

**AN EVALUATION OF COMMUNICATION  
BETWEEN EDUCATIONAL  
PROFESSIONALS AND PARENTS AND  
ITS IMPACT ON FAMILIES AND  
WORKING IN PARTNERSHIP WITH  
PARENTS**

**Lynn Attwood**

**MA Professional Learning**

**(Professional Practice)**

***National winner of the Erika Lovelady Prize***

***awarded by the International Professional***

***Development Association***

This dissertation is submitted in part fulfilment of the regulations for the MA in Professional Learning, Bath

Spa University, 2007

# CONTENTS

Title Page	
Contents	i
Statement	v
Acknowledgements	vi
Abstract	vii

## **Chapter 1 – Introduction**

1.1. Purpose of Project	1
1.2. Context	1
1.3. Unfavourable Communication	2
1.4. Aims	3
1.5. Objectives	3
1.6. Research Questions	4
1.7. Government Policy	4
1.8. Position Taken	5
1.9. Summary of Chapters	7

## **Chapter 2 – Literature Review**

2.1. Tensions and Conflict	8
2.2. Legislation and Policy	10
2.2.1. Plowden and Warnock	10
2.2.2. Parent Partnership Services	11
2.2.3. 2004 Legislation	12
2.2.4. Consumers and 2005 Legislation	13
2.2.5. Current Policy	14
2.3. Partnership	15
2.4. Parallel Models of Partnership	19
2.5. Inclusion	20
2.6. Helping Relationships	21
2.7. Potential Origins of Self-Concept and Behaviour	25
2.8. 'Bad News'	29
2.9. Perceptions of Communication	30
2.9.1. Personal Construct Theory	31
2.9.2. Gestalt Theory	31
2.9.3. Rational Emotive Psychotherapy	32
2.9.4. Cognitive Therapy	33
2.9.5. Behaviour Therapy	33
2.9.6. Existential Psychotherapy	33
2.10. Professional Standards	34
2.10.1. The General Medical Council	34
2.10.2. The General Social Care Council	34
2.10.3. The British Psychological Society	35

2.10.4. The Training & Development Agency for Schools	35
2.10.5. The Parenting Education Support Forum	36
2.11. Change	36
2.12. Chapter Summary	37

### **Chapter 3 – Methodology**

3.1. Planning	39
3.2. Research Paradigm and Approach	39
3.3. Area of Concern	40
3.4. Action Research	41
3.5. Ethnography	43
3.6. Case Studies	43
3.7. Assumptions	44
3.8. Ethical Issues	45
3.9. Data Protection and Confidentiality	46
3.10. Informed Consent	48
3.11. Values	48
3.12. Researcher Effects	50
3.13. Research Sample	51
3.13.1. Mainstream Schools	51
3.13.2. Local Authority	52
3.13.3. Parents	52
3.14. Access to Schools	52
3.15. Access to Parents	54
3.16. Access to Parent Support Groups	55
3.17. Access to Local Authority Colleagues	55
3.18. Access to Parent Partnership Service Colleagues	56
3.19. Interviews	56
3.20. After Interview Follow-up	57
3.21. Focus Group	57
3.22. Data Analysis and Triangulation	58
Stages of Qualitative Analysis – 1	60
Stages of Qualitative Analysis – 2	61

### **Chapter 4 – Data Analysis**

4.1. Data Analysis	62
4.2. Stages of Analysis	62
4.3. Research Findings	65
4.2.1. Aspects of Communication	65
4.2.2. ‘Bad News’	69
4.2.3. Power and Partnership	71
4.2.4. Benefits of Partnership	76

### **Chapter 5 – Discussion**

5.1. Introduction	78
5.1.1. How ‘bad news’ is conveyed	78
5.1.2. Effects of negative communication	81
5.1.3. A climate for working in partnership	85
5.1.4. Benefits of partnership on children’s outcomes	88

5.2.	The Myth of Equal Partnership	90
5.3.	Words Matter	93
5.4.	Conclusion	94
5.5.	Change and Influence	96
<b>Chapter 6 – Conclusion and Recommendations</b>		
6.1.	Achievements and Looking Ahead	97
6.2.	Achievement of Aims and Objectives	97
6.3.	Research Questions	98
	6.3.1. How ‘Bad news’ is conveyed	98
	6.3.2. Effects of negative communication	98
	6.3.3. A climate for working in partnership	98
	6.3.4. The quality of partnership and children’s Outcomes	99
6.4.	Recommendations for Professional Practice	99
6.5.	Recommendations for further Research	101
<b>Bibliography</b>		103
<b>List of Charts and Diagrams</b>		
	Figure 1: Chart summarising chapters	7
	Figure 2: ‘Ladder’ of Participation	17
	Figure 3: Parent-Teacher ‘Needs’ Chart	18
	Figure 4: The process of supporting a client relationship	24
	Figure 5: The ‘virtuous cycle’ of client-centred relationship building	37
	Figure 6: The Action Research Cycle	42
	Figure 7: Coding Chart for Professional Roles	47
	Figure 8: Stages of Qualitative Analysis – 1	60
	Figure 9: Stages of Qualitative Analysis – 1a	61
<b>List of Tables</b>		
	Table 1: Results: Aspects of Communication	65
	Table 2: Results: ‘Bad News’	69
	Table 3: Results: Power and Partnership	71
	Table 4: Results: Benefits of Partnership	76
	Table 5: Quality Assurance Table	101
<b>Appendices – listed for information only – not included</b>		
A1-23	Literary Reviews	
B1	Research Project Schedule	
B2-4	Spidergrams – 1-3	
B5	Purpose Strategy Outcomes Review	
B6	Supportive Assumptions	
B7	Consent to Conduct Research	
B8-9	Consent Forms – Professionals and Parents	
B10	Research Brief	
B11-15	Letters to Schools and Parents	
B16-17	Parent and Professional Surveys	
C1-10	Summative Transcripts – Parents	

D1-18	Summative Transcripts – School
E1-4	Summative Transcripts – Local Authority
F1-2	Follow-up letters
G1	Parent Responses Tables
G2	School Responses Tables
G3	EP Responses Tables
G4	Aggregated Responses Tables
G5	Themes from Interviews Tables
G6	Focus Group Responses Table
G7	Reflective Journal Table
G8	Reflective Journal Themes Tables
G9-10	PPS Regional Colleagues
G11	Triangulation of Data Tables
H1-7	Analysis of Parent and Professional Surveys with Tables

## STATEMENT

This dissertation is an original piece of work. It is my own work and has not been submitted either in the same or different form to this or any other Higher Education Institute for a degree or other award. It is available for photocopying for internal library loan, with the permission of the Head of the School of Education.

Signed .....

Date .....

## **ACKNOWLEDGEMENTS**

My deepest thanks to the parents who trusted me with their 'stories' so that their experiences could be used to benefit others.

My thanks to the Facilitators of two Parents' Groups and the parents who completed Parent Surveys.

My thanks to schools and local authority staff who agreed to being interviewed. Thank you for your honesty in responding to research questions in an endeavour to improve relationships between parents and professionals in the future.

My thanks to the Local Authority for permitting this research project to be undertaken within the County.

My thanks to Parent Partnership Service Colleagues in the South West Region.

My thanks to my Supervisor, Doctor Steven Coombs for his invaluable guidance and support.

My thanks to other staff at Bath Spa University for contributing useful information.

## **ABSTRACT**

This is an important medium sized research project, designed to effect change in relationships between parents and professionals employed within Children's Services. The research project arose from some parents reporting to the Parent Partnership Service their difficulties in working with professionals and, in particular, being distressed by negative communication directed towards them and their children. In addition, the researcher had witnessed some less than desirable interactions between parents and professionals and with a legislative need for both to work in partnership together, this was a fundamental area to address as a means of improving children's outcomes and working together in partnership. There are several models for client and professional relationships that recommend specific stages for professionals to apply to optimise client empowerment; these models usually allude to the ideal characteristics of 'helpers' and refer to 'effective communication' with listening skills and non-verbal communication being appropriately addressed. However, this implies that professional and client relationships will flourish providing certain procedures are followed, but the reality is not that simple. This research has, therefore, sought to ascertain how parents and professionals perceive their communicative experiences with each other, and what effect detrimental communication has on professional and parent relationships and, ultimately, children's outcomes.



Eighteen school and four local authority professionals and eight parents contributed to this research, with two parents supplying more in-depth case study material that provides greater insight into the experiences of parents of children with Special Educational Needs. The findings of this research indicate that much work remains with respect to parent and professional relationships; furthermore, parents reported difficulties that indicated unequal partnership was operating locally, although the practices of some schools demonstrated their intent to accord parents' equal status as far as the system allowed. Parents and children had been adversely affected by negative communication, with repercussions on family life and attitudes towards school, while effective partnerships were shown to benefit children's educational outcomes, behaviour and attitudes. The implications for professional practice are that more professionals should receive training on working in partnership with parents and that they should direct their energies to those aspects of partnership that are demonstrated to generate the most benefit.

## **Chapter 1 INTRODUCTION**

### **1.1. Purpose of Project**

This is an important medium sized research project that has been designed with the intention of significantly improving relationships between parents and professionals employed within Children's Services, both locally and beyond. Communication will be evaluated between educational professionals and parents with consideration of its impact upon families, working in partnership with parents and how it may potentially affect children's outcomes.

### **1.2. Context**

The report, which is written in the third person, has been accomplished through the researcher's professional role as Co-ordinator/Manager for a Parent Partnership Service sited within a local authority in the South West of England. This service provides information, advice and support to parents of children with Special Educational Needs with respect to their concerns about their children's education. Responsibilities of the role include having direct contact with parents through case work, spanning a range of issues, some of which, theoretically, should not arise if the principles of the *Code of Practice for Children with Special Educational Needs* (DfES 2001) were applied conscientiously by all educational professionals. Communication with educational professionals often originates from parental concerns about

provision for their children and it has been through such interactions that parents have sometimes being offended with respect to how they have been addressed or their children referred to, aside from any other factors that may contribute to offence being caused. Through the researcher's empirical experience, it has become apparent that some school professionals endeavour to place parents in a submissive position, using strategies such as 'disinterested' body language, withholding information, refusing to meet with parents and using forms of expression that have no regard for the sensitivities of parents and their children: similar experiences have been corroborated by two Parent Partnership Service Regional colleagues. Such examples demonstrate the balance of power, weighted in favour of the professionals, which is set against a Government agenda that through legislation and policy such as *The Children Act* (HMSO 2004) and *Change for Children: Every Child Matters* (DfES 2004), maintains that professionals and parents must work together in order to maximise children's educational outcomes.

### 1.3. **Unfavourable Communication**

Negative communication, or that which has been perceived to be, may linger with parents and their children for considerable time, thereby increasing stress that is already being experienced as a result of existing concerns. Long-term repercussions may arise for parents and children that have been subjected to negative

communication, with respect to family life, future outcomes and subsequent contact with schools; it may be argued that unfavourable interactions with professionals is unlikely to create an ethical climate of trust (Rogers 1967:50-55), nor one in which parents and professionals may work together in partnership.

#### 1.4. **Aims**

It is intended that this research will effect change in professional practice across the local authority and beyond by drawing attention to the impact of 'negative' communication; there will be recommendations for improvements in professional practice that will benefit professionals, parents and their children. Qualitative improvements in partnerships will reduce tension between parents and professionals, thereby enhancing the possibility of improved children's outcomes as a result of improvements to the service.

#### 1.5. **Objectives**

The objectives of the project are:

**1.5.1.** To examine communication systems and protocols with respect to professionals and parents and to obtain professional perspectives with respect to their communication skills with and about parents and their children. To examine the professional dilemma with respect to being sensitive measured against realism when they must discuss children's difficulties.

**1.5.2.** To examine the effects on parents and their children with respect to communications that have been negative (or perceived to be).

**1.5.3.** To make an assessment of whether working in partnership with parents has resulted in improved educational outcomes and the extent to which *equal* partnership is operating at local level.

#### 1.6. **Research questions**

- a) How do professionals discuss difficult issues or convey bad news to parents?
- b) What effect does negative communication (or that which is perceived to be) have on parents and their children?
- c) How do professionals create a social climate that is conducive to working in partnership with parents?
- d) Can the quality of partnership between professionals and parents be measured by children's outcomes? If so, what are the quality assurance implications for future practice within the local authority?

#### 1.7. **Government Policy**

Legislation and policy, such as *The Children Act* (HMSO 2004); *Every Child Matters: Change for Children* (DfES 2004); *The National Service Framework for Children, Young People and Maternity Services* (DfES/DH 2004) implemented through

Children's Services, health and the voluntary sector, must consider children's health, social care and educational needs, including their social and emotional development. As part of this agenda, professionals need to be aware of the significant impact that communication may have on parents and children's lives; when this has been damaging and how it may negatively impact on short and long-term outcomes. While this research has been set within the context of education, it should be noted that parents of children with Special Educational Needs invariably see a range of multi-disciplinary professionals and parent respondents have recorded negative experiences that inevitably span a range of professions across Children's Services. Examples drawn from this research serve to illustrate that *all* professionals need to be aware of the way in which they communicate with parents and that it is through such professional relationships, and the subsequent impact on family dynamics, that children's outcomes may be enhanced or detrimentally affected. It is the intention that this research will highlight this important area and encourage each individual employed within a caring profession to reflect upon their own practice in the knowledge that each discussion may result in a positive or negative outcome.

#### 1.8. **Position Taken**

While this research has been initiated as a result of parents' grievances reported to the Service with respect to their

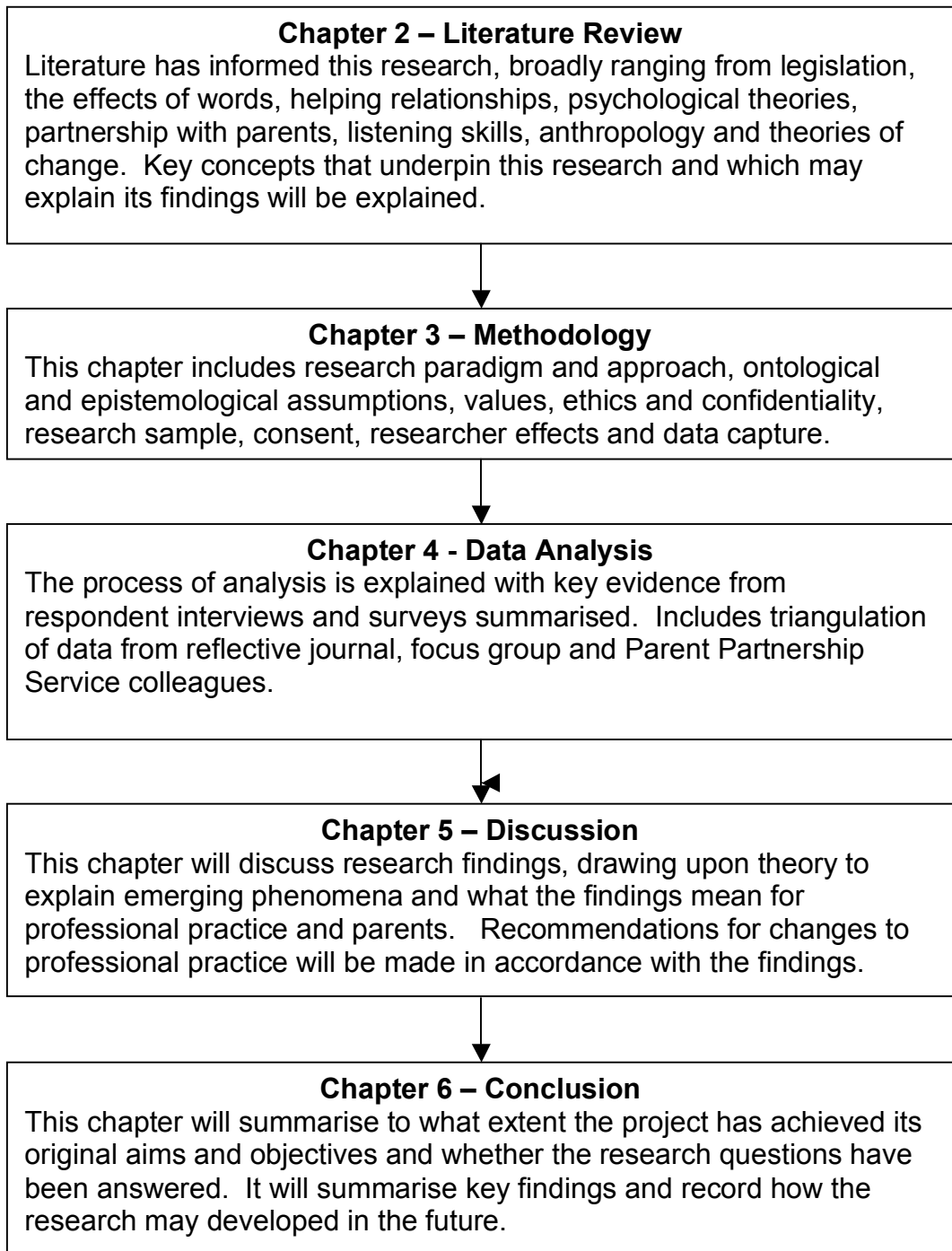
communication with professionals, it is acknowledged that parents may also contribute to negative communicative experiences.

Nevertheless, the stance will be taken of that by Thorne (1993 cited in Miretzky 2004:816) who:

*“assigns responsibility to the teacher to learn about and adapt to or accept whatever particular parental limitation is exhibited or to find a way to “manage” the parent successfully.”*

As educational professionals have professional power they have a responsibility to ensure they are temperamentally suited to their role and that they possess appropriate skills for developing and sustaining partnership relationships with parents. This research seeks to build upon and develop this goal through practitioner training being developed and offered to local authority and school professionals based on the evidence of research findings.

