Children's, parents', peers' and professionals' experiences of language impairment:
A multi-perspective study to identify psychosocial goals for intervention

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Abstract

Children with language impairment (LI) can experience a wide range of social and emotional difficulties in addition to linguistic difficulties, but there is limited understanding about how LI impacts on these broader, psychosocial aspects of children's lives. Furthermore, psychosocial outcomes for children are not assessed routinely in speech and language therapy research and practice. Studies of experiences of disability and impairment in other areas have highlighted the importance of addressing the psychosocial beyond the medical. This study draws on interpretive phenomenological analysis (IPA) to explore children's, parents', peers' and professionals' experiences of children's LI. Using a phenomenological methodology to explore LI from multiple-perspectives, the study sought to uncover psychosocial features of LI and identify goals for support.

Four children, aged 8-10 yrs with a diagnosis of LI, were interviewed about their experiences using arts-based methods. Children's parents, teachers, learning support assistants, speech and language therapists and siblings and/or friends were also interviewed. Analysis of the 22 interviews is presented as four case studies that include each perspective around the child. Themes were identified through coding and analysing within and across cases. A second stage literature review was undertaken to understand, theorise and discuss emerging themes.

Analysis revealed three themes: Agency, Understandings and Misunderstandings, and Making Sense of Difference. Children's experiences of agency were associated with their emotions and their engagement in classroom and social activities, and not always dependent on their communication abilities. Children with LI often had different understandings of others' intentions, situations and instructions to that of their peers, professionals and parents. Mismatches in understandings were associated with children being considered unusual, immature, egocentric or rude by others, impacting on their risk for bullying and social exclusion. There were divergent experiences and understanding of LI. Interpretations included impaired speech, language and social communication; social and emotional immaturity; parental neglect; and other people's attitudes and behaviours.

For children, LI was predominantly relational, that is, it was mainly experienced in relationship with others. Psychosocial goals for intervention include addressing attitudes, understandings and behaviours of professionals and peers towards children, in addition to children's understanding and use of language; promoting children's experience of agency; and addressing children's emotional wellbeing and risk for bullying. Good communication and understanding between children, families and professionals is essential for intervention.

Keywords: children's language impairment, multi-perspective research, experiences of LI, psychosocial goals, agency, language impairment relational

Acknowledgements

Contents

List of Figures

List of Tables

List of abbreviations

ASD   Autistic Spectrum Disorder

BESD   Behavioural, Emotional and Social Difficulties

GT   Grounded Theory

ICF   International Classification of Functioning, Disability and Health

IEP   Individual Education Plan

IPA   Interpretive Phenomenological Analysis

LI   Language Impairment

NHS   National Health Service

PLI   Primary Language Impairment

SEN   Special Education Needs

SEND   Special Education Needs and Disability

SLCN   Speech, Language and Communication Needs

SLI   Specific Language Impairment

WHO   World Health Organisation

Introduction

Language Impairment (LI) is a developmental disorder characterised by children having difficulties with various aspects of speech, language and memory, such as problems producing and understanding complex sentences, poor auditory short term memory, difficulties with grammar and word finding, among others (Bishop, 2004). It is estimated to affect 7% of preschool age children (Tomblin, 1997), although prevalence decreases considerably as children get older (Mische et al., 2012). Difficulties with speech and language can impact on children's ability to comprehend and communicate in different ways. Given that communication is a fundamental skill important for so many aspects of an individual's life and social relationships, it is not surprising that children with LI can experience challenges beyond their speech and language in areas of their social and emotional lives (Dockrell et al. 2012; Roulstone et al., 2012b), and are at risk of poor social and emotional wellbeing later in life (Johnson et al., 1999; 2010; Beitchman et al., 2001; Whitehouse et al., 2009).

Despite the wide reaching impact of LI on children's lives, research evaluating speech and language therapy interventions for children with LI has predominantly focused on children's speech, language and memory skills (Law et al., 2003). Therefore, it is largely unknown whether and how interventions with children with LI make a positive difference to psychosocial aspects of children's lives. Studies investigating links between children's LI and poor social wellbeing (e.g. Hadley and Rice, 1991; Craig and Washington, 1993; Fujiki et al., 2001; Durkin and Conti-Ramsden, 2007) provide mixed findings about associations between language ability, communication behaviours, friendship quality and social acceptance. Further research is needed to better understand how LI impacts on psychosocial aspects of children's lives. In addition, studies have tended to use quantitative rating scales that focus attention on children's atypical communication behaviours, rather than investigating children's perspectives or the wider social context.

Alternative methods to dominant, experimental and quantitative observation studies are needed to provide a different understanding of LI and examine the psychosocial processes by which LI impacts on children's lives. I have drawn upon interpretive phenomenological analysis (IPA) (Smith et al., 2009) to provide a richer understanding of LI by exploring children's, parents', peers' and professionals perspectives of LI. IPA is an inductive, qualitative method that has been used to explore how individuals experience and make sense of LI in the context of social discourse. I was motivated to explore how the same child's LI was experienced from different individuals' perspectives. In doing so, I was interested in uncovering psychosocial features of

the phenomenon of LI. I use the term 'psychosocial' in a broad sense, referring to both psychological and social features of LI, and interactions between the psychological and social. As a methodology, IPA has mainly, but not exclusively, been used with small, homogenous samples of adults. This study has ambitiously adapted IPA for use i) with children with LI and ii) with multi-perspective data.

The thesis begins in Chapter 1 with an exploration of current knowledge and understanding about LI within speech and language therapy and education research and practice and from psychological and sociological disciplines. The chapter highlights the dominance of medical and psychological explanations of LI within speech and language therapy practice and policy and draws attention to alternative, sociological views of disability, impairment and childhood. Other studies that have investigated the experiences of children with speech, language and communication needs (SLCN) are then discussed and the chapter concludes by setting out a rationale for a phenomenological, multi-perspective study to identify psychosocial goals for intervention for children with LI.

Chapter 2 describes the multi-perspective, case study design and methodology that draws upon IPA to explore the phenomenon. The chapter begins with a description of the philosophical underpinnings of IPA and discusses its suitability for the purposes of the study, considered alongside other qualitative, exploratory methods, such as grounded theory (Charmaz, 2006). The benefits and potential challenges of using IPA with children with LI, and with a multi-perspective, case study design are also discussed. The chapter then outlines some ethical and methodological considerations for research with children with LI before describing the detail of the study sample, recruitment, data collection and analysis procedures, alongside steps taken in the study to ensure quality. The chapter concludes with a diagram illustrating the process of knowledge generation from the study design.

Chapters 3 and 4 present the analysis of participant's interview transcripts. The analytical process with this multi-perspective design was complex and followed 3 phases. The first phase involved analysis of data within each case to identify codes and themes and the second phase involved analysis of codes and themes across cases. Following these inductive phases of analysis, 3 major themes emerged. The third phase of the analytic process involved an additional literature review to understand and discuss major themes. Chapter 3 presents the three major themes emerging from the inductive phases of the analytic process: Agency; Understandings and Misunderstandings and Making Sense of Difference. Within this chapter analysis is presented one case at a time under each major theme. Presentation starts with the child in each case and is followed by other perspectives around each child. Quotes from participants are presented alongside the description of the themes to provide evidence for

analytic conclusions and for transparency.

Chapter 4 continues the analysis through discussion of emerging themes with new literature that were explored subsequent to the analysis, as well as literature that were familiar prior to analysis. In particular the chapter explores the literature on agency with reference to Bandura's (1997; 2001; 2006) social cognitive theory of human development, adaptation and change. It also touches upon Weiner's (1992) attribution theory to explain participants' interpretations of LI and attitudes and behaviours towards the case children, covers literature on social acceptance and bullying and concludes by proposing the idea of LI as a relational, experiential phenomenon.

Chapter 5 provides a reflection on the methods used and the extent to which they met the aims of the thesis. It discusses the challenges and rewards of adapting IPA for use on multi-perspective data and with children with LI and reflects on the success of the arts and Talking Mats® activities for eliciting the case children's experiences and ethical issues that have arisen during the study. The conclusion is that this is a robust thesis which has provided new and rich understandings about children's LI, owing, in part, to its multi-perspective, case study design.

Chapter 6 discusses psychosocial goals for intervention with children with LI that were identified from the analysis. Five key goals are discussed with reference to implications for services for children with LI and for future research. These include targeting the relational space between children and their social worlds; promoting children's experience of agency in different situations; addressing children's emotional wellbeing; addressing children's risk for bullying; and improving communication and understanding between children, parents, professionals and peers. Finally, the concluding remarks set out the important contribution that a relational understanding of LI, alongside the consideration of children's experiences of agency, can make to services for these children.

My previous experiences and interests and their influence on the study

For any study, and particularly for a study using a qualitative methodology, it is important for the researcher to consider and make explicit their own interests, experiences and agendas so that they themselves and other readers can judge their influence on a study's design, data collection, analysis and interpretation. My experience and training in psychology had a significant influence in the focus and design of this study. As an undergraduate I was trained in experimental psychology and for several years worked with children with dyslexia using experimental methods. I became increasingly frustrated with the narrow focus on cognitive or linguistic aspects of children's abilities. The assumptions underpinning experimental hypotheses were often, arguably, difficult to confine and so interpreting data was often challenging and I struggled to see the applicability of findings to children's lives. My interest has since shifted to understanding the impact of developmental disorders on individuals' day to day experiences and led to my studying health psychology and the psychosocial impact of different health and developmental conditions. Therefore, the idiographic, qualitative focus and exploration of meaning of impairment for individuals stems in part from my previous experience and frustration with the use of experimental methods for understanding dyslexia.

My particular interest in understanding and supporting children with language impairment may in part reflect my own struggles with aspects of communication and my suspicion that I have some kind of language impairment. It is possible that I am attempting to make sense of my own experiences through the study of others I identify with in this respect. I have not been assessed for or been diagnosed with LI and I do not believe that the difficulties I experienced as a child were as severe as children within this study, but I continue to lack the speed to process spoken language in time to contribute to conversations and have some difficulties with aspects of pragmatic language. Throughout the data collection, analysis and discussion components of the study I have taken considerable care to leave my own experiences and agenda aside and listen afresh to the voices of participants. In the last section of Chapter 5 I have reflected on how I dealt with my own experiences and interests within the analysis process.

I have been carrying out research in the field of speech and language therapy for several years, but I have had little applied experience of working with children with speech, language and communication needs (SLCN). Therefore, a considerable proportion of time within the first year of study was spent learning and practicing skills for communicating with children with SLCN. I have described some of the techniques that I learned through facilitating workshops with children with SLCN and how these have been translated for use in this study within Chapter 2: Methodology and methods. A discussion of my experiences of carrying out research

with children with SLCN is also found in Chapter 5: Reflections on the methodology and methods.

Chapter 1: What is Language Impairment? An exploration of literature on, and approaches to support children with LI

Communication is a complex skill area. It is, therefore, not surprising that a number of different disciplines have an interest in describing and explaining children who have difficulties with one or more aspects of communication. This chapter explores dominant understandings of LI within speech and language therapy and education research and practice to provide the context of professional support for children with LI and debates about services. The first two sections discuss the medical and psychological literature that dominate speech and language therapy research and its practice goals for children with LI. The third section presents current policy within the UK for children with LI in the education system. The chapter then turns to alternative sociological and psychological perspectives on LI. Sociological literature on disability and childhood contextualise individuals' experiences and reject the traditional view of LI as being solely a developmental disorder. The chapter explores the voices and experiences of children, parents and professionals as a source of understanding about the phenomenon of LI and other impairments experienced in childhood. The chapter closes with an analysis of the current understanding about LI and explains the rationale for further in depth, exploratory research into experiences of LI from multiple perspectives.

1.1 Speech and language therapy literature: understandings of LI

Speech and language therapy literature traditionally draws on medical, linguistic and psychological theories and research to understand diagnosis, prognosis and interventions. Throughout the last few decades, LI has been known by many different labels, including developmental aphasia, developmental language disorder, developmental language delay, specific language impairment (SLI), primary language impairment (PLI), among others. The array of labels partly reflects continued debate as to the underlying cause(s) and nature of an apparently diverse group of 'symptoms' and high rates of co-morbidity with other developmental disorders, such as dyslexia, autistic spectrum disorder, dyslexia and dyspraxia (McArthur et al., 2000; Bishop and Snowling, 2004; Ramus, 2006; Dockrell et al., 2012). More recently there has been a shift from the widely used term of SLI to the use of primary language impairment (PLI) in order to take into account some subtle non-linguistic processing difficulties that are associated with the disorder (Kohnert et al., 2009) and to communicate that the impairment cannot be accounted for by another underlying condition (Law et al., 2008).

As well as a lack of consistent labelling of the disorder, there is also debate about the definition of LI and subgroups of the disorder. Within physical medicine, a diagnosis involves identifying

a set of characteristic symptoms attributable to a particular underlying cause in order to predict the course of the illness and inform treatment. Developmental language disorders and other developmental and mental disorders within the DSM-5 (American Psychiatric Society, 2013) are classified for the same purpose, but it is often difficult to identify cause and predict course of illness or condition. Identifying 'symptoms' can be challenging as the expression of symptoms often varies due to individual differences in environment, biology and co-morbid disorders (Boucher, 1998). Cooper (2004) suggests that classification within the DSM for developmental disorders is theory laden, and therefore treatment is only as good as the theory of a particular disorder. Measuring linguistic 'symptoms' is also problematic and most assessment tools rely on using norms and arbitrary standard deviations for cut offs (Morris, 1988). In addition, non linguistic deficits in children with LI, such as memory and processing deficits, can impact on performance on linguistic and non-verbal IQ, therefore complicating any diagnosis (Swisher and Snow, 1994). There is tension between the function of classification for i) research into understanding underlying causes and ii) provision of services for children with language difficulties (Bishop 2004; Dockrell et al., 2007). This tension has contributed to a literature base from which it is difficult to establish clarity about the symptoms and cause(s) of the disorder. In addition, it is difficult to establish prevalence rates of children with LI as reports vary depending on the criteria used to diagnose the disorder. Tomblin (1997) is widely quoted as the most thorough investigation of prevalence rates of LI, estimating it to affect 7% of primary age children. If it is difficult to define, it follows that it is difficult to measure and ascertain causes.

Defining LI is perhaps particularly problematic in the literature as it is clear that children with LI present with a wide range of linguistic and non-linguistic behaviours that have no obvious physical or psychological reason or 'cause'. These behaviours may change in emphasis with age, and include difficulties with comprehension, grammar, word finding, semantic and pragmatic information, speech-sounds, short-term memory, attention and reading and writing. There is strong evidence to suggest a genetic component to LI (Van der Lely et al., 2005; Bishop and Hayiou-Thomas, 2008), but debate continues as to whether symptoms are caused by sensory (Tallal et al., 1997), phonological short-term memory (Conti-Ramsden and Durkin, 2007), or language specific (Van der Lely et al., 2005) deficits.

Research from this perspective further illustrates the far reaching connections between the impairment and the impact of it for the child. Observational studies of children have shown ongoing associations between LI and achievement in school subjects, such as literacy and maths, friendships and relationships, social acceptance and emotional well-being (Conti-Ramsden et al., 2001; Knox and Conti-Ramsden, 2003; Bercow, 2008; Durkin and Conti-Ramsden, 2007; Dockrell et al., 2012) and emotional wellbeing, academic achievement and

employment into adulthood (Johnson et al., 1999; Beitchman et al., 2001; Snowling et al., 2001; Clegg, 2005; Whitehouse et al., 2009).

There are several ways by which poor language skills might impact on the development of an individual's social and emotional well being. Firstly, difficulties understanding and contributing to conversations due to poor expressive and receptive language skills may impact on children's ability to interact with others and make and maintain friendships. Secondly, if an individual finds it difficult to express themselves and be understood by others, this may lead to frustration or distress, impacting on children's emotional wellbeing. In addition, a child's expressive language provides a means for a child to communicate and understand their own emotional needs and so a child who has difficulties with expressive language may also struggle to understand and regulate their emotions (Cole et al., 2010). Lastly, children with LI may have difficulties understanding and using social or pragmatic language (Bishop and Norbury, 2002). Difficulties with pragmatic language skills are often associated with a diagnosis of autistic spectrum disorder (American Psychiatric Society, 2013) and with individuals behaving in socially unexpected or inappropriate ways and/or less prosocially, such as making less eye contact or showing a lack of interest in interacting with their peers. Some theorists have explained less prosocial behaviours in terms of an individual's Theory of Mind (Baron Cohen, Leslie and Frith, 1985),that is an individuals' ability to perceive that other people have different beliefs and intentions to their own.   Thus, children with LI may behave in ways that discourage social interaction with others as well as experience difficulties understanding others and expressing themselves within social interactions, all impacting on their friendships and their social and emotional wellbeing.

A number of quantitative studies have investigated how children's LI impacts on their social behaviour and emotional wellbeing. Small scale studies examining children's communication behaviour in school observed that children with LI engaged significantly less in active conversational interactions, were less sensitive to the initiations of others, more withdrawn, used less negotiation strategies and used unusual linguistic forms to access conversations compared to their peers (Hadley and Rice, 1991; Craig and Washington, 1993; Brinton et al., 1998; Fujiki, 2001). Several studies have investigated links between children's language abilities and their social and emotional difficulties through analysing longitudinal relationships between data from objective assessments of children's language and social skills and self or teacher reported social and emotional wellbeing on a large sample of children (Botting and Conti-Ramsden, 2008; Durkin and Conti-Ramsden, 2007). No direct links were found between the language abilities of 139 young people with a history of LI and their emotional wellbeing (Botting and Conti-Ramsden, 2008). However, language abilities significantly predicted friendship quality in 120 young people with history of LI, but they were a small predictor of friendship quality compared

to prosocial behaviour (Durkin and Conti-Ramsden, 2007). The study identified that receptive language difficulties in particular were associated with poor friendships over a nine year period. A smaller study comparing a group of young men with a history of LI and a group with ASD found that early language abilities were linked to later social and emotional outcomes for the group of young men with ASD, but not for young men with receptive language difficulties (Howlin et al., 2000).

Taken together these studies paint a complex picture about the impact of children's LI on social and emotional wellbeing. Longitudinal studies provide clear evidence that LI can continue to impact children as they move into adulthood in a variety of ways, including their social and emotional wellbeing. Observation studies suggest that children with LI tend to behave in different and less prosocial ways in terms of their interactions and behaviours compared with their peers. It is these prosocial behaviours that are more strongly linked to friendship quality later in childhood than their language abilities, with the exception that receptive language ability may play a role (Durkin and Conti-Ramsden, 2007). Children with receptive language difficulties have also been associated with an increased risk for bullying (McLaughlin, 2012). These studies provide valuable, initial information and pointers for further investigation. Given the complex nature of communication and social and emotional development, further research using a variety of methodologies is needed to better understand the processes by which LI impacts on children's social and emotional wellbeing. Overall this literature is concerned about the children's speech and language problems and intervention clearly intends to improve outcomes. However, a different, sociological perspective would argue that this is a deficit discourse, imposed on a somewhat passive child. The implications of this view of the child are discussed further in the sociological literature later in the chapter.

1.2 Speech and language therapy practice: goals for children with LI

LI is most often diagnosed by speech and language therapists (SLTs) in preschool years, or in the first years of primary school, due to children presenting with delayed and/or disordered speech or language compared to their same age peers. SLTs work one to one or in groups with children, and also in collaboration with teachers, Learning Support Assistants (LSAs) and Teaching Assistants (TAs) in a child's school. Speech and language therapy support for children with LI generally focuses on improving children's expressive and receptive language skills, as well as their cognitive and memory processing skills and social communication skills, such as turn taking and listening skills, with the aim of improving functional communication for a child. A recent survey of SLTs' practice with 7-11 year olds (Roulstone et al., 2012a) suggests that the majority of SLTs' targets for intervention are focused on the child's speech and language, rather than targeting the behaviour of others towards the child, or the child's environment, with the exception of targeting teachers' skills, opportunities to communicate and greater inclusion (see

Figure 1). As the above section suggests the 'problem' is seen to pertain to or originate within the child. However, concern around the psychological impact suggests that other influences, such as the behaviour of others towards the child, or the child's environment, might also be important to research.

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Figure 1: SLT's targets of intervention with 7-11 year olds (Roulstone et al., 2012a)

The emphasis on improving functional communication through speech and language therapy has come to the fore in the last two decades with the ascendancy of the International Classification of Functioning, Disability and Health (ICF) (WHO 2001) as a conceptual framework through which to address the call to inform the assessment and delivery of better outcomes for children. The ICF was first developed in 1980 as a framework to classify the consequences of diseases, rather than just the causes and was referred to as the International Classification of Impairments, Disabilities and Handicaps. It has since evolved in to the current ICF, which was endorsed in 2001 by member states of the World Health Organisation (WHO) as an international standard to describe and measure health and disability. The ICF has a focus on the impact that disease or disability has on an individual, drawing upon both social and medical aspects of health and wellbeing. It views functioning and disability as a complex interaction between the health condition of an individual and their environment and personality and includes five components: body functions, body structures, activities and participation, environmental factors and personal factors. The ICF has been influenced by social models of health and disability in that it takes into consideration contextual factors, but it is still most closely aligned to medical and psychological models of health and disability.

The ICF provides a framework for assessment and treatment of individuals with speech, language and communication needs (SLCN) that encourages the consideration of social and personal factors in speech and language therapy (Enderby, 1999; 2006; McLeod, 2004; 2006; Washington, 2007; Cruice, 2008; O Halloran and Larkins, 2008; Thomas-Stonell et al. 2010), as

11

well as encouraging collaboration between professionals and families (Campbell, 2007). Several measures for evaluating speech and language therapy have been developed drawing on the ICF as an assessment framework. The Therapy Outcome Measure (TOM) (Enderby, 1999; 2006) was developed to assist therapists make descriptions of their clients using the ICF as an underpinning conceptual framework. Since then, other measures have been developed based on the ICF, including FOCUS for preschool age children with speech, language and communication needs (Thomas-Stonell, 2010) and SPAA-C for children with speech sound disorders (McLeod 2004). Items within the SPAA-C were generated through group work and a case study with SLTs and informed by the ICF model so that the measure included items on activity and participation, body function and body structure, environmental and personal factors.

Despite discussion of the benefits of using the ICF within speech and language therapy (Enderby, 1999; 2006; McLeod, 2004; 2006; Campbell, 2007; Washington, 2007; Cruice, 2008; O Halloran and Larkins, 2008; Thomas-Stonell, 2010), there is limited evidence for its use and the use of associated measures in research and current practice within the UK. A recent survey of SLT practice (Roulstone et al., 2012a) has revealed the most common outcome measures used by SLTs to evaluate their intervention were clinical judgement or the opinion of other professionals or parents. Just under half of SLTs reported using formal, standardised assessment tools, with twelve percent of SLTs using school based assessment tools, such as SATs to evaluate intervention with a child. In addition, 66% of SLTs reported that they did not pass on information on outcomes of children to their service managers, suggesting service level data on children's outcomes is currently lacking. These surveys also reveal limited use of Patient Reported Outcome Measures (PROMs) by SLTs to assess outcomes. It is important to note that despite the lack of hard evidence for SLTs use of the ICF, it is possible that SLTs use the ICF as an informal model to inform their practice.

Research studies have tended to focus on whether interventions have had an impact on specific aspects of language improvement, rather than psychosocial or other outcomes. For example, of 33 studies included in a systematic review of intervention studies with a randomised control design for children with SLCN (Law et al., 2003), only 3 studies assessed non linguistic outcomes. These included measures of impairment, disability, handicap and wellbeing through TOMS, attention, play and socialisation (Glogowska, 2000); behaviour (Law et al., 1999); and stress and behaviour (Robertson et al., 1999). The remaining 30 studies focused on assessing linguistic outcomes such as articulation, vocabulary, mean length of utterance, consonant inventories, phonological errors and syntax. A more recent review of intervention studies for children with SLCN has also confirmed that intervention studies have primarily focused on outcomes related to linguistic body function rather than inclusion or participation outcomes (Lindsay et al., 2010). Evaluating the outcomes of intervention for children with LI is important

in the current climate of commissioning services. Therefore, it is vital that appropriate, meaningful outcomes are assessed as part of service and research evaluations. The policy context for children with LI within the education system is discussed in the next section.

In summary, speech and language therapists predominantly target speech, linguistic processing, memory and social communication skills of children when intervening with children with LI, with a broader aim of affecting their functional communication. Formal evaluation of progress made by children in UK clinical practice is limited, particularly in psychosocial domains. SLTs tend to make informal judgements about progress a child has made based on their observations of the child and on their performance on standardised assessments of speech, language and memory processing. Judgements tend not to be passed on to a managerial level and are used to guide therapists' decisions about future goals for intervention for an individual child, rather than evaluate progress that has been achieved. Within research, the majority of studies have investigated progress in speech, memory and linguistic skills rather than in social or emotional or subjective well being, despite fourteen years of theoretical discussion of the usefulness of the ICF framework for setting and evaluating goals of speech and language therapy intervention.

1.3 Policy for children with LI within the UK education system and outcomes research

The debates about definition and best interventions that were discussed in the last section are also found in the policy literature where decisions are made about the allocation of limited resources, the process of allocation and the forms of service provision. Policy also refers to cultural and social understandings and the wider context of the role of the state and the family.

Children with LI are likely to receive intervention from SLTs via the National Health Service (NHS), and also through a local authority statement of Special Education Needs (SEN) for the support of their learning at school. Prior to the 1981 Education Act, special education was provided in separate institutions that were categorised by impairment corresponding to sensory, physical, intellectual and emotional difficulties. In 1981, the definition of SEN was broadened to include 20% of the school population to encourage the normalisation of children assessed as having special education needs:
 'A child has special education needs if he has a learning difficulty which calls for special, education provision to be made for him'. (Pg.1) (1981).

For the last twenty years and more it has been UK and EU policy to try and include children with disabilities and intellectual difficulties within mainstream classrooms, such as the SEN and Disability Act (2001) and the Convention on the Rights of Persons with Disabilities (United

Nations, 2006). Part IV of the Education Act (1996) requires local authorities to make appropriate provision for children with SEN that aims to enable pupils with SEN to reach their full potential, to be included in the school communities and make a successful transition to adulthood. The SEN Code of Practice (2001) provides advice on carrying out statutory assessment of a child's SEN and making and maintaining a statement of SEN, carrying out annual review of statement and planning. It also emphasises the importance of involving children and parents in decision-making and of effective multi-agency working to combine services around the needs of the child and their families. Policy for SEN in the UK is currently under review with a new code of practice in development (Department of Education 2011; 2012). A new integrated education and health care plan has been proposed that will replace the statement of SEN.

Like medical diagnoses of children with LI, the classification of children within the education system is also complicated. Children with LI should logically fall into the SEN category of speech, language and communication needs (SLCN). However, a recent investigation of children's transitions between categories of SEN (Meschi et al., 2012) revealed that children are reclassified as they move through the education system, moving from the SLCN category to specific or moderate learning difficulty, or autistic spectrum disorder (ASD) or losing their SEN status as they get older. The reclassification of children into different categories of SEN as they move through the education system may be appropriate in many cases and reflect the changing nature of difficulties as children develop. It may also be indicative of parents and professionals seeking additional resources for children as children with a diagnosis of ASD are likely to receive more support than children diagnosed with LI (Dockrell et al., 2012). In addition, classification as SLCN is strongly associated with low socio-economic status and conflated with being identified as having English as an additional language (EAL) (Meschi et al., 2012). There is also overrepresentation of summer born pupils with SEN, suggesting some misclassification of children (Department for Education, 2011). These data emphasise the dynamic nature of children's difficulties over time and highlight the complex, social contexts in which children are categorised and labelled.

Children with LI with a statement of SEN, typically receive some LSA support within the classroom and one to one or small group support outside of the classroom by an LSA or SLT. Children with LI who do not have a statement of SEN may also receive additional support at school through classification as 'School Action' and 'School Action Plus' and/or independently referred to speech and language therapy services. Currently, children's statements of SEN are reviewed annually and their progress is evaluated. Achievements by pupils with SEN in literacy and mathematics are also monitored through OFSTED inspections.

In the last decade there has been further policy to address equality for children with impairments. For example, children with impairments have been found to underachieve within the education system and are vulnerable to social exclusion (Russell, 2003). Policy within the SEN and Disability Act (2001) promotes inclusion of children with impairments in mainstream education. A guidance document for SEN (Department for Children Schools and Families, 2001) outlined how schools should take reasonable steps for inclusion, such as maintaining children's self-esteem, working more with peers, use of appropriate language in the classroom, setting of appropriate targets, consideration of learning styles and the development of partnerships with pupils. These guidelines are echoed to some extent the SEN and Disability Green Paper (Department for Education, 2011), although there is less emphasis on inclusion and more emphasis on achievement. Booth et al. (2002) have developed the Index for Inclusion to assist schools to assess and change inclusion practice within schools. However, there is little research investigating the social inclusion of children with SLCN. Some small scale studies have observed examples of social exclusion and inclusion within the classroom (Feiler, 1999; Robertson et al., 2003; Holt et al., 2012) and social isolation at break times (Fujiki, 2001), but this has not been investigated systematically on a large scale, and does not tend to be assessed routinely by SLTs or teachers at an individual level. In addition, previous research has not explored the experiences of children with LI in relation to social inclusion in any depth, and the processes by which children with LI are included and/or excluded, both socially and in the classroom, are not well understood. The small number of studies that have investigated the experiences of children with LI and other SLCN are discussed later in the chapter.

Despite policy encouraging the inclusion of children with SEN, research investigating the deployment of teaching support staff in schools has found that children receiving additional support are making less progress in English and Mathematics than those children who are not, taking into account differences in learning capabilities (Blathchford, 2009). There is also a lack of a systematic relationship between school resourcing for children with SLCN or autistic spectrum disorder (ASD) and the likelihood of a child no longer being categorised as needing additional support (Meschi et al., 2012). There is also accumulating evidence that children with SEN are receiving less direct teaching from skilled teachers because they spend more time with untrained teaching support staff (Webster and Blatchford, 2013; Dockrell et al., 2012). Case studies of use of resources for children with SLCN in six schools found it difficult to draw conclusions about effective and efficient use of resources due to variation in service provision across sites and a lack of routine data collection and information exchange between education and health authorities (Lindsay, 2008). These studies indicate a lack of evidence for effective support in schools for children with LI, as well as disparate approaches to supporting children with LI from health and education services.

Over the years, collaboration between health and education professionals on the ground and at a service level has been found lacking (Roulstone, 1983; Bercow, 2008; Feiler, 2011). Calls for better collaboration continue within current government reports (e.g. Department for Education 2011). Currently, collaboration is facilitated by the statement process and annual reviews that are a legal requirement for children with a statement of SEN. Individual education plans (IEPs) are used within schools to implement goals for an individual identified within an annual review. Teachers and SLTs have been found to hold divergent views on goals of support and the assessments for children (Law, 1996). Teachers perceived assessments used by SLTs as too impairment focused, paying little attention to children's access to the curriculum, whereas SLTs did not always feel that IEPs used by teachers covered the range of important outcome areas. SLT measures were perceived as much better at providing evidence for change. The statement process is currently being reformed and replaced by a multidisciplinary assessment process. It is not yet clear how the new assessment system will be implemented and evaluated in practice, but it aims to further encourage collaboration and an integrated approach between health, social and education professionals and services (Department for Education, 2011).

So far, this chapter has examined dominant literature and current policy and approaches to the support of children with LI in health and education. Research has largely used objective assessment of children's abilities and behaviours to investigate LI and compared children's development with their peers. The lack of consensus within psychological and speech and language therapy literature about the nature and symptoms of LI, coupled with variability in delivery of support across schools and health authorities, highlights the need for alternative sources of knowledge and understanding about the phenomenon and approaches to support and evaluation of children diagnosed with LI.

1.4 Sociological perspectives of childhood and disability: implications for children with LI

Sociological research has examined the voices of individuals with illness or impairments within their social and cultural contexts, and many authors have rejected the mainstream, medical view of disability or impairment. The social model and the associated 'disability movement' has origins within the socialist ideas of Marx (1867) and the motivation to give disabled adults more opportunities and access to work. Oliver's (1990) social model of disability views disabled people as systematically disadvantaged and marginalized in society and suggests the emphasis on impairments in medicine has encouraged tragedy discourse and oppression (Oliver, 1990). It has led to radical development in policy that is designed to bring about equality for disabled people (Disability Discrimination Act 1995, 2005; Equality Act 2010). From this perspective, the removal of social barriers is key. The experience of a disabled child, a child with LI, would

be critical to the identification of discriminatory and oppressive practices. The discourse is very different to the 'deficit discourse' commented on earlier in the chapter.

There are many nuanced variations to, and arguments with Oliver's (1990) social model of disability within the disability studies movement. Some sociologists (Abberley, 1996; Corker and French, 1999) argue that the social model theory is inadequate as it does not acknowledge an individual's experience of impairment. For example, Abberley (1996) suggested that the exclusion of impairment from a model of disability encouraged policy to strive towards equality in the work place as a means to social inclusion, without taking into account those individuals who are unable to work under any circumstances. Similarly, Clegg (2006) warned against imposing the liberal value of autonomy onto intellectually disabled individuals as it may be unattainable for some and professionals may expect too much of an individual. Thomas (2007) distinguishes between 'impairment', that is an individual's experience of having functional loss or limitation, and 'disablism', the experience of exclusionary or oppressive practices by others, organisations or social and cultural contexts. In this way, the experience of impairment is recognised and accommodated within a social relational model of disability, alongside disability.

Whilst discussion of the social model of disability has predominantly focused on disabled adults, there has been some, limited, discussion of the social model of disability in relation to children. Priestley has explored the experiences of disabled children at school and through the life course. He has highlighted the impact of disabling attitudes and social structures in childhood on individuals' adulthoods and on the wider family (Priestley, 1998; 2003). Priestley has argued for disabled children to be actively involved in research and service development instead of being viewed as passive and dependent (Priestley , 1998). Todd (2006) has suggested that practice by professionals working with children can be disabling, such as professionals' focus on the child as a source of change, alongside the use of terms such as disabled, disorder, difficulty, and assessment. In addition, Stalker and Connors (2004) have explored children's understandings of their disabled siblings. Children described the negative reactions of others towards their siblings, such as name calling, patronising comments and misplaced sympathy. These studies emphasise the experience of 'disability' for children, in terms of the disabling attitudes of others towards children.

Dan Goodley (Goodley, 2001; Goodley and Lawthorne, 2006; Goodley and Roets, 2008) has been at the fore of a movement to bring psychology to disability studies. Acknowledging the complex relationship between individual and social worlds, the authors argue for the need to explore the space between the binary of medical and social models of disability. They draw upon social and community psychologies to explore how individuals construct narratives,

attitudes and identities and how these shift and change and interact with their social and cultural environments and discourse. Several other theorists are exploring psychology within disability studies. For example, instead of focusing on the emotional effects of impairment on an individual, Reeve (2006) and Thomas (2007) discuss the emotional impact of prejudice and disabling attitudes on an individual.

Psycho-social perspectives on disability are increasingly being applied to understand disabled individuals' experiences, but there is very little written about children with LI in particular. In the context of LI, 'disability' may be experienced due to children's classification with a medical diagnosis and a statement of special education needs (SEN). These may unintentionally be limiting children's access to the curriculum, their time with a qualified teacher and their social interactions with their peers due to the additional time children spend working with teaching assistants and learning support assistants within and outside of the classroom (Dockrell et al. 2012; Webster and Blatchford, 2013). Children may also experience overt discrimination due to being perceived as different by 'normal' others.

Disabled individuals and their families do not always see themselves or their family member as different from others (Watson, 2002; Stalker and Connors, 2004; Beresford et al., 2007; Wickenden, 2010), even though 'they', as if 'they' are a homogenous group, are perceived by society as different. Wolfensburger (1980) was influential in theorising the concept of normalisation and believed that culturally normative means could be used to enable disabled individuals to be perceived as leading, and experience leading, culturally valued, 'normal' lives. Normalisation is a movement that developed in the1970s in Scandanavia, the USA and the UK, among other countries in reaction to the mass institutional care of intellectually and mentally disabled individuals. Wolfensburger was influenced by the sociology of deviance and ways in which deviance from 'normal' society is socially created and recreated. My agenda as a researcher, to identify a sample of children with LI in order to explore psychosocial goals for intervention, highlights my role and the role of research in creating and recreating 'LI'.

Psychosocial processes such as stereotyping (Tajfel and Turner, 2004) and stigmatization (Goffman, 1963), alongside our cultural quest for medical and psychological understanding through diagnostic categorisation of individuals into groups and subgroups, can be seen as different ways in which LI has been and continues to be socially created and recreated. Tajfel and Turner (2004) proposed that individuals tend to quickly categorise other people in order to understand their social environment. Individuals also categorise themselves and then compare their own identity with others as similar or different. In this way individuals stereotype others as belonging to one or more particular group(s) and make judgements as to whether they have a similar identity to themselves and belong to 'us' or have a different identity and belong to

'them'. Perceptions of other individuals as belonging to 'us' often go hand in hand with perceptions of individuals as 'normal'.

Goffman (1963) also discussed social identity in terms of stigmatization where 'normal' individuals view certain attributes of others as weak or dangerous. These attributes are called stigma and devalue the other person. Goffman described three forms of stigmatization, one relating to external deformations that are visible to others, one relating to deviant personal traits, and another relating to a group of people in the minority with a particular ethnicity or religion. Disabled individuals and their families have described experiencing stigmatization and stereotyping behaviours from other people and have felt devalued and excluded (Stalker and Connor, 2004; Green et al., 2005; Reeve 2006; Thomas 2007). Children with LI differ from many other disabled children as their impairments are not immediately visible. It is not clear whether psychosocial processes, such as stigmatization, operate differently for children with LI compared with individuals who are physically or more obviously impaired. Children with LI may be perceived as 'normal' until their difficulties with language become apparent to those they interact with. Parents of young children with speech and language difficulties have reported concern about stigmatization of their child, as well as attaching their own stigma towards their child, following their child's diagnosis of speech and language impairment (Glogowska and Campbell, 2004). For young children with LI, stigmatization comes about through diagnostic labelling and the comparison of children's development with their peers, suggesting that other forms of stigmatization, such as deviant personal traits, are not as dominant as the visibility of a medical diagnosis. It is not clear whether other forms of stigmatization operate for older children with LI. It is possible that as the impact of LI on social and psychological aspects of children's lives becomes more evident, other forms of stigmatization, such as deviant personal traits, become more prevalent.

A social, relational approach to disability (Tøssebro, 2004; Reindal, 2008; Tøssebro et al., 2012), dominant within Scandanavian disability policy, fits well with Goodley's focus on the space between individual and social worlds. The approach assumes disability is a person-environment mismatch and it is situational or contextual. Individuals are disabled through dynamic relationships between their body and mind and their environment. The model is not dissimilar from the ICF in terms of it addressing environmental and contextual factors, as well as the individual. However, it emphasises the relationship between the person and their environment or situation, rather than the impaired individual. Policy informed by the relational approach strives towards normalisation, inclusion and an ordinary life for disabled people. The relational model of disability is not widely discussed in relation to policy in the UK; however, it provides an alternative view of disability to the internationally recognised ICF.

A social relational approach to disability and the social model of disability both infer that SLTs and other professionals tasked with supporting children with LI should target the potentially disabling social structures and attitudes within society that might be impacting on children. This might also include professionals' own potentially disabling role in children's lives though their identification and labelling of children as 'impaired'. As described earlier in the chapter, the ICF has been advocated for use by SLTs as a model to guide professional intervention. The model suggests focusing on environmental factors that might impact on an impaired individual, as well as an individual's body functions, body structures, activities and participation and personal factors. Disabling social structures and attitudes in society could be placed under 'environmental factors' within the ICF model. However, a survey of current SLT practice (Roulstone et al., 2012a) suggests that SLTs tend to target children's speech, language and cognitive 'impairments' for improvement, so focusing on body functions and structures components of the ICF. There is little evidence that SLTs address the disabling structures and attitudes within society, with the exception of a broad aim of targeting 'greater inclusion' (Roulstone et al., 2012a).

The inclusion of children with special education needs (SEN) in mainstream classrooms has been an aspiration of education policy in the UK for the last few decades and reflects the influence of the social model of disability and a normalisation agenda on policy for children with SEN. Whilst the general aspiration for the inclusion of children with SEN in mainstream school is well intended, there is continued debate as to what meaningful inclusion is and whether and how it can be achieved in practice (Feiler and Gibson, 1999; Paliokosta and Blandford, 2010; Holt et al., 2012). It is currently unclear how political aspirations for inclusion of children with SEN link specifically with individuals' experiences of disabling structures and attitudes within society.

In addition to disability studies literature, there is another sociological discipline that has contributed to our understanding of children with LI. The growing discipline of childhood studies challenges the current, dominant view of children as immature adults (Mayall, 2002; James and James, 2004; James, 2007) that need shaping and moulding by adults. The notions of 'childhood' and 'children' are social constructions that devalue the diverse range of experiences that individual children have in their daily lives. They argue that childhood should be valued as a stage in life in its own right, and children recognised as social agents. For example, James and James (2004) argue that the introduction of the national curriculum in schools, alongside the emphasis on testing at different age groups, has focused attention on children's future contribution to society. James and James also express concern about the 'ideological commitment of the adult world to a particular version of children's lives that rests on the commonality of childhood' (pg. 131, James and James 2004).

In addition, Todd (2006) argues that when children's educational or health needs are identified by professionals or adults, they are often
'unquestioned oughts' (pg 153, Todd 2006).
Children's needs are more to do with adults' expectations of children within particular cultures and situations, rather than children's own desires. The notion that children's needs in health and education are 'unquestioned oughts' (Todd 2006) is indicative of an adult agenda for children to meet cultural expectations, and highlights power relations between adults in children in society.

There has been very little discussion about disabled children specifically within the childhood studies literature, but the childhood studies literature is very relevant to the context of children with LI. These ideas of childhood challenge the prevalent discourses and policy in relation to children with LI in terms of medical diagnoses of developmental disorders of childhood and testing and classification of children who do not meet the expectations of adults as having Special Education Needs (SEN). They also highlight the need to consider children as individuals rather than a collective group, with rights in the present and voices that should be listened with respect and response, and as agents influencing their own and others' lives and societies. Despite increased attempts to listen and respond to children's voices in recent decades in policy, research and practice, James (2007) has questioned the authenticity of children's voices when they are often mediated and interpreted by adults. Theoretical, practical and ethical challenges to research with children are discussed further in Chapter 2: Methodology and Methods, and my influence as a researcher in the analysis of case children's voices is reflected upon within Chapter 5: Reflection on the methodology and methods.

1.5 Researching the voices of children and their families

In many areas of health care, researchers and service providers are striving to listen and respond to the voices of service users and their carers to inform research, service delivery and evaluation, as evidenced by setting up of INVOLVE to promote public involvement in research in 2003 (Involve, 2008) and models of care, such as the NHS Social Care Long Term Conditions model (Department of Health, 2008). For some long term health conditions, listening to the voices of service users has shifted the focus of treatment and support to better address needs perceived important by service users and their carers and influenced judgements as to whether an intervention is 'effective'. For example, psychological and emotional support are increasingly considered important components of care provision for diabetes (Department of Health, 2008). Similarly, work with patients with rheumatoid arthritis has led to the inclusion of fatigue as an additional important outcome to assess when evaluating interventions for this condition (Kirwan et al., 2005; Hewlett et al., 2005).

In recent years there have been a handful of studies exploring the experiences of children with speech, language and communication needs (Owen et al., 2004; Markham and Dean, 2006; Markham et al., 2008; Simkin and Conti-Ramsden, 2009; McCormack, 2010; 2012; McLeod et al., 2013) and the views of children, parents and professionals about concerns and goals for intervention (Pratt et al., 2006; Dockrell et al., 2007; Thomas-Stonell et al., 2009; Lyons et al., 2010; Hambly et al., 2011; Roulstone et al., 2012b). Two of these studies have focused on experiences of speech and language therapy specifically (Owen et al., 2004; Lyons et al., 2010), one has explored adolescents experiences of attending a language unit (Simkin and Conti-Ramsden, 2009); two have explored children's experiences of speech disorder through interviews and drawings (McCormack, 2010; McLeod et al., 2013); another has explored the experiences of two young adults with history of speech disorder (McCormack, 2010a) and three have explored the experiences and views of primary age children with speech, language and communication needs life in general via qualitative interviews and workshops (Markham and Dean, 2006; Markham et al., 2008; Hambly et al., 2011; Roulstone et al., 2012b;) and through self report questionnaires (Dockrell et al., 2012).

Preschoolers with speech disorder did not perceive themselves as having speech disorder and a positive sense of self was evident in their drawings and through their interviews (McCormack, 2010), particularly in their private lives at home with their families (McLeod et al., 2013). They also experienced frustration when communication broke down and often placed responsibility for breakdown in communication with the listener (McCormack et al., 2012; McLeod et al., 2013). Similarly, Hambly et al. (2011) found that the experiences of children and young people with speech, language and communication needs tended to be positive. Children and young people talked about their friends and families with affection and placed high importance on participation in social activities and having fun with others, and this was not heavily curtailed by their impairments. Like preschoolers, children and young people also frequently talked about difficulties they experienced in relation to other people's behaviour towards them, such as other children teasing, children and adults shouting over them, not listening and interrupting, causing them frustration and sadness. At times, children and young people also talked about frustration with their own speaking and interrupting. However, when responding to statements within questionnaires or structured interviews, children and young people have reported social and emotional difficulties. Children with LI and autistic spectrum disorder (ASD) were found to score significantly lower than their peers in the moods and emotions domain and social acceptance and bullying domain in a quality of life questionnaire (Dockrell et al., 2012). In addition, a significant minority of adolescents attending a language unit marked many statements they could not do compared to their peers, such as being sociable, speaking to others, saying things wrong and not being able to tell when someone is joking (Simkin and Conti-

Ramsden, 2009). These studies suggest that some children and young people with LI and ASD can experience significant challenges in their social relationships and perceive themselves as less socially accepted and less socially competent than their peers.

