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Risk and protective factors for bullying and peer
victimisation of children with and without
Special Educational Needs and Disability
(SEND)

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Abstract

Children with Special Educational Needs and Disability (SEND) have been found to be at greater risk of experiencing peer victimisation and bullying behaviours than children without SEND (Mishna, 2003). This thesis investigated how individual level factors (e.g. SEND, emotional symptoms, reciprocal friendships, attitudes) and school level factors (e.g. inclusion) are related to peer victimisation and bullying, as well as the additional bullying roles, such as followers and defenders. 1,599 pupils (aged 11-14) from nine schools completed self-report measures to assess the variables of interest. Data on teacher ($n = 194$) and parent ($n = 193$) attitudes towards inclusion were collected along with parents' experiences of inclusion at the schools as proxy measures of school inclusion. Each school's inclusion/SEND policy and the Ofsted report also provided information on 'inclusion' at the school. Multilevel models were run for victimisation and bullying to investigate which variables predicted these experiences. Disability and emotional symptoms positively predicted victimisation while friendships negatively predicted victimisation with an interaction between emotional symptoms and disability also being significant. Attitudes towards SEND significantly positively predicted bullying behaviour. In both models, Ofsted scores were included at the school level and showed that as general Ofsted scores improved, levels of bullying and victimisation decreased. Although the developed measures of school inclusion (Ofsted reports and school policy analyses) did not appear to predict bullying of children with SEND, this study adds to a growing body of research which suggests that school level factors are important, with schools rated highly by Ofsted appearing to have lower levels of bullying.

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List of Abbreviations

SEND	Special Educational Needs and Disability
SENCo	Special Educational Needs Co-ordinator
LD	Learning Disability
LEA	Local Education Authority
DfE	Department for Education
SpLD	Specific Learning Difficulty
MLD	Moderate Learning Difficulty
SLD	Severe Learning Difficulty
PMLD	Profound & Multiple Learning Difficulty
ASD	Autistic Spectrum Disorder
SLCN	Speech, Language and Communication Needs
ADHD	Attention Deficit Hyperactive Disorder
TD	Typically Developing

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1. Overview and Theoretical Background

1.1. Introduction

The research for this thesis commenced towards the end of 2014. A new code of practice for Special Educational Needs and Disability had recently been introduced (June 2014) which altered the way in which schools approached this group of students, meaning that very little research had been conducted on this new group prior to this thesis. The term Special Educational Needs and Disability refers to children who need educational provision in school in order to access the information that their peers can access; for example, children with dyslexia need support in reading and writing, while children with a visual impairment may need books written in braille. In 2014 this became a wider umbrella term that included a greater range of Special Educational Needs, such as those with Social, Emotional and Mental Health difficulties, as well as those with Disabilities such as cancer recovery, who had previously not been supported using the Equality Act 2010. This research aims to investigate the bullying and victimisation experiences of these children to answer the overall research question: *Are children with SEND at a greater risk of being bullied than children without SEND, and what factors work to protect these children from victimisation?*

Over many years there have been various attempts to tackle bullying through interventions and anti-bullying programmes; however, bullying is still prevalent in our schools (NSPCC, 2017). Bullying is a process that involves intentional aggressive behaviour which is repeatedly carried out between two individuals who are, in some way, not equal (Olweus, 1993). In this thesis, peer victimisation was investigated, which involves bullying behaviour carried out between children, i.e. the bully is a child and the victim is a child (Hawker & Boulton, 2000). There are several different roles within bullying and the process cannot be simplified to the two main roles of bully and victim (Sutton & Smith, 1999). Other roles include the bully's 'followers' who can fall into two different groups: the assistant who joins in the bullying once the lead bully has initiated it, and the reinforcer who laughs and encourages the bully. As well as these roles, there is the 'defender' who comforts the victim and stands up to the bully. Finally, there are children who are considered 'outsiders' when there is a bullying incident; these children pretend not to notice the bullying and do not take sides (Salmivalli, Lagerspetz, Björkqvist, Österman & Kaukiainen, 1996).