1.9. **Figure 1:** This chart summarises the content of the following chapters.





## Chapter 2 LITERATURE REVIEW AND LEGISLATION

### 2.1. Tensions and Conflict

Communication between parents and professionals is a complex arena in which there is significant potential for conflict. Tensions have been identified (Rutter 1970; McGee et al 1983 cited in Roffey 2002:8 and Miller 2003:74) with respect to differences in value systems and culture, with teachers expecting home values to fall into alignment with that of school, while parents expect home circumstances to be considered alongside educational concerns. Further difficulties apply to the definitions of problem behaviour with labelling being dependent upon the perceived origin (MacLure and Waller 1999 cited in Roffey 2002:8). Roffey (2002:9) and Macbeth (1984 cited in Roffey 2002:11); Croll and Moses (1987 cited in Armstrong 1995:53) each identified a 'blame culture' where parents have a tendency to attribute lack of professional competence as being the cause of educational failure, while teachers blame the origin of Emotional Social and Behavioural Difficulties on inadequate parenting and the social characteristics of the family, thereby legitimising disempowerment of parents. Hanco (1999 cited in Roffey 2002:18) summed up the position:

*“Teachers and parents would seem to have expectations of each other that do not always foster collaboration.”*  
Hanco (1999 cited in Roffey 2002:18)

Sonnenschien (1984 cited in Hornby 1995:4) asserted that professionals stereotype parents of children with Special

Educational Needs, stating they are anxious, vulnerable and in denial of their children's circumstances; such characteristics are then used to explain children's difficulties in school. Bruce and Schultz (2001a:6-9; 2001b:9-13) corroborated these assertions by stating that some parents *do* experience an enduring form of bereavement that fails to achieve resolution, due to the enduring and life-long nature of Special Educational Needs difficulties. Beveridge (2005:2) cited professional commitment, in conjunction with perceptions held by teachers and parents of each other that are hindrances to forming partnerships while Hamblin (1981:264-265) identified circumstances in which teachers actively ensure parents are kept at a distance such as when children are undergoing counselling:

*"We often quite rightly see parents as responsible for many of the difficulties of pupils, but in some schools we do not accept that contact with parents is either necessary or desirable. Parents can then be seen as the source of all difficulties and an impediment to the smooth running of the school. They provide a scapegoat function for us."*

*Hamblin (1981:264-265)*

Judgemental attitudes, perspectives at variance, combined with social and cultural differences are the basis of conflict. Hornby (1995, p.4) agreed with the earlier statement by Waller (1932 cited in Miretzky 2004:814) that:

*"... the fact seems to be that parents and teachers are natural enemies."*

Against this background a legislative framework has developed over a forty year period that stipulates professionals and parents must work in partnership in order to optimise children's outcomes.

## 2.2. Legislation and Policy

**2.2.1. Plowden and Warnock:** *The Plowden Report*, (1967 cited in Armstrong 1995:10-12) stated that parents should co-operate with teachers and the school ethos as a means of negating the effects of undesirable attitudes and adverse family backgrounds; the expectation being that teachers, would use their 'expert' knowledge to support parents and families. Learning difficulties were viewed as the province of working class families and communities, while disabled children were at the mercy of medical decisions with respect to education and treatment. *The Warnock Report* (1978 cited in Armstrong 1995:15) added momentum to the model of compensatory education, by addressing children's needs according to a continuum of need; the value of parental involvement was recognised by promoting the principle of 'partnership with parents' with respect to children with Special Educational Needs.

*"We have insisted throughout this report that the successful education of children with special educational needs is dependent upon the full involvement of their parents: indeed unless parents are seen as equal partners in the educational process the purpose of our report will be frustrated."*

*Warnock (1978 cited in Stone 2004:12)*

The Report acknowledged the difficulties experienced by parents in understanding the educational system associated with Special

Educational Needs and was the catalyst responsible for the establishment of Parent Partnership Services in 1994 (originally called 'schemes') which were created to assist parents in understanding the processes. 'Partnership' was originally promoted as being a relationship of equals, but was subsequently contradicted with parents being required to inform professionals of circumstances, from which they, as 'experts', retaining all power, would subsequently make their decisions.

*“Even though educating a child is a joint enterprise involving both home and school, parents should realise that they cannot have the last word. It is a question of collaboration not partnership.”  
Warnock (1985 cited in Armstrong 1995:18)*

**2.2.2. Parent Partnership Services:** Since *The Special Educational Needs and Disability Act 2001* (HMSO), local authorities have had a *statutory* duty to provide Parent Partnership Services to assist parents of children with Special Educational Needs, to provide impartial information and advice on national legislation and local policy to empower parents to communicate more effectively with educational professionals with respect to their children's education; as a confidential service, when provided 'in-house', Services must operate at 'arms length' from the local authority. *The Special Educational Needs Code of Practice* (2001:23-24) specifies Minimum Standards of service delivery for schools, local authorities and Parent Partnership Services, with respect to working in partnership with parents with further guidance issued in the *Parent Partnership Services Practice Guide* (Stone

2004:13, 18-20); and through the Standards established by each Regional Network of Parent Partnership Services.

**2.2.3. 2004 Legislation:** *The Children Act 2004* (HMSO)

continued educational reform, radically changing how services would be delivered through its accompanying document, *Every Child Matters: Change for Children* (DfES 2004:5-9) which provided a framework for integrated delivery of services. This placed a new emphasis on the achievement of children's outcomes, with the introduction of a 5-point solid foundation for adult life, comprising: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Well-Being. All Children's Services must now ensure their 'deliverables' can be measured against these Five Outcomes. In addition, *The Five Year Strategy for Children and Learners* (DfES 2004) stated a commitment to accelerate educational reform and children's learning, adding further impetus to parental involvement by stressing the benefits on children's outcomes and encouraging schools to work with parents:

*"Parents are a child's first and most effective educators and it is right that parents should be the **leading partners** in their children's education."*

*DfES (2004)*

Implicit assumptions within this legislative framework are that educational professionals and parents are naturally able to work together, but research evidence already noted, contradicts this

view; much preparatory work is required before the optimum outcomes desired by Government can be achieved.

**2.2.4. Consumers and 2005 Legislation:** During the 1980's, parents acquired the status of 'consumer', subsequently formalised by the *Parents Charter* (DES, 1991) which conferred new rights for parents to receive School Reports, Ofsted Reports, Performance Tables, School Handbooks and Annual Reports, from which they could choose local mainstream schools (Vincent 1996:52-54: Beveridge 2005:16). The concept of 'consumer' was further promoted by the White Paper, *Better Care Higher Standards* (DfES 2005) which emphasised the significance of parents in education by giving them rights to complain to Ofsted about schools perceived to be failing. In Prime Minister, Tony Blair's speech on Education Reform, there was particular emphasis on parent 'power' and 'partnership' as reported in the Guardian:

*"In our schools, as I shall go onto describe, the system will finally be opened up to real parent power."*

*"... the schools will be accountable not to government at the centre or locally but to parents ..."*

*"... real power is put in the hands of those who use the service the patient and the parent..."*

*"where parents are dissatisfied, they need a range of good schools to choose from; or where there is no such choice, able to take the remedy into their own hands."*

*"... the basic principles of the political left, in a public service system where the relationship between government and people is one of partnership ..."*

*Guardian Unlimited, 24 October 2005*

Vincent (1996:52-54) asserted the concept of consumer was limited in that following children's enrolment in schools, there are few areas in which parents may exert any influence, except for those engaged as Parent-Governors. Beveridge (2005:16) noted the confused message presented by Government of parents being both consumers and partners due to involving different relationships and roles. The researcher's professional experience is that Government publicity has contributed to unrealistic parental expectations with respect to which aspects of school life they are able to influence, resulting in parents making unrealistic requests which they expect teachers to comply with, thereby increasing the potential for tension between parents and professionals.

**2.2.5. Current Policy:** The parenting agenda, being delivered through *Every Parent Matters* (DfES 2007) and the Government's planned establishment of a Parenting Academy has continued Plowden's (1967 cited in Armstrong 1995:10-12) philosophy of targeting vulnerable families of low socio-economic status, whose children are perceived as being predisposed to educational and economic failure. Schools and Children's Centres now offer a variety of parenting courses, aimed at equipping parents with knowledge of child development, while classes on basic literacy and numeracy are becoming readily available, enabling parents to improve their skills, thereby, increasing the potential to help their

children learn. Some parents have already reported to the Service their experiences of 'scapegoating' where their parenting skills or other characteristics have been considered the cause of conditions such as Asperger's and associated syndromes; it remains to be seen whether such initiatives will have the undesirable impact of increasing such experiences. The Minister for Children, Young People and Families, Beverley Hughes, stated the Government's intention to help parents through the 'respect agenda':

*"the role a parent plays is integral to a child's development and their future life chances ..."*  
(DfES 25 April 2007)

### 2.3 Partnership

Nechyba et al (1999 cited in Desforges 2003:42) stated that school professionals govern the extent to which parents may engage in partnership, and that parental social class is a significant factor in determining whether parents are welcomed in schools with middle class parents being preferred due to a perceived sharing of values.

*"Schools accept involvement only on their own terms which are non-negotiable."*  
*Nechyba et al (1999 cited in Desforges 2003:42)*

Professionals have retained their power with respect to four key areas: decision making, information, resource and position (Roffey 2002:60-62) and it is within this framework that any 'partnership' may take place, this being a contradiction to the perceived notion of partnership, which is:



*“At the very least partnership assumes participation in joint ventures, but it also has connotations that suggest equality.”  
Roffey (2002:15)*

*“Partnership ... its expression comes in parents manifestly being consulted and supported on a basis of equality, openness and mutual respect ... to be central in decision making on behalf of their children.”  
Wolfendale and Cook (1977 cited in Roffey 2002:16)*

In an endeavour to generate and maintain partnerships between professionals and parents, several models of partnership have been developed, thereby implying that formalised frameworks ensure that parties can work effectively together, without acknowledgement of the social and psychological dynamics of such relationships. For example, Wolfendale (1986 cited in Stone 2004:23) stated four processes were essential for partnerships to be established:

- Equality in decision-making.
- Power-sharing.
- Equal rights in self-expression.
- The exercise of mutual responsibility and accountability by all parties.

Contact-a-Family (2004:19) developed a three-tiered ‘ladder of participation’ with parental power increasing on each step of the hierarchy, ranging from receiving leaflets, giving feedback and being involved in working groups.

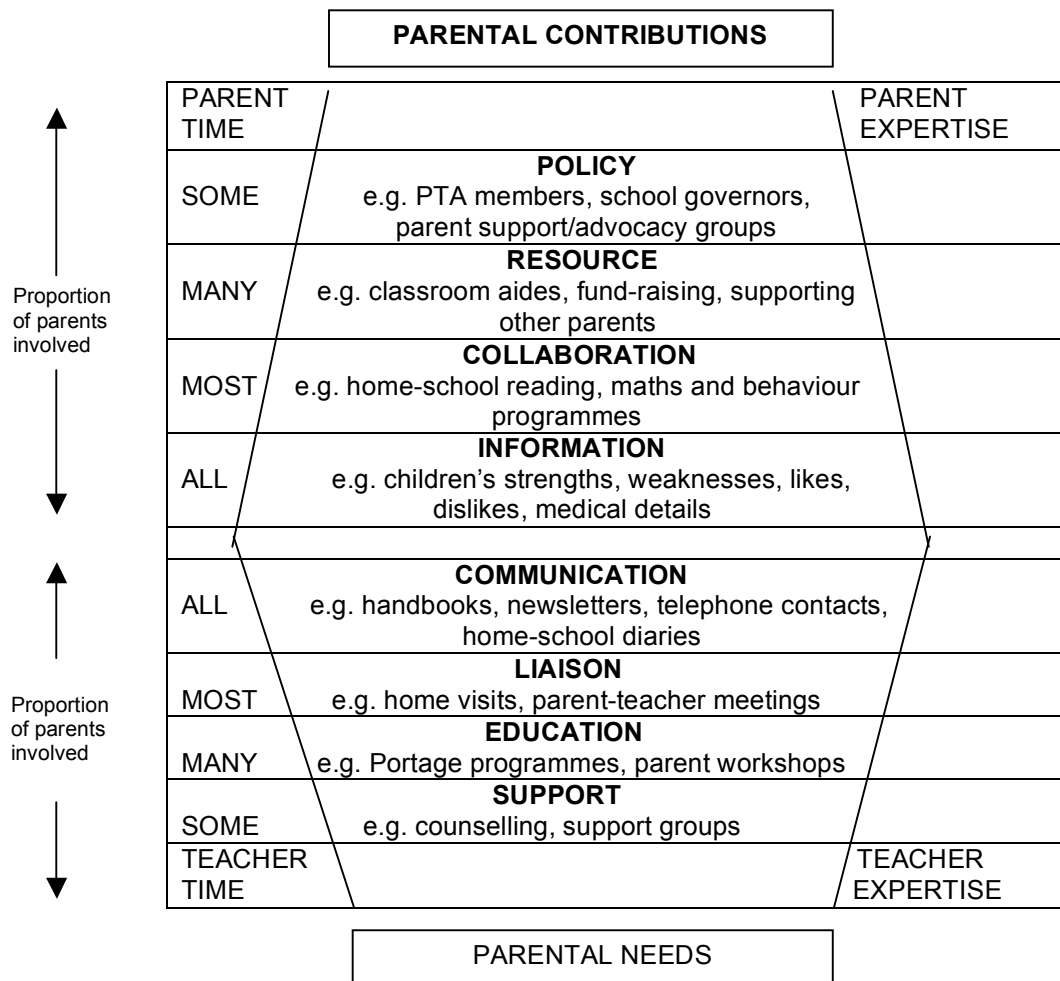
Participation
Consultation
Information

**Figure 2: 'Ladder' of Participation: Wilcox (1994 cited in Contact-a-Family 2004:10, 19)**

Kirby et al (2003 cited in Contact-a-family 2004:10) described participation as:

*“... a multi-layered concept that includes the level of participation, the nature of the participation activity, the frequency and duration of participation, and the content of the decision-making.”*

Hornby (1995:24) produced a model of Parental Contributions and Parental Needs versus Professional Involvement (combining earlier models by Bastiani 1989; Kroth 1985; Lombana 1983 and Wolfendale 1992) which has broad similarities to that of Morgan (1993 cited in Hornby 1995:12-15) who identified eight roles of parental involvement and Vincent (1996:43-45) who categorised parents as supporters/learners, consumers, independent and participant.



**Figure 3: Parent-Teacher 'Needs' Chart. Source: Hornby (1995:24)**

These models of partnership demonstrate that equal partnerships only apply at policy level, where individuals may have voting rights through the capacity of Parent-Governor or school council representative. Any form of 'partnership' below policy level may entitle parents to express their views, for consideration by professionals, but the extent to which decisions are influenced is likely to be determined by professional opinion and available resources. Most parental involvement is through receipt of school newsletters, teacher contact to discuss concerns, and parents as

co-educators, either helping in the classroom or with their own children at home (Miretzky 2004:820). Communication refers to the processes for disseminating and receiving information; and does not address the dynamics of the communicative process nor attitudes which may impede partnership, except to acknowledge their existence.

#### 2.4. **Parallel Models of Partnership**

Cunningham and Davis (1985 cited in Hornby 1995:18-20) noted three approaches to parent and professional relationships which may exist in parallel with other models. Professional views are considered 'expert' (often with an evidence base) which justifies their decision making power, while parental perspectives are described as 'opinions' or 'feelings', thereby ascribing them lower status (Allan 1999 cited in Beveridge 2005:67); this approach is disempowering for parents and firmly places them in a submissive position where they cannot compete with the professional perspective (Hornby 1995:18-19). Armstrong et al (1991, cited in Armstrong 1995:55) noted that professional contact with parents was instrumental, with the purpose of either obtaining or disseminating information; examples include professionals 'transplanting' curriculum knowledge to parents to enable them to operate as co-educators and Portage schemes, where parents receive instruction on programmes they must undertake with their children in the absence of the therapist.

## 2.5. Inclusion

The Government's programme for creating an inclusive society is driving the application of inclusive practices; schools and local authorities must establish policies for eradicating social division, with schools now being required to host a range of services accessible to and for their local communities under the Extended School's programme (DCSF 2007) which is part of the *Every Child Matters: Change for Children* Agenda (DfES 2004:14). To demonstrate inclusive practice, schools are being encouraged to achieve *The Inclusion Quality Mark* (Coles and Hancock 2002) which demonstrates, to all stakeholders, that schools apply inclusive practices. This has the effect of formalising, at local level, how schools work in partnership with parents, which is then viewed as being a mark of 'good practice'.

*"... to be satisfactory or better – schools must be inclusive in their policies, outlook and practices."  
Ofsted (2000 cited in Coles and Hancock 2002:5)*

As part of inclusive practice, there is an expectation that parents will become involved with their children's local school to help improve educational outcomes:

*"... all the staff, governors, parents, pupils and community partners involved in an inclusive school have to be aware of, and involved in inclusive teaching activities."  
Coles and Hancock (2002:11)*

## 2.6. **Helping Relationships**

The foundational principles that underpin all client and professionals relationships can be understood from the seminal text of Rogers' (1967:36-57) person-centred theory; he asserted that professionals need sufficient psychological maturity to prevent unresolved issues of their own impinging upon client relationships and that to facilitate personal growth and favourable outcomes 'helpers' needed to demonstrate six key characteristics, as follows:

- **Trustworthiness** – this involves the professional being 'real' as a person towards the client; with congruency between the persona they project and internal feelings directed towards the client; its about the professional being dependable as a person and not hiding behind a 'professional mask'.
- **Genuineness** – this is connected with trustworthiness and congruency; it requires that the professional acknowledges their internal attitudes and accepts themselves; from this position, they are better equipped to form helping relationships with others.
- **Warmth, caring and respect** - to create an environment in which the client may be themselves; to recognise it is acceptable and valuable to relate to the client as a person, rather than a 'case' as there are times when professional distance may hinder outcomes that can only be achieved through 'relationship'.

