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# An Exploration of the Sense of Belonging of Students with Special Educational Needs

Sense of school belonging is associated with increased wellbeing and academic progress. It is also seen as central to the experience of inclusion in schools. Employing a mixed methods design, this study compares the level of belonging of students with special educational needs (SEN) with a sample of their non-SEN peers. Semi-structured interviews are used to explore barriers and facilitators associated with school belonging for a sample of students attending a large post-primary school in Ireland. Results indicate that students with SEN presented with a lower level of belonging than their non-SEN peers. They also reported distinctive barriers which impacted on their connection to school. Findings indicate that interventions to promote school belonging need to address the specific challenges experienced by students with SEN. A focus on a sense of belonging in schools is seen to offer an effective means for monitoring the social inclusion of students with SEN.

*Keywords: sense of belonging, connectedness, school, special educational needs, inclusion*

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## INTRODUCTION

Goodenow (1993) defined belonging as “students’ sense of being accepted, valued, included and encouraged by others in the academic classroom setting and feeling oneself to be an important part of the life and activity of the class” (p.25). Baumeister and Leary (1995) argued that the desire to belong is a fundamental human need and when this need is met a range of positive psychological outcomes are realised. Accordingly, the concept of belonging is becoming central when considering adolescents’ sense of wellbeing in schools (Ozer, Wolf and Kong, 2008). This is acknowledged in the Department of Education and Skills’ *Wellbeing Policy Statement and Framework for Practice* (DES, 2019), where it notes that a

sense of belonging acts a protective factor for wellbeing in the school setting. The centrality of a sense of belonging to the inclusion process in schools is also being increasingly recognised with Warnock (2005) arguing that “The concept of inclusion must embrace a sense of belonging, since such a feeling appears to be necessary both for successful learning and for more general wellbeing” (p. 15).

## **SENSE OF BELONGING AND ITS IMPACT ON STUDENT OUTCOMES**

A sense of school belonging has been shown to be associated with increased motivation and academic achievement (Goodenow, 1993). Furrer and Skinner (2003) concluded that a sense of belonging influences academic achievement through its “energetic function, awakening enthusiasm, interest and willingness to participate in academic activities” (p. 158).

A sense of school belonging has also been shown to be associated with a range of wellbeing indicators, including lower emotional distress, lower suicidal ideation, lower levels of involvement in violence, less frequent use of cigarettes, alcohol and marijuana and late sexual debut (Resnick et al., 1997). This link between belonging and emotional functioning was supported by Shochet, Dadds, Ham and Montague (2006) who found that school connectedness correlated strongly with concurrent and future self-report symptoms of depression and anxiety. Similar findings were reported by McGraw, Moore, Fuller and Bates (2008) who found that for older students, lower levels of belonging to school, family and peers was associated with depressive symptoms.

### **Sense of Belonging for Children with Special Educational Needs**

While there is limited research exploring the sense of belonging of children and young people with SEN, findings show that they experience high levels of rejection (Frederickson and Furnham, 2004); appear to be less popular (Kuhne and Wiener, 2000); are less accepted and enjoy fewer reciprocal friendships (Chamberlain, Kasari and Rotheram-Fuller, 2007); are more vulnerable to feelings of loneliness (Pavri and Luftig, 2000) and bullying (Nic Gabhainn, Kelly and Molcho, 2007), than their typical peers. Those few studies comparing level of belonging across SEN and non-SEN groups reveal equivocal findings, with some reporting no differences between SEN and non-SEN groups (Hagborg, 1998; Frederickson, Simmonds, Evans and Soulsby, 2007) while others found a lower sense of school belonging among students with SEN (Murray and Greenberg, 2001; Nepi, Facondini, Nucci and Peru, 2013). In Ireland, McCoy and Banks (2012) investigating a related concept (liking/not liking school), reported that

while seven per cent of non-SEN children did not like school, twelve per cent of SEN children did not like school.

## **METHODOLOGY**

Participants in this study were drawn from a large-size, co-educational post-primary school which serves a diverse demographic of students in a locality with an increasing population. In phase 1 of the study, 25 students with SEN (e.g. those with a specific learning difficulty, emotional and behavioural difficulty, borderline and mild general learning difficulty, and autism spectrum disorder) and a matched sample of mainstream peers completed a self-report measure of school belonging (Psychological Sense of School Membership Scale: Frederickson and Dunsmuir, 2009). Student scores on the Total Belonging Variable were compared using an independent-samples t-test to examine statistically significant differences between the SEN and non-Sen Groups. In phase 2, 12 students with special educational needs and 11 mainstream peers took part in semi-structured interviews to explore what helped or hindered their connectedness to school. A thematic analysis of the interview data was carried out, using the framework set out by Braun and Clarke (2006). This six-step framework offers a systematic, yet flexible approach which enables researchers to search for and identify themes and patterns when analysing qualitative data.

## **FINDINGS**

### **Results of Quantitative Analysis**

T-test analysis indicated a significant difference on the Total Belonging score between the SEN and non-SEN groups:  $t(48) = -2.52$ ,  $p = .015$  (2-tailed). This signifies a medium to large effect size (Cohen's  $d = 0.71$ ), indicating that students with SEN experienced a lower level of belonging than their non-SEN peers.

### **Results of Qualitative Analysis**

Themes were initially coded and recorded according to interview questions and then combined to form five over-arching themes, common to both SEN and non-SEN Groups:

- Teacher Support and Relationship with Students
- Academic Progress and Curricular Engagement
- Peer Support and Friendships
- Participation in Extra-curricular Activities
- Experience of Inclusion and Participation

Notwithstanding this commonality, there were also some notable differences between the two groups when reporting on those factors that promote or impinge on their sense of belonging and connectedness to school.

#### *Teacher Support and Relationships with Students*

Responses relating to this theme were broadly similar for the SEN and non-SEN Groups. When describing times when they felt well connected to school, both groups of students referred to numerous examples of positive, caring relationships with teachers, through which they felt valued, supported and affirmed. Some noted that this is more likely to happen at the senior end of the school and especially during transition year, where they are more involved in projects, group work, and excursions. Students reported experiencing greater belonging when teachers were sensitive to their individual needs and circumstance; when they believed in them and nurtured them, even when they were not high achievers. Some reported that their connection to school is impacted when they experience poor relationships with teachers and a lack of support. They referred to examples of conflictual relationships, often disciplinary related, or pertaining to low expectations around academic potential.

#### *Academic Progress and Curricular Engagement*

Many students reported that their connection to school is enhanced when they experience academic progress and support. Both groups of students recounted numerous examples of teachers giving them extra assistance, staying after class, working during their lunch break, coming back to the school in the afternoon etc. Some referred to teachers as having a transformative impact on their learning, leading them to achieve higher grades and engendering a greater love of certain subjects.

While some non-SEN pupils highlighted problems relating to subject choice, or the challenge of coping with higher level subjects, students with SEN referred to more pervasive and significant academic issues that impacted on their connection to school. For some students with SEN, their academic difficulties were experienced across a range of subject areas and were sometimes so severe that some questioned how sustainable school was for them. Some reported feeling disheartened and dejected by their lack of progress. This was highlighted by Nora who stated that “I mightn’t stay in school ... I’d get my results back and it’d be you failed”. Some referred to the negative effects of placement in a type of special class, noting that this limited their opportunities for social interaction with their peer group and led to name calling and bullying. This was captured by Emily who outlined how her initial excitement about coming to a new school turned to disappointment when

placed in a special class “Where everyone made fun of us ... like the retards ... like we felt what was wrong with us”.

### *Peer Support and Friendships*

Both groups of students reported that friendships and peer support were central to their sense of belonging and connectedness to school. Students reported how being accepted, and included by their friends helped them settle into post-primary school. Many referred to the strong sense of belonging they experienced when participating in group activities, such as class projects, PE and practical subjects.

Friendship difficulties and social interaction problems with peers were frequently highlighted as a barrier to belonging by the SEN group. They referenced occasions where they felt excluded and bullied, especially at junior cycle level.

### *Participation in Extra-curricular Activities*

Many students referred to a heightened sense of belonging, joy and connection that they experienced when they participated in extra-curricular activities with their peers, including when they represented their school (e.g. sporting activities, school musical). The majority of non-SEN students reported that they participated in a diverse range of extra-curricular activities, often in a leadership role. This contrasted with the SEN group where a minority reported involvement in extra-curricular activities.

### *Experience of Inclusion and Participation*

Most students in this study reported that they had very good relationships with their teachers and had opportunities to decide about things that affected them in school. Many non-SEN students referenced the student council as being very effective in raising student issues in the school. A number of female students outlined their dislike of the school uniform, where they were not allowed wear trousers, even in the cold weather. Rules around wearing jewellery and make up were sometimes resented. Some students articulated a need for a broader appreciation of skills and attributes related to personality, social competence and organisational ability rather than focusing solely on academic issues.

Students with SEN were less likely to report opportunities to decide about things that affect them in school. Some called for greater consultation around the nature and level of support that they received and highlighted a need for increased access to individualised support, placement in mixed ability classes, fewer subjects and less homework.