An important area of research regarding bullying is identity-based bullying (Smith, 2014) and this thesis investigated disablist bullying, i.e. bullying someone because of a diagnosis of SEND. Children with SEND have been found to be victims of bullying more frequently than non-SEND children (Baumeister, Storch & Geffken, 2008; Mishna, 2003). However, these children have also been found to carry out bullying behaviours more frequently than non-SEND children (Kaukiainen et al., 2002; Filippello, Marino, Spadaro & Sorrenti, 2013). Little research has been conducted into the other bullying roles in children with SEND.

There are several potential reasons why children with SEND are at a greater risk of victimisation than children without SEND. Children with SEND may lack social skills, initiate fewer interactions with peers, have fewer reciprocal friendships, are less cooperative and have more emotional symptoms (anxious/withdrawn, etc.) (Mishna, 2003). These characteristics result in a child being judged as socially incompetent by their peers and this could put them at risk of victimisation (McFall, 1982, cited in Fox & Boulton, 2005). Additionally, there are reasons why children with SEND are at a greater risk of engaging in bullying behaviours than children without SEND. Children with SEND

typically display higher levels of aggression than children without SEND, which can be perceived as bullying in certain situations, and they do not deal with interpersonal conflicts appropriately (Filippello et al., 2013).

The schools that the children attend have been also found to play a vital role in predicting bullying and victimisation (Smith, 2014). A school that is friendly, supportive and inclusive, in that they have students with SEND in their classes, is less likely to have students who are aggressive or bully others (Gendron, Williams & Guerra, 2013; Nipedal et al., 2010).

1.2. Theoretical Framework

Bronfenbrenner (1979) proposed an ecological model that encompasses all aspects of a developing child's environment. This model involves four "nested and interconnected environmental systems" which influence the development of a child (Mc Guckin & Minton, 2014, p.38). It proposes that these environmental interconnections directly impact an individual and therefore it is necessary to investigate not only the individual but the surrounding factors (Bronfenbrenner, 1979). The model was subsequently revised to add a fifth environment, which will be explained later in this chapter (Bronfenbrenner, 1994). This model is presented using five rings which represent different layers of environmental influences (Figure 1.1).

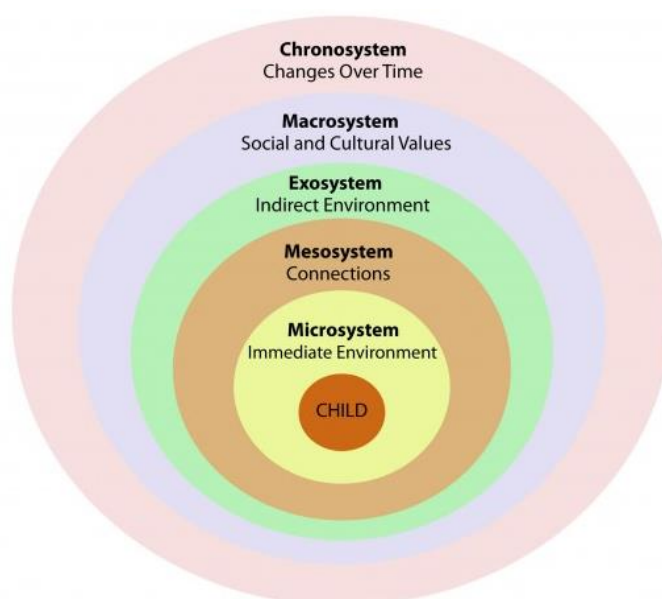


Figure 1.1. Diagram shows each ring of the ecological model (Bronfenbrenner, 1994) nested inside one another with the child in the centre.