**Empathy** – for the professional to be sufficiently secure within themselves, that they can acquire understanding of the client's experiences, without being subsumed or affected by their emotional responses.

- **Unconditional positive regard** – to be acceptant of the client's feelings and reactions, even when not conforming to the professional's own values, but to allow the person to be themselves (excepting behaviours that pose a threat).
- **Non-judgemental** - the professional should be sensitive to the client's circumstances, and refrain from forming any judgements about their circumstances, behaviour or attitudes.

Aspy and Roebuck (1976 cited in Elliott-Kemp and Rogers 1982:5-9) stated these characteristics apply to teacher-student relationships as well as other professional-client situations; they are equally applicable to parent and professional interactions, where the latter may have to adopt an informal counselling role due to the nature of concerns brought to their attention. These principles have contributed to the 'helping frameworks' devised by Davis et al (2002:57-65); Nelson-Jones (1997:114-141) and Egan (1990:70-71,123-141) where 'helpers' empower their clients and increase their self-esteem through a process of mentoring and coaching, imparting skills and strategies for dealing with future problems. Egan (1990:65) stated that all helping relationships should operate under the premise of 'do no harm' while Gazda (1973 cited in Egan

1990:67) noted it was particularly significant for 'helpers' to display warmth towards their clients:

*"the physical expression of understanding and caring, which is communicated through non-verbal media such as gestures, posture, tone of voice, touch and facial expression."*

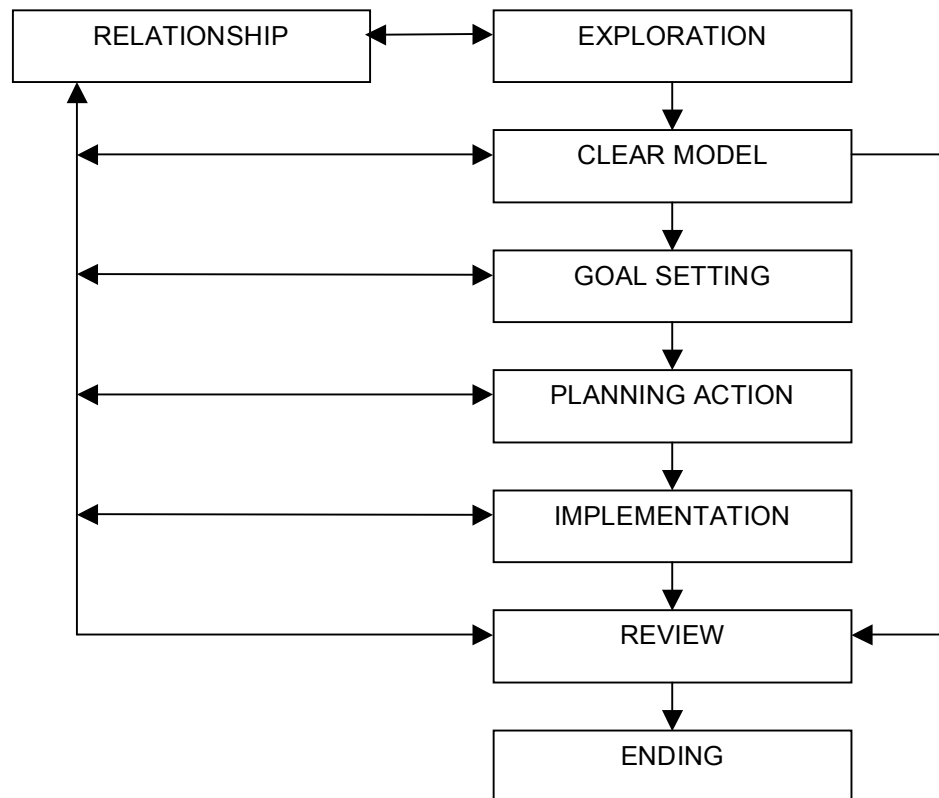
In addition, each of the helping frameworks includes the essential components of effective communication and 'active listening' skills, the latter encompassing attentiveness, reflective listening and being appropriately responsive to the subtleties of communication. It is through such application that clients know their 'voices have been heard' and from which shared understandings may emerge. Jacobs (1966:xiii) stressed the need for training in these skills by his comment:

*"I have realised (perhaps somewhat belatedly) how easy it is to assume people can practice the basic skills as long as they are told of them."*

*Jacobs (1996:xiii)*

The number of stages in helping frameworks varies between models and whether there is a requirement to work through a hierarchical process or apply a more flexible approach where parent and professional can move backwards and forwards between stages. All client and professional interactions start from a position of relationship (Davis et al 2002:34) which is maintained throughout each stage. Smalley (2004:21) stated that relationships are not optional but that we choose whether they are successful or not. A typical helping process is shown on the following chart:





**Figure 4: The process of supporting a client relationship**  
**Source: Davis et al (2002:34)**

Structured helping relationships are usually available to families that access services such as family therapy, counselling or parenting skills courses. Medical and educational professionals have significant constraints upon their time and may perceive it inappropriate to apply such strategies, but the researcher's experience has shown it is possible to work through most stages within a single telephone call, following an initial request for assistance, by talking parents through the stages and reaching a point where actions are agreed. Hence, the depth of the approach

and time it takes is dependent upon individual circumstances and the complexity of the issues being raised.

## 2.7. **Potential Origins of Self-Concept and Behaviour**

A fundamental way to demonstrate respect and love for another person is the way in which we interact with them, including both verbal and non-verbal aspects of communication. The Second Commandment states:

*“Love your neighbour as yourself.”  
International Bible Society (1989:1050)*

This verse means that we should treat other people in a way that we would like to be treated ourselves. Whilst this social concept applies to all aspects of life, it is particularly important in interactions between professionals and parents. Universal laws apply to everyone (Boyes 2006:15-16) , irrespective of religious or non-religious orientation, including the religious interpretation of the power of the tongue which asserts that what comes out of the mouth is representative of what is in the heart - evil may be spoken before it is recognised, causing untold damage to other people and ourselves.

*“... Out of the same mouth come praise and cursing.”  
International Bible Society (1989:1302)*

and

*“Our tongue has the power to speak life or death...”  
International Bible Society (198:686)*

Neill (2006:113), an advocate of neurolinguistic programming, asserts that lives can be changed through words thought and spoken:

*“... since we are creating our reality through our thoughts, words and actions, the most important thing for us to do is to be vigilant in choosing what we think, say and do.”*

*Neill (2006:113)*

A tendency to speak blessings or curses over ourselves or other people may have its origins in the family where cultural heritage and ways of thinking are learnt. Mead (Mead and Calas 1954:xxi) acknowledged that social mores and ways of behaving in society originate from hundreds of years ago, and include spiritual foundations that span world religions, including witchcraft, spiritualism and superstition.

*“... there is religious meaning inherent in the primitive conception and practices of all human relations, a meaning which is always ready to become actualised; and the same is true of all individual processes of sense and emotion and intellection and in especial, of those functional processes that are most easily seen in their working and results ...”*

*Crawley (1927 cited in Mead and Calas 1954:29).*

Loving families instil a sense of value in their children, and encourage them to achieve their potential, whilst mediating aspirations against what is possible.

*“... he acquires knowledge of what he is now, what he may be, what he can never be, what he can know in his own person and what he can only learn from others ...”*

*Mead and Heyman (1965:82)*

Even when individuals reject their heritage, there will remain influences upon the present that affect how situations are

responded to and that may contribute to explanations of behaviour and attitudes held. Individuals may enter the realm of negative thinking and 'self-fulfilling prophecies' (Purkey 1970:2), where they simply give up because of negative perceptions held by others about them:

*“... a teacher’s attitudes and opinions regarding his students have a significant influence on their success in school.”  
Brookover et al (1965, 1967 cited in Purkey 1970:47)*

Student failure may arise from poor self-concept rather than innate ability and socio-economic factors (Purkey 1970:14). Fink (1962 cited in Purkey 1970:15) asserted that the self-concept of boys is more related to personal achievement than for girls; this factor is particularly pertinent for boys with learning difficulties as Taylor (1964 cited in Purkey 1970:21) identified underachievers as being more likely to become depressed, possibly due to unfavourable comparisons with their peers.

Purkey (1970:2) stated it was important to understand the student’s frame of reference and that teachers should not judge without understanding their perspective. This advice is particularly pertinent for teachers of students with Asperger’s related syndromes, where the basis of communication should start from understanding how the student views the world.

*“First of all he said, if you can learn a simple trick, Scout, you’ll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view....”  
Lee (1966 cited in Purkey 1970:58)*

and

*“Schools are places where students face failure, rejection and daily reminders of their limitations. Because some schools are unable to adjust themselves to individual difficulties of students, untold children face daily depreciation and humiliation.”*  
Purkey (1970:40)

However, the self-concept may be enhanced through appropriate encouragement and positive forms of address; research by Rogers (1983:3); Elliott-Kemp and Rogers (1982:5-9) and Schmuck (1963 cited in Rogers 1983:128) showed that when teachers adopt a facilitative, caring approach, students learn more effectively, view themselves more positively and develop decision-making skills. Kendall (2006:168-169) identified people as either ‘energisers’ who adopt a positive approach and encourage others or ‘drainers’ who are critical, focusing on negatives, who often leave people without hope. It is, therefore, important that professionals adopt a positive stance and ensure they do not leave their clients in a worse emotional state than when they met them. As Bertolino and Schultheis (2002) succinctly stated:

*“The language that we use can either acknowledge and validate or blame or invalidate. In addition, it can close down or open up possibilities for change.”*

Educational professionals must realise that words are powerful and that student failure may have its origins in their approach and words spoken as much as any innate ability or socio-economic factors. It is acknowledged that professional roles often require negative information to be conveyed, but this must be conveyed in a

constructive manner which is sensitive and that which leaves individuals with their dignity and self-esteem intact, described by Cherry (2006:12) as 'speaking in love'; furthermore, he recommended five key elements that should be incorporated into difficult conversations.

- Grace.
- Specificity.
- Humility.
- Important issues.
- Time for silence.

## 2.8. **'Bad News'**

'Bad news' is fundamentally hearing something that an individual does not want to hear, or as Buckman (1994:11) defined it, within a medical context:

*"any news that drastically and negatively alters the patient's view of his or her future."*

He stated that patients are prone to 'blaming the messenger' following receipt of 'bad news' (Buckman 1994:14), without acknowledgement that patients' concerns may be connected with how the news was disseminated rather than the news itself. In recognition that patients need time to assimilate 'bad news', Buckman (1994:57-80) devised a Six-Step protocol for medical professionals disseminating news and managing subsequent treatment, which has similarities to the 'helping' models of Davis et

al (2002:57-65); Egan (1990:153-265); Nelson-Jones (1997:114-141), which may help information be conveyed sensitively, at a level the patient is able to understand, as follows:

- Select an appropriate environment.
- Assess what is already known about the situation.
- Enquire about what the patient would like to know.
- Align and Educate – information is pitched appropriate to the patient's level of understanding, with the professional educating them about the circumstances, listening carefully to what the patient wants to find out.
- Professional responds to the patient's feelings.
- Planning and Next steps –preparation for the future and follow-up, including sources of help.

While this protocol was devised for medical contexts, it should be noted that the fundamental principles are equally applicable to all client-based relationships, including that of parents and educational professionals.

## 2.9. **Perceptions of Communication**

Several factors may contribute to a distorted perception of the communicative experience; for example, stress may lead to serial distortion where an individual places emphasis on parts of the interaction, to the exclusion of other aspects, mentally modifying events so they agree with internal prejudices or beliefs, thereby maintaining their conceptual framework of the world (The Open

University 1994:32-38). This may be further explained by psychological theories, as follows:

**2.9.1. Personal Construct Theory**, devised by Kelly (1963:50-77) claims that individuals make sense of the world through constructs of similarity and contrast; these are constantly changing and may not be representative of reality. An individual's construction of events will be determined by their anticipation of events; for example, if an individual expects a meeting with another person to be difficult and obstructive, that is likely to be the way events are construed, even if progress was made and the meeting was convivial. Furthermore, Kelly (1963:50-77) claimed individuals form internal constructs of the world, categorising people and objects according to their likes and dislikes, including those that are different with past experiences and concern of the future influencing how constructs are formed; as new constructs are formed, earlier ones are discarded or modified.

**2.9.2. Gestalt Theory**, by Korb et al (1989:2-8) explains that individuals relate to their environment on the basis of figure/ground relationships and that what dominates in any scenario is dependent upon whether past experiences have achieved resolution or whether they continue to influence the individual. When past experiences impact upon the present there is less awareness of what is actually taking place thereby distorting an individual's



interpretation of events. Present experiences are not perceived in isolation as concerns about the future and from the past will distort an individual's perception of events. This theory has broad similarities to Personal Construct Theory in that gestalt formation is influenced by past experiences and new events.

**2.9.3. Rational Emotive Psychotherapy** devised by Ellis (1962 cited in Patterson 1986:5-8) operates on the premise that individuals are both rational and irrational, with a predisposition for irrational thinking; negative words are internalised, becoming fixed in the mind, affecting attitudes and perceptions, possibly resulting in emotional disturbance. Thoughts are governed by symbols and language, which may explain why individuals have a tendency to focus on negative words and phrases because of what they signify to them.

*“For all practical purposes the phrases and sentences that we keep telling ourselves frequently are or become our thoughts and emotions.”*

*Ellis (1962 cited in Patterson 1986:5)*

This theory contributes to understanding how words may affect the self-concept; further supported by Deutsch (1963 cited in Purkey 1970:40); Rogers (1983:3), Elliott-Kemp and Rogers (1982: 5-9); Schmuck (1963 cited in Rogers 1983:128) and Kendall (2006:168-169).

*“Men are disturbed not by things, but by the views which they take of them.”*

*Ellis (1962 cited in Patterson 1986:5)*

**2.9.4. Cognitive Therapy** by Beck (1976 cited in Patterson 1986:2,49) supports the view that what people think and say about themselves is important and that psychological disturbance is a result of misconceptions about the self. Emotional disorders are characterised by individuals interpreting events as applying to themselves; when negative comments are heard, the information is internalised and accepted as a 'truth and behaviour then corresponds to internal beliefs.

**2.9.5. Behaviour Therapy** by Wolpe (1958 cited in Patterson 1986 p:110) claims that behaviour is based on non-adaptive habitual behaviour that is either innate or learned. Individual behaviour may be acquired from social learning in the environment in which we live, including the family of origin (Mead 1965:80-81) and may contribute to understanding current behaviour patterns. Fears may develop from classical conditioning or misinformation leading to individuals over-reacting to situations perceived as threatening.

**2.9.6. Existential Psychotherapy** developed by Frankl (1968 cited in Patterson 1986:433-434) endeavours to alert individuals to personal responsibility and how they react to situations. Treatment, known as Logotherapy, incorporates the three dimensions of life: the somatic, mental and spiritual.

*“... spirituality is revealed phenomenologically in immediate self-consciousness, but it is derived from the ‘spiritual unconscious’. Unconscious spirituality is the origin and root of all consciousness.”  
Frankl (1968 cited in Patterson 1986:433)*

Smalley (2004:69-73, 132-3) adopts a similar stance by stating individuals have a responsibility to themselves in how they choose to react to situations, adding that they give power to others when they react to what has been said.

## 2.10. Professional Standards

Parents of children with Special Educational Needs invariably communicate with a range of professionals and it is, therefore, relevant to determine what the professional standards stipulate with respect to how key professionals should interact with their clients.

**2.10.1. The General Medical Council** guidance on Good Medical Practice (GMC 2006) states that a requirement for being a ‘good doctor’ is that good relationships are established with patients and colleagues, patients are treated as individuals, doctors are honest, trustworthy and act with integrity and they respect the dignity of their patients, treating them politely and with consideration.

**2.10.2. The General Social Care Council** has produced National Occupational Standards for Social Workers, that stipulate social workers must be honest and reliable, treat clients with respect, protect them from harm, respect and maintain their dignity and

communicate in an open, accurate and straightforward way. Social workers must not abuse, neglect or harm their service users (TOPPS England 2006).

**2.10.3.** Educational Psychologists operate under the principles of **The British Psychological Society** (2006) Code of Ethics and Conduct that include:

- **Respect** – valuing the dignity and worth of all individuals and sensitively managing the dynamics of perceived authority or influence over clients.
- **Responsibility** – valuing responsibility to clients and the general public, avoiding harm, misuse or abuse of clients.
- **Integrity** – that communication with clients is undertaken on the basis of honesty, accuracy, clarity and fairness.