Studies exploring the experiences of children and young people with other disabilities have also found children and young people portraying their lives as positive and not talking about themselves as having an impairment (Wickenden, 2010; Beresford et al., 2007). The way children see themselves can be at odds with the way they are perceived by others as impaired or different. Young adults with autism described the shock they experienced when they learned of their diagnosis (Huws Jones, 2008). They perceived a diagnosis of autistic spectrum disorder (ASD) as disruptive to their aspirations, but also saw positive effects of a diagnosis, such as accessing services and explaining others' distressing behaviour towards them. Children with impairments have also been observed to strategically use disabling discourses for their advantage, such as to get out of lessons (Corker and French, 1999). These children were not passive objects of discourses surrounding them, but were actively engaged with them for their own ends. Findings from these studies suggest that, in general, children and young people with disabilities do not describe themselves as impaired, except when specifically prompted through a questionnaire or similar.

Two studies have explored children's desired outcomes and aspirations (Beresford et al. 2007a; Mitchell and Sloper, 2010; Hambly et al., 2011; Roulstone et al. 2012b). Being listened to, understood and respected by others was important to children and young people with SLCN and more complex disabilities, as well as laughing and joking with friends, family and professionals (Mitchell and Sloper 2010; Hambly et al., 2011). Disabled children reported wanting to be healthy, have friends and interests, be part of a local community, to acquire social and living independence, to feel confident and respected by others and to experience success and achievement, (Beresford et al., 2006; Beresford et al., 2007). Children's views were intertwined with parents' views within the latter reports, and therefore it is difficult to distinguish between adults' and children's voices within this work. In both studies, children's communication was identified as fundamental for higher level outcomes, such as friendships and independence (Beresford et al., 2006; Roulstone et al., 2012b).

In a study of the preferred outcomes of parents and children (Roulstone et al., 2012b), parents' aspirations for their children with SLCN included achieving independence, social inclusion by their peers and being understood by education professionals and family members. These findings were mirrored in a study exploring the concerns of mothers of adolescents with LI (Pratt et al., 2006). Mothers' primary concerns were about their children's future jobs, independent living, employment, relationships, and confidence. Speech and language was a

primary concern for just 3% of parents in this study. Markham and Dean (2006) explored parents' views on their children's quality of life. Parents saw their children as isolated, experiencing fewer opportunities in play and social inclusion and emotional consequences of negative behaviour of others towards them and frustration with communication breakdown. Parents of preschoolers with speech and language delay also spoke about their aspirations for children to participate fully in learning, making friends and not standing out from their peers (Glogowska and Campbell, 2000). These studies suggest that children's experiences of friendships and social inclusion are dominant concerns for parents of children with SLCN, but these concerns are rarely assessed in research studies evaluating interventions or by SLTs in practice. This study seeks to address this research gap by exploring experiences of LI from multiple perspectives and investigating psychosocial facets of the phenomenon.

Professionals' concerns and goals for children have been found to differ from parents' concerns. For example, Thomas-Stonell et al. (2009) surveyed parents and SLTs about their concerns and predicted and observed outcomes for preschool children, using the International Classification of Functioning, Disability and Health (ICF) as a framework. SLTs were mainly concerned with children's body functions, where as parents were more concerned about restrictions to participation and children's frustration and behavioural difficulties. Gascoigne (2010) surveyed different professionals involved in the care of children with SLCN and found that teachers spoke of outcomes in terms of improved ability to engage in learning, getting messages across and interacting with peers; GPs talked about timely access to SLT support and parents talked about a range of different outcomes, from access to services to seeing their child progress in different ways. A study of parent and professional views of children with autistic spectrum disorder (ASD) also highlighted some divergent views (Dillenburger et al., 2010). Parents reported that their children's most difficult behaviours were around lack of interaction with others and play, deficits in social skills, language and communication deficits and challenging behaviours, whereas professionals reported concerns with excessive ritualistic behaviours, lack of interaction with parents and routine behaviours. These studies highlight the different perspectives that parents and professionals have of children and their impairments. They have tended to use survey questions with predefined response options. Individuals were forced to respond in certain ways and it could be argued that their voices are restricted in this way. Qualitative research methods that have been used successfully to listen to the voices of children and young people (e.g. Mitchell and Sloper 2010; Hambly et al., 2011; Roulstone et al., 2012b) can also provide a tool to examine experiences from multi-perspectives in more depth.

1.6 What do these policies, literature and theories of disability and childhood tell us about children with LI?

Through examining different literature, it is apparent that the nature and characteristics of LI

vary depending on the discipline through which it is viewed. It is clear, however, that LI is more than a physical or psychological impairment manifested in specific behaviours. It is also a social construct that can influence a child's developing identity and maintains oppression by those without disability in society.

In the UK, research, policy and practice in speech and language therapy are still heavily influenced by medical models of disability, although the ICF takes into account some social influences on an individual with impairment. Research and practice continues to use objective assessments that aim to diagnose children with specific disorders, despite continuing to struggle to identify disorder specific symptoms and underlying causes due to confusion about diagnostic criteria and co-morbidity with a number of different developmental disorders. Observational, cross sectional and longitudinal studies have deepened our understanding about the range and nature of difficulties that children with LI exhibit through their childhood and into adulthood, albeit with an emphasis on difficulties with speech, language and memory. Following more than forty years of research, there is still no clear, coherent understanding of the nature and causes of LI. This is, perhaps, not surprising given the complex nature of communication and the developmental context in which LI is being studied.

Qualitative studies have provided new understandings about children's experiences of speech, language and communication needs (SLCN) more broadly. The handful of studies that have explored children's experiences of SLCN suggest that children do not always perceive or describe themselves as being impaired. This is somewhat at odds with dominant psychological and speech and language therapy literature labelling children as having different types of impairments. Children described difficulties and frustrations with other people's behaviour towards them more than frustrations with themselves, although when prompted, children and young people have reported feeling deficient in comparison to their peers, particularly within social relationships with peers and their emotional wellbeing. These studies have included children and young people with a range of SLCN and it is not clear whether their views reflect the views of children with LI specifically.

Exploring children's experiences of LI is essential to enable a better understanding of LI and provide direction for professionals in their support of children with LI and in their evaluation of support. Previous research in the field has tended to focus attention on linguistic goals for intervention, despite evidence that children experience difficulties with friendships and relationships and emotional wellbeing. A small number of studies have explored the experiences of children with SLCN in general, but there have been no in depth studies exploring the experiences of children with LI, specifically. In addition, a handful of quantitative studies suggest that SLTs, teachers, parents and children place different emphases on their concerns and

goals for children with LI. As Goodley has identified for disability studies in general, there is a need to explore the space between children with LI and their social worlds. The next chapter sets out the specific aims of this study that seeks to do this by exploring experiences of children's LI from multiple perspectives.

Statement of Aims

The preceding chapter provides an overview of the dominant disciplines that have contributed to our knowledge and understanding about language impairment (LI) and has outlined current understanding about LI and the support that is provided for children in the UK. There is an argument for more exploratory, in depth, qualitative studies that are able to shed light on the psychosocial processes that have been identified in larger scale observational studies, and also provide new and different understandings about LI.

As such, this study will address the following research questions:

What are children's experiences of LI in their lives at home and at school?

What are parents' and peers' experiences and understandings of children with LI in their lives at home and at school?

What are teachers', learning support assistants' and speech and language therapists' experiences and understandings of children with LI in the context of their support for the child?

In light of individuals' experiences, what are psychosocial goals for intervention with children with LI?

The next chapter describes the philosophical underpinnings and methodological design and procedures that have been taken to answer these questions.

Chapter 2: Methodology and Methods

This chapter describes the philosophy underpinning the study, alongside detailed explanation about the methods and procedures used, with particular reference to the challenges of carrying out research with children with LI. The chapter is split into four sections. First the methodological approach of Interpretive Phenomenological Analysis (IPA) is described, with consideration given to the study's unusual multi-perspective, case design. Secondly, several issues relating specifically to research with children (with LI) are considered, including ethical issues and the use of arts-based methods. This is followed by a detailed description of recruitment, data collection and analysis procedures. Finally, quality issues are considered and addressed, such as the validity and reliability of findings given the study design.

2.1 Philosophical and Methodological Approach

The study is a qualitative, in depth exploration of children's, parents', peers' and professionals' experiences and understandings of LI, primarily informed by IPA (Smith, 1996, 2003; Larkin et al., 2006; Smith et al., 2009). Through close examination of a small number of cases, the study aims to provide rich knowledge about how children, parents, peers and professionals make sense of a child's LI and the support they receive for it. Alongside experiences and understandings, the study will explore individuals' aspirations and goals for intervention and for the child's life in general. It aims not only to 'give voice' to individuals with LI and significant others involved in their support, but also to interpret these voices in the context of psychological and social theories and current practice with a view to *cautiously* developing theory and practice.

2.1.1 Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) was conceived by Jonathan Smith in the 1990s with the purpose of developing an alternative, experiential approach to the study of psychology and social cognition in particular to the experimental methods that were prevalent at the time. Smith drew upon the phenomenological philosophy of Husserl (1927) and Husserl's student Heidegger (1962), among others, and sought to explore individuals' views of the world and: 'as far as is possible, adopt an insider perspective' (Smith, 1996; pg. 262).

As an analytic method it draws on many strategies that are commonly used in other qualitative methods more broadly, such as summarizing and interrogating data and categorizing it into

themes. However, it has several philosophical characteristics that mark it out from other qualitative approaches. Firstly, it is in essence a psychological approach as it is concerned with an individual's conscious experience of an object or event (Husserl, 1927). Secondly, it places emphasis on individual's interpretation of their experiences (Heidegger, 1962). It recognizes that the meaning individuals ascribe to events are influenced by the social and psychological discourses that surround them, i.e. the appearance of a phenomenon varies depending on the perceiver's location, context and their intentionality (Willig, 2001). Thirdly, IPA actively recognizes the role of the researchers' own conceptions in interpreting another individual's personal world. The concept of 'experience' is complex. Therefore, understanding theoretical differences is important to the analysis of the data and the validity of claims made from the study.

IPA is one of several phenomenological approaches that have sprung from Husserl's work and is considered by Giorgi (1989), another phenomenologist, not to be a phenomenological method in the traditional sense as it does not stay close enough to Husserl's original ideas. Husserl described three stages to the phenomenological method: *epoche*, which involves the suspension of all presuppositions to become fully aware of the object of attention, *phenomenological reduction* where the phenomenon is described in detail and *imaginative variation* where there is an attempt to access the structure of the phenomenon, integrate it with the description and so understand a phenomenon's *essence*.

Smith diverges from Husserl in two key areas. Firstly, Husserl's phenomenological approach is primarily a descriptive process, whereas IPA involves several layers of interpretation. For Smith, interpretation is very close to experience. Once an individual has experienced something it is often immediately interpreted through mediums of language and social relationships and is later accessed via memories. Smith draws on Heidegger's (1962) ideas on hermeneutics and is also influenced by writings on symbolic interactionism (Mead, 1934). For Smith (2009): 'interpretations of experience are always shaped, limited and enabled by language… and woven from the fabric of our many relationships with others' pg. 194.
 In a study such as this, a double hermeneutic process takes place (Smith et al., 2009). A participant interprets their experiences of an event or object, they provide the researcher with an account of their experiences and the researcher then interprets their account.

The second point at which Smith diverges from Husserl's original ideas relates to the extent to which an individual can remain neutral and suspend or 'bracket' their presuppositions in the process of phenomenological reduction. Husserl suggests bracketing is important for accessing the essence of a phenomenon. Smith, on the other hand, suggests the notion of bracketing is flawed and that it is unachievable due to the closeness of interpretation to experience and the

manner in which interpretation is entangled with an individual's physical and social world. For this reason, Smith places emphasis on researcher reflexivity in IPA.

Reflexivity is required to discern between information that is grounded in the data and any preconceived ideas that have been bought to the analyses by the researcher. Some qualitative approaches, such as classic Grounded Theory (Glaser, 1992) and other phenomenological approaches that stay closer to Husserl's writings (e.g. Giorgi 1989) also suggest that all preconceptions should be suspended to ensure analyses are not biased due to the researcher's intentions and previous experiences. In practice it is difficult to assess the extent to which preconceptions can be suspended. Instead Smith et al. (2009) advocate giving priority to new data over any preconceptions a researcher may have, whilst acknowledging that in reality this can only be partially achieved. Procedures to facilitate reflexivity are described in more detail later in the chapter.

Interestingly, a study that examined the use of different qualitative approaches on the same set of data, including phenomenological analysis, grounded theory, narrative analysis and discourse analysis, found that the previous experiences and beliefs of the analysts appeared to be more influential in shaping findings than the methodological approach that was used (Charmaz and McMullen, 2011). However, although different researchers shaped their interpretation of the data, the author acknowledged that there was overlap in interpretations and some consistency in findings across approaches. Larkin et al. (2006) suggest that:
'an account produced by a research participant can be used thematically to reveal something very tangible and very real about the constitution of the 'object' we are studying' (pg. 110). Although I will interpret data from my unique perspective, it is assumed that a better understanding and knowledge of children with LI and associated support and intervention will be uncovered, aided by rigor and reflexivity during the analysis process. Throughout this research process I will consider how social discourses are influencing both participants' and my interpretations.

Since its conception, IPA has been used predominantly within health care research and the study of individuals' and carers' experiences of illness, such as dementia (Clare et al., 2008), stroke (Murray et al., 2004), and chronic pain (Osborn and Smith, 1998; Smith and Osborn, 2007). It has also been used to further understand cognition and behaviour in health and illness contexts, such as the experience of stigma in schizophrenia and chronic fatigue (Knight et al., 2003; Dickson et al., 2007), perceptions of risk for cardiac disease (Senior et al., 2002), decision making in parenting choices and for attending a cardiac clinic (Wyer et al., 2001; Touroni et al., 2002), adherence to exercise routines prescribed by physiotherapists (Dean et al., 2005) and identity development during transition to motherhood (Smith et al., 1999). The present study

seeks to use IPA to explore experiences and understandings of a child's LI and the health and education support received for it from children's, family and professional perspectives. It is anticipated that the rich, detailed, multi-perspective nature of findings will enable the identification of psychosocial goals for intervention for children with LI and recommendations for research and practice.

2.1.2 IPA and other approaches

IPA has become a popular method in applied psychological research because of its concern with social cognition, i.e. connections between language, cognition and physical state (Smith 1996; 2009) coupled with its commitment to 'sense-making', i.e. interpreting individual's reports and experiences in the context of social discourse *(*Smith and Osborn, 2003*;* Smith et al., 2009*)*. For this study, the sense making component of IPA is critically important for understanding and interpreting a phenomena from multiple perspectives. In this respect, the approach shares some overlap with social constuctionist, qualitative approaches, such as discourse analysis (Potter and Weatherell, 1987) and Charmaz' (2006) version of grounded theory (GT). However, IPA goes further than discourse analysis, which constrains interpretation to the context of the verbal interaction. IPA's focus is on the experiences and cognitions of the individual who is part of the interaction rather than on the interaction itself.

IPA has most closely been linked with Charmaz' version of GT (Smith et al., 2009) for several reasons. Firstly, both approaches are often used in the study of social and psychological phenomena in health research, secondly both acknowledge the role of the researcher in the analytic process and finally both have very similar procedures for data analysis. However, although there is some overlap in procedural aspects of the approaches, IPA and GT have emerged from different disciplines, with GT with its roots in sociological research and IPA in psychology. IPA sets itself apart from GT not only based on its phenomenological underpinnings, but also in its aim. Central to GT is an aim to generate theory that is grounded in data. IPA is somewhat less ambitious. It aims to go beyond description and may inform theory or generate new theory, but it does so with *caution*.

These differences are most notably born out in the sampling procedures of the two approaches. GT uses a theoretical sampling technique where it is anticipated that data saturation will be reached, enabling theory generation (Charmaz, 2006), whereas for IPA Smith et al. (2009) suggest recruiting small, homogenous samples so that cases and accounts can be built up cumulatively, as might be done in ethnographic case studies (Gomm et al., 2000). As the number of studies on a particular phenomenon grows, gradually and cautiously more general claims can be made about it. Grounded theory was considered as an approach for the current

study, but due to the scope and size of the study and the complex nature of LI and its impact in children's and family life, a purposive sampling technique was deemed more appropriate and achievable compared with a theoretical sample that attempts to reach data saturation. For this reason, and due to the suitability of IPA for studying links between experience and cognition, IPA was adopted.

2.1.3 IPA and multiple perspectives

The study includes four homogenous cases, each 'case' comprising a child with LI, their parent(s), sibling and/or friend, their SLT and their Learning Support Assistant (LSA). Cases are homogenous in that they centre on a child aged 8 to 10 years who is receiving speech and language therapy for LI. Previous studies have tended to use IPA to explore a small number of individuals' experiences of similar phenomena, such as those who have been diagnosed with the same chronic health condition (e.g. Jordan et al., 2007; Griffiths et al., 2010; Todd et al., 2010). In contrast, this design also allows examination of one phenomenon from multiple perspectives, as well as across individuals experiencing similar phenomena. The perspectives of a child with LI, their parents, the professionals who support them and their siblings and/or friends are compared within and across cases.

Very few studies have used IPA in this way and Smith et al. (2009) classifies it as a bold design and one that can
'help the analyst to develop a more detailed, multi-faceted account of that phenomenon' (pg. 52).
 One study has taken this multi-perspective approach to explore the experiences of individuals with dementia and their partners (Clare, 2002). The analysis focused on the individuals with dementia rather than the partners, with the partners' perspectives assisting interpretation of the individual with dementia's account. In the current study, rather than focusing analysis on one central individual, each perspective is interpreted separately with each voice contributing to understanding of the phenomenon. It is anticipated that one individual's perspective may assist the interpretation of another individual's perspective within a case. It is also conceivable that one individual's perspective may cast doubt on, or contradict another individual. Some of the complexities and challenges to interpretation brought about by employing a multi-perspective design are discussed in Chapter 5: Reflections on the methodology and methods.

2.1.4 Interpretive Phenomenological Analysis with children with LI

Commonly IPA relies upon the interpretation of detailed narratives and responses to interview questions with adult participants. The present study involves children with expressive and/or receptive language difficulties in addition to other children and adults. This potentially presents

a challenge to the use of IPA as interview transcripts from children with LI may be more sparse and difficult to interpret compared to adult participants due to their difficulties with aspects of expressive and receptive language, such as muddled grammar, difficulties finding or articulating words they wish to or struggling to understand a question or task as the interviewer intends. Language also plays an important role in symbolically representing ideas (Feldman, 1977) and emotions (Saarni, 1999; Gallagher, 1999). As such it is important in the hermeneutic process in terms of an individual's interpretation and internal representation of their experiences. Children are unlikely to reflect on their experiences in the same way as adults due to their less mature cognitive and language facilities. It is anticipated that children who have impaired language development may find it more challenging than other children to reflect on their experiences. Owen et al. (2004) had anticipated that children with LI would find it difficult to express their views about and experiences of speech and language therapy, but the authors were able to understand and listen to children's views with more ease than expected using a variety of arts-based and visual methods. Challenges to research with children with LI, including the potential difficulties for children to express themselves and to understand and reflect on research questions, are discussed along with solutions employed in this study in the next sections of this chapter.

An extensive search found only four studies using IPA with children: one focus group study with 10 yr old children about their understandings of mental health (Roose and John, 2003) and three interview studies, one with young people with high functioning autism (Huws and Jones, 2008) and another with young carers (Bolas et al., 2007) and a third with 8 to 17 year olds diagnosed with cancer (Griffiths et al., 2010). The children and young people participating in all these studies were able to articulate their experiences and views and no challenges were reported. There was no in depth evaluation of the use of IPA with children within these articles and its application with children has not been discussed in the latest guide to the method (Smith et al. 2009), or elsewhere. The use of additional materials in analysis and the suitability of IPA to understand the lived experience of children with language difficulties is discussed in Chapter 5: Reflections on the methodology and methods.

2.2 Considerations for research with children with SLCN

One of the challenges of the study, but also of central importance, is the inclusion of primary school age children with LI. In the past, children have often been excluded from research due to a number of political, ethical, cultural and methodological reasons. However, in the last two decades there has been political movement towards listening to children's voices and including them in consultation and research in health and social care (e.g. Medical Research Council 1991, 2004; Department for Education and Skills, 2003; Social Care Institute for Excellence,

2006). Alongside this movement, discussion has emerged around some of the challenges and best practice of carrying out research with children (e.g. Fraser et al., 2004; Greig et al., 2007; Tisdall et al., 2009). Children with LI present additional methodological and ethical challenges due to their difficulty with receptive and expressive communication in the interview situation. Some of the challenges and methods I am adopting to manage this are discussed under two headers: 'ethical issues' and 'arts-based methods'.

2.2.1 Ethical issues

Ethically, it is important to ensure that the benefits of research outweigh any risks of harm to the child. Beresford (1997) highlights the difficulties in assessing risk in children in terms of emotional or psychological upset and of ensuring that a child with language difficulties has fully understood what they are agreeing to.   There is no anticipated physical risk to the children or adults participating in this study, but talking with children, parents and siblings about their language difficulties has the potential to be a sensitive issue for them. Morris (2001), in favour of children's participation, has argued that as children are rarely asked their views and that participation provides them with some experience, including taking a risk. I will ensure that there is a supportive individual who I can refer participants on to if they become upset by sensitive issues. There is also a potential risk that through the process of participating in the study and reflecting on their experiences at home and at school, the case children may become aware of themselves as different and 'impaired' compared to other children, possibly affecting their identity of themselves. I will take care to minimise this risk by carefully considering the impact of research questions and activities I undertake with the case children in this respect. The longer term aims of the project, to improve services for children with LI, are believed to outweigh any risks and it is anticipated that the children will enjoy expressing their views and experiences through arts-based activities.

Obtaining informed consent from all participants, and the case children in particular (Medical Research Council, 2004), was an important ethical consideration. The process of informing children with LI about the study was complicated by their potentially having language and/or literacy comprehension difficulties. Careful thought was given to the information sheets, consent and assent forms to promote their accessibility to participants. All forms and information sheets for children were written with short sentences and simple language and contained visual images to accompany text. Parents were encouraged to go through the study information with their children. Information sheets for adults were also made as simple but as informative as possible with text broken up under numerous headers. The researcher also described the study to all participants face to face, allowed opportunities for questions and checked understanding. Ongoing consent and assent were checked verbally.

All study information sheets, consent forms and procedures were approved by a local Research Ethics Committee, the University of the West of England Research Ethics Committee and participating NHS Trusts. Study information sheets and consent forms are found in Appendix A.

2.2.2 Arts- based and visual research methods

Arts-based methods were used in the current study as a participatory research method that aimed to engage children and allow communication of experiences and views through visual and physical media alongside verbal interactions. This next section describes some of the advantages and challenges of using arts-based methods with children, drawing firstly on the experiences of other researchers as documented in the literature, and secondly, on my experiences piloting some arts activities with children and young people with speech, language and communication needs in participatory workshops. Finally, the activities that are used in the current study, and their adaptation for adult participants, are described. Further details of materials and schedules for all activities are found in Appendix B.

Traditional qualitative data collection methods that rely predominantly on verbal communication, such as a researcher asking a participant open questions in a face to face interview, have not been found to facilitate research and consultation with children (Christensen and James, 2008; Tisdall et al., 2009). Many researchers advocate the use of drawing and other arts-based methods with children (e.g. Coad, 2007; Coates and Coates, 2006), particularly with children with speech, language and communication needs (Merrick, 2009; Holliday et al. 2009) as they not only provide an alternative avenue for self-expression but also encourage a more natural, balanced and less threatening power dynamic between child and researcher. For example, Merrick (2009) found that scrapbooks and visual aids assisted data collection in her research with children with SLCN. She used these methods in conjunction with interview questions so that the interview felt more like a conversation.

A variety of activities such as drawing, painting, making collages, using photographs, crafts, drama and scrapbooks have all been found to assist research with children (Hill 1997; Clark and Moss, 2001; Barker and Weller, 2003; Coates, 2004; Coad, 2007; Coad and Evans, 2008; Merrick, 2009; Holliday et al., 2009). Some of the benefits of arts-based research methods reported by these authors include enabling space for the child's agenda, setting the child at ease and creating a fun research environment, focusing attention, reducing pressure to maintain eye contact, providing a springboard for discussion, allowing time for the child to think about responses, allowing children with individual tastes and skills to express themselves, preventing over reliance on one data collection method. Despite these benefits, not all children and young

people are comfortable with or like to use drawing to express themselves (Emond, 2002). There is no one best method of research that suits all children and, therefore, giving children a range of options and choice as to how they wish to express themselves and be included in research is often advocated (Hill, 2006).

Some have criticised the use of drawing and other child-centred methods for assuming that research with children is different to research with adults and making assumptions that children are incapable of responding in the same way as adults (Punch, 2002). In some ways the explosion of literature encouraging the use of arts-methods in research with children to listen to and take seriously children's perspectives reflects common assumptions that are made about the ability of adults to think about and express their experiences within verbal interviews, as well as drawing attention to a societal view of children as a separate, homogenous, immature group of individuals that are not used to expressing themselves in the same way as adults. Punch advocates that researchers reflect on the assumptions they are making about child and adult participants and their situations in society as they select a particular method for research. In the present study, I have chosen an array of visual and arts materials that will be used within structured activities with case children as I am assuming that given the case children's difficulties with comprehending and expressing language, the use of visual materials will assist communication in the interview situation. I am also assuming that adult participants will be able to comprehend my research questions and express themselves with more ease than children with LI, but I will still use some visual materials, such as Talking Mats, within my interviews with adults so as to continue some of the benefits mentioned earlier, such as allowing time for the participant to think and respond, reducing pressure to maintain eye contact and providing a springboard for discussion.

One challenge to the use of arts-based methods is their unclear role in data analysis, that is, there is a question over whether they are used to facilitate elicitation of verbal data or whether they are used to elicit visual data for interpretation. Holliday et al. (2009) used arts-based methods in the latter manner. Holliday asked children with speech sound disorder to draw pictures of themselves and their families. The symbols that were drawn on the page were interpreted by the researcher directly. For example where a child had drawn a picture of themselves with unusually large ears compared to other members of their family, this was interpreted as a child having difficulty with some aspect of their ears, perhaps their listening or hearing. Coates (2004) investigated symbolism in pre-school aged children's drawings in relation to their narratives and confirmed that the content of drawings carries real significance for children. In contrast, Merrick (2009) did not interpret the contents of children's scrapbooks in isolation, but instead used them as a tool for the children to talk about their lives. The drawings themselves were not data, but assisted interpretation of verbal data. For this study,

arts-based methods are primarily used as a tool for engaging with and listening to children. Interpretation is anticipated to be at the level of interaction between the researcher and the child with the focus of analysis of verbal data, but assisted by children's art work and the researcher's memories (interpretation) of the interaction. Within this study, children's art work was not interpreted separately from the interaction in which it took place.

2.3 Lessons learned through pilot workshops

Prior to designing the study in detail, a number of different arts activities were trialled in 8 workshops with children with SLCN aged 8 to 16 years as part of the Better Communication Research Programme (BCRP) (Hambly et al., 2011; Roulstone et al., 2012b). The workshops aimed to explore children and young people's views on their experiences of speech and language therapy and outcomes that they value within a safe, conversational context. Art activities were designed around three questions: what's good (about me)? What could be better (now)? What could be better (future)? The 8-11 year olds were asked to draw themselves and their families. Mountains and walls were used to illustrate struggles and achievements and clouds were used to illustrate future aspirations. Another facilitator and I probed children about their lives and experiences whilst children and young people were engaged in art activities.

Arts-based methods proved to be a very useful way of interacting with the children in a non-threatening way. They allowed conversations to be led by the researcher but also be shaped by topics that the child had raised through their own drawings. Most children enjoyed using the stickers, crayons and other arts materials to tell us about their lives. I was pleasantly surprised at how open and willing children were to talk about things they struggled with in front of their peers. For more private issues, the use of secret pockets (a large sheet where children could deposit things they had written down privately) worked well as a way for children to express more sensitive issues (Coad, 2007).

Some questions worked better than others for encouraging children to talk. Often these were more concrete questions that were about specific daily events such as 'tell me about a good day at school' with a facilitator giving an example so that the children were able to grasp more quickly what was being asked of them. In contrast, many children found open questions hard to answer. They lacked confidence and looked for direction in how they should respond. Providing options was a more accessible form of questioning. Once a child had selected an option then it was possible to probe further on why they had chosen this option. Children can be very responsive to the manner in which adults talk to them (Beresford, 1997) and on occasions it felt like we as facilitators were leading and influencing responses, or that other children in the group were influencing responses. Asking the same question in several different

ways was one way that responses could be verified. Challenges to interpretation of the current data set are discussed further in Chapter 5: Reflections on the methodology and methods.

Some of the key words that were used in questions were interpreted by children in several different ways. For example the 'good' in 'Tell me about a good day?' and 'What's good about me?' meant different things to different people. A boy with behavioural difficulties interpreted a 'good day' as a day where he was given a star for 'good' behaviour. He had interpreted the question in terms of adults' expectations of him. Other children talked about sports and activities they were 'good' at, and others talked about their favourite things within the day or in their lives. These differences in interpretation emphasized the importance of my clarifying exactly what I mean when asking a question, perhaps by giving examples or phrasing a question in several different ways. Children have varying intellectual, comprehension and conceptual abilities depending on their age, experience and learning difficulties, therefore some children may have a better understanding of an activity compared to others. Facilitating and verifying comprehension was done using techniques such as repeating back, summarizing and clarifying what a child had said and probing for examples and further descriptions.

During the pilot workshops I found that balancing the tension between allowing enough time for individuals to respond and maintaining the attention of the group was difficult to achieve. Conversations with individuals were often cut short due to competing demands of my attention with other group members. The individual needs of the group varied so much that it was often difficult to carry out 'group' activities. Group activities have previously been advocated over one to one interviews with younger children (Mauthner, 1997) and they certainly enabled children to bounce ideas off each other and created a social, lively research environment. However, given the individual attention that children with LI might require, one to one interviews were decided to be the most appropriate method and one that best fitted with the aims of the current study.

On a more personal level, I encountered tension between my role as a researcher listening to and reflecting on each child's perspective and my natural inclination as a psychologist to try and understand each child's perspective in order to help them as individuals. This was particularly pertinent in the first workshop where I sat next to a boy with emotional issues and a difficult home life. As I asked him questions about his family and his life I could sense that he was shutting down in response to some questions whilst answering others more freely. I found myself wanting to understand more about this child's life, not so much in the context of the research, but in the hope that I may be able to help them. My viewing the child as 'someone to support' also exposes my inherent 'domination' of the child (Greig et al., 2007). It was a useful reminder to me that my role was as a researcher, not as any kind of support.

The workshops provided both practical experience of working with children with speech, language and communication needs and an opportunity to pilot questions and arts activities. They opened my eyes to the many challenges of conducting and interpreting research with children. The most salient lesson I learned was the necessity to adopt a flexible, pragmatic, sensitive approach and attitude to research with children with LI.

2.4 Activities used in the current study

2.4.1 Activities for children

Activities were designed to be used flexibly with the case children and were developed around four key questions: What's your day to day life like for you? What's difficult for you at home and at school? Who and what is helpful? What are your hopes and fears for the future? Underlying these questions was a desire to explore children's understandings of their LI and the professional support they received. Activities aimed to build on each other so answers and artwork in one activity could be used as prompts in subsequent activities. Probes such as 'tell me more about…' and other questions encouraging participants to describe and explain about their life and experiences were used verbally alongside activities. A variety of stickers and arts materials that the children could cut up, draw on and stick with were provided to allow choice in how children engaged with each activity. Examples of activity materials and interview schedules are found in Appendix B.

Scrapbooks were given to the case children to complete several weeks prior to the interview (see Figure 2 and Appendix B). These were used to encourage children to express themselves freely and balance the power relationship between the child and I by giving the child some control over the direction of the interview. They also acted as tools to prime the case children to think about and interpret their day to day experiences and also played a part in chunking questions and ideas into more accessible units, which was particularly important for children who had receptive language difficulties.
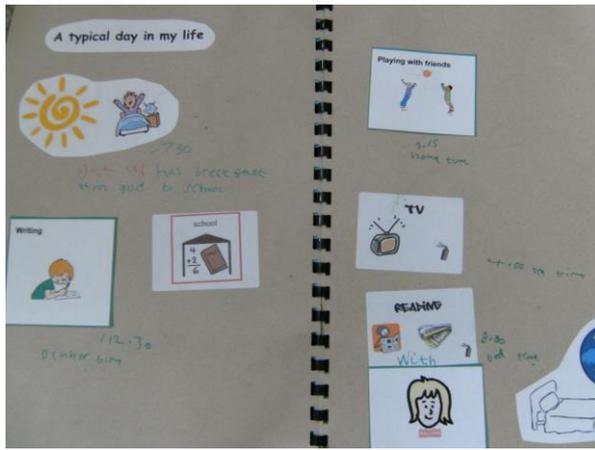
Figure 2: Example of a scrapbook activity

Each key question had a corresponding activity within the scrapbook and another in the interview. Key questions and their corresponding activities are displayed in Table 1. If scrapbook activities had not been completed prior to the interview they were incorporated into the interview.

Key question	Scrapbook activity	Interview activity
What's your day to day life for you?	My favourite activities A typical day	Explore contents of scrapbook focusing on a typical day
What's difficult for you at home and at school?	A good day A bad day	Talking Mats®
Who and what is helpful?	Things and people who help me	Make wooden spoons into people
What are your hopes and fears in the short and longer term?	Things I'm looking forward to	Ladder for aspirations

Table 1: Key questions and corresponding activities

Talking Mats® (Murphy and Cameron, 2005) was used to elicit the case children's experience of ease or difficulty over different aspects of their lives (see Figure 3). Talking Mats® is a pictorial communication tool that has been used with a number of clinical populations from children with learning difficulties (Germain, 2004; Brewster, 2004) to adults with dementia and aphasia (Murphy et al., 2010; Gillespie et al., 2010). The activity is developed around one open question with a 3 point response scale with picture symbols used to prompt for areas or activities in a person's life that they find difficult (see Figure 3 and Appendix B). In this instance children were asked to rate different areas or activities in their lives under one of three piles: 'easy', 'so so' and difficult'. The picture symbols aimed to cover a wide range of activities in their lives, including different communication activities and leisure, social and daily activities at home and at school. Views and experiences of other children with SLCN who

attended workshops for the BCRP (Hambly et al., 2011), alongside consultation with a speech and language therapist, an LSA and a representative from Supportive Parents (a support group for parents of children with special education needs), informed the development of the picture symbols.

[Figure removed for UWE depository due to copyright law]
Figure 3: Example of Talking Mats®

As well as assisting communication, Talking Mats® also provided a visual display of an individual's life which was used by the researcher to probe further. Like arts-activities, Talking Mats® was a less threatening form of communicating than a more traditional, verbal interview. Typically, Talking Mats® is used as an effective non-verbal communication tool, but in this study participants were encouraged to describe and explain their choices verbally whilst engaging with the visual symbols.

2.4.2 Adapting activities and interviews for parents, friends and professionals

The interview activities were designed for use with the case children with LI, but were also used to some extent with parents, siblings, friends and professionals to enable continuity of questions across interviews and encourage a less threatening and more informal style of interview (see Appendix B for all interview schedules). The Talking Mats® activity was administered in all interviews so that responses from different participants could be directly compared. The focus for this particular task was about what the child with LI finds difficult in their life. Parents', siblings', friends' and professionals' experiences and meanings of these difficulties *for them* were explored alongside their views and understandings of the child's experiences.

Other activities were adapted for adult participants and siblings (see Table 2). A diary was given to professionals and parents instead of a scrapbook (see Appendix B). Parents were asked to record incidents on a 'good' and 'bad' day for their child and were also asked to think about their aspirations for the child in the short and medium term. Professionals were asked to think about their aspirations for children with LI before seeing the child and then reflect again after they had seen the child. They were also asked to reflect on 'good' and 'bad' outcomes for the children they see more generally. Friends and siblings were asked to think about activities that they enjoyed doing with their friend/siblings within their scrapbook and were also probed on good and bad days with their friend/sibling. For the friends and siblings less focus was on eliciting views and understandings of intervention for children with LI, instead the research questions focused more on their experiences and understandings of their friend's or sibling's LI and their views and aspirations for their friend or sibling's life at school or home.

Children with LI	Parent	Sibling/friend	Professional
What's your day to day life like for you? My favourite activities A typical day A good/bad day	What's your day to day life like for you and your child? A typical day A good/bad day	What's your day to day life like with your friend/sibling? My favourite activities with my friend/sibling A typical day A good/bad day	What's your SLT/teaching like for you? (*with child*) A typical session A good/bad session Goals for intervention
What's difficult for you at home and at school? Talking Mats®	What's difficult for your child (and/or you) at home and at school? Talking Mats®	What's difficult for you and/or your friend/sibling at home and at school? Talking Mats®	What's difficult for the child at home and at school? Talking Mats®
Who and what is helpful? Decorate wooden spoons	Who and what is helpful? Open interview questions	Who and what is helpful? (if appropriate) Decorate wooden spoons	Who and what is helpful? Open interview questions
What are your hopes and fears in the short and longer term? Ladder	What are your hopes and fears for your child in the short and longer term? Open interview	What are your hopes and fears for you and your friend/sibling? Open interview	What are your hopes and fears for the child in the short and longer term? Open interview

Table 2: Adaptations of interview questions and activities for significant others.

2.5 Data collection Procedures

2.5.1 Participants

Four children, aged 7 – 11 years, currently receiving SLT support for a diagnosis of LI took part in the study. For each child the following people were invited to take part:

- At least one of their parents or carers
- Their SLT
- Their Learning Support Assistant (LSA)
- A sibling and/or friend
- Any other person regularly involved in supporting the child's speech and language development

Participants' names were changed at the earliest opportunity in order to preserve their anonymity. Some details within transcripts, such as holiday locations, siblings' and pets' names were also changed to minimise opportunities for participants to be recognised.

2.5.2 Recruitment

Speech and language therapists (SLTs) from three NHS Trusts were invited to take part via an email from their managers and through my advertising the study at staff meetings (see Appendix A for recruitment documentation). SLTs who had provisionally agreed to participate gave study information packs to all children aged 8 to 10 years whom they were currently seeing with LI over a 4 week period. The information pack contained an 'expression of interest' form which families completed and returned directly to me if they were interested in taking part. Families also noted the name of their child's school, teacher and LSA on the form. Permission was then sought from the child's head teacher and teachers and LSAs were invited to take part. Families were not told whether professionals and/or friends subsequently agreed to take part in order to preserve confidentiality of professionals' and/or friends' participation in the study.

Four children and their family members and associated professionals participated in the study, 22 participants in total. Participant details for each case are found in Tables 3, 4, 5 and 6.

Simon

Age at time of interview in years	8
Current diagnosis	SLI
School Type	Mainstream, primary school
School support	Unclear - no statement of SEN, possibly School Action or School Action Plus
5 other participants:	- Simon's Mother - Simon's friend aged 7 years - Simon's Form Teacher - An LSA who supports Simon and other children within the classroom - An SLT who visits Simon at school
Other multi-disciplinary professionals working with Simon	None

Table 3: Participant details for Simon

Pete

Age at time of interview in years	8
Current diagnosis	SLI, ASD, hearing loss in one ear
School Type	Language Resource Base (LRB) attached to mainstream, primary school
School support	Statement of SEN
4 other participants:	- Pete's Mother - An LSA who supports Pete within

	the LRB
	• An LSA who occasionally works with Pete and supervises at break times
	• An SLT who is based at the LRB and works closely with Pete's LSA
Other multi-disciplinary professionals working with Pete	• An LSA who works with Pete on his speech skills

Table 4: Participant details for Pete

Daniel

Age at time of interview in years	10
Current diagnosis	SLI
School Type	Mainstream, primary school
School support	Statement of SEN
3 other participants:	• Daniel's Mother • Daniel's sister aged 16 years • An SLT who visits Daniel at school
Other multi-disciplinary professionals working with Daniel	• Teaching staff at Daniel's school • Educational Psychologist

Table 5: Participant details for Daniel

Sarah

Age at time of interview in years	10
Current diagnosis	SLI, ASD
School Type	Mainstream, primary school
School support	Statement of SEN
6 other participants:	• Sarah's Mother • Sarah's sister, aged 16 years • Sarah's form teacher • An LSA who works with Sarah in the classroom • An SLT who has worked with Sarah for several years and is transferring responsibility to another SLT • An SLT who has seen Sarah once and is now responsible
Other multi-disciplinary professionals who work with Sarah	None

Table 6: Participant details for Sarah

Families were visited to check their understanding of the study, answer any further questions and obtain adult and parental consent and child assent to take part. At this point, the children and their parents were also asked whether they would be happy for either a sibling or a friend aged 7 years or above to take part in the study. The case children were asked to nominate a person of their choosing. The scrapbooks and diaries were also explained to participants during this visit. I went through the first activity 'my favourite activities' with the child and their parent(s) so that they became more familiar with me and the scrapbook prior to the next meeting in 2-4 weeks time.

2.5.3 Interviews

After the initial visit, interviews with the child and their parent or carer were arranged within the next 2-4 weeks either at the child's school or home. Siblings and/or friends were invited to take part using an information pack that was passed to them via the school. Interviews with the child's SLT, LSA and sibling and/or friend were also arranged at a convenient location. Interviews lasted between 30 minutes and two hours, the majority were around an hour long. The case children were given the option as to whether they wished their parents to be present, but this was not encouraged as ideally they were interviewed alone to minimise parents influencing responses.

All interviews were audio recorded and field notes were written immediately after the event (see Appendix C for example field notes). Photographs were taken of participant's work in the scrapbook and diaries and at the end of each activity. I transcribed the interviews and stored them using NVivo software (see Appendix B for example interview transcripts). Participant identifiers were removed from the transcripts and photographs. All audio recordings, photographs and forms containing participant's personal details were stored securely with the Bristol Speech and Language Therapy Research Unit.

2.6 Data Analysis

Analysis proceeded in three distinct but overlapping phases and was informed by Smith's (2009) guidelines for IPA. For the first phase analysis focused on one case at a time and the second phase of analysis moved across cases. Phases one and two of analysis are summarised and presented in Chapter 3. The third phase involved analysing and discussing emerging themes in relation to the literature and is presented in Chapter 4. The steps of analysis are described below and examples of different stages can be found in Appendix C.

2.6.1 Phase 1 – case by case analysis.

The first analysis centred on the child's audio and transcript data with scrapbook entries, photographs and field notes providing additional information to aid interpretation. Themes emerging from the child's data helped orient subsequent analyses of parent and sibling data and professionals' data. Analysis of the next case then started from scratch again.

Steps for analysis:

1. Following transcription of the audio recording, the child's transcript was read and reread, and the audio recording was listened to a number of times. This process aimed to prevent a 'quick and dirty' reduction of the transcript.

2. Initial observations and recollections were recorded to help bracket them off before looking at the transcript with fresh eyes. Rereading the transcript also helped my familiarity with the structure of the interview.

3. A table with three columns was used to make notes and codes. Notes were made in the right hand column about what was significant or interesting. This included summarizing, connections or associations, preliminary interpretations, comments on use of language, similarities and differences, echoes, amplifications and contradictions. The left hand column was used to document emerging codes and themes.

4. The table was then imported into NVivo software to manage the expanding list of codes and themes. Emergent themes were listed and mapped and connections between them were looked for. The transcript was reread to look for the words of respondents in relation to themes.

5. The previous steps were repeated for the other transcripts, in order of: parent, sibling, teachers, LSA, SLT, friend. The rationale was to analyse those participants most familiar with the child first.

6. Themes generated from previous transcripts, along with new themes were looked for again in the transcript.

7. Once all transcripts for one case had been analysed, they were analysed again with specific focus on where there was discordance and concordance between each individual.

Throughout the analytic process memos were kept to reflect on the analytic process and how my experiences were influencing my interpretation of the data and how I made connections between interviews and between cases (see Appendix C for example memos).

2.6.2 Phase 2 – Analysis across cases

This involved rereading the transcripts and examining the themes of children, siblings, friends, parents and professionals to identify the common themes that emerged across cases, centring on the child. Some analysis across professionals groups, parents and children was conducted to aid

interpretation of other members of this group. This was predominantly around the use of language and shared professional or parent understandings.

2.6.3 Phase 3 – Analysis of emergent themes in relation to the literature

Literature searches were conducted on major themes emerging from the analysis. Themes were then analysed further and discussed in relation to relevant literature.

2.7 Quality issues

Methods and procedures for ensuring quality in quantitative research are well developed and centre on positivist concepts of validity, reliability and generalisability of findings. Maintaining and assessing quality in qualitative research is as important as any other research, but the concepts of validity and reliability as traditionally understood in quantitative research are not all compatible with the philosophical underpinnings of some qualitative paradigms, including IPA. This last section considers how quality issues are addressed within my research design and data collection procedures.