This ecological model explores how interrelating experiences in both the direct and indirect environment shape an individual (Bronfenbrenner, 1979). At the first level is the microsystem, which Bronfenbrenner (1979, p. 22) defined as “a pattern of activities, roles, and interpersonal relations” that an individual experiences in a “setting with particular physical and material characteristics.” The main aspect of this system is the *setting*, which Bronfenbrenner (1979) indicates can be anywhere that an individual engages in face-to-face interaction, for example, the home, school, playground, etc. The other aspects of microsystems (the activities, roles, and relations) are building blocks of the system (Bronfenbrenner, 1979). Finally, the most important term in this definition is the use of ‘experience’, as Bronfenbrenner (1979) draws on work by Kurt Lewin and emphasises that

“the aspects of a setting that are most powerful are those that have meaning to the person”, rather than how other people might interpret a setting’s influence (p.22). A child has many individual microsystems, for example, their home, school, park, doctor’s surgery, etc. All of these microsystems will have an influence on a child’s development, though some will be more substantial than others.

The second level is the mesosystem, which Bronfenbrenner (1979, p.25) defined as “the interrelations among two or more settings in which the developing person actively participates”. This level of systems focuses on the connections between the settings in which the individual actively participates, such as relations among home, school, and the neighbourhood peer group. The influence at this level would come from how school, home and potentially the neighbourhood peer group overlap. For example, a child with divorced parents would have two microsystems but if a child’s father and mother came together for an event, such as a child’s birthday, a mesosystem is formed by the interaction of the two microsystems. Another example is if a child’s school has an event where a child can bring a parent to school, such as Sport’s Day, because this would mean an interaction between the parent microsystem and the school microsystem to create a mesosystem.

The third level is the exosystem, which Bronfenbrenner (1979, p.25) defined as “one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person.” This includes settings such as parents’ place of work, parents’ friendship network, or the school class of a sibling. These settings can influence a child’s life without them necessarily being aware of the impact.

The fourth level is the macrosystem, which Bronfenbrenner (1979, p.26) defined as “consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies.” At this level, Bronfenbrenner (1979) suggests that systems such as the country could influence the individual child, in the way that a country’s laws and cultures are different from each other, so the influence of one country, for example Britain, compared to the USA.

Particularly important in the area of child development is the impact of time and change, for example, moving from primary to secondary school. Several years after developing this model, Bronfenbrenner (1994, p.1646) altered the model and added the chronosystem, which he defined as encompassing “change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives.” This involves such events as parental divorce, new siblings, changing socioeconomic status, new employment, etc. This new aspect of the model took temporal changes into account as such changes can have a large impact on an individual.

Mc Guckin and Minton (2014) demonstrated the flexibility of this model by adapting it to fit intervention programmes in schools concerning bullying problems. In their interventions, they included not only the victim but those in the surrounding immediate environments (microsystems), as well as measuring the influence they had on the child. In this way, the investigation of microsystems can be applied to students who are bullied, due to the potential influences of the individual, the family situation, the attitudes of peers, and the inclusion policies of the school.

The ecological model has also been applied to previous bullying research by Hong and Espelage (2012), in a review of a variety of studies concerning bullying. They stated that in order to predict bullying, it is necessary to examine the relationships between the individual and the systems in which the child is situated (microsystems, mesosystems, etc.). Hong and Espelage (2012) reviewed studies which investigated predictors of bullying. At the individual level (the centre of the circle in Figure 1.1), Hong and Espelage

(2012) reviewed factors including age, gender, race/ethnicity, sexual orientation, health status, depression/anxiety, learning/developmental disabilities, intelligence and poverty status. In relation to the model, this individual level is the very centre of Figure 1.1 and encompasses the child on their own, without consideration of influencing factors from the child's environment. These individual level factors will be explored in greater depth in Chapter 2, section 2.3.

Children are not completely isolated and separated from their environment (the microsystem) and so this needs to be considered, to investigate how this level impacts upon their experiences. At the microsystem level (the second ring in Figure 1.1), Hong and Espelage (2012) looked at parent-youth relationships, inter-parental violence, peer relationships, school connectedness and school environment. Hong and Espelage (2012) concluded that additional research is needed into the school factors, which this thesis aims to do, as the findings from the studies in their review were contradictory; for example, Kupermine, Leadbeater, Emmons & Blatt, (1997) found that a positive school environment, in which the students feel safe and have positive adult role models, is associated with lower levels of externalising behaviours (such as aggression which could lead to bullying behaviour, a form of proactive aggression in that it is aggression that is a means to a goal (Crick & Dodge, 1996)), however, Pellegrini and Bartini (2000) found that school environment had very little impact on bullying.