## **DISCUSSION**

Results of quantitative analysis indicated that students with SEN experience a lower level of belonging than their non-SEN peers. Findings from qualitative analysis supported this finding. While there was significant commonality in experience, (e.g. both groups recounted positive, supportive relationships with their teachers) the SEN group reported a number of distinct differences in how they experience a sense of school belonging. In particular, they referenced academic difficulties that greatly impacted on their connection to school. They were more inclined to report negative peer relations and bullying. Fewer students with SEN reported involvement in extra-curricular activities. This may reflect a lack of availability of preferred activities. Alternatively, it may point to functional difficulties (e.g. communication and/or social difficulties) that impacted on their participation. Students with SEN also noted that they enjoyed fewer opportunities to decide about things in school. This may indicate barriers to their engagement in participatory structures, such as the student council. It may also signify a need for greater consultation with students on their needs and what supports they require.

The above findings suggest that interventions to promote belonging should target the specific needs of students with SEN, otherwise they may be denied the benefits associated with having a strong sense of belonging.

A strong finding from this study is that the exploration of belonging through the use of semi-structured interviews (students were asked what helped or impeded their sense of connection to school, teachers and peers) yielded many meaningful and insightful suggestions to guide the promotion of wellbeing and social inclusion in the school context. This is an important conclusion in light of accounts from Ireland and elsewhere indicating slow progress in promoting inclusion (Kinsella and Senior, 2009).

## **IMPLICATIONS FOR PRACTICE**

The concept of belonging that emerged from this study is multi-faceted and suggests that efforts to promote belonging need to take a whole-school approach and operate across different aspects of school practice (Rowe, Stewart and Patterson, 2006). This study provides a number of practical suggestions to guide the promotion of belonging and connection to school for all students, and more specifically for those with special educational needs. These include:

- Academic engagement and progress was seen as a critical factor influencing sense of school belonging for all students, including for students with SEN. Thus, effective teaching and learning is seen as central to the promotion of connectedness to school. This is supported through interactive teaching approaches; the use of co-operative learning techniques; the adoption of strengths-based approaches and having high academic expectations. Subject teachers, supported by well-trained special education teachers, need to be able to differentiate their teaching approaches and draw on evidence-informed interventions to meet the diverse needs of students. The location of academic supports also needs careful consideration, as findings in this study and elsewhere indicate that placement in separate SEN settings can negatively impact on sense of school belonging (Bunch and Valeo, 2004).
- Belonging is enhanced when students experience caring adult relationships, and when they perceive that their teachers are interested in them, not just as learners, but also as individuals. This is achieved when teachers have the confidence and skills to engage and relate with young people as individuals, and support their social, emotional and academic development.
- Positive peer relations become ever more important to students' sense of belonging as they progress through adolescence. Students in this study highlighted the benefits of group-work and project work as this helps strengthen bonds and build shared experiences. The need for stronger actions to reduce bullying for students with SEN is emphasised. Students called for enhanced measures to support transition and emphasised the need for additional Social Personal and Health Education (SPHE) classes; more school trips and group activities to help build a greater level of acceptance, cohesiveness and connection amongst students, especially at junior cycle level.
- Participation in extra-curricular activities provides a powerful means for enhancing connection to schools. Schools should support broad participation in school activities (i.e. school musical, sports, debating etc) and provide diverse opportunities for those students with additional needs. Students with SEN may need additional support to enable them to actively engage in extra-curricular activities.
- Having a say and being involved in decisions that affect them helps build students' sense of belonging to school. Teachers can support this through active listening and engagement with students, and by taking a collaborative, participatory approach when dealing with disciplinary issues. Additional measures at school level (e.g. advocacy and peer support) are needed to



enable students with SEN to communicate their views and opinions on matters that affect them, for example on how bullying is dealt with, or around the provision of supports to address their special educational needs. The use of person-centred planning approaches provides insightful and imaginative approaches which put students' perspectives and views at the heart of educational planning.

Key to the above recommendations is the need to provide a developmentally and psychologically appropriate environment in order to meet the changing needs of adolescents (Waters, Cross and Runions, 2009). This requires concerted action at a whole-school level, drawing on an educational framework which emphasises relationships, connection, control and meaning if schools are to engage successfully with the complexity of young people's lives (McLaughlin and Gray, 2015). For school leaders, this requires an appreciation of the impact of school processes on student wellbeing; a recognition that what is enacted in schools on a daily basis through policies and practices has a direct effect on student welfare.

The recommendations above must be considered in light of methodological limitations inherent in this study. These include the use of a relatively small sample size, and the focus on one school setting. Future research into sense of school belonging of students with SEN would be enhanced through use of a larger sample across multiple sites, with a focus on the views of teachers, including school management, as well as those of students themselves. Research might also examine whether the level of belonging varies according to category of SEN and consider whether the nature of provision to support the inclusion of students with SEN impacts on their connection to school.

## **CONCLUSION**

This study found that students with SEN are not experiencing the academic, social and relational context of school in as positive a manner as their mainstream peers. They presented with lower levels of belonging and experienced a range of barriers that impacted on their sense of connection to school. This in turn can have an ongoing negative impact on their wellbeing and academic development. The findings indicate that the wellbeing and social inclusion of students with SEN cannot be left to chance and requires careful monitoring and support. In this context, the exploration of students' sense of belonging offers an effective means for identifying and responding to their wellbeing and the social inclusion needs in school.

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# What is the Prevalence of Social Anxiety Disorder Among Adolescents in Ireland? How Does it Impact their Lives and How Do Schools Address it?

**Social Anxiety Disorder (SAD) is the most common anxiety disorder encountered in adolescence. The purpose of this study was to determine the prevalence of SAD among adolescents in Ireland, how it impacts on their lives and to examine what supports are in place in schools to address it. The findings suggest that social anxiety is highly prevalent among adolescents who participated in this study and it has a significant impact on both their academic and personal lives. It also found that most teachers who participated are not confident in identifying or supporting students with social anxiety.**

*Key Words: Social Anxiety Disorder (SAD), Adolescence, Prevalence, School Refusal Behaviour, School Interventions*

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## INTRODUCTION

Research suggests that anxiety disorders are the most prevalent mental health issue facing adolescents today, yet they are largely undertreated (Siegel and Dickstein, 2011; Cartwright-Hatton et al., 2004). Most Irish studies focus on Generalised Anxiety Disorder (GAD), and do not look specifically at SAD (IPPN report, 2017; Dooley and Fitzgerald, 2012; Harvey, 2008; Martin, Carr, Burke, Carroll and Byrne, 2006). According to international research, SAD, also known as social phobia, is the most common anxiety disorder encountered in adolescence (Tassin et al., 2014) with a prevalence rate of 9.1% but can be as high as 13% (Sweeney et al., 2015; Brook and Schmidt, 2008). International research has stated that SAD can affect a person's quality of life, both at work and in school and their

relationships with others (Brook and Schmidt). It can have long lasting effects, potentially leading to depression and drug and alcohol misuse (Spence and Rapee, 2016). According to Social Anxiety Ireland, 16.8% of Irish adults suffer from SAD at any given time ([www.socialanxietyireland.com](http://www.socialanxietyireland.com)). However, this research did not uncover any studies on Irish adolescents and SAD. Therefore, the aim of this study was to examine the prevalence of SAD among adolescents in Ireland.

## WHAT IS SAD?

The Diagnostic and Statistical Manual of the American Psychiatric Association, 5<sup>th</sup> edition, defines SAD as

*‘a marked fear or anxiety in one or more social or performance situations in which the person is exposed to possible scrutiny by others. They fear that they will act in a way (or show anxiety symptoms) that will be humiliating, embarrassing, or they will be rejected by others. Exposure to the feared social situation almost invariably provokes anxiety. The fear or anxiety is out of proportion to the actual threat of the situation. Feared social or performance situations are either avoided or endured with intense anxiety or distress. The fear or avoidance interferes significantly with the person’s normal routine, occupational functioning, relationships, or social activities. The diagnosis can be further specified as “performance only” if the anxiety is focused specifically on public speaking or performing in public to a degree that there is marked functional impairment (e.g. interfering with ability to work)’ (DSM-V, 2013).*

## SYMPTOMS

SAD exists on a continuum from mild to severe. Its symptoms are associated with a wide range of psychosocial difficulties such as lower peer acceptance and lower quality of friendships. In the school context socially anxious adolescents encounter many distressing situations - giving a presentation, reading in class, asking/answering questions in class, participating in group exercises - leading them to stop attending certain classes or even refusing to attend school altogether (Nelemans, 2017; Blote et al., 2015). Kearney and Albano (2004) suggests that between 5 and 28% of children and adolescents engage in some type of school refusal behaviours and as many as 7.7% of clinical samples of school refusers have a diagnosis of SAD. Adolescents with severe SAD also engage in safety behaviours such as saying little and avoiding eye contact, in an attempt to reduce the likelihood of humiliating themselves (Kley et al., 2012). They attribute any

social successes to these safety behaviours thus maintaining the behaviour which in turn reinforces the anxiety and so the cycle continues (Spence and Rapee, 2016; Ranta et al., 2012).

