of the Nuremberg Code, drawn up after the discovery of horrifying experimentation performed by German doctors on captives. The Declaration of Helsinki, proposed by the World Medical Association in 1964 and regularly modified since then, established an institutional review committee to monitor ethical compliance, and introduced proxy consent by family or guardians for those deemed unable to give legal consent.

These codes and declarations were not immediately accepted by all as it was felt by some that professional judgement and academic freedom alone were protective of research participants.

> The more reliable safeguard [than consent] is the presence of an intelligent, informed, conscientious, compassionate, responsible investigator. (Beecher, 1966, cited in Rollin, 2006)

It subsequently became clear, however, that abuse of human subjects was rife and epidemic, and not confined to the Nazi regime. Rollin (2006) chronicles many examples of grossly unethical research, and argues that the ideology of science can and has in the past blinded researchers to ordinary common decency. Wherever utilitarianism –greatest good for the greatest number– has not been balanced by Kantian respect for individuals, there has been scope for injustice and harm.

The concept of autonomy rests on two essential conditions. One is the capability to understand and act intentionally. The other is being free from the control of others, without influences determining one's action. Both these conditions are a matter of degree rather than absolute. All our understanding is to some degree imperfect, and all our actions may to some degree be influenced by others. This means that when assessing whether consent in a particular context is truly informed and voluntary, our final judgements will be to some extent arbitrary (Beauchamp and Childress 1994).

Given that the principle of respect for autonomy and the assurance of informed consent are so central and important to research practice, the consideration of these in relation to children is inconsistent. The degree to which children can and should exercise autonomy with regard to participation in research has been the subject of considerable debate.

## Competence

A developmental view of children, supported by stage theories such as Piaget's theory of cognitive development and Kohlberg's theory of moral development, links competence with age. Such theories lie within a model of the developing child that has been prevalent since the Enlightenment of the 18th Century, when children were seen as 'not yet beings' (Verhellen 1996). According to this model, children are lesser versions of adults, knowing less, understanding less, and often wrong (Waksler 1991). The view is not uncommon among the speech and language therapists of today's children:

> Therapists are not dealing with a fully-formed personality or a fully-matured individual when working with children, and that makes children's ability to serve as active participants in their therapy less likely or at least less is expected from them (Weiss 2004)

The literature review outlines some of the guidance and legislation on children's participation and the provisos they contain regarding the child's age, maturity and best interests. This reflects in part the legal obligation since the Children Act of 1989 to consider the child's welfare as paramount and to exercise parental responsibility. However, the developmental model of children, and its assumption that adults need to protect them (if necessary from themselves) in widespread ways limits children's rights and opportunities to consent.

The model of the social child, in contrast to the developmental model, acknowledges children's role as social actors with power to influence their own lives. This recent paradigm in childhood research gives methodological importance to children's accounts of their own experiences (James and Prout 1997; Davis, Watson et al. 2003). Whether a child is competent or not to comprehend and process and reason about consequences can be seen as something that varies, according to the way information is presented, the child's experience in a particular area and the social context.

Alderson (1993) argued that mature aspects of children's cognition and morality have often been underestimated and historically overlooked in medical and healthcare ethics. She was able to give examples of children as young as three showing the desire and ability to participate in decisions and share information, when the right skills were employed to talk with them. Flewitt (2005) gives examples of 3 year olds competent and confident enough to grant or withdraw consent, some being more outspoken and enquiring than their parents. Dunn (1995) revealed how children's understanding depends on the people they are interacting with, and the emotional context. Shier (2001) has argued for an increased emphasis on adults' need to be competent in communicating information and choices to children in ways that they can relate to.

In the present study, some older children showed an abstract understanding of research:

> Finding stuff out. [Lisa]
>
> When you find out something that you're interested in. [Lola]
>
> Like, looking for what I'm like and stuff. [Emma]

Many of the children, including the younger ones, understood that the project was about hearing their views:

> I like talking about things, and it gives me an hour of just talking about child situation and stuff. [Asmita]
>
> I come here to tell [name of interviewer] about my points of views. [Jordan]
>
> About what children really think. [Scarlett]

Clegg (2004) points out that there is a problem with assuming autonomy in the case of 'the majority of people who have learning disability', for whom interdependent care relationships provide the context for most ethical issues. *Assent* is a term used for agreement to participation, when responsibility for informed consent is taken by another. This may be the appropriate term in instances where children expressed understanding and motivation about the project on a concrete level. In these cases it was the prospect of the activities, rather than more abstract ideas about the purpose, that seemed foremost in their minds

> We couldn't wait! [...] To do some drawing. [Rebecca]
>
> Cos I like doing nice activities. [Rachel]

Callum was enthusiastic about the toys available during the interview, and Sam was keen to show his friend the equipment:

> I wanna keep this. This is funny. Can I take this? This is funny. [Callum]
>
> Sam: [putting on the microphone] I like this. […]
> Boy: Is that why you can hear what he's saying? That must be cool.
> Sam: *And* I got my own camera.

Some children were participating for social reasons:

> Because some of my friends are here. [Sarah]
>
> Because I like seeing new people. [Rachel]
>
> Cos I like to know people. […] I like doing things with other people. [Ellie]

## Consent as a process

Ethics committees typically stipulate that full information be provided at the beginning of the study, before the participants agree to participate. Dockett and Perry (2007) recognised a tension between ensuring that sufficient information is provided so that potential participants can make an informed decision about participation while also recognizing that too much information can be as confusing as too little. In the case of children, and particularly in research designs where participation involves a series of activities or events, it may be more appropriate to consider consent as an ongoing process (Lewis and Porter 2004). In flexible research designs, consent needs to be gradually negotiated, not assumed, and treated as provisional within a context of sensitivity, collaboration and reciprocal trust (Flewitt 2005). Research participants may need to meet the researcher and experience the research process before understanding fully what it will be like and knowing whether they wish to continue. This is the way that children operate with regard to many other activities and relationships.

For some, their consent to the research depended on how the time of the session fitted round other activities. Harry, for example, did not want to be interviewed at home, when he would rather be out with his friends, but was enthusiastic about a session at school:

> Interviewer: [Your mum] said you probably wouldn't mind missing a lesson.
> Harry: Yeah, that the best! That the best!