Whilst some qualitative researchers maintain that the concepts of validity and reliability can be meaningfully translated to many types of qualitative research (e.g. Patton, 2002; Perakyla 1997), many believe the two concepts are used interchangeably, are inappropriate and need redefining (Davies and Dodd, 2002; Golafshani, 2003; Hammersley, 2008; Seale, 1999; Yardley, 2000). These researchers have suggested other concepts that may be more appropriate, such as trustworthiness (Seale, 1999) and rigour in terms of subjectivity, reflexivity and social interaction of interviewing (Davies and Dodd, 2002).

Smith et al. (2009) advocates using Yardley's (2000) four principles of *sensitivity to context*, *commitment and rigour*, *transparency and coherence* and *impact and importance* to enhance the quality of research. *Sensitivity to context* may be applied in a number of different ways from sensitivity to the socio-cultural context of an individual or group of individuals to the dynamic nature of an interview interaction and the data that flows from it. *Commitment and rigour* relates to the effort and integrity of the researcher to fulfilling obligations of a methodological approach, in terms of interview techniques, analysis and reflexivity. The principle of *transparency and coherence* is largely concerned with documentation procedures but also incorporates audit of a researcher's coding in analysis (Smith et al., 2009). Finally, *impact and importance* is a principle that primarily relates to the design, the research question and the writing and dissemination of the research. These principles have been used to prompt reflection and implementation of procedures throughout the design, data collection, analysis and writing up of the study. Table 4 provides an overview of procedures that have been used to enhance

the quality of the study guided by Yardley's four principles.

[Figure removed for UWE depository due to copyright law]

Table 7: Yardley's (2000) principles for quality and associated steps taken in the study.

2.8 Conclusions

In summary, the chapter has described the methodological approach of IPA and how it is applied to a multi-perspective design involving children with LI to explore experiences and understandings of LI. The knowledge generation process and my role in it for a single case are illustrated in Figure 4. The chapter has also discussed some of the challenges of carrying out research with children with LI and the use of arts-based methods to combat these, alongside procedures that are in place to enhance the quality of the study. The following three chapters present my analysis of the interviews and a reflection on this process. Chapter 3 presents the analysis of interviews with participants and includes quotes from interview transcripts to illustrate my interpretations of the data; Chapter 4 continues the analysis by discussing my interpretations of the data presented in Chapter 3 with concepts and theories within psychological and sociological literature; and Chapter 5 provides a reflection on the use of IPA with children with LI and my role in the analytic process.
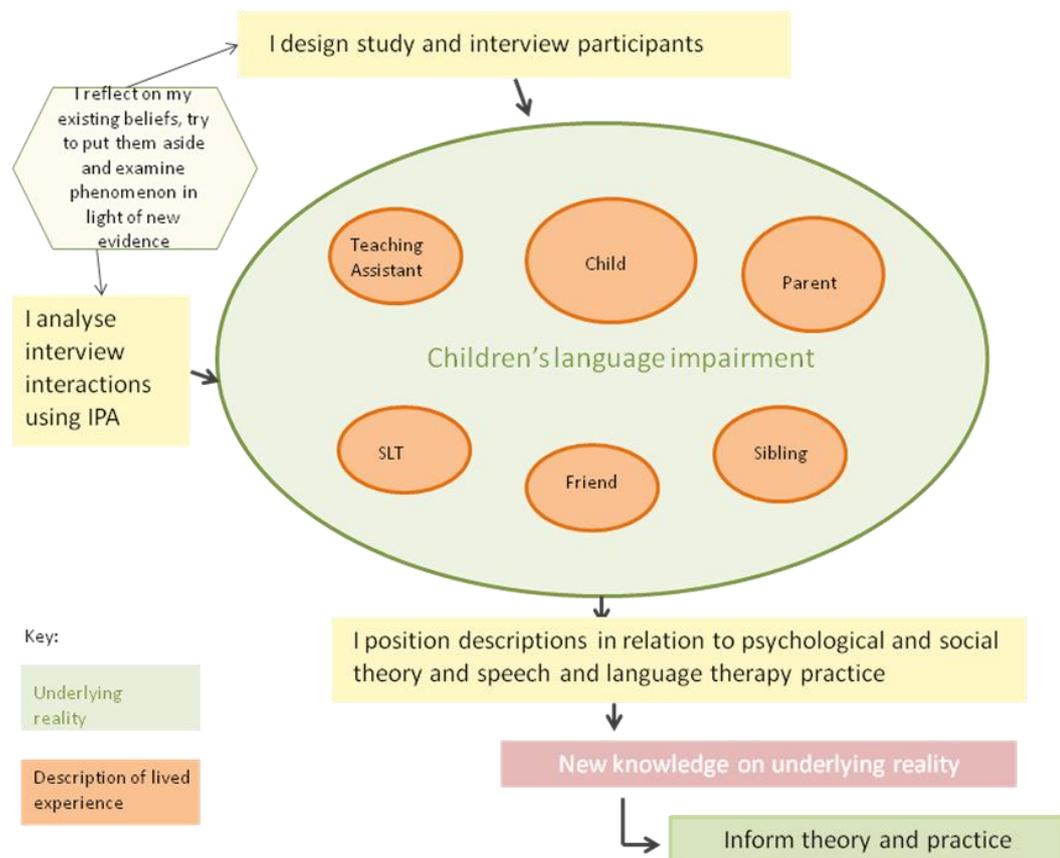
Figure 4: Overview of the process of knowledge generation from a case.

Chapter 3: Agency, Understandings and Misunderstanding and Making sense of Difference; case study analysis

This chapter presents analysis of interview data from the four children, Simon, Pete, Daniel and Sarah, and their parents, peers and the professionals that work with them. The analysis revealed three major themes that are presented in turn under separate sections: (i) **Agency** (ii) **Understandings and Misunderstandings**; and (iii) **Making Sense of Difference**. The analysis is presented for each individual case under each theme, rather than presenting themes across cases, in order to showcase the multi-perspective data and the relational nature of the phenomenon. The following chapter presents a continuation of analysis by discussing themes in relation to literature, policies and practice identified subsequent to, and prior to, this analysis.

The concept of agency (Bandura, 2006) emerged unexpectedly through analysis of the data and in doing so illustrates the value of interpretive phenomenological analysis (IPA) for discovery. The first theme 'agency' centres on the case children's experiences of agency in relationships with other people, over their expression of their thoughts and desires, and in activities at school and at home. The term agency is used from a psychological stand point referring to an individual's experience of initiating, executing, and controlling their own actions in the world, i.e.an individual's experiences of what they can do and what they think they can do. The central focus of the 'agency' theme is on children's experience of control, ability and success over their intentional behaviours, particularly in the context of their relationships with other people, but not exclusively. In addition, the case children's experiences of agency are linked to their emotions and engagement.

The second theme 'Understandings and Misunderstandings' refers to parents', peers' and professionals' experiences and perceptions of the case children having different understandings of social expectations, situations and intentions compared to themselves and other adults and children. The third theme 'Making Sense of Difference' outlines the different interpretations of the case children's behaviours by parents, peers and professionals. The theme highlights different factors that influenced people's interpretations and subsequent attitudes and behaviours towards the child and their impact on children's construction of identities and their engagement in class work and relationships.

Each thematic section starts by exploring Simon's experiences and the experiences and perceptions of his mother, teacher, LSA and SLT; followed by Pete and his mother, LSAs and SLT; and then Daniel and his mother, sister and SLT; and finally explores Sarah and her

mother, sister, teacher, LSA and SLTs. The chapter includes quotes from the interviews as a way of providing transparency to, and evidence for the analysis. Lists of codes and themes from the interviews can be found in Appendix C. Areas of commonality across cases are summarised at the end of each thematic section under the header 'Overview'.

3.1 Theme 1: Agency

There was a striking contrast between the confident, energetic manner in which the case children talked in the interview about situations where they experienced high agency (control, ability and success) and the withdrawn manner in which they described situations where they experienced low agency (lack of control, lack of ability and failure). This disparity in children's expressive manner at different points of the interview was interpreted by me as an indicator for the importance of the theme of 'agency' and its close link with emotional experiences of children.

The theme explores the case children's experiences of agency in relationship with other people, such as friends, peers and family; and children's experiences of agency in play, in class and in self expression. It explores children's emotions, identity and engagement in academic and social activities in relation to their experiences of ability and control. The theme also includes parents', professionals' and peers' experiences of agency in relationship with the child, as well as their perceptions of and responses to the child.

3.1.1 Case 1: Simon, his mother, teacher, LSA, SLT and friend

Simon with agency and authority
Simon was confident and authoritative when he showed me his scrapbook and explained the pictures he had drawn. He talked with enthusiasm about a trip he had been on to Wales, about computer games, super vehicles, aliens, animals and toys he used to play with different teachers. He suggested and chose to make an alien out of the wooden spoon, rather than a teacher as I had suggested. Throughout our conversations about the drawings in his scrapbook and through informal art activities and play, Simon was also constructing and sharing his identity.
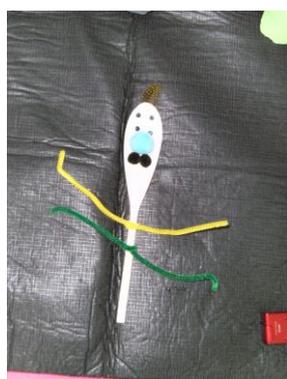
Figure 5: Simon's alien created in interview

> *SIMON: yeah because Aliens is my style*
> *H: [laughs] you're a Sci-Fi, you like Sci-Fi*
> *SIMON: yeah, yeah and I like I like being dragons in dinner times I do, dragons are my favourite*

On several occasions Simon seemed proud that he was able to demonstrate his knowledge to me by explaining reasons for different things. This included knowledge about computer games, equipment I was using and social or school rules. For example, Simon showed curiosity in my camera and audio equipment and was pleased to demonstrate his knowledge about cameras.

> *SIMON: I thought that you turned it off? [gesturing towards camera]*
> *H: I've turned the camera off, yeah*
> *SIMON: yeah cos don't want waste battery*
> *H: no, it'll run out quite quickly as well. This is quite. This camera goes underwater, it's quite clever.*
> *SIMON: yeah, I sawed that on TV*

Simon rated talking, speech and language therapy, being in class, some work, writing, numeracy, making friends and sports as *easy* for him in the Talking Mats® activity (see Table 3.1). Simon's explanations for experiencing things as easy were associated with his feeling able and enjoyment. For example Simon described talking as easy because he is able to find words to express himself.

> *SIMON: 'talking is easy because I can find easy words to say'.*

Lack of agency within interactions

Simon experienced a lack of agency over other people's understanding of him. He felt he is able to talk, but finds it frustrating when other people do not understand him. For Simon, the things that he rated difficult in the Talking Mats® activity were all related to other people's behaviour towards him, such as people teasing, shouting and interrupting, rather than his own abilities. Simon's mother, LSA and SLT all rated talking as difficult for Simon. His mother has seen his frustration when she does not understand what he is trying to say. She interpreted his frustration as his being irritated at not being understood. In response, his mother continues to listen to what he is saying. She lets him remain in control and explain as he wants to, and until she understands.

> *SIMON'S MOTHER: if he's seen something at the zoo and he's trying to explain what that is and well I don't know what he's on about so he then gets ticked off because we don't know what he's on about*
> *H: right right, so he gets frustrated does he?*
> *SIMON'S MOTHER: yeah*
> *H: and does he, erm does he do anything to help him cope with that? Or does he*
> *SIMON'S MOTHER: he'll just go on and on until he's explained it till how he wants to, till you actually click on what he's on about*

Her narrative contrasts with Simon's teacher's experience of Simon in the classroom. At home with his mother Simon has freedom to continue to speak until he is understood, whereas his teacher describes a situation where Simon's expression in class is controlled with confrontation and discipline as it is perceived as inappropriate within the social rules of the classroom.

> SIMON'S TEACHER: you know, you have to say 'excuse me' you know 'at the moment Simon I am speaking to another adult in the classroom and you need to wait for your turn' and he finds that very difficult
> H: right
> SIMON'S TEACHER: you know, very difficult in class not to be able to do that

Simon's mother thinks he tries to speak too fast because he is excited to share. Simon describes his excitement as a feeling of urgency when he wants to say something to his mother. Simon's dramatic statement suggests that sharing his thoughts with his mother in the moment is really important to Simon.

> H: great. so you've got 'sometimes Simon has to be told to slow down and think about what he's trying to say'. So is that that the sort of strategy that you use [should have said – can you tell me more about this?]
> SIMON'S MOTHER: yeah, to understand it, yeah. Cos he does, he tries to get it all out and it just comes out as garbage [laughs]
> H: right, ok. Ok and you've got 'it's harder to understand Simon when he gets excited because erm he has to rush it to get it all out'.
> SIMON'S MOTHER: mm [in agreement]
> H: So he just gets excited
> SIMON'S MOTHER: He does. That's what a lot of it is. It's because he's eager to get it all out. Then obviously how he's thinking it isn't how it's coming out.
>
> H: you can't wait [to speak]
> SIMON: yeah any longer and I might burst to flames and die

As well as people's responses towards Simon differing, parent and professionals' experiences of Simon's ability to talk varied depending on the situation in which they saw him. For example, Simon's LSA finds it difficult to understand Simon in the playground, but is able to understand him in the more formal setting of the classroom. It may be that Simon's teacher perceived talking as easy for Simon as she does not tend to see him outside of the classroom.

> SIMON'S LSA: difficult yeah and I think a part of that is able, being able to understand, I understand what he is saying as well because quite often he's got to repeat himself
> ...
> SIMON'S LSA: and it's more so in the playground than in the classroom he tends to sort of project himself more in the classroom, who sat there trying to talk to the teacher whereas in the playground it's more of " bl bl bl bl bl" [fast]
> H: right okay
> LSA (SIMON): he's tripping over himself yeah
>
> SIMON'S SLT: he talks quite a lot, it all kind of goes to pot a bit. When he's very careful and thinking then he can he can sometimes put all the little important grammatical words in, but actually a lot of the time he's just talking freely he doesn't.

H: right
SIMON'S SLT: I guess that comes back like, perhaps a little bit to that impulsive element. And he's got quite a lot to say, I mean he'll talk at length about things as well. He's not really thinking about, he's more thinking about the information that he's giving than the
H: right
SIMON'S SLT: fine detail

It is frustrating for Simon when he is not understood. I perceived Simon's frustration in the interview when I did not understand a joke that he was telling me. He seemed disappointed and frustrated that I had not understood his story and he did not try and tell me the ending again. On listening back to the audio recording of the interview I noticed several occasions where I had misunderstood what he was saying. He did not always express frustration when I did not understand him. Sometimes he tried to correct me and then gave up if I still did not pick up that I had misunderstood. Another time he persisted to correct me until I understood him and showed increasing frustration. I felt his frustration was directed at me, rather than at himself.

SIMON: there was a boy called George and he had one blue eye. He lived in a mansion house and he had a gold fish. This gold fish [?] his best friend duck
[pauses as if he had told a joke]
H: just say the end again? [as didn't understand]
SIMON: awww [frustrated noise]
H: ok, don't worry

The Talking Mats® activity highlighted some differences and similarities in perspectives. Simon rated many activities in the Talking Mats® exercise as 'easy', whilst those around him perceived as difficult or a little bit difficult for him, such as talking, making friends and some aspects of school work. There was agreement around Simon finding difficulty with people annoying him and teasing him, although his teacher and SLT underestimated the extent to which Simon experienced this difficulty, rating them as 'so so' rather than 'difficult'. Individuals' ratings of the Talking Mats® activities are presented in Table 5.

CASE 1 - SIMON	'Easy'	'So so'	'Difficult'
Simon	*Talking *Classroom *Homework (easy work) *Writing *Numeracy *SLT *Making friends *Sports	Getting words out Finding words Speech sounds Following instructions Paying attention Remembering Hearing Spelling Reading	◊People annoying ◊People teasing ◊People shouting ◊People interrupting ◊homework (hard work)
Simon's mother	Hearing Reading Computers *SLT Time with family Break times	Problems with sounds Understanding people ◊Interrupting (by him) Remembering *Homework *Numeracy	*Talking Finding words Getting words out Paying attention ◊People annoying ◊People teasing

	Arguing Playing with friends Meal times	*Writing Spelling *Making friends *Sports	
Simon's teacher	*Talking Hearing Computers Intervention group *SLT	Problems with sounds Understanding people Remembering *Homework *Classroom Spelling Reading *Numeracy Break times ◊People annoying ◊People shouting *Sports	Finding words (in written work) *Writing ◊Paying attention ◊People teasing Playing with friends *Making friends ◊Interrupting (by him) Arguing
Simon's LSA	Hearing *Classroom *Homework Computers ◊People shouting	Understanding people Following instructions ◊Paying attention Remembering Reading *Numeracy Break times Playing with friends ◊Interrupting (by him)	*Talking Finding words Getting words out Problems with sounds *Writing Spelling ◊People teasing ◊People annoying him *Making friends
Simon's SLT	Getting words out Paying attention Remembering (events) Hearing Computers Intervention group ◊People interrupting him Sports Meal times	Problems with sounds Classroom Writing Reading Numeracy SLT ◊People annoying him ◊People teasing	*Talking Following instructions Time with family *Making friends *Homework Break times

Items marked with ◊ indicate items rated as difficult by Simon.
Items marked with * indicate items rated as easy by Simon.
Table 8: Talking Mats® activity with Simon, his mother and professionals

Simon's lack of agency in relationships

Simon did not describe any difficulties he had with making or playing with friends, but he did describe some of his friends as annoying and teasing him. He felt angry when his friend called him a 'cry baby'. He tried to stop her, but was unable to.

> *SIMON: yeah, teasing and it's my best friend [school friend] say, she says 'cry baby' and said today 'goodbye cry baby'*
> *H: Do you get upset by that or do you just think*
> *SIMON: no, I don't get upset. I just get mad*
> *H: do you?*
> *SIMON: yeah*
> *H: what do you say? Do you say anything?*

SIMON: I just said 'stop calling me that' but she does, she keeps saying it

Simon became quiet and despondent when he described an incident where he was bullied. In contrast to the previous incident where Simon described feeling angry towards a friend when they called him a cry baby, Simon's description and his withdrawn nature as he described the incident, suggested a feeling of helplessness. He did not confront the bully in the same way as he had confronted his friend.

SIMON: my bad day, er, people calling me um stupid
H: people calling you stupid?
SIMON: yeah
H: how does that make you feel?
SIMON: sad
H: yeah
SIMON: yeah
H: is it just one person or lots of people or?
SIMON: only one person
H: who's that?
SIMON: I don't know their name
H: oh right, do you tell them.. do you say anything back to them?
SIMON: I just be sad

Others' experience of lack of agency in relation to Simon
Simon's teacher and LSA experienced a lack of control over Simon in the classroom. He was difficult to manage as he did not conform to the social rules of turn taking and sharing. He often interrupted in class at inappropriate times. Their experience of lack of control of Simon in the classroom and in social situations in the playground may explain their frustration with Simon that was evident in both Simon's teacher's and LSA's narratives.

SIMON'S TEACHER: and in the middle of something, and he likes he likes to finish that, even if you say look, you know Simon at the moment it's not your turn to speak, we're talking about this, he tends to carry on

Simon's mother expresses frustration with Simon when he does not do what she asks of him. She also displays a lack of her own agency in relation to her wider family and their interactions with Simon. For example, she seems apathetic in relation to Simon's cousin who she described as tormenting him, and she later described how Simon's interactions with her wider family were dependent on them giving him time.

SIMON'S MOTHER: his cousin, she likes to torment
H: oh does she?
SIMON'S MOTHER: yep
H: so shall I put that sort of here. Um, do you know what sort of things. She teases him?
SIMON'S MOTHER: just erm, 'oh your mum loves me' [laughs] 'well if she loves you she can't love me'. But no, she likes to torment him. Taking the toys or something
H: right
SIMON'S MOTHER: is another one [laughs again]

H: right, does he react? Or
SIMON'S MOTHER: he does erm
H: how does it make him feel, do you know?
SIMON'S MOTHER: makes him angry [laughs] sort of stands there with his fists clenched [demonstrates] sort of like that. But other than that that's as far as it goes.

SIMON'S MOTHER: oh, it [being able to talk] definitely helped here [at home]. With certain members of the family, if er they give him the time, he's quite happy to speak to them.

Simon's mother's lack of control of her own family and her apathetic attitude towards their treatment of Simon provides a reminder that Simon's experiences are set within and influenced by a broader network of family relationships and attitudes. For Simon's mother, Simon's improvements in his speaking had helped him with his friendships as well as his ability to stand up for himself in relation to his cousins who "roughhouse" with him.

SIMON'S MOTHER: I've got certain family members that are [long pause] very boyish and instead of actually speaking they like to roughhouse and that
H: right ok, so how does he get on with that?
SIMON'S MOTHER: he doesn't care for it much [laughs]
H: is it better now he can talk?
SIMON'S MOTHER: yeah he can tell them to leave him alone [laughs]

Simon's mother laughed at numerous occasions during the interview. Looking through the transcript, she frequently laughed when talking about incidents involving her wider family, but she also laughed at many other points in conversation as well, so it is difficult to interpret the reason for her laughter, except that she was upfront about feeling nervous.

Agency and engagement
As we have seen above, some of the main ways in which Simon experiences a lack of agency are in his relationships with other people and being understood in the moment. He tends to explain his experiences in terms of other people's behaviour towards him, rather than his own abilities. We shall also see below how Simon's experience of agency (or lack of) is not only associated with feelings of pride and confidence (or frustration and sadness), but also with his engagement in class and social activities.

Simon described speech and language therapy as easy because he perceived that he is able to complete the work sheets that he is given. Simon's SLT emphasised her responsibility in giving Simon tasks that he could succeed in so that he remained engaged and enjoyed his speech and language therapy sessions.

H: you like it [SLT] and it's easy? Is that with [SLT] or Miss S or both?
SIMON: both. [Speech and language therapist] gives some sheets to Miss S that I can do
H: ok, and you like those sheets?

SIMON: yeah

SIMON'S SLT diary: Simon very motivated, partly I felt because he "got it" and it was the right level

In contrast to Simon's SLT who saw an important part of her role as maintaining Simon's engagement through targeting work at the appropriate level, Simon's teacher placed responsibility with Simon for remaining engaged and succeeding in his work in class. She blames his mood and attitude as factors that determine his participation.

SIMON'S TEACHER: so there are times as long as he doesn't go into one of his um defeatist attitudes before he starts you can actually get some work out of him

Simon rated some class work activities, such as following instructions, reading and spelling a little bit difficult (see Table 5), although he described being in the classroom in general as easy. He also described how he makes daydreams out of his memories while he is in class. His explanation suggests he is in control of his listening and daydreaming in class and that he chooses when he wants to participate. Simon's teacher and LSA both described how Simon often appears not to be listening in class.

SIMON: One of the things I remember, put them all together and make a daydreaming of it
H: you day dream?
SIMON: yeah.
H: Is that why you forget things?
SIMON: In school I [?] not listening, but sometimes I listen
H: Is that in the classroom do you daydream?
SIMON: yeah, it's in the classroom

SIMON'S LSA: well a lot, a lot of the time in class he doesn't give eye contact to the teacher anyway so he'll be looking down biting, I can't say it cos I bite my nails, but you know also looks very nervous and biting his nails or he'll be playing with something but normally just looking around sort of glazed, very glazed look
H: mm
SIMON'S LSA: so a lot of the time he looks like he's not listening

Simon's SLT believes that he does not always understand spoken instructions in the classroom. Simon himself rated following instructions and understanding other people as a little bit of a problem and explained this in terms of frustration in the way other people speak. Simon's daydreaming in class suggests that understanding of a situation is an important factor for experiencing agency within it and engagement.

SIMON'S SLT: I think he's not always understanding a lot of the information that he's given when it's spoken out loud [in the classroom]

SIMON: understanding people, a bit of a problem
H: what's a little bit of a problem?

SIMON: er, it's because, they just, my [?] speak like this [high la la sound]. I can't ever understand them

Simon's mother, LSA and teacher rate understanding and following instructions as a little bit difficult for Simon. However his teacher's and LSA's concerns around his understanding were predominantly around understanding of social expectations, rather than his understanding of spoken information. Simon's teacher's perceptions of his understanding were based on her experiences of his speaking at inappropriate times in the classroom situation. She assumes that his understanding of spoken information is fine as she has no reason to believe otherwise.

SIMON'S TEACHER: [pause as draws in breath again] I would I would say here because I just think for Simon I think he takes a while to understand when it's appropriate for him to speak, um
H: right
SIMON'S TEACHER: as for understanding, if you're talking about understanding what we're saying, I think he's fine

Simon's understanding in class is perceived differently, and with more ability, by his form teacher compared to his speech and language therapist. Simon's understanding and feeling of success in speech and language therapy activities compared with his lack of understanding of instructions in class may explain why he chooses to daydream in class, but enjoys his SLT activities.

Summary for Simon

Simon is confident and proud when he is able to demonstrate his knowledge. Being heard in the moment is important to Simon and he gets frustrated when he is not understood. He also feels frustration and sadness when he is unable to change unwanted behaviour of others towards him. He actively disengages in class, whereas he enjoys and engages with his speech and language therapy and in the research encounter here.

3.1.2 Case 2: Pete, his mother, main LSA, second LSA and SLT

Pete with agency and authority

Pete initiated and enjoyed making his mother and I laugh during the interview with songs and jokes. During the activity where we made spoons, Pete was in charge. He spoke with authority about what he was going to do with the arts materials and who he was going to make. He was also animated and excited when talking about trains and the train trips he went on with his wider family.

PETE: You put the glue, I'll put the glue on
H: otherwise you could you could draw the nose, that's another way you could do it

PETE: it does stick on. That's the only way I can do it.

PETE: And and after while, my summer, summer holidays in Germany
H: uh hum
PETE: Then Grandpa would take me on a train to to [place name]. To take me to to to take me to Swansea.

Agency, identity and engagement

Pete's lively, confident demeanour during the interview contrasted with his description of himself as quiet at school because people interrupt him all the time. He referred to himself as 'Mr Quiet'. His mother thought he was joking as he is so vocal at home, but his LSA reflected that he was often quiet during break times.

H: who interrupts you?
PETE: er all people,
H:do they?
PETE: yeah
H: do they tell you to stop talking or what do they say or do they just carry on talking about what they want to talk about
PETE: they keep on talking about what they want to talk about
H: ok and do they are they do they not listen to what you want to talk about or
PETE: that's why I'm Mr. Quiet
H: you Mr. Quiet are you?
PETE'S MOTHER: yeah, right [laughs]

PETE'S LSA(2): break time, they sit down and have toast and Pete has milk
H: right ok
PETE'S LSA(2): um and he's quite quiet on the carpet
H: right
PETE'S LSA(2): up to the others
H: is he
PETE'S LSA(2): yeah yeah, he is quite quiet on the carpet

The descriptions from Pete and his LSA suggest that Pete's experience of not being listened to by his peers has led to his disengaging from interacting with them at break times and his seeing himself as quiet amongst his peers. Although Pete finds talking easy now, he was reflective when I asked whether he likes being able to talk and admitted to preferring signing because he saw himself as good at signing. Pete had recently talked to his mother about his feelings around talking and she echoed what he had said during his interview about his preference for signing. She wondered whether he feels more pressure when talking verbally compared to when using sign.

H: yeah, did you used to find that [talking] hard?
PETE: yeah
H: and when did you start finding it easier. Do you remember?
PETE: when when I was growing a bit
H: yeah? And do you like it now it's much easier?
PETE:[non verbal impression of 'no'] I love signing actually

H: Do you?
PETE: because when I'm being good at signing

PETE'S MOTHER: when I was talking to him 'how did you - how did you feel when you couldn't talk?' and he said 'happy' and I said 'but how do you feel now you can talk?' and he said 'I was happier when I couldn't talk'. ...So whether there's more expectation maybe

Pete was the only child in the study for who talking was experienced negatively. He was happy when he used sign language because he felt able to communicate at a level that he wished to. Pete did not explain why he did not like talking. His mother and his LSA both described interactions where Pete appeared anxious when talking. Pete's LSA was the only person to mention Pete's stammering. She talked about Pete getting anxious and then forgetting what he wanted to say because of his stammering. She tries to stop him and calm him down to help him to speak, but sometimes this does not help him as he forgets what he was trying to say.

PETE'S LSA (second): sometimes he would come out and he will say a whole sentence and tell you everything he wants to say and that's fine and then another time he might start off "(Miss, last night, Miss, last night, Miss, last night" and then he will go and then I sort of say to him 'right', I'll say to him "that's fine Pete, let's start again, right take deep breaths, think about what you going to say to me and then say it it" and then he can sometimes say it and sometimes he will, "I don't know what I want to say, Miss" and it's gone

Pete's mother described how Pete also gets anxious when trying to talk about emotional situations.

PETE'S MOTHER: I think he was being kind of picked on but he didn't really know. All he would say is' they push me over' but then he doesn't know who they are or what, you know, he might say they're in the class or
H: right right
PETE'S MOTHER: but it takes a long time to get out of him what is wrong if you see what I mean. He'll be quite anxious and things like that

Different experiences and perceptions of Pete
Pete's SLT did not rate any aspect of talking as difficult for Pete in the Talking Mats® activity (see Table 6). For Pete's SLT, Pete's dominant difficulties were with understanding and paying attention, particularly remembering new information and processing language within more complex grammatical structures. In contrast, Pete's second LSA who mainly sees him at break times was unaware of Pete's hearing difficulties as she rated his hearing as easy for him. She perceived his main difficulties to be around aspects of talking, writing and other people's behaviour towards him. She rated understanding as a little bit difficult for him. Her perceptions are based on Pete telling her that he does not understand, rather than checking his understanding through other means.

PETE'S SLT: so generally his vocabulary would be okay, his semantics would be okay
H: Right
PETE'S SLT: that seems that that under any structure, he can't process that language
H: Right okay
PETE'S SLT: so the words on their own he can understand that he can't understand it in any kind of structure

PETE's SECOND LSA: er, he's very good at saying that he doesn't understand
H: ok, so he does have a bit of trouble understanding
PETE's SECOND LSA: there are times, where he, yeah, its not clear enough, obviously what we've said
H: ok, shall I put that there, or
PETE's SECOND LSA: yeah. I would say, I wouldn't say it was total total problem so yeah, about there

Pete's main LSA believes that many people Pete comes into contact with overestimate Pete's understanding of instructions. His difficulties with understanding instructions and situations are not obvious to others who are not familiar with his needs.

PETE'S LSA (main): in mainstream I think, although he gives the impression that it looks easy to him, I think it's not necessarily because I don't think he gets everything that is going on
H: okay
PETE'S LSA (main): so, yeah so he wouldn't have understanding of what is going on necessarily round him

	'Easy'	'So so'	'Difficult'
Pete	*Talking *Getting words out *Problems with sounds *Numeracy *Break times *Making friends *Playing with friends	Finding words Understanding people SLT People teasing Meal times	◊Following instructions ◊Remembering ◊Hearing ◊Homework ◊Writing ◊Sister annoying ◊People shouting over ◊People interrupting
Pete's mother	*Talking *Problems with sounds *Getting words out ◊Following instructions Classroom SLT Time with family Playing with siblings ◊People shouting ◊People interrupting	◊Remembering Reading *Numeracy Computer Intervention group *Playing with friends *Making friends Arguing People teasing *Break times Sports	Finding words Understanding people ◊Hearing Paying attention ◊Home work ◊Writing ◊People annoying him Mealtimes
Pete's LSA (main)	*Talking Computers Intervention group SLT ◊People interrupting	*Getting words out Finding words *Problems with sounds ◊Following instructions ◊Remembering	Understanding people Paying attention ◊Hearing ◊Homework ◊Writing

	Time with family Meal times	Classroom Reading *Numeracy Playing with sister ◊People annoying *Break times Arguing Sports	Spelling *Making friends People teasing People shouting
Pete's LSA (second)	*Problems with sounds ◊Hearing ◊Remembering *Break times Classroom Reading Intervention group People teasing Time with family Meal times Sports	*Talking Understanding people ◊Following instructions Paying attention *Making friends Arguing	Finding words *Getting words out ◊Writing ◊People interrupting ◊People annoying me ◊People shouting
Pete's SLT	*Talking *Problems with sounds Finding words *Getting words out Classroom Arguing	Intervention group SLT Playing with brother and sister People interrupting Meal times	Understanding people ◊Following instructions ◊Hearing Paying attention ◊Remembering *Numeracy Break times *Making friends ◊People shouting ◊People annoying me Sports

Items marked with ◊ indicate items rated as difficult by Pete.
Items marked with * indicate items rated as easy by Pete.
Table 9: Talking Mats® activity for Pete, his mother, LSA and SLT

Dislike of school and disengagement

Pete expressed how if he had his way, he would stay at home rather than having to go to school. He rated many aspects of school as difficult for him, including people's behaviour towards him, such as others' interrupting and shouting over him, as well as remembering, following instructions, hearing, writing and homework. As evident earlier, Pete sees himself as 'Mr. Quiet' at break times as he feels unable to be heard by others.

> *H: yeah. So is there anything you're not looking forward to over the summer, or going into school next year?*
> *PETE: going into school next year*
> *H: you're not looking forward to that*
> *PETE: no, I want to stay at home all day*

Pete also described his frustration when he feels unable to keep up with his peers and finish in his writing in class and during a recent treasure hunt. Pete wants to do his work but is not able

to because he takes too long.

> H: What would be a bad day at school?
> PETE: if I do some hard work
> H: yeah? What work is hard. There's particular things at school that's hard?
> PETE: um [pause] doing my news
> H: your news?
> PETE: yeah
> H: what's your news
> PETE: doing all hard work and everybody takes too long to do my writing and then then I don't get to do my my work

From interviews with Pete's mother and Pete's LSA, it appears that Pete chooses not to talk about his experiences at school with his mother, but talks in detail about his experiences at home with his LSA. The discrepancy between his enthusiasm and detail talking about his experiences at home and his silence about school on his return home is also suggestive of his dislike of school.

> H: Does he have, do you think he has good days at school doing like routine things or?
> PETE'S MOTHER: Yeah I don't get much out of what he does at school
> H: Right ok
> PETE'S MOTHER: I just get told 'don't know'
>
> PETE'S LSA (main): he will quite often tell you everything that has gone on the night before in detail

Pete's teacher, LSA and SLT talked about how Pete loses attention if he's not enjoying a lesson and the effort they put in to maintain his attention. For Pete's LSA, engaging Pete in a lesson so that he enjoys it is an achievement in itself, and a prerequisite for him learning.

> H: And what would um a good session with Pete be like and what would a bad one be like like? Can you sort of
> PETE'S LSA (main): right if Pete is that and he has enjoyed the session and he comes and talks to me because sometimes he will come back and talk to me about it afterwards, so I know he has been listening, I know he has enjoyed it and that he has felt as if he is part of the session
> H: okay
> PETE'S LSA (main): because sometimes he doesn't, he just shuts himself off
> H: Right
> PETE'S LSA (main): and he's not with me sort of thing
> H: he just switches off
> PETE'S LSA (main): is just his focus
> H: right okay
> PETE'S LSA (main): yeah yeah. um so that to me that he's enjoyed the lesson. um and that he feels like he's got something from it
> H: Right okay
> PETE'S LSA (main): really those of the main things. It's nice, it's a bonus if I think that his actually learnt something that I've been trying to teach him, yeah
>
> PETE'S SLT: he has this dreamy inattentiveness
> H: Right

Summary for Pete

Pete described himself and has been observed by others as quiet or distracted when he is not listened to or understood by others and when he does not understand at school. His mother and professionals also described him as anxious when he was having trouble expressing himself. Pete himself preferred using sign language compared with talking verbally. At times where Pete is relaxed and feels in control and understood, he tends to be lively and confident and seeks out social interaction.

3.1.3 Case 3: Daniel, his mother, his sister and his SLT

Agency, expression and confidence

Like Pete and Simon, Daniel spoke more freely about toys and the things he was looking forward to at the weekend and over Christmas. He was also confident as he described the comic strip picture he had drawn of his typical day in his scrapbook. However, Daniel responded 'not sure' or one word answers to many of my questions, particularly about things that he found difficult. It is possible that he did not understand some of the questions. It is also possible that he did not want to share his feelings or that he found it difficult to.

> *DANIEL: that was getting dressed, playing with my teeth, getting into my uniform, um getting my lunch, going car, going to school, um having my bags. Then I got the time, 9am I go. 10am*
> *H: so that's*
> *DANIEL: break time*
> *H: break time, so you've got lessons there*
> *DANIEL: yeah, and 11 back in, 12 lunch, 1230 a play and 1 go back in and 3:15 your gone and then now I don't have the time. And then on computer, watching TV, having dinner, watching TV again, having a bath*
>
> *H: are there any lessons that you like that would make it a good day*
> *DANIEL: [shakes head]*
> *H: no? You don't like lessons at all*
> *DANIEL: no*

Daniel and Daniel's sister were the only people to rate aspects of Daniel's talking, including finding words and talking, as difficult for him in the Talking Mats® activity (see Table 7). Daniel described making himself understood as difficult, but talking in general he enjoys. He feels frustrated when he cannot find words to say. Daniel's sister had noticed that her friends do not always understand what he is saying. Daniel's mother and SLT rated aspects of talking as a little bit difficult for him. All had seen massive improvements in Daniel's talking.

> *H: Making myself understood. How about that one?*
> *DANIEL: no, that's hard*

DANIEL'S SISTER: Um I can understand him fine, but odd words I can't understand but sometimes my friends, like when a friend comes round they can't understand anything he says

Daniel's sister sees herself with agency in relation to understanding her brother and is aware of the lack of agency of her friends when trying to understand her brother. Her familiarity with Daniel places her in a privileged position in her relationship with Daniel compared to her friends.

	'Easy'	'So so'	'Difficult'
Daniel	*Talking *Hearing *Numeracy *SLT *Playing with siblings *Playing with friends *Time with family *Break times *Meal times	Getting words out Paying attention Remembering Computers People shouting	◊Finding words ◊Understanding people ◊Making myself understood ◊Following instructions ◊Classroom ◊Homework ◊Writing ◊People interrupting ◊People teasing ◊People annoying me ◊Arguing
Daniel's mother	*Talking Problems with sounds *Hearing Spelling Computers *SLT Intervention group *Time with family *Playing with friends *Playing with siblings Making friends *Meal times	Getting words out ◊Finding words ◊Understanding people ◊Making myself understood ◊Following instructions Paying attention Remembering Reading *Numeracy Topic work ◊People annoying	◊Writing ◊Classroom ◊Homework ◊Arguing ◊People teasing ◊People interrupting People shouting Sports
Daniel's sister	Remembering Spelling Computers *Time with family *Playing with friends	Getting words out ◊Finding words Problems with sounds ◊Understanding people *Hearing ◊Following instructions ◊Classroom Reading ◊Writing *Playing with siblings Break times Mealtimes	*Talking Paying attention ◊Homework ◊Arguing ◊People teasing ◊People annoying People shouting Sports
Daniel's SLT	◊Finding words *Hearing People shouting *Time with family *Playing with siblings	*Talking Getting words out Problems with sounds ◊Understanding people ◊Making myself understood	◊Following instructions Paying attention ◊Classroom ◊Homework Spelling Reading

		Remembering Topic work Intervention group *SLT ◊Arguing Making friends *Playing with friends ◊People interrupting ◊People teasing Break times	◊Writing ◊People annoying me

Items marked with ◊ indicate items rated as difficult by Daniel.
Items marked with * indicate items rated as easy by Daniel.
Table 10: Talking Mats® activity for Daniel, his mother, sister and SLT

Frustration with expression and being understood

Daniel's sister and mother recalled incidents in the past where Daniel had tantrums. They explained these tantrums in relation to Daniel's frustration with not being able to express himself and handle situations. Daniel's sister described occasions where he still gets frustrated when he is not understood, but suggests that these are less frequent and severe as they used to be when he could not talk at all.

> *DANIEL'S SISTER: yeah, like when he was younger he used to get like he just used to get so frustrated and angry and used to have like giant tantrums*
> *...*
> *DANIEL'S SISTER: but he's fine now really*
> *H: right ok. And do you put that down to anything or*
> *DANIEL'S SISTER: um just literally not being able to express himself*

Daniel's mother talked about Daniel's lack of quickness of words impacting on his ability to respond in confrontational situations on several occasions. She suggested that Daniel finds his lack of ability to respond in the moment as humiliating. Daniel himself described finding words difficult and frustrating for him. He was very quiet and withdrawn when he spoke about his difficulty finding words. When he is teased, he tends not to respond, but instead describes feeling angry inside.

> *H: finding words*
> *DANIEL: frustrating*
>
> *H: um, people shouting*
> *DANIEL'S MOTHER: um*
> *H: so sort of shouting over him or at him*
> *DANIEL'S MOTHER: yeah, I think very difficult*
> *H: is that people over him or at him or both*
> *DANIEL'S MOTHER: both*
> *H: both ok*
> *DANIEL'S MOTHER: cos that's when you've got a lack of words or lack of speed to put them together, that's when it hurts most*
>
> *H: how about people teasing, do they do that much*

DANIEL: yeah
H: yeah? Shall we put that there then
DANIEL: yeah
H: and what do you do when people tease?
DANIEL: I get angry
H: do you?
DANIEL: yeah
H: do you say anything to them or do you um
DANIEL: I just get angry

Hard work

Daniel found many aspects of school difficult, including being in class, homework, following instructions. In a follow up interview with Daniel, he showed me that the main reasons he disliked being in the classroom were to do with finding work hard and feeling unable to keep up with the work, as well as the teacher's response to him in class. Conversely, Daniel's reasons for enjoying art were to do with his experience of being good at it, understanding what is being asked of him and being left to get on with it on his own. Daniel's reasons for disliking class work, as well as liking art, were not to do with the behaviour of other children towards him in class, but to do with his experience of his ability and understanding of classroom activities (see Figure 6). Daniel's mother expressed anger towards the level of work that Daniel was set at school on several occasions. She perceived the tasks he was set as inappropriate for him and inconsiderate of his needs.

DANIEL'S MOTHER'S DIARY:
Friday
From what Daniel tells me this is a directed writing exercise, the class talk about a subject and then they write about it. I wanted to scream! What if anything at all [?] this as a user friendly exercise to someone who is SLI and has a difficulty writing as a result! 'Big write' puts me off, I can only imagine what Daniel thinks.

I like art because…	I dislike lessons because…
Reasons selected by Daniel 'Its easy to understand' 'Its fun' 'I like drawing and painting' 'I don't have to answer questions' 'No one bothers me' 'I'm good at it' 'I can chat with my friends'	*Reasons selected by Daniel* 'Its hard work' 'I know the answer but I can't think of the words to say' 'I can't keep up' 'My teacher doesn't notice when I find it hard' 'My teacher gets cross with me' 'I'm not interested in any topics' 'My teacher asks me questions'
*Reasons **not** selected by Daniel:* 'I'm left to get on with it on my own' 'Other children leave me alone'	*Reasons **not** selected by Daniel:* 'I think of an answer too late' 'My teacher doesn't listen to me' 'Other children in my class' 'I don't like my teacher'

Figure 6: Reasons chosen by Daniel for his dislike of lessons and enjoyment of art class

Daniel's mother tries to give Daniel a defensive strategy to cope with his experience of failure in a writing activity at school. She encourages him to feel a sense of control and power over his teachers and the situation that is not dependent on his performance on the task he has been set.

> *DANIEL'S MOTHER: big write is an assessment and he was upset before he went and I said to him, 'it doesn't really matter', I said 'do what you can and if you can't', yeah, 'just do your best, that's all you've got to do' and I said ' they can't', what can they do to you' and he said 'I don't know' and I said 'well they can't do anything can they'*
> *H: mmm*
> *DANIEL'S MOTHER: 'so just do what you can'*

Daniel's mother, SLT and sister all link Daniel's experience of work as hard and his lack of understanding in the classroom to disengagement. Daniel himself described lessons as boring.

> *DANIEL'S SISTER: he said to me like before that he doesn't really pay attention in class, he doesn't listen at all and he's like, he's off in his own little world thinking about other things*
> *H: oh right ok, ok*
> *DANIEL'S SISTER: yeah*
> *H: so do you think he just choses to disappear*
> *DANIEL'S SISTER: yeah he chooses to definitely*

Daniel's mother also links Daniel's lack of confidence and understanding in social situations to his lack of engagement with her friends in conversations.

> *DANIEL'S MOTHER: But I do know that when people come in cos I didn't really know what he was like outside the family and someone came in the other day and she knows him and she started talking to him and he immediately kind of was like uncomfortable you know cos you know he didn't want to engage because if he didn't understand it he didn't seem to even want to try.*
> *H: umm*
> *DANIEL'S MOTHER: I noticed that a couple of times but if I said you know, 'so and so is talking to you' you know and he'll be like [not interested face]. Perhaps it's my friends but you know*
> *H: so, so he's um, so then he just didn't want to*
> *DANIEL'S MOTHER: no*
> *H: did you get a sense of why that was*
> *DANIEL'S MOTHER: I think it's because he's worried about understanding what they're saying*
> *H: right ok*
> *DANIEL'S MOTHER: or worried about what his reaction should be*

Like Simon and Pete, Daniel also found other people's behaviour towards him difficult, including people teasing and interrupting him. Daniel's sister echoes Daniel's description of others interrupting him and blames his friends for not listening to him. Later she also outlines a more subtle misunderstanding between Daniel and his peers. She perceives that his peers assume that he has finished talking and so start talking before he has finished. Daniel experiences this as his friends' interrupting him and so gets upset. Consequences of

misunderstandings between children and others are expanded on in chapter 3.