## **SAD OR SHYNESS?**

In some instances, SAD is mistaken for shyness (Masia-Warner et al., 2005). Heiser et al. (2009) outlined the difference between those who have SAD and those who are shy. In their study, the SAD group reported a significantly greater number of social fears than the shy group such as avoidance of social situations, negative thoughts, and somatic symptoms, such as blushing, shaking or sweating. Many people who are shy do not have the negative emotions and feelings that accompany SAD and while many people with SAD are shy, shyness is not a prerequisite for SAD. When SAD is mistaken for shyness, it is expected that these young people will grow out of their anxiety (HoganBrien et al., 2003). However, studies indicate that SAD during childhood and adolescence tends to endure if it is not addressed and increases the likelihood of depression during early adulthood (Spence and Rapee, 2016). Therefore, training teachers in how to identify SAD is essential.

## **WHY DOES SAD SPIKE IN ADOLESCENCE?**

Research findings across many studies suggest that there is a spike in SAD symptoms in mid-adolescence (Nelemans et al, 2017; Ranta et al., 2012; Warren and Sroufe, 2004; Westenberg, et al., 2004). Developmental theory suggests that this is due to heightened self-consciousness and increased fear of negative social evaluation (Westenberg et al.). Erikson's (Baker-Smith, and Moore, 2015) theory of psychosocial development suggests that during the developmental stage that occurs between 12-18 years adolescents search for a sense of self while also wanting to fit in. Failure to establish a personal sense of identity within society may lead to establishing a negative personal sense of identity. Feelings of inferiority and negative self-images are common symptoms of SAD (Nelemans et al., 2017; Spence and Rapee, 2016; Ranta et al, 2012).

## **RISK FACTORS/CAUSES**

Bronfenbrenner and Ceci's model of human development presents a transactional-ecological system of bi-directional influences that impact on development; varying

from proximal influences such as child temperamental vulnerability to more distal ones like family, school and community (Bronfenbrenner, 1994). International research has also found that there is a complex interplay between eight risk factors, which must be considered in the etiology of SAD:

- Biology and the structure of the brain (Caouette and Guyer, 2014)
- Behaviourally inhibited temperament (Rapee, 2014; Clauss and Blackford, 2012; Rapee and Spence, 2004)
- Cognitive factors; negative self-images/expectations (Spence and Rapee, 2016; Schreiber and Steil, 2012; Kley, Tuschen-Caffier, and Heinrichs, 2011)
- Social skills deficits and difficulty interacting (Spence and Rapee, 2016; Miers, Blote, and Westenberg, 2010; Masia-Warner et al., 2005)
- Peers and not belonging to a peer group (Poston, 2009; Ranta et al., 2009; Blote, Kint, and Westenberg, 2007; Greco and Morris, 2005)
- Gender (Ranta et al., 2012; Brook and Schmidt, 2008)
- Social Media (Lin et al., 2016; Prizant-Passal, Shechner, and Aderka, 2016; Shaw et al., 2015; Kittinger, Correia, and Irons, 2012)
- Culture with Asian countries reporting lower rates of SAD. This may be because shyness is not viewed negatively in these cultures (Spence and Rapee, 2016).

When we look at the risk factors for SAD it is important to consider equifinality (multiple developmental pathways); SAD may arise for any number of reasons such as an individual feeling they do not fit in with their peer group or because they have difficulty interacting. In the case of multifinality where the same risk factor has different outcomes, because an individual is shy does not mean they will develop SAD (Spence and Rapee, 2016). The combination of timing and circumstances surrounding the various risk factors is important as different factors may be more or less influential at different ages (Ollendick and Hirshfeld-Becker, 2002). Risk factors can be transactional and reciprocal, as young people influence their social environment, which, in turn impacts upon them (Spence and Rapee). One theory links biological, psychological and environmental factors into a diathesis-stress paradigm (Brook and Schmidt, 2008). This implies a two-way effect between a predisposition towards a disorder (diathesis) and environmental disturbances (stress). Therefore, the greater the underlying vulnerability toward SAD for example, the less stress required to trigger it. This emphasizes the relationship between risk and protective factors in developing individuals (Brook and Schmidt).



## METHODOLOGY

An instrumental case study was carried out to answer the research question. In instrumental case research the case, (i.e. a group of Irish adolescents in secondary school), facilitates understanding of something else, (i.e. prevalence of social anxiety (SA) among adolescents) (Mills, Durepos and Wiebe, 2010). The purpose of a case study is to show what it is like to be in a particular situation, to capture another person's reality, their lived experiences and their thoughts and feelings about a particular situation or topic making it ideal for this study (Cohen et al., 2011).

The research was carried out in two secondary schools in the west of Ireland; an urban girls' school and a rural boys' school. Questionnaires were administered to junior (JC) and leaving certificate (LC) classes in the two schools to determine if SAD was prevalent in one age group over another or in one gender over another. Questionnaires were also administered to teachers and Guidance Counsellors (GCs). Participants numbered 238; 154 girls, 65 boys, 17 teachers and one GC from each school. This research was carried out ethically with respect shown for all participants (BERA, 2011). All participants volunteered to take part and signed an informed consent form before completing the questionnaire. Those under the age of 18 years also needed parental consent.

A mixed methods approach was used, including questionnaires and semi-structured interviews. Questionnaires were chosen as the main research tool because they guaranteed anonymity and large amounts of information could be collected from a large number of people in a short period of time (Newby, 2014). The student questionnaire included 13 questions and the Leibowitz Social Anxiety Scale (LSAS). This added another 24 questions; 13 concerning performance anxiety and 11 examining social situations. The 24 items are first rated on a Likert Scale in terms of fear felt during the situation and avoidance of the situation. The total scores for the Fear and Avoidance sections are combined to provide an overall score. The maximum score is 144 points. Scores in the 0-54 range indicate little or no SAD, 55-65 Moderate, 66-80 Marked, 81-95 Severe and >95 Very Severe. The LSAS is one of the most commonly used clinician-administered scales for the assessment of SA and many studies have confirmed the reliability, validity and treatment sensitivity of this scale (Baker, Heinrichs, Kim and Hofmann, 2002; Heimberg et al., 1999). Social Anxiety Ireland also provides access to this scale on their website ([www.socialanxietyireland.com](http://www.socialanxietyireland.com)). The semi-structured interview with the GC from each school provided a broader picture of what was happening at the school, whether many students were seeking help on this issue and what type of training, school policies and supports were in place.

While the results of such a focussed study cannot be generalised to the whole population, it may provide unexpected results which may lead to research taking new directions. It may also provide valuable information for the schools in question; to inform teaching practices and students self-development.

## FINDINGS

### 1. What is the Prevalence of SAD among adolescents in two secondary schools in the West of Ireland?

**Table 1. The Number of Students who claim to experience SAD**

	LC	JC
Girls	54 (67.5%)	43 (58%)
Boys	4 (13.8%)	5 (13.8%)

**Table 2. Results of LSAS**

Cut-off scores		Little/No SAD (0-54)	Moderate (55-65)	Marked (65-80)	Severe (80-95)	Very Severe (>95)	Incomplete
JC Students	Girls	39*	6	12	12	5	0
	Boys	20*	6	0	0	2	6
LC Students	Girls	26*	8	11	9	15	0
	Boys	7*	2	1	1	1	4

\*A number of students scored close to the cut-off point. Even though they do not meet the cut-off score for diagnosis, they still experience significant social anxiety in specific situations, highlighting the need for a universal approach to treatment.

The findings of this study suggest that SAD is highly prevalent among the participants and more so in females (see Table 1 and 2). In this study at least one in two girls and approximately one in four boys met criteria for SAD on the LSAS.

#### **More severe SAD among senior girls**

The results of the LSAS showed that three times as many senior girls than junior girls had severe SAD and twice as many had co-morbid conditions such as panic

attacks and depression. This may indicate that the longer you have SAD, the more severe it gets and the greater the likelihood of co-morbid conditions. A longitudinal study would be necessary to confirm how SAD develops over time.

## 2. What impact does SAD have on school performance and relationships?

The analysis showed a huge overlap in symptoms cited by the girls, the boys and teachers, demonstrating triangulation among participants. The symptoms cited as having the biggest impact on school performance were fear of participating in class and avoiding school.

Only four teachers mentioned absenteeism as a symptom which suggests that teachers may not be linking absenteeism to SAD. It is essential that teachers are made aware of how far reaching and debilitating the symptoms can be. Knowledge of these symptoms could inform decision making around interventions and support plans. A sample of the symptoms and personal experience of SAD cited by LC and JC girls and boys are presented in Tables 3, 4, 5 and 6 below.

**Table 3. Symptoms of SAD cited by LC Girls**

Symptoms	Frequency
<i>'Nervous in groups or crowds or social situations'</i>	77
Physical symptoms such as <i>'Sweaty palms'</i> <i>'Tight chest'</i> <i>'rapid breathing'</i> <i>'fidgeting'</i> <i>'Sweating'</i> <i>'shakey'</i> <i>'feeling sick'</i>	72
<i>'Dread participating in class'</i>	52
<i>'fear of communication or talking to others'</i>	43
<i>'feeling awkward'</i> , <i>'Self-conscious'</i>	24
<i>'avoiding situations'</i> or <i>'withdrawing'</i>	22
<i>'feeling panicky'</i> , <i>'panic attacks'</i>	22
<i>'very scared'</i> and <i>'worried'</i>	18
<i>'skipping school'</i> , <i>'difficult to come to school'</i>	12
<i>'Difficulty making friends'</i>	9
<i>'Low self-esteem'</i> <i>'lacking confidence'</i>	8

**Table 4. Symptoms of SAD cited by LC Boys**

Symptoms	Frequency
<i>'Anxiety in social situations, school or parties', 'Feeling very nervous in public', 'feeling nervous/awkward/uncomfortable in front of other people'</i>	22
<i>'Feeling nervous to talk', 'stressed about communicating with friends or teachers'</i>	17
<i>'afraid to speak out in class', 'unable to respond to or ask questions'</i>	14
Physical symptoms such as: <i>Nausea, hyperventilation, sweating, stuttering, going red in public, headaches, emotional fits, panic attacks, loss of breath, difficulty speaking, sleep deprivation, fidgety, stressed out, nervousness</i>	10
<i>Absenteeism 'May not go to school'</i>	8
<i>'Feel stupid', 'Lack confidence', 'self-conscious'</i>	7
<i>'Shut yourself off', 'Isolate yourself', 'feel they have no one to talk to'</i>	7
<i>'quiet'</i>	7

There was significant overlap between the LC boys and girls with the top nine symptoms being identical for both groups.