Some children at the start of the research process did not know, or did not remember, or at least were not sure enough to express what they knew about the study or their reasons for participating. For all these children, however, awareness and information did not seem prerequisite for giving something a try:

> I don't know…What is this really…about? [Tasha]
>
> I just expected that we had to come. [Michelle]
>
> Dunno, it was just something and I wanted to try it. [Lola]
>
> I forgot that you said about this. [Lisa]
>
> I didn't have a clue what we could do. [Oscar]

As the interviews progressed, the children were making sense of the process in different ways. One group reported back to their teacher 'We had a party'. Emma urged me to come back 'To see me!', implying that this social function was for her the main purpose of the visit. Sam understood me to be learning from him, like a student therapist:

> Because you're learning how to be a speech…person. And you're going round to different people. [Sam]

In the present study, how much or how little participants were interested to know about the research procedure clearly differed between children. Dialogue was a means of gauging their interest and providing the interaction and information they wanted. Some of the children took an active interest not just in the research activities they were participating in, but in wider aspects of the project, such as the other participants, data control, equipment, and my use of time.

> Do you do everybody who got problems with their speaking? [Harry]

> What schools do you go to? […] How do you know who's has speech people? […] Who sent [the invitation letters] off? [Sam]
>
> Where did you put this? On your 'puter? Did you write all those on your um…'puter? [Susan]

Participants must not be made to feel under duress to talk or answer particular questions. If they did, it would run counter to ethical standards, the ethos of the study and the validity of its design. At the same time, there will be some who appreciate reassurance if not even persuasion that what they have to say is acceptable and of interest. I therefore aimed to achieve a balance between expressing interest and giving children a sense of choice about whether to talk. Children occasionally showed sensitivity about certain topics, such as bullying or being told off. It was the researcher's ethical concern to respond in a supportive way, and to judge whether to probe any further. The availability of activities and snacks was one useful way in which children made to feel free to switch between talking and not talking. Marie was confident enough to assert how much she wanted to say.

> [musical intonation] I'm not allowed tell you. It's a secret. [Marie]

## Consent as voluntary

Dual consent was obtained in the present study, in order to fulfil the requirement of parental consent and also exercise the important principle of participants' consent. An information sheet for parents was provided, accompanied by an information sheet for children with illustrations and a photograph. After receiving signed parental consent, the researcher checked for children's ongoing consent in a variety of ways. Some children in the study showed experience and understanding of their own powers of consent:

> My mum said 'Do you want to do it or do you want to not?' and I said 'I do'. [Lois]
>
> If he doesn't want, he don't have to, but if he does he does. But I wanted to. If he's…If he wants it, then he can. If he's not mind, he just say…he should just say 'I shall try', and if he doesn't at all, just say 'No'. [Oscar]
>
> My mum don't care […] She asked me, I wanted record it and she said 'Yeah' and I said 'Yes' [Lee]
>
> This the last one in'it? Yeah? This isn't the last one if I want it, but it is, yeah? [Harry]

An essential condition of autonomy is being free from the control of others, without influences determining one's action. A balanced view of autonomy should incorporate interdependent relationships and the influences operating within them. This is particularly relevant for children, who tend to make decisions in collaboration with people they trust.

Some types of influence do not involve control by others. Persuasion, for example, involves convincing the individual through the merit of one's argument. Reassurance and encouragement are similar types of influence operating on an emotional level. Other forms of influence do involve control by others, however. These might be coercion –intentional use of credible threat, or manipulation –deception through lying, exaggerating or withholding information.

Some have argued that children differ from adults in their susceptibility to control. Children will be used to experiencing all these forms of influence, and their expectations will have a bearing on how they interpret the opportunity to participate in research. There is some evidence to suggest that children have a particular deference to adult authority and eagerness to please which makes them more vulnerable than adults to controlling influence (Ceci and Bruck 1998). They might find their choice to participate and right to withdraw difficult to believe or to remember. They may also perceive covert penalties for non-participation among their social group.

On the other hand, there are many ways in which children very effectively express their reactions and feelings, either verbally, with body language or by their silence, by their co-operation, refusal, or engaging in other activities, by showing interest or failing to engage their attention. When all these modes of communication are taken seriously, children have extensive ways of consenting, dissenting and expressing their choices. Whether a child is more or less vulnerable to influence than an adult depends on the social context as perceived by the child, and on the sensitivity of the researcher to the child's cues.

During the research, there were times when there was influence from another adult, but this could be understood as encouraging rather than controlling. When I arrived at Susan's house she was playing outside. Her mother asked her 'Do you want to see this lady?' at which she shook her head. Her mother encouraged her to come and engage in the activity 'just for 5 minutes'. Once she had engaged her attention, Susan was clearly happy to sustain a 30 minute session.

My efforts to avoid exerting controlling influence on the child participants included providing choice at all times about whether to participate, for how long, and a certain amount of choice about the content of the session. Providing an array of materials was a useful non-verbal way of communicating the choice of activities available, and one that the children responded to. They initiated drawing, colouring, eating, and photography, for example.

Listening and observing the children carefully, it was possible to recognise whether they consented to an activity, were comfortable with the environment and consented to the interview process. Here are some examples of when they were:

> This is lovely. [Louise, sipping her drink]
>
> Cool! [Emma, seeing the camera]
>
> I like this room, it's nice. [Lola]
>
> I like doing this. It's nice and peaceful. [Lisa]
>
> I really like you. You know last time when you left, I missed-ed you. [Marie]
>
> Come next week. I like it. [Susan]

I felt that the children were often able to express their dissent, for example when not comfortable or no longer interested, by changing the topic or activity:

> When do we do some drawing? [Michelle]
>
> I just gonna do this. [Callum]

> I know something upstairs what I got. Can I get it? [Declan]

They expressed consent by indicating that they wanted the sessions to carry on or to resume another time.

> Callum: I want you to come again […] Cos I likes doing some things.
> Ryan: And I like you coming cos you have some toys what I wants.
> Callum: Cos fun.
>
> Wanna stay here [laughs] Don't wanna go. [Emma]
>
> I wanna come back here. [Harry]

There were also examples of children dissenting by ending activities or concluding sessions:

> I don't wanna do any more. [Callum]
>
> I will just ask my mum something. [Declan]
>
> Can that be enough? [Marie]
>
> Can we have a time out now? [...] I want to go on the computer. [Ben]

One boy was happy to interact with me socially, talking about his interests and school experiences, but he deflected questions about speech therapy, and declined any further sessions. I felt that he did not have interest in the research topic, and did not want to be singled out among his other siblings for the activity.