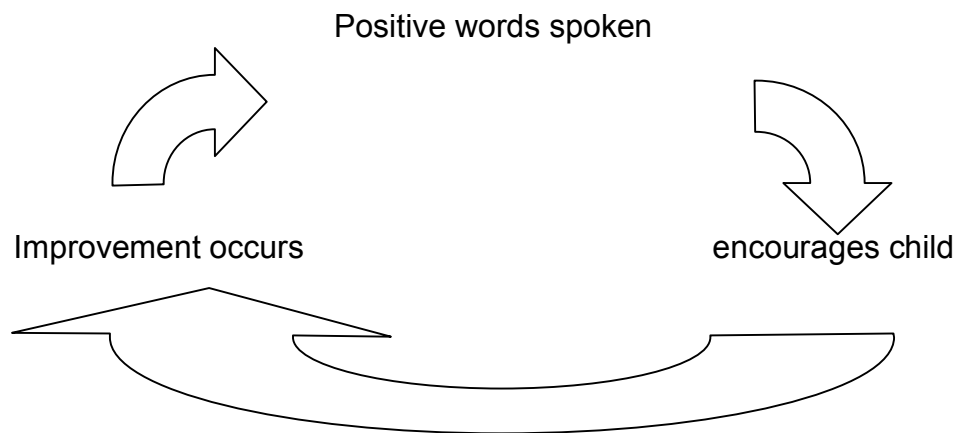
**2.10.4. The Training & Development Agency for Schools** (TDA 2007:7, 15) Standards for professional practice requires that teachers have high expectations of pupils and that they are treated with respect and that positive values are demonstrated through teacher behaviour and attitudes. Teachers must also communicate effectively with parents and carers although the emphasis on ‘sensitively’ (TDA 2006) has now been omitted; the researcher was unable to ascertain from the TDA the reason for this.

**2.10.5. The Parenting Education Support Forum** (2005) has produced National Occupational Standards for Work with Parents that form the basis of a range of professional qualifications, where professionals are guided on the systems and processes they must engage in to be viewed as working effectively with parents. For example:

- “Contribute to Building Relationships in Work with Parents.”
- “Communicate Effectively with Parents.”

## 2.11. **Change**

In order to effect change within an organisation, it is important to understand the structures and constraints that may impede or enhance a change project. Senge (1990:6-10, 18-24, 66) identified five component technologies that need to be considered as part of a change programme: systems thinking, personal mastery, mental models, building a shared vision and team learning. Individuals need to recognise which factors within an organisation may impede implementation of change, known as ‘learning disabilities’. Change programmes that are quickly implemented may produce visible results that cannot be sustained; it is preferable to introduce change slowly and address resistance factors in order to effect lasting change. Small changes build upon themselves, either producing a ‘vicious cycle’ or a ‘virtuous cycle’. For example, to demonstrate the effect of ‘encouragement’:



**Figure 5: The 'virtuous cycle' of client-centred relationship building. Adapted from Senge (1990:81)**

## 2.12 Chapter Summary

Relationships between parents and professionals often result in conflict that may originate from differences in social class to blaming each other for difficulties experienced by children. For approximately 40 years, the Government has strived to address social inequalities with legislation giving parents the status of 'consumers' and 'partners' as a means of raising educational achievement. Government rhetoric has created the impression that parents have more power and influence with respect to children's education than is actually the case, further adding to the potential for conflict as demands are made. Parent Partnership Services help parents understand the Statutory Assessment process and work with parents and schools to help resolve disputes between them. Models of partnership enable schools to benchmark where

they are operating with respect to 'parent power' and the type of activity involved at each stage. The foundational principles of 'helping relationships' should be applied to all client-professional relationships in addition to the specific frameworks devised for working with clients, leading them from a position of hopelessness to one of empowerment. The origins of negative communication may be explained through anthropology and psychological theory, with the latter combined with communication theory being used to explain perceptions of communication. Professional Standards with respect to key professional groups indicate their responsibilities towards their client groups with only Social Workers and Psychologists being overtly advised not to harm their clients, which may explain some of the findings of this research.

## **Chapter 3**

### **RESEARCH PARADIGM AND METHODOLOGY**

#### **3.1 Planning**

Initial planning for this project involved a systems thinking approach to research project management (Coombs 1995) that led to the production of a Project Schedule, three Spidergrams in which the scope of the project was explored and completion of a Purpose Strategy Outcomes Review (PSOR) systems thinking Analysis Form which identified the purposes of the research and consequent strategy to be adopted with the intended outcomes charted and reviewed by the researcher.

#### **3.2. Research paradigm and approach**

An interpretivist paradigm (Spradley 1980 cited in Hitchcock and Hughes 1995:17) has been chosen for researching the subjective experiences of respondents where 'truth' will be considered from an individual perspective. As individuals are influenced by a myriad of psychological, ethnographic and cultural experiences that are pertinent to the individuals alone, identical results are unlikely to be replicated by other researchers, although common themes could occur. In contrast, positivists (Kirk and Miller 1986 cited in Hitchcock and Hughes 1995:24) hold the view there is only one absolute view of truth and that irrespective of individual circumstances, all individuals should arrive at the same consensus of truth.



*“There is an external world, but (also) that the external world itself determines absolutely the one and only correct view that can be taken of it, independent of the processes or our circumstances of viewing.”*

*Kirk and Miller (1986 cited in Hitchcock and Hughes 1995:24)*

The positivistic approach to ‘truth’ is appropriate for research where results can be re-tested and validated by other researchers, but an experimentalist ‘prove’ paradigm is considered inappropriate for social science research that seeks knowledge of individual experiences, involving memory of historical events, that may be affected by a person’s own emotional response to the situations that have occurred. This personal enquiry approach represents an ‘improve’ paradigm that accepts and celebrates the influences of the participant researcher within this type of social science research paradigm (Coombs and Smith 2003).

### **3.3. Area of Concern**

The area of contention identified is that of communication between professionals and parents. The research questions will ascertain:

- How difficult issues are discussed.
- The effects of negative communication.
- How professionals create a social climate for working in partnership.
- Whether the quality of partnership may be measured by children’s outcomes.

Researchers who are aware of a phenomenon before seeking evidence to prove its existence are known by Spradley (1980 cited in Hitchcock and Hughes 1995:18) as explorers, who seek data to further describe its nature.

*“A great deal of social science research begins with a similar clear idea of something to find; investigators usually know what they are looking for.”*

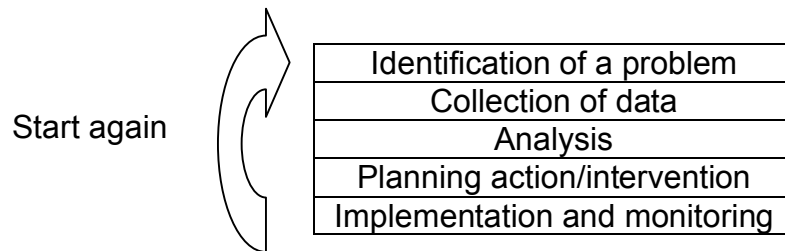
*Spradley (1980 cited in Hitchcock and Hughes 1995:18)*

This perspective is relevant to this research in that parent and professional perceptions have been sought to ascertain the effectiveness of dialogue between them, with its resultant impact on partnership and family life.

### 3.4. **Action Research**

Action Research is a paradigm originally identified by Lewin (1946 cited in Hitchcock and Hughes 1995:29), that promotes collaboration with colleagues and involves practitioners reflecting upon their own practice. Teachers, as part of their Continuing Professional Development, may become participant researchers in order to improve their professional practice and to enhance student learning (Coombs, Lewis and Denning 2007). Such research may originate from an individual's own set of values and their quest to effect change that will benefit other people, which is the ultimate aim of this project (McNiff 2002), thereby falling within the 'improve' paradigm approach to social science research. Hitchcock and Hughes (1995:28) have identified five stages to the cyclical process

of Action Research, with the cycle being repeated as often as necessary.



**Figure 6: The Action Research Cycle  
Adapted from Hitchcock and Hughes (1995:29)**

As part of the Action Research process, observations, memorable quotes and actions that may have influenced other individuals are recorded in a Reflective Journal.

*“knowledge drawn from experience and research findings to illuminate it, in order to improve it.”*  
*Griffiths and Davis (1993 cited in Hitchcock and Hughes 1995:28).*

Action research and ethnography involve social relationships between researcher and participants, known as ‘Rogerian’ relationships (Coombs and Smith 2003: 8) where subjects are viewed as ‘partners’ who co-operate with the researcher to effect ‘improvement’ in identified areas. The advantages of this approach include:

- The researcher can participate in the improvement process (Coombs and Smith 2003:8)
- Social evidences are not required with respect to statistical ‘proof’.

- Results do not have to be generalised (Coombs and Smith 2003:17).

### 3.5. **Ethnography**

An ethnographic approach has permitted consideration of the wider influences on communication such as context, culture and meaning, through reflection of the characteristics of school and local authority professionals that enhance or hinder effective interaction with parents. Qualitative data has been obtained through interviews with parent and professional respondents that permitted expression of their perspectives and concerns thereby enhancing the richness and breadth of data obtained. Additionally, survey-questionnaires were completed by respondents that provided an indication of responses to recent meetings they had attended – both to provide some quantifiable data and to contribute to the process of triangulation.

### 3.6. **Case Studies**

Two case studies have been completed of parents who had previously participated in parent interviews, each providing rich material from which readers may acquire insight into what living with a child with Special Educational Needs has meant for the families – covering aspects of life beyond the educational arena. In this sense, they are:

*“descriptive case studies – aimed at giving a narrative account of life as it is in a social situation.”*  
*Yin (1984 cited in Hitchcock & Hughes 1995:321)*

Savelson & Towne (2002 cited in Yin 2005:381) claim case studies are appropriate for determining ‘what, how and why’, all of which are necessary for implying causal relationships. It was intended that through a combination of methods, sufficient qualitative data would be amassed, from which presenting themes could be evaluated and understood through reference to theoretical sources such as sociology, psychology, anthropology, theology and the seminal text of Senge (1990) on the principles of organisational management.

### 3.7. **Assumptions**

Ontological assumptions contained within UK legislation are that educational professionals and parents desire to work with each other, in partnership, due to their common interest in achieving the best outcomes for children. Experience within the researcher’s professional capacity has indicated that some educational professionals are unwilling to work in partnership with parents; although usually applicable to individual teachers, this is occasionally reflected by a whole school ethos. Epistemological assumptions, within the same legislation, are that educational professionals automatically possess the skills and qualities required to form effective partnerships with parents. As parents usually contact the Parent Partnership Service as a result of difficulties being experienced with educational professionals, it will be one of

the purposes of this research to determine whether these assumptions have any substance.

### 3.8. **Ethical Issues**

In July 2006, consent was obtained, from the Director with responsibility for Education in a local authority in the South West of England, United Kingdom to undertake this research in the combined capacity of the researcher's professional role and that of researcher. This research project has been self-funded while the local authority granted 15 days study leave and an additional 4 days in which to conduct research interviews. It has been agreed that the local authority will be referred to as 'a local authority in the South West of England'. Rights to publish this research, in a range of formats external to the local authority, have been retained by the researcher. It has been agreed that the local authority will have the option of piloting any recommendations that may emanate from this project, before wider dissemination. The ethical principles of Bath Spa University (2002) and the British Educational Research Association (2004) have been applied with respect to:

- Responsibilities to participants – the well-being of respondents has been paramount at all times; as 'partners' in the 'improvement' paradigm approach (Coombs 1995 cited in Coombs and Smith 2003:9), they were informed of research procedures and processes before consenting to be

involved and were advised of their right to withdraw at any time.

- Responsibilities to Sponsors – conditions under which this research has been undertaken were agreed in the letter of consent (already referred to).

### 3.9. **Data Protection and Confidentiality**

This research has been undertaken with due regard to the Eight Principles of the Data Protection Act 1998, as follows:

- **First Principle** – information has been processed fairly and lawfully.
- **Second Principle** – data was specifically obtained for this research; no data that may already have been in the researcher's possession as a result of professional capacity has been used for research purposes.
- **Third Principle** – only data relevant to this research has been obtained.
- **Fourth Principle** – data was accurate insofar as respondents reported at the time of data collection and is being reported as their 'truth'.
- **Fifth Principle** – data will be retained for the purposes of this research and any subsequent publications that may take place.
- **Sixth and Seventh Principles** – personal data has been processed in accordance with the rights of data subjects and

organisational measures have been taken to prevent inappropriate use and access to confidential data.

Respondents have been advised of the method of data storage and its location.

- **Eighth Principle** – there is no intention to transfer personal data to another country.

The system for anonymity was explained to respondents, with schools being referred to by number (1 – 8). Professional roles have been identified by letter, as follows:

Head Teacher	A
Deputy Head	B
Year Head	C
SENCO	D
Class Teacher	E
Educational Psychologist	F
School Other	G
Local Authority Other	Z

**Figure 7: Coding Chart for Professional Roles**

Parents have been assigned an alphabetical letter (A – H) that bears no relationship to their surname. Pseudonyms have been used for children referred to in case studies but in Summative Transcripts (Coombs 2005) are generally referred to as ‘him’, ‘her’, ‘he’ or equivalent wording. Some respondents have been advised of the potential for being identified at local level, either due to their



professional capacity or experiences elaborated upon during interview.

### 3.10. **Informed Consent**

Potential respondents were advised that this research was being undertaken in the combined capacity of the researcher's professional role and that of a student registered on the Professional Master's Programme. Provisional consent was gained from respondents whilst scheduling interviews in diaries with formal consent being obtained at the time of meeting, when respondents were issued with a further copy of the Research Brief and informed more fully about the research, including their right to withdraw at any time. Respondents had an opportunity to ask questions and a Consent Form was signed before proceeding to interview; they were informed of their entitlement to receive a full or partial copy of the research project once it becomes available for public distribution. Schools will be allocated one copy per school, unless individuals request their own copy.

### 3.11. **Values**

The researcher, as a Christian, has adopted the principle of openness in conducting this research. Respondents have been overtly advised that its purpose was to evaluate communication between professionals and parents, with a view to informing professional practice: this was explicit on the Research Brief,

verbally advised to Respondents and is indicated by the research questions (See Chapter 1). Information has been sought on good practice as well as those characteristics which are less than desirable. Some professional roles necessitate imparting bad news such as giving a diagnosis, discussing a prognosis, or speaking about behavioural difficulties and the manner in which such information is conveyed can stay with parents long after the event (Bruce and Schultz (2001a:6-9, 2001b:9-13). There is concern about the way people communicate with each other and how they speak about others, whether or not they are present at the time and the effect this can have on people's lives:

*“the very stuff of qualitative research then is ideas, ideas entail values, values involve assumptions about right and wrong, good and bad.”*

*Hitchcock and Hughes (1989:44)*

Whilst conducting interviews, it became apparent that parents have had both positive and negative experiences with professionals, while some professionals admitted they haven't always communicated appropriately with parents (initially), but have subsequently attempted to rectify the situation. Parental frustration and anguish at how they have sometimes being treated was very apparent, while professional respondents expressed a desire to communicate more effectively with parents; some having the humility to admit they haven't always been successful. It is believed that this insight will help the reporting to be as objective as

possible, as it is possible to empathise with both parents and professionals.

### 3.12. **Researcher Effects**

As a local authority employee, interviews have been conducted with both school and local authority staff, who are technically colleagues. The researcher's professional role necessitates assisting parents with concerns about their children's education; this may result in parents being supported by the Service in their interactions with school and local authority personnel. Schools occasionally perceive the Service as 'the enemy' under the misconception that they are only contacted when there is a problem. Although through adoption of a propitious approach, changes in service delivery and attendance at a variety of promotional events, this misconception is being gradually eroded. Some parents believe the service is 'on their side' when, in fact, the service is impartial, providing appropriate information, advice and support that is in line with Government legislation and local policy (see Chapter 2 on Parent Partnership Services). It is possible that some professional responses may have been influenced by the researcher's professional role; both professionals and parent interview respondents participated in this research, with the intention of improving communication between them in the future.

### 3.13. Research Sample

**3.13.1. Mainstream Schools:** Mainstream schools were targeted on the premise that inclusive practice should ensure that children with Special Educational Needs have their needs met within the resources available, and that schools should be engaging with parents in compliance with the *Special Educational Needs Code of Practice* (2001:16-18). As an action research project, there was no requirement to have a statistical sampling frame. However, a representative sample was chosen in order to increase the value of the results, with the researcher adopting the recommendations of Hitchcock and Hughes (1995:108-109), by applying a general sampling frame to select schools across the local authority, spanning both affluent and socially deprived parts of the area; four secondary and four primary schools participated which represented ten per cent of the number of mainstream schools covered by the local authority. The original quota of six professionals per school was subsequently reduced to three following a 'life event' which resulted in the size of the project being scaled down. Professional sampling was applied; in an endeavour to secure respondents, who through their professional role, have frequent contact with parents of children with Special Educational Needs; Head Teachers or Deputy Heads and Special Educational Needs Co-ordinators were requested, with other roles being assigned according to availability and willingness to participate. Two schools supplied two staff each and two schools each provided one member of staff, making a total

of 18 who were interviewed and who completed Professional Surveys.

**3.13.2. Local Authority:** Interviews were conducted with four local authority staff, comprising two Educational Psychologists, the Inclusion Officer and the Behaviour Support Manager, three of whom completed the Professional Survey; this task being irrelevant to the fourth person's professional role.

**3.13.3. Parents:** Eight parents were interviewed and completed Parent Surveys; two of this number provided additional case study material. A further twelve Parent Surveys were completed by parents who attended support groups and others who had offered to be involved in the research through previous contact with the Service.

#### 3.14. **Access to Schools**

Bell's (1999:37-38) recommendations of access protocol were adopted in that initial contact with schools was through an introductory letter. During July 2006, a letter and copy of the Research Brief were sent to eight schools that had been randomly selected. The schools were subsequently telephoned, with the objective of seeking appointments for Autumn 2006.

By the end of the Summer term, one appointment had been obtained, four schools had declined and it had not been possible to establish contact with three other Head Teachers. With one exception, it was not possible to speak to Head Teachers that declined as responses were relayed by Administrative staff, e-mail or letter. A 'life event' (already alluded to) hindered progress in the Autumn, with further contact with schools being resumed between January to March 2007.