**Table 5. Symptoms of SAD cited by JC Girls**

Symptoms	Frequency
Physical symptoms such as <i>'Heart racing', 'Fidgeting', 'Biting my nails', 'shaking', 'sweating', 'tight chest', 'shortness of breath', 'blushing', 'feeling sick'</i>	45
<i>'Fear of talking or communicating'</i>	40
<i>'fear of participating in class'</i>	51
<i>'nervous in social situations'</i>	30
<i>'Skip school', 'Stay at home'</i>	22
<i>'Feeling awkward', 'self-conscious'</i>	15
<i>'Avoid social situations', 'withdraw'</i>	14
<i>'Scared', 'worrying'</i>	12
<i>'Low self-esteem', 'low confidence'</i>	8
<i>'Crying', 'upset'</i>	6
<i>'Hard to make friends'</i>	5

**Table 6. Symptoms of SAD cited by JC Boys**

Symptoms	Frequency
<i>‘Nervous and uncomfortable in social situations’, ‘Don’t want to be around other students’</i>	19
<i>‘can’t talk to people in groups of one to one’, ‘scared to talk to teachers’</i>	18
<i>‘Afraid to read out loud’, ‘afraid to ask questions’, ‘feel sick when asked to speak’</i>	14
<i>‘don’t go to school’, ‘isolated and withdrawn’, ‘lose friends’</i>	11
<i>‘Anxiety’, ‘stress’, ‘fear’, ‘panic attacks’</i>	10
<i>‘Distracted’, ‘overthinking’</i>	8
<i>‘Fear of being judged’, ‘fear of being center of attention’, ‘fear of being laughed at’</i>	6
<i>‘Feel stupid’, ‘low confidence’</i>	4

The symptoms cited as having the biggest impact on relationships were fear of speaking/communicating, difficulty making or maintaining friends and feelings of isolation or of being misunderstood.

These symptoms are typical of SAD (Rapee and Spence, 2012) with one symptom possibly causing another. For example, poor social skills may lead to peer rejection, which can cause feelings of isolation and of being misunderstood which in turn reinforces the SAD (Spence and Rapee, 2016). According to Maslow’s Hierarchy of Needs (Poston, 2009), a level of belonging must be established by individuals because of its effect on one’s self-esteem. Maslow also suggested that if the level of belonging is low, or an individual is viewed negatively by peers in that group, he or she may develop SAD. Social skills training programmes could be delivered as part of the school programme to address this issue.

**Social Media**

The students did not place much focus on social media as a cause of SAD, while half the teachers and one GC cited it as a main cause. While there was no specific question in the study about social media this information was volunteered in a question about what causes SAD. Studies have suggested that social media can have some negative effects on a person’s mental health (Schurgin O’Keeffe and Clarke-Pearson, 2011). However, there is still no evidence to suggest it causes SAD (Lin et al., 2016; Kittinger, Correia and Irons, 2012). Research suggests that

there are multiple pathways to SAD (Spence and Rapee, 2016). Therefore, the causes of SAD are not pre-determined.

### 3. How do schools address SAD?

**Table 7. Current support in the two participating schools**

Supports/Protective Factors	LC		JC	
	Yes	No	Yes	No
Do you receive talks/classes on social and emotional wellbeing?	(G) 43	37	40	30
	(B) 10	19	14	17
Do you get talks on looking after your mental health?	(G) 55	24	38	32
	(B) 11	18	17	17
Do you receive information on how to access support for anxiety?	(G) 20	59	27	45
	(B) 12	15	11	21

There is a discrepancy in the figures presented in Table 7 above. Several of the female LC students said the talks on social and emotional well-being ‘*are rare*’, or ‘*are not effective*’ and are ‘*out of touch with what students are really going through*’. This was supported by the female JC students who felt they ‘*don’t cover social and emotional wellbeing or mental health issues enough*’. In addition to this, many female LC students said they ‘*don’t get talks often*’ on looking after their mental health, stating their most recent talks were in the Junior cycle, Transition Year and a general talk on mental health in 5<sup>th</sup> year. The majority of the boys also stated that they did not receive talks. Over half of the female LC (48) and JC (45) students cited a variety of people that they could go to for support, such as, the guidance counsellor, a helpful teacher, SNAs and the chaplain. Nonetheless, there were still many girls who felt there were very few supports in place or didn’t know what supports were available. The boys did not elaborate on these questions and simply answered yes or no. In contrast to this, 12 out of 13 teachers/SNAs in the girls’ school and 4 out of 6 in the boys’ school said there were supports in place.

The majority of students agreed that talking and listening were essential to support those who suffer with SAD and educating others and raising awareness of the condition was paramount. Given the high prevalence of SAD that this research has uncovered, talks that specifically aim to address SAD may be more effective than those that focus on general factors that are common across all anxiety disorders

(Spence and Rapee, 2016). It is also important to make all students aware of what supports are available - not just those who seek help - and it may be necessary to deliver this message throughout the school year to maintain awareness.

## **BARRIERS TO SUPPORTS**

The main barriers to supports, consistent with the literature, were lack of time, shame, stigma around mental health issues, teacher training and parental acceptance (Shevlin et al., 2013; Ryan and Masia-Warner, 2012; HoganBrien et al., 2003; Olfson et al., 2000). In this study only six out of thirteen teachers in the girls' school felt confident supporting these students and nine teachers felt more should be done for these students. Four out of six teachers in the boys' school said there were supports in place but only three of the six felt confident supporting these students with five of the six saying more should be done to support them. This would suggest that training for teachers is essential. Shevlin et al. found that teachers in Ireland do not have confidence in their skills to manage the emotional needs of their students. With students hiding their symptoms, it becomes more difficult for teachers to identify and so the students continue to suffer in silence.

A further barrier is the lack of protection for the role of GCs. In Ireland, it is up to the principal of each school to decide if they have enough resources to accommodate a GC. The current Minister for Education is reviewing this process (Dooley, 2018). It is important that this role is protected to ensure that there is a balance between academic and emotional guidance and support.

## **DISCUSSION**

Based on the findings from this study it is apparent that there is a need to raise awareness about SAD. Charity organisations such as Step Out Ireland have compiled their own modules to specifically address SAD and many schools are unaware that they will visit schools and provide workshops (<https://www.stepoutireland.com>). In addition to this, schools could introduce evidence-based Social Skills Training (SST) programmes that have been shown to have much success addressing SAD (Beidel et al., 2014). Skills for Academic and Social Success (SASS) and Social Effectiveness Therapy for Children (SET-C) use a combination of exposure therapy, peer generalisation and group social skills training (Beidel et al., 2014; Beidel, Turner and Young, 2006; Masia-Warner et al., 2005). Using these in the school environment makes generalisation easier;

Teachers can help students overcome classroom fears, parents learn techniques to reduce absenteeism and promote skills generalisation, and the program can use outgoing students to practice social skills (Masia-Warner et al.).

If SAD is as prevalent as the findings from this study suggest (one in two girls and one in four boys), it is vital that schools allocate time to address it. It is worth noting that less than half of the junior cycle boys knew what SAD was and it is also possible that boys feel they cannot admit experiencing SAD due to gender stereotyping (Brook and Schmidt, 2008). This makes it all the more important that we raise awareness of SAD in schools and inform students how common it is across both genders. More than half the teachers surveyed and both GCs underestimated how prevalent SAD was and only half of the teachers were confident identifying it. Furthermore, almost half of the teachers believed SAD was more prevalent in the junior cycle while the results of this study indicate that it is consistently prevalent across both age groups with a slight majority among senior girls and junior boys. This supports the literature that teachers and GCs are not an optimal means for identifying students with SAD (Sweeney et al., 2015) and indicates that training in identifying SAD would be helpful for teachers in Irish post-primary schools. The findings from this study highlight the need for early assessment and identification so that supports can be put in place to reduce the risk of severe SAD and maladaptive safety behaviours. The Department of Education in Ireland is currently rolling out a Wellbeing programme in the junior cycle which commenced in September 2017 (NCCA, 2017). However, there is no such programme for the senior cycle. Results from this study would indicate that wellbeing programmes would be very beneficial for the senior cycle also.