In all these cases, the voluntary expression of the children's consent was possible through creating a context in which the participants recognised and understood the element of choice, and through sensitivity to the cues they were able to give.

## Parental consent

A principled approach to ethics includes not only respect for autonomy but also other principles, such as beneficence and justice. There are times when there are competing moral considerations, and ethical constraints need to be weighed against each other. It could be argued that in children's health and education the principle of beneficence carries more weight than that of respect for autonomy. Teachers, healthcare professionals and parents take responsibility for judging what is in the best interests of the child. Allmark (2002) warned that in the context of healthcare, some adults are accustomed to hearing and overruling children's protests against certain treatments, and there is an ease and danger of doing this with research.

Regarding participation in research, the judgement has commonly been made that children simply cannot give informed consent on their own behalf, and the focus is on obtaining parental consent. The Local Research Ethics Committee stipulated that written opt-in consent should be obtained from the parents for all participants of the present study. As a result, children whose parents did not proactively facilitate their involvement will have been excluded from research. Notions of parental responsibility as well as children’s lack of competence can shield children from choices and from information.

When interviewing at school, Sam wanted his friend to join in. Because the parent was not available for consent, the request had to be refused. His friend clearly felt their own consent was enough:

> Yeah, but Sam said to me that I can do it […] My mum don’t care. [Sam’s friend]

This is consistent with an observation by Coyne (2006). Coyne interviewed 7 to 15 year olds and found that all of the children and parents felt parental permission to be unnecessary for the research interview as the child’s consent was what mattered. In a very common sense way, the relevance of parental consent seems in the children’s experience to be outweighed by the importance of their own consent.

### Vulnerability and over-protection

Gaining ethical approval to involve children in research requires special justification because they are considered to be a *vulnerable* group. Paradoxically, this increases the likelihood of their being excluded from active participation in research, and this is itself unethical since it marginalises their experience and knowledge. Children with communication difficulties are among those most at risk of such exclusion. Sinclair (2004) reviewing participation projects with children observed that while most projects are open to all young people, children with communication difficulties are among those least likely to be included.

The current research was non-invasive and involving minimal risk. For this type of research, the conservative choice to shield children from research seems to present no solution to the dilemma of protection versus participation, because of the detrimental effects to *not* involving children. Over-protection can lead to children being treated as passive objects of concern, rather than as active moral agents in their own right, and therefore more open to abuse (Alderson 2004). Ultimately it is unethical to overprotect children from research if as adults we end up making well-intentioned interventions in their lives without understanding how they perceive or experience our efforts (Mullender, Hague et al. 2002).

In the research recruitment process then, children may have more capability to understand and act intentionally than is traditionally recognised. Their criteria for decisions may differ from those expected by the research community, but respect for this aspect of their autonomy is nevertheless important and relevant.

## *Confidentiality*

Research participants have a right to confidentiality; what they tell the researcher should not be repeated to other people in a way that identifies them or breaches their privacy. Children’s personal data was protected. Names and contact details were made available to the researcher at the point when parents returned signed consent, so that children who chose not to participate in the study remained unknown to the researcher. Real names were used in the interviews, but were changed on interview transcripts.

Confidentiality in the case of children is complicated by the fact that adults may expect to be told about the private lives and thoughts of children for whom they are responsible (Thomas and O'Kane 1998). Children are used to being talked about, as therapists, teachers and parents routinely share information about them. In the present study, it was seen as ethically important to give children a sense of control about what was said about them to whom. It was sometimes seen as a useful part of the interview process to feed comments from the parent, therapist or teacher back to the child to gain their reaction. If so, the researcher listened to adults only with the child's consent. Comments from the children were not fed back to adults by the researcher.

## Limits to confidentiality

In all research, there are limits on what confidentiality can be offered. Children's contribution to the interviews could not be kept confidential from other participants in the case of group interviews. Besag (2006) saw this as having advantages and disadvantages in her research, which covered some potentially sensitive issues. On the one hand, the interview was a comfortable and supportive problem-solving forum for participants. On the other hand, sharing this information had the potential to change friendship bonds, and this could lead to an 'atmosphere of wariness and suspicion'.

In the present study there was no way of knowing the extent to which participants might have been concerned about the presence of other group members, and the potential impact of them hearing and reacting to what they said. It was clear in the interview with three older girls that they were aware of the limits of confidentiality, and negotiated agreement themselves.

> There was something that happened. I'm not…the teachers say I'm not allowed to speak about it but like, [to the interviewer] you wouldn't tell em anyway. It's…[to Lola] and you're not allowed to say. [to Louise] You already know, don't you? About Sam. [Lisa age 11, Phase One, lines 519-521]

Some Phase Two interviews were carried out at home, where other family members were available. In all cases, parents and siblings understood the nature of the interaction and gave the participant and interviewer a private space to carry out the interview. Callum, however, did not want his younger brother Ryan excluded from the interview location, and with consent from parent and interviewer, Ryan came and went as he liked.

> Callum age 7: 'Right Ryan? Like to come out I expect.
> Ryan: Am I allowed to come out?

Participants' right to confidentiality may be limited in the case of their disclosure of information which makes the researcher concerned for their welfare. For this reason any reference to confidentiality was omitted from the information sheets to participants. The researcher had a professional responsibility to share information in the interests of child protection according to her professional code of conduct. This procedure involves encouraging and supporting the child to share information through appropriate channels themselves, only doing so on their behalf when necessary and after discussion with them. In practice, a few children did disclose to me instances of abuse and bullying, but it was clear that these were not new disclosures. They had shared this information at the time of the incident with others such as parents, teachers and social workers.

## Expectations and understanding

It was ethically important not only to uphold children's right to privacy and treat their data with discretion, but also to ensure the children's understanding of this. Some, particularly girls, seemed to understand and like the idea of privacy and confidentiality.

> We should lock this door. They keep…people keep coming. [Lisa]
>
> I wish we had a curtain so no-one could see. [pointing at the window from the corridor] [Rebecca]

Children's understanding of confidentiality, however, comprised not only of the verbal explanations they were given, but also from the connotations of particular words or objects presented to them. Talking to the children about keeping their accounts 'private' and not 'telling everyone' what they said gave some of the children the impression that what was explicitly required was to delve into personal stories, secrets and gossip. Recording equipment triggered opposite assumptions, being associated with publicity and broadcast. They wanted to watch the videos and take them away to show people, which would have been a breach of their confidentiality.