> *DANIEL'S SISTER: yeah, but, I think, like he says quite a lot that people don't listen to him in school like his friends don't listen to him when he tries to talk*

Summary for Daniel

Daniel showed less evidence of experiencing agency than other children, although he did when playing with and talking about his toys, his family and friends and art lessons at school. Daniel dislikes most school work and finds it very hard and boring because, according to his mother, it is not appropriate for him. Daniel also feels frustration and anger when other people do not listen to him and interrupt him, when he struggles to find words to say in confrontational situations and also when he cannot understand what people say. His dislike of being in the classroom is explained in terms of finding work hard rather than finding other children in his class difficult.

3.1.4 Case 4: Sarah, her mother, sister, teacher, LSA and SLTs

Agency and enjoyment at school and home

When I met Sarah, she came across as confident and articulate. She talked enthusiastically about her family and the work she had been doing at school. She was proud of the art work she had done on her scrapbook cover and explained how she had created it. Sarah could not think of anything she would like to change or make better. She enjoyed school and is keen to learn. She likes to please her teachers and likes helping other people. A good day for Sarah is participating in social activities like plays and discos. She has plans to become a florist when she is older so she can combine her singing and creative abilities.
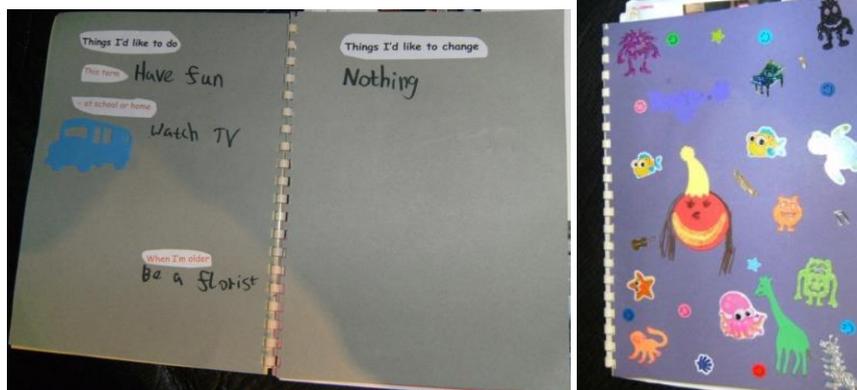
Figures 7 and 8: Sarah's scrapbook

> *H: and you want to be a florist [looking at scrapbook], have you done much, do you do flower arranging*
> *SARAH: well um, I wanted to be er, an artist and a singer but then I thought if I mix them all together then that makes me a florist because I can be creative with flowers*
> *H: mm*

SARAH: and um I can and I can sing along while doing it
H: you could, yeah that's a good idea, that's a great idea
SARAH: or I could put a radio on while I'm doing my florist work

Sarah's sister was sad and surprised that Sarah's aspiration was to be a florist as she wanted her to have higher aspirations, like she does, such as being famous. She questioned Sarah's choice of vocation and viewed it as a sign of low self esteem, even though Sarah's aspirations seem more achievable compared to Sarah's sister's aspirations.

SARAH'S SISTER: in a way, she always chooses like small things, if you know what I mean, but I don't know why that is because obviously I would, one of the things that I would like to do is to be like famous, I suppose everyone wants to be famous and rich and have a really nice life, but I don't know why Sarah doesn't want that

In contrast to Daniel and Pete, Sarah finds most school work easy and enjoys being at school. She perceives herself as good at aspects of talking, such as getting words out and talking in general, as well as literacy and other class work (see Table 8). She has some difficulty with following instructions, understanding, finding words and remembering among others, but her main difficulties were related to other people's behaviour towards her. Sarah had only been at her school for a term and Sarah's new teacher was surprised at Sarah's academic ability, mathematics and her confidence in speaking.

SARAH'S TEACHER: um, she is nowhere near as low ability as I was expecting her to be
H: right ok
SARAH'S TEACHER: especially maths. There's some kids in this school, not brilliant mathematicians, you know
H: right
SARAH'S TEACHER: and Sarah has come in and she's better than those, leaps and bounds better

	'Easy'	'So so'	'Difficult'
Sarah	*Break times *Talking *Getting words out *Paying attention *Classroom *Writing *Homework *Topic work *Reading *Intervention group *SLT *Playing with friends *Making friends *Meal times	Problems with sounds Finding words Understanding people Following instructions Remembering Hearing Numeracy Spelling Computers People interrupting Time with family Playing with my siblings	◊Arguing ◊People shouting ◊People annoying ◊People teasing ◊Sports
Sarah's mother	*Talking *Writing *Reading *SLT Computers	Problems with sounds Homework Spelling ◊Arguing ◊People shouting	Understanding people Following instructions *Paying attention Remembering Hearing

	Time with family Playing with siblings	◊People annoying People interrupting Break times *Mealtimes ◊Sports *'Easy' – 'so so'* *Getting words out Finding words Topic work	Numeracy People shouting *Making friends *Playing with friends ◊People teasing *'So so' – Difficult'* *Classroom
Sarah's sister	*Talking Finding words *Writing Spelling *Reading *Topic work Time with family *Playing with friends *Making friends Playing with siblings Meal times	Problems with sounds Understanding people Following instructions Remembering Hearing *Classroom *Homework ◊People teasing ◊Sports	*Paying attention Numeracy ◊People annoying ◊People shouting ◊Arguing
Sarah's teacher	*Classroom Numeracy *Reading *Writing Spelling Computer *Homework *Topic work Intervention group ◊People teasing Time with family ◊People annoying Playing with siblings *Break times *Meal times ◊Sports	Problems with sounds Hearing *Playing with friends	Understanding people Following instructions Remembering *Paying attention ◊Arguing *Making friends Interrupting *'So so' – Difficult'* *Talking Finding words *Getting words out ◊People shouting
Sarah's LSA	*Talking Finding words Problems with sound *Getting words out Hearing *Classroom Computers *Reading *SLT ◊Arguing Playing with sister ◊People shouting ◊Sports	Following instructions Paying attention Numeracy *Writing Spelling *Homework *Mealtimes	*Playing with friends *Break times
Sarah's old SLT (SLT-1)	Finding words *Getting words out Problems with sounds Hearing *Classroom *Writing *Reading Spelling *SLT ◊People shouting ◊Arguing	*Talking Following instructions *Paying attention *Homework *Topic work Intervention group ◊People annoying ◊Sports	Understanding people Remembering Numeracy *Break times *Making friends *Playing with friends ◊People teasing

	People interrupting		
Sarah's new SLT (SLT-2)	*Talking Finding words *Getting words out Problems with sounds Hearing *Paying attention Computers *SLT Playing with siblings Time with family	Following instructions Interrupting	Understanding people Remembering Spelling *Playing with friends *Break times *Classroom

Items marked with ◊ indicate items rated as difficult by Sarah.

Items marked with * indicate items rated as easy by Sarah.

Table11: Talking Mats® activity for Sarah, her mother, sister, teacher, LSA and SLTs

Sarah understands that she makes mistakes at school, but she does not perceive this as failure. She enjoys learning. Sarah described her teacher as understanding when she makes mistakes and Sarah's sister described how their father encourages her to find answers for herself. She is learning in a supportive, accepting environment.

> SARAH: um [Sarah's teacher], he's my teacher of our class
> H: is he? And what do you like about him
> SARAH: he always um, understands if we make mistakes, he doesn't really shout out, um he doesn't care if we get thing wrong
>
> H: right, and do you mind when you get it wrong or is it your teachers that mind?
> SARAH: well um I don't care because I learn from my mistakes
>
> SARAH: when I get the instructions wrong my dad always just repeats it and then shows me and I'm like 'oh that's how you do it'
>
> SARAH'S SISTER: sometimes her dad has asked her a question and she doesn't know then dad will kind of give her hints and she will get it by the end

Sarah sees herself as helpful and it is something she likes about herself. Even when she makes a mistake, she feels helpful because she has pleased those she was trying to help. She seems used to making mistakes and does not perceive her mistakes in a negative way, perhaps because of the supportive way in which people respond to her efforts.

> SARAH: you know this is what I love about me, always helping out
> H: yeah, always helpful, well it's very useful to have around
> SARAH: sometimes I get some problems of helping out cos sometimes I do something absolutely wrong
> H: oh do you, what that someone hasn't wanted doing
> SARAH: yeah, but then suddenly I eventually, but um, but everybody says 'Sarah you haven't done it right but at least thank you for trying to help'

Lack of agency in relationships

For Sarah, arguing with family was something she found most difficult, alongside people shouting, teasing, annoying and sports. At home Sarah's family get frustrated with her as they have to repeat themselves because she is absorbed in what she is doing. This often results in

71

arguments between Sarah and her mother and tension in the family.

> *H: er paying attention*
> *SARAH'S SISTER: difficult*
> *H: yeah, again can you think of examples*
> *SARAH'S SISTER: watching TV, definitely, like you just, if she is watching the TV she just doesn't listen to you*
> *H: oh right okay*
> *SARAH'S SISTER: and you'll say "come to the table" and she'll get up but she will still be watching the TV and she will be standing in front of it for a while and it gets to the point where she gets, when she gets told off that she actually comes to the table*
> *H: Right okay [laughs]. So do you think um she is just absorbed in the telly then or*
> *SARAH'S SISTER: yeah*
> *H: she is deliberately ignoring*
> *SARAH'S SISTER: yeah, now I think it's absorbed in telly*

Sarah described finding arguing difficult to deal with. She did not like people shouting around her and she feels that she cannot do anything to prevent it. She can feel annoyed with herself because she is unable to stop it. Her mother and LSA linked her sensitivity around arguing and confrontation to her language difficulties and trouble expressing what she wants to say.

> *H: yeah how about, you talked a bit about arguing, how about arguing? Do you do it a lot*
> *SARAH: erm, not all the time, sometimes I argue. Well arguing is a bit difficult because when I try to make the argue stop everybody everybody makes the arguing worse and suddenly I just try to calm them down and suddenly I started getting louder and then I join in with the arguing*
> *H: how does it make you feel arguing*
> *SARAH: um, makes me feel a bit annoyed, annoyed because I'm like 'oh I tried to make the arguing stop and now I'm joining in'*
>
> *H: I mean does she find it difficult when she does argue?*
> *SARAH'S MUM: oh god, well yeah, she will find it very hard and get very emotional*
> *H: ok, so, well I'll put that there and so you know*
> *SARAH'S MUM: yeah, again, it's a language thing*

Sarah also acknowledged that she does not listen to her family sometimes and described how she chooses to listen at school, but not at home. She saw herself as cheeky, suggesting she knows that she is being rebellious.

> *SARAH: because sometimes in my family I don't listen*
> *H: oh right*
> *SARAH: I just carry on, I just get distracted by something else*
> *H: oh I see, so you can hear them, you're just not listening*
> *SARAH: and in school I'm always listening otherwise the teacher might tell me off*
> *H: right ok, so you make extra effort in school*
> *SARAH: yeah, [I don't listen, eek?], cos I'm cheeky*

Both Sarah's teacher and Sarah's mother perceived that she does not always listen to them. However, Sarah described how she always listens at school but does not at home. Sarah believes she has control over her listening and chooses not to listen at home. It is possible that Sarah's

understanding of herself as cheeky at home and listening at school reflects a more accepting response from her teacher to her disengagement at school in comparison with her mother's and family's frustration with her disengagement at home.

> *SARAH'S TEACHER: there are those times when she's just completely off in her own little world*
> *H: ok*
> *SARAH'S TEACHER: it does take an adult to go over there and spend a couple of minutes to make sure she will get on with what she should be doing*
>
> *H: paying attention*
> *SARAH'S MOTHER: difficult*
> *H: um, can you sort of think of an example or*
> *SARAH'S MOTHER: oh we can talk to her and name her and try and engage in eye contact and she still doesn't*
> *H: oh right ok*
> *...*
> *SARAH'S MOTHER: all it is, I said to her 'you can't go to guides in heelies, you've got to change your shoes' and that was half an hour before we went and I reminded her about 3 or 4 times and then at 5 to 7 'I haven't got my shoes', 'but I told you to get them' and that sort of thing*

Sarah's teacher places responsibility with himself to make sure she remains engaged in a lesson. At home, Sarah's disengagement can lead to arguments between Sarah and her mother. Sarah's understanding of herself and her experience of agency is intertwined with the response of others towards her.

Sarah found her school friends annoying sometimes. She also spoke openly about her experiences of [1]cyber bullying, but displayed little emotion as she told me, almost as if she was reporting about someone else. Despite the lack of emotion she displayed when talking about it, she rated teasing as difficult in the Talking Mats® activity and the words she used indicate that she finds it upsetting. Her mother described an incident where she had come home upset because she had been bullied.

> *H: And what about the, you were saying about cyber bullying, what sort of things do people say then*
> *SARAH: er, sometimes some people call you [her name but pronounced differently]*
> *H: they still do that*
> *SARAH: some, one person said that I look like a two year old*
> *H: oh right ok, so they say horrible things*
> *SARAH: yeah and they also show me rude videos*
> *H: do they?*
> *SARAH: and one was really mean and it said 'you smell'*
> *H: oh right*
> *SARAH: that wasn't nice*
> *H: do you think lots of people get sent those things as well?*

---

[1] Sarah's disclosure of cyber bullying was discussed with the supervision team and a decision was made to break Sarah's confidence and inform her mother

SARAH: I don't know

H: right
SARAH: I don't know, probably some

Sarah experienced difficulty knowing how to respond to bullies. She appeared resilient to it and tries to ignore it, but she knows she is supposed to tell someone. She felt torn between telling people about it, which she knows is what she is supposed to do, and keeping it to herself, which she sometimes prefers to do. Her solution sounds pragmatic – sometimes she discloses and other times she does not. Her mother and sister were unaware that she was experiencing cyber bullying at the time of the interview.

H: ok, er people teasing
SARAH: [nah sound] I don't like it when people tease me
H: no, you talked a bit about that earlier
SARAH: yeah
H: do you do anything or, do you tell anyone, or do you just sort of
SARAH: I try to, I try to ignore it
H: yeah
SARAH: the problem is, my mum and dad say don't ignore them, because that means um, if the bully's know that you're trying to ignore them then they just bully you even more by saying 'are you listening to me'
H: right ok
SARAH: and they start getting angry and stuff
H: it's difficult to know what to say
SARAH: so sometimes I tell the teachers and sometimes I don't
H: right ok, yeah
SARAH: sometimes I just carry on

Summary for Sarah

Sarah experiences high agency at school and enjoyment of school work, but she experiences a lack of control of herself and her family in arguments at home. Sarah's understanding of herself in social situations and her construction of identity was associated with the responses of other towards her. Sarah experiences bullying and uses different strategies to cope with these situations.

3.1.5 Overview of 'Agency'

The case children's experiences of high and low agency were situational and associated with engagement in class and social interactions and emotional responses. Children's experiences of high agency often went alongside children's creativity, authority, confidence and enjoyment. In contrast, experiences of a lack of agency were associated with disengagement, withdrawal, frustration, sadness and dislike (see Figure 9). Children tended to experience a lack of agency predominantly in relationships with other children and families in terms of not being able to change the behaviour and understanding of others towards them. They also experienced a lack of agency with school work in the classroom and expressing themselves in the moment.
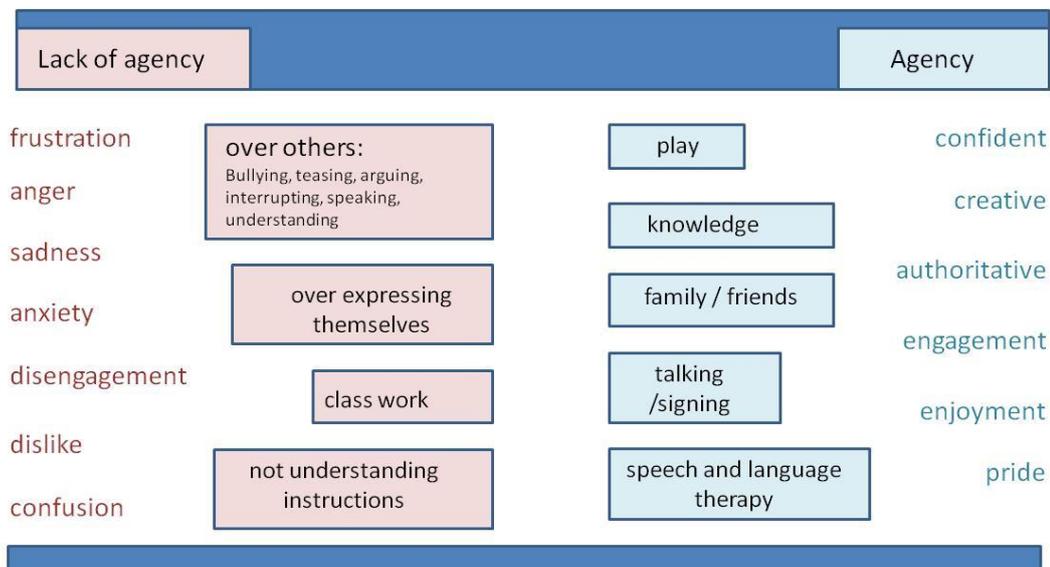
Figure 9: An overview of different situations where children experienced high and low agency

Families' and professionals' perspectives of case children's ease and difficulties for different situations were sometimes at odds with children's perspectives and with each others', with families and professionals rating activities as easy for children that children themselves rated as finding hard, and vice versa. Children's experiences of powerlessness in different situations were often, but not always, explained by families and professionals in terms of speech and/or language impairments. The case children's understandings of situations or instructions were associated with their engagement in situations or activities and their experience of agency within them. Children's experiences of failure were linked by families and professionals to children's withdrawal and disengagement from classroom activities and social situations. Sarah provides a contrasting case to the other children. She described enjoying and engaging with learning at school and described her teacher as supportive and accepting of failure.

Parents and teaching staff sometimes experienced a lack of control over children and expressed frustration in relation to the child, particularly if the child did not submit to a request they had made of them when in an authoritative position. Others' interpretations of the case children's behaviours are explored in more depth within the third theme: Making Sense of Difference. The next theme: Understandings and Misunderstandings moves away from exploring the case children's experiences of agency and focuses on a lack of shared understanding between children and others around them. The theme of agency is discussed further in relation to the literature and as an important psychosocial goal for intervention within Chapter 4: Discussion and Chapter 6: Implications for practice and psychosocial goals for intervention for children

with LI.

3.2 Theme 2: Understandings and Misunderstandings

Understandings and misunderstandings is a theme where tension exists between a child and other people in the child's world. It refers to the mismatch between the child's understanding and subsequent action and other people's expectations of that child's understanding and/or action. The case children themselves experience some lack of understanding for classroom situations and following instructions, but they did not tend to experience a lack of understanding in more subtle, social areas. Their subsequent 'inappropriate' behaviour was interpreted by parents, teachers and SLTs in different ways. Parents, siblings and professionals all voiced concerns about the impact of children's differences in understanding on social acceptance and vulnerability to being taken advantage of and bullying. They commonly expressed an aspiration for children to understand, be understood and be accepted by their peers and society.

> *SARAH'S TEACHER: my hopes would be that they [Sarah and others like her] would be understood, that people would understand where they are coming from and give them the help that they need to be able to see the world as it is*

As with the previous theme, the theme is explored case by case, starting with Simon.

3.2.1 Case 1: Simon, his mother, teacher, LSA, SLT and friend

Misunderstandings and misunderstood

Simon's teacher, LSA and friend all described how he interrupts and speaks out when he should not in class and how he does not see that he should share with others. Simon's teacher and LSA found him difficult to manage in class and described him as annoying, immature and egocentric.

> *SIMON'S TEACHER'S diary:*
> *Immature*
> *Mood swings/stroppy*
> *Gets very down / silly / sulks*
> *Wants your undivided attention*
> *Self conscious*
> *Easily wound up*
>
> *SIMON'S LSA: he doesn't seem to understand like the social etiquette of the game*
> *H: oh okay*
> *SIMON'S LSA: erm well let's share, I'll do it first, you do it afterwards and he seems to want it his way and can't see beyond that, it's just that very immature, egocentric sort of*

Simon's friend also described how Simon does not always involve him in a reading activity and how he feels ignored by Simon when playing football. Although Simon's friend does not say

explicitly, the way he described his experiences suggests that he experiences rejection by Simon. In this situation, Simon's friend experiences a lack of agency in his relationship with Simon. It is not clear whether Simon is intentionally rejecting his friend, or whether Simon's intentions have been misunderstood.

> *SIMON'S FRIEND'S MOTHER: you do that with Simon don't you [talking about a SLT activity]*
> *SIMON'S FRIEND: not sometimes*
> *SIMON'S FRIEND'S MOTHER: sometimes*
> *H: sometimes you do that with Simon*
> *SIMON'S FRIEND: sometimes he wants to do it himself*

Simon's mother is not aware of how Simon was perceived at school. For Simon's mother, being able to communicate with him as she is able to now is enough for her. She did not talk about Simon's misunderstandings in relation to social expectations or people's intentions. It has made all the difference to her that he is able to speak and she is able to understand him.

> *H: Do you hear much about what he's like [in class], what do the teachers say?*
> *SIMON'S MOTHER: um, only from his school reports*
> *H: yeah, do they give much feedback?*
> *SIMON'S MOTHER: yeah, they just say he's a joy to have in the class, so I should imagine he's alright [laughs].*
>
> *SIMON'S MOTHER: As I say he has progressed a hell of a lot since he started school. Just to be able to speak and know what he's speaking about is absolutely fine.*

Simon's SLT identified Simon's social skills and understanding of social expectations as an area she wished to work on.

> *SIMON'S SLT: and then we'll probably be working on some more sort of specific social skills like I want him to be looking at people when he's talking to them and thinking about how they're responding with their faces, if they look interested or bored*
> *H: ok, yeah*
> *SIMON'S SLT: you know asking people questions to find out about them a bit more, you know that sort of stuff*

Simon's SLT perceives a lack of understanding and empathy by others in regard to his sometimes random behaviour in class.

> *SIMON'S SLT: he makes random comments, he will answer questions but he can be a bit random and I think there's sort of intolerance of his randomness*

Intolerance of Simon's misunderstandings were echoed by Simon's teacher and LSA, who repeatedly told a story about how Simon had misunderstood when another child had smiled at him and interpreted it as hurtful. His LSA perceived Simon's reaction to the child smiling at him as immature and expressed sympathy towards other children in his class for winding him up because of the way he had behaved.

SIMON'S LSA: so it's oh so, yeah it's like, if he understood people he would realise that so-and-so is only smiling at him, you know, but he doesn't understand he's not doing it to be nasty, he was doing it because it was a bit of a laugh and and it's made worse because he then reacts to it

SIMON'S LSA: um again it's only when he's done something like you know "so and so is smiling at me", they don't tease him just for the sake of teasing him
H: oh right
SIMON'S LSA: they tease him because of his behaviour, because he's normally doing something babyish

Simon enjoys football but described feeling excluded by his peers because he is slow at tackling. He sees himself as a 'horrible player'. His LSA describes an incident which suggests more complex reasons for Simon's exclusion from football. Simon was excluded at the outset of the game and caused tension with other players because he did not behave as he was expected.

H: you say you like football?
SIMON: yeah and its easy for me but no one pass the ball to me
H: they don't pass the ball to you? Why is that do you think?
SIMON: because they just think I'm a horrible player
[mum pulls face, seems surprised and seems like she wants to reach out]
H: they don't think you're a very good player?
SIMON: yeah
H: do you find it easy to kick it?
SIMON: yeah, but I try get the ball and tackle but they too fast.

SIMON'S LSA: he's fine until something happens, like um I wrote it down here um, yesterday I think it was like all the boys, um, they do either play the boys football or girls football and it's the boys turn and they all got together, um, decided who was going to be in goal, um and then as soon as they got outside, I don't know whether Simon, I don't think Simon was part of that, um as soon as they got outside, Simon, one of them people were walking towards the goal and Simon just ran straight pass them and got into the goal, so he thought I'm first here so I'm goaly, and they said 'oh no no we've already decided that so-and-so is going to be in goal' and that was it, he just, he couldn't understand it, he gets all, um 'raaa' you know, and just really tries to let off some steam and gets frustrated and "freaking this and ra ra freakin' um and then he'll just go off in a sulk

Simon's LSA expressed little sympathy for Simon and describes the incident using negative language and links the incident to Simon's social and emotional immaturity and lack of understanding of social etiquette. Simon's experience of this specific incident was not explored. However, his experience of exclusion by his peers when playing football was interpreted by him in terms of his football skills rather than his relationship with his peers.

Simon's teacher, LSA and SLT all rated making friends, alongside playing with friends, as difficult for Simon despite Simon rating it as easy. Simon's SLT expressed concern about

Simon's apparent isolation that she had observed in the playground and she felt a responsibility to address this in her capacity as his speech and language therapist. She described how she plans to work on his social communication skills, such as making eye contact and demonstrating that he is listening to the person he is communicating with.

> SIMON'S SLT: There's times when I've seen him, I've looked through the window cos I can see into the playground from the window of the room that I work in, I can see him just wandering round on his own and that sort of thing and I'm just like, mm, I need to do something to change that.
> SIMON'S SLT: we'll probably be working on some more sort of specific social skills like I want him to be looking at people when he's talking to them and thinking about how they're responding with their faces, if they look interested or bored

Simon's mother also rated making friends as a little bit difficult for Simon, but explains his difficulty in terms of his personality, rather than his ability to make friends. She perceives that he is particular about who he chooses to be friends with and that he chooses not to make friends with certain people.   For her, Simon is in control of his friendships.

> H: making friends?
> SIMON'S MOTHER: erm, I would do between easy and fifty fifty
> H: and what made you put it here rather than here?
> SIMON'S MOTHER: cos he's quite particular, erm, he wouldn't be friends with a boy in his class because he picked his nose

Lack of communication

Simon's SLT reflected on how little communication she had with Simon's mother due to her seeing Simon in school rather than in clinic. Simon's SLT would like to spend more time talking about Simon with his parents, SENCO and teachers, but she does not see the time to do this within the current system.

> SIMON'S SLT: and it's so difficult to get time with a teacher but you end up kind of doing all that work with an LSA and child and it's so, I hate to say it, but it's so easy to neglect working with the parents
> H: right
> SIMON'S SLT: it's completely different to clinic working. I feel like I'm really good at working with parents when I'm in clinic because obviously I see them
> H: yeah, you don't see them otherwise
> SIMON'S SLT: [overlap] [?] children and no you don't, yeah you'd have to, I'd have to like really stall for time with like the school want their targets set to match with their IEPs and their isn't much time in between like the IEPs role into each other so there's no like break for sitting round the table and chatting with the SENCO and the teacher and the parents

Summary for Simon

Simon and Simon's mother showed little awareness of the way he was perceived at school by his teacher and LSA as egocentric, immature and annoying. Simon does not share or wait his

turn like other children his age, making him difficult to manage in class and vulnerable to teasing and exclusion by his peers. Simon's SLT explained his behaviour in terms of his lack of social skills and understanding of spoken instructions and situations.

3.2.2 Case 2: Pete, Pete's mother, Pete's LSA and Pete's SLT

Different understandings

Like Simon's teacher and LSA, Pete's LSA described Pete as egocentric in the way he plays and interacts with others. The tone and language she used when describing Pete was different compared to the language Simon's teacher and LSA used towards Simon. Pete's LSA explained Pete's behaviour in class on his speech and language difficulties. She gave examples of how his lack of understanding of social expectations impacts on his play and cooperation with other children in group situations. She also expressed empathy towards him.

> *H: okay. Arguing*
> *PETE'S LSA: um, right, this is a very difficult one because he will sometimes argue with you, he doesn't, he wouldn't necessarily like other people are arguing round him especially if they got loud*
> *H: mm mm*
> *PETE'S LSA: but then if you say something he, and he doesn't think that that is right, he won't understand that actually he shouldn't just come and is just argue, he wouldn't understand that he can give his up here without arguing, he would just argue, "no you are wrong" and that's that*

Pete's LSA described how Pete plays alongside other children, rather than with them. Pete's LSA explained his difficulty making friends in terms of his egocentric behaviour and lack of understanding of what friendship entails. He is sociable and plays alongside other children, but does not interact as others might expect. Pete's mother did not believe Pete fully understands what friendship is either, even though when probed, Pete's mother founds it difficult to explain why she did not see his friends as true friends. Pete's friends play with him and he has been to their house, but Pete's mother did not see this as friendship.

> *H: making friends?*
> *PETE'S LSA (main): he finds that quite difficult*
> *H: does he? Do you think, does he try to make friends or?*
> *PETE'S LSA (main): um yeah he does try but I think he doesn't necessarily understand the, what friendship is if that makes sense*
> *H: right*
> *PETE'S LSA (main): he doesn't understand that you have to play together and do things together and you have two, so one person might say we're going to do it this way, he wants to do it by his own rules, it all has to be*
>
> *PETE'S MOTHER: he doesn't really understand friendship I don't think. He would say Liam and Kate are his friends*
> *....*
> *PETE'S MOTHER: so they're the same age, so he says they're his friends. And they get*

on well, but if you said 'oh who is your friends?', he'd always say 'Liam and Kate'
H: right ok
PETE'S MOTHER: it wouldn't ever be
H: but you don't think that they have, they, you think they're slightly different friends or
PETE'S MOTHER: no Kate's been round here for tea and stuff and like Pete went there
and had to come home within ten minutes cos he hated it

Pete rated making and playing with friends as easy in the Talking Mats® activity, whereas his SLT and main LSA rated making friends as difficult, and his mother and second LSA rated making friends as a little bit difficult. Pete has a different understanding of friendship compared to his mother, teacher and LSA and SLT.

Misunderstandings and misunderstood

Pete's intentions and subsequent behaviour are sometimes misunderstood by others. Pete's mother described an incident where Pete was upset because he was told he was rude to a teacher when he had not meant to be. She also experiences a range of feelings when she is with people who do not know Pete and understand his behaviour. She can feel embarrassment when Pete offends other people without realising he has done so. She can also feel protective towards him as she does not want him to be perceived as someone he is not, such as naughty or spoiled. She feels that other people's interpretation of his behaviour reflects on her as well as him.

> *PETE'S MOTHER: Um, well he told me the other day he said 'Oh I told Mrs [teacher]*
> *that she was grubby'*
> *H: Right.*
> *PETE'S MOTHER: And I said 'and what did she say?' and he said 'she asked me if I*
> *knew what it meant, and I said no'. So then she told him it meant dirty, so then he said*
> *'oh yeah you do, have you had a shower today' or something he was saying. 'So then she*
> *told me I was rude' he said, 'I didn't think I was rude'.*
>
> *PETE'S MOTHER: I suppose when you're out its worse because he's looking like he's*
> *being really really naughty*
> *H: right ok*
> *PETE'S MOTHER: and really, don't get me wrong sometimes he is really naughty but*
> *H: [laughs]*
> *PETE'S MOTHER: other times you know he's not*
> *H: do you feel like other people are judging you then or*
> *PETE'S MOTHER: no I don't care, cos I you know if someone said something then I*
> *would say something. I wouldn't [pause]*
> *H: mmm*
> *PETE'S MOTHER: think twice to say something*
> *H: yeah yeah*
> *PETE'S MOTHER: um but like when we've been out for meals and stuff and the food*
> *doesn't look right he'll shout*
> *H: oh ok*
> *PETE'S MOTHER: 'I can't eat that, it's hot, it's horrible' and he's shouting 'it's*
> *horrible' when the waitress is putting it on the table and you're thing 'awww', it's quite*
> *embarrassing*
> *H: yeah, yeah*
> *PETE'S MOTHER: and to anyone else he just looks like he's being a spoiled and he*

> *won't eat the food*

Pete's mother suggests that Pete has different understandings of what is socially acceptable compared to other people. His intentions are misunderstood and his behaviour is at times offensive to people who do not understand his intentions.

Misunderstanding the intentions of others
According to Pete's mother, Pete can misunderstand when people tease him as she recalled times when he joined in laughing with those intending to humiliate him. His mother wishes that he understood so that he could stand up for himself. Equally, at other times, like Simon, he can think people are teasing him when they do not intend to. Pete does not always understand the intentions of others towards him.

> *PETE'S MOTHER: like if people call him names and stuff he don't get that people are calling him names so he'll join in and them laughing and stuff and I'm thinking [pause] that upsets me 'cause I think well they're being horrible to you and you're in a way letting them 'cause you're not saying 'don't say that' or 'I don't like it'. You just let them say it.'*
> *PETE'S LSA: he doesn't understand, so he might think something, I think he finds that quite difficult because you might think someone is teasing him even though they are not, they might be saying something to him and he doesn't understand what they are meaning and takes it the wrong way*

Pete's LSA has come down hard on children winding Pete up in class.

> *PETE'S LSA: and it's easy for other children, especially those who have got a little bit going on upstairs to work out how to wind up*
> *H: oh right okay*
> *PETE'S LSA: when we're in the middle of a lesson and set him off and then he will get up and then that disrupt the whole lesson obviously*
> *H: did they do that a lot*
> *PETE'S LSA: no, they've done it a couple of times, but we stamped on it straightaway*

Pete's mother, SLT and LSA all expressed concern about Pete's vulnerability to bullying because of his lack of understanding of people's intentions, situations and social expectations. Pete's mother and LSA emphasised the importance of familiarity with Pete in encouraging patience, listening and understanding of Pete.

> *PETE'S LSA (1): and I think I worry that people who don't understand him aren't going to be as kind to him*

> *PETE's MOTHER: If he's telling you something he's done he can't just say 'I I played rounders today', it'll be a whole 'well we went to the field' and so and so.. and by the time you've got to the end of the story he's like forgotten, well not forgotten but you think everything is quite long-winded.*
> *H: Yeah, yeah. How do other people react to that. Er do you..*
> *PETE'S MOTHER: I think some people.. if they know what he's like, they know what he's like. And they'll let him finish but sometimes I don't know he just.. I suppose if people*

know him it's not too bad.

Pete's SLT believed it to be the responsibility of professionals in education to protect Pete from victimisation through appropriate support. She sees Pete as a happy, confident child currently, but is concerned that Pete's experiences of bullying may negatively impact his self esteem, emotional well being and social participation.

> *PETE'S SLT: I guess if he didn't have the correct support educationally, I think he would be very vulnerable and very likely to be bullied, to be victimised and I think Pete, his behaviour wouldn't deteriorate in terms of challenging behaviour, I think his self-esteem would just drop, he would become more anxious, more introverted*
> *H: right*
> *PETE'S SLT: so it would be really damaging for his emotional well-being*
> *....*
> *PETE'S SLT: I think my real hopes for Pete are that he maintains his positive, motivated, he's a lovely lovely child and I really hope that that's self-esteem can be maintained*

Pete's LSA is hopeful that Pete's happy disposition may help protect him against negative experiences he is likely to face as he gets older.

> *PETE'S LSA: and they might be unkind to him, but I think that he's a very happy little boy and I think that the way he is will help him though that*

Summary for Pete

Pete's LSA, mother and SLT all recounted situations where he had different understandings of social expectations and had misunderstood the intentions of others. In addition, Pete's mother and LSA described times where Pete's intentions had been misunderstood by others around him because of his inappropriate behaviour. Pete's mother expressed concern that when this happens Pete is seen by others in a negative light. Pete's mother and professionals are concerned that his misunderstanding of intentions and situations expose him to the risk of bullying, impacting on his self esteem and emotional well being. The professionals around Pete expressed responsibility and show positive attitudes towards Pete.

3.2.3 Case 3: Daniel, his mother, sister and SLT

Misunderstanding the intentions of others

Daniel's mother, sister and SLT did not describe Daniel as having difficulty understanding social expectations to the same extent as other children in the study. Daniel's sister talked on several occasions about how Daniel could misunderstand other people's intentions and over react when people are joking with him. Daniel's sister finds his overreaction annoying and she struggles to understand why he gets so easily upset. She questioned whether his dislike of jokes is related to his personality or because he misunderstands the intentions of others.

> *DANIEL'S SISTER: um it can be quite annoying because you don't really understand
> why he gets so upset about it and then*
> *H: right*
> *DANIEL'S SISTER: it just kind of annoys you, but*
> *H: right ok*
> *DANIEL'S SISTER: you got to try and see it from his perspective*
> *H: right*
> *DANIEL'S SISTER: mm, it's quite sad sometimes*
> *H: yeah*
> *DANIEL'S SISTER: like when you think about it*
> *H: yeah. So do you sometimes feel like he's overly sensitive then or?*
> *DANIEL'S SISTER: yeah, like if we have a joke or something he says, and he doesn't
> like the joke he just says that he doesn't like jokes*
> *H: right ok ok*
> *DANIEL'S SISTER: yeah*
> *H: and do you think that's because he doesn't understand it or*
> *DANIEL'S SISTER: um, yeah, but sometimes I don't know whether its because he
> doesn't understand it or he's just, that's who he is*

Daniel's sister also explained Daniel's frustration at being interrupted as sometimes due to other people misunderstanding that he has not finished speaking, rather than deliberately not listening to him.

> *DANIEL'S SISTER: if people talk over him he gets really upset about it*
> *H: does he*
> *DANIEL'S SISTER: like he'll be like 'let me speak'*
> *H: right ok ok*
> *DANIEL'S SISTER: or 'I haven't finished what I'm saying'*
> *H: right. And does that happen a lot, people talk over him*
> *DANIEL'S SISTER: um, yeah, but I don't think it's generally because it's him, like
> people talk over people all the time and then*
> *H: right*
> *DANIEL'S SISTER: um like sometimes he pauses in between his words and you think
> he's finished but he's not he's just thinking of*
> *H: ok*
> *DANIEL'S SISTER: and then he get quite annoyed about that, if people talk when he's
> paused*

Risk for bullying and social exclusion

Like other participants, Daniel's mother, sister and SLT perceived Daniels' differences with speaking and understanding as a vulnerability to be taken advantage of or bullied, particularly as he gets older and goes to secondary school. Daniel's sister worried that Daniel's overreaction to jokes in her eyes may exacerbate the situation by encouraging others to tease him more. She perceived older children as more likely to take advantage and pick on vulnerable children than children at his current primary school. The concern is that Daniel's misunderstanding of other people's intentions, and subsequent reaction to other people, marks him out as different to his peers and a target for ridicule or deception. Children's 'vulnerability' to bullying is discussed

further in Chapter 4: Discussion.

> DANIEL'S MOTHER: I think people might see his speech as being vulnerable,
> vulnerability
> H: right, so he might be taken advantage of by others
> DANIEL'S MOTHER: yeah
> H: mm
> DANIEL'S MOTHER: or taking the rap for people when he [?] would say. Well actually
> he's very capable of saying 'no, I didn' do it' so um. I don't know. I don't know whether
> it's just that I'm probably, probably over sensitive I think.

> DANIEL'S SISTER: cos like children at secondary school are a bit er, I can't think of the
> word like, they don't really care about the other people's feelings
> H: right right
> DANIEL'S SISTER: and they like, they have, they joke around a bit and I know he'll take
> it seriously and then he'll get all upset and then people will see that and then they'll just
> pick on him. I'm quite worried about that

Daniel's mother questions whether she is being oversensitive. She is perhaps aware that she prepares herself for the worst in terms of Daniel's vulnerability and balances this with a more optimistic outlook. She is unsure for the future. Daniel's mother experiences anxiety when she goes out with Daniel as she feels helpless that she cannot protect him from other children who may tease or exclude him. She relies on Daniel's siblings to provide some protection and a voice for Daniel when socialising with other children.

> DANIEL'S MOTHER'S Diary:
> Saturday
> We went to the zoo. I always dread outings with Daniel especially without his brother.
> Daniel is a lovely, compliant child, we have our moments like every other family but the
> dread comes from watching other children interacting with him. When Bradley [older
> brother] is there he can interject as an adult is is not considered 'credible' to explain to
> every child, Daniel has SLI.
> I dread…
> Children will make fun of him
> Children will take advantage of him
> Children will shun him because they don't understand he is like them but can't speak and
> negotiate like them
> Children won't see what his friends see.

Daniel's mother also experiences painful feelings on behalf of Daniel when he is unaware of other people's hurtful reactions or behaviour towards him. In this example, Daniel's mother is choked when teachers at the secondary school he has visited look at him with pity as they assumed he was younger than he is. She highlights a tension between her aspirations for Daniel to have awareness of the others' perception of him for his dignity and her aspiration for him to lack awareness, affording him some protection from experiencing humiliation.

> DANIEL'S MOTHER'S diary:
> Wednesday
> Took Daniel to open evening at his prospective secondary school. It was extremely hot and

the classrooms were crowded so he didn't get to see much. Some of the teachers spoke to him but I could see their faces when he spoke. Disbelief/pity. They thought he was coming up in a couple of years time. I was too choked to say he has SLI. He didn't notice but I felt hurt and sad for him.

Daniel's mother perceived the teachers' pity as hurtful to Daniel. She suggested that they are belittling him and judging him based on their initial impressions. Daniel's mother wishes to protect Daniel from the teachers' tragedy discourse and stigmatization of Daniel (Goffman, 1963). Daniel' stigmatization is infectious in that Daniel's mother also feels stigmatized due to her association with him as his mother. She takes responsibility for protecting Daniel.

Daniel's SLT is not only worried about his vulnerability to bullying at secondary school and a perception of himself as 'stupid' due to finding work hard , but she is also concerned that his understanding of school work will be overestimated or overlooked if he does not get enough support. She puts herself in his shoes and thinks that lack of appropriate support may lead to his disengaging from class and causing trouble.

> *DANIEL's SLT: I'm worried he's going to get teased*
> *H right*
> *DANIEL's SLT: I'm worried that he's going to feel [pause] stupid*
> *H right*
> *DANIEL's SLT: because his language difficulties will stop him accessing the curriculum in the same as his peers can*
>
> *DANIEL'S SLT: the problem is the teacher won't be able to do it and if there isn't a member of support staff in the classroom, he needs, when the instructions are given, cos in secondary school they are given loads of instructions at once, when they're given, he needs them written on a piece of paper so he can mark them off when they're done*
> *H mmm*
> *DANIEL'S SLT: otherwise he's going to sit there and go 'I didn't even understand the first thing I'm supposed to do'*
> *H mmm*
> *DANIEL'S SLT: and if that was me, I'd get bored and get in trouble*

Like Pete's LSA, Daniel's mother also sees that Daniel's personality as a protective factor in terms of how other people perceive and respond to him.

> *DANIEL'S MOTHER: being quite amiable can be an asset because it can help, it'll help people maybe wanting to listen to him a little more carefully and just offering him that bit of help*

Summary for Daniel

Understandings and misunderstandings for Daniel were predominantly around people perceiving him as younger than he is and vulnerable because of his 'immature' speaking and understanding. Daniel's moving on to secondary school was a major concern for Daniel's mother, sister and SLT as his vulnerabilities for social exclusion and teasing, as well as

exclusion from the curriculum, may be exacerbated due to lack of classroom support and attitudes and behaviours of older children.

3.2.4 Case 4: Sarah, her mother, sister, teacher, LSA and SLTs

Different understandings

Sarah's teacher described Sarah's responses to questions in class as sometimes bizarre. He tries to handle her response as sensitively as possible so as not to humiliate her or draw attention to it, whilst also praising her for her idea.

> *SARAH'S TEACHER: she's nearly always putting her hand up to answer questions and things when I ask them. What I get back as answers very often doesn't make sense, it's like I've asked a question and she'll come back with something which is completely unrelated or just completely off the point to what I've asked*
> *H: and do you think she's not understood what you've asked or do you think her mind has just taken her off somewhere else*
> *SARAH'S TEACHER: I think she's understood it but she has decided to interpret it in her own way so she's seen it in a way that's completely, it is, it's completely bizarre the way she looks at it sometimes*
> *....*
> *SARAH'S TEACHER: [in front of the class] I just tend to take her ideas on board and say well that's a nice idea but and then, or however, and just explain that it's not quite what we were talking about and then and get it back to how it should be and take somebody else's point of view*

Sarah's LSA described an incident where Sarah talked to her LSA about her understanding of friendship as Sarah was confused about how she would know that someone was her friend.

> *SARAH'S LSA: Um the question she did ask me just before half term, was (long pause) "Is Kirsty my friend?". And I said "Of course she is your friend". And she said "Yes but I don't know she is, shall I ask her?" And I said "I don't think we need to ask her, she plays with you, she talks to you, she's nice to you" you know.*
> *H: Right*
> *SARAH'S LSA: And she said "But I've got to check that she's my friend" So I think Sarah thinks that to be a friend you have to be told that's what you are.*

Making friends was reported by several participants as important to Sarah and all adult participants perceived friendships as an area of difficulty for her. In contrast, Sarah and Sarah's sister rated making and playing with friends as easy for her. Sarah's teacher explained her difficulties with friendship in terms of her lacking empathy for other people and her being domineering. In contrast, Sarah's sister questioned why Sarah did not have more friends and explained it in terms of other children being shy or not as good at communicating as her. These differences in explanations are explored in more depth in the next thematic section: making sense of difference.

H: making friends so that
SARAH'S TEACHER: that's hard for her, I would put it there
H: and do you know why that is really or?
SARAH'S TEACHER: I don't think she's got any empathy, she doesn't understand other people

SARAH'S TEACHER: you know she's constantly very hard work because she's um [blows out sigh], she's just very vocal
H: right
SARAH'S TEACHER: and she is very domineering in a way I suppose

H: Making friends
SARAH'S SISTER: I would say in between easy and so-so but more towards easy
H: uh mm
SARAH'S SISTER: because she can go up to people and be really friendly and she will light be really nice to them but say, if they are not as confident as her then they probably won't react better, like won't be as nice to her back. Well, not not nice but I don't know how to explain it, just like, she is better at communicating with other people than maybe some people would be with her
H: Right okay. So do think people find her bit overwhelming? Then or or um
SARAH'S SISTER: I wouldn't say overwhelming but maybe a bit more exciting

Risk of abuse and bullying

Sarah's confidence and lack of understanding of social expectations was perceived by her teaching staff, SLT and family as putting her at considerable risk of being taken advantage of by strangers or other children, particularly when she moves to secondary school. Sarah's mother described feeling vile when other children describe Sarah as weird because the way she is behaving is not as others expect.