Schools provide unique access to adolescents (Adelman and Taylor, 1999) and school interventions reduce financial barriers to treatment. Furthermore, by offering support in familiar settings like schools, it may make treatment more acceptable and break down barriers such as mental health stigma and shame (Masia-Warner et al., 2005). Masia-Warner et al. found that the benefits of school-based interventions equalled clinic-based treatments because schools provide an unparalleled opportunity to address instances that trigger SAD such as social situations and speaking in class.

## **CONCLUSION**

The purpose of this study was to determine three things: the prevalence of SAD among adolescents in two secondary schools in the West of Ireland; its impact on students' lives; and the supports in place to address it. As mentioned, international



studies suggest that SAD is the most common anxiety disorder encountered in adolescence. However, there has been little research into SAD in Ireland. This study indicates that one in two female and one in four male Irish adolescents struggle with this disorder. The long-term impact of SAD can include the increased risk of depression and drug or alcohol misuse, which can affect an individual's academic, occupational and personal life. For these reasons it is important to invest in education for students and teachers during a phase where SAD is most prevalent. Raising awareness, training teachers and students and providing workshops, ensures that as many protective factors as possible are in place. A whole school, multi-level approach to education, prevention and intervention is paramount to sustain long-term change (Winett, 1998).

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# Social, Emotional and Behavioural Difficulties in Irish Schools: We Need to Talk About Gender

Findings from the *Growing Up in Ireland* research (Banks, Shevlin and Mc Coy, 2012) report an over-identification of males with special educational needs, particularly social, emotional and behavioural difficulties (SEBD). This highlights gender as a previously well-known but largely ignored variable in understanding and supporting students who present with SEBD. With over one third of post-primary schools being single gender schools (Department of Education and Skills, 2018), Ireland is unique in Europe in stratifying schools according to gender. This paper makes the case for further research into gender and SEBD in the Irish context. Identifying a lacuna in the literature and referencing previous research by this author (McKeon, 2015), four issues are highlighted in which further investigation is needed in order to respond more effectively to the needs of students in Irish schools.

*Keywords:* Gender, Social, Emotional and Behavioural Difficulties (SEBD), Post-Primary, Primary

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## INTRODUCTION

This paper explores the issue of gender as being a significant variable in the understanding of Social, Emotional and Behavioural Difficulties (SEBD) in the Irish education context and, in particular, in the post-primary sector. It commences with a rationale for this assertion by outlining the particular significance of gender in the Irish education system. This is followed by a review of the literature which explores how SEBD and gender are conceptualized and where attention is focused. This is supported by gender-specific references from a small scale research study previously reported in this journal but in a broader context. Finally, the paper discusses the impact of the issues raised about gender on how the Irish education system understands and responds to SEBD and offers some suggestions for deepening that understanding.

## **SEBD: THE DILEMMA OF DEFINITION**

Definitions of SEBD vary widely and for a considerable length of time relied heavily on medical, therapeutic and psychological perspectives (Cullinan, 2004; Hunter-Carsch, Tiknaz, Cooper and Sage, 2006). A much broader approach is evident nowadays and, for example, in the Irish context there are visible parameters evident in the literature within which a view has emerged over time of a more overarching definition when discussing the concept of SEBD. The National Educational Psychological Service (NEPS), in its publication *Behavioural, Emotional and Social Difficulties: A Continuum of Support, Guidelines for Teachers*, (2010) described SEBD (or rather BESD) thus:

*As NEPS uses it, the term refers to difficulties which a pupil or young person is experiencing which act as a barrier to their personal, social, cognitive and emotional development. These difficulties may be communicated through internalising and/or externalising behaviours. Relationships with self, others and community may be affected and the difficulties may interfere with the pupil's own personal and educational development or that of others. The contexts within which difficulties occur must always be considered, and may include the classroom, school, family, community and cultural settings. (p. 4)*

This relies heavily on Cooper's definition (1999), which is more forthright in its declaration of a biopsychosocial approach, stating emotional and behavioural difficulties (EBD) are

*perhaps best seen as a loose collection of characteristics, some of which are located within students; others of which are disorders of the environment in which the student operates (such as the school or the family). The third, and probably most common, category involves the interaction between personal characteristics of students and environmental factors. (pp. 9-10)*

How SEBD is defined and understood is central to the level of success achieved in supporting students in schools. It remains a nebulous concept at best and its inherent complexities affect greatly its understanding amongst practitioners and, subsequently, the range of responses put in place in schools to support students and their effectiveness.



## WHAT IS PARTICULAR ABOUT GENDER IN THE IRISH CONTEXT?

Drudy (2008) reports that the gender profile of the teaching profession in Ireland is predominantly female and this reflects what is found in school systems across Europe. This remains the case today. In 2017-2018 85% of primary school teachers were female (Department of Education and Skills, 2018), with 67% of primary principals being female. In the same year, at post-primary level (figures only available that exclude the Education and Training Board (ETB) sector), females outnumbered males in the teaching profession at 69%, yet were under-represented in managerial roles in these schools, with only 47% of principals being female. As elsewhere, gender, therefore, represents a significant variable in the profile of the teaching profession and management personnel in our schools, with very different profiles across the primary and post-primary sectors.

From the perspective of the student population in our schools, Ireland differs somewhat from other countries. Whilst only 18% of students at primary level were educated in single gender classes in 2017-2018 (DES, 2018), the corresponding figure at post-primary level was 37% (DES, 2018). The *Sé Sí - Gender in Irish Education* report (Department of Education and Science, 2007) indicated that Ireland had the highest proportion of students in single gender post-primary schools in Europe. In 2017-2018, 233 of 715 (32.5%) post-primary schools were still single gender (DES, 2018). The large number of single gender post-primary schools in Ireland is therefore unique in the European context. Gender has been identified as influencing educational engagement and outcomes (Smyth, 1999; Williams, 2018). How these issues impact on the culture, values and expectations of post-primary schools is a pertinent issue at societal level and, it can be argued, may influence understandings of and responses to SEBD.

With regard to students presenting with special educational needs (SEN) overall, the *Sé Sí* Report (2007) recorded that males presenting with SEN outnumbered females by a ratio of almost 2:1 in enrolments to ordinary primary schools and special schools, with this figure having increased from 59% to 64% between the early 1980s and 2002/2003 (DES, 2007). Again, this is consistent with European statistics reporting similar ratios of males to females across several education systems (Riddell, 2014; European Agency for Special Needs and Inclusive Education, 2017). In the Irish context, Banks, Shevlin and Mc Coy (2012) report findings from the longitudinal research study *Growing Up in Ireland* (see Williams, 2018) that are similar to other international studies showing males are much more likely to be diagnosed with SEN than females but, more importantly, that this is particularly the case in relation to SEBD.

The gender profile of our schools can be investigated from two important perspectives, i.e. the gender of teachers and management personnel and the gender of the student populations in different types of schools particularly at post-primary level. Gender represents an important variable that impacts significantly on our understanding of and support for students presenting with SEN and especially those with SEBD.

## **HOW ARE GENDER AND SEBD INVESTIGATED IN THE LITERATURE?**

In Ireland gender does not really feature significantly as a variable in SEN-related research. A review of Irish-based SEN literature for the period 2000-2009 (Rose, Shevlin, Winter and O’Raw, 2010) does not mention it. In the international context research in relation to gender and SEBD concentrates largely on quantitative comparisons across gender (Maras and Cooper, 1999; Oswald, Best, Coutinho and Nagle, 2003; Young, Sabah, Young, Reiser and Richardson, 2010; Banks et al., 2012), focusing on the ratio of males to females presenting with a variety of sub-categories of SEBD. The focus on a traditional elucidation of SEBD as manifesting in ‘externalising’ behaviours in males and ‘internalising’ behaviours in females receives considerable attention (see, for example, Maras and Cooper, 1999; Hess Rice, Merves and Srsic, 2008; Soles, Bloom, Heath and Karagiannakis, 2008; Place and Elliott, 2014). In this context, for example, the male-female ratio of diagnoses of Attention Deficit/Hyperactivity Disorder (Cooper, 2006) is reported. The relationship between gender, SEBD and academic achievement is also investigated with Hess Rice and Yen (2010), for example, reporting no statistical differences across genders.

Some female-specific studies are also in evidence. Kann and Hanna (2000), for example, investigate Disruptive Behaviour Disorders among females, whilst Cullinan, Osbourne and Epstein (2004) investigate the characteristics of females presenting with emotional disturbance. Interestingly the latter discuss the ramifications of applying identification criteria to the female population that have been established in studies on males. This implies a pre-existing tradition of focusing predominantly on the male population when investigating some categories of SEBD. Cullinan et al. (2004) suggest that if gender differences exist, such assumptions may result in under-identification of females with emotional disturbance, as they may exhibit characteristics that are different to those traditionally attributed to males but ignored in the research.

Research has also focused on how schools respond to male and female students presenting with behavioural difficulties. Several studies report different approaches and procedures (Buswell, 1984; Hurrell, 1995; Jull, 2008; Kourtrouba, 2013), suggesting that this is linked to different assumptions regarding the underlying causes of behaviours presented by male and female students. Hess-Rice et al. (2008) report differences in the language being used to describe male and female students and their behaviours and this issue is taken up again later in the current paper. Also, they note a perception amongst professionals that females present with more challenging difficulties. Davies and Ryan (2014), however, refer to difficulties in ascertaining the significance of gender, highlighting the overall complexities of researching in this area.