Sometimes the children positively wanted their contribution to the research to be shared with others. Tom liked his teacher to tell his relatives at home when he had 'done spellings well', and wanted the same commendation for his role in the interview. Rebecca also wanted communication between the interviewer and her parents, but Mike pointed out to her the advantages of maintaining confidentiality.

> That'd be embarrassing. [...] What if it was *about* your parents? [Mike]

Anonymity was in some ways more straightforward to guarantee and communicate to the children than confidentiality. Steps were taken to remove evidence of the children's personal identity from transcripts and reports, so that no findings were traceable back to the individual. Children often chose their own code names and wrote these on their pictures. They were interested but also perhaps a little puzzled at the idea of disguising their identity.

> [writing a name on her drawing] I'm going to put 'Louise' […] But you know who really done these pictures. [Louise]
>
> Gerrard: Why have we got to have a different name?
> Interviewer: So that what you say stays private. When I write about you. You see if I write about you and it's in a book and all sorts of people might read it, and it's better to have a different name so that people can't look it up and say 'Ooh, he said that'. It makes it more sort of anonymous.
> Gerrard: Yeah, but they might think it's the actual Stephen Gerrard from Liverpool.
> Rooney: I'm Rooney from Man U. I'm Rooney from Man U.
> Gerrard: Yeah, but they'll say 'Look. Rooney's been writing in this book'.

Harry took an interest in hearing about the other research participants, but also wanted to know who they were. In his social world he knew 'everyone' that he spoke to. It seemed to make sense to Harry, Gerrard and others that if one was to have interest in someone's views, one would also want the knowledge of who they are, and research was an odd process if it abstracted this basic information. This is a good point, to be acknowledged. The key to children's understanding of the formal need for anonymity could be a better explanation of the audience for the final documentation.

## Recognition

All drawings, scrapbooks and photographs were the property of the children who produced them. Drawings were taken away by the researcher only in cases where the children wanted to give them, or wanted to lend them so that they could be digitally scanned and the originals returned to the children. When children used a disposable camera, the researcher had the photographs printed, but the package of prints was returned for the children to open, share and talk about as they wished. Recognising the products of the children's work as their own property is a way of developing a sense of equity in the research between interviewer and participants (Dockett and Perry 2007).

There is a danger, however, that materials returned to the children may be interpreted as a rejection or failure. Equally, if they chose to hand over their materials, they were not always clear about the way in which they would be valued or the use to which they would be put. An important aspect of children's right to recognition for their part in the research is their understanding of the purpose and outcome of the study, and the onus was on the researcher to communicate this.

> Tasha: Keep them
> Jordan: Keep them
> Zoe: Keep them.
> Interviewer: Mhm. Ok.
> Tasha: Put them on your bedroom wall. [laughter]

The children were not given ownership, however, of the audio and video recordings, nor any copies of these made. Some children made clear that they would have liked to take video tapes home. However, to do so would risk breaching the children's confidentiality, as the data could be viewed by others. Instead, the children were given the option to hear and see extracts during the interview time, which some did with great interest.

Sessions did not end abruptly. There was a chance for participants to stay longer and talk informally if desired after the recording equipment had been turned off. Participants had the means to contact the researcher by phone, email or in person during the days following a session, in case they had anything to ask or say after a period of reflection, although none did. In Phase One, children approached the researcher to talk in the school corridors and playground. They commented that it had been fun, asked to do it again, or asked questions about the next stage in the project.

Participants have the right to feedback on the findings of the research. Children were given specific feedback on their own contribution to the research. This was done by recapping what they had talked about, as well as reviewing recordings with them, and listening to their comments. One group had talked about the challenges of having a boy with behaviour difficulties in their class. When reminded of what they had said, they felt strongly on reflection that the representation should be a positive one were concerned that he was written about in a positive light.

Children were also given general feedback on the analysis and outcomes. After the last interview, each participant was given a personally written Thank You card and notification of a summary of the findings, which was posted on the project website.

## *Doing good and not harm*

It would be unethical to promise that participants might benefit from participation if this could not be guaranteed. In practice, people involved as gatekeepers in the study, such as parents and teachers, made assumptions not only based on the information provided to them about the project, but also based on their experience of research or speech and language therapy. Some parents responded to the invitation for their child to participate, believing that it might increase the child's chance of receiving extra therapy or of obtaining a Statement of Special Educational Needs. Two parents declined the invitation after discussion with the researcher about their motives and what to expect from their child's participation.

Some of the children talked directly about the benefits they saw of participating in the research. For some this was having fun, enjoying the activities, or simply enjoying the attention.

> I like this. [Susan, with one of the toys]
>
> It quite good actually, this book. [Harry, making a scrapbook]
>
> Sam age 10: I want to do it forever.
> Interviewer: Do you? Why?
> Sam: Dunno. Cos you bring drinks. [Interview 3]
>
> I'm really enjoying doing this with you. […] I pretty like you coming back. [William]

Some children appreciated the chance to do the interview instead of their regular classwork. The children did not necessarily dislike their lessons, but I had the impression they liked the novelty of coming out and doing the interviews.

> It gets me an hour out of doing normal work. [Jessica]
>
> So we don't have to go to ICT. [Rebecca]
>
> Plus it's in lesson time so you get to miss some lessons. [Lisa]

The atmosphere in the interview was pleasant for the children. Louise found talking in the interview context therapeutic.

> I like doing things like this, saying what I think. It helps me get rid of bad stuff in my head instead of writing a diary [Louise]

Minimal risk was expected of negative outcomes from research participation. Potential risks were to do with the feelings of the children, such as losing face in front of friends. These were dealt with through sensitivity and reassurance on the part of me as interviewer. Michelle, for example, was concerned that others in the group should not laugh at her; I along with group members helped her to interpret the laughter as high spirits and not mockery. There was also a risk of harm in heightening children's awareness of their difficulties. I sought to avoid too heavy a line of questioning on potentially negative issues, and in general encouraged the children to share information in the way they felt comfortable. It may be that relevant data about children's difficulties was missed, but it seemed important for the children's feelings as well as the validity of the study to allow the children to shape their own accounts.