SARAH'S LSA: Probably a worry for secondary school. I don't see it so much here but then (long pause) I could see that she could be easily for children perhaps to take the mick out of.
H: Yes
SARAH'S LSA: Just because she says and does some silly things. I think she can get away with it now, it's when she's older I think that her, just the vulnerability. That she doesn't trust - that she trusts the right people and that kind of thing really.

SARAH'S MOTHER: at her [big sister's] last birthday party which was a big disco, she [Sarah] would quite happily walk into the middle of burly teenagers and just start talking to them
H: right
SARAH'S MOTHER: happily because she doesn't know the codes and conventions
...

SARAH'S MOTHER: I've heard people say 'god that's child's weird' and things like that
H: right right. And how does it make you feel
SARAH'S MOTHER: oh absolutely vile, absolutely vile.

Sarah's teacher sees Sarah's treatment by others as an injustice that is emphasised because of her good nature and lack of understanding of why someone would be nasty.

SARAH;S TEACHER: she wouldn't be nasty to anyone
H: right ok
SARAH'S TEACHER: so she would find it difficult to understand why someone was being nasty to her I suppose

Sarah understood that the intentions of others towards her were nasty when she was bullied and that the rude videos she was being sent would be disapproved of by her mother. However, her understanding of why she was bullied was not explored in the interview. It is possible that as her teacher suggests, she has little understanding of the reasons that someone would bully her. It is important to note that at the time of these interviews, Sarah's family, teaching staff and SLT were unaware that Sarah was experiencing cyber bullying. Her mother was not surprised when she found out.

> *H: And what about the, you were saying about cyber bullying, what sort of things do people say then?*
> *SARAH: er, sometimes some people call you [her name but pronounced differently]*
> *H: they still do that*
> *SARAH: some, one person said that I look like a two year old*
> *H: oh right ok, so they say horrible things*
> *SARAH: yeah and they also show me rude videos*
> *H: do they?*
> *SARAH: and one was really mean and it said 'you smell'*
> *H: oh right*
> *SARAH: that wasn't nice*
> *H: do you think lots of people get sent those things as well?*
> *SARAH: I don't know*
> *H: right*
> *SARAH: I don't know, probably some*

For Sarah, chatting on MSM is not just a source of bullying. It is also a positive social experience involving children she perceives as her friends. It is not clear whether Sarah's family and teaching staff would describe the children Sarah chats with online as her friends also. Sarah's mother described how Sarah's best friend can be cruel to Sarah sometimes and exclude her at school, even though Sarah likes to spend time with her best friend. Sarah's sister feels tension between wanting her sister to have the independence that she has enjoyed and worrying for Sarah's safety, but this time in relation to her going out on her own, rather than online.

> *SARAH: and I think it's [computers] quite good because I lot, I like playing on games and stuff and on MSM I always chat with my friends*
> *H: oh right ok*
> *SARAH: nice conversations*
>
> *SARAH'S SISTER: looking out for her. I think she likes company, I don't think. Like she can go on her own in the house or something but I think, I like, I want her to be able to go out on her own and not have a restriction, but*
> *H: do think she will be? Or*
> *SARAH'S SISTER: at the same time I don't want her to because I don't want like anything to happen*
> *H: Right right, so that would be a worry, as well that*

SARAH'S SISTER: yeah. I don't, sometimes I don't like going out on my own know so
H: yeah, yeah. But do you think Sarah is more vulnerable than you or
SARAH'S SISTER: well yeah mainly because she doesn't really understand [other people?]
H: Right okay
SARAH'S SISTER: like, she doesn't really know about, like people could take her off and things like she will probably think they were just being nice, but
H: Right
SARAH'S SISTER: I don't know

Sarah's teacher is concerned that Sarah's social issues will not be addressed in secondary school due to the focus on her academic achievements.

SARAH'S TEACHER: my worries is that they [Sarah and others like her] will just slip though the net and be seen as not successful academically
H: right
SARAH'S TEACHER: and the more social issues will be swept under the carpet or brushed aside and not paid much attention to,
H: yeah
SARAH'S TEACHER: because I think, I don't know if I'm right on this but it seems to me as children get older, certainly into secondary school, those kind of problems, the social kind pastoral side of things does tend to fall away

Summary for Sarah

Sarah's mother and professionals described her misunderstanding of social rules, coupled with her confident, social nature, leading to considerable concerns for her safety in relation to strangers and being taken advantage of by children and adults. Like Simon, Sarah's behaviour is sometimes seen by others as strange, and like Pete, she can sometimes appear unaware of the harmful intentions of others.

3.2.5 Overview of Understandings and Misunderstandings

Families and professionals all described experiences and incidents where there had been misunderstandings between the case children and themselves or between the case children and other people. Parents and professionals also recounted numerous examples of children's behaviour that they perceived as inappropriate, particularly in terms of speaking and sharing in turn in the classroom, but also in terms of understanding the rules of games and in friendships. Children were sometimes unaware of misunderstandings between themselves and others. Some teaching staff interpreted inappropriate behaviour of children negatively, whilst others did so with empathy and understanding and increased support in class. Simon's SLT felt that the lack of communication between her, Simon's parents and teaching staff had increased misunderstandings at school and the negative attitudes towards Simon.

Parents and professionals often believed the case children did not experience friendship as they experienced it. They wished children to have friendships that they consider meaningful. They

also wished for the case children to participate in social situations that are considered normal. At the heart of their aspiration for social participation was an aspiration for case children to be accepted by peers, family and society in general.

Mismatches in understandings between the case children and others not only led to tension within relationships, but were also frequently linked with fears about children's vulnerability in the future, particularly to bullying or being taken advantage of at secondary school and by strangers. These concerns lay heavy on the minds of Daniel's and Sarah's mothers and professionals as Daniel and Sarah were moving to secondary school the following year. Concerns around secondary school were about bullying, and also about keeping up with lessons and engaging in a less structured environment. Parents and professionals perceived the case children as relatively safe in their current school environment, but were worried that they would become more vulnerable as they got older. In Sarah's case, this assumption about the current safety was ill placed as she was experiencing cyber bullying at the time of the interview without anyone knowing.

Watching and thinking about their children being taken advantage of or humiliated was deeply upsetting for children's families. Fears around bullying and lack of social acceptance were linked with concerns around children's emotional wellbeing. Where the case children were perceived as generally happy and confident, significant others' aspirations were around the maintenance of their happiness and self esteem. Whilst most case children were seen as happy at present, significant others were fearful about children remaining happy due to the perceived challenges they envisaged for them as them get older and move to secondary school.

3.3 Theme 3: Making Sense of Difference

The theme 'making sense of difference' describes children's, families' and professionals' diverse interpretations of case children's behaviour. The theme has been called 'making sense of difference', rather than 'making sense of LI' as participants did not always refer to children as having a speech or language impairment. Professionals and families often made judgements about the case children's behaviour by comparing them to their peers and/or their expected developmental trajectory. They tended to make judgements about how the case children differed from other children and expected norms. Therefore, 'making sense of difference' captures the majority of participants' aspiration to understand the ways and reasons children differed from their peers. However, although the case children with LI occasionally compared themselves against their peers, in general, they did not perceive themselves as different. They also did not describe themselves as having speech and/or language impairments. As was evident in the first thematic section 'agency', children often explained their experiences in terms of other people's behaviour towards them, rather than reflecting on themselves and their ability within a relationship or interaction. Therefore, the theme centres on families' and professionals' interpretations of the case children, rather than case children's own interpretations as these have largely been addressed within the first theme. Participants' interpretations of case children's behaviour are explored in relation to participants' placement of responsibility for change (i.e. professional, other people, child) and case children's perceptions of themselves.

3.3.1 Case 1: Simon's mother, teacher, LSA an SLT

Speech problems in the family

Simon's mother described Simon as having speech problems and described a breakdown between his thinking and the words that come out of his mouth.   She did not describe any difficulties or differences he had with his understanding or social skills. She first became concerned when he was late learning to speak and linked his problems with speaking to her own and those of her brother. For her, his experiences were similar to those of herself and her brother who had also had speech problems when they were younger. He was more similar to her than different, and she perceived that his problems with speech had been there since he was born. She was cautious about linking his speech problems to her family history as she had also been told by his teacher that his speech difficulties were a result of his not attending nursery before he went to school, although, she did not believe this herself.

> SIMON'S MOTHER: It's because he's eager to get it all out. Then obviously how he's thinking it isn't how it's coming out.

SIMON'S MOTHER: He was very late in talking. He weren't speaking properly at all, till he was like, well till he started school. So it's always been there.

SIMON'S MOTHER: as I said it isn't connected, but I had speech problems so did my brother
H: oh ok, so its been in the family a little bit
SIMON'S MOTHER: yeah so obviously when he weren't speaking or trying to put sentences together he was taken to the doctor
H: so you were worried at first
SIMON'S MOTHER: yeah, yeah and obviously they did all the hearing tests on him there as well just in case there was something wrong with his hearing. And that was all fine
H: ok
SIMON'S MOTHER: obviously his teacher thought it was possible because he didn't go to nursery but then
H: oh right, I doubt that's
SIMON'S MOTHER: yeah exactly, cos as I said he was always around people, always around kids

Social and emotional immaturity due to parental neglect

Simon's teacher and LSA had a very different view of Simon compared to his mother. Simon's teacher and LSA used very similar language to each other in the way they described Simon as if they shared a narrative about him. They rarely described him as having speech or language difficulties. For Simon's teacher and LSA, Simon's behaviour in class and with his peers set him apart from other children as socially and emotionally immature. Simon's teacher also described his poor literacy skills. Simon was largely defined in terms of his behaviour in class, as well as his assignment to different classes and groups and whether he would meet expected targets within the curriculum.

SIMON'S TEACHER: um, within class, very, you know can be very immature,
H: right ok
SIMON'S TEACHER: um very easily, very easily wound up

SIMON'S TEACHER: He's in my target group due to being below average for writing. Better at numeracy.

SIMON'S LSA: so he'll gets really easily upset and that will affect him then for as long as he can maintain that, as long as he can remember to sulk, or whatever he will be, he'll sit there really sulky, erm and just really sort of babyish behaviour
H: oh right ok
SIMON'S LSA: you know, what a two year old would have done, three year old would have done

Simon's LSA and form teacher tended to place responsibility on Simon to change his behaviour, rather than themselves or other children to adapt or accommodate his behaviour. Simon's teacher thinks Simon needs to mature so that he can control his emotions and reflect on how others perceive him. Simon's teacher described Simon's emotional sensitivities as a lack of

maturity. Simon's LSA perceived Simon to be responsible for encouraging others to tease him due to his immature behaviour.

> SIMON'S TEACHER: he needs to I suppose, you know develop his his maturity really and I think not, you know, allowing himself to get so wound up and easily so affected by some things that are quite silly, that he doesn't need to

> SIMON'S TEACHER: I just think he needs to you know think about how he's perceiving how others are looking at him really

> SIMON'S LSA: um again it's only when he's done something like you know "so and so is smiling at me", they don't tease him just for the sake of teasing him
> H: oh right
> SIMON'S LSA: they tease him because of his behaviour, because he's normally doing something babyish

Simon's LSA recalled an incident where Simon had described himself as 'Simon the baby' within a class activity. Simon's LSA believed that his calling himself 'Simon the baby' was meaningful in some way. It is possible that Simon had adopted an identity of himself that his teachers and peers project on him in school, perhaps to feel more socially integrated.

> SIMON'S LSA: interestingly we played a game yesterday where we went round and they took the first letter of their name and made up, like they would say "oo um paul the policeman" and they would have to act it out, um Ti the Tiger and the had to do an action for the name and when it came to him he said Simon the baby, but he laughed at it, it was him he said Simon the baby, so he laughed at it but it was like 'oo'.

Simon's LSA blamed Simon's mother and her neglect of him for his immaturity and lack of understanding of social expectations. The language she used was strong and evocative. Simon's SLT also attributed Simon's difficulty telling stories about himself, and his propensity to talk about computer games, to his lack of 'normal' experiences at home. Their views contrast with my experience in his interview where Simon talked about a trip he went on to Wales and about different toys that he plays with, in addition to computer games.

> SIMON'S SLT: but it's almost like he hasn't always got the experiences to talk about
> H: right ok
> SIMON'S SLT: so I think he can find himself going to he default computer talking mode
> H: right
> SIMON'S SLT: because he can't tell you about other stuff

> H: and if you could change two things for Simon what would they be?
> SIMON'S LSA: um to have different parents [laughs], different mother um what would they be? um to just let him live in a normal family where he's got opportunities and is encouraged and where he's spoken to and and you know nothing too major, just as his whole life really

Trying to make sense of Simon through communication and assessment

Simon's SLT saw it as her responsibility to understand the causes of Simon's communication behaviour and identify areas of weakness he has in his expressive and receptive speech and language in comparison to his peers, including social language skills and processing skills, such as working memory. She does this primarily through observation in speech and language therapy sessions and judging his performance on standardised language and memory assessments. She described Simon as previously having speech disorder, which had improved.

> *SIMON'S SLT: he's got better receptive language skills than expressive language skills and a history of very severe speech disorder*

> *SIMON'S SLT: his language is coming, but no his scores for expressive language are all in the severe to moderate difficult range*
> *H: right*
> *SIMON'S SLT: and comprehension is a really broad range so vocabulary is fine but um when we get into sentences and instructions then he's in the moderate to severe range again for difficulty*

Simon's SLT was reflective on how useful her methods of assessment and treatment are for Simon, particularly in seeing improvements in his language use in informal settings, such as the playground, and also in relation to Simon's ongoing development. She believed that the nature of his difficulties with expressive and receptive language are always changing.

> *SIMON'S SLT: often I am searching for a better understanding of their problem so that I can help effectively. This never really stops as it's an ongoing process of change*

> *SIMON'S SLT: Oh, I mean he has achieved his speech therapy targets which is important you know that he's really engaged in his therapy, it's a good thing and you know he's worked hard so he's achieved his non word repetition, but it just sounds so, I don't know it just seems like it doesn't really mean very much, like it wouldn't really mean anything to Simon 'oh I can repeat back long words now' kind of thing*

At the time of the interview, Simon's SLT had recently become aware through overhearing a conversation in the staffroom talking about Simon's mother preventing Simon from going on school trips and his being seen as annoying by teaching staff at school. Since hearing about this she had questioned her role as an SLT and felt responsibility to engage with Simon's mother and teaching staff more than she had been able to in the past in order to make sense of Simon's difficulties.

> *SIMON'S SLT: I overheard a conversation in the staffroom*
> *H: right*
> *SIMON'S SLT: about how, this was just one of those things, you know that could have gone on for years without knowing, but he'd never been allowed on any school trips*
> *...*
> *SIMON'S SLT: another thing that come up was he's generally considered to be very annoying*

SIMON'S SLT: I've already noticed that I'm not doing things how I'd like to be doing them and I think it's just, it's just kind of one of those situations where you're seen as this person in a school who is going to tell them what to do and that's what they are quite happy for you to go ahead and do
H: right
SIMON'S SLT: like they're your expert and you're going to be telling them but actually a lot of the time what you need is information from them and I sort of, well particularly like school based working as well is kind of schools are crazy busy places and that's how it is

Simon's SLT feels that she is expected to be an expert on Simon, but does not see herself as one. She assesses and observes Simon using standardised assessments, but she does not feel these are enough to understand him. She seeks information from the teaching staff and Simon's parents in order to make sense of Simon's difficulties. As Simon did not have a statement, there was no formal setting for his parents, teaching staff and SLT to communicate about Simon and Simon's SLT found it difficult to make time to discuss his needs. Therefore, Simon's SLT questioned her understanding of Simon's behaviour and needs.

SIMON'S SLT: yeah and often its even just like a quick sort of 5 minute discussion with the teacher, you just catch them at the end of a lesson
H: right
SIMON'S SLT: and say oh you know, what do you think about how such and such a child's done with this? And they'll be like 'oh yeah' and you know you're just catching just a few moments and like 'any ideas about what we need to do next?' and you might get something or if not, they might say 'oh we're not really sure
H: oh ok
SIMON'S SLT: and then you kind of come up with something so it's not very robust at all. It would be really nice to have something that was quite, you know, just have a bit of breathing space with it actually, a bit of time. You do at the annual reviews if you've got a child who's got a statement but if they don't have a statement then everything just seems to move so quickly

Summary for Simon's mother and professionals
Simon's mother, teacher, LSA and SLT all had very different interpretations and understandings of Simon. Simon's mother was reminded of herself by Simon and perceived Simon to have similar speech difficulties to those she had as a child. Simon's teacher and LSA saw Simon's problems as predominantly issues of social and emotional immaturity, as well as some difficulties with literacy, whereas Simon's SLT described Simon in terms of areas of weakness in speech, language and memory processing. Simon's SLT questioned her understanding of Simon's difficulties, the work that she did with him and her expert status within the school. Simon's SLT was also concerned about the lack of communication between Simon's parents, teaching staff and herself and the unsympathetic attitudes towards him that she had overheard at school. Simon stands out against the other children in the study in terms of the lack of communication between his parents, the teaching staff and the SLT, and the diverse interpretations of, and attitudes towards, his behaviour.

3.3.2 Case 2: Pete's mother, LSAs and SLT

Seeking medical diagnoses

Pete's mother was initially unhappy with an SLT's diagnosis of SLI as she thought Pete's difficulties impacted on more than his speech and language, such as poor co-ordination and delayed personal care activities. She compared Pete's behaviour in different home activities with that of his younger sister and viewed his sister as more advanced despite her younger age. In the last year she has suspected he has autistic spectrum disorder and pushed for a diagnosis, which he had recently been given. A diagnosis of Autistic Spectrum Disorder (ASD) was important for Pete's mother so that Pete could access opportunities available through support organisations for children with ASD. However, she was shocked when he was also recently diagnosed with learning disabilities alongside his ASD. This was perhaps due to the stigma (Goffman 1963) and severity associated with the diagnostic label of 'learning disabilities'.

> *PETE'S MOTHER: I told them at [local health centre] I wasn't happy because he was with at [local health centre] for 2 weeks and they made a diagnosis but when he was with her for however long she just said he had a speech delay and quite clearly he didn't have*
> *H: He had other problems*
> *PETE'S MOTHER: Yeah there was a bigger picture really.*
> *H: Right*
> *PETE'S MOTHER: Which she didn't see.*
>
> *PETE'S MOTHER: And obviously with the learning difficulties and stuff like at least you. That was I suppose a bit more of a shock.*

Pete's SLT did not agree with Pete's diagnosis of ASD. There is some overlap between symptoms of ASD and LI and she believed he had a pragmatic language disorder which impacts on his social communication skills. She described some of the difficulties she has experienced trying to understand the cause of Pete's behaviour and how her judgement of his difficulties has changed over time. She thinks that his difficulties with social understanding have become more obvious to her as his expressive language has improved and the social skills required in play with his peers have become more demanding with age.

> *PETE'S SLT: I think it, I think it's a very fine line between high-level ASD and language disorder and I think Pete is really on the cusp, so I think he's always had language disorder I think it's become more obvious what part of language that affects and his social communication skills and social interaction, social imagination we now can see that that's affected, but is that affected because he didn't have the language? Or is that the core? I'm not sure that we can, it's the chicken and egg*
>
> *PETE'S SLT: yeah so he's kind of, kind of come, my diagnosis of him has changed over time*
> *H: Right right*

PETE'S SLT: as um, as Pete's had more input
H: so really his his um his receptive language difficulties just weren't obvious at the start
PETE'S SLT: no they weren't and I think because he expressively just had a minimal expressive language even the non-verbally or verbally his receptive language seemed better
.....
PETE'S SLT: so on in formal observation it seemed better and the thing is Pete is quite a social child he has quite a few um social polite behaviours
H: uh mm
PETE'S SLT: I think as a younger child that would've been, been assumed that he had some more awareness of those
H: O Right okay
PETE'S SLT: kind of social norms of behaviour and his play skills, his individual play skills were probably quite good but what he can't do, he can't do any cooperative play
H: Right
PETE'S SLT: so probably when he was observed playing and using the equipment, the therapist probably thought that that seemed age-appropriate [?] skill of having to engage in any kind of shared or cooperative turn taking play, he can't do that

In contrast to Pete's SLT, Pete's main LSA associated many of Pete's behaviours with a diagnosis of ASD. Pete's LSA expressed empathy and affection towards Pete and would often be quite defensive for him. Both Pete's LSA and Pete's SLT placed emphasis of responsibility with themselves for Pete's engagement in lessons.

PETE'S LSA: he shows big signs of being autistic
H: Right okay
PETE'S LSA: so flap and things like that, he's even easily distractible
H: okay
PETE'S LSA: and it's easy for other children, especially those who have got a little bit going on upstairs to work out how to wind up

PETE'S LSA: Unless he's got a purpose for writing, why would, "why would I want to do that?"
H: Right
PETE'S LSA: and I can understand that [laughs]

PETE'S SLT: um I think for Pete he needs, so the tasks need to be interesting and appealing for him and because his attention is really poor then there needs to be quite a lot of tasks that we move quickly from one to the other
H: Right
PETE'S SLT: so the pace of the session has to be quite quick
H: Right, okay
PETE'S SLT: because otherwise I lose him so anything visual is really helpful for him so
PETE'S SLT: I need to be organised

Making sense through hearsay

Pete's second LSA was apprehensive about talking about Pete as she did not feel she knew him well enough to speak confidently and had not seen him much lately except at break times. She thought about him in relation to the different activities that she would occasionally do with him

and based her judgements about him based on hearsay, i.e. what she had heard or not heard from other teaching staff. For example, in the quote below she assumes he gets on well on his integration class because she has not heard otherwise. She was also unaware that Pete had hearing loss in one ear.

> PETE'S SECOND LSA: when he goes to his integration class there's over 20 children as opposed to 11 in ours
> H: yeah
> PETE'S SECOND LSA: I've never ever had a bad word said about him
> H: oh right ok
> PETE'S SECOND LSA: from his two integration teachers

Communication between professionals

A strong level of communication between professionals existed at Pete's school. Pete's SLT was thankful that she is based within Pete's school, enabling good communication between herself and teaching staff. She believed it is a model of good practice as it allows transfer of information and advice between SLTs and teaching staff.

> PETE'S SLT: and in the way it works here is that all the children have an IEP and those targets are included so they are mainly communication targets and then I set um, I have resources and strategies and games and activities and tasks that I put in a tray
> H: Right
> PETE'S SLT: so each child has a tray with their targets on the top and all the resources to work one on those targets
> ...
> H: um, and do you go through that with them all you sort of, they know enough
> PETE'S SLT: yes it depends, we had two new TA's start this year so then I would do some kind of training at the beginning, some general communication training and then I would be a bit more specific about going through the targets and saying this is what you need to do
> H: Right okay
> PETE'S SLT: we have some other TA's who have been here for years and they are highly skilled and knowledgeable so I don't go into anything with them, I just give them
> H: okay so you can just leave them
> PETE'S SLT: and then there's, I'm always available if they get stuck or things am working

Summary for Pete's mother and professionals

Pete's mother, SLT and main LSA had more of a shared understanding of Pete's targets and his needs, but they still had different interpretations of Pete's difficulties, with Pete's mother and LSA attributing a broad range of linguistic and non linguistic behaviours to ASD and his SLT believing his primary concerns were related to weaknesses in processing social language and complex grammatical structures, within a diagnosis of LI. In addition, as described within the agency theme, Pete's second LSA described Pete more in terms of his difficulties with talking,

where as Pete's SLT focused on his understanding, perhaps in part due to the formality of the situations in which they experienced interacting with Pete. Pete's SLT found her being present in the school as a model of good practice for sharing her expertise and exchanging information about children like Pete.

3.3.3 Case 3: Daniel's mother, sister and SLT

Complex, multifaceted phenomenon
For Daniel's mother, talking about Daniel was very emotional as he had been born close to the time of a loss in the family. She associated his difficulties with speech and language and emotions with her own emotional struggles in his early years. She questioned whether her state of mind at the time had impacted on his language and emotional development.

> *DANIEL'S MOTHER: so I don't know whether cos it was sort of a bit of a up and down time for me you know whether that affected him, it could be. It's hard to say*

> *DANIEL'S MOTHER: I've always seen him as you can come and sit down and explain things to him and if he doesn't understand he won't understand, but you can tailor it to him [?] for him to understand, and then you know he takes things on board*

Daniel's mother's interpretations of her son's difficulties were the most multifaceted of all participants. In addition to associating Daniel's difficulties with a difficult period in her own life, she talked about his having SLI, and difficulties with grammar in particular. On numerous occasions Daniel's mother placed responsibility on other children and adults to accept and adapt to Daniel's difficulties with language, rather than Daniel having to change himself. On another occasion she described how Daniel may always have a problem with grammar and how he needs to find ways to communicate with others despite his problem.

> *DANIEL'S MOTHER: yeah, it's a difficult one because I mean he has a definite grammar issue and yeah it's really weird and I just said one of the last times I saw her well that's just going to be him, you know that's him. I just thought well no ones actually said that before you know it's always been this issue, you know it might correct itself but actually yes it just could be his thing*
> *H: you think it might just stay with him, um*
> *DANIEL'S MOTHER: yeah, so*
> *H: so for you is that not so important as him getting his message across or*
> *DANIEL'S MOTHER: for me it is important but if that is going to be an issue for him then he's got to learn to get a message across and it even just be I've seen people look at him when he's, when they talk to him and they suddenly either go um you know its like 'what's wrong with him' type look*

> *DANIEL'S MOTHER: why does Daniel have to do all the work, why can't these children learn to make allowances?*

Daniel's mother was very defensive of Daniel, particularly in relation to Daniel's teachers. She often compared Daniel to his peers, but rarely in a way where he was portrayed as weaker, or less able, than his peers as many SLTs and teachers have done. Instead she would portray Daniel as stronger than his peers, or similar to his peers.

> DANIEL'S MOTHER: *even my 12 yr old said to me kids in his class don't even know what a verb was*
> H: *right*
> DANIEL'S MOTHER: *and my ten yr old's being subjected to that*
> H: *yeah*
> DANIEL'S MOTHER: *so. I think and I don't think they understand, they think because the other children bring their's in that they knew and understand it and to be quite honest I think a lot of them struggle but the parents don't say anything*
>
> DANIEL'S MOTHER: *In fact it's* [Daniel's interest in lego] *probably one of the things that one of his previous teachers put down to him being immature*
> H: *oh right*
> DANIEL'S MOTHER: *and I just said, 'actually', you know, 'what I find immature is the children in your class that lump the hell out of each other for no reason at all'*
> H: *mm*
> DANIEL'S MOTHER: *but that's me. He saw play, imaginative pl, imaginary play as being very immature for a child and I pointed out to him that up until actually last year, so my daughter's 15, they were having dog shows in here*
>
> DANIEL'S MOTHER: *For me, I think sometimes he works harder than the others*

Like Daniel's mother, Daniel's sister described a variety of attributions Daniel's difficulties with expressing himself and his friendships and relationships. At times she expressed empathy with Daniel, at others frustration. Daniel's sister wants to understand Daniel and his experiences, but finds it upsetting when she is reflective. She often blamed Daniel's social exclusion on other people and their attitudes and behaviour towards him, such as seeing others as uncaring towards him. She seemed frustrated that a change in Daniel's peers attitudes and behaviours towards him, such as listening to him, should be easy for them.

> DANIEL'S SISTER: *um it can be quite annoying because you don't really understand why he gets so upset about it [talking about understanding work at school]*
> H: *right*
> DANIEL'S SISTER: *it just kind of annoys you, but*
> H: *right ok*
> DANIEL'S SISTER: *you got to try and see it from his perspective*
> H: *right*
> DANIEL'S SISTER: *mm, it's quite sad sometimes*
> H: *yeah*
> DANIEL'S SISTER: *like when you think about it*
>
> H: *If you could change two things for him what would they be?*
> DANIEL'S SISTER: *mmm er, people like just listening to him more*
> H: *uh mm*
> DANIEL'S SISTER: *and like just caring, I think in his school, like the children caring*

Speech, language and memory processing weakness

Like other SLTs in the study, Daniel's SLT saw it as her role to identify Daniel's weakness in his speech and language so as to work on those weaknesses and find strategies to help in school situations. She primarily does this using standardised language assessments to judge his performance with children of a similar age. She too sometimes finds it difficult to identify and make sense of Daniel's underlying difficulties. She also finds it challenging to communicate directly with Daniel's teacher to find out about his everyday at school, but she has a good relationship with Daniel's mother who helps her prioritise what to work on with Daniel.

> *DANIEL'S SLT: um, I think what I did in that one was, these 3 sessions this summer, I did less therapy and more assessment than I would normally do*
> *H: right*
> *DANIEL'S SLT: because I was struggling to pin down exactly what I thought would be most useful for him to work on*
> *H: ok*
> *DANIEL'S SLT: um so I had an idea in my head from the assessment the year before that he needed to work on one thing and then when I reassessed him, actually it wasn't that*
>
> *DANIEL'S SLT: his teacher [teacher's position] she's quite busy*
> *...*
> *DANIEL'S SLT: um I find it much easier to access the learning support staff*

Academic focus of education

Daniel's SLT saw progress in Daniel's language but is disappointed as the gap between his language ability and other children's language abilities widens on the standardised assessments she uses. She sees this happen with many children as they get older. Daniel's mother blames the academic focus of language in education for the widening gap.

> *DANIEL'S SLT: I think he is improving in himself but his standardised scores go down*
> *H oh I see*
> *DANIEL'S SLT: every year*
> *H compared to his, yeah*
> *DANIEL'S SLT: because everyone else is getting better*
>
> *DANIEL'S MOTHER: his vocabulary has widened a lot, but not academically widened*
> *...*
> *DANIEL'S MOTHER: I'm not against education, I want him to finish secondary education but I think they make it very difficult and I think to me it seems as if it actually got more difficult*

Summary for Daniel's family and SLT

Daniel's mother attributed Daniel's experiences and difficulties to a number of different,

interacting factors, including her own emotional state in her early years, his SLI and problems with grammar, as well the way other children and adults respond to him and the nature of the education system that he is judged within. Daniel's sister also placed emphasis on what she perceived as the unreasonable way other children behaved towards him, as well as Daniel's own difficulties expressing himself and his misunderstanding of situations. Like other SLTs, Daniel's SLT saw it as a key responsibility of hers to makes sense of Daniel's difficulties, primarily using standardised speech and language assessment tools.

3.3.4 Case 4: Sarah's mother, sister, teacher, LSA and SLTs

Although none of the children described themselves to me as having speech and language difficulties or with any medical or educational label, Sarah's new SLT described her first encounter with Sarah in which Sarah described herself as having a statement of special educational needs. Sarah's new SLT did not believe that Sarah understood what this meant. She started to form a judgement about Sarah's difficulties based on her disclosure.

> *SARAH'S SLT (2): The only strange thing that she did, was that the very first thing that she told me was that she had a statement of special educational needs.*
> *H: Right*
> *SARAH'S SLT (2): She dropped that in straight away, which was a little bit unusual*
> *H: Right.*
> *SARAH'S SLT (2): And she didn't fully understand what, you know what that meant.*
> *H: Right Ok.*
> *SARAH'S SLT (2): So it gave me the impression that she's a little girl that hears things and remembers them but doesn't always remember what's been explained to her.*

Sarah's mother talked about Sarah as one of her four children and focused on Sarah's challenging behaviour at home in daily activities. She talked about her having a diagnosis of ASD as well as SLI and the implications this had for her understanding of social rules and concern for her safety and social exclusion as she gets older and more independent.

> *SARAH'S MOTHER: Sarah has been around for ten years and we deal with Sarah the way Sarah is, but she is, she is quite challenging sometimes to be able to deal with when she's on a go slow.*

Sarah's older sister spoke very affectionately about Sarah and feels a closeness with Sarah that she does not feel towards her other siblings. She can feel very frustrated with Sarah when she is put in a position of responsibility for her and Sarah does not listen to her. However, most of the time, Sarah is a close friend and confident, and someone whom she nurtures and supports emotionally and practically.

> *SARAH'S SISTER: she is really funny [laughs]*
> *H: is she? [laughs] why is she funny?*

103

SARAH'S SISTER: she just is, she is just like, she is a hilarious person, she is just really nice and she will make funny sounds and she will mention things that have happened on a DVD or something

SARAH'S SISTER: yeah I just, I don't know, I feel a lot closer with Sarah, maybe because she is the older girl that is not me, and I find [Younger sister] annoying

Sarah's sister described Sarah as having autism, but explains treating her differently to her other siblings because of her age and the additional time and support she gives Sarah, rather than her diagnosis of autism. Sarah's sister seems reluctant to describe Sarah as different. As described in the last thematic section, Sarah's sister also found it difficult to understand why Sarah did not have many friends. She explained Sarah's lack of friends in terms of other children being shy and less confident than Sarah, rather than placing responsibility with Sarah.

SARAH'S SISTER: well, if I'm honest I would say that I treat her slightly differently like if she wants help with her homework or something I'll be a bit more, I don't know what's the word, um, I'd be slower with her
H: right ok
SARAH'S SISTER: so if I help her, I think that helps because she gets quite frustrated quite easily with homework and things
H: right
SARAH'S SISTER: like if she thinks she can't do it then she can't do it, um but yeah and obviously because [Brother] is older as well then I obviously treat him differently because she's younger than him
H: mm
SARAH'S SISTER: I treat Sarah, yeah I would say that I treat, I think its more of an age thing rather than the way that she is

SARAH'S SISTER: I didn't know why in her old school she didn't have as many friends as maybe, but maybe that was because they all had the same sort of thing of her and they were a bit more shy than her

In contrast to Sarah's sister, Sarah's LSA, teacher and SLT tended to explain Sarah's difficulties with peer relationships in terms of her immaturity and lack of social skills. Sarah's teacher, LSA and SLT all expressed feelings of affection and respect towards her, despite perceiving Sarah to be domineering and immature at times in her relationships and in the classroom. Within the agency theme, Sarah's experience of her teacher's acceptance of and support in her work was linked to her enjoyment of work and perception of herself as listening in class. It is possible that her friendly, likeable personality facilitates her teacher's and LSA's supportive attitude and patience towards her.

SARAH'S LSA: So we're trying to work on that. And she doesn't um (pause) she doesn't interact, she doesn't know how to start that conversation with people. And quite sort of still childish in her language.

SARAH'S TEACHER: she's a lovely kid, she's really really nice, she's really um smiley all the time, she's very resilient as well actually

Summary for Sarah's family and professionals

Sarah was described by her family, teacher and LSA as having ASD, rather than LI, differing from Sarah's SLTs who described her in terms of her weaknesses with social language. Sarah's sister did not like to think of Sarah as different or weak in any way when it came to Sarah's social relationships. She has a high opinion of Sarah, seeing her as funny and sociable, and explained Sarah's lack of friends in terms of the attributes of other children, rather than Sarah. Sarah's friendly, trusting nature endeared her to her teacher and LSA, perhaps assisting with their patience and attitudes towards her in the classroom. For Sarah's mother, Sarah's primary difficulties were around listening and responding to her instructions at home and also staying safe. Her perspective on Sarah was framed by her responsibilities as a busy, concerned mother of four children.

3.3.5 Overview of 'making sense of difference'

SLTs consistently attributed the case children's behaviour to specific expressive and receptive speech and language processes, including speech sound errors, aspects of grammatical processing, narrative skills, listening skills, aspects of memory, higher level conceptual language skills and social language skills. SLT's perceived one of their central responsibilities to explain the reason for children's behaviour in linguistic terms and tended to do this using standardised assessments to compare children under assessment with other children. They linked underlying deficits identified using assessments to children's communication, learning and social behaviour. SLTs sometimes found it difficult to draw firm conclusions from their assessments to explain the underlying cause of children's behaviour and perceived that this was constantly changing as children developed.

Most participants, particularly mothers and SLTs, explained the case children's behaviours in terms of their medical diagnoses, but they did not always place the diagnosis as central to their view of the child. Three of the four children had all been diagnosed with autistic spectrum disorder (ASD) in addition to SLI at some point in their lives. Teachers and LSAs talked as much about the case children's immaturity compared to their peers as they did about difficulties with speech and language, literacy, mood and attention.

Families' and professionals' attitudes were linked with the locus of responsibility for children's understandings and behaviour, and subsequent change. At times professionals placed responsibility with themselves to provide the right support or intervention to enable children to engage and learn, and to some extent be socially accepted and other times professionals placed

responsibility with the child to change their behaviour. The latter was most evident in Simon's case. In addition some family members, such as Daniel's mother and sister and Sarah's sister, explained the case children's behaviour in relation to other people's reactions to them and placed responsibility with other people to change. They questioned other people for not being more accepting and accommodating, or in Sarah's case, being shy in the face of Sarah's social confidence. Their perspectives are more akin to the case children's experiences themselves in this respect. Families were often protective and defensive of children, as well as empathetic and adaptive. Professionals' attitudes were more variable in terms of levels of empathy, affection and negativity.

3.4 Chapter Overview – Three themes: Agency, Understandings and Misunderstandings and Making sense of Difference

The chapter described three themes emerging from the analysis of interviews with Simon, Pete, Daniel and Sarah and their mothers, sisters, teachers, LSAs and SLTs: agency, understandings and misunderstandings and making sense of difference. The themes were interlinked and associated with the case children's emotions, developing self awareness and identity and social and academic engagement.

The case children's experiences of powerlessness in different situations were associated with feelings of frustration and anger. In contrast, children's experience of agency and authority were often associated with enjoyment, creativity and engagement. Children explained their experience of lack of agency in terms of other people's behaviour towards them, such as people teasing, interrupting and not speaking well, more than their own challenges with speaking and understanding. The case children's experiences of failure were linked by professionals and families to children's withdrawal and disengagement from classroom activities and social situations. Professionals' and peers' perceptions and interpretations of children's behaviour, as well as children's own interpretations of their experiences, were linked to constructions of children's identities and engagement.

The case children had different understandings of social expectations, others' intentions, situations and instructions compared to their peers, professionals and parents. Mismatches in understandings were associated with children being considered unusual, immature, egocentric or rude by others, impacting on their relationships and their vulnerability to bullying and social exclusion. The case children described making and playing with friends as easy and displayed

limited awareness of their differences in social understanding.

There were divergent experiences and understandings of the case children's behaviour. Professionals' and parents' interpretations of children's primary difficulties included impaired speech and language and social communication; social and emotional immaturity; and difficulties with literacy. Professionals' and families' explanations of case children's behaviour also varied and included medical diagnoses, such as SLI or ASD; parental neglect; personality; and other people's attitudes and behaviours towards the child. Professionals' and families' experiences of children's speech and language abilities were influenced by the situation in which they saw the child, their professional background, their responsibilities and familiarity.

The next chapter discusses these themes in relation to current psychological and social theories. Implications of the analysis on practice and research are discussed later in chapter 6. The initial aim of the study was to identify psychosocial goals of support for children. This aim, and subsequent conclusions from the analysis, will also be discussed in chapter 6. My involvement in the analytic process is described within chapter 5: reflections on methodology and methods, along with a discussion of the limitations of the methods used with the case children, their parents, peers and professionals within the study.

Chapter 4: Discussion

This chapter continues my analysis of participants' experiences by discussing emergent themes presented within the previous chapter with research literature relating to these themes. The chapter is divided into three sections: (i) Agency; (ii) Interpretations and explanations of LI; (iii) LI as a relational phenomenon. The continuing analysis and discussion within this chapter draws upon new literature searched and identified following data analysis, as well as literature previously discussed within Chapter 1.

The chapter opens with a discussion of the theme of Agency. The analysis identified the concept of agency as lying at the heart of the case children's lived experience and closely intertwined with children's emotional experiences, autonomy and engagement. The second section of the chapter discusses the shifting nature of LI as it is experienced and constructed differently by people dependent on the formality of a situation and their responsibility within that situation, as well as their own previous experiences and familiarity with children with LI. The case children rarely described their experiences of LI outside of relationships with other people, therefore, the chapter concludes by suggesting that LI is predominantly a relational phenomenon for children within this study. The idea of LI as a relational phenomenon is discussed in the context of models of health and disability that are currently used to guide policy and practice. Implications of the research on the provision and evaluation of support for children with LI are discussed in Chapter 6, alongside avenues for further research.

4.1 Agency

The case children's experience of 'agency', and the emotional experiences that went alongside the experience of agency in different situations, was an unexpected but dominant theme emerging from the analysis of case children's interviews. A basic definition of agency refers to an individuals' intentional influence over their functioning and life circumstances (Bandura, 2006), although it is a term that is used and debated in sociological and psychological fields with slightly different emphases. Sociological views of agency (Marx, 1867; Giddens, 1979; Priestley, 1998; Mayall, 2002; James and James, 2004; Oswell, 2013) focus on the capacity of an individual to act independently and make free choices in relation to power dynamics within social contexts. Agency is often discussed alongside 'structure' (the historical, political, cultural and social context that may or may not limit such action) and their relative influence on social change. Psychological studies of agency emphasise the phenomenological experience of agency, individuals' beliefs and their impact on an individual's or group's subsequent behaviour. Bandura (1989; 1997; 2001; 2006) has since developed a social cognitive theory of

human development, adaptation and change, central to which are the concepts of agency and self-efficacy. Whilst taking a psychological view of agency, he still emphasises human functioning as

'socially interdependent, richly contextualised and conditionally orchestrated within the dynamics of various societal subsystems and their complex interplay' (2001; pg. 5).
As such, agency, as an experience for an individual, is dynamic and dependent on situations and social contexts.

Ideas on agency have been linked closely to emotional experience and motivation to engage. Bandura (1997) placed self efficacy, a person's belief about their capacity to exercise control over their own functioning or environment, central to mechanisms of personal agency. Self-efficacy beliefs have been shown to contribute to motivation levels, emotional well being and academic and other accomplishments (Holden et al., 1990; Bandura et al., 1996; Moritz et al., 2000; Zimmerman, 2000). The concept of agency is closely intertwined with an individual's experience of control in situations. Locus of control is another psychological concept concerned with an individual's experience of control (Rotter et al.,1972) that has also been linked to self efficacy and engagement (Ajzen, 2002). Locus of control is concerned with individuals' beliefs about their control over a situation as either internal, such as a person's own ability, or external, such as luck. In contrast to the experiences of participants within this study who have emphasised the situational nature of their experience of agency, locus of control is assumed to be a stable personality trait, rather than a brief state. The case children's experiences of agency over their social relationships, environments and their own behaviours were fluid and dependent on the behaviours of others towards them and their social and physical contexts. They were also closely associated with emotional experiences, developing self-efficacy beliefs and subsequent engagement or withdrawal from situations. Case children's difficulties with understanding others' intentions, situations and instructions, as well as children's difficulties with expressing themselves, contributed to children's difficulties establishing and negotiating agency.

The case children talked positively and spontaneously about their families and friends and their interests through their scrapbooks. Other studies have also found that children and young people with speech, language and communication needs (SLCN) in general spontaneously describe their lives in a positive light, unless prompted to talk about difficult experiences (Hambly et al., 2011; Roulstone et al., 2012b; McLeod et al., 2013). When prompted through the Talking Mats® and 'tell me about a bad day' activities, case children described experiencing a lack of agency in two areas: i) in their relationships with other people and ii) in relation to school work. It is difficult to know from the current study the extent to which case children's experiences of a lack of agency and the negative emotions associated with those experiences

pervade children's lives. The lack of spontaneity of case children's description of their negative experiences may indicate that in the main children do not focus and reflect on negative experiences. It may also be indicative of a learned social expectation to talk about positive aspects of their lives.

McLeod et al. (2013) explored the experiences of primary age children with speech impairment using a multi-perspective design and noted a difference between children's experiences in their public and private lives, with children having separate, contradictory identities and showing different levels of engagement and confidence in these different spheres. Their findings were similar to the present study in terms of case children expressing pride, authority and confidence at home, contrasting with case children's experiences of frustration with and withdrawal from aspects of their school lives and some social situations. Both the study by McLeod et al. and the present study suggest that children's experiences of agency, along with associated emotions and engagement, can vary widely depending on their social context.

An exploratory study with children aged 7 to 11 years living in a deprived area of the UK (Adams, 2012) also identified the importance of agency and control to children's experience and their sense of self. These children experienced powerless in relation to their parents at home and, for some, powerlessness was also experienced in relation to bullying at school. There may be some common situations where children tend to experience more agency than other situations, such as in play, or a lack of agency, such as in relation to their parents or other persons of authority. In addition to these situations common to all children, children with LI may be more likely to experience a lack of agency in specific aspects of their relationships with other people and in school work.

In their relationships with other people, case children described experiencing a lack of agency in confrontational situations with peers or family members and over other case children's behaviour towards them, such as experiencing a lack of control over peers bullying or taking advantage of them. Professionals and family members explained children's difficulties dealing with confrontational situations in terms of their difficulties accessing and using language in the moment and exacerbated by children's lack of understanding of intentions and situations. Expressive and receptive language and social skills have previously been identified as important in relation to children and young people's friendships and peer acceptance (Brinton et al., 1998; Fujiki et al.,1999; 2001; Durkin and Conti-Ramsden, 2007), and there is evidence from this study to suggest children's expressive language and understandings of intentions and situations are important in the context of children's experience of agency in their relationships with others.