As stated, some issues relating to the gender of teachers are investigated. Avramidis and Norwich (2002), for example, in their review of teachers' attitudes towards integration and inclusion, refer to several studies examining gender differences between teachers that present inconclusive results. They cite, for example, Egelund and Foss Hansen (2000) who suggest that other factors impact more significantly than gender in the management of behavioural difficulties, such as teachers' experience. Maras and Cooper (1999) report a correlation between gender and teachers' expectations around behaviour, particularly aggressive behaviours. These studies, however, do not appear to address the specifics of how male and female teachers interact with or respond to male and female students presenting with SEBD. This phenomenon, however, is explored by Green, Shriberg and Farber (2008), for example, where they report on gender differences amongst teachers in responding to different, specific behaviours finding female teachers rating them as being more severe than their male counterparts.

Overall the literature cited above suggests there is a lacuna in the research regarding gender and SEBD. An over-representation of males identified with SEBD, coupled with a traditional focus on investigating males over females along with a consequent presumption of similarities across gender, result in a situation where understanding of the integral issues concerning SEBD may depend more on assumption rather than robust interrogation and investigation. The interaction between teachers of each gender and students of each gender is under-researched and this suggests a significant deficit for Irish post-primary schools where a sizeable number are still single gender schools.

## **METHODOLOGY**

Research by this author was reported in this journal (McKeon, 2015). It focused on differences between the primary and post-primary sectors in the context of a broader interrogation of understandings of SEBD among principals and special education teachers from primary and post-primary schools, and guidance counsellors (post-primary only). The following sections report on some of the findings from that broader study in relation to gender as an illustration of the types of issues that need to be investigated in order to broaden and deepen how we understand and engage with students who present with SEBD.

The research cited was framed in a social constructivist paradigm and employed a qualitative approach to data collection. Through the use of postal questionnaires (n=47: 47% Male: 53% Female) and semi-structured interviews (n=13: 54% Male: 46% Female) with a representative sample of the practitioners outlined above, respondents' understandings of the variables that influenced how they conceptualized SEBD were gathered, alongside data relating to how they considered their schools responded to and supported students with SEBD through their behaviour policies and school structures. Gender was one of the variables employed to interrogate the data. A process of thematic analysis (Braun and Clarke, 2013; Guest, Mac Queen and Namey, 2012), identifying semantic and latent themes (Braun and Clarke, 2006; Maguire and Delahunt, 2017) was implemented in order to identify a set of themes within the data set established by the questionnaire and interview responses. The inclusion of three cohorts of practitioners (principals, special education teachers and guidance counsellors) contributed to the comprehensive nature of these themes.

Findings in relation to gender are extracted from the data for the purpose of this current paper and provide an informative illustration of how gender represents a pertinent variable to consider in order to broaden understanding of SEBD. The rationale for this approach is explained next.

## **ILLUSTRATIVE FINDINGS**

The purpose here is to put forward a view that gender issues in relation to SEBD are significant and worthy of further research in their own right. In this context, illustrative findings from the data are presented to support this view. This paper does not purport to present definitive findings to 'prove' or 'disprove' a hypothesis. Rather, the intention is to initiate debate of a hitherto under-researched variable

in the Irish context in relation to SEBD. The first set of examples and extracts illustrate the kind of language male and female practitioners use when discussing SEBD. This is followed by a comparison from respondents in single gender and co-educational schools.

### **How do Male and Female Respondents Talk about SEBD?**

There are clear differences between male and female respondents regarding the issue of defining the concept of SEBD. Female respondents are more likely to mention assessed conditions when explaining what they understand by this term. In contrast to their male counterparts they focus more on emotional issues than on behavioural issues. Female respondents can be described as more empathetic and more caring in the language they employ when talking about their students. When speculating on the causes of SEBD, issues or factors associated with the home background of students are frequently cited as relevant by female respondents. A female primary principal, for example, describes students who may be:

*under stress from home problems which can lead to their being unable to cope in school, poor self-esteem, failure in class, poor relationships...*

The language employed by male respondents when discussing SEBD often displays a more negative tone, suggested by an emphasis on extreme conditions and/or a feeling of resignation that such conditions are fixed and the situation cannot change. When male respondents do mention emotional issues they tend to dwell on extreme emotions such as anger. Male respondents focus on very different causal factors to their female colleagues. They place high importance on characteristics such as an inability to express oneself, the need for anger management, lack of social skills, etc. A male primary principal describes:

*persistent long-term problems generated due to previous trauma. Unlike typical students, this behaviour manifests itself in everyday or common situations, i.e. antisocial reaction to authority, peers, etc.*

Finally, a female teacher acknowledges a slightly different emphasis in how her male and female colleagues speak about these issues:

*...I might be saying this wrong but I think a lot of our – the female teachers are maybe softer about things. In their approach – I think just in their approach – that it isn't just cut and dried. They see the grey area.*

*I think I am thinking some of the male staff. This is the way it is, this is the way you would have it. And that is it.*

## **How do Respondents from Single Gender and Co-Educational Schools Describe their Students?**

The differences between respondents from single gender schools (n=22: 32% Male; 68% Female) and those from co-educational schools (n=38: 55% Male; 45% Female) are also quite marked. Respondents from single gender schools tend to display a wider range of responses regarding the factors that influence teachers when thinking about behavioural issues than their colleagues in co-educational schools. They also appear to dwell more on the emotional state when defining SEBD. They make a connection between students' behaviour acting as a means of communication regarding their emotional needs. They also talk about social interaction and being able to get on with people in school.

Amongst the co-educational schools' respondents, the focus in their responses is on the extreme end of the behavioural spectrum, e.g. psychiatric conditions, being out of control, an inability to control behaviour. One male respondent from this sector recounts:

*... this year and last year we've had a lot of trouble with female students. We've had, by and large the majority of troublesome students were male then but this year we had a collection of very fiery and very difficult to handle female students. Which was a new, well not totally, a new experience but it was a new phenomenon to have so many of them as it were, such a group of them in a particular year.*

*It depends then as well what works better with male students and female students as well. That might differ in terms of sanctions or even approaching them and talking to them and giving out to them or whatever. There can be decided differences between the two.*

## **DISCUSSION**

The dilemma of definition outlined earlier is crucial to how schools and practitioners engage with students presenting with SEBD and, also, how successful their efforts might be. This engagement requires a consideration of a broad range of issues integral to the understanding of SEBD which will impact on responses to students in schools. On the one hand we are obliged to consider within-student characteristics, e.g. *"personal, social, cognitive and emotional development"*, factors which are influenced by gender amongst other things. On the other hand these definitions also promote an equal consideration of factors or characteristics external to the

individual student, as variables in their own right, as being integral to how SEBD is shaped and understood, e. g. “*disorders of the environment in which the student operates.*” Whilst the term ‘disorders’ appears extreme and implies dysfunction, it is helpful here for it to be understood in a more benign way and be taken to include the structures, cultures and organisation of the environment which are not necessarily considered as examples of dysfunction. Heretofore, external factors or characteristics have been considered really only in terms of those present in the lives of students and the environments and cultures in which they operate outside the school. Whilst it is often the interactions between factors or characteristics from different sources that tend to be the prime focus of discussion nowadays, following Cooper’s third category above, it is equally important to consider the impact of external factors or characteristics in their own right. In the context of the school environment, for example, this could include a single gender or co-educational population, a concomitant traditional ethos/culture, the attitudes of school personnel, etc.

The examples outlined in the previous section do not provide definitive evidence of differences in the ways in which teachers consider students presenting with SEBD based on the gender of those students, nor are they meant to do so. Gender is just one variable which influences teachers’ understanding and how they respond to their students’ needs. These issues do, however, support the literature in suggesting that gender is a significant factor in our conceptualization of SEBD and how this manifests itself is worthy of consideration and further research. These illustrative examples demonstrate an imperative to consider four external factors or characteristics within the overall context of gender, which may act both independently and interdependently:

- The **language** that is being used by teachers when talking about their students
- The **factors** that are associated by teachers with the causes and reasons for the presenting characteristics of their students
- The **attitudes** that teachers hold about those factors and the possibilities for effective support and responses for their students
- The **environmental and cultural climates** within which teachers operate in their schools and how these influence their attitudes and responses.

A desire to investigate how SEBD is conceptualized in a global sense is predicated on further examination of the extent to which these four issues impact on and are integral to the responses (both implicit and explicit) *in situ* in schools which

support students or, indeed, marginalize them. This is particularly pertinent in the Irish context given the large number of single gender schools (one third approximately) in the post-primary sector, a factor unique to this country.

## CONCLUDING COMMENTS

This paper contends that the issue of gender is important in relation to SEBD in the Irish context and warrants further attention and investigation. The international literature reviewed demonstrates that a lacuna exists in how gender impacts on our understanding of and responses to SEBD. Stark findings (Banks et al., 2012) from the *Growing Up in Ireland* research highlighting significant gender differences in rates of identification represent just one aspect that requires investigation. Illustrative findings from this author's small scale research project justify a call for further investigation into how gender issues influence how male and female teachers consider and respond to their male and female students. In particular, research is required within and across single gender schools to deepen our understanding of the particular circumstances pertaining in the organisation, cultures and practice of those schools in relation to supporting students who present with SEBD.

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# Is Ireland at a Crossroads of Inclusive Education?