## *Summary of ethical issues*

Children as service users and as research participants have often been assumed to have limited competence to understand what the procedure will involve and their freedom to choose. Children's experiences of education and healthcare are likely to include decisions made on their behalf, in a context of adult power and controlling influence. The present study shows, however, that children, even those with communication difficulties, can be empowered to understand research and to give, withhold or withdraw their consent in meaningful ways. The researcher's ability to share information with children about the purposes and outcomes of the research was important in ascertaining participants' informed consent, in negotiating the boundaries of confidentiality and in conveying to participants appropriate recognition for their work. Non-coercive encouragement and interest from people they trust seems to be a necessary factor for some, though not all, children when faced with an opportunity to participate in something new and unfamiliar. Respect for children's autonomy may involve a wider interpretation of the concept of consent than is currently recognised. The criteria on which children base their decisions may be more concrete and less abstract than those expected by adults. Moreover, the process of consent may be more immediate for them, and involve trying something to see, rather than dealing with all the information in advance. Nevertheless, ascertaining informed consent is a well-founded research practice, as important and relevant for children as for adults. The researcher's commitment to make the interview a positive experience was an overarching ethical issue, founded on the principles of respect and empowerment.

# 08 CONCLUSION

This final chapter gives a summary of the work and its contribution to knowledge. It considers the implications of findings for speech and language therapy and research with children with communication difficulties, and makes recommendations for further research.

## *Summary and conclusions*

Children have the right to express their views and influence decisions in matters that affect them, and yet there has been little evidence from research to date of the views of children with communication difficulties. What we know about them comes largely from studies that have been structured by adults in a way that leaves little room for insight into the children's perspectives. Children as service users and as research participants have often been assumed to have limited competence to understand what the procedure will involve and their freedom to choose. Children's experiences of education and healthcare are likely to include decisions made on their behalf, in a context of adult power and controlling influence. Increasing our understanding of the way primary school children see communication, communication difficulties and help, and our knowledge of how to engage them in dialogue about their views, has potential implications for professional models of working and speech and language therapy practice.

The present study was unique in:

- *exploring the topic of communication difficulty with primary school children*
- *specifically inviting the participation of children receiving speech and language therapy*
- *conducting open-ended interviews in a way that allowed the children scope to shape the research process*

The aim of the research was to explore children's views of communication and of speech and language therapy. This was in order a) to identify problems, skills and help from children's perspectives and b) to develop suitable and effective methods of eliciting children's views and facilitating participation.

The study demonstrated the value of qualitative research methodology in addressing questions that could not be tackled using statistical techniques. Unstructured interviews allowed children scope to shape the research process. This was valuable in terms of their rights to participation, and important for the validity of findings. A formal question-and-answer format was avoided in favour of a more conversational style, which gave children space to initiate ideas, and take the interview in directions that they wanted. There were advantages in combining talk with other activities such as drawing, looking at illustrations, photography and sharing snacks. Choice over these activities conveyed to participants a more general sense of control over the interview process. This helped towards redressing the natural imbalance of power between an adult researcher and child participants. The activities also provided a shared context which supported effective verbal communication.

Data from the children were most relevant when researcher and participants developed a shared understanding of the research question. Children gave different kinds of data depending on the sense they made of the interview situation and the expectations they brought to it. Sometimes interviews were like lessons, sometimes like playtimes and sometimes like personal chats. The children's active interpretation of the situation was as much an influence on the dynamics of the interaction as the strategies used by the interviewer, and the construction of meaning was a joint process.

The study contributed to current understanding of ethical issues. Children, even those with communication difficulties, can be empowered to understand research and to give, withhold or withdraw their consent in meaningful ways. Non-coercive encouragement and interest from people they trust seems to be a necessary factor for some, though not all, children when faced with an opportunity to participate in something new and unfamiliar. The criteria on which children base their decisions may be more concrete and less abstract than adults. Moreover, the process of consent may be more immediate for them, and involve trying something to see, rather than dealing with all the information in advance. Nevertheless, ascertaining informed consent is a well-founded research practice, important and relevant for children.

Children's work, such as drawings and photographs, were recognised as their own property, although recordings of the interviews were held only by the researcher. Children's personal data were confidential, within certain limits. Children's understanding of these issues of recognition and confidentiality is to some extent dependent on the researcher's ability to share information with them about the purpose and outcomes of the research. The researcher's commitment to make the interview a positive experience is an overarching ethical issue, founded on the principles of respect and empowerment.

Examining children's use of vocabulary about communication provided one way of exploring their views. The way in which the children used words about communication (such as s*peak*, *talk, understand, listen, say* and *call*) and intervention (such as *problem* and *help*) showed concepts such as normality and difference, autonomy and authority, social circles and exclusion to be powerful in the children's lives. This analysis offered insight into the way that communication functioned for the children.

Listening to children's views revealed that they appraised the abilities and behaviour of themselves and others in terms of difference and normality. Being impaired meant allowances were made, but there was also stigma attached to difference in some contexts. The children showed that they could hold multiple identities, talking about being impaired, but at the same time being learners, competent individuals, co-operative group members and agents in their own right.

The children's accounts of communication can be assigned to three types of discourse, reflecting different aspects of the dynamics of communication between children and adults. They talked about impairment in terms of how they are, and this was essentially disempowering for them. They talked about communication in terms of performance and learning, and this allocated them an active and responsible role in their own progress. They talked about behaviour, and this was associated with choice within a framework of rules and expectations. The different types of discourse seemed to have an impact on children's view of themselves, their skills and their role in therapy.

Social circles were a source of problems and of support. Language and communication had an important function for the children in shaping social networks. Accuracy was only important in certain social contexts, while good relationships were fundamental to the children's well-being. Children had many strategies for dealing with conflicts that arose in their everyday interaction, and not all disagreements constituted problems that required action. However, difference was in some cases a cause of discrimination and difficulty, and several reported being bullied in connection with their communication impairment. Good close relationships were crucial to their management of problems and understanding of help.

## *Implications for speech and language therapy*

This was an exploratory study with a relatively small number of children. It raises three key questions that could be relevant to speech and language therapy practice with primary school children. These warrant consideration and further exploration.

**The first question is about the way problems are defined, and the potential impact on the way that identity is constructed.** The study identified a view of communication and difficulty which has been referred to in this thesis as 'the discourse of impairment and normality'. It is evident in the children's accounts and identifiable within speech and language therapy practice. It is associated with a medical model of disability and with impairment-based approaches to treatment.

There are some advantages for the children of using this discourse. Children may appreciate the allowances made for them when they are considered to be impaired. People are 'nice' to them, or at least sympathetic as opposed to annoyed. There are also considerable disadvantages. It may be disempowering for children. They may feel that they have been allocated a passive role in their problems and their resolution. Outside close relationships they may encounter stigma and even bullying on account of their 'difference' from normal.