Participants' accounts of case children's social engagement and friendships suggested that many

complex social and psychological processes were at play in addition to children's expressive and receptive language abilities, including children's self awareness and the social context, such as the attitudes and behaviours of others towards children. At times case children described themselves, or were described by others, as actively withdrawing from social or classroom situations. Case children were able to exert control and agency in situations by withdrawing from them. A study of the views of 10-14 yr old boys with ASD about their peer relationships (Daniel and Billingsley, 2010) echo findings from this study that link agency to social withdrawal. The study also provides an example of the interplay between agency at individual and social levels. Boys noted that they did not want to be the one to initiate contact in seeking out friendship as they wished to avoid violating the social hierarchy of the school and did not want to be considered a nuisance. The boys' anticipated failure to improve their social status was associated with disengagement from their seeking friendship. At the individual level, the boys described themselves with agency by choosing to disengage from social situations, but at the social level, boys experienced a lack of agency due to the power structures that existed within the social fabric of the school. Further research is needed to better understand the complex relationship between children's experiences of agency at individual and social levels and social engagement or withdrawal.

Experiences of bullying or teasing were described by all the case children in the study, except for Pete, whose mother recounted situations where Pete had experienced bullying and other times where he had not understood that he was being humiliated by other children. Sarah openly talked about her experiences of cyber bullying, which she had not disclosed to anyone else. She valued her independence chatting privately with her friends on MSM and so accepted her experiences of cyber bullying that went along with this. Receptive language difficulties and the misinterpreting of situations have been linked to bullying (Knox and Conti-Ramsden, 2003; Luciano and Savage, 2007; McLaughlin, 2012). McLaughlin (2012) described several forms of bullying that can occur, including physical bullying, name calling and relational bullying. Relational bullying is a form of bullying that involves the manipulation of friendships, such as spreading rumours and social exclusion (McLaughlin, 2012). It can be more subtle than physical or verbal bullying, but may be as, or more, emotionally harmful to the victim (Yoon et al., 2004). The incidents of bullying described by case children, their families and professionals included physical, verbal and relational bullying. The descriptions by participants suggested that case children were vulnerable to bullying for several different, but possibly interlinking reasons. One commonly mentioned way in which case children were described as vulnerable to bullying was due to case children's misinterpretation of situations and the intentions of their peers. Parents and professionals were particularly anxious about case children being taken advantage of by others due to their naivety and trusting natures. It is possible that others' perceptions of children as naive or misunderstanding situations and

intentions may place children with LI at risk for relational bullying in particular. Others' perceptions of children with LI as unusual or strange is another mechanism by which children may have been at increased risk of name calling and other forms of bullying and social exclusion and is discussed in relation to psychosocial processes, such as stigmatization (Goffman, 1963), later in the chapter.

Different types of bullying have been found to elicit different responses from professionals, with elementary teachers in the US more likely to punish a perpetrator of physical bullying compared with relational bullying (Yoon and Kerber, 2003). Some professionals within this study were found to take an apathetic attitude towards situations that may be perceived as incidents of relational bullying. A study of children with ASD who had been bullied found children were more likely to confide in teachers or friends if they felt they were able to do something about the situation, otherwise they would keep it to themselves (Humphrey and Symes, 2010). These findings suggest that professionals' responses to bullying impact on the way children manage a bullying situation. Implications for protecting children with LI and responding to bullying incidents are discussed in Chapter 6: Psychosocial goals for intervention for children with LI, implications for practice and avenues for future research.

Another area where case children experienced a lack of agency was over other people listening to them when they wished to be heard. Case children experienced frustration and disengaged from social situations. For example, Pete described his frustration and subsequent withdrawal from social interactions at break times because he felt others interrupted him. Pete had constructed an identity of himself as 'Mr Quiet' at school in response to other children's behaviour towards him. Other children and young people with different kinds of speech, language and communication needs (SLCN), including speech impairment, LI and ASD, have also described difficulties they have had in relation to other people's behaviour towards them, such as others interrupting and not listening (McCormack et al., 2010; Hambly et al., 2011; Roulstone et al., 2012b) suggesting that these experiences may be common to other children with speech, language and communication needs more broadly. Adolescents who attended language units experienced a lack of agency, but articulated this in relation to their own abilities, such as the way they spoke to others and said things wrong, not getting the point across and having trouble remembering things rather than in relation to not being able to control other people's behaviour towards them (Simkin and Conti-Ramsden, 2009). It is interesting that the four case children within this study, along with Sarah's and Daniels' older sisters, tended to place responsibility for situations on other people, such as other people's unfair treatment of them, more so than parents and professionals, who, like the adolescents in Simkin and Conti-Ramsden's study, would tend to explain situations in relation to the child's language impairments. It is possible that the different emphasis in participants' explanations were

influenced by interview questions asked. However, it is also possible that the adolescents' explanations predominantly centring on their own abilities rather than the behaviours of others reflected their increased self awareness and/or increased absorption of dominant attitudes within Western society locating impairment within the individual.

Children's experience of school work is the last key area where a lack of agency was noted, with the exception of Sarah who talked about areas of school work she was good at and enjoyed. In contrast to their experiences in the classroom, the case children spoke about enjoying their speech and language therapy sessions and the tasks they were given. SLTs described how they monitor children's responses to tasks and adapt tasks so that children can experience success. SLTs placed importance on children's experience of agency in relation to the tasks they set. Some teachers, on the other hand, placed emphasis on case children meeting expected objectives within the curriculum, rather than case children's experience of success on any given task. In addition, several LSAs and SLTs mentioned that they believed children's understanding of instructions in class may be overestimated by teaching staff. Case children's understanding of situations, intentions and instructions in school were important to their experience of agency in the classroom. Through examination of case children's spontaneous talk within this study, acquisition and expression of knowledge was also closely linked in with their experience of agency and positive emotional experience. Further examination of the relationships between children with LI and their teachers, peers and the school system as a whole is needed. Given that the education system is a social entity where it may be easier to facilitate children's experience of agency compared to other areas of children's social lives, it could be argued that school work is an important place to start to improve children's experience of agency.

Ironically, an explicit philosophy of school is about facilitating children's agency in learning through doing. Unfortunately, three of the four children within this study appear to have been failed by the education system to varying extents in this respect. School is an environment where power and discipline are strong in terms of the rules, time structures, classification of intelligence and teacher domination, but also contradictory as the teacher is there to facilitate freedom through learning and gaining knowledge (Oswell, 2013). A teacher, and the education system, hold a powerful position over children in their care. James and James (2004) and Bourdieu (1971) take a different view of education as a conservative rather than a liberating force with the State transmitting particular sets of values and patterns of thoughts. These complex power dynamics and competing agendas for education are not easy to reconcile. Previous government policy in the UK has emphasised the use of appropriate language in the classroom and the setting of appropriate targets for children with SEN (Department for Children, Schools and Families, 2001), both seemingly promoting children's experience of

agency. Current government policy places more emphasis on achievement (Department for Education, 2011). It is unclear whether and how this shift in emphasis will impact on children's experience of agency. The implications of the findings on school and SLT practice are described in more detail in Chapter 6.

So far, agency has mainly been discussed in relation to case children in the study, but the experience of agency (or lack of) was also important for other participants. At times, teachers and parents within this study experienced a lack of agency over case children, despite being in positions of attributed authority. Parents' and teachers' feelings of frustration may have been exacerbated because they felt unable to exercise their authority. For example, Sarah's mother described frustration when Sarah did not listen to her and Simon's teacher and LSA both found him annoying as he would not do as was asked of him in class. In both of these situations Sarah and Simon also described feeling a lack of agency in terms of not being listened to or understood. Both sides of a social relationship experienced one or more of conflict, upset, frustration or irritation. It is perhaps at times when adults experience a lack of agency and frustration with children when in a position of authority that they may lose patience with children and react negatively towards them. Sarah and Simon may not have been deliberately seeking to antagonise authority; instead they have misunderstood the intention of persons in authority. These examples highlight that experiences of agency are situated and negotiated in social contexts.

The close links between case children's experiences of agency, children's emotions and children's engagement are important findings from this study. Children with LI and ASD have reported lower quality of life specifically in the areas of social acceptance and emotional wellbeing (Dockrell et al., 2012) and are at increased risk of experiencing social anxiety and other social and emotional difficulties as they become adults (Beitchman et al., 2001; Clegg et al., 2005; Whitehouse et al., 2009). Case children's experience of a lack of agency in specific areas of their relationships and in the classroom, and their associated emotions and withdrawal, may be one pathway by which some individuals develop poor social and emotional wellbeing in adulthood. Longitudinal studies are needed to explore links between the experience of agency in childhood and the development of individuals' social and emotional wellbeing.

4.2 Interpretations and explanations of LI

This next section discusses others' experiences and interpretations of case children's LI in the context of their relationships with case children. There was a wide range of explanations and interpretations of case children's behaviours. SLTs tended to describe case children in terms of their language and memory processing skills, as well as their social communication skills, assuming a medical, deficit model of impairment which they sought to fix, though they also

recognised the ever changing nature of case children's impairment and the challenge of prioritising where to intervene. Parents tended to focus on case children's behaviours that disrupted parents' management of the home, such as case children needing support in self care activities, not listening to instructions, taking time to get ready etc. Some behaviours and situations were explained in terms of their speech and language impairments, others in terms of a diagnosis of ASD, and some others were explained in terms of other people's behaviours towards children or the education system in which their children were subsumed. Teaching staff tended to focus on case children's abilities in literacy and mathematics, as well as any disruptive behaviour in class. As mentioned earlier, siblings were more akin to case children in terms of explaining situations in terms of other people's behaviour towards children, rather than focusing on their siblings' own deficiencies.

These differences in interpretations and explanations are likely to reflect a number of different factors, including professional discourses and responsibilities, previous experiences, familiarity with children, family context and the formality of the situation or context in which participants experienced case children. Differences in experiences and perceptions were also reflected in participants' divergent ratings of ease and difficulty of behaviours and situations for case children in the Talking Mats® activity. Overwhelmingly, participants, but not the case children themselves, explained case children's behaviours or situations by comparing children to age equivalent peers in terms of what is appropriate or normal. Participants often struggled to try and make sense of behaviours and situations and questioned their own explanations as they reflected on them. The diverse interpretations of LI by case children, parents, peers and professionals within this study echo Goodley and Roet's (2008) poststructuralist view of impairment as uncertain and moving. The subjective experience of impairment is dynamic. It changes in different contexts and power relations. Goodley and Roet's (2008) argue for researchers to challenge educational and medical practices, such as statements of Special Education Needs and medical diagnoses that create and recreate 'impairments'. They suggest that binary distinctions between people with and without impairments are problematic and unhelpful. Their arguments are supported by children and siblings within this study explaining experiences of LI in terms of other people's behaviours towards children, rather than children's own impairments and individuals experiencing and interpreting LI differently in various home and school contexts.

Given the array of attributions and interpretations of LI from different perspectives, Weiner's attribution theory was explored to help explain the impact of an individual's cognitive attributions on their subsequent behaviours. Weiner's (1992) attribution model of motivation asserts that when a situation is an interpersonal event, the attribution of control is of central importance. For example, if a parent perceives a child to be in control then parents feel angry

and are more likely to punish, whereas if a child is perceived not to be in control then a parent feels sympathy and responds with help. These ideas have been shown to hold up on mothers' responses to vignettes about their children with intellectual disability (Armstrong and Dagnan, 2011). Weiner's attribution model is also supported when comparing teaching staffs' attributions to different children within this study. For example, Simon's teacher and LSA explained Simon's behaviour in the classroom in terms of Simon's immaturity and were sympathetic towards the other children winding him up. They placed responsibility with Simon to mature and change his behaviour. They experienced frustration towards him and disciplined him. In contrast, Sarah's teacher and Pete's LSA tended to explain situations in the classroom in terms of the children's impairments, as if they were external to the children, and expressed sympathy towards Pete and Sarah. These examples suggest varying levels of agency were experienced by teaching staff and were interlinked with their interpretations of children's behaviour, their placement of responsibility to change and their subsequent response towards case children.

In a study investigating teacher factors that influence attributions for difficulties in learning (Brady and Woolfson, 2008), teachers with a higher sense of efficacy in their professional role were found to attribute children's difficulties more to external factors than those with a lower sense of self-efficacy. Therefore, it is possible that Simon's teaching staff felt less competent and confident in their ability to teach and manage Simon compared with Sarah's teacher. Brady and Woolfson (2008) also found that strong feelings of sympathy towards disabled children were more predictive of a teacher viewing the children's difficulties as less amenable to change. This raises the question as to whether those teachers who show more sympathy towards children have lower expectations for children to achieve. Todd (2006) takes a poststructuralist perspective and warns against viewing people with learning difficulties as clients with a deficit, requiring sympathy. Instead, Todd advocates they should be seen as friends, or in the context of school, as children like any other. There appears to be a tension between encouraging a professional's placement of responsibility for an individual's behaviour as external to the child, maintaining an expectation of them to be able to change and achieve, whilst at the same time not perceiving them as impaired.   Professionals are expected to hold this tension within their attitudes and behaviours towards a child.

Weiner's (1992) attribution model has some support from this study, but it assumes a very simplistic, linear model, which does not take into account the dynamic, interdependent nature of the relationship between attributions and behaviours. For example, the model does not explain Sarah's mother's response when Sarah does not listen to her. Sarah's mother described Sarah as having little control over her ability to listen to and understand why she is asking her to complete daily tasks. Even though Sarah's mother locates responsibility to factors external to

Sarah's control, she still experiences frustration and expressed this towards Sarah. Sarah's mother described herself as having competing demands within the family and professionally, and it is likely that the competing demands placed on Sarah's mother overwhelm her considered reflection on Sarah's behaviour.

Sarah provides an interesting example where different attitudes and behaviours of others towards her appear to shape her perception of, and knowledge about herself. Sarah, unlike other case children, enjoyed school work and perceived herself as good at certain aspects of it and described how she always listens in the classroom. Her teacher, on the other hand, described how Sarah does not listen in the classroom at times. Sarah's teacher expressed respect and affection towards Sarah and placed responsibility with himself as her teacher for her engagement and inclusion in the classroom. Sarah's mother also described times when Sarah does not listen at home. In contrast to Sarah seeing herself as a good listener at school, she sees herself as cheeky for not listening at home. Sarah's mother described how she can respond to Sarah's not listening with frustration. It is possible that Sarah sees herself as cheeky at home due to her mother's reaction towards her and is unaware of her not listening in the classroom because her teacher places responsibility with himself, rather than her. Her view of herself as cheeky, as opposed to bad or naughty, suggests that Sarah experiences her mother's frustration, alongside love and affection. This example raises a question about approaches used by those in authoritative positions to encourage children's self awareness, whilst protecting their developing identity and maintaining their engagement.

The relationships between teachers and children in general can impact on children's self esteem, motivation and achievements in academic learning and social and emotional well being (Martin et al., 2007; McCombs et al., 2008). They can also influence peer attitudes towards children and their social status amongst their peers (Robertson et al., 2003; Berry, 2006; Holt et al., 2012). For example, Robertson et al. (2003) identified a subset of pupils with ASD who were particularly at risk for isolation as they had poor relationships with both their teachers and their peers. Through ethnographic observation, Holt et al. (2012) also identified one boy with ASD within a special unit in a secondary school who was marginalised and stigmatised in a seemingly habitual way by staff and peers as he was found irritating. His social exclusion by staff and peers was despite staff's efforts to create a positive, nurturing environment for children in the unit. Differing attitudes among teachers were found in the current study. The attitudes of Simon's teacher and LSA encouraged acceptance of social exclusion by Simon's peers. This contrasted with Pete's LSA who did not tolerate Pete's peers taking advantage of him for their own ends. Simon was reported to have described himself as a baby to his peers. He had taken on the identity of the prevailing attitudes in the classroom around him. This has been described as 'internalised oppression' (Reeve, 2002), a form of psycho-emotional disablism where an

individual incorporates and accepts the prejudiced views of those around them. In this case, Simon's accepting of and promoting himself as immature compared to his peers may also perpetuate social discourses surrounding his immature identity. Simon's teachers also experienced irritation in relation to his behaviour in class, possibly because he was disruptive to their competing responsibilities. The impact of a person's experience of irritation, and possibly a lack of control over another person's behaviour within the context of well meaning interactions is an interesting area requiring further investigation. Avenues for research following on from this study are expanded upon in Chapter 6.

It is more difficult for teachers to influence peers' attitudes towards children outside of the classroom, or even when a teacher's authority over a whole class is diluted within the context of small group work. Berry (2006) suggests that whilst a teacher has power in the whole class context they can foster an inclusive environment, but when children are moved into small groups they can draw upon cultural discourses to assume different positions of power within the social group. Sarah's teacher felt that Sarah's peers were accepting of her in the classroom and that there was little discrimination towards children with SEN in the school as a whole. Her teacher was unaware that Sarah was experiencing cyber bullying outside of the classroom at the time of the interview. Todd (2006) advocates challenging the discriminatory attitudes that create bullying and encouraging an enabling education environment where notions of children with impairments are challenged. Approaches to improve the attitudes of peers towards children with SEN, such as friendship circles and cooperative learning in classrooms, have had some success (Jaques et al., 1998; Campbell, 2003). Moving children from a language resource base into mainstream classrooms was also found to improve ratings of rejection by peers in a primary school (Laws et al., 2012), but it did not help improve ratings of popularity by peers over the time period, suggesting some improvement in social acceptance by peers, but not social embrace.

Misunderstandings between children and others were a common feature of the case children within this study. Their intentions were not taken seriously or were misunderstood by others. Others' misunderstandings of case children's intentions were often described in negative terms. For example, Pete was perceived as rude by his teacher and spoiled by strangers and Sarah and Daniel's mothers felt that others perceived their children as weird. As discussed earlier, all children were perceived as vulnerable to bullying. Sarah was seen as being particularly vulnerable given others' perception of her as unusual coupled with her naivety in terms of others intentions. Parents of young people with ASD believed that their social exclusion and experience of bullying was exacerbated by the non-obvious nature of their impairment (Portway and Johnson, 2005). The young people themselves talked about misunderstandings and being misunderstood, bullying, isolation and being unhappy at school. Their experiences were similar

to case children in this study.

Like ASD, children with LI often appear like their peers. Their impairments are not physically obvious and often only become apparent with time and in social situations. It is possible that children with LI are more likely to be excluded compared to those with more obvious disabilities as people expect children to behave 'normally', as they would in those situations, because their impairment is not obvious. Others' realisation that the behaviour of children with LI is different to their own and at odds with social norms may be threatening to their own 'normal' identities, so others then distance themselves from children with LI by characterising children negatively and as an 'out group' (Tajfel and Turner, 1986). Sometimes misunderstandings were interpreted in terms of case children's personality or personal qualities rather than any physical impairment. Therefore, the process of stigmatization may be one relating to children's personal traits rather than visible attributes (Goffman, 1963). Further research with a larger number of children with LI and children's peers would be useful to further explore the role of children's and others' misunderstandings of intentions and situations and the psychosocial processes that lead to the potential stigmatization and social exclusion of children with LI.

Discussion about how other people's attitudes and behaviours impacted on case children's engagement and identity has, so far, been in one direction, in that it has centred on powerful, nurturing adults or socially powerful peers acting on vulnerable children. The portrait of case children in this study as vulnerable may be emphasised due to the study sample predominantly involving adults or older siblings, coupled with the aim of the thesis centring on professional intervention. Unfortunately only one same age peer was recruited to the study. His voice is quiet compared to other participants, in part due to his complex communication needs. However, his voice is also powerful as he provides an alternative view to the vulnerable child which many adults perceived children. Simon's friend perceived Simon to be able at school work. He looked up to Simon and experienced rejection by him. It is not clear whether Simon was intentionally rejecting his friend, or whether his friend had misunderstood Simon's behaviour and interpreted it as personal rejection. Simon's friend reminds us that Simon may well experience agency in some of his relationships and that children's experience of agency is dynamic and fluid though different relationships and situations.

4.3 LI as a relational phenomenon
The notion of LI as a relational phenomenon reflects ideas from social models of disability and disability studies (Abberley, 1996; Priestley, 1998; Corker and French, 1999; Goodley and Lawthorne, 2006) in that an individual's experiences of disability and/or impairment are an important part of our understanding of disability and/or impairment. LI is not exclusively

relational as it may also be neurological, cognitive, linguistic or genetic, depending on the level at which it is being understood, but as an experience for individuals, it is predominantly relational. Experiences of LI may have been influenced by medical and other discourses, but they were real for each person, experienced in different ways, often as a child behaving unusually compared to their peers or a child not meeting expectations for particular situations and misunderstandings. For case children, their impairment was not always experienced as 'impairment'. Adults and children with other disabilities do not always describe or perceive themselves as disabled or impaired (Watson, 2002; Beresford et al., 2007; Wickenden, 2010) and it is unclear how the case children with LI are similar or different to individuals with other kinds of impairments in this respect. It is also unclear how case children's perceptions of themselves and others in relation to problematic relational situations will change as they get older and as their self and social awareness and understanding develops.   It is clear, however, that LI was experienced and perceived by case children and others differently, depending on the social situation in which children were in and the attitudes, understandings and behaviours of others towards children in those situations. Therefore, separating a child's impairment from the impact of it on the child and their relationships is difficult because of the relational, situational and social nature of LI. As such, there is an argument for situating cognitive and linguistic understandings of LI that underpin support for children within the context of children's experiences of LI, as both relational and situational.   The implications of a relational view of LI on support for children are discussed further in Chapter 6.

The International Classification of Functioning of disability and health (ICF) is a dominant model that is advocated for use in speech and language therapy research and practice. The ICF places the individual's disability or impairment at the centre, outlining body structures and functions and emphasises the link with impairment and participation, taking into consideration personal factors and an individual's physical and social environment. Findings from this study challenge some of the assumptions underpinning the ICF. Firstly, the ICF places the impaired individual as central, but case children did not experience their own impairment, and they more often experienced a lack of control over other people or situations. Secondly, the nature of case children's impairments were experienced and interpreted differently by different people, depending on their own responsibilities, experiences and context. Therefore, there are questions around the reliability of any one person assessing a child's body functions and structures in relation to their participation at any given time. In addition, if a holistic assessment is undertaken with a child, it is unclear which aspects of impairment should be included, such as a child's hand movements and participation in literacy; a child's receptive language and subsequent participation in the classroom; a child's sensitivity to food combinations on their plate at dinner time; a child's disruptive behaviour in class; or a child's difficulties making and keeping friends. These are likely to vary depending on who is doing the assessment and where

they are doing it. The ICF accommodates this to the extent that it considers personal and environmental factors within the model, but, as yet there has been little research examining these factors in relation to children with LI (McCormack and Worrack, 2008). One is left questioning what part of children's functions and structures are 'impaired' and which are 'normal', and whether it is possible or meaningful to children to ascertain this distinction. Given that the case children within this study did not in general experience themselves as impaired and tended to explain their experiences in terms of other people's behaviour towards them, identifying impaired functions and structures is unlikely to be meaningful for children with LI.

Threats (2010) advocated using the ICF as an ideology to change practice and policy, rather than a workable framework. The ICF has encouraged health professionals to move away from a Western, medical model of health and focus more attention to participatory, social and environmental issues for individuals with disability. However, the impaired, deficient individual at the centre of a model of health or disability is at odds with the phenomenological experience of case children with LI and some of those in relationship with them. Instead, for the children in this study and possibly beyond, the experience of LI is predominantly relational. It is predominantly experienced within the context of relationships with other people, or in relation to social or academic expectations from others, rather than in isolation. It is also, as suggested about intellectual impairment more broadly, not only relational, but also a social, cultural, political and historical phenomenon (Goodley and Roets, 2008).

Instead of the impaired child being the target of intervention as the ICF suggests, the analysis of experiences from multi-perspectives indicates that the relational space between children and others should be the target of intervention. That is professionals working with children with LI should not only target children's experiences and challenges of relationships, but also other people's experiences and challenges in their relationships with children and any contextual, social or environmental factors that may be impacting on specific relationships. This view draws some parallels with Mannion's ideas for understanding childhoods more generally. Mannion (2007) argues that childhoods and adulthoods are interdependent features of social processes and that we cannot understand one without understanding the other. In addition, Christensen (1998) asserts that competencies are not a psychological property of an individual but a relation between social persons in contexts of negotiation. Mayall (2002) also argues for a relational approach to childhood studies so that theory and understanding of childhood focuses on both child and adult, and in relation to social systems. By using the term 'relational' these theorists are referring to the relationship between persons and other people and or social structures and systems more widely. My use of the term 'relational' can be interpreted in a similar manner, but with emphasis on interpersonal relationships.

The Nordic model of disability provides an attractive, simple framework for understanding disability that could be translated into applied education, health or social contexts. The model has developed over time as a guiding philosophy for welfare provision for disabled people in Scandinavian countries. It has three underpinning assumptions: disability is a person-environment mismatch, it is situational or contextual, and it is relative (Tøssebro et al., 2012). It aims to promote community participation and the normalisation of disability. The relational emphasis of the model complements the experiences of the case children with LI and their families and professionals' experiences. The assumption that disability is a person-environment mismatch fits with the common experience of misunderstandings between case children and other people and not fitting in with social expectations of what is normal. The model does not centre on an individual's impairment, but the relationship between an individual and their environment. For the case children within this study, the emphasis might be placed on the mismatch between person and other people, that is, interpersonal relations as mentioned earlier, although the environment, social structures are also important.

Whilst the Nordic model of disability fits with findings from this study through its emphasis of the relational nature of impairment, it does not explicitly include the concept of agency. Theories of childhood discuss agency in relation to children's position in social and political contexts, and psychological theories discuss agency in relation to the development of emotional wellbeing and clinical anxiety and depression and self-efficacy, motivation and achievement. The 'activities' and 'participation' components of the ICF may tap into the idea of agency to some extent, but, like the Nordic model, this is not explicit. There is some evidence to suggest that the experience of agency is important for children without impairment (Adams, 2012) and also for other children with speech, language and communication needs (Simkin and Conti-Ramsden, 2009; McLeod et al., 2013). Further research is needed to ascertain whether an individual's experience of agency is as salient for children and adults with other impairments and is therefore worth accommodating within a more general model of health or disability.

4.4 Summary of Discussion

The concept of agency has been discussed in relation to case children's experiences in their relationships with others and school work. Others' experiences and interpretations of case children's behaviour and children's response to this, alongside the impact of others' interpretations and attributions and subsequent behaviour on children's developing emotional wellbeing and engagement in learning and social situations has also been discussed. Finally, the idea of LI as a relational phenomenon has been put forward and discussed in relation to models of health and disability, such as the ICF. Within the next chapter I reflect on the methods I have used and whether they have met the aims of this study. The extent to which the analysis can be

transferred beyond the case children within this study will also be considered. This informs the discussion of the implications of the analysis for the professional support of children with LI and avenues of future research in Chapter 6.

Chapter 5: Reflections on the methodology and methods

The use of Interpretive Phenomenological Analysis (IPA) with children, parents, peers and professionals has provided rich, valuable, multi-perspective data about the phenomenon of language impairment (LI). Within this chapter I have reflected on the appropriateness of the methods in meeting my aims of my thesis. Specifically I have considered the extent to which the analysis can be transferred to other children with LI, given the sample of four case children and their parents, peers and professionals involved in the study; the use of arts activities with children; and the application of IPA with children and with multi-perspective data. Ethical issues that have arisen are also discussed, such as addressing sensitive issues with participants, alongside reflections on my role and influence in the analysis.

5.1 What does analysis of this sample tell us about LI as a phenomenon in general?

Interpretive phenomenological analysis (IPA) advocates in depth analysis of a small, homogenous sample (Smith et al. 2009). It is not used to generate a general theory about a phenomenon, but rather encourages cautious consideration of findings about a phenomenon in other contexts. The study involved four case children with LI, alongside their parents, peers and professionals: two eight year old boys, one ten year boy and one ten year old girl. On reflection, any differences in the case children's experiences of home and school, in their interests, in their experiences of success and failure, in their personalities and identities were as marked as differences in their age or sex. The case children's individuality was more marked than their diagnosis of LI that brought them together as a supposedly homogenous sample for the purposes of this study. Given that language is a complex skill and impairment in one or more aspects of language may be expressed in different ways, in addition to the developmental context of LI and the individual family and social contexts children develop within, it is not surprising that the children's individuality was more marked than their homogeneity as a group of children with LI.

Despite the individuality of children in the study, there were some common themes across children and across cases. Some of the common themes across cases, such as children's experiences of agency, and to some extent the theme of understandings and misunderstandings, may be applicable to children in general, not just to children with LI. However, these themes are likely to be exaggerated for children with LI in certain contexts, such as within the classroom or in social situations. Therefore any claims made within the next chapter about the support of children with LI in general, are made with caution and with the caveat that further investigation of ideas and recommendations are required on a larger sample of children with LI.

Recruitment of children to the study was more difficult than originally anticipated. Three services were approached to advertise the study. Within one service only two of approximately forty SLTs reported working with primary school age children with LI. SLTs more frequently worked with children with ASD or more complex needs within this age group. Subsequent to being recruited to the study, three of the four case children were found to have either had a current or previous diagnosis of ASD. In addition, one also had recently been diagnosed with learning difficulties and had hearing loss in one ear. I considered excluding this child from the sample, but given the confusing and unsystematic nature of classification of Special Education Needs (SEN) (Meschie et al., 2012) and cross over in profiles of children with LI and ASD (Dockrell et al., 2012), they remained in the study.

Recruitment of case children's professionals and friends was also challenging. Unfortunately, Daniel's school's voice is missing. Daniel did not talk about school easily or freely. I decided to revisit Daniel on a second occasion to specifically explore his experiences of being at school. From an ethical perspective, this was a difficult decision as I was unsure whether Daniel wished to remain silent about his experiences at school. Lewis (2010) has emphasised the importance of recognising, understanding and respecting children's silences. Daniel responded, 'not sure', to many of my questions, particularly about things that he found difficult. It is possible that he did not understand some of the questions. It is also possible that he did not want to share his feelings or that he found it difficult to express himself. I made a decision to revisit him on a third occasion to explore his experiences of school using statements with which he could agree or disagree. He and his mother agreed to the additional interview. Daniel appeared to find the process of selecting the statements easier than expressing himself verbally and was able to expand on his experiences of being in class.

All case children were asked if they had any friends or siblings who they would like to take part. Only Simon chose a friend, and two case children chose their older sisters, all providing interesting, alternative perspectives. Given the prominence that peers played in children's lives, and with hindsight, it is a shame more peers were not included in this study. Siblings' and friends' experiences provide a further understanding about the phenomenon of LI and are an important avenue for future investigation. Very few other studies have explored friends' views of children with SLCN more broadly. Friendships in primary school shift with time and can be sensitive. Simon's friend experienced rejection by Simon and therefore talking about Simon was a sensitive topic for Simon's friend. Other participants were quick to nominate sisters to take part rather than friends or older brothers. Exploring barriers and facilitators for including peers in multi-perspective research is an important area of investigation so that the voices of children's peers can be heard and better understood.

The study took a pragmatic approach to the inclusion of professionals as it was thought unlikely that for each case all of the children's SLTs, teachers and LSAs would take part. With the exception of Daniel's case, at least two teaching staff participated alongside children's SLTs. Within each school environment different professionals took on slightly different roles with children. Two of Pete's LSAs were interviewed, one worked with him in small groups and the other did not currently work directly with him, but supported him in break and lunch times. The latter LSA provided another, useful alternative perspective on Pete, describing her experiences of him at break times when other teachers and LSAs had little experience of him. Pete talked about this latter LSA as much, or more so, than the LSA that was directly allocated to supporting him, even though she did not perceive herself as important to his support or particularly useful to the study. With hindsight, an alternative method of sampling could have been used that involved asking case children to provide the names of their teachers and teaching support staff, rather than their parents providing this information. Both approaches have value and perhaps the approach used in this study better meets the broader aim of this study: to inform professional support of children with LI. In addition, case children's special education needs co-ordinators (SENCOs) and head teachers were not included in the study because they did not to spend time working directly with the children, but they would be important perspectives to explore when investigating communication mechanisms between teaching staff, SLTs, parents and children.

5.2 The use of arts-methods with children

Many of the arts-based activities used with the children worked well to encourage self-expression, allow space for the child's agenda, set the child at ease, encourage a more balanced power dynamic between me and the children and provide a springboard for discussion. The quote below illustrates how a drawing activity allowed Sarah to lead the interaction between us and gave her time to think whilst expressing herself.

Figure 10: Sarah's drawing of a good day

[pause as Sarah draws again]
SARAH: that's me [sitting at desk]
H: what are you up to there?
SARAH: I'm doing my work
H: uh huh
[pause as she draws some more]
H: is that the teacher?
SARAH: yeah
H: so a good day is when the teacher's pleased with your work?
SARAH: just to make sure that you know that's she's a teacher [draws hat]
H: she's a great teacher
SARAH: [laughs] my teacher doesn't actually wear that
H: and do you

The scrapbook in particular provided a vehicle for the case children to share their interests at the start of the interview. The free space within the scrapbook and the activity where case children made wooden spoons allowed the child to play and lead interactions. In this sense these activities promoted children's sense of creativity and agency within the interview situation.

There were activities within the scrapbook asking about things that the case children would like to do and change which only one of the children completed. Giving children the space to complete the scrapbook in their own time allowed them to choose which sections they wished to complete. For three of four children, sharing their views on what they would like to do and change was not on their agenda. Sarah was the only child to complete it and she wrote, 'nothing', about what she would like to change. It is possible that children found it difficult to think about things they would like to do or change in the future, or that it was not of interest to them, or perhaps they wished to keep their views private.

The case children did not engage with the wooden spoon task I had intended. I had hoped to encourage children to make spoons into their teachers, allowing us to have conversations about their teachers while they were making them. Only two of the case children made their teachers. Sarah made her dog, and Simon and Daniel chose to make aliens. The task was too physically demanding for children to have a conversation alongside and so the task was not particularly useful for eliciting the case children's experiences of their teachers and their life at school. After the first interview, I decided to keep doing the activity with children as it served other functions, such as providing children with a break from talking about themselves, encouraging their experience of agency and confidence within the interview situation and maintaining or rebuilding a good rapport between us.

Figures 11, 12 and 13: Children's wooden spoon creations

The most useful activities for eliciting the case children's experiences were drawing tasks about typical, good and bad days and the Talking Mats® activity. The Talking Mats® activity provided an excellent tool with which to elicit detailed descriptions and explanations from

children.

> *H: ok, And homework*
> *SIMON: homework is easy for me because on a quiet day I've done my homework and it was easy*
> *H: yeah. Do you like doing your homework?*
> *SIMON: yeah, but I just don't like doing hard homework*
> *H: right which homework do you find hard?*
> *SIMON: um, I don't know what its called but its something like you get these units and tens and like you have to add them and if you they like like a fourteen you have to add the four but not the one, you put it at bottom and the tens you just add there right then. If it be like nine, you just can't add one equals and it makes one hundred the fourth.*
> *H: so some maths, some of the maths*
> *SIMON: yeah, but I like doing it*

As the case children became familiar with what they were being asked to do with each visual symbol, they became more confident and expressive about their experiences in relation to symbols. Interestingly, the Talking Mats® activity was less useful as an elicitation tool with adults as they tended to engage with it as a rating tool, rather than visual prompts from which to provide further explanation. Once they had completed the task, adults then found it useful as a reflective tool to consider the case children's experiences in the round and reflect on their role in providing support for different areas they perceived children struggled with. The case children also used the completed Talking Mats® activity as a tool to reflect upon and occasionally moved individual Talking Mats® to different columns following their reflections, suggesting that they had engaged with the task as I had intended.

5.3 Ethical considerations

Exploration of the case children's lives, particularly of their bad days, led to children's disclosure of negative, sensitive experiences. Whilst I probed with sensitivity, it was difficult to know whether to give the children space to expand on their experiences, or move on to less sensitive topics if children became visibly emotionally distressed or withdrawn. One of the children had an emotionally strong reaction to my probe about his experiences in the classroom. He became upset about the audio recorder and who would be listening to the interview. I handled the situation within the context of the interview, and the child returned to being more relaxed, confident and chatty, but the incident highlighted ethical dilemmas around the risks of exploring sensitive issues with children and ensuring individuals fully understand the purpose and consequences of their participation in research.

On another occasion, I had to break a child's confidence as they disclosed that they were experiencing cyber bullying. When they described their experiences, the words they used implied that they found bullying upsetting, but this did not come across in their physical behaviours and facial expressions. At the time of the interview, I had not picked up on the

seriousness of what they were telling me because they remained upbeat and confident. I was very uncomfortable about breaking the child's confidence, particularly as I had reassured them that what they were telling me was confidential prior to their disclosure about being bullied, but having discussed the situation with my supervision team, we all felt that I should inform the child's mother for the child's protection. Their mother and sister were unaware of the child being bullied, although the child's mother was not surprised. Unfortunately, although I had arranged to speak to the child first, she was not at home when I visited so I was only able to speak to her mother.

5.4 Interpretive Phenomenological Analysis (IPA) with children

Using Interpretive Phenomenological Analysis (IPA) with children was considerably more challenging than with adults due to differences in the ways children used language to communicate. My initial perceptions of the case children immediately following an interview were sometimes different to when I listened and analysed audio recordings. This was most striking with Pete. Immediately following Pete's interview, I felt that it had gone well and that he had engaged with and responded to questions and activities. When I listened back to the recording, it was apparent that the words that he said and the stories he told did not always make sense to me. Instead of reflecting and sharing his experiences, he often repeated words that I was saying. He was communicating with me, but without intending to share his experiences. Instead, he seemed to be enjoying and wanting to maintain a social interaction with me.

At the time of the interview, I had not appreciated just how little of Pete's 'experiences' he had conveyed, even though I enjoyed his company and felt that I had got to know him better. Given that the aim of Interpretive Phenomenological Analysis (IPA) is to understand individual's experiences and elicit individuals' meaning making of those experiences, the interview with Pete did not provide rich data for IPA. However, there were a few occasions in the interview where Pete took time to reflect and talk about his experiences. These occasions were attended to with more depth in the interview than other occasions where I perceived Pete was communicating with me without sharing his experiences.

Smith (2011) has advocated
'diving for gems' (pg 7, Smith, 2011)
when analysing experiential data. By referring to gems, Smith describes a proportion of a transcript that may be small in size, but great in value, shining a light on the phenomenon under investigation. The case children did not have the same level of language to reflect and describe their experiences in the same depth as adults, but all the case children were able to describe and reflect on their experiences to some extent, suggesting that the goal of IPA was an appropriate goal for children with LI despite their difficulties with language and the potential impact of a

language impairment on the hermeneutic process. The case children's use of language, such as specific words and verbs, was interpreted with caution due to uncertainty as to whether the words they used had been expressed as they had intended. The depth of individuals' explanations also varied across adults as it did across the case children. Therefore, an important part of the IPA process with all participants, but with the case children in particular, was searching for gems and giving them more analytic consideration than other parts of the transcript.

5.5 Interpretive Phenomenological Analysis with multi-perspectives

Using Interpretive Phenomenological Analysis (IPA) as an analytic method to explore multi-perspectives was challenging and rewarding. Throughout the analysis, I tried to hold a distinction between individuals' views about a child and their experiences of that child. Some participants had not reflected about a child in depth before, and therefore the interview process encouraged reflection on participants' experiences of the child, so shaping, challenging and transforming participants' views about the child during the interview. This was particularly noticeable for a professional who had not had the opportunity to reflect on their support of an individual child as they had not received a diary prior to the interview.

Some previous research using multi-perspective data has analysed multi-perspectives as a tool for triangulation (e.g. Clare, 2002), as if an additional perspective provides additional information about another individual's perspective. This is common in research where parents' voices are used as a proxy for their child's voice. Within this study, I did not find that the analysis of additional perspectives narrowed down my understanding of the phenomenon, as is suggested with term 'triangulation'. Instead, analysis of additional perspectives opened up previously unexplored spaces between the case children and others in their lives. The volume and richness of data from these four case studies was unexpected. Consequently analysis of each case took considerably longer than expected and was challenging to summarise and present.

Throughout the analysis process I attempted to leave my own preconceptions about the phenomenon of LI aside and look at individuals' perspectives afresh. I found the different disciplines within my supervision team particularly helpful as they would often challenge some of the assumptions that I made and highlight my view of the data from a psychological standpoint. As someone who has always found expressing themselves verbally difficult, I also heard echoes of my own experiences as a child in the experiences of the case children. The process of writing notes on my first reading of the transcript helped to focus on what participants' were saying and meaning, not what I wished to see or focus on in their voices.

Within these notes, I sometimes wrote down emotional reactions to individuals' voices, such as anger at a teacher's view or sadness for a child. Writing my emotions and other thoughts down, helped me to leave them aside within the analysis.

At the latter stages of the analysis, when I was developing themes, my own discipline and experiences became more apparent. Many books on qualitative research give the impression that themes effortlessly emerge (Charmaz, 2006; Willig, 2008; Smith et al., 2009; Silverman, 2010), but my experience of analysis was different. I found I had to actively identify themes, perhaps due to the richness of the data, and was aware that the end result of the analysis was my interpretation of the data drawing upon my knowledge and understanding of the world as a psychologist. Therefore, the findings from the analysis are legitimate in that I have analysed the data systematically and my assumptions and interpretations have been challenged by supervisors from sociological and speech and language therapy disciplines throughout the analytic process. However, they are not comprehensive as there are likely to be many other interpretations of the data by different individuals, particularly given the richness of the dataset. This is a psychological interpretation of the data, which is suited to the aims of the thesis, to identify psychosocial goals of support for children with LI.

Yardley (2000) identified sensitivity to context, commitment and rigour, transparency and coherence and impact and importance as makers of quality in qualitative research (see Chapter 2). As mentioned above, the use of a diary and memos helped my sensitisation and desensitisation to the context. Commitment and rigour are demonstrated through the audit trail of different stages of analysis (see Appendix E). My supervisors assisted with the coherence of analysis by checking and challenging my coding of the data and labelling of themes throughout the analysis process. The research questions and design were informed from current policy and literature and emerging themes were also analysed further in the context of policy and literature. The impact, importance, coherence and transparency of the research can also be judged through written presentation of this thesis.

5.6 Reflexivity: lessons from and my influence in the study

Many qualitative approaches to research, including IPA, emphasise the importance of researcher reflexivity in making explicit the role of the researcher's own experiences and assumptions in all aspects of a study, from the design and data collection to the interpretation of data. From the outset of the study I was keen to put my own experience, knowledge and assumptions to one side and listen to and examine the experiences of the case children with LI, their families and the professionals that work with them in the context of academic literature and policy.

When I initially set out the research questions I had envisaged that it would be relatively easy to identify specific psychosocial goals for intervention, but I subsequently found that some of the goals were more akin to psychosocial processes and that LI was far more social and relational than I had anticipated at the outset. I have a greater understanding and awareness of the disabling attitudes and social structures that create and recreate 'impairments'. This awareness has influenced my outlook on research and leaves me uncomfortable about research agendas that focus predominantly on children's difficulties or 'impairments'. In future, I would like to pay more attention to children's successes and strengths, rather than their failures. I am also aware of the inherent tension between my agenda to conduct applied research that aims to improve support for 'impaired' children and my discomfort about researching a group of 'impaired' children due to the role of research in perpetuating a process of labelling though identifying a child as an object of special interest and different from other, 'normal' children. Alongside the potentially disabling impact of research, children's experiences of frustration, anger and sadness are real and research with children with LI, and professional support for children with LI, have the potential to improve their experiences. These tensions are not easily reconcilable and I will carry them with me in future applied research.

My interest in understanding LI in part stems from my own difficulties I have had and continue to have with talking and more complex, social language. Throughout the interviews and analysis of interview data I have endeavoured to put my own experiences aside and listen afresh to the case children's and others' experiences. This has been challenging at times as there were occasions within the case children's transcripts or professionals' transcripts that resonated with, and enlightened, my own experiences and, as such, leapt from the page and touched me emotionally. On these occasions I took time to reflect and this enabled me to leave my experiences aside and look afresh at the transcript as a whole.

Prior to the study I had limited experience of communicating with children with speech, language and communication needs (SLCN). Therefore, I spent time learning and practicing skills for communicating with children with SLCN before carrying out interviews with children. In particular, I gave the case children in the study longer to respond than I would have done when communicating with other children and adults. I also attempted to comment on what children were doing, or make statements about something, rather than asking questions. The case children tended to respond to statements or comments with ease, but there were times in the interview where I asked questions in order to follow my agenda for the interview. I found I had to balance allowing the case children to talk and play freely with asking children questions that were not initiated by themselves in order to follow the agenda of the interview, such as about children's experiences at school. At the times when I asked questions, I tended to offer prompts that the case children could choose from and then ask them to describe further for

verification once they had chosen. I had learned from facilitating several workshops with children with SLCN that preparation of activities and the flexible use of those activities assisted the interview process with children with SLCN. Unlike with sibling or adult participants where I asked more open, semi structured questions, for the case children with LI, I had carefully prepared activities that built up conceptually to aid children's understanding of what I was asking of them. In this way the interviews with the case children were much more activity focused compared with interviews with their siblings, parents and professionals. The visual and arts activities facilitated communication with children and focused the agenda of the interview in a way that would have been difficult to achieve using a semi-structured interview with open questions. Before meeting the case children I was concerned that I might find it difficult to understand what they were saying to me, but I was mistaken. With the exception of one case child who I had misunderstood on several occasions, in general the children's speech was intelligible and we were able to communicate well within the interview situation and within the specific activities.