This paper seeks to critically reflect on inclusive education in Ireland 2020 exploring whether Ireland is at a crossroads of inclusive education. Matters regarding legislation, policy and classroom practices are outlined and critically discussed. A host of changes in the field of Special Educational Needs (SEN) provision are detailed, including the move from a medical to a biopsychosocial model of SEN and the use of person-first language. Furthermore, the recent advancements in Ireland from integration to inclusion and towards a capacity-building model are discussed, in light of the new model for special education teacher allocation (Department of Education and Skills, 2017a). While these present as significant advancements, there are also many challenges to inclusive education in Ireland that still need to be considered. Such challenges relate to the role of special schools and special classes in our system and the dichotomy between differentiation and a Universal Design for Learning framework within classrooms. Moving forwards, suggestions are outlined related to using formative assessment in the classroom, a more flexible model for educational placement and a greater focus on capacity-building within school settings.

*Keywords: inclusive education, inclusion, special educational needs (SEN), capacity-building, new model of special education teacher allocation*

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## LEGISLATION: FROM INTEGRATION TO INCLUSION?

Ireland has travelled a significant journey towards inclusive education in recent years. Nonetheless, MacGiolla Phádraig (2007, p. 289) notes that “in terms of legislation, Ireland [was] a latecomer to inclusion”, whereby in early years, the country adopted an approach of caution and pragmatism towards supporting persons with Special Educational Needs (SEN). International reports such as

the Salamanca Statement (United Nations Education Scientific and Cultural Organisation [UNESCO], 1994) and the United Nations Convention on the Rights of Persons with Disabilities ([UNCRPD], United Nations, 2007) shaped the path for inclusion in Ireland by calling on governments to include children with SEN in all aspects of education, with due regard for their right to full participation in society. The Irish Government responded with several reports, including the Special Education Review Committee (SERC) Report (Department of Education and Skills [DES], 1993), the Education Act (Government of Ireland, 1998) and the Education for Persons with Special Educational Needs (EPSEN) Act (Government of Ireland, 2004). While the SERC report stated the right of children with SEN to education, it was parental action in a range of court-cases including the O'Donoghue case (1993) and the Sinnott case (2000) which “forced the issue into the political agenda” by ruling the legal obligation to education, including services such as assessment and referral (MacGiolla Phádraig, 2007, p. 292).

Ultimately, it was the EPSEN Act (Government of Ireland, 2004) which formally addressed the issue of inclusion, stating that education should take place in an inclusive environment if it is in the best interest of the child and the other children in the class (Government of Ireland, 2004; MacGiolla Phádraig, 2007). The EPSEN Act also stipulated the range of services needed for inclusive education to occur including systematic assessment, individual education plans (IEPs) and the active role of parents in their child's education (Government of Ireland, 2004). Yet, due to financial constraints, the Act has not been fully implemented into law to date (Smyth et al., 2014).

Notably, a review of the EPSEN Act (Government of Ireland, 2004) by the National Council for Special Education (NCSE) (2006, p.135) found that greater capacity-building in schools was needed to “empower teachers to build inclusive schools”. However, the model of provision at that time, comprising both the General Allocation Model (GAM) and Circular 02/05 (DES, 2005), did not give schools autonomy in organizing teaching resources for SEN (DES, 2017a). The GAM used a diagnosis of SEN to separate teaching support into learning support for pupils with high incidence SEN and resource teaching for pupils with low incidence SEN (DES, 2005). While the GAM was viewed as a positive step towards inclusion by allocating additional teaching support to pupils, it was later criticised by taking a medical approach to SEN due to its emphasis on diagnosing children with SEN to access teaching support (DES, 2016).

Most recently, DES Circular 0013/2017 replaced the GAM and Circular 02/05 and initiated a new model for special education teacher (SET) allocation. In particular,

Circular 0013/2017 sought to answer the call by giving greater capacity to schools to meet the needs of individual students (DES, 2017a). Before the new SET model was rolled out to all schools, a pilot study was conducted in 47 mainstream schools. Evidence from the pilot study indicated that most schools welcomed the new model, whereby 80% of participating schools opted to voluntarily use the new model for the following school year (DES, 2016). A praise of the new model was that children no longer require a diagnosis of SEN to access resources (Byrne, 2017). The new model also recognises a ‘spectrum of disability’ whereby pupils within the same category of SEN are recognised as having different needs (DES, 2017a).

The new model for special education teacher allocation consists of a baseline component and a school educational profile component to support the individual needs of schools, with due regard for factors including disadvantage, gender, standardised testing results and number of pupils with complex needs (DES, 2017a). Furthermore, the roles of the learning support and resource teacher, as per the GAM, have been combined into a Special Education Teacher (SET) to allow greater flexibility for pupil support. Moreover, since Ireland ratified the UNCRPD in 2018, an independent monitoring board will now evaluate schools’ commitment to inclusive education and ensure that progress is being made (United Nations, 2007; Citizens Information Board, 2018). Such changes stand as strong indicators of progress towards inclusive education in Ireland. Therefore, in light of such changes, including the movement in Irish policy towards a rights-based approach to inclusive education and the introduction of the new model for special education teacher allocation (DES, 2017a), this paper seeks to critically reflect on inclusive education in 2020, exploring whether Ireland is at a crossroads of inclusive education.

## **LANGUAGE: FROM INTEGRATION TO INCLUSION?**

Firstly, the language of inclusion must be considered, which represents the range of contradictions and issues within the educational domain. For centuries, society sought an aetiology for SEN and counteracted this struggle by depersonalising the child with SEN with such terminology as “idiocy” and “mental deficiency” (Osgood, 2006, p. 137). Fortunately, the language of SEN has now changed and person-first language of ‘a child with SEN’ is now used. Nonetheless, the change in language from integration to inclusion since the Salamanca statement (UNESCO, 1994) is not always reflected in practice (Vislie, 2003). Integration involves assimilating individual students into the education system whereas inclusion

reimagines diversity and shifts from teaching to the “normative centre” to teaching to all students (Vislie, 2003; Florian, 2014, p. 21). Otherwise, the difference between integration and inclusion reflects only a linguistic shift rather than a shift in educational practices (Vislie, 2003). Similarly, Osgood (2006) argues that a change in language only reflects a desire to create changes and cannot be taken to be a product of such changes. In this regard, the new model for special education teacher allocation reflects a reimagination of diversity. Without the need to label children with SEN for teaching support, SEN can be viewed as occurring on a continuum rather than as distinct categories (DES, 2016). A change in thinking from teaching to the bell-curve, to teaching to all, reflects a shift from a medical to a biopsychosocial model of SEN.

## **FROM A MEDICAL TO A BIOPSYCHOSOCIAL MODEL OF SEN**

In considering this distinction between integration and inclusion, Thomas (2009) queries the problem of creating an epistemology for inclusion within the paradox of positivist and post-modernist lenses. A positivist view of SEN is evident in the previous medical model of SEN which focused on individual deficits (McDonnell, 2003). Children were viewed as ‘ineducable’ and frequently, placed in hospital schools or institutions (Swan, 2000). McDonnell (2003) argues that a medical model locates the disability within the child, leading to marginalisation and thereby limiting inclusion. Recently, there has been a move towards a post-modernist approach with a biopsychosocial model to understanding a pupil’s current functioning and needs. The use of a biopsychosocial approach, as forwarded by the National Educational Psychological Service, recognises that humans are complex beings whose functioning is determined by interrelated and interdependent biological, psychological and socio-cultural factors (DES, 2010). This is reflected in the new model for special education teacher allocation under DES Circular 0013/2017, which considers the reasons for fluctuations in standardised test scores including disadvantage and pupils for whom English is an additional language (DES, 2017a). The new model also takes account of gender, as studies strongly show that there is a higher rate of SEN among boys (DES, 2017a). Therefore, schools are not penalised for improving standardised test scores in the new model as it considers the learning needs of all pupils with regard to biological, psychological and social factors (DES, 2017a). This movement is clearly positive and aligns to a biopsychosocial approach to inclusion rather than a medical approach to integration. However, moving forward, the degree to which such changes may transfer to practice must be carefully observed.

## **CLASSROOM PRACTICES: UNIVERSAL DESIGN FOR LEARNING OR DIFFERENTIATION?**

Having reflected on educational policy, it is also necessary to reflect on classroom practices. Circular 0013/2017 recommends differentiation to support students with SEN (DES, 2017a). Differentiation is defined as adapting content, methodologies and resources to meet the individual needs of students (Mitchell, 2018). Yet, it is noteworthy that a differentiation model has been internationally criticised for decades in favour of Universal Design for Learning (UDL) (Westwood, 2001). The terminology of differentiation and UDL reflects the dichotomy in Irish schools between the medical and social lenses (Rao, Ok and Bryant, 2014; Ryan, 2015). Differentiation aims to make teachers cognisant of children's individual needs but has also led to social comparisons, lower teacher expectations and a 'watering down' of the curriculum (Westwood, 2001). In contrast, the UDL approach focuses on making the curriculum accessible to all rather than changing it for some through offering multiple means of representation, engagement and expression in every lesson (Mitchell, 2018). UNESCO (2017, p. 19) prioritises curricula as the "central means for enacting the principles of inclusion and equity". Ireland is currently updating curricula with the introduction of a new Primary Language Curriculum that promotes flexibility and inclusion of all children (DES, 2015). This development points to a more committed attitude to inclusion and UDL.