The discourse operates within the children's culture. It would be naive to suppose that this is a consequence of speech and language therapy practice, nor is such a claim made. However, if speech and language therapists use this discourse with children, then they may be positioning children in a way that inhibits their active participation in therapy.

The study indicates that reflecting on children's understanding of assessment, diagnosis and treatment and what control they have over it is likely to have a positive impact on the process of speech and language therapy. Children actively try to make sense of the experience and what it means about their identity, and this is the case whether or not the therapist shares information with them. If a collaborative approach is taken, children may benefit from the advantages rather than the disadvantages of the discourse. However, this raises a challenge for speech and language therapists who then need to give consideration to the effects of discourse on children's sense of social identity and recognise alternative or multiple ways of viewing children. One way of doing this is to explore and develop social rather than impairment-based approaches to assessment and therapy. Functional assessment offers an alternative to standardised testing, and need not be norm-referenced. The challenge, however, is to collaborate effectively with children in setting functional goals that matter to them. Otherwise the therapist is in a position of setting 'appropriate' criteria and the discourse of normality remains unchallenged.

Children may attempt to resist the discourse of normality in favour of other more positive ways of constructing their identity. Some children develop successfully despite risk and adversity, and what may be an obstacle to development for one child may be an opportunity for another (Cefai 2008). A 'strengths perspective' in health, social care and education has shifted focus from deficit and risk to growth and health. Cefai suggests that asking 'What makes children in difficulty achieve and be successful?' rather than 'What prevents children in difficulty from succeeding?' may be a more effective way of supporting children's development and well-being. This approach fits well with children's preference to emphasise positive aspects of their ability and identity.

**The second question is about the effect of discourse on children's autonomy.** The study identified two alternative views of communication to the 'discourse of impairment and normality'. According to the medical model, children's difficulties are seen in terms of individual pathology. An environmental account may at least in some cases better match children's perspectives and concerns, if they attribute difficulties to others' unfair demands or restrictions, not to their own short-comings. The 'discourse of behaviour and compliance' emphasises children's choice in complying with the expectations of others. If speech and language therapists share this discourse with children, they can engage with children's sense of initiative and fun, as well as discussing their social environment with them. Such discourse has the potential to lead to definitions of goals and problems from the children's perspectives.

The 'discourse of performance and learning' may be empowering for children, as it allocates them an active role in their own progress. It is shared by schools that encourage children to reflect on their performance and foster a sense of responsibility for their own learning. As a common language between therapists and teachers it has the potential to support collaboration. It also avoids emphasis on differences in knowledge and ability, giving importance instead to the need to improve, which all children have in common. In this sense it is supportive of inclusive ideals that seek to eliminate discrimination from children's social experience of school.

**The third question is about how differently communication functions inside and outside close relationships, and how this impacts on children's perception of problems.** Awareness of the importance for children of the social function of language may have implications for goal setting with them. It is possible that speech and language therapists over-emphasise the transactional function of language, where children would give more priority to the interpersonal dimension.

Speech and language therapists assess social skills and offer intervention regarding social behaviour. The study reveals the importance of taking into account children's perspectives on their social networks and their methods of managing conflict. Children's peer culture can challenge speech and language therapists' objectives regarding participation and inclusion. Their close relationships involve a complex interplay of co-operation and conflict; they have their own definitions of bullying and types of friendship. Assessment and intervention should necessarily involve engaging with children in sharing these.

'Help' is not always helpful. Indeed, the fact of receiving formal intervention can represent difference and lead in some cases to social stigma. Moreover, the notion of helping is loaded with power relations. Support within close friendships and family relationships, on the other hand, can be mutual rather than one-way, and this may be important for children's sense of identity. Recognising helpfulness within children's existing relationships and the potential for good relationships to minimise problems is therefore likely to have a positive impact on the therapeutic process. The value of partnership with parents and co-professionals is well-recognised. However, if this partnership takes into account the child's perspectives on their relationships with these people, this may have an impact on the type of work to be carried out and with whom.

## *Implications for research with children with communication difficulties*

The study demonstrated the value of qualitative research methodology in addressing questions that could not be tackled using statistical techniques. It applied and adapted some well-recognised techniques that have been developed in fields outside speech and language therapy. Conclusions are drawn here regarding research design, methods, ethics and interpretation that have implications for future research with children with communication difficulties.

Research designs previously used with children with communication difficulties have often been heavily structured by adults. Categories for analysis have been pre-defined, and participants' response options limited accordingly. In contrast, the present study demonstrates the value of unstructured interviews that allow the children scope to shape the research process. This supports the credibility and trustworthiness of the findings as well as acknowledging children's rights to participation. The study demonstrated that a range of views can be obtained from participants with communication difficulties without recourse to proxy reports from parents and teachers or adult observations. Conducting a series of individual interviews can offer children with communication difficulties the chance to reflect on the research topic, and enable a relationship to develop as a basis for the construction of meaning and interpretation of the data.

The study explored methods of interviewing children with communication difficulties, and demonstrated the advantage of combining talk with other activities such as drawing, looking at illustrations, photography and sharing snacks. Two main benefits are identified. Firstly, activities provide a shared context which supports effective verbal communication. Secondly, choice over activities can convey to participants a more general sense of control over the interview process, and go some way towards redressing the natural imbalance of power between an adult researcher and child participants.

Developing a shared understanding with the participants of the research question and research process is essential both to the ethical principles of involving children in research and to the relevance of the data. The study showed ways in which children's word meanings varied in different contexts, and highlighted the importance of sharing children's understanding of vocabulary and its connotations. Children's active interpretation of the situation can be as much an influence on the dynamics of the interaction as the strategies used by the interviewer.

The study demonstrated that children, even those with communication difficulties, can be empowered to understand research and to give, withhold or withdraw their consent in meaningful ways. The criteria on which they base their decisions may be more concrete and less abstract than adults. Moreover, the process of consent may be more immediate for them, and involve trying something to see, rather than dealing with information in advance. Non-coercive encouragement and interest from people they trust may be necessary for some children when faced with an opportunity to participate in something new and unfamiliar. The children are likely to have their own ideas about confidentiality and recognition for their work, and sharing information about these issues needs to be a two-way process. The researcher's commitment to make the interview a positive experience is an overarching ethical issue, founded on the principles respect and empowerment.