It was a time consuming process, with several attempts being made per school in an endeavour to reach Head Teachers. Substitute schools were only contacted once a school had either declined or it had been impossible to make telephone contact with the Head Teacher, which implied a refusal; the 'closed door' approach to access prevented any potential influence on the benefits of participating in the project. A total of sixteen schools were contacted in order to achieve the sample size of eight. Interviews in January demonstrated a shorter time span was needed than originally anticipated so a revised letter was sent to Head Teachers that more accurately reflected the proposed time commitment.

### **3.15. Access to Parents**

Parents were initially sought from a Consultation Register held by the Parent Partnership Service; comprising parents who had previously received support or had participated in former Parents'

Groups organised by the Service, and who had consented to their details being held on a Register for possible consultation connected with Special Educational Needs. Parents were not contacted where it was known they held a professional role within the local authority. Ten parents were sent a copy of the Research Brief and a letter that acknowledged they were not being approached about 'consultation' but were being asked to participate in research, and were invited to reply by return of a reply slip; this approach ensured parents were not placed under any pressure to be involved.

A further twelve parents, randomly selected from case-work were also sent letters and Research Brief. Five parents responded from the Consultation Register and five from case-work; each completed a Parent Survey and agreed to subsequent interview. Follow-up telephone calls permitted parents an opportunity to ask questions about the research before an appointment was arranged.

Ultimately, eight interviews took place, five of which were in the parents' homes and three at local authority premises. The other two parents did not proceed to interview as it had not been possible to establish telephone contact and the time-frame for data gathering had expired. A further parent offered to participate in the research (being a friend of a respondent), but as parents were being contacted in the order of responses being received, this was not pursued when the target of eight parents was achieved. The three

parents were sent a letter that thanked them and explained why they were not being contacted on this occasion.

### **3.16. Access to Parent Support Groups**

Parent Support Groups were attended with the consent of the Facilitators, who had previously been briefed about the project; each received a copy of the Research Brief, while the initial approach had either been made in person or by e-mail as a working relationship had already been established. Two Parent Support Groups were attended, with the combined objective of promoting the Service, giving parents general advice, and advising them about the research with a view to seeking further participation by completing Parent Surveys. At the first group, one parent agreed to be interviewed (subsequently accounted for under 'case-work') and three completed Surveys; at the second group, seven parents completed Surveys.

### **3.17. Access to Local Authority Colleagues**

Local authority colleagues, who work in Children's Services, were already aware of the research project so requests for their participation were made verbally, accompanied by a copy of the Research Brief.



### 3.18. **Access to Parent Partnership Service colleagues**

Contact was made with two Parent Partnership Service South West Regional colleagues, to obtain a perspective on their local experiences; one of whom provided verbal information during a visit to their office, which was subsequently supported by e-mail, while the second was contacted by telephone and e-mail. Each colleague received a copy of the Research Brief.

### 3.19. **Interviews**

Interviews involved respondents completing either a Professional or Parent Survey followed by a semi-structured interview, which enabled respondents to answer questions as extensively as they preferred. It was occasionally necessary to ask additional questions in order to clarify a response. Interviews were recorded by digital voice recorder and were subsequently typed up as verbatim transcripts from which Summative Transcripts (Coombs 2005) comprising key data were produced. All respondents were notified of their right to receive a copy of the transcript, with a view to reporting any inaccuracies; all except one parent accepted the offer and only three respondents subsequently reported very minor inaccuracies for correction. Two respondents received an amended transcript while the third advised it was not necessary.

### 3.20. **After Interview Follow-up**

Respondents were given the option of follow-up contact following interview, when they could discuss any aspects of the research, but none have exercised this option. No professionals required debriefing, but all parents had an opportunity for further discussion, if necessary. Following interview, a letter was sent to each respondent, thanking them for their participation, enclosing a copy of the signed Consent Form and specifying the anticipated time-frame in which the final report should be available. Copies of transcripts were enclosed, with the request that any amendments be notified within two weeks, in order not to hold up the research process.

### 3.21. **Focus Group**

At an appropriate stage of analysis the eight parent respondents were invited to attend a Focus Group Meeting, during which key findings could be discussed, providing them with an opportunity to state their agreement or otherwise. It was not possible to offer a choice of dates and two parents originally agreed to attend, while the remainder had commitments. In the event, only one parent attended, owing to the second having a 'life event' which prevented her being present. Subsequently, a parent who had expressed an interest but had been unable to attend the original meeting was contacted by telephone and an additional meeting took place, where the process was repeated, with the findings being discussed

and views being recorded. The parent was only advised of the comments by the previous respondent after this process to prevent any undue influence taking place. School professionals were not approached to attend a Focus Group, due to consideration of the original difficulties in making contact with staff and the time remaining to complete this project, this seemed prohibitive.

### **3.22. Data Analysis and Triangulation**

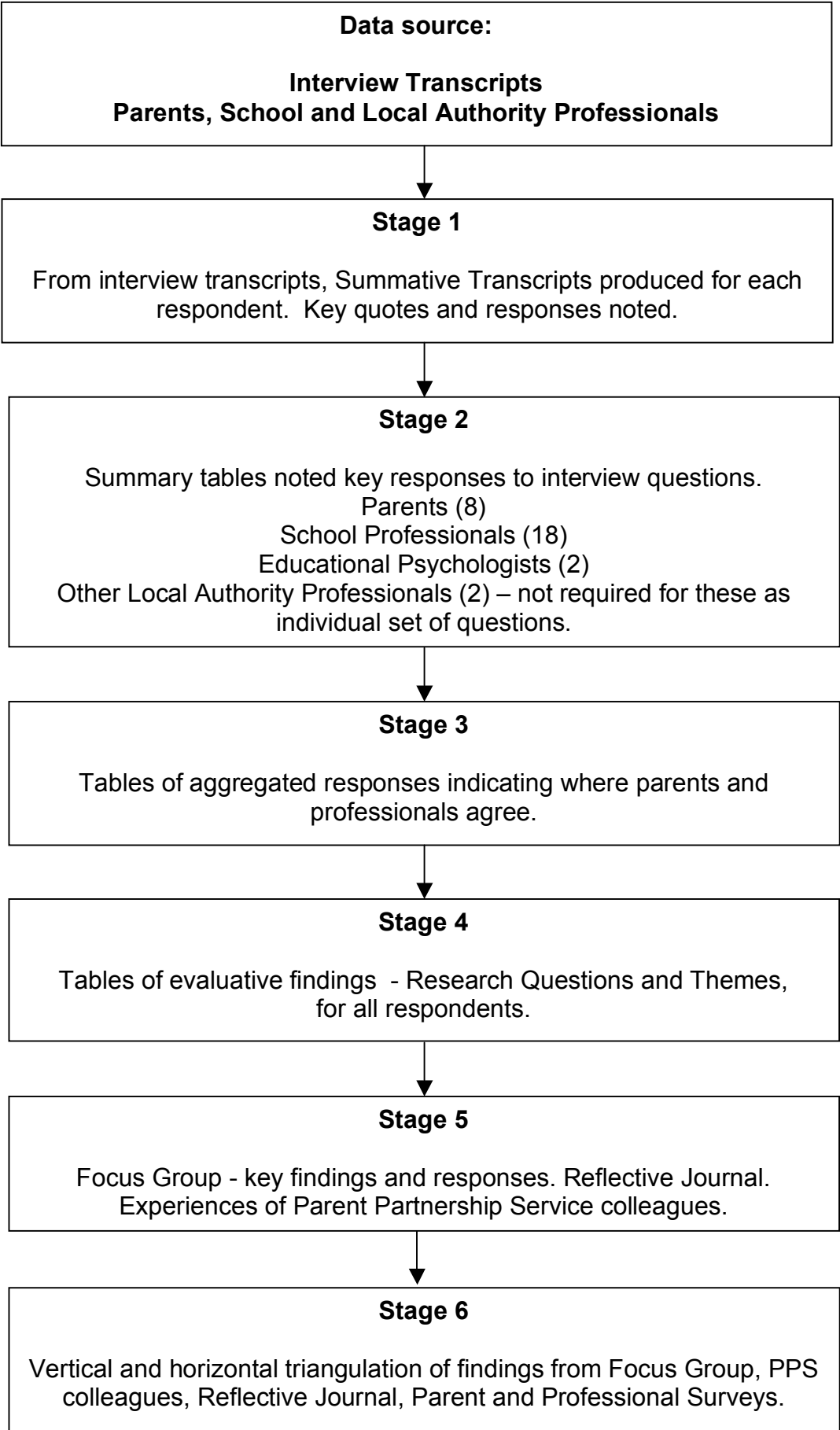
The analytical process applied to this research has been derived from the pedagogical framework of Critical Thinking Scaffolds to support Action Research (Coombs et al 2003). This model was developed from the original theoretical concept of Self-Organised Learning (S-O-L) originated by Harri-Augstein & Thomas (1991 cited in Coombs et al 2003) which asserts that deeper reflection and elicitation of knowledge are achieved through a hierarchical conversational process of analysis as follows:

- a) identification of units of meaning
- b) sorting of relationships
- c) display of final pattern

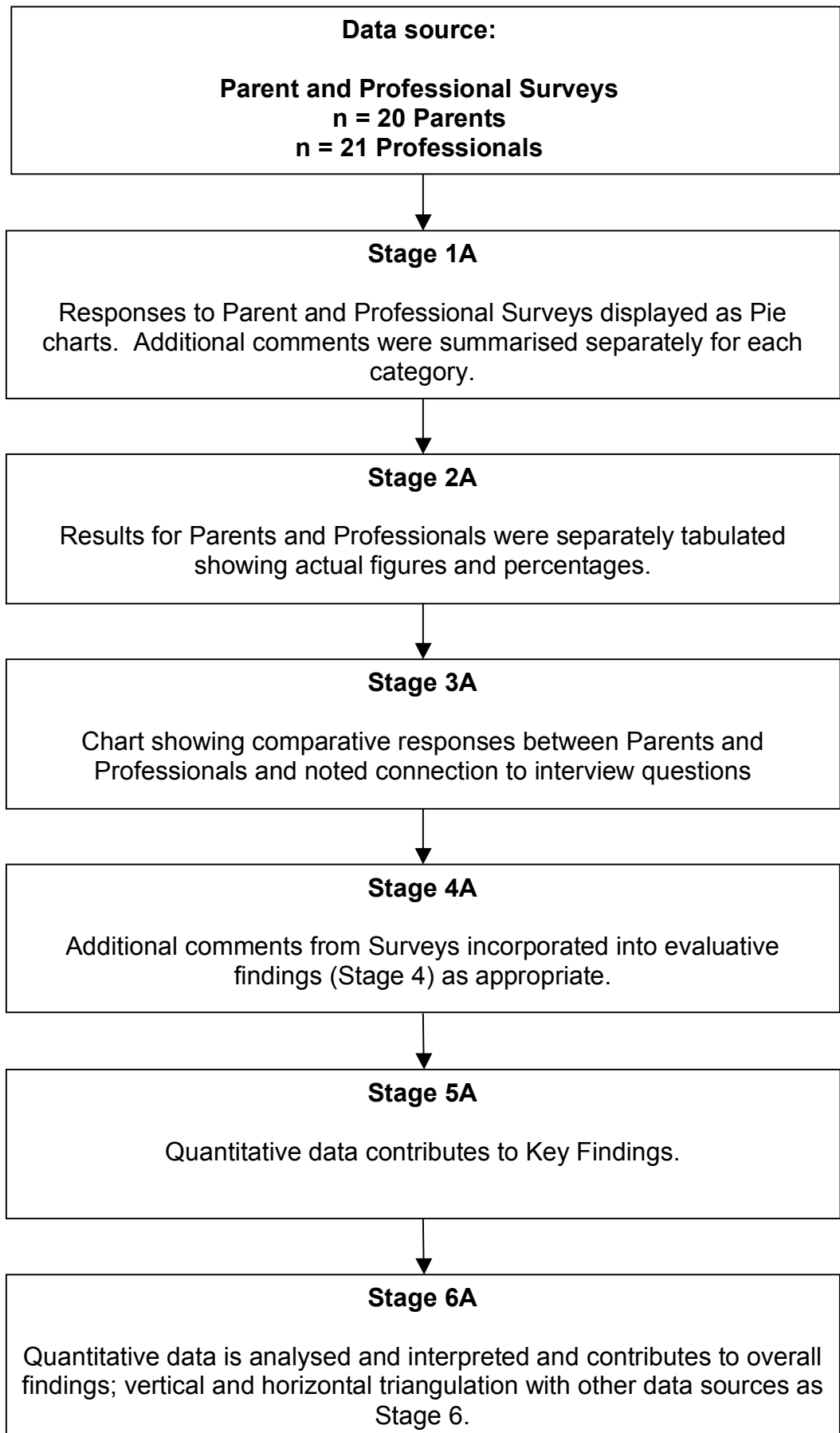
This knowledge elicitation process (Coombs 2005) will be evident through the stages of analysis, where the primary sources of data (interviews and surveys) have been separately organised and sorted (Stages 1 and 1A) with further stages of analysis tabling percentages and figures, where appropriate, with 'between

methods' triangulation (Denzin 1970 cited in Hitchcock and Hughes 1995:180-181) followed by further triangulation with Focus Group responses, Reflective Journal and Parent Partnership Colleagues. This will reveal the final results and knowledge gained from the research through horizontal and vertical triangulation of data in order to ensure validity of the results obtained. See the 'Stages of Qualitative Analysis' flowcharts, Figures 8 and 9. The findings from these research methods are analysed in Chapter 4 – Data Analysis.

**Figure 8: Stages of Qualitative Analysis – 1**



**Figure 9: Stages of Qualitative Analysis – 1a**



## **Chapter 4**

### **DATA ANALYSIS**

#### **4.1. Data Analysis**

*“What is at issue is the best means to ‘make sense’ of the data in ways that will facilitate the continuing unfolding of the inquiry, and second, leads to a maximal understanding (in the sense of Verstehen) of the phenomena being studied.”*

*Lincoln & Guba (1985 cited in Hitchcock & Hughes 1995:296)*

Data for this research was obtained from 18 school professionals, 4 local authority professionals and 8 parents. It comprised survey questionnaires (Parent and Professional), semi-structured interviews, two case studies and a Reflective Journal. In total, 32 transcripts of interviews were typed up before any significant analysis could commence. Parents’ experiences related to a range of multi-disciplinary professionals that appertained to Children’s Services.

#### **4.2. Stages of Analysis**

The first (informal) stage of data analysis was incorporated into the research methodology, at the stage of designing respondent semi-structured interviews and surveys, where questions were coded and classified in accordance with specific areas in which information was being sought. Figures 8 and 9 (Chapter 3) illustrate the formal stages of analysis. Stage 1 involved careful reading of Interview transcripts for Parents and Professionals, with notes being made of the key points that directly responded to the

research questions. Stage 2 comprised Summative Transcripts (Coombs 2005) where data and supportive quotes were recorded under individual interview questions. Responses from each category of respondent (with the exception of two individual professional roles that had their own set of questions) were tabulated to demonstrate emerging themes (Stage 3). Responses of school professionals were indicated by actual number and percentages, while other categories of respondent (parents and local authority professionals) were shown by number only, due to the size of the sample. Three tables of aggregated responses, demonstrated where each category of respondent agreed with others on aspects of significance. A table of Research Questions and Themes (Stage 4) identified significant themes. Key data from Case Studies was identified and converted into Summative Transcripts, attached to full interview transcripts owing to the uniqueness of the material, which would be of value to read in its entirety.

There were 41 Survey Questionnaires completed (n = 21 professionals and n = 20 parents); this data was represented by pie charts (Stage 1A) to provide a clear visual representation of the responses received. Data was then transferred to Excel spreadsheets, separately displaying actual figures and percentages for both categories of respondent (Stage 2A). A table (Stage 3A) provided further clarity of the responses and noted connections to



interview questions. Stage 4A comprised additional data provided by respondents that appertained to some questions, and this information was incorporated into the evaluative findings table (Stage 4).

Key findings from both sets of data were tabulated (Stage 5) and the results were presented to a Focus Group for a post-qualitative discussion. In the event, Stage 5 had to be repeated due to only one respondent attending. Significant research events were recorded in the Reflective Journal and then re-organised into themes and the experiences of two Parent Partnership Service colleagues from the South West Region in the United Kingdom were also recorded. Stage 6 Analysis comprised triangulation of the Reflective Journal, Case Studies, Focus Group findings, Parent Partnership Service colleagues, Parent and Professional Surveys and tabled data (parents, school and local authority professionals) from interview sources. The findings were then organised to produce results that demonstrate a response to the Research Aims and Objectives and Research Questions.