5.7 Summary

Within this chapter I have reflected on a number of methodological observations and challenges. Firstly, given the small sample of children, there is a need to cautiously discuss transfer of the research to other children with LI more broadly. Most arts activities worked well, encouraging the case children's engagement with research questions and their expression of their experiences, although sometimes they did not function as I had intended. Analysis of children's data using Interpretive Phenomenological Analysis (IPA) was challenging due to their use of language. IPA of multi-perspective data was also challenging and time consuming, but was incredibly valuable. Taking these methodological considerations in mind, the following Chapter discusses the implications of the analysis on speech and language therapy and teaching practice and support for children with LI.

Chapter 6: Psychosocial goals for intervention for children with LI, implications for practice and avenues for future research

The study has uncovered language impairment (LI) as a complex, social, relational phenomenon, for which there are several important implications for professional practice: i) the target of intervention would be best placed at the relational space between children and their social (and physical) environment, rather than targeting intervention at a child; ii) recognising and promoting children's experience of agency is a goal in and of itself that could be done in a variety of different contexts; iii) addressing children's emotional wellbeing and developing identity as a target for intervention in and of itself, not just as a product of improved speech and language skills; iv) addressing children's increased risk for bullying and the emotional consequences of bullying; v) improving communication between children, parents and professionals and the understanding of different perspectives. The original aim of the thesis was to identify psychosocial goals of support for children with LI. The first of the five implications, 'targeting the relational space' is a goal for professionals, rather than for a child with LI and is fundamental for identifying goals of support for a child with LI more broadly. The latter four implications for practice are important, interrelated, psychosocial goals of support for children with LI and include the potential for working directly with the child, working with those in relationship with the child, and/or changing the child's social and physical environment and attitudes at a societal level. The five areas are discussed below in terms of their realisation and evaluation in practice. The chapter concludes by describing some avenues of research that I plan to pursue in response to findings from this study.

6.1 Targeting the relational space

The idea of targeting intervention at problematic relationships, whether they are the relationship between a child with impairment and their family, or with peers in the classroom, or strangers, or in relation to aspects of the education system, or societal expectations, represents a shift away from the International Classification of Functioning, Disability and Health (ICF) where the individual is central to intervention. Currently, SLTs and teaching staff already target children's environments and their peers as they aspire to address functional communication and some recent research has focused on creating communication friendly schools for preschool children with LI (Dockrell et al., 2012), so in some ways I am not suggesting a radical shift in practice, but I am arguing for a shift in emphasis, so that the starting point for intervention assesses both sides of relationships and the individual perspectives within those relationships. If children's speech and language abilities are not assessed in the context of problematic relational spaces (either in interpersonal relationships or environment such as school) and only one side of a

relationship is addressed, then the assessment and intervention may be less than optimal. Therefore, judgement as to whether an intervention is successful should take into account both sides of the relationship, so this may include evaluating a child's social communication skills and their perceptions of these skills in situations, as well as teachers' or peers' response and/or attitudes towards the child in those situations. It may also involve addressing problematic aspects of the wider cultural fabric of a school or community. Listening to, and addressing the child's perspective is an important part of this process. Listening to peers', families' and teachers' perspectives may also be important. Targeting the relational space through listening to children's and others' perspectives may also highlight the need for input by professionals from other disciplines, such as educational psychologists or social workers. It is currently unclear how the recently introduced Education, Health and Care plan (Department of Education, 2011; 2012) will influence practice. The emphasis it places on the child's voice and multi-professional collaboration in the identification of goals for support may provide an opportunity for targeting the relational space. The critical role of communication in the process of intervention is discussed further later in this chapter.

There are potential resource implications if SLTs and teaching support staff are encouraged to work with children's families and peers in addition to children themselves. Some interventions, such as friendship circles, the use of collaborative learning in classrooms and inclusive educational arrangements, already involve working with children and their peers or their social environment to improve a child's social communication and inclusion (Laws et al., 2012, Wendelborg and Kvello, 2010, Jacques et al., 1998, Miller et al., 2003). The extent to which current practice in SLT services and schools targets the relational space requires further investigation. Further exploration is also needed to ascertain how a shift in emphasis to the relational space can be accommodated within current practice.

6.2 Promoting children's experience of agency

The case children's experience of agency impacted on children's emotional wellbeing and engagement in academic and social situations. Therefore, promoting children's experience of agency could become a crucial goal of support. Findings from the study suggest that SLTs were good at promoting the case children's experience of agency in therapy sessions, but some children experienced a lack of agency in the classroom, as well as in relation to influencing their peers and in confrontational and other social situations. Helping children to experience control over situations and other people and addressing environments and other people's responses to children to promote children's experience of agency, should be investigated further as a possible goal for support. The case children's understanding of situations, others' intentions, and expectations were all very important for children's experience of agency over time in relationships. The case children had different situations and relationships where they

experienced agency or a lack of agency, and therefore, interventions would need to be individually tailored in this respect and may be addressed by different professionals depending on the situational context. For example, an SLT may be concerned with a child's experience of agency in common communication situations with their peers and a teacher may be concerned with a child's experience of agency within their classroom. There may be some general principles that could encourage children's experience of agency in classroom situations, and children's understanding of classroom instructions and tasks may assist with this. Further research is needed to explore this on a larger scale. The Department for Education response to the Green Paper, Support and Aspiration (Department for Education, 2011), emphasises high expectations for children with Special Education Needs (SEN) to achieve without explaining how these expectations will be met. The Green Paper does not mention anything about additional training or resources for teaching and learning support assistants, which has been identified as an important factor in the effective inclusion of children with SEN in the classroom and their access to the curriculum (Webster and Blatchford, 2013). Expectations of achievement are as important for children with LI as any other children, but they may need to be realistic, flexible and achievable in order to encourage children's experience of agency.

For assessment and evaluation purposes, it is difficult to assess and monitor children's experience of agency directly, although there are many existing psychometric measurement tools that could be used to evaluate children's self-efficacy in different areas. Self-efficacy is an individual's self belief in their ability to exercise control over a situation, person, environment or task, and is closely linked to an individual's experience of agency. There are general measures of self-efficacy (Harter and Pike, 1984, Sherer et al., 1982), as well as measures of self-efficacy in specific areas, such as social self-efficacy (Wheeler and Ladd, 1982) and academic self-efficacy (Jinks and Morgan, 1999), but no assessment tools have been found that measure the extent to which an environment such as the classroom promotes the experience of agency. This may be challenging given that the experience of agency is dependent on individual's intentions which are varied, however it may also be worth investigating in the classroom context.

This section has predominantly focused on promoting children's agency. It should also be noted that where there were misunderstandings in relationships, both (or all) sides of that relationship often experienced a lack of agency. Therefore, in keeping with the previous goal of targeting the relational space, the promotion of agency should possibly not be limited to children, but also target both sides of a relationship.

6.3 Children's emotional wellbeing
The findings from this study challenge the goal of improving emotional wellbeing as a

consequence of speech and language therapy intervention. Children's emotional wellbeing is often thought of as an end point, with improvements in communication skills providing a mechanism by which children can improve their friendships and subsequent emotional well being. Instead, contrasting emotions were closely linked to case children's experiences of agency, despite their communication abilities. For example, case children experienced confidence and enjoyment in their speech and language therapy, whereas they experienced failure and frustration with school work. Case children's emotional well being was directly influenced by the attitudes, behaviours and expectations of those around them. Therefore, children's emotional wellbeing could be viewed as a goal of the present, in and of itself and closely linked to agency, rather than a goal for the future, dependent on the improvement of a child's communication skills.

Emotional wellbeing is recognised as an important goal of support for children with SLCN and has recently been identified as an area where intervention is lacking (Lindsay et al., 2012). There are no recommendations about how children's emotional wellbeing will be addressed within the SEN Green Paper, except that the Educational Psychology service will continue to be supported and expanded (Department for Education, 2012). Currently children with LI tend not to be seen by education psychologists (Dockrell et al., 2012) and it is not clear who is responsible for supporting children emotionally beyond the general pastoral support provided within schools. The case children were all different in terms of their emotional needs and their experiences of agency. Children are likely to respond differently to teachers' and peers' attitudes and responses towards them. It is difficult to envisage a one size fits all approach to improving children's wellbeing and promoting positive self identities. However, all professionals can be mindful of children's emotional response to their interactions with children and children's developing sense of self, as well as time spent listening to children's emotional needs. In addition, clarity about whose professional responsibility it is to support any given child's emotional wellbeing may be useful so that professionals can receive appropriate resources for this responsibility.

A number of self report quality of life measures can be used to assess emotional wellbeing, some more suitable for children with SLCN than others (Roulstone et al., 2012b). The PedSALQoL was specifically developed for children and young people with SLCN and is one of very few measures that includes items relating to children's experiences of other people's behaviour towards them (Markham, 2011). However, there are some questions over its reliability as a measurement tool (Roulstone et al., 2012b). The KIDSCREEN (Ravens-Shrieberg et al., 2007) is a generic quality of life measure that has been developed for use across the EU. It has been used with children and young people with LI and ASD and has shown sensitivity in terms of identifying lower quality of life in the domains of emotional wellbeing, as

well as and social acceptance and bullying (Dockrell et al., 2012), which is another goal for support for children with LI outlined in the next paragraph.

6.4 Risk for bullying

Analysis of case children's experiences reinforced findings from other studies about children with LI and ASD's risk of being bullied (Knox and Conti-Ramsden, 2003; Knox and Conti-Ramsden, 2007; Cappadocia et al., 2012; Dockrell et al., 2012; Roulstone et al., 2012b). Studies have found 30- 40% of 11 year old children with LI reporting bullying, approximately three times more than their typically developing peers (Conti-Ramsden and Botting, 2004; Savage, 2005). In this respect, the case children within this study were not representative of children with LI more generally as one or more incidents of bullying were described for all four case children with LI. Incidences and fears around bullying were explained by families and professionals in terms of difficulties case children had expressing themselves and also because of children's and other people's misunderstanding of intentions, as well as case children being perceived as strange or unusual by others due to children not meeting social expectations. Children's susceptibility to being taking advantage of by others due to children's misunderstandings of situations or others' intentions may reflect a different kind of bullying compared with bullying experienced by children more generally, although further research is needed to explore different mechanisms for bullying on a wider scale. If this is the case, professionals can be aware of different forms of bullying and specific risks for children with LI and ASD.

Of note in this study were the differences in attitudes towards other children provoking the case children with LI and differences in the placement of responsibility either on children or on their peers for situations in the classroom. Teachers' attitudes towards children with LI can impact on peers' attitudes towards children with LI, therefore, teachers can play a role in discouraging bullying attitudes and fostering an inclusive environment (Berry, 2006). Professionals working with children with LI, alongside peers and others in society, could reflect on their own attitudes and behaviours towards children with LI in order to increase awareness of disabling attitudes that are embedded in different cultures and society. Lastly, intervention could increase awareness of the propensity for children with LI to have different understandings of social expectations and others' intentions.

A review of school based interventions to prevent bullying for children in general (Vreeman and Carroll, 2007) found some whole school interventions that involved training staff, sending materials to parents as well as working with pupils, successful in reducing bullying. Curriculum based interventions were less successful. It is not clear how these interventions impacted on bullying incidents for children with LI. Finding ways to best support children with LI who are

experiencing bullying, as well as minimising the risk of bullying and encouraging peer relationships, are challenging but important avenues for future research.

6.5 Communication between children, families and professionals

All of the above goals of support are underpinned by a need for listening to and sharing perspectives and information between children, parents, teachers, LSAs and SLTs. The act of listening to and sharing perspectives could be seen as a psychosocial goal in and of itself. Special education needs co-ordinators (SENCOs) were not included in this study as they tended not to work with the case children directly, but they are also important to include in dialogue. There was a distinct difference between the case of Simon and other cases in terms of communication between families, teaching staff and SLTs. For Simon, there was little communication between the family, school staff and the SLT and consequently teaching staff made assumptions about his life at home and linked this with his behaviour in school. In addition, Simon's mother was not aware that Simon was having difficulty communicating within the classroom and that his behaviour was seen by his teachers and peers as annoying. In contrast, for Pete and Sarah, there was more of a shared understanding of their needs between children's mothers and their teachers and SLTs. This may have been facilitated by communication and/or may also have been facilitated by similarities in professional backgrounds of mothers and teachers and/or SLTs.

The Talking Mats® activity highlighted differing perspectives on the case children's abilities and experiences by children themselves, their parents, teachers, LSAs and SLTs. A study that has used Talking Mats® to explore perspectives of adults with aphasia and their caregiver also found different perspectives between participants (Gillespie et al., 2010). The authors argued that some differences in perspectives served a function in accommodating and adapting to difficult relational experiences and should not be perceived as dysfunctional. The differences in perspectives in this study seem to be more of a reflection of the different situations that participants experienced the case children and their professional responsibilities. It could be argued that in this context, increased sharing of perspectives would in general be beneficial, but also needs to be handled with sensitivity given the potential function that participants' perspectives may hold for them in adapting to difficult relational circumstances.

SLTs have long identified communication with school staff as problematic, in part due to time, organisation structure and roles, priorities and expectations (Roulstone, 1983; Mccartney, 1999). For three of the children in this study, the formal statement review process acted as an opportunity for professionals and mothers to discuss and prioritise goals for intervention. Despite this, SLTs still described challenges around communicating with teaching staff directly and having time to discuss individual children. Simon did not have a statement, which may

have exacerbated the lack of shared understanding between his mother and professionals as there were no formal opportunities for communication between all parties involved in his support. The statement system is currently being removed in order to introduce the Education, Health and Care plan which aims to better integrate support and communication across health, education and social services (Department for Education 2011; 2012). It is unclear at present how this will be implemented in practice. Its introduction provides an opportunity to improve communication and the development of a shared understanding between families, teaching staff and SLTs. The Achievement for All programme (Humphrey and Squires, 2011) has had some success in facilitating collaborative relationships between parents and school staff and has seen improvements in children's behaviour and participation, as well improvements in maths and literacy attainment, particularly for children with Behavioural, Emotional and Social Difficulties. The programme targets children with special education needs and disabilities (SEND) and has also shown improved awareness of inclusion issues in schools. The specific approaches used within the programme to encourage collaboration are not explicitly described in the report and were variable across schools, determined at a local level.

Listening to children's perspectives is an important part of developing a shared understanding to identify goals and implement support (Lindsay et al., 2012; Feiler, 2011). For example, Curran (2008) used the quality of the relationship between a child and social worker as a measure of progress. According to Simon's and Pete's SLTs, there was limited consultation with children about their goals and aspirations for speech and language therapy, even though on reflection they were considered mature enough to provide their perspective. Sarah, on the other hand, had been involved in goal setting. The planned introduction of the Education, Health and Care plan has also emphasised the importance of placing families and children at the heart of decision making (Department for Education 2011; 2012), and provides an opportunity to encourage listening to children's experiences and views as a central part of the goal setting process. Talking Mats® and other arts activities proved useful communication tools within this study and could be used in a variety of school and speech and language therapy settings to listen to children with LI.

6.6 A research agenda looking forward

The exploratory, inductive nature of the study has provided new and rich understandings about LI that require further examination with other children with LI, opening up avenues of research. Investigating children's experiences in the classroom on a wider scale, paying particular attention to children's experiences of agency in relation to their work and social relationships within the classroom, the communicative environment of the classroom and teacher-pupil relationships is an important area of further investigation arising from study. The longer term aim for this avenue of research is to inform the training and support of teaching staff in their

professional role and improve children's experience of agency, emotional wellbeing and academic and social inclusion more broadly. Another important, challenging area of research relates to the goal of improving understanding and communication between children, professionals and parents. Specifically, there is a need to explore the extent of, and successful methods by which children's perspectives are routinely elicited and listened to by teaching staff and SLTs about goals for intervention. There are also questions around how the new integrated education, health and care plan (Department for Education, 2011, 2012) can facilitate communication and understanding between children, families and professionals.

Other areas for further research highlighted by the study include investigating individual's experiences of agency in childhood in relation to their developing self awareness and social and emotional wellbeing and further examining different mechanisms to bullying for which children with LI may be at risk, with a view to reducing bullying incidences and better supporting children who experience bullying. An important consideration for the aims and design of studies in all these avenues of research is the understanding of LI as a relational phenomenon for primary age children. The idea that LI is a relational phenomenon rather than an impairment experienced by the child, requires further investigation with children of different ages. It is possible that LI is also a relational phenomenon for preschool children and that as children get older and more self and socially aware and children and young people and adults experience low self-esteem and self-efficacy in different situations, LI may become more psychological, as well as a relational, for example an individual may begin to experience social anxiety. Further exploratory, phenomenological, multi-perspective studies with preschool children, young people and adults are needed to ascertain the relational and psychological extent of LI through the life course.

6.7 Summary

Five implications of the findings for the support of children with LI have been identified: i) targeting interventions at the relational space, ii) promoting children's experience of agency, iii) assessing and supporting emotional wellbeing, iv) addressing children's increased risk for bullying, and v) improving communication and a shared understanding between children, families and professionals. These suggestions for practice are made with caution and the caveat that further investigation is needed to trial any suggestions with a wider sample of children given the small number of children included in this study, particularly in relation to ideas around the promotion of agency and targeting relationships. However, there are sufficient similarities in findings with studies involving other children with LI and/or ASD to warrant further investigation with a larger number of children and for SLTs, teaching staff and other professionals working with children with LI, to keep these psychosocial goals of support in mind. If confirmed with a larger number of children, these findings are critical for the provision

of support for children with LI.

Final conclusions

LI is a developmental disorder that affects aspects of children's language, such as grammar, comprehension, social communication and word finding, as well as impacting on children's friendships, emotional wellbeing, and academic and employment opportunities later in life. The thesis set out to better understand the phenomenon of language impairment (LI) as experienced by individuals rather than as a biological, linguistic, neurological, or cognitive phenomenon. Taking a psychological, multi-perspective, phenomenological approach, the study explored children's, parents', siblings', SLTs', teachers', LSAs' and a friend's experiences and understandings of four children's LI. Analysis of interviews with participants elicited rich, varied explanations and interpretations of LI, illuminating a complex, shifting, relational phenomenon. Analysis of the case children's interviews in particular, revealed the saliency of agency within their descriptions and explanations, and its close links with case children's emotional experiences and engagement in social and school situations. Analysis of interviews from multi-perspectives allowed glimpses of the complex interplay between other people's interpretations of, and attitudes towards children within situations and children's experiences of those situations and their developing identities.

The multi-perspective, phenomenological approach used has opened up new avenues for research with, and support of children with LI as outlined in the previous chapter. The study has identified five key implications for the support of children with LI that were drawn from the analysis, including promoting children's experience of agency, addressing children's emotional wellbeing and their increased risk for bullying, improving communication between children, parents and professionals and targeting children's relationships with others and their environment, rather than centring intervention on the child's impairment. Research with a larger number of children is needed to investigate whether the situations where children and young people with LI experienced a lack of agency in the current study are common for other children with LI, impacting on their emotional wellbeing and social and academic engagement. In summary, this thesis has exposed LI as far more complex, dynamic and relational than has been portrayed in dominant speech and language therapy literature, with important implications for the professional support and education of children with LI.

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Appendix A: Study approval documentation and recruitment materials

Appendix A1: Example study information sheet

University of the
West of England
BRISTOL

Title: Why is getting help with talking important? Children's and parents' views

Information Sheet for parents and carers to read with or give to their children

Name of researchers: Helen Hambly with Sue Roulstone and Tillie Curran

Introduction

I am asking if you would like to take part in a research study. A research study is a project where people ask you questions about something they want to understand more about. Before you decide if you want to take part you need to know why I am doing the research and what will happen. This sheet will tell you all about it.

Why are we doing this study?

We want to find out from you and others what is important to you about talking and how things could be better for you.

Who is doing the study?

My name is Helen Hambly. I am doing the study with Professor Sue Roulstone and Dr. Tillie Curran at the University of the West of England.

Who else are we talking to?

I am going to be talking to other children like you who have help at school or at home with their talking. I am also going to be talking to your parents or carer and your speech and language therapist or a teacher who helps you at school and to other parents, speech and language therapists and teachers.

I would also like to talk to someone close to you who you spend time with and who is a similar age to you. This might be your brother or sister or a good friend. YOU can choose who this person is. I will ask them similar questions to those I will ask you. I will ask them about what is important about talking and how things could be better for children who find talking hard.

Do I have to take part?

No! It is up to you to decide whether or not to take part. If you do take part you can change your mind at any time, without telling us why. If you decide to stop taking part this will not make a difference to the help you get.

What will happen to me if I say yes I want to take part?

I will give you a scrapbook with activities in it that you can do in your own time over the next few weeks. I will visit you at home or at your school for up to an hour. I will look through your scrapbook with you and ask you some questions and do some activities with you that should be fun. You will do some drawing, talking and some writing. I will audio record our conversation and will take some photos of your scrap book to make sure I don't miss or forget anything important that you say or draw. When the study is finished I will destroy the audio tapes and the photographs that you can be identified in.

Will anyone else know I'm doing this?

Your mum or dad or carer will know that you are taking part and your speech and language therapist and teacher may know. If you choose one of your friends or your brother or sister to take part as well, they will also know you are taking part. This is YOUR choice – you do not have to name one of your friends or brother or sister to take part.

If I repeat anything that you say or draw in a report, I will remove your name so that no one can tell that you have said it or drawn it.

What are the good things about taking part?

I hope that you will enjoy filling in your scrapbook and talking to me. What you tell me will help us understand what would make things better for children like you. I will send you a report about what we found out from you and others like you when I have finished the study.

What are the bad things about taking part?

I don't think there is anything bad about taking part, or that anything bad will happen to you. If there are any questions you don't want to answer or an activity you don't want to do, then you can say **NO!** If you want to stop filling your scrapbook or talking to me, you can say **STOP!**

What if I don't want to do the study anymore?

You can change your mind about taking part whenever you want to. We will talk to your mum or dad or carer about this as well. No-one will be cross with you if you say **NO or STOP**.

Did anyone else check the study is OK to do?

Before any research is allowed to happen, it has to be checked by a group of people called an Ethics Committee. They meet and read everything about the study to make sure that the research is OK to do. Your project has been checked by the people at the Research Ethics Committee for Wales.

What if I have a complaint about anything I do or have asked?

If you want to complain you can talk to your mum or dad or contact Sue Roulstone who works at the Speech and Language Therapy Research Unit and is supervising the

research project. Her address is: Speech and Language Therapy Research Unit, Frenchay Hospital, Bristol, BS16 1LE. Telephone: 0117 3406529. Email: susan.roulstone@uwe.ac.uk.

What if I have some more questions?
If you have any questions about the study please tell your mum or dad and they can ring me, Helen Hambly, at the Speech and Language Therapy Research Unit, Frenchay Hospital, Bristol. Email: Helen.Hambly@speech-therapy.org.uk or tel: 0117 3406529.

Thank you for reading this!

Consent form: Adults providing consent to participate

Title: Why is getting help with talking important? Child, parent, friend and professional views

Name of Researcher: Miss Helen Hambly

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights or my child's care being affected.

☐

I agree to take part in an interview and fill in a diary and that my participation in both will form part of the data collection for this study.

☐

I understand that the interview will audio recorded and that this will be destroyed once notes have been made from the workshop.

☐

I understand that my diary notes may be photographed and/or used in the report. Some of my words might be used in the final report and I understand that these will be anonymised.

☐

I agree to take part in the above study.

☐

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

Appendix A3: Assent form for children

University of the
West of England
BRISTOL

Title: Why is getting help with talking important? Children's and parents' views

Assent/Consent Form to participate: Children

Names of Researcher: Helen Hambly

Please tick each of the small boxes if you agree:

...ve seen the information ...et. ☐	I have asked my family or asked any questions I have and got them answered. ☐	I understand that I am taking part in an interview with art activities and filling in a scrapbook. ☐
...ow I can stop taking part at ... time and do not have to ...e a reason why. This won't ...ke a difference to the help I ... ☐	I know if I have any more questions I can ask them. ☐	I know that some photographs will be taken of my scrapbook. ☐
...ow that some of the ...vities that involve talking ... be voice recorded to make ...e nothing important that's ...d is m... ☐	I am happy to and take part in the study. I know that my drawings, some of the things I say and photographs taken at the activity afternoon might go into reports. ☐	

be signed by child/young person.

……………………………………………….........

...r name in capital letters

…………………………………………………….
..
e:

To be signed by the researcher (on the day)
I have given the named child/young person the chance to discuss the research study.

………………………………………………………

Researcher's name in capital letters

…………………………………………………

Date:

165

Appendix A4: Copy of letter of approval from Research Ethics Committee for Wales

GIG CYMRU NHS WALES | Canolfan Gwasanaethae Busnes / Business Services Centre

Research Ethics Committee for Wales

Ymchwil Ethegau Aml-Ganolfan yng Nghymru

4 Llawr, Ty Churchill
17 Ffordd Churchill
Caerdydd, CF10 2TW

Ffon : 029 2037 6829
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Website / Gwefan :
www.nres.npsa.nhs.uk

New e-mail / crai e-bost :
corinne.scott@wales.nhs.uk

Fourth Floor, Churchill House
17 Churchill Way
Cardiff, CF10 2TW

Telephone : 029 2037 6829
Fax : 029 2037 6824

30 September 2010

Miss Helen Hambly
PhD student
University of the West of England
SLT Research Unit
Frenchay Hospital
Bristol   BS16 1LE

Dear Miss Hambly

Study Title: **Looking beyond language outcomes for children with Primary Language Impairment: An exploration of perspectives on why improving communication is important.**

REC reference number: 10/MRE09/26

Thank you for your letter of 22 September 2010, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chairman.

Confirmation of ethical opinion
On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites
The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion
The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where the only involvement of the NHS organisation is as a Participant Identification Centre (PIC), management permission for research is not required but the R&D office should be notified of the study

and agree to the organisation's involvement. Guidance on procedures for PICs is available in IRAS. Further advice should be sought from the R&D office where necessary.

Sponsors are not required to notify the Committee of approvals from host organisations.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents
The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Investigator CV	Helen Hambly	23 July 2010
Investigator CV	Susan Roulstone	10 August 2010
Protocol	2	20 September 2010
Expression of interest form	1	23 July 2010
REC application	signed in ink by Miss Hambly, and electronically by Simon Evans, UWE (sponsor), and in ink by Sue Roulstone (supervisor)	11 August 2010
Covering Letter	signed Miss Hambly	10 August 2010
Letter from Sponsor	signed Dr Simon Evans, UWE	12 August 2010
Letter of invitation to participant	Cover letter - parents - version 2	20 September 2010
Letter of invitation to participant	Covering letter - friends parents - version 2	20 September 2010
Letter of invitation to participant	Cover letter - professionals - version 2	20 September 2010
Participant Information Sheet: Parent	2	20 September 2010
Response to Request for Further Information	Letter signed Miss Hambly	22 September 2010
Participant Information Sheet: Children	2	20 September 2010
Participant Information Sheet: Professional	2	20 September 2010
Participant Information Sheet: Friend Parent	2	20 September 2010
Participant Information Sheet: Friends - Siblings	2	20 September 2010
Participant Consent Form: Adults	2	20 September 2010
Evidence of insurance or indemnity	UM Association certificate of insurance; expires 31 July 2010	
Participant Consent Form: Parent for child	2	20 September 2010
Participant Consent Form: Assent - child	2	20 September 2010
Evidence of insurance or indemnity	UMAssociation certificate of insurance - expires 31 July 2010	

Statement of compliance
The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review
Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

10/MRE09/26	Please quote this number on all correspondence

Yours sincerely

Dr Gordon Taylor
Chair

Email: corinne.scott@wales.nhs.uk

Enclosures:	"After ethical review – guidance for researchers"
Copy to:	*Leigh Taylor*

Appendix B1: Scrapbook activities

Pages 1 and 2: **My favourite activities**

Pages 3 and 4: **A typical day in my life**
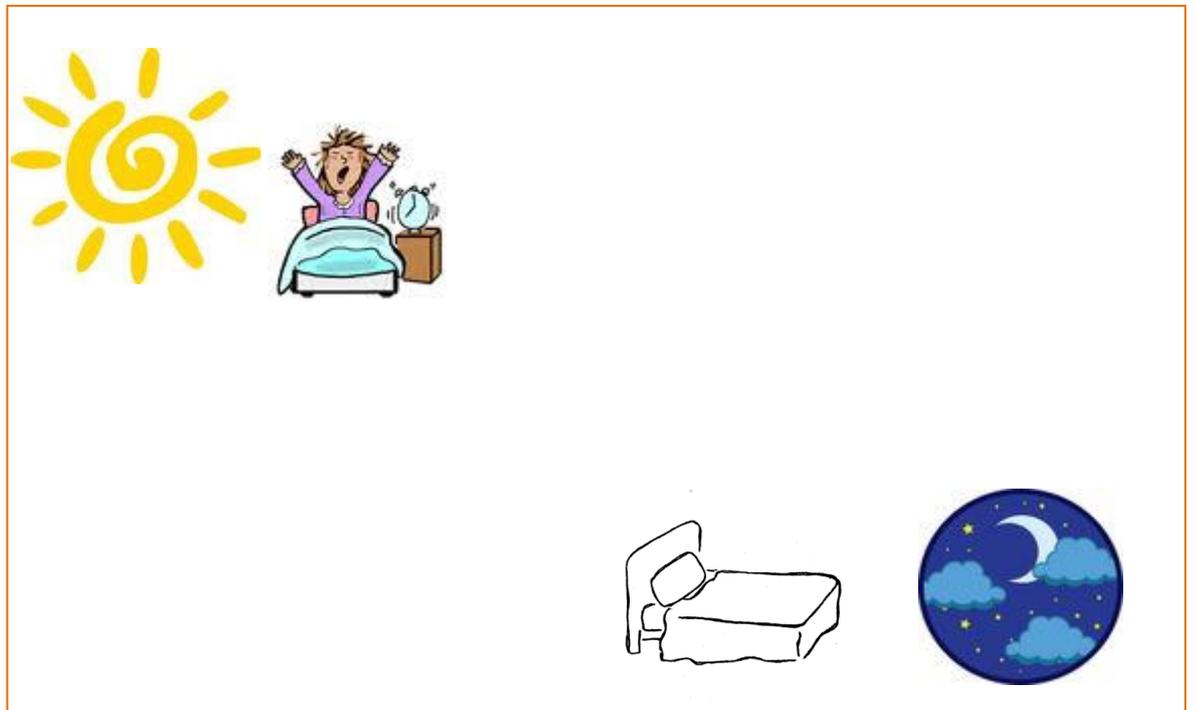
Pages 5 and 6: **Things and people that help me...**

Pages 7 and 8: **Things I'd like to do / Things I'd like to change**

Appendix B2: Talking Mats visual symbols

Hearing	Maths	Talking
School sports	Classroom	Writing
Arguing	Making friends	Playing with friends
Homework	Getting words out	Understanding people
People Shouting	Listening	Getting sounds out
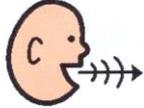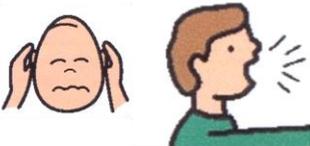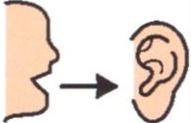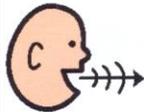
People annoying me	Group work	People teasing
People interrupting	Science	Break times
Spelling	Reading	Playing with my brother / sister
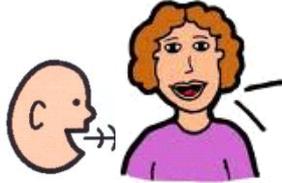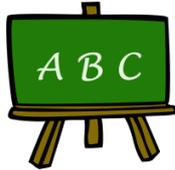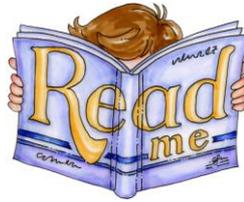
Appendix B3: Example diary prompts for professionals

This is a diary for you to write down your experiences, thoughts and feelings over the next few weeks before I see you. I will refer to your diary in our interview so you can use it as a prompt. I would like to analyse what you have written in it as part of my research. If you want to keep your diary after our interview, I will take photographs of your entries instead of taking it away. I'm interested in your experiences as Daniels' SLT and your views on what is important for him and others. Here are some of the things I'd like you to think about:

Think about Daniel and other children you see with primary language impairment.

What do you hope to achieve when you spend time with them?

Before seeing Daniel think about what you hope to achieve in…
- **your session with him**
- **a set of sessions with him**

After you have seen Daniel, think about whether you achieved what you were hoping to and what your next goals with him will be.

Do you have any long term goals for him?

What makes a good and a bad session…
- **With Daniel?**
- **With other children with primary language impairment?**

How do you see yourself helping him? (your role)

How do you see others at school helping him, such as LSAs and teachers?

How did you feel your last session went with him?

How do you feel about the progress he's making?

How is Daniel different or similar to other children you see with primary language impairment?

If you have any questions, call Helen on 07788923179
Or email: helen.hambly@speech-therapy.org.uk

Appendix B4: Example dairy prompts for parents

This is a diary for you to write down your experiences, thoughts and feelings over the next few weeks. You can use as little or as much as you like – you can write occasional notes or daily entries or draw if you like. I will refer to your diary in our interview so you can also use it as a prompt. I would like to analyse what you have written in it as part of my research. If you would like to keep your diary after our interview, I will take photographs of your entries instead of taking it away.

I would like you to think about Sarah and the impact that her difficulties with talking have on her and your family's day to day life. I would also like you to reflect on the things and people that help Sarah and your hopes, fears and aspirations for her in the short and longer term.

For example:
- *Think about a typical day and note down people that help your child in different ways:*
  - *What do you hope for Sarah as a result of this help?*
  - *What makes a good and bad day for Sarah?*
- *Are there times when you have felt or feel like Sarah has achieved something important to him?*
- *What are you looking forward to and not looking forward to for Sarah...*
  - *Today? This week? This term? In the next few years? When she's older?*

There may be other things that you experience in the next few weeks that you want to tell me about - I'm interested in hearing about things that are important to you and Sarah.

If you have any questions, call Helen Hambly on 07788923179
Or email: helen.hambly@speech-therapy.org.uk

Appendix B5: Example interview schedule for children

Child interview schedule:
Explore scrapbook (10 mins): Elicit descriptions of their daily lives and the people that are important to them though going through their scrapbooks with them. Ask to describe and explain in more detail. Use statements and observations about what they've done in their scrapbooks or their expressions when talking about it.

If not completed:
> What are your favourite things to do at home? At school?
> What are you good at?
> Who do you like to play with?
> What is fun for you at school/home?

Once I have an overview, go back and focus on **typical day activity** in scrapbook.
> Use additional paper to draw or write things and place around scrapbook– take photos.]
> *If not completed, complete typical day activity with them.*

Tell me about a good day?
What things make you feel good?

Tell me about a bad day?
Or ask to describe a recent difficult situation or day.
What things make you feel bad? (probe more: sad, frustrated etc.)
> Why do you think this happens (to you)?

2. Talking Mats® (15-20 mins): How do you find 'x'… [Top scale: Easy – so so – Difficult]
The aim of this activity is to keep building up picture of child's life, in particular areas that they find more difficult than others. The visual prompts have been developed from children's workshops and piloting with SLT and LSA in a primary school. The child will be shown a visual prompt and asked to place on a mat in one of three columns, so mapping out areas of their life. Although this task is primarily a visual task, the child will be encouraged to talk about different areas.
Additional verbal prompts that can be used flexibly:
> Tell me more about this? – emphasis on asking for description and explanation.
> What don't you like about it?
> Describe a difficult or recent situation where this (from Talking Mats®) has happened

> *More prompts specifically on talking:*
> Who do you like talking to?
> Are there people who you don't like talking to?
> Are there times when you don't you like talking? (e.g. in class, break times, noisy…)
> What do you do when people don't understand you?
> What's it like for you? How does it make you feel?
> (Can use stickers as prompts if not talkative)
> What do you do when you feel like this?
> What did/do you do that helped you cope with the situation?
> There are times when it is easier… what is different?

> What do you find hard about talking?
> Does it make things difficult for you(in other areas of your life) at home, in class, with

friends?
Are there things that you used to find hard but that you find easier now?
If you could change two things what would they be?
What's most important?

Break
3. Help with talking (10-15 mins)
Aim: To elicit experiences and descriptions of the support they receive and how it helps them.
Clear the mat but keep visual prompts for things that were difficult and refer also to scrapbook
activity 'people who help'. Pick two people who are helpful for things that are important from
the talking mats task and make them into wooden spoons. Also probe on how SLTs and
teachers help with talking and about things that aren't helpful.   During task probe about how
other people help with things that are difficult
    Prompts
Who helps you with your talking?
Tell me about them [teacher/therapist] / your lessons with them?
Does it help you talk with friends/family easier? In what ways?
How does it make you feel?
Are there things they could do to help you more?
What is most helpful?
Is there anything/anyone who is not helpful?

If conversation about 'help' isn't going anywhere – try activity with circles – so most helpful at
centre of the circle and least helpful. Could go through and name all those at school and at
home on pieces of paper shaped like people and place in centre of circle.

Fears, hopes and aspirations (10-15 mins). First look at the 'things I'd like to do' and things
I'm looking forward to. Ask if has any fears.
 Next step up the ladder: 'there are some things that you would like to do, some will seem easy
and some will seem hard. Write or draw all the things you would like to do on a piece of paper,
cut them out and stick them on the ladder. Put those that feel easiest at the bottom of the ladder
and those that feel hardest at the top.

Lastly explore the things that they are looking forward to in the future and things they would
like to achieve in the future.   How does getting better at talking fit into this? How can people /
things that help achieve goals. Finish interview on something positive they are looking forward
to.
    Prompts
What have you enjoyed in the last week, month, year? (E.g. . lessons, parties, sports, holidays,
Christmas, going up a year)
What are you looking forward to in the next week? Month? Year?
Is there anything that you're not looking forward to? Why?
Is there anything you are afraid of?
Is there anyone/thing that can help make it better?
If you could click your fingers and make x better, describe what you (your talking or other issue
raised) would look/be like in a few months/few years?
Who and what could help you get to the top of the ladder

Appendix B6: Example interview schedule for parents

Introduce interview
Remind that audio recorded and can say stop at any time
State that most questions will be about X and your perceptions of what it is like for X.
'You may not always know the answer, just say if you're not sure what I am asking or if you're not sure of the answer.
At the end I will ask you a few questions about your experiences as his mum.
Do you have any questions before we start?

1. **Start by looking through diary and exploring entries with them**

   Tell me a bit more about what you mean by this?

   Can you describe what happened?

   Why do you think this happened?

   How did it make you feel?

   How do you think it made x feel?

   ----

   2. Typical day and descriptive overview

   Can you tell me a bit more about x?
   What are his favourite things to do at home? At school?
   What is he good at?
   Who does he like to play with?
   What is fun for him at school/home?

   Can you describe a typical day for you and Byron?

Tell me about a good day for x?
What things make him feel good?
   How is it for you? How does it make you feel when this happens?

Tell me about a bad day for x?
Or ask to describe a recent difficult situation or day.
What things make him feel bad? (probe more: sad, frustrated etc.)
   Why do you think this happens (to him)?
   How is it for you? How does it make you feel when this happens?

   When did you first become concerned about his talking?
   What happened? (elicit referral / statement story)
   What's happening now?

   Can you tell me a bit more about his school and the help he gets?
   How long as he had SLT? / Extra help at school?
   How do you think this has helped him?

   How have things changed over time?

What sorts of things did he struggle with when he was younger?
Again, can you give some examples

3. **Talking Mats ®**
   Focus on specific areas that child struggles with now, ask to rank. Probe about how things could be better, what this would look like, how makes him or her feel, any impact on family. What are specific goals related to each?

   Describe a difficult situation where this (from talking mats) has happened
   Is there anything that could have helped?

   More prompts specifically on talking:
   Who does he like talking to?
   Are there people who he doesn't like talking to? (Describe, explain)
   Are there times when he doesn't like talking? (e.g. in class, break times, noisy…)
   What does he do when people don't understand him?
   What's it like for him? How does it make him feel?
   What's it like for you? How does it make you feel?
   What do you do when you feel like this?
   What does he do to help cope with the situation?
   There are times when it is easier… what is different?

   Does it (his talking) make things difficult for him(in other areas of his life) at home, in class, with friends?
   Are there things that he used to find hard but that he finds easier now?
   If you had a magic wand what would you wish could be easier for him?

4. Help and goals

Who do you think has been helpful at school and at home for your child?
In what ways?
   And his friends?
   Yourself?

In what ways do you see the SLT and teachers at school helping? (… with specific examples from talking mats)

   Have you noticed any recent achievements for him?

   What do you think have been his biggest achievements in the last couple of years?
   Have these achievements impacted on other aspects of his life? (How)

   What does seeing x achieving mean to you?
   How do they make you feel?
   Give an example

   Have you ever been disappointed with him or his progress with talking?
   How does this make you/him feel?
   Can you describe

What are your hopes for him in the next term (few months)?

What are your hopes for him in the next few years/when he's older / secondary school?

Do you have any fears for him?
Is there anyone/thing that can help make it better?
Did you have any fears in the past that have come true?
Describe.   How has this made you/him feel?

How can SLTs / teachers at school help with… *[hopes and fears]*?

What is he looking forward to? *This week   This summer*

What are you looking forward to for him?

A few questions are about you.
How do his difficulties with talking impact on your life?
As mum? As a family?
On your other children?

Is there anything that you would like SLTs and teachers at school to help you (or anyone else in your family) with?

If x could change two things, what do you think they would be?
What do you think is most important for x?

If you could change two things for x, what would they be?
What is most important for you?

If you could click your fingers and make x better, describe what he (your talking or other issue raised) would look/be like in a few months/few years?

Before we finish I have a couple of questions about how x's progress is evaluated

Are there any formal mechanisms that you're aware of where progress is formally assessed?
        Are you involved in IEP?
(If no formal assessment or not involved… would you like to be involved or are you happy for school / SLT to monitor progress?)

Thank you That's all the questions I have
Is there anything that we haven't talked about that you think is important?

Appendix B7: Example interview schedule for professionals

Interview adapted for use with LSAs / SLTs to reflect different roles and relationships

1. **Introduce interview**
   Remind that audio recorded and can say stop at any time
   Do you have any questions before we start?

2. **Start with exploring diary entries with them**
   Tell me a bit more about what you mean by this?

   Can you describe what happened?

   Why do you think this happened?

   > How did it make you feel?

   > --
   > Can you tell me a bit more about x?
   > *What are his favourite things to do at school?*
   > *What is he good at?*
   > *Who does he like to play with?*
   > *What is fun for him at school?*
   >
   > *When did you first start seeing him?*
   > *What was he like?*
   > *How would you describe him now?*
   >
   > Can you tell me a bit more about his school and the help he and others get?
   > *How long as he had SLT? / Extra help at school?*
   > *Who does he see?*
   >
   > Can you describe your last session (or lesson) with him?
   > *What did you do?*
   > *What did you try and achieve?*
   > *How do you think SLT/extra support is helping him?*
   > *What has been most useful for him?*
   >
   > Would you say this is a typical session?
   > *What other things might you do / try and achieve?*

   What would a good session with x be like?
   What would a bad session with x be like?

   > Has your focus changed over time?
   > *In what way?*
   > *What sorts of things did he struggle with when he was younger?*
   > *Again, can you give some examples*

   ----
3. **Talking Mats®**
   Focus on specific areas that child struggles with, ask to rank. Probe about how things could be

better, what this would look like, how makes him or her feel, any impact on family. What are specific goals related to each?

> Describe a difficult situation where this (from talking mats) has happened
> Or, can you give me an example of this?
> *Is there anything that could have helped?*

> *More prompts specifically on talking:*
> Who does he like talking to?
> Are there people who he doesn't like talking to? (Describe, explain)
> Are there times when he doesn't like talking? (e.g. in class, break times, noisy…)
> What does he do when people don't understand him?
> What's it like for him? How does it make him feel?
> What's it like for you? How does it make you feel?

What do you do when you feel like this?
What does he do to help cope with the situation?
There are times when it is easier… what is different?

Does it (his talking) make things difficult for him(in other areas of his life) at home, in class, with friends?

> Are there things that he used to find hard but that he finds easier now?
> If you had a magic wand what would you wish could be easier for him?

4. Help and goals

In what ways do you see the SLT and teachers at school helping? (… with specific examples from talking mats)

> *How do you see your role in this?*
> *And his parents / friends/siblings?*

> What are his most recent achievements?

> What do you think have been his biggest achievements in the last couple of years?
> *Have these achievements impacted on other aspects of his life?*

> What do seeing achievements mean to you?
> *How do they make you feel?*
> *Give an example*

> Have you ever been disappointed with him or his progress?
> *How does this make you feel?*
> *Describe*

> What are your hopes for him in the next year?

> What are your hopes for him in the next few years/when he's older / secondary school?

> Do you have any fears for him?
> *Is there anyone/thing that can help make it better?*
> Did you have any fears in the past that have come true?
> *Describe. How has this made you/him feel?*

> How can SLTs / teachers at school help with *these hopes and fears*?

What are you looking forward to for him?

Is there anything that you would like SLTs and teachers to be helping x with?
Why do you think this doesn't happen?

Is there anything that you would like his parents, siblings or friends to be helping x with?
Why do you think this doesn't happen?

Would you say x is typical of other children you see in terms of

1. Responses to hopes and fears questions
2. Responses to achievements questions
3. Responses to SLT and teacher roles
4. Responses to type of help received

Refer to diary and probe if not, why not.

If you could change two things for x, what would they be?
What is most important for you?

If x could change two things, what do you think they would be?
What do you think is most important for x?

Thank you That's all the questions I have
Is there anything that we haven't talked about that you think is important?