A range of different views emerged from the analysis. Views do not necessarily pertain to individual children in a consistent way. Rather, children can be seen as drawing on a repertoire of perspectives, applying them in different ways in different contexts. In this way, children's views give insights not so much into their own experiences as into the culture in which they live and the attitudes around them.

## *Recommendations for further research*

This exploratory study generated questions relevant to children's concerns and needs that warrant further research. Firstly, these children showed multiple ways of viewing themselves. It remains to explore whether the themes emerging from the study's participants fit with other children with communication difficulties, such as younger children, and children receiving speech and language therapy under a different model of service delivery.

Secondly, children's difference from others was sometimes associated with social exclusion, sometimes neutral and sometimes positive for them. Further exploration of the coping strategies and resources that children with communication difficulties have for successfully dealing with bullying and conflict would contribute to our understanding of these children's needs, in terms of social skills development and the establishment of an inclusive environment.

Thirdly, the study revealed that the type of discourse available for considering children's communication has implications for their sense of identity and participation in speech and language therapy. Ethnographic research has been used to analyse in depth the role of language and dialogue in constructing children's knowledge and identity (Maybin 2006). Such methods could usefully be applied to children with communication difficulties, and to the specific context of therapy, in order to support therapists' reflection on choice of discourse and its impact.

Finally, the present study focused on children's views in the absence of other sources such as adults' observations or the reports of parents and teachers. Triangulation was rejected on epistemological grounds, as it can imply that there is a reality to which one comes closer by combining multiple perspectives. It is possible, however, to reject the assumption that views are like a fixed point that can be triangulated, and at the same time to make use of data from various sources (Richardson 1994). It is, indeed, the role of speech and language therapists in practice to take into account the views of parents, the reports of other professionals and their own observations and assessments. Research into the way in which children's views compare to other sources could inform therapeutic decision-making and enhance children's participation.

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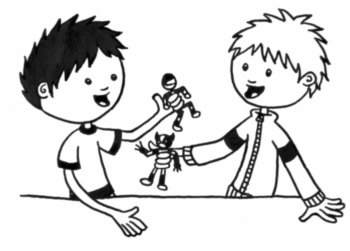
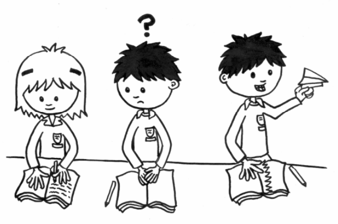
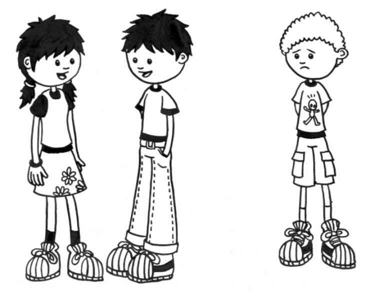
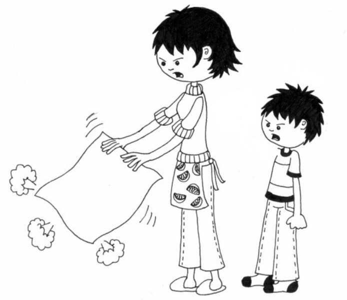
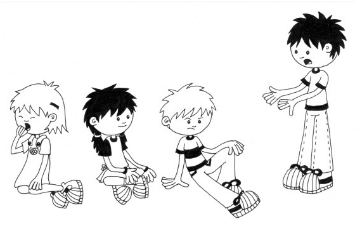
# Appendix 1 Illustrations used in Phase One interviews



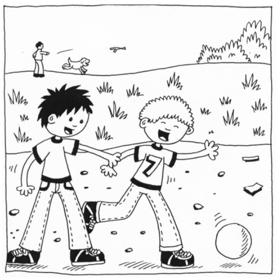


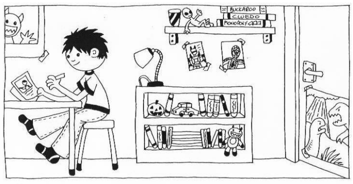


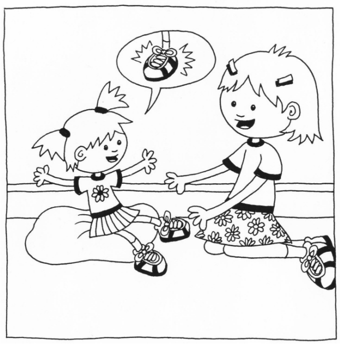


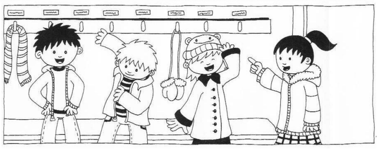


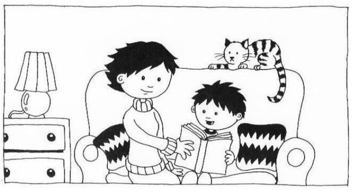
# Appendix 2 Illustrations used in Phase Two interviews

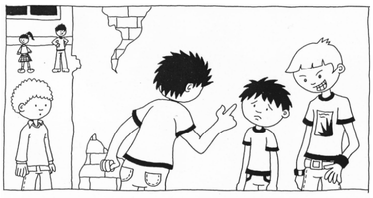




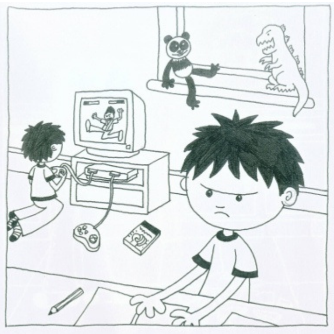


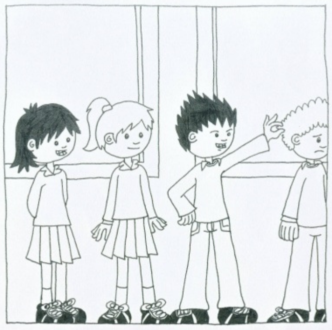




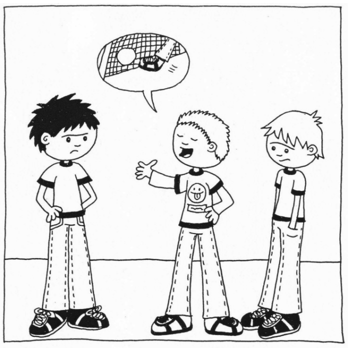


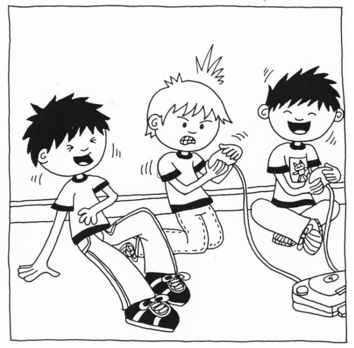

PS2
SUPER
car theft
AUTO!
18
NEW!