## 4.2. Research Findings

### 4.2.1. Aspects of Communication

<p align="center"><b>Table 1</b> <b>Results – Aspects of Communication</b></p>		
<b>Overall Findings</b>	<b>Appendix</b>	<b>Implications for Professional Practice</b>
<p>a) School professionals consider the most important characteristics to demonstrate towards a parent are: empathy and understanding (44%), honesty and trustworthiness (39%), availability (50%), listening (44%) and approachability (55%)</p> <p><i>100% School and local authority professionals claimed they demonstrated empathy: 20% Parents disagreed.</i></p> <p><i>92% School and local authority professionals conveyed genuine concern; 25% Parents disagreed.</i></p> <p><i>100% School and local authority professionals claimed honesty: 20% Parents disagreed.</i></p>	<p>G2: School Table 16. H1-7 Analysis. C1-10 Parent Summative Transcripts. G3: EP Tables 47, 48. G6: Key Findings. E3, E4 LA Summative Transcripts.</p>	<p>It should be mandatory for all professionals employed in Children’s Services to undergo training on working with parents, so they not only recognise the significance of these characteristics, but are able to convey them. Children’s strengths should be acknowledged, at least, at the beginning and end of meetings. Professionals should reflect upon their current practice to determine those areas which may require change.</p>
<p>b) 78% School professionals believe that parents are more concerned with the manner in which information is conveyed, 44% specific words and phrases and 39% the general message.</p>	<p>G2: School Tables 18, 19. G3: EP Tables 39, 41, 46. E3, E4: LA Summative Transcripts. G1: Parent Tables, 3, 4, 5, 12, 13, 14.</p>	<p>The message is the most significant for parents, and included within that is the use of specific words and phrases. Professionals need to focus on how the message is delivered with respect to terminology (use of jargon) and</p>

<b>Table 1 Results – Aspects of Communication</b>		
<b>Overall Findings</b>	<b>Appendix</b>	<b>Implications for Professional Practice</b>
50% School professionals focus on their manner during meetings, 39% focus on the message content while 28% focus on the language used.	G6: Key Findings. G7, G8: Reflective Journal.	negative forms of expression. Professionals should be sensitive with respect to the messages they convey.
c) School professionals believe they convey information calmly, clearly, with empathy and sensitivity; they give parents an opportunity to respond.  <i>100% School and local authority professionals claimed to give parents an opportunity to express concerns: 11% Parents disagreed.</i>	G2: School Table 17. H1-7: Analysis. G6: Key Findings.	There is unequal weighting to the message conveyed by parents. This reflects an imbalance of power. When professionals commit to actions, they should agree time periods in which to fulfil them, both as a sign of professional integrity and respect to the parents.
d) 78% School professionals admit to having caused parents offence. Once acknowledged, most endeavour to put matters right by apology or clarification of the point.	G2: School Table 20. G3: EP Tables 32, 33. H1-7: Analysis. G6: Key Findings. G7, G8: Reflective Journal. E4: LA Summative Transcript. C1-10: Parent Summative Transcripts.	Professionals should be reflective about their practice and determine what has caused offence. For example, whether an inappropriate expression or a commitment to undertake actions that have not been followed through. Professionals should overtly state which requests they are not willing to comply with.
e) Most parents state they feel comfortable meeting with professionals, but admit to finding the experience stressful.	G1: Parent Tables 7,12. H1-7: Analysis. G6: Key Findings.	Professionals may need to employ counselling skills in meeting with parents, who may relive experiences that have not achieved emotional

<b>Table 1 Results – Aspects of Communication</b>		
<b>Overall Findings</b>	<b>Appendix</b>	<b>Implications for Professional Practice</b>
<p><i>50% School and local authority professionals admitted to feeling uncomfortable at a recent meeting with parents. 56% Parents felt uncomfortable at a recent meeting.</i></p>		<p>resolution. Professionals need to be sensitive and aware that by their numbers alone, tactics they employ may appear intimidating. Documents should be distributed in advance to allow parents an opportunity to read and consider the contents before being expected to sign them.</p>
<p><b>Research Objective:</b> (1) <b>Research Question:</b> (a) See Chapter 1</p>		

### **Parent responses to Focus Questions:**

With respect to offence d):

*“Parents would not say anything overtly because of the imbalance of power in the relationship. Professionals need to realise most parents are experts on their children. It is an emotional time for parents discussing their child – it is not the best time to raise issues.” Mrs H*

With respect to comfort during meetings e):

*“It is an emotional thing. It is having to face the situation and examine it consciously, but actually it is about dealing with some painful and emotional things that are stressful.” Mrs H*

*“A ratio of 5:1 is completely overwhelming. There is pressure in being asked to sign documents that the professionals have previously read but I haven’t seen before.” Mrs F*

### **Parent Interview Responses:**

With respect to professional characteristics a):

*“Number 1 – listening. Open-mindedness, but listening, absolutely! It is almost like when I’m talking and I’m looking into their eyes, I know they are thinking about what they are going to say next, and not actually hearing me.” Mrs F*

*“I think understanding and explaining what they are saying and giving a way forward in some respects.” Mrs C*

### **Professional Interview Responses:**

With respect to b):

*“I think its definitely the manner, its your body language, its how you are with people when they come in, whether you invite them to sit down or whether its very informal, but definitely your body language and how you are ...” 2A*

With respect to professional characteristics a, b), c), e):

*“... and just listen to what they have to say, because they are obviously worried about something otherwise they wouldn’t have come to see you...” 2C*

*“... that you understand from their point of view why they are sometimes agitated, and to be calm at all times. And to let them have their say, and then to try and support them in the best way that you can...” 2D*

*“I think clarity of communication and the demonstration of genuine engagement with the parents’ concerns ...” 3A*

*“Openness, clarity, a willingness to move forward – an emphasis on positive aspects of a child’s needs ...” 4A*

*“Humanity; I think parents can find it quite intimidating coming into an institution like a school .... It is important to show a human face, and to show that you listen to what they are saying and that you can see their point of view.” 6A*

*“Availability, being welcoming and valuing parents.” 6B*

#### 4.2.2. 'Bad News'

<b>Table 2 Results - 'Bad News'</b>		
<b>Overall Findings</b>	<b>Appendix Source</b>	<b>Implications for Professional Practice</b>
<p>a) Words spoken by professionals may add to any distress experienced by the diagnosis and/or circumstances. The experience may be remembered for a long time.</p> <p><i>90% School and local authority professionals claimed they were sensitive in meetings.</i></p> <p><i>89% Parents considered they had been treated with respect.</i></p>	<p>E4: LA Summative Transcript. G1: Parent Tables 3, 4, 5, 12. C1-10: Parent Summative Transcripts. G7, G8: Reflective Journal.</p>	<p>Distressing information needs to be conveyed at a level the person is able to understand, and be relayed at a pace that enables assimilation of information. The meeting should be conducted privately, without more people being present than necessary. This may result in longer consultations or require several short follow-up appointments that enable parents to adjust to the circumstances and have an opportunity to ask questions.</p>
<p>b) 72% of contact by School professionals is related to behavioural and discipline matters and 56% is connected with SEN, progress, targets and results.</p>	<p>G2: School Table 17. C1-10 Parent Summative Transcripts. G9, G10, Parent Partnership Service colleague Transcripts. E4: LA Summative Transcripts.</p>	<p>Professionals should be empathetic, sensitive, calm, listen to the parents and be open to consideration of extenuating circumstances. Behavioural issues need to be separated from the personality characteristics of the child so as not to damage the child's or parent's self-concept.</p>
<p>c) The experience of parents has been that some professionals lack sensitivity, and deal with children as 'case work'. A child may be discussed among professionals</p>	<p>G1: Parent Tables 3, 5. C1-10: Parent Summative Transcripts.</p>	<p>Discussions between professionals should be conducted in private unless the parent is part of that discussion. Diagnoses should be given in person before</p>

<b>Table 2 Results - 'Bad News'</b>		
<b>Overall Findings</b>	<b>Appendix Source</b>	<b>Implications for Professional Practice</b>
within hearing distance of the parent. Diagnoses may be confirmed in reports or letters, with no further appointments being offered.		confirmation in writing. Professionals should offer parents at least one appointment following a diagnosis to present them with an opportunity to find out more and to receive information about sources of help and support.
<p>d) The majority of parents reported their children had been distressed prior to and following meetings they had attended.</p> <p><i>95% School and local authority professionals claimed to acknowledge child's strengths: 10% parents disagreed.</i></p> <p><i>78% School and local authority professionals discussed a meeting after the event: 65% parents discussed meetings at home.</i></p>	<p>G1: Parent Table 14. E4: LA Summative Transcript. C1-10 Parent Summative Transcripts.</p>	<p>Professionals should ensure they speak positively about children, balancing that with issues of concern. They should be aware that as potential 'significant others' in children's lives, their comments may be significant to children. They need to be conscious of the messages that parents and children take away with them, and the potential long-term impact that such meetings can have on the self-concept that may affect their emotional well-being and educational outcomes.</p>
<p><b>Research Objective:</b> (2) <b>Research Question:</b> (b) See Chapter 1</p>		

*"... a lot of negative stuff was said in front of him, and he was feeling bad enough about himself as it was, about everything..." Mrs B*

*"In the early years, it was 'everything was going to be difficult and a struggle and all the rest of it' ..."* Mrs G

## Professional Interview Responses:

With respect to ‘bad news’ b):

*“... treating the parents how I would want to be treated myself as a parent with that particular news.” 2A*

*“... what is difficult perhaps is the perceptions we have about the child or about a situation at school may be different from theirs – the fact that perceptions differ, and therefore, it has to be handled with great sensitivity because you may actually be ‘bursting a bubble’ or trying to encourage a parent to face up to an uncomfortable truth about their child or about a situation.” 6A*

### 4.2.3. Power and Partnership

<b>Overall Findings</b>	<b>Appendix Source</b>	<b>Implications for Professional Practice</b>
<p>a) 100% of School professionals acknowledged the importance of working in partnership with parents.</p> <p><i>Among parent concerns was that agreed actions were not implemented, nor concerns taken seriously. This is contrary to the ethos of partnership.</i></p>	<p>G2: School Table 21. E4: LA Summative Transcript. G3: EP Tables 34, 35. C1-10 Parent Summative Transcripts. G6: Key Findings.</p>	<p>Professionals need to demonstrate this on a day-to-day basis. It should be enshrined in their policies, that state how they welcome parent involvement in school life. Partnership should involve acting on parental concerns in the same way that schools expect parents to co-operate with them.</p>
<p>b) 78% School professionals stated the primary ways in which the school ethos is transmitted is through meetings, 44% documentation, 22% inset training and 17% through consultation with</p>	<p>G2: School Tables 23, 24. G6: Key Findings. E3: LA Summative Transcript.</p>	<p>School documentation needs to be written in an appropriate format for local parents, considering the population the school serves. Other forms of communication should be available for parents who cannot access the written</p>



<p align="center"><b>Table 3</b> <b>Results - Power and Partnership</b></p>		
<b>Overall Findings</b>	<b>Appendix Source</b>	<b>Implications for Professional Practice</b>
stakeholders.		word. The ethos is transmitted on a day-to-day basis so schools need to consider how the school and its staff appear to parents.
<p>c) 50% Professionals believe that parents have equal status with respect to Special Educational Needs. 33% stated that parents do not have equal status concerning school discipline and behavioural matters, and 17% curriculum and procedures.</p> <p><i>100% School and local authority professionals claim parents were equal partners at a recent meeting: 15% parents disagreed.</i></p> <p><i>95% School and local authority professionals claim parents had equal power in decisions: 48% parents disagreed.</i></p> <p><i>95% School and local authority professionals stated both parties had agreed 'next steps': 16% parents disagreed.</i></p>	<p>G2: School Table 28. E4: LA Summative Transcript. G9, G10: Parent Partnership colleague Summative Transcripts. G6: Key Findings. G7 and G8: Reflective Journal.</p>	<p>Schools should make their SEN and Behaviour Policies readily available to parents, and stipulate those procedures and Reviews where parents have equal status in decisions and those where parents are expected to co-operate with the school.</p>
d) Professionals tend to view partnership as working together to achieve learning outcomes, sharing the same ethos and having	G2: School Table 28. E4: LA Summative Transcript. H1-7 Analysis.	Within Special Educational Needs, most parents expect to be consulted with respect to target setting and other strategies being

<b>Table 3 Results - Power and Partnership</b>		
<b>Overall Findings</b>	<b>Appendix Source</b>	<b>Implications for Professional Practice</b>
equal responsibility in setting targets for Individual Education Plans and Pastoral Support Programmes, etc.	G6: Key Findings. C1-10 Parent Summative Transcripts. G9, G10 Parent Partnership Service colleagues Transcripts. G7, G8: Reflective Journal.	employed. Areas where parents can be partners should be identified in the school prospectus, in line with national and local policy, with such commitments being adhered to.
e) The majority of School professionals do not receive formal training on working in partnership with parents.	G2: School Table 26. G6: Key Findings. E4: LA Summative Transcript.	Professionals should attend workshops that include role-play with parents as co-facilitators so that insight may be gained from a parental perspective. To spend time in reflecting upon what they do and why they do it, so that adjustments can be made, as required, to their professional practice.
f) Characteristics that school professionals believe encourage partnership are: 44% friendliness and approachability, 39% openness, 44% teacher availability; 33% clear communication, 28% professional competence, 22% listening to parents, 22% empathy, going out to parents and communicating positive news.	G2: School Table 27.	Primary characteristics that encourage relationships to develop are: empathy, warmth, genuineness, respect, unconditional positive regard, being non-judgemental and effective listening skills, supported by appropriate actions.
g) Primary characteristics that parents expect of	G1: Parent Table 8.	Professionals should acknowledge parental

<b>Table 3 Results - Power and Partnership</b>		
<b>Overall Findings</b>	<b>Appendix Source</b>	<b>Implications for Professional Practice</b>
professionals to demonstrate towards them and their children are that they a) listen to what they say, b) acknowledge their concerns and c) take appropriate action.		concerns and, if possible, agree any actions that can be undertaken by them to support the parent and their child; actions agreed should be fulfilled.
<b>Research Objective:</b> (3) <b>Research Question:</b> (c) See Chapter 1		

#### **Parent quotes in response to Focus Questions:**

With respect to ways of working in partnership d):

*“Parents should definitely be involved in these areas. I would have appreciated this experience.” Mrs F*

With respect to professional training on partnership e):

*“Yes, professionals should receive training on working in partnership with parents. It raises into their consciences its importance.” Mrs H*

#### **Parent Interview responses:**

With respect to partnership a) and c):

*“Sometimes you come out from a meeting, thinking ‘have I actually achieved anything, will anything ever happen?’” Mrs C*

*“We had suspicions when she went to play group; they had asked us there whether they could involve an outside agency to see, but it actually never happened.” Mrs E*

*“We kept speaking to the school. Nothing was done and then eventually, we got to Year 1 – nothing was done. We seemed to be going backwards and forth. The school was saying she was just making slow progress ...” Mrs E*

With respect to equal status with SEN and respecting the parent c) and f):

*“I was treated down the road like I was a first time mum and an over-anxious parent, because I kept saying to them, ‘he does need to have some sort of Statement, he definitely does’, ... but they weren’t acknowledging it.” Mrs B*

*“I think the main thing is that they listen. You don’t necessarily even need their sympathy or anything, you just want them to actually listen to what you are saying.... I really do want to have someone who listens to your points and can offer any advice and support those things.” Mrs E*

### **Professional Interview Responses:**

With respect to partnership a):

*“we are school and parents together.” 2C*

With respect to partnership and power c):

*“If it were appropriate for parents’ views to have equal status, the demonstration would be through the minutes of the meetings and the action that then happens. However, the kind of meetings in which the parents’ views would have equal status, in terms of actual influence, I’m trying to imagine what kind of meeting that would be, because a lot of the time, I don’t think schools should be pretending to offer power to parents that they cannot have...” 3A*

#### 4.2.4. Benefits of Partnership

Table 4 Results - Benefits of Partnership		
Overall Findings	Appendix Source	Implications for Professional Practice
<p>a) School professionals reported benefits from partnership with parents: 28% reported improvements in behaviour and discipline, 17% in attitudes, 56% educational outcomes (SATs, tables, reading) and 11% examination preparation, SEN Reviews and interpersonal skills.</p> <p>Behaviour support programmes have been very successful with parental involvement. Success is measurable against outcomes determined at the start of the programme.</p>	<p>G2: School Tables 22, 25. G3: EP Table 44. E4: LA Summative Transcript. G6: Key Findings.</p>	<p>Schools should invest time in forming partnerships with parents. As well as parents working with schools to improve children's outcomes, schools need to reciprocate by addressing parental concerns when they are raised about children's needs and individual provision.</p>
<p><b>Research Objective:</b> (3) <b>Research Question:</b> (d) See Chapter 1</p>		

#### Professional Interview Responses:

With respect to benefits of partnership a):

*“It is vitally important. I think that we can only hope to achieve what we want to achieve in this school in partnership with parents. Education is about a three-way partnership between pupil, parent and school.” 1B*

*“And if any one of those relationships is breaking down, and not working, then the work within the school impacts on that child and the children are not getting the most out of the experience they could be getting ...” 3A*

*“I notice sometimes when I am talking to a parent on the telephone and then I am working with that particular child over the next couple of days, sometimes you can actually see by what is happening within that session that parents have been talking to the children and it does contribute to the outcomes in that way.” 4G*

## Chapter 5 DISCUSSION

### 5.1. Introduction

This discussion will commence with a response to the research questions, as a means of providing structure and to illustrate whether the questions have been answered.

#### 5.1.1. How do professionals discuss difficult issues or convey bad news to parents?

Parents of children with Special Educational Needs are likely to have received 'bad news', whether of a medical or educational nature, and often on many occasions whilst their children are growing up. A quarter of parent surveys reported dissatisfaction with professional sensitivity, which was further supported by parents interviewed who recalled incidents so powerfully that they 're-lived' past emotional experiences, which they believed they had recovered from.