Nevertheless, a 'one design for all' model of education has been deemed "a utopian vision" (Westwood, 2001, p. 5), that fails to consider the practical needs of children with SEN for increased direct teaching, teacher feedback and more opportunities to apply learning. Mitchell (2014) also cautions that UDL is at a nascent stage of research. To combat the dichotomy between differentiation and UDL, teachers should base classroom practice on formative assessment which involves actively responding to the needs of the children without prematurely devaluing curriculum content (Ryan, 2015; Mitchell, 2018).

Focusing on the new model for special education teacher allocation (DES, 2017a), teachers are encouraged to gather formal and informal data to plan for additional support. Alongside standardised test results and other professional reports, the new model values the role of formative assessment to monitor progress to meet the individual needs of the pupil. Therefore, ongoing assessment offers a continuum of support for students (DES, 2017a). As the new model is developed, it is important that all stakeholders consider the potential role of formative assessment to increase educational opportunities for all.



## IS A MORE FLEXIBLE MODEL FOR PLACEMENT REQUIRED?

Beyond the differentiation versus UDL debate, it is also necessary to consider educational placement for children with SEN. The EPSEN Act (Government of Ireland, 2004) stated that a continuum of provision for SEN must be provided for all students (National Council for Special Education [NCSE], 2014a). A continuum of provision stipulates a range of SEN provision from full time enrolment in mainstream schools to full time enrolment in special schools, with options such as dual-placement and special classes in between (Parkinson, 2015). The continuum allows a broad vision of SEN with a baseline component of classroom support *for all* that recognises that all children have support needs but some more than others (NCSE, 2014a). A continuum also aligns with responsible inclusion, particularly in cases where mainstream schooling is not always in the best interest of the child (Parkinson, 2015). However, there are practical issues in implementing the continuum of support including access to resources based on locality (NCSE, 2013). Research also shows that movement along the continuum is rare, “potentially trapping people at a particular point” (NCSE, 2013, p. 27). Ironically, this is the exact danger a continuum philosophy hopes to avoid.

Furthermore, there is a lack of research on the effectiveness of special classes in Ireland (NCSE, 2014b). Notably, when effective inclusion does not take place, research shows that special classes can become “an island outside the mainstream” (McMaster, 2014, p. 100). This phenomenon is also referred to as macroexclusion (Cologon, 2013), whereby children are in the mainstream school but are not fully included in the mainstream class.

Considering such issues, Ireland may need a more flexible model for educational placement. Researchers in Australia reported success in terms of behaviour, attendance and interpersonal skills using a flexible integration model to transition a student from a special school to a mainstream class (Cumming and Strnadová, 2017). In this case study, the student enrolled in the mainstream school for subjects of interest while learning the necessary social and behavioural skills in the special school. There was then a gradual increase in the amount of time spent in the mainstream class. Such a methodology could be adopted in Ireland with special schools and special classes to support pupils transitioning to the mainstream class. Nonetheless, the pilot study for the new model for special education teacher allocation (DES, 2016) found that while schools had an increased awareness of a continuum of support, little had changed in practice in some schools. Therefore, further research and guidance on best practice is needed to support pupils’ movement along the continuum, not alone in the transition from special to

mainstream schools but so too, from special classes to mainstream classes within the same school setting.

## **DO WE HAVE SUFFICIENT RESOURCES TO IMPLEMENT THE NEW MODEL OF SPECIAL EDUCATION TEACHER ALLOCATION?**

Reflecting on the new model for special education teacher allocation, it is clear that mainstream primary and post-primary schools are now afforded greater levels of autonomy in supporting inclusive education than before. In particular, mainstream schools can now identify and support individual pupils' needs within a spectrum of disability, without the need for a formal diagnosis or 'label' (DES, 2017a). This flexibility supports early intervention. Research has given policy-makers greater awareness of the critical window of opportunity in one's early years for the life-long development of children with SEN (Curtin, Bater, Staines and Perry, 2014). The pilot study on the new model reported success in terms of early intervention (DES, 2016; 2017b). The baseline component of SEN resources and the absence of a lengthy wait for diagnosis allows for earlier implementation of a continuum of support.

The greater autonomy given to schools also encourages team-teaching including in-class support. In-class support is important, as Egan (2013) notes that withdrawal to the learning support or resource teacher can lead to poor self-esteem for children. The self-fulfilling prophecy and the Pygmalion effect note the influence teacher expectations have on student outcomes, both positively and negatively (Rosenthal and Jacobson, 1968). Low self-esteem can breed learned helplessness, which can be further magnified by withdrawal (Woolfolk, Hughes and Walkup, 2013). The pilot for the new model also reported success in adopting innovative ways to support children through a combination of in-class support, team-teaching and small-group withdrawal (DES, 2016).

However, an important consideration arising from the new model for special education teacher allocation is whether schools have sufficient resources to put this legislation into action. Research conducted by Dempsey (2017) highlighted that parents are sceptical over the findings from the new resource model. This scepticism stemmed from the fact that schools within the pilot model (DES, 2016) received more support from the NCSE support service than is feasible to give to every school in the country. Consistency in implementation is therefore a key issue raised by Travers (2017). For example, Travers (2017) queries whether students with similar needs will be met with different responses across schools,

which could in reality increase inequalities. Travers (2017, p. 104) also queries how the allocation of resources will be monitored and evaluated, to ensure that the “promise will be realised”.

Hence, without professional development, schools may revert to previous models of support, whereby issues such as integration and segregation may take hold in the face of uncertainty. This poses the threat of microexclusion which refers to students who are physically in the mainstream setting but are not fully included in terms of removing barriers to their learning (Cologon, 2013). On this premise, teachers need support for effectively implementing inclusive education.

## **TOWARDS A CAPACITY-BUILDING MODEL**

Ireland is moving towards a capacity-building model whereby schools take “ownership of their own development and improvement” (DES, 2012, p. 8). A capacity-building model could offer a solution to the above issues of inconsistency and self-evaluation. Educational psychologists must be recognised as key personnel within a capacity-building model whereby they can serve to empower schools within a process of mutual reflection and learning, aligning with a bottom-up approach to SEN (Parkinson, 2015; DES, 2018). A capacity-building model also aligns with Kinsella and Senior’s (2008) learning organisation philosophy where practitioners work together to achieve the best outcomes for the child using a variety of perspectives. The paradigm of capacity-building would give schools a greater sense of responsibility for supporting SEN and avoid the trap of continually seeking further funding for SEN, which is deemed by Florian (2014) as only a surface aspect of inclusion.

Moreover, a capacity-building approach also enables a triangulation of assessment from a range of practitioners where educational psychologists work as facilitators (Mitchell, 2014). An example of this philosophy in practice is the development of IEPs. While IEPs were not fully mandated under the EPSEN Act (Government of Ireland, 2004), they are considered best practice both nationally and internationally (NCSE, 2006; King, Ní Bhroin and Prunty, 2017). However, the usefulness of IEPs depends on the quality of assessment used (Rose, Shevlin, Winter, O’Raw and Zhao, 2012). Mitchell (2018) argues that educators must adopt evidence-based practices within a process of continual innovation, evaluation and renovation. Teachers, school personnel and the child work together to develop a portfolio of the child’s strengths and needs, using a continuum of assessment methodologies. These IEPs can also be used to feed into the flexible integration model of provision for SEN, to share a holistic view of the child between all relevant stakeholders.

Thus, educational psychologists can support teachers in developing quality assessment practices and interpreting results through a biopsychosocial lens. Children develop at different rates, so assessment results should be considered in context (Fischer and Rose, 2001). Bronfenbrenner's (1979) ecological systems theory offers a paradigm to situate the developing child in context. Ecological systems theory conceptualises the multifaceted influences exerted on a child from the family and school at a microsystem level to services such as speech and language therapy at a mesosystem level and the wider policy and cultural values like the language of SEN at a macrosystem level (Greene et al., 2010). Each level affects the next, and teachers cannot solely focus on the child's microsystem but need training to consider the child in context. This reflects a capability approach to SEN which recognises impairment can derive from the environment (Norwich, 2013). Therefore, teachers should be empowered with the capacity for holistic assessment of children with SEN; using such data to inform IEPs and the allocation of resources under the new model for special education teacher allocation.

## **CONCLUSION**

Ireland is indeed at a crossroads of inclusive education. Significant progress has been made including a new biopsychosocial approach to inclusive education, opportunities for early intervention, as well as overcoming pupil 'labelling' with the new model of special education teacher allocation (DES, 2017a). Furthermore, a capacity-building philosophy and the revision of primary curricula all serve to support inclusive education. Yet, the questions of special schools and special classes, and the dichotomy between differentiation and a universal design for learning framework still need to be addressed. Undoubtedly, coordination between different levels of the education system and research-informed evidence needs to be adopted to ensure the new model is a success (Mitchell, 2018). Ireland cannot follow history and drag legislation and policy behind international practices. As Swan (2000, para. 23.) conveys, "a lot has been learned from our years of trial and error in breaching the long-impassable frontier of educating the ineducable and including the excluded, in order to realise that every child can learn if they are appropriately helped to do so". When the above issues are addressed, inclusive education may become a reality rather than a vision in all Irish classrooms.

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