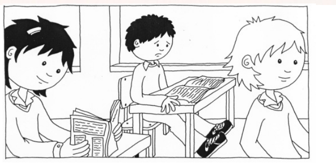


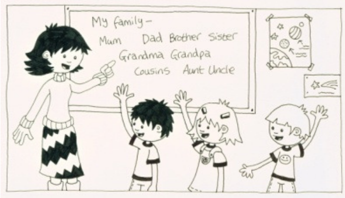


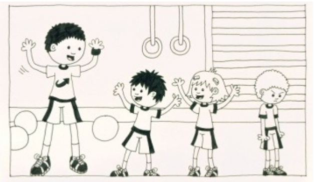

Tidy your room!

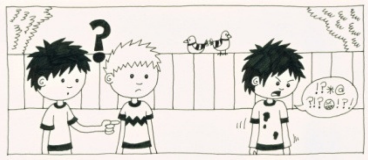


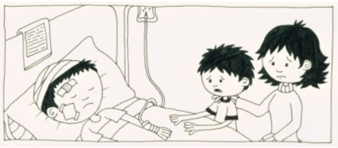


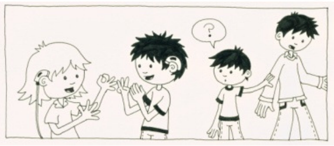



My family-
Mum Dad Brother Sister
Grandma Grandpa
Cousins Aunt Uncle









# Appendix 3 Transcription conventions

The transcript contained everything that was said, including sounds of hesitation ('Um') and agreement ('Mhm'). Features such as intonation and emphasis were transcribed in cases where this was different to what the text might lead the reader to expect. Punctuation was used for intonation, such as questions or statements, rather than used grammatically. Italics were used for emphasis. Non-verbal information was recorded in square brackets, such as smiling, nodding or shaking the head, shrugging shoulders, pointing and showing. **Table 9** shows the transcription conventions used with examples from the text.

**Table 9Transcription conventions**

| Feature | Convention | Example of transcription |
|---|---|---|
| A word is said with particular emphasis | *italics* | Yeah, *you* can. Yeah |
| Speakers overlap | Speaker 1: <text><br>Speaker 2: <text> | Jordan: my brother says 'Why don't you go on this for like half an hour and then<br>Tasha: <Yeah, that's what my brother does><br>Jordan: <I want to go on a> different game |
| Unintelligible syllables | {syllables marked by x} | |
| Unclear | {best guess written} | usually they just did activities all day and I just {got on with} it |
| Pause length recorded in seconds | (number of seconds) | (2) |
| Short pause | … | she couldn't…but they couldn't do anything |
| Non-verbal gesture | [square brackets] | Just [shrugging her shoulders] to stay where I was, with people I know. |
| Addressee | [square brackets] | Nicole: [to Rachel] Let's see, let's see. Hee! |
| Questioning intonation | ? | Tell me about your picture? |
| Statement intonation | . | He can't go in any discos can he. |

Subtle features such as timing, breathing, and variations in volume, and detail regarding eye contact and body posture were not recorded in the transcripts. Instead, the recordings were replayed during the process of the analysis, and information directly from them and from memory of the interviews contributed to the process of interpretation. What are regarded as data are not only the contents of the transcripts but also the researcher's knowledge of the interview context. As the interviewer, transcriber and analyst were the same person, the transcripts serve as reminders of the original experience. Some would argue that this deprives the reader of access to the same information as the researcher, and risks undermining the reliability of the study (Silverman 2001). I would reject the claim, however, that the data could stand independent of the interpretation process, even if transcribed in greater detail. I have chosen, therefore, rather than labour over the description and overwhelm the reader with information, to be as explicit and reflective as possible about the process of my analysis.

# Appendix 4 Examples of coding

Excerpts from the transcripts are given here to illustrate coding.

| | | | |
|---|---|---|---|
| **Observations of the children's language and communication during the session** | vocabulary about communication | 'talk': | We got so bored everyone was talking |
| | | 'hear': | I didn't even hear of speech therapy until you come |
| | grammatical functions | generalising: | Autism is where you can't speak properly and your emotions are a little bit funny. |
| | | using the third person to address someone: | She gets hyper easily |
| | topics of conversation | football: | I was playing football and they tackled me, yeah, and then I said 'Surely that's a free kick', yeah, and they just starts kicking me and saying 'No', so I just goes home, take my ball and goes home. |
| | pragmatic functions | discussing: | Michelle: I don't want him in my class.<br>Rebecca: Not good.<br>Mike: Don't like it. Well it's quite good cos he's like someone to hang around with if you're like noone<br>Rebecca: If you've got noone to play with.<br>Michelle: Yeah. He keeps fighting, ain't he, and swearing.<br>Mike: He's got good imag…Oh! [stuck for the word]<br>Rebecca: Good imagination<br>Mike: Yeah, good imagination, so he makes like good games up.<br>Michelle: No he don't, he makes fighting games.<br>Mike: No, he don't, not all the time. |
| | | controlling the floor: | Stop stop stop everybody. I think I just had an idea. |

|  |  |  |  |
|---|---|---|---|
| **Children's participation in the interview** | examples of children's initiative | deciding: | I'd like to watch my video. |
| **Children's accounts of communication** | metalinguistic comment | negotiation: | Jordan: What, so you're first you're arguing about it, then you <talk about it><br>Tasha: <talk about it> [Tasha nods]<br>Jordan: and then you solve the problem. |
|  | communication as a problem | problems due to some aspect of themselves: | When I'm talking to people what I don't like I get my words mixed up. Like [name] cos I said he's my trusty sidekick and he said he's my stusty trikeick.<br>I got put down cos I was in Middle and I forgot this answer and I asked her, but I done my work complaints about boredom and fairness at school:<br>so *good* in [...] Middle, but they just put me down. |
|  | children's participation | wishes about things outside their control: | I wish that they would stop calling me names. |