*"... the consultant who was examining the trainee doctors came and looked at all the cases first. Obviously, he knew what the answers were supposed to be, and he got to our daughter and he said to me, 'has anybody mentioned Waardenburgh's Syndrome to you? And I said 'no'. In a nutshell he said it is an obscure syndrome and there was the remote possibility that she could be deaf – in a room full of people. ... and because I was pregnant, he added 'and the baby could be too'." Mrs G*

*"Doctors and professionals were not always very sensitive. I remember once that I got a letter from them and it spoke in detail about our son's facial features ...." Mrs H*

*"... I still get uptight because people don't acknowledge that she is a person and that she is my daughter. And they may sit there and say, well, she's got some severe language disorder.' Do they think we are just going to sit there and accept that..." Mrs G*

*“Well, he basically said to me that he thought that my son might be suffering from some kind of psychosis. So he saw him at school, rang me, came over and told me that, then left shortly after. And that is, on reflection, not only a completely inappropriate thing for him to do, but for him to just leave me with that was just not okay at all.” Mrs F*

*“... the school turned round and said to me, ‘we think he’s got very complex Special Needs; we don’t think we can deal with him’. So it just spiralled downwards; it was like the most disastrous thing, you know, he felt that he had failed.” Mrs B*

Such reactions supported Bruce and Schultz’s (2001a:6-9; 2001b:9-13) assertion that some parents experience enduring grief known as ‘non-finite’ loss. Incidents were reported of professionals being blunt, conveying news publicly and informing parents in reports and letters, with no opportunities presented for follow-up and discussion.

Each parent interviewed had experienced some difficulties with educational professionals as their children progressed through the education system; some Head Teachers were reluctant to enrol children on the pretext of being unable to meet their complex needs thereby contradicting the Government’s rhetoric of parental ‘choice’ with respect to schools and the inclusive agenda (DfES 2005; Coles and Hancock 2002). Parents were ‘battle weary’ from frequent meetings relating to their children’s provision, due to processes and procedures, defined by the *Code of Practice for Special Educational Needs* (DfES 2001), not always automatically taking place.

Professional responses indicated the majority believed they had



expressed the characteristics of empathy, sensitivity and genuine concern when meeting parents, but some responses may have been due to a distorted perception of events. Kelly's (1963:50-56) Personal Construct Theory explains how individuals construe their reality and professionals may have construed theirs as being empathetic, sensitive and concerned, thereby complying with the professional image they want to convey and one that meets the mores of society for their professional role.

Previous negative experiences with professionals may impact on parental perception of meetings, resulting in the expectation that experiences will be replicated. Gestalt theory (Korb et al 1989:2-8) may explain why certain aspects of meetings are recalled more than others. Each person's history will impact upon their perception of events; furthermore, half of professionals admitted to being uncomfortable during meetings which may have distorted their recollection of events. However, parents were objective in that when positive experiences had occurred they acknowledged them, even following years of negative events, indicating fluidity of personal constructs over time (Kelly 1963:50-77) Parents reported upon improvements or deterioration in relationships and differences between professionals, thereby demonstrating stereotyping was not occurring.

### **5.1.2. What effect does negative communication (or that which is perceived to be) have on parents and their children?**

Negative communication may be extremely damaging to parents and their children. Parents reported their children were anxious before meetings, with a range of negative reactions and behaviours being experienced afterwards, including one child who self-harmed. The reactions of children and their parents may be explained by Rational Emotive theory (Ellis 1962 cited in Patterson 1986:5-8) that asserts individuals are naturally predisposed to negative thoughts and Cognitive Therapy (Beck 1976 cited in Paterson 1986:32, 49) that claims individuals internalise misconceptions about themselves and their value, due to what has been spoken.

*“... I never told him that he had severe learning difficulties, but he was told by a professional that he did. So he threw down his pen and said, ‘I can’t do it because I’ve got really bad learning... really bad, my brain really doesn’t work and’...” Mrs F*

Children with learning difficulties may make unfavourable comparisons with their peers, giving them a pre-existing sense of failure; boys are particularly vulnerable as they derive much of their self concept through achievement (Campbell 1965; Bledsoe 1967 cited in Purkey 1970:15). Children with social, emotional and behavioural difficulties are already mentally fragile and often experience further stigma through being labelled ‘delinquent’ or ‘naughty’, instead of reference simply being made to undesirable behaviour.

*“... we all make mistakes. But to commit a wrong, to lower the dignity of a child and not be aware that the dignity has been impaired, is much more serious ....”*

*Moustakas (1966 cited in Purkey 1970:40)*

Educational professionals are often ‘significant others’ in the lives of children and, as such, should be aware of the potential influence they exert. As Purkey (1970:2) stated:

*“Students may fail due to false perceptions of themselves and the world. Students may see themselves as incapable of handling academic work or consider it irrelevant to their world. It is not always due to low intelligence, socio-economic factors, etc.”*

Teachers blame parents for perceived ‘failings’ in their children (Hamblin (1981:264-265); Sonnenschien (1984 cited in Hornby 1954:4); Beveridge (2005:2), but often fail to acknowledge that problems may originate from the school environment, including teacher attitudes and their approach to students. Parents reported the need to address remarks made by professionals in an effort to reduce their impact.

Parent respondents reported negative meetings with professionals, which corroborated with previous Service experience and the responses of some professionals. Parents expressed concern that professionals focus on their children’s difficulties, without acknowledging their strengths and abilities. This may be representative of actual events (and there is evidence) or this phenomena may be explained through Personal Construct Theory (Kelly 1963:50-77) and Gestalt Theory (Korb et al 1989:2-8) that

explain how and why individuals may focus on aspects of events to the exclusion of others, due to previous experience and anticipation of future events, but again, parents objectively reported upon positive experiences when they occurred. There is evidence supporting Hamblin's (1981:264-265) assertion of professionals 'scapegoating' parents as the cause of their children's conditions, with reports ranging from a perceived inability to discipline, an assertion that the parent spoke too much or that they shouldn't alert their child to danger (due to overload); the children were subsequently diagnosed with Asperger's Syndrome, accompanied by other conditions.

Medical and educational professionals are employed in 'caring professions' that involve contact with clients, often under stressful circumstances, but they generally lack formal training that encompasses counselling principles, as applied to 'helping relationships' (Rogers 1967:36-57; Aspy and Roebuck 1976 cited in Elliott-Kemp and Rogers 1982:5-9; Davis et al 2002:57-65; Nelson-Jones 1997:114-141 and Egan 1990:65, 70-71,123-141). These characteristics appeared largely unrecognised by school professionals, as demonstrated by two triangulated interview questions, where only three characteristics were noted, with an inconsistent degree of response. 'Warmth' was acknowledged as being significant, but only one respondent (5%) alluded to 'respect'; it is questionable whether 'warmth' can be demonstrated towards

an individual that is not respected. Some professionals claimed a 'genuine interest in the child', which is of value, but is not the same as 'being genuine' as a person (which may represent misunderstanding of the principles). Important characteristics that were not acknowledged were 'unconditional positive regard' and being non-judgemental. Educational and medical professionals must be evaluative with respect to performance, diagnosis and prognosis, but such evaluation should not extend to the characteristics or lifestyle of the client group.

There was evidence of some professionals being 'drainers' (Kendall 2006:168-169) and they need to be aware of the potential repercussions of negative dialogue; parents may transmit their distress to their children who may then adopt a negative attitude towards specific professionals, their school or learning.

*"... when there is a problem, we go to the school, it upsets me because the school is not listening and he realises that mummy is upset because she has been to the school; it's a negative spiral down, so the school is a big one." Mrs D*

The requirement of Children's Services professionals to work in 'partnership' has resulted in expansion of the teacher's role, necessitating interpersonal skills that foster partnership with parents and which are different from those required for teacher-pupil relationships.

*"These are very different from the skills of managing children in a classroom situation and teachers often do not recognise the skills that are needed."*

*Beresford and Hardie (1996 cited in Roffey 2002:19)*

Professionals considered they either possessed the skills for working with parents or acquired them through experience; informal training, usually for new staff, comprised 'shadowing' or mentoring by a senior staff member in relation to preparation for Parent Consultations. The Training & Development Agency (TDA 2007) Standards for teachers fails to overtly acknowledge the requirement to work in partnership with parents, nor addresses the specific attitudes and skills that such relationships require; the need to communicate 'sensitively' with parents has been removed, although was published in earlier Standards (TDA 2006); this being a retrograde step in forming positive relationships. The Government is transmitting an inconsistent message with respect to 'working in partnership' and if this initiative is to succeed, the profile must be raised among the professional body, with the expectation that teachers acquire and apply the skills necessary for such a role.

### **5.1.3. How do professionals create a climate that is conducive to 'working in partnership' with parents?**

Literature relating to 'partnership with parents' primarily focuses on the structural processes of engagement especially with respect to different 'tiers' of involvement (Hornby 1995:24-34; Calder and Horwath 1999 cited in Roffey 2002:87; Contact-a-Family 2004:19-20); Vincent (1996:43-45) with strategies suggested for engaging parents, overcoming obstacles, managing difficult relationships and

activities that constitute partnership such as parent ‘helpers’, workshops and Parent Consultations (Roffey 2002:37-41, 63-67; Beveridge 2005:64; Berninger and Rodriguez (1989 cited in Greenwood and Hickman 1991:282). The local authority, in conjunction with other agencies, has produced a Parenting Strategy that details how parenting services will be provided and how parents may participate in Consultation, while Regionally, Standards are being developed with the objective of ensuring consistent quality in the engagement of parents – all of which imply that if robust processes are in place that professionals will automatically engage with parents appropriately. However, systems and procedures do not address the ‘relationship’ aspect of the communicative experience, with its potential to enhance or damage an individual’s self-concept (Rogers (1983:3; Elliott-Kemp and Rogers 1982:5-9 and Schmuck 1963 cited in Rogers 1983:128) aside from any repercussions with respect to home-school relationships and educational outcomes. Furthermore, parents reported that professionals did not listen to them; which may have been due to professionals not employing effective listening skills (Jacobs 1996:13-14) or because they did not take actions expected by the parents.

This research has revealed disparity between parent and professional communications, with (78%) professionals primarily holding the view that parents focus on the manner of professionals

more than '*the general message*' or '*specific words and phrases*'. (Some professionals responded to each category in order of perceived significance, thereby explaining why results exceed 100%) However, when professionals (50%) focus on their own manner, with a view to projecting an appropriate 'professional image', their focus is more on themselves rather than the parent; it is questionable whether empathy, congruency, sensitivity and trustworthiness can be conveyed when wearing a 'professional mask'; this may explain why between 20-25% parents disagreed with claims of empathy, concern and honesty being demonstrated. Non-Verbal Communication is not necessarily the dominant aspect of the communicative experience, as this is dependent upon who the individuals are, their existing relationship and the purpose of meeting (The Open University 1994:38). School professional interviews demonstrated a reliance upon internal mentoring and coaching as the primary means of acquiring or updating teachers' skills, in accordance with TDA (2007:4, 8) recommendations. However, the need for teachers to have knowledge of the principles of counselling, to apply within the profession and with respect to pupil and parent relationships has not been addressed.

The primary concern of parent respondents was '*the message*' and subsumed within that was '*specific words and phrases*', followed with an expectation that professionals will state what actions they will take; this latter point being an area of contention, as parents



have reported to the Service that professionals have, at times, failed to follow agreed actions through. Professionals are recognised as being instrumental in their communication (Armstrong et al 1991, cited in Armstrong 1995:55) and the evidence indicates this equally applies to parents.

*“To a parent, the information is really important; we want to know what they are going to do. The manner affects how you feel, but it is more important to know what will happen.” Mrs F*

#### **5.1.4. Can the degree of partnership between professionals and parents be measured by children’s outcomes?**

Primary schools adopted a range of strategies to engage parents that included staff ‘transplanting’ curriculum knowledge to parents to enable them to act as co-educators (this also applied to secondary schools), parent or ‘grand-parent’ helpers assisting with reading, art work, cooking, gardening and school trips. Primary and Secondary schools provided advice on examination preparation (internal or external) and had Parent Consultation events. Over 50% school professionals reported improvements in educational outcomes, following parental involvement, ranging from reading, tables and SATs results; benefits were largely qualitative except where measured by internal or external tests. Other notable benefits included changes in attitude, behaviour and discipline, and matters related to Special Educational Needs.

*“... we are not able to quantify – it’s just an internal thing that you can see the change in the parent’s views and the children’s*

*attitudes, so for us, it is not measurable in the SAT results, but we know.” 2D*

*“The most obvious one would be with difficult children and the parents will often be involved for a short time and the improvement is seen and then it drops back.” 5A*

*“... they do contribute hugely because these bigger events that really can develop a child’s personality and different skills that are not always learnt in the more formal lessons, wouldn’t be able to take place without parents’ support.” 6E*

Parental participation tends to diminish at secondary school, due to organisational factors, combined with children’s reluctance to have their parents around when they are becoming increasingly independent. Benefits in children’s outcomes have been noted following attendance of parents at Academic Reviews, occasional workshops or examination preparation events. On this basis, it is possible to deduce that providing parents attend key events at school, it is not essential for frequent input into their children’s education, in the way that primary schools foster; this view being supported by Desforges (2003:30, 49) who noted parental involvement had little benefit when undertaken within the school environment, including school trips. Exceptions apply to the management of behavioural difficulties which require application of a consistent home-school programme and regular meetings at school of a Pastoral Support nature. Furthermore, it may be difficult to gauge the extent of parental influence at secondary school, due to multiple professionals being involved in teaching the curriculum, so positive influences may be coming from another source. As one school professional explained:

*“outcomes are quantifiable; a really important indicator for us as a school is obviously how the young person learns and performs, what their attendance record is like and how they ultimately go onto achieve, what their educational outcomes are, and obviously one can measure that. But whether you attribute it to reasons of parents or other factors or teaching, that’s quite difficult. It’s easier to measure things like the extent to which young people are getting into trouble and then you bring about some intervention, like a meeting with a parent and then you can see what difference it makes...” 7B*

## 5.2. **The Myth of Equal Partnership**

The Government’s legislative framework has positioned parents as consumers, with ‘power’, and being ‘partners’ and even ‘lead partners’ in education (*Warnock Report 1978; Every Child Matters: Change for Children 2004; Better Care Higher Standards 2005 and The Five Year Strategy for Children and Learners 2004*) but there is evidence this not demonstrated in practice despite school respondents engaging parents in activities that complied with models of partnership (Wolfendale 1986 cited in Stone 2004:23; Contact-a-Family 2004:19; Hornby 1995:24; Vincent 1996:43-45). Within Special Educational Needs, partnership was demonstrated through parents expressing their viewpoints, being involved in target setting, attending Annual Reviews, with comments being minuted and parents being sent copy documentation. Where parent perspectives were at variance to professional opinion, informal mediation would be used to seek a solution. Such actions signified the limits to partnership except where parents were elected onto Governing bodies or School Councils, where they could influence the use of resources. Most parents, will not be

accorded the status of *'lead'* or *'equal partner'* when it concerns educational provision for their children; due to schools having retained power with respect to decisions, information, resources and position (Roffey 2002:60-62).

*"Schools have: decision making power, information power, resource power and position power."*  
(Roffey 2002:60-62)

This comment was corroborated by a school professional who stated:

*"So I would say, they (parents) have equal status, however, just as I do not have power to define how they are looking after their child at home, they do not have the power to tell me how to be doing the teaching and educating. However, I do have an absolute responsibility to explain why we do what we do in this school ..."*

3A

Government rhetoric concerning parents being *'lead'* or *'equal partners'* in education has been misrepresentative and has added to the tensions between teachers and parents. The reality is that when parents attend meetings to present their views, they invariably must influence a number of professionals that they, as parents, know the needs of their child best; but ultimate decisions are professionally driven and if parent requests are not supported by *'expert'* opinion and resources available, then requests are rejected; this is what parents mean when they say their *'voices are not heard'* or they *'not listened to'*, which has been the frustrating experience of parent respondents in this research. Their experiences confirm they do not have power, nor are they *'equal'* or *'lead'* partners. Further examples of inequality that are known to

the Service, some reported in the Reflective Journal and corroborated by Parent Partnership Colleagues, are of schools not fulfilling actions previously agreed, whether of a 'goodwill' nature or relating to Statutory procedures under the Code of Practice for Special Educational Needs (DfES 2001), Head Teachers refusing to meet with parents and having their concerns ignored. Examples serve to demonstrate that among the professional body are some who actively resist working in partnership with parents although pockets of 'good practice' exist', where school gestures demonstrate the extent to which parents are valued, including opportunities to interact socially.

*"We have had times when we have cancelled a meeting and not run it at all because a parent was not there – so I think that demonstrates our view of how important it is that parents are there."*

4D

*"So there are a lot of activities – not just the learning and academic things, but social and sporting events – where parents are encouraged to participate and be involved. I think there is a very good partnership with parents ..."* 4D

Current legislation has placed parents in the position of consumer, where technically, they have the freedom to select their children's school (discounting factors that may restrict such 'choice') and as such, schools should be marketing themselves in a way that attracts parents; fundamental to this is how they conduct their relationships with parents and the extent to which they are considered as 'partners in education'.

### 5.3. Words Matter

Words hurt. Each parent interview respondent reported that they and most of their children had been detrimentally affected by words that professionals had spoken to them; in turn, some professionals appeared aware of the potential for harm:

*“I think they often remember phrases – I’m usually very careful about what I say because phrases can be hostages to fortune, and you need to speak with the clarity of a solicitor or a barrister in terms of not leaving things open to misinterpretation.”*

3A

*“... I think its human nature that people pick out words and phrases rather than general messages.”* 5A

Professionals who have a ‘discouraging disposition’ towards parents and their children may need to reflect upon their practice and the origin of such negativity.

*“The things that come out of the mouth come out of the heart.”*

*International Bible Society (1989:1434)*

This may involve consideration of life histories, culture and experiences such as how they have been treated by others. Mead (1965, p.80) indicated, the adult that we become has its origins in the family, where patterns of behaviour and traditions are passed between the generations:

*“... within the family children learn how, in turn, to relate to themselves and others, to work and play, make friends, marry and rear children. Within the enveloping life of the family, each child learns who he is, and what he may become...”*

*Mead (1965:80)*

Adults who speak negatively about others may be reacting as a result of hurt they have experienced themselves but through behaviour patterns established over several years (Wolpe 1958 cited in Patterson 1986:110) mistakenly believe their words are 'harmless'.