Appendix C: Documentation from the analysis

Appendix C1: Extract from a child's interview transcript

H: ok so where's your scrapbook, oh it's here. So we're going to look at, we're going to think about a typical day. Well it;s not going to be a typical day. You know sometimes you have good and bad days

SIMON: yeah

H: I have good and bad days, I'm sure your mum has good and bad days, so we're going to think about, these blue one [gets clouds out] are good days. What things might happen on a good day?

SIMON: A good day they when I go to school I could I always play football

H: yeah, so do you want to draw a football

SIMON: ok

H: or do you want to write, or you can do both

SIMON: I'll do drawing I mean

[pause while draws]

H: so that's you playing football. Who do you play football with?

SIMON: er, I play with yr 3 [?] class and yr 4

H: yr 4 aswell. Yr 4 are they the big boys. Yr 4 are they above

SIMON: Yr 4 are above me

H: yeah

SIMON: and yr 5 above them

H: so what else would be a good day? Anything else?

SIMON: erm

H: say when you came home or even at school again?

SIMON: erm don't know

H: don't know. How about bad days, can you think of what might be on a bad day?

SIMON: my bad day, er, people calling me um stupid [throughout this bit of conversation, Simon is quiet and sounds despondent]

H: people calling you stupid?

SIMON: yeah

H: how does that make you feel?

SIMON: sad

H: yeah

SIMON: yeah

H: is it just one person or lots of people or?

SIMON: only one person

H: who's that?

SIMON: I don't know their name

H: oh right, do you tell them.. do you say anything back to them?

SIMON: I just be sad

H: you just be sad. You don't tell them you're not stupid

SIMON: [rusty?]

[draws picture]

H: is that you again or is that the person

SIMON: person

H: ok

[pause, silence while draws picture]

H: it's not very nice is it

[pause, silence while draws picture]

H: is that you then?

SIMON: yeah
H: does it happen very often or does it
SIMON: it just happen once
H: it just happened once, well that's good. It would not be very nice if it happened every day
SIMON: no
H: but that is a bad day, that is a bad day. Ok, Is there anything else that makes a bad day?
SIMON: er, [pause] mmm, can't think of one
H: no, well that's good that you don't have too many bad days. Ok

0:50:43
H: ok, erm, we're gonna. The next thing we're going to do is we're going to do the cards. Is there anything else you want to say about your good and bad days?
SIMON: [shakes head]
H: No? Ok. Did you want to keep these? Do you mind if I take them away [good and bad day pictures]. Or shall I take a photo?
SIMON: you could take a photo
H: shall I take a photo? There's lots of snapping going on here [laughs]

[pause while H gets out cards]
H: Now what's the next page. Yeah, were going to do that in a bit, but the next thing we're going to do is the cards.
SIMON: I thought that you turned it off?
H: I've turned the camera off, yeah
SIMON: yeah cos don't want waste battery
H: no, it'll run out quite quickly as well. This is quite. This camera goes underwater, it's quite clever.
SIMON: yeah, I sawed that on TV
H: yeah Ok so here we've got, um, we're going to have little columns of cards
SIMON: that are using a little bit of a problem or a problem for me
H: yeah, yeah. So we'll start with numeracy. Which column would you put that in?
SIMON: Numeracy is easy for me
H: easy? Yeah. Um getting words out?
SIMON: tricky
H: ticky?
SIMON: yeah, it's a little bit of problem, but I try to sound out words that I can't even try do
H: what sort of words?
SIMON: er, I can't say it very well, but I do it with Denise [SLT].
H: with?
SIMON:Denise [said differently]
H: Denise, so the name Sarah [I miss understood – he meant words he does with Sarah his SLT]
SIMON: Denise. So that book with me, er
[mobile phone vibrates]
SIMON: [laughs], hu, I thought it was this
H: no, it's my mobile phone which is on silent but it's vibrating though. Ok, so getting words out is sometimes tricky, but just with certain types of words. So is that words with Ss and Rs generally?
SIMON: yeah [I misunderstood here, but he didn't correct me – his s's are generally fine – he meant other words he does with Denise].
H: how about paying attention?
SIMON: paying attention a bit of a problem because sometimes I get distracted
H: do you?
SIMON: yeah
H: what sorts of things do you get distracted by?
SIMON: I get distracted by. I don't know what I get distracted by
SIMON'S MUM: TV, friends, animals
SIMON: yeah and people that done something wrong

H: people that have done something wrong so people you mean in class
SIMON: yeah, they don't even listen [?] get them in trouble
H: so if they're not listening. They get you in trouble?
SIMON: no, the other people in my class in trouble
H: oh, I see. And talking?
SIMON: easy
H: easy. finding words?
SIMON: finding words um, little bit of a problem
H: little bit of a problem. So what do you find easy about talking?
SIMON: about easy is talking because I can find easy words to say
H: yeah, so you feel like you can say what you want to say
SIMON: yeah, say my own name
H: yeah. Ok. Do you [?] anything after school? Your mum said you did some Spanish. How do you find that?
SIMON: I used to do Spanish but I don't do it no more.
H: yeah. Did you like it?
SIMON: yeah, so if the lady teach some more I could speak Spanish with looking at words, but I got some Spanish words in my Spanish folder but its at school
H: oh right
SIMON: I have to [?] bring it tomorrow
H: Do you remember hello and goodbye in Spanish
SIMON: Hola er not sure about goodbye
H: I can't remember good bye either
SIMON: but I know how to say thank you. Gracias.
H: oh yeah. Ok so we'll put that... where would you put your Spanish?
SIMON: er, [points to so so]
H: problems with sounds
SIMON: problems with sounds [again points to where he puts it – in so so]
H: so again what sort of thing would that be
SIMON: problems with sounds er I sometimes get a little bit trouble of 'sh'
H: do you? Is that hearing sounds or saying sounds?
SIMON: saying sounds. That is the words that I have to practice it's in my reading bag

Appendix C2: Extract from a parent's interview transcript

H: Okay well first of all um I wondering how you got on with the diary?

PETE'S MOTHER: I've put a few things in.

H: Yeah?

PETE'S MOTHER: Um just things that Pete does that um [pause] like he repeats an awful lot of what words he's heard.

H: Right.

PETE'S MOTHER: But doesn't necessarily have a clue what the words mean if you see what I mean

H: Oh right, okay.

PETE'S MOTHER: So then he'll go and say it to somebody and he comes across as being quite rude but really in his head he doesn't obviously think.

H: Right. Can you think of some examples?

PETE'S MOTHER: Um, well he told me the other day he said 'Oh I told Mrs [teacher] that she was grubby'

H: Right.

PETE'S MOTHER: And I said 'and what did she say?' and he said 'she asked me if I knew what it meant, and I said no'. So then she told him it meant dirty, so then he said 'oh yeah you do, have you had a shower today' or something he was saying. 'So then she told me I was rude' he said, 'I didn't think I was rude'.

H: Oh right

PETE'S MOTHER: But obviously he doesn't get that that is quite rude, somebody would get offended.

H: yeah. Do you think he gets upset by that or he just doesn't really..

PETE'S MOTHER: No I don't he really.. He doesn't really register

H: Right, okay.

PETE'S MOTHER: And like being able to explain his feelings and things. He doesn't

H: Right ok yeah

PETE'S MOTHER: Like he'll say 'I'm sad' or something but he doesn't - a lot of other stuff he doesn't. I don't know.

H: Right okay so he's um he doesn't talk about his feelings. I don't know how typical that is.. of boys as well [laughter]

PETE'S MOTHER: No.. yeah, yeah.

H: So you feel like that sometimes he's just not aware of them as well?

PETE'S MOTHER: Possibly or doesn't know how to explain what words to use if you see what I mean

H: Yeah, sure

PETE'S MOTHER: He was - when he was, I think he was being kind of picked on but he didn't really know.. all he would say is they 'push me over' but then he doesn't know who they are or what, you know, he might say they're in the class or

H: right right

PETE'S MOTHER: but it takes a long time to get out of him what is wrong if you see what I mean. He'll be quite anxious and things like that but then that..

H: He's finding it quite difficult to articulate what his feelings are

PETE'S MOTHER: Yeah I think, yeah

H: Even to access them

PETE'S MOTHER: Yeah so I don't know if that's 'cause he doesn't really know what words to use or you know, it's hard to know

H: Yeah

PETE'S MOTHER: Um, And kind of as well if he's telling you something he's done he can't just say 'I I played rounders today', it'll be a whole 'well we went to the field' and so and so.. and by the time you've got to the end of the story he's like forgotten, well not forgotten but you think everything is quite long-winded.

H: Yeah, yeah. How do other people react to that. Er do you..

PETE'S MOTHER: I think some people.. if they know what he's like, they know what he's like. And they'll let him finish but sometimes I don't know he just.. I suppose if people know him it's not too bad.

H: So again so he's not really aware that

PETE'S MOTHER: No he wouldn't be aware that you're bored [laughs embarrassed/nervously]

H: Okay

PETE'S MOTHER: But yeah, so I think I find that hard for him more

H: How does it make you feel does it.. you say you find it hard

PETE'S MOTHER: Well I just feel for him really you know

H: yeah

PETE'S MOTHER: 'cause you don't want him to feel picked on or ignored or.. obviously I worry that he's been saying things that are obviously causing offence to someone but he doesn't mean - he's not that sort of boy. He's a kind natured boy. He's not horrible, like, spiteful, you know.

H: So he's kind of upsetting people without realising.

PETE'S MOTHER: Possibly, I don't think he does it very often and like if people call him names and stuff he don't get that people are calling him names so he'll join in and them laughing and stuff and I'm thinking [pause] that upsets me 'cause I think well they're being horrible to you and you're in a way letting them 'cause you're not saying 'don't say that' or 'I don't like it'. You just let them say it.'

H: Yeah

PETE'S MOTHER: And still laugh along with them and play with them but really they're taking the mickey out of you. An you're not. So that's..

H: It's hard for you to watch I suppose

PETE'S MOTHER: Yeah normally I'd say something. I couldn't not. I would have to.

H: I suppose yeah you don't know, you don't see, I suppose you're not with him all the time

PETE'S MOTHER: No but if we've had it in the garden and stuff.

H: What happened in the garden

PETE'S MOTHER: There was some kids going 'oh you're the smelly poo' and all stuff like that

H: Oh really

PETE'S MOTHER: Pete was laughing and and [Younger sister] was saying 'don't say that to my brother!' so she's very

H: So she's more aware than he is.

PETE'S MOTHER: Yeah much more aware

H: Does she sort of defend him?

PETE'S MOTHER: Yeah

H: So she's like trying to protect him

PETE'S MOTHER: Yeah she is very... if he's told somebody he doesn't like something and they did it again she would say 'he's already told you he doesn't like it, don't do it again that's my brother'.

H: Right.

PETE'S MOTHER: Um, whereas he probably wouldn't be the same the other way round but probably 'cause he just doesn't maybe know how to I don't know..

H: Mm

PETE'S MOTHER: And so she'll say something or she'd come and tell me

H: Right, and do you get the sense that she finds it hard as well?

PETE'S MOTHER: Um I dunno it must be hard sometimes 'cause I suppose it might sometimes feel that a lot of the attention's on Pete because obviously a lot of times I've gotta take Pete for hospital appointments and things like that and obviously she's either at school or.. it's easier if my Mum can have her and things

H: Right

PETE'S MOTHER: So sometimes I do feel that maybe she feels that maybe she feels that a lot of the attention's more on Pete and when I was talking to her about doing the study and I said obviously it's talking about when you couldn't talk and he doesn't really.. I dunno if he doesn't really remember or

Appendix C3: Extract from a professional's diary and interview transcript

Diary
My role:
Identifying specific target/areas of language for school/mum to work on with Daniel (though assessment/review)

Pointing school staff/mum in the direction of suitable resources – as SLTs ie language 'specialists' I think it is an important part of our job to know more about the resources that are out there for language teachers and SENCOs have/need to have more general knowledge and can't be expected to know about resources for all types of children's needs. We can also identify what are suitable for the child in question.

Sometimes giving direct intervention

Demonstrating use of resources to school staff/parents.

Helping school staff to identify ways Daniel can be more independent in the classroom eg strategies around what to do when he hasn't understood. Particularly important now approaching secondary school.

Sometimes it is difficult to fulfil my role as it is so dependent on other people fulfilling theirs.

Teachers role:
Trying out what they can do to help Daniel within the classroom until they find something that helps eg traffic light cards for understanding

Giving their opinion on Daniel's strength's and needs eg anything he particularly struggles with in class

Implementing any environmental changes/strategies

LSAs role:
Carrying out direct work in 1:1 or small group.

Using their knowledge of Daniel's current targets to support him appropriately in the classroom and encourage generalistation.

Flagging up any problems with resources / targets given

Parent's role:
Variety (huge) between levels of parental engagement, willingness and/or ability to help.
East Bristol ahs particular issue of bilingualism which can affect homework with pres-school children with primary language impairment. Less of an issue once attending nursery as can work through staff there.
Finding ways with SLT support to incorporate opportunities to develop communication skills in everyday home environment.

What do I hope to achieve when I spend time with children with primary language impairment like Daniel?
*Increase their confidence
* Re-assure parents and school staff that their support is appropriate/beneficial
*Perhaps achieve a small change in one very specific targeted area of language through direct or LSA led intervention
*Identify and provide compensatory strategies to help child 'get around' language impairment

whenever possible
* identify suitable and specific areas to target

Before seeing Daniel in my first session I hope to achieve the following –
Re-assessment and obtaining baseline for planned block of intervention and identifying new targets
Evaluation of previous targets
Starting direct working on one target selected provisionally

By the end of the three sessions I hope to have:
*reassessed Daniel
* selected new targets with mum
* done direct work on these targets
*given resources and modelled to mum
*Identified any new issues that may have arisen
*found out how mum/Daniel feel about his talking at the minute
* identified suitable resources to provide school
And by the time I return to evaluate progress in school (January) I hope:
School will have continued to work on these targets (Resources and modelling) Visit if needed will be offered at start of term to coincide with annual review and new IEP
Some measureable progress will be apparent, even if small

After seeing Daniel for 3 session…
I feel I have managed to assess everything I wanted to but didn't have time to do as much direct work as I wanted. I also was not able to discuss with mum everything I wanted – difficult with Daniel present in clinic. I have identified areas I think should now be targeted. I didn't provide mum with work to do at home as planned.

My long term goals for Daniel are:
- to increase hi confidence
- to develop strategies to compensate
- to gradually improve his language skills

A good session with Daniel is:
Daniel is engaged and attends well
We complete planned activities in time
I am able to observe difficulties or changes in Daniel's language

A bad session with Daniel is..
When he's in a 'silly' mood
when I feel rushed and don't finish because I've planned too much
When I don't feel like we're making progress

A good session with other SLI children is…
Completing planned activities (often assessment)

My last session with Daniel
Was ok! I finished assessing, introduced him to an activity I hope school will continue and talked to Daniel about why we were doing what we were doing

Daniel's progress..
Is slow. Every time I complete a formal assessment his percentile rank seems to drop as he falls further behind peers, despite minor improvement in raw scores.

Daniel is similar to other SLI children because:
- slow progress

- widening gap between them and peers as get older
- difficulties impacting on peer relationships

He is different because…
*Monolingual
*Engaged parent

Interview
H: um, so first of all um do you want to tell me a bit about um Daniel and when you started seeing him and um give me a bit of background really in terms of what he's like as well
SLT (P3): yeah um I have known Daniel for just over a year.
H: uh mm
SLT (P3): He was one of the first children I worked with because I qualified a few years ago but I worked as an LSA first
H: okay
SLT (P3): so I started here last July
H: Right
SLT (P3): so he was one of the first children I did any therapy with
H: oh right
SLT (P3): as a speech therapist rather than [?] um. He has been known to [?] every speech therapist in this patch of Bristol has worked with Daniel
H: oh really
SLT (P3): um because we have known him since he was four
H: Right ok
SLT (P3): I think, and now he is in year six isn't he
H: oh right you have all his notes
SLT (P3): this is file number two, there is another file next door
H: oh right
SLT (P3): so he has just turned 10 and he was referred to us in 2004 when he was in nursery school
H: and do you know much about, um, what, why he was referred
SLT (P3): I can find out, I think it was just typical that his language isn't developing
H: Right okay
SLT (P3): [?] What we normally get [?]
H: yeah don't worry too much
SLT (P3): I am pretty sure it would have been because there is not any other, I think it was that he was not developing language age appropriately
H: Right okay yup.
SLT (P3): and then, so last summer the previous therapist who had him on her caseload said that I would see him over the summer holidays because she thought it would be a nice chance for me to have something to do in my first, because I started just before the summer holidays so I hadn't
H: okay
SLT (P3): set up anything to do myself so she said why don't you see Daniel for some therapy, his mum would appreciate it and he would appreciate it

Appendix C4: Examples of Step 2 of analysis (notes and coding)

C4.1 Example from interview with Simon's LSA:

Themes	Transcript	Notes
Mood Interruptions Different perspective (from mother) Group responsibilities Intervention Intervention Goals Language Social skills Immature Cause of problems Negative vs non judgemental Reflexivity Familiarity / understanding	**Diary:** Good/bad lesson – depends on his mood. Interruptions Simon is in a class of 26 children including 2 LSAs. We have specific children we work with. Simon has 1-1 LSA with goals to work towards agreed by [SLT] – to develop Simon's language and social skills. Due to immaturity his is easily wound up! Improvement with his literacy skills especially his handwriting being less erratic although at times reverts back.	His mood is an important factor in his learning and interaction in class. She talks about interruptions in interview – he doesn't wait his turn to speak so interrupts. Teacher's responsibilities are wider than Simon – he is one of 26. He doesn't get one to one support in the classroom but he does get one to one LSA support outside of the classroom. SLT informs the LSAs work Language and social skills Places cause of being easily wound up with his immaturity, not with language impairment or with others in the classroom. Throughout the interview I got the impression that being 'immature' was a negative thing rather than a non judgemental descriptor. However, in contrast when described as 'below average' in writing this was a non judgemental descriptor. Emotional immaturity is perceived as more negative and personal (within his volition) than immaturity in say literacy. I am feeling angry about the way Simon is seen in school! Trying to see it from their perspective – perhaps they don't know that he's only just learned to talk in the last 3 years – I can see that he may be difficult to manage in the classroom and that he doesn't have one to one support that perhaps he needs in the classroom. The teacher hasn't taught him before this year as she is covering another teacher. However, they must know that he sees an SLT and that he has SLCN

		but they don't really raise this in the interview in relation to his behaviour I class. How can their perception be so different to mine, mother's and the SLTs? Now I'm being judgemental… I need to take a step back and focus on her perspective on goals of intervention.
Dominance	Supposed to be working alongside another child but takes over the discussion	She talks about this more in interview – Simon takes over a session with another boy and so they had to stop the session and go back to one on one due to disadvantage it was to the other boy.
Goals	1-1 sessions – targets:	
Listening	1. to be able to listen to others in a	Listening and responding to others
Responding	group respond to what they say and give an opinion	Story telling
Being understood	2. To be able to tell a coherently organised story. Setting the scene and describing the problem and solution (social story cards are used)	Developing imagination and explaining and organising it so that others understand it
Imagination	- Improved imagination with the discussion cards and giving sensible answer when organising them into different groups. A sensible social story.	
Reflexivity	----------------------------------	--
Different understandings		
Different child in different situations	**Audio interview:** H: ok, well first of all, could you tell me a little bit about Simon, um how you would describe him, what's he like in class	I was surprised at the way staff at school described him as it was as if they were describing a different child to the one I met. I talked with him at home where he was bouncy and seemed happy.
Unusual		
Mood – unhappy (trait rather than state)	Form teacher (P1): Um he's quite, he's got quite specific needs Simon, he can be quite an um, quite an unhappy sort of child really	Simon is unlike other children with additional support – he is unusual. He 'can be quite an unhappy sort of child' – suggests not always unhappy, but he is an 'unhappy sort'. It's the first thing she says about him, as if it's the primary issue perhaps.

C4.2 Example from interview with Sarah's sister:

Themes	Transcript	Notes
Vulnerable Understanding	Sarah's sister: like, she doesn't really know about, like people could take her off and things like she will probably think they were just being nice, but H: Right Sarah's sister: I don't know	She's vulnerable because she doesn't understand She imagines that people could take her and she would believe they were being nice- she is trusting
Trust	H: Right. Do you, can you think, is there anything that would, it's difficult, you would be doing it if there was, but is there anything that can help her with that do you think or	
Uncertain Support	Sarah's sister: I don't, I wouldn't know really H: no yeah. And do you know, um do you know what Sarah is looking forward to?	She's not sure what can help this
	Sarah's sister: she always, she talks about having a job a lot. Like she told us all she wanted to be a florist and then she changed her mind recently, I can't remember what it was now, um	Sarah is looking forward to having a job – she has changed between wanting to be a florist and a dog walker – occupation/identity is important to her
Aspirations Occupation Identity	oh yeah, she wants to be a dog walker H: Right Sarah's sister: in a way, she always chooses like small things, if we know what I mean, but I don't know why that is because obviously I would, one of the things that I would like to do is to be like famous, I suppose everyone	Her sister has noticed that she chooses jobs that she sees as 'small things' – she sees that as a low aspiration. Her aspiration is to be famous and rich and have a nice life. [from my perspective, sarah is much more realistic and has achievable aspirations compared to her older sister]
Low expectations	wants to be famous and rich and have a really nice life, but I don't know why Sarah doesn't want that H: do you think she can't, she doesn't see herself as that or maybe she just	Her sister has noticed that before she used to want to be a superstar and sees that her aspirations have gone down since then - she's not sure why [– I think she worries that sarah thinks less of herself now but she doesn't say this explicitly]

	Sarah's sister: I don't know, before that H: floristry or [laughs] Sarah's sister: before that she um she wanted to be a superstar H: Right okay Sarah's sister: she's kind of, she's kind of gone down a bit, I don't know why	

Appendix C5: Examples of Step 3 of analysis from Simon's case (multi-perspective structuring of codes and themes)

Multi-perspective diagrams of initial themes of speaking, understanding, interactions with others and engagement

Simon's Mum: His speaking is one of his mother's main concerns. It is also the biggest thing he has improved on as she is now able to understand him.

2/05/2012

Simon's teacher and LSA have a similar perspective so have combined here. Except the teacher has more focus on his literacy skills, where as LSA more focus on speaking and interactions with peers and in class. Both tend to relate his behaviour to immaturity – language impairment not mentioned. LSA only is in brown

He gets frustrated

Difficult to understand when rushing or excited or unfamiliar topic

Talking and finding words are difficult

He talks over discussion

Difficult to manage in class

Comes out as garbage (not how he's thinking it)

Encourages him to keep speaking until understood

Carries on talking until he's finished regardless

Displays frustration when not understood

Difficult saying some words and sounds

Talks a lot

Literacy – needs to check things make sense

Speaks at inappropriate times

Enjoys story telling

Phonological process

Trouble with 'sh'

He doesn't make sense

Interrupts

Also is calm and repeats himself but if still not understood, lets it go

?Some lack of insight?

Auxillary verbs

Speaking

Grammatical markers

Poor grammar in literacy work

Feels urgency to speak

Repeating non words

Has to think about what he's saying

Talking is easy because I can find easy words to say

Severe to moderate expressive language problems - speech sounds are much better

Difficult to understand

Harder to understand in playground

Feels annoyed when cousin interrupts

Talks a lot and fast

Has to repeat himself

?Silly behaviour in class?

He can speak clearly when he tries

Difficult to speak out in class

Speaks when he shouldn't in class

Has heard makes random comments in class

Doesn't always understand Simon

Simon: He has some insight into his difficulties with speaking. He knows he has trouble with words/sounds as has to practise sounds as part of SLT. He didn't talk about not being understood or having to repeat himself particularly or speaking too fast or too much but he displayed frustration in interview when I didn't understand his story. He acknowledged that he interrupts his mum.

?Sings when he should be reading?

Lack of experiences to talk about

SLT: This has been main focus of SLT up until recently. Simon has made progress with speech sounds and is massive achievement to make himself understood. He still has language problems which aren't transfering to every day speaking

Simon's Friend described what he was like in class – he sings and he speaks when he shouldn't

Understandings - Speaking

2/05/2012

Motivations

Two way interaction

Understand him and his needs

Manage class

Interact better with other children

Meet literacy (and other school) targets

Understand his (and other) needs in school

Be heard

Help him communicate and get on with others in everyday life

Understand how specific weaknesses in speaking (compared to peers) impact on everyday life

Play

Medical model – no personal responsibility – responsibility with professionals to change situation

Links specific weakness in speech/language processing to behaviour but questions some links and transferability

Family context (mother's anxiety and accident)

Problem always changing

Specific language impairment

Just is

Not aware that unintelligible in playground

My ability

explanations

Mixed awareness

Not aware of S targets

control

Continuing development of identity and agency

Not aware of school issues

surprise

Parental neglect

Speech problems *(like her and brother?)*

Uncertainty - questioning

Attention seeking / immaturity

It just is – responsibility less relevant

Responsibility with Simon/parent

195

Understanding
(People and situations)

Mother: She does not talk about him having difficulty with understanding people or situations, perhaps because she doesn't see him at school – lack of insight?

Teacher/LSA: Simon's lack of understanding of others intentions and others situations is talked about a lot by LSA and teacher. They do not talk about this sympathetically, but instead describe him as immature and consider his parents largely responsible for his behaviour. (b=both)

Simon: Talks about not ever understanding people but doesn't talk about misunderstanding situations. His 'understandings' of other things may provide another perspective on this.

The SLT is aware of his problems understanding people mainly though what she has overheard at school but also through assessments – it is a major concern for her, particularly impact on social skills.

Friend: Does not talk about Simon not understanding people or situations explicitly, except to say that Simon doesn't always understand him

Talks over discussions and at inappropriate times

easy to wind up

Interrupts

Disputes with friends

'joy' in class

Sometimes difficult

Doesn't see how his behaviour looks to other children

Doesn't understand social etiquette (b)

Lack of insight into school

Following instructions little bit difficult

difficult understanding people

Doesn't understand rules of conversation

Easily upset (b)

Sulks (b)

Exclusion from football

Hearing difficult when people shout

Difficult to manage (b)

Doesn't understand why he's being told off

He can't see beyond his way

Good understanding of me in interview

?Some lack of insight?

Poor comprehension of sentences and instructions

Improved NWR

Better receptive than expressive skills

Misinterprets others intentions (b)

Enjoys class when he is on task and understands

Lacks social confidence

Needs to read body language

Doesn't read people or situations

Talks about computers to those not interested

Has heard makes random comments in class – probably because he doesn't understand in class

Understanding people hard

Unaware of others intentions

Doesn't always understand him

Interrupts as doesn't read situation (b)

Doesn't understand rules of conversation

Social skills are priority

Doesn't read social cues

Needs support in class to understand tasks and instructions

Making friends difficult

Doesn't mix well with other children

Has heard teachers find him annoying

Not involved in play - rejection

Talking in class when he shouldn't

Vulnerable

196

Understandings – understanding people and situations

Two way
interaction

Increase his
confidence

Manage class

Be in control

Motivations

Meet literacy (and
other school) targets

Manage class/break times

Help him understand tasks

Help him
understand

Understand how specific
weaknesses in
understanding (compared
to peers) impact on
everyday life

Be understood
/play

Medical model – no personal
responsibility – responsibility with
professionals to change situation

Receptive better than expressive
language on assessments. Questioning
relevance of linguistic targets with
everyday social problems.

Problem always
changing

Specific language
impairment

Just is

My ability

? just is?

control

Continuing
development of
identity and agency

explanations

Less awareness
than speaking

Lack of awareness of
school / social issues

surprise

Uncertainty -
questioning

Immature

Parental neglect

It just is – responsibility less relevant

Responsibility with Simon/parent

197

14/05/2012

Spending time with friends has helped his talking

Picky about friends

Talks over discussions

Lack of insight into school

Doesn't see how his behaviour looks to other children

Doesn't understand social etiquette (b)

Immature

He can say 'no' now when teased

Playing with friends easy

Working on listening and responding to others

Being called stupid

teasing

easy to wind up

Sulks (b)

Exclusion from football

People annoying

Disputes with friends

Likes one to one adult attention

Sad – (stupid)

Making friends is easy

Interactions with other children

Easily upset (b)

Parents to blame for not talking to him and socialising

Annoyed

?Some lack of insight?   Cousin teases

Doesn't listen to others

angry

Enjoys PE / class, school trips and other social environment

Doesn't like people shouting

Doesn't share

Needs to read body language

Unaware of others intentions

Misinterprets others intentions (b)

Doesn't say back – (stupid)

Friend teases

Working on listening and responding to others

Doesn't read people or situations

Doesn't get to do what other kids his age do

Understanding people hard

Doesn't read social cues

Social skills are priority

Making friends difficult

Doesn't mix well with other children

Easily annoyed

Plays with my brother -rejection

Lacks social confidence

Likes to talk about himself

Vulnerable

Lack of social experiences due to mum's anxiety

Enjoyed sleepover

Doesn't like being taken out of class

198

Understandings – interactions with other children

Motivations

?? – not talked about

Interact better with other children as part of 'development'

Be included

Manage class

Give him social opportunities

Manage class / break times

Help him have friends and get on with others

Understand how specific weaknesses in social skills impact on everyday life

Simon's attention/play

Medical model – no personal responsibility – responsibility with professionals to change situation

Questions relevance of linguistic targets with everyday social problems. Has identified not reading body language and social cues as important factor

Deprived of opportunities to interact with other children

Family context (mother's anxiety and accident)

Problem always changing

Specific language impairment

Rejection

explanations

My ability

Other people

control

Continuing development of identity and agency

Parental neglect

Immature

Sensitive (like her)

He is picky with friends

surprise

Uncertainty - questioning

Strange

Immature

He has control over his behaviour

Lack of awareness of social issues

It just is – responsibility less relevant

Responsibility with Simon/parents

199

2/05/2012

Simon's Mum: She sees him 'into everything' also easily distracted with TV. She highlighted paying attention as very difficult along with talking and finding words

Simon's teacher and LSA have a similar perspective so have combined here. The LSA describes his daydreaming in class whereas teacher does not, but both see his mood as impacting on his engagement in class.

Easily distracted

Enjoys SLT

Into everything

Mood swings interfere with work

Immaturity

Doesn't always follow instructions

Paying attention v difficult

Needs self assurance

Withdraws in class (b)

Paying attention difficult

Stroppy

Enjoys numeracy

Makes daydreams from good memories

Daydreams a lot

Defeatist – gives up easily

Interests (toys, computers, tv)

Enjoys numeracy

Engagement (daydreaming)

Lack of confidence holds him back

Doesn't like being distracted (paying attention difficult)

Doesn't want to share when in mood

Enjoys SLT

Paying attention easy

Motivation depends whether he's on task and understands

Tries hard when confident

daydreaming

Can be overexcited

Able to cut off

Enjoys SLT

Paying attention so so

Doesn't follow instructions because he's not paying attention

Tells you when he likes something

Glazed, staring blankly

?Sings when he should be reading?

Simon: He talks about making daydreams as if he has control over his engagement

SLT: Simon is generally engaged and attentive in therapy sessions. SLT monitors engagement as a sign of how well a session is going and whether she needs to adapt task for him. She sees engagement closely linked to confidence in task.

Simon's Friend describes Simon as the one who sings in class

200

Understandings – engagement

2/05/2012

Motivations

For him to listen and respond when he needs to

Meet literacy (and other school) targets

To fulfil potential

Be included

For him to be less sad / withdrawn

Enjoy school

Help him have friends and get on with others

Understand how specific weaknesses in social skills impact on everyday life

Not clear from transcript

Medical model – no personal responsibility – responsibility with professionals to change situation

explanations

Uses his engagement as an indicator of suitability of task

Confidence

Mood

Tiredness

Just is

In control (daydreams)

Parental neglect

Other people (distract)

Mood swings

Distracted by his interests /curiosity – he is in control

Immature (deliberate)

Confidence
Confidence

He is able to cut off

Understanding of task

Mood swings

It just is – responsibility less relevant

Responsibility with Simon/parents

Appendix C6: Examples of Step 4 of analysis (lists of themes)

C6.1 Pete's mother – List of code and themes 25th July 2012

Experiences of Pete

gets attention [sister gets less attention as Pete needs to go to holiday appointments, the study didn't help this]

settling [his form teacher has helped him settle and be in a school environment and help him cope when he's there]

routine [he's laidback if in routine; he gets upset if family who are normally there aren't there, he gets frustrated if his routine has changed; he likes to eat the same things and know what he is eating;]

needs support[needs one to one attention in swimming]

strategies [she cooks meals and puts in freezer to meet both children's needs; she counts down for when they have to leave the train;]

picking battles [she doesn't want to have a go at him for his writing because she wants that to stay at school and for home to be home time]

upset [he can get upset if routine is disrupted]

guilt [she feels guilty that she doesn't give as much attention to his sister; she has sent him to school before and he's been ill; she doesn't want his sister to suffer because of Pete's needs]

juggling needs [of both children's needs in terms of food; it's easier to meet both their needs as they are young, but she worries that this will get more difficult as she gets older]

family [her mother looks after sister when she takes for hospital appointment; her mother comes on holiday with them and he gets upset if she's not around; her brother will take him out on train trips; she has her mum brother and dad for support – her brother takes him on trips]

difficult to manage [can be difficult to get him to school; he doesn't like to have medical tests like x rays for his ears; it's difficult cooking for him; he doesn't always follow instructions, particularly when she asks him to stop doing something]

anxious [he asks if he's going to school everyday; he's been anxious about going on a school trip bowling – he's sensitive to the noise]

copes [the teacher helps him cope with being at school]

misunderstood [when he offends people without intending, he's kind natured not horrible]

familiarity helps [if people know him, it's not too bad – when he takes a long time explaining things]

others expectations-appropriate [talking means more is expected of him in terms of communication – explanation for why he prefers signing; he can offend people like waitresses – he doesn't behave how others expect; can look naughty to others]

embarrassed [he's not aware that you're bored when he tells long winded stories (she laughs as if embarrassed); she finds it embarrassing when out and he offends a waitress]

offends [some things he repeats but doesn't know their meaning and it offends, e.g. grubby teacher; he's kind natured and doesn't intend to offend; he can offend waitress in restaurant; can look naughty to others]

intolerance [too strong a code but he doesn't play cooperatively with others, he can get angry with peers and sister when not done how he wants]

possessive [again, too strong a code but 'he plays with his trains, he loves his trains']

interests [trains; train trips;]

play [plays on his own at break times and at home; doesn't play cooperatively with peers]

Dislikes [school]

Happy [generally happy boy]
good behaviour [well behaved]
affectionate [huggy; sister likes cuddles]
Enjoys [Noah's ark, steam train, trains, water, swimming, school trips (but not bowling), speech and language therapy]

Talking [he said he preferred it when he couldn't talk; concerned when wasn't babbling like other children; only saying a few words when went to primary school; given a communication aid box but didn't use it; huge improvement in talking in first year of school; hopes that his language progresses; talking is an important thing to have]
Explaining [finds it difficult to explain events; difficult to explain feelings; doesn't know what words to use; takes a long time to get out of him what is wrong; he'll be anxious; if he's telling you what happened it'll be very long winded – bored; she doesn't get much out of him about school; he's been working on story sequencing; he finds it difficult finding words to explain things; talks a lot]
Interrupting [he interrupts]
using words without meaning [he repeats alot; doesn't know what they mean; can be rude; he says 'why' after everything but doesn't wait for answer]
signing [happier when he couldn't talk; mum signed, sister and others in his class signed]
communication assistance [had a voice box but didn't use it]
hearing [prone to ear infections but that's better than it was so discharged from audiology – potentially very limiting; lost hearing in one ear; he knows which ear it is (conflict in perspective); has fears about his hearing loss; needs to be in the right place in the classroom for hearing; she would change his hearing cos may impact on jobs]

understanding [he didn't think saying teacher was grubby was rude; he took what his teacher said literally about only hugging mum; facial expressions; doesn't understand when being told to stop doing something; he looks like he's being naughty – other people don't understand; he doesn't see himself as different or understand difference between mainstream and resource unit – this may change as gets older... also links with teasing, although hasn't been coded in Nvivo]
inappropriate [he was told inappropriate behaviour to hug and kiss teacher]
Teasing [he doesn't get that people are calling him names; he doesn't stand up for himself; she normally says something; his sister says something or tells someone; example of in garden where sister stands up for him and he just laughs; he doesn't get teasing; break times are so so as people push him]
awareness [he's not aware that you're bored when he's telling you about something; he's not aware or bothered that he's got short attention span; not sure about how aware he is of finding words etc.]
friendships [he hasn't got friends although he would say he does; 'friends' at special needs group; he wanted to come home when he went to a friend's house]
identity [he's not aware – he doesn't see himself as different; he knows he's in class 7 but not resource base]
*stands up for [mum stands up for him in negotiating services, if people misunderstand him; his sister stands up for him when he's teased... for some reason these are not all coded in Nvivo – check and code]
unclear [about learning disabilities diagnosis. There are many other places where should be coded.. check transcript]
Immature [4 yr old on social and emotional; on learning difficulties he was coming out like a 5 yr old on average (for language?)] – he finds aspects of personal care and hygiene harder than his younger sister and can't follow instructions like she can]

Feelings [finds it difficult to explain his feelings; other people being bored – she's embarrassed; unhappy with SLT – angry]

Literacy [pleased with reading; writing difficult; hopes academic side will progress – not all these are coded in Nvivo]

Exclusion [he's missed school because of his hearing]

Easy [school trips; getting words out; time with family; after school activities; playing with siblings; following instructions; problems with sounds; talking; time with family; people shouting; classroom; people interrupting; speech and language therapy]
So so [school sports; computer; intervention group; reading; playing with friends; making friends; numeracy; arguing; remembering; people teasing; breaktimes]
Difficult [mealtimes; writing; finding words; understanding people; people annoying hin; hearing; paying attention; home work]

Withdraws [if he doesn't like it at school, like sports, he just sits out]
Participation [she wants him to be able to go to the cinema, swimming, play football; it's easier for them to blend in when they are younger]
unstable over time [he may have more awareness as he gets older of being different]

proud [she's proud when he achieves things in reading and talking etc.]
achievements [made alot of progress in the first year of school; getting the hang of numeracy; getting better at reading; spellings; talking is biggest achievement]

Negotiating services
takes lead [she insisted on him having a two year check; she describes trying to get an autism diagnosis but at same time says 'yes and no' – mixed feelings about it I think]
system [long process getting to see an SLT and autism diagnosis – she had to send letters; school priorities related to statements, so play system; she's combative- she's learned to use arguments from doctor in the system]
narrow focus [SLT first only diagnosed speech delay when she could see bigger picture; when older SLT thinks he has language impairment not autism – she disagrees]
reassured [she finds the psych reports reassuring as if they will help provide support to Pete]
takes long time [Pete takes a long time to explain things, it takes a long time to do maths; it took a long time to get support and be referred]
involve parents [in IPP and target setting]
intervention [first SLT wasn't helpful and didn't bother to look at him at nursery; swimming teacher used makaton; form teacher has helped him settle; she's not very sure about how SLT and TAs work with him; he's been doing story sequencing with them; teachers help him learn what is appropriate for school; teachers should help him to learn if the way other people are towards him is appropriate (ie should he be annoyed); teachers and SLT are good at bringing his attention back]
language focus [early SLT; later SLT both have focus on language; SLT should focus on Pete's language; learning difficulties are linked to language difficulties]
confident [she's confident he's fine when he's at school; confident SLT can bring back his attention (and teachers are aware)]
support [he needs to be in a small class and positioned appropriately in the classroom for his hearing]
angry [she was angry with support (or lack of) received from early SLT and her narrow focus on language]

Understandings

Surprise [shock at learning difficulties diagnosis]
sources of knowledge [she tells me a lot about what he's told her; also what his sister tells her and what she sees]

actively seeks to hear experiences [takes a long time to get out of him what's wrong; doesn't get much out of him about school]

lack of control [Pete – 'I don't want to go into school if I can't hug you' – not quite right code – about Pete losing his autonomy at school]

positive [to be fair he's a happy boy]

comparison with peers [wasn't babbling like other children; compares to sister in terms of personal care]

subjective [professionals 'felt' or 'didn't feel' that he had autism]

aspirations [hope diagnosis of autism will give him more opportunities to find his interests, eg football; hopes SLT will help him with the language side and help him 'getting and doing things']

sensitive [defensive when I ask if she's ever been disappointed [sister was present]; she says sounds mean but he hasn't got friends]

unsure (of problem) [about why he has trouble expressing his feelings/whether he has the words; not sure why he preferred it when he couldn't talk, perhaps to do with expectations; not sure about homework he's been given and how it links to targets; not sure about the details around his diagnosis of learning difficulties (expressive/receptive); not sure about his memory – she thinks his memory is good, he doesn't; paying attention and being unsure about whether he has any control over it because when he's playing with trains he can concentrate]

fears [that when they're older it'll be harder to meet both their needs; being restricted by his hearing / autism diagnosis loss in terms of jobs and whether he'll be able to do what he wants to do when he's older]

distracted [he's obsessed with water, he's not listening to a word; paying attention is a big problem; his hearing is linked to him paying attention]

responsibility [she sees it as he responsibility to make right choices about schools and that will impact on future]

control [unsure about whether he has control over his attention; he will have involvement in the schools he chooses]

defensive [Pete is defensive when he's corrected in his writing; she is defensive when I ask if Pete impacts on family life (and also when I ask if ever been disappointed – see 'sensitive')]

lack of knowledge [doesn't know details of how often he sees SLTs compared to TAs; she doesn't know what he does in topic work/main lessons; doesn't know any different to how it is with Pete in family; Pete doesn't tell her about school]

lack of opportunities [his lack of interest may be because he doesn't understand (eg football); fear of autism diagnosis (rather than behaviours) and hearing restricting opportunities – but confident his language will have progressed by time he is older]

hopeful [language will progress and not be a problem when he is older]

diagnosis [of autism and learning difficulties; story of him getting speech delay and audiology referrals; shock getting learning difficulties diagnosis; diagnosis of dyspraxia at nursery so saw OT; long process and battle getting autism diagnosis; fears around how diagnostic label will impact on job opportunities]

targets [story sequencing succinctly and not saying 'why']

methods interpretation [she found it hard to do the talking mats exercise in terms of putting in to discrete piles as often complex]

conflict between perspective [friends – she doesn't see them as friends; she thinks he has a good memory, he says he doesn't; she thinks following instructions are easy for him if kept simple – also conflict within perspective on following instructions]

conflict within perspective [around diagnosis of autism – she says doesn't impact but also has fears about how it might in future; on talking mats she said he doesn't do spellings but later she says that he's got better at spellings]

C 6.2 P3 Sister: List of codes and themes 19-09-12

structure
routine
system
secondary
family
teachers
support

Agency
agency
Difficult
able
responsibility
literacy
control
stands up for
reluctant -sensitive
vulnerable

achievements

understanding the problem
understanding the problem
uncertain
unsure (of problem)
lack of knowledge
sources of knowledge
hidden
unstable over time
assessing
assumptions
low expectations
familiarity helps
comparison with peers
typical of other children
immature
functional
technical

Response
emotional response
empathy
frustration
upset
angry
anxious
confident
excitement
Enjoys
protective
trust
fears
hopeful

strategies

Play
play

Engagement
withdraws
Tries hard

Personality
interests
personality
sensitive
personal preference

Communication
misunderstood
miscommunication
Talking
being understood
interrupting
listening
understanding

Relationships
conflict
teasing
relationships

exclusion
exclusion

methods

C6.3 P4 list of codes and themes: 25th September 2012

Structure
     routine
     structure
     authority
     teachers
          positive
     intervention
     family
     familiarity helps

Understandings
     comparison with peers
     safety
     rules (and consequences)
     negative

Personality
     interests
     happy (no changes)
     imagination
     motivation
     learning
     share experiences
     pleasing people
     identity
     aspirations

     participation

Agency
     autonomy
     able
     Easy
     literacy
     responsibility
     distracted
     lack of control
     interrupting
     Difficult
     Tries hard
     conflict
     memory
     physical play
     hidden (secret)

Relationships
     provocative
     confrontation
     relationships
     teasing

Engagement
     Hearing

listening
engaged

Communication
understanding
Talking

Response
Emotional response
proud
jokes (laughter)
Enjoys
Dislikes
empathy
support

strategies
non confrontation
disclosure
non compliant (in mornings)

play

methods

Appendix C7: Examples of memos and reflexive notes

2nd Dec 2011 – listening to Simon's teacher and thinking that I could have asked more about her understanding of his LI, however, this would have involved a much longer interview and thinking about it, my focus is on the child's lived experience, so understanding the teacher's 'understandings' of Simon's behaviour is less important but will still help interpretation – I need to think harder about this, about how each will contribute to the case.

28th March 2012 – analysing Simon's friend – I remember at the time being anxious about how he would engage with the research process given his complex needs and so didn't do any drawing with him but concentrated on keeping it short and focused around the scrapbook and talking mats. I had low expectations that influenced my methods. Analysis is interesting as it is difficult to disentangle mother's voice from Simon's friend's voice sometimes.

25th July 2012 – The process of analysis seems more of a synthesis – I can feel myself breaking things down in stage 2, then when I go into Nvivo I pick out the more important codes and themes, so not all codes will go into Nvivo as they are less relevant to research question; then as I list the codes and themes I start to move them into a thematic structure. The process of listing all the different items within each code also helps to see how things are connected together –s o I may end up reading one bit of text over and over as there are lots of codes assigned to it... the process helps inform the thematic structure and to see what codes are more interlinked than others. Then when writing up with quotes it brings me back to the detail of the text and more linguistic stuff rather than content, but in a way that the content has been structured.