#### 5.4. **Conclusion**

Professionals are in a powerful position and through their actions may effect change in another person's life course; this has been recognised by the British Psychological Society and the General Social Care Council, who both stipulate that its members must protect clients from harm, whilst this is omitted by the General Medical Council and the Training and Development Agency for Schools. Medical professionals are expected to protect the health of patients which is not the same as protecting them from harm in other respects.

Professionals should recognise that the quality of interpersonal relationships with their clients is as important as the execution of professional responsibilities. The characteristics and attitudes necessary for working in partnership should be incorporated into all professional Standards, Job Descriptions and Person Specifications in order to increase the likelihood of recruiting staff that possess the personal skills and qualities required for working effectively within a culture of partnership.

Aspects of 'relationship' are a requirement to working effectively in partnership; as Smalley (2004:21) asserted individuals are made for 'relationships' and that includes professionals relationships, however transitory in nature. As positive relationships are developed, parental and teacher stress will be reduced; parents will transmit positive messages to their children about school which, in turn, will affect how children view school with a positive impact on their educational outcomes. The Government has emphasised the significance of 'outcomes' through the *Every Child Matters: Change for Children* (DfES 2004) Agenda, promoting partnership with parents as being the optimum way of achieving such improvement. It is not enough to believe that by having 'processes of engagement' that the job is done. Professionals need '*the right temperament*' and social skills for working with parents, in a way that is non-threatening, according to Rogers' (1967: 36-57) core principles of counselling. Despite Government rhetoric, the balance of power remains with professionals, and with that is the responsibility to develop positive relationships. The onus is on all professionals to make this work.

*"... as a body of professional people, at times we should sit and we should think about what we are actually saying about a child and how we are saying it. At the end of the day, we are into the days now of 'Every Child Matters' and you know, we are professional people, and we should be talking about all children in a professional way, and we should be talking about how we can help support and drive forward good positive outcomes for every child.*

*And that means changing the way that we, as adults, behave towards children and even behave towards other adults, when children are present. So the tone of a multi-agency or any meeting*



*should be that we are talking about a human being and they matter, and we should care about them and give them the best.” 22*

## **5.5. Change and Influence**

The objective of this research has been to effect change in professional practice. Through the researcher's professional role, specific difficulties were identified with respect to communication and its effects on partnership and this was substantiated in the research findings. Through knowledge of organisational features (Senge 1990:18-25) the researcher will seek to influence changes in attitudes towards working with parents. It is a myth to believe that all professionals possess the necessary skills or acquire them through experience (Senge 1990:23; Jacobs 1996: xiii). Parent Partnership Service staff must work in partnership with parents, whilst enabling other professionals and parents to work together. Parental feedback has demonstrated the Service is effective in its approach and through lessons learnt from the researcher's own professional practice, combined with the results of this research, a new programme of training will be developed for professionals to build upon good practice, whilst discarding behaviours and attitudes that are unhelpful. This is about changing hearts and minds, with a view to embedding a new professional culture towards building and sustaining relationships with parents.

## **Chapter 6 CONCLUSION**

### **6.1. Achievements and Looking Ahead**

This chapter will determine whether the research has achieved its objectives and will make recommendations for future practice and research.

### **6.2. Achievement of Aims and Objectives**

**6.2.1.** Objective 1: Achieved. Systems and protocols were examined with respect to parental and professional communication. Professional perspectives with respect to communication skills with parents and children were obtained. Professionals indicated their strategies for conveying 'bad news' to parents.

**6.2.2.** Objective 2: Achieved. The effects of negative communication on parents and their children was examined. Responses indicated some long-term effects with difficulties between parents and school professionals impacting on family life, with children being aware of parental stress connected with school.

**6.2.3.** Objective 3: Achieved. Both qualitative and quantitative improvements to educational outcomes were reported from working in partnership with parents. Benefits included improvement in attitudes, behaviour, discipline and learning outcomes, including

examination success. Recent parental experiences had given them a sense of professionals working in partnership with them, but equal partnership was not found to be operating at local level; Parents reported difficulties in accessing teachers, teachers not carrying out agreed actions and disagreements around SEN provision.

### 6.3. **Research Questions**

**6.3.1.** How do professionals discuss difficult issues or convey bad news to parents? Achieved. Interviews indicated that professionals considered the manner in which they conveyed information was most important to parents. Survey responses indicated 100% claimed empathy and sensitivity, although parental experiences did not support these claims.

**6.3.2.** What effect does negative communication (or that which is perceived to be) have on parents and their children? Achieved. Distressing information and the manner in which it was delivered remained with parents long after the event. Negative language had a detrimental effect on the self-concept and caused anxiety about future meetings.

**6.3.3.** Achieved. To create a climate social conducive to working in partnership with parents, Schools primarily transmitted their ethos to staff at meetings and Inset days, with the expectation that a

parent-friendly culture would pervade the school and be evident to parents. During interview, no school professionals acknowledged *all* the essential characteristics of 'helping relationships' and less than half referred to empathy, honesty and listening to parents.

**6.3.4. Achieved.** The quality of partnership between professionals and parents can be measured by children's outcomes. The results indicated that children react to perceived negativity between professionals and parents, affecting their own attitudes towards school; negative attitudes will invariably impact upon learning and outcomes. Conversely, a positive approach towards parents and children as demonstrated by Behaviour Support programmes have reduced school exclusions.

#### 6.4. **Recommendations for Professional Practice**

**6.4.1.** The results of this research have identified a need for professional training in:

- Effective communication skills and
- The core values and characteristics of Rogerian (1967: 36-57) counselling relationships. Social Work and other helping professions already apply these principles, and it is recommended that training providers incorporate these into their training programmes and that schools maintain the impetus as part of in-service training.

**6.4.2.** That educational professionals examine their practices to determine whether any more can be done to effect *more equal* partnerships, with all parents willing to engage.

**6.4.3.** That professionals (where appropriate) reflect upon their practices objectively; to assess behaviours that may require modification with a view to effecting improvements in the future.

**6.4.4.** To determine quantifiable benefits of parental involvement and children's outcomes by completing a grid (as per example below) for children causing concern (baseline and subsequent reporting). This will enable teachers to effect Total Quality Assurance, through monitoring of achievement and targeting of strategies that produce results, whilst eliminating those that produce no return. This will necessitate teachers agreeing quality standards, in advance, to ensure consistency by the same teacher and between teachers. An example of a recording mechanism is produced below:

<b>Graduated improvement in learning following parental involvement</b>						
<b>Week Commencing</b>						
<b>How Achieved</b>	<b>5 mins</b>	<b>10 mins</b>	<b>20 mins</b>	<b>30 mins</b>	<b>40 mins</b>	<b>Whole lesson</b>
Remains on task with assistance.						
Remains on task without assistance.						
<b>Amount of task completed.</b>	<b>0%</b>	<b>10%</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>
In School						
At Home						
<b>Quality of work</b>		<b>Fair</b>	<b>Quite good</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
Parental Activity						

**Table 5: Quality Assurance Table measuring benefits of working in partnership with parents on children’s outcomes**

#### **6.5. Recommendations for further Research**

- Parental partnership with schools has been shown to improve overall behaviour and attitudes. A measurement of how long effects are sustained for before reversion to earlier behaviours (if applicable) would be useful to determine type and frequency of contact necessary with parents to sustain appropriate behaviours long-term.
- Quantifiable wider research ascertaining whether there is greater or worse parent satisfaction following meetings with professionals (Non-SEN Survey format)
- Ascertain to what extent children actually want their parents involved in partnership.

- Research extended to other professional partnership groups working across public services under the aegis of Every Child Matters to determine whether quality relationships help effect improvements in health outcomes of children.

## REFERENCES

- Armstrong, D. (1995) *Power and Partnership in Education*. London: Routledge.
- Bell, J. (1999) *Doing your research project: A guide for first-time researchers in education and social science*. (3<sup>rd</sup> edition) Buckingham: OU Press.
- Bertolino, B. and Schultheis, G. (2003) *The Therapists' Notebook for Families: Solution oriented exercises for working with Parents, Children & Adolescents*. New York : Haworth Press Inc.
- Beveridge, S. (2005) *Children, Families and Schools: Developing Partnerships for Inclusive Education*. London: RoutledgeFalmer.
- Boyes, C. (2006) *Cosmic Ordering in 7 Easy Steps: How to Make Life Work for You*. London: HarperCollins Publishers.
- British Educational Research Association (2004) *Revised Ethical Guidelines for Educational Research*.
- Bruce, E. and Schultz, G. (2001a) *Nonfinite Loss and Grief: A Psychoeducational Approach*. Maryland, USA. Paul H. Brookes Publishing Co. Inc.
- Bruce, E. and Schultz, G. (2001b) *Non-finite loss and challenges to communication between parents and professionals*. British Journal of Special Education: **29 (1)** pp. 9-13.
- Buckman, R. (1994) *How to Break Bad News: a Guide for Health-Care Professionals*. London: Pan Books.
- Cherry, G. (2006) *Encouragement: How Words Change Lives*. Australia: Matthias Media.
- Coles, C. and Hancock, R. (2002) *The Inclusion Quality Mark*. Bristol: TLO Limited.
- Contact-a-Family and Council for Disabled Children. (2004) *Parent Participation: improving services for disabled children: Professionals' Guide*. London: Contact-a-Family.
- Coombs, S. (1995) *Design and conversational evaluation of an IT learning environment based on self-organised learning*. PhD thesis. London: Centre for the Study into Human Learning, Brunel University.



Coombs, S. (2005) *Elearning scaffolds for creativity*. Paper presented at the eLearning annual conference at Plymouth University, 26 November 2005. Available from URL:  
<http://www.leeds.ac.uk/educol/documents/150551.htm>.  
Accessed 20 August 2007.

Coombs, S., Lewis, M. and Denning, A. (2007) *Designing and evaluating impact evidences for the UK's TDA Postgraduate Professional Development programme*. Paper presented at the British Educational Research Association (BERA) Annual Conference at the Institute of Education, London: 5-8 September 2007, University of London.

Coombs, S., Penny, R. and Smith, I. (2003) *Improving personal learning through critical thinking scaffolds*. Paper presented at The British Educational Research Association Annual Conference, Heriot-Watt University, Edinburgh. Available from URL:  
<http://www.leeds.ac.uk/educol/documents/00003202.htm>  
Accessed 20 March 2006.

Coombs, S. and Smith, I. (2003) The Hawthorne effect: Is it a help or a hindrance in social science research? *Change: 'Transformations in Education'* **6 (1)** pp. 97-111.

Crawley, E. (1927) '*The Undifferentiated Character of Primitive Society*' in Mead, M. and Calas, N. (eds) of *Primitive Heritage: An anthropological Anthology*. (2<sup>nd</sup> edition) London: Lowe & Brydone (Printers) Limited.

Davis, H., Day, C. & Bidmead, C. (2002) *Working in Partnership with Parents: The Parent Adviser Model*. London: Harcourt Assessment.

Desforges, C. (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupilo Achievements and Adjustment: A Literature Review*. Queens Printer. Available as URL:  
<http://www.dfes.gov.uk/research/data/uploadfiles/rr433.pdf>  
Accessed 15 June 2003.

Department for Education and Skills (1991) *Parent's Charter* (online) Available from URL:  
[http://www.dfes.gov.uk/performanceables/archives/schools\\_96/sec8.shtml](http://www.dfes.gov.uk/performanceables/archives/schools_96/sec8.shtml)  
Accessed 3 August 2007.

Department for Education and Skills (2001) *Special Educational Needs, Code of Practice*. Nottinghamshire: Department for Education & Skills Publications.

Department for Education and Skills (2004) *Every Child Matters: Change for Children*. Nottinghamshire: Department for Education & Skills Publications.

Department for Education and Skills (2004) *Five Year Strategy for Children and Learners* (online) Available from URL: <http://www.dfes.gov.uk/publications/5year> strategy Accessed 20 July 2006.

Department for Education and Skills (October 2005) *Higher Standards, Better Schools for All, More choice for parents and pupils*. Available from URL: <http://www.dfes.gov.uk/publications/schoolswhitepaper/docs/higher> Accessed 27 October 2005.

Department for Education and Skills News Centre (Wednesday 25 April 2007) *New Academy to Help Parents Do Their Best for Their Children*. Available from URL: [http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn\\_id=2007\\_0068](http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2007_0068) Accessed 8 July 2007.

Economic and Social Data Service. *Example Consent Form for Research Projects in General*. Available from URL: <http://www.esds.ac.uk/aandp/create/consentgen.asp> Accessed 9 September 2006.

Egan, G. (1990) *The Skilled Helper: A Systematic Approach to Effective Helping*. Belmont, California: Brooks/Cole Publishing Company.

Elliott-Kemp, J. and Rogers, C. (1982) *The Effective Teacher: A Person-centred Development Guide*. Sheffield: PAVIC Publications/Sheffield City Polytechnic.

General Medical Council (2006) *Guidance on Good Practice*. (online) Available from URL: <http://gmc-uk.org/guidance> Accessed 9 June 2007.

Guardian Unlimited (2005) *Full text "Tony Blair's speech on education reform*. Available from URL: <http://politics.guardian.co.uk/speeches/story/0,11126,1599650,00.html> Accessed on 25 October 2005.

Hamblin, D. H. (1981) (4<sup>th</sup> edition) *The Teacher and Counselling*. London: Billing & Sons Limited.

*The Data Protection Act 1998*. (HMSO) (online) Available from URL: <http://in.opsi.gov.uk/acts/acts1998/80029-l.htm> Accessed 8 June 2006.

Hitchcock, G. and Hughes, D. (1995) (2<sup>nd</sup> edition) *Research and the Teacher*. London: Routledge.

Hornby, G. (1995) *Working with Parents of Children with Special Needs*. London: Cassell.

Jacobs, M. (1996) (9<sup>th</sup> edition) *Swift to Hear: Facilitating Skills in Listening and Responding*. London: SPCK.

Kendall, R. T. (2006) *Your Words Have Power*. London: Hodder & Stoughton.

Korb, M. P., Gorrell, J. and Van De Riet, V. (1989) *Gestalt Therapy: Practice and Theory*. (2<sup>nd</sup> edition) London: Allyn & Bacon.

McGrath, A. (general ed) (1996) *The Thematic New International Version Study Bible*. London: Hodder & Stoughton.

McNiff, J. (2002) *Action Research for Professional Development: Concise advice for new action researchers*. (3<sup>rd</sup> edition) Available from URL: <http://www.jeanmcniff.com/booklet1.html> Accessed 13 March 2007.

Mead, M. and Calas, N. (1954) (2<sup>nd</sup> edition) *Primitive Heritage: an Anthropological Anthology*. London: Lowe & Brydon (Printers) Limited.

Mead, M. and Heyman, K. (1965) *Family*. London: Collier-Macmillan Limited.

Miller, A. (2003) *Teachers, Parents and Classroom Behaviour: A Psychosocial Approach*. Maidenhead: Open University Press.

Miretzky, D. (2004) *The Communication Requirements of Democratic Schools: Parent-Teacher Perspectives on Their Relationships*. (online) Teachers College Record: **106 (4)** pp. 814-851. Available from URL: <http://web105.epnet.com/externalframe.asp?tb=1& ug>

Neill, M. (2006) *You Can Have What you Want*. London: Hay House Inc.

Nelson-Jones, R. (1997) (4<sup>th</sup> edition) *Practical Counselling & Helping Skills*. London: Cassell.

Parenting Education & Support Forum (2005) *The New Occupational Standards for Work with Parents*. London: Available from URL: [www.parenting-forum.org.uk](http://www.parenting-forum.org.uk)

Patterson, C. H. (1986) *Theories of Counselling and Psychotherapy*. New York: Harper Collins.

Purkey, W. W. (1970) *Self Concept and School Achievement*. New Jersey: Prentice Hall.

Roffey, S. (2002) *School Behaviour & Families: Frameworks for Working Together*. London: David Fulton Publishers Limited.

- Rogers, C. R. (1967) *On Becoming a Person: a therapist's view of psychotherapy*. London: Constable & Company Limited.
- Rogers, C. R. (1969) *Freedom to Learn for the 1980's*. Columbus, Ohio: Charles E. Merrill Publishing Company.
- Senge, P. (1990) *The Fifth Discipline*. London: Century Business.
- Smalley, G. (2004) *The DNA of Relationships*. Illinois: Tyndale House Publishers Incorporated.
- Special Educational Needs and Disability Act 2001 (HMSO).
- Stone, J. (2004) *Parent Partnership Services: Practice Guide*. London: Council for Disabled Children.
- The British Psychological Society (2006) *Code of Ethics and Conduct*. Leicester: (online) Available from URL: [www.bps.org.uk](http://www.bps.org.uk) Accessed 23 June 2006.
- The Children Act 2004 (HMSO).
- TOPPS England (2006) *National Occupational Standards for Social Work*. (online) Available from URL: <http://www.topsengland.net/files/cd> Accessed 23 June 2006.
- Training & Development Agency for Schools (2006) *Standards for Qualified Teacher Status*. (online) Available from URL: <http://www.tda.gov.uk/teachers/currentconsultations/professionalstandards> Accessed 16 June 2006.
- Training & Development Agency for Schools (2007) *Standards for Qualified Teacher Status* (online) Available from URL: <http://www.tda.gov.uk/teachers/professionalstandards/standards/attributes/communicate> Accessed on 18 August 2007.
- Vincent, C. (1996) *Parents and Teachers Power and Participation*. London: Routledge Falmer.
- Yin (2005) *Introducing the World of Education*. London: SAGE.