At the mesosystem level, Hong and Espelage (2012) reviewed family and peer groups, however the greatest focus was on the interaction of the teachers' attitudes towards bullying (microsystem) and the individual-peer (the child and their peers) microsystem. They concluded that in schools where teachers intervened and responded to bullying, students felt safer and prevalence of bullying decreased (Hong & Eamon, 2012) whereas in a school where the children did not feel their teachers would intervene, the children reported not seeking help with bullying (Rigby & Bagshaw, 2003).

At the exosystem level, Hong and Espelage (2012) reviewed exposure to media violence and neighbourhood environment. They concluded that violence in video games and the media increases children's aggression towards each other, and that this has led to an increase in cyberbullying (online bullying), and aggressive thoughts and behaviours, which could result in bullying (Hong & Espelage, 2012). Additionally, they concluded that if a microsystem (school) is situated in an unsafe and violent neighbourhood, bullying and aggression increases due to the children's exposure to this behaviour (Hong & Espelage, 2012). At the macrosystem level, Hong and Espelage (2012) reviewed cultural norms and religion. They concluded that cultural norms, e.g. racism or sexism or negative attitudes towards disability, influence children and their behaviours towards others, which can result in bullying behaviours. However, very little research has been conducted into the influence of religion on aggression and existing findings are not consistent; Abbots, Williams, Sweeting and West (2003) found that youths who attended church were bullied more frequently than those who did not attend church, whereas Pretts (2009) found that children with religious mothers received less bullying.

Finally, at the chronosystem level, Hong and Espelage (2012) reviewed effects such as divorce and changing family structures and concluded that negative life events, such as divorce, can lead to an increase in aggression towards peers and these children could also be more at risk of being victimised themselves. For example, Breivik and Olweus (2002) found that adolescents (12-15 years old) from single-father or single-mother families showed significantly higher externalising problems, such as aggression, than adolescents from non-divorced or joint physical custody families. This could indicate an increased risk of bullying behaviours. Additionally, Breivik and Olweus (2002) found that adolescents from single-mother families had higher internalising problems than those from non-

divorced families, indicating these children may be at risk from victimisation. Further exploration of these risk factors will be outlined in chapter 2. Very little research has investigated the chronosystem in relation to bullying and victimisation, however it is clear that changes such as family structure do impact upon the risk of a child becoming involved in bullying in some way.

These factors at the meso-, exo-, macro-, and chronosystem levels are not being explored in the current study. It may be, however, that the wider environments have impacted the microsystem level (the school) and the impacts of these wider factors may be apparent at this level. While Hong and Espelage (2012) concluded that variables at the higher levels do potentially influence aggression and bullying behaviours, the scope of this thesis was not able to investigate factors at every level. Many studies have investigated microsystems and mesosystems (see Hong and Espelage (2012) for review) however very few have investigated these alongside individual level factors and so could not investigate the interactions across the two levels, particularly how children with SEND experience victimisation in different environments. The overall aim of this thesis was to investigate the microsystem level in conjunction with the individual level factors. This would answer the overall research question: *Are children with SEND at a greater risk of being bullied than children without SEND, and what factors work to protect these children from victimisation?*

For the current study, the ecological model can be mapped onto schools in the following way. At the centre, there is an individual child, potentially with Special Educational Needs and Disability (SEND), emotional symptoms, reciprocal friendships, and their own attitudes towards SEND. At the Microsystem level there is: the child's school, their parents, and their peer group's attitudes towards SEND (peers with whom the child interacts and is directly influenced by).

Previous researchers who focused solely on one variable, such as simply the diagnosis of SEND, would not have been able to put their findings into the context of the entire pupil experience, because they had not studied the 'whole' or the influence of environmental systems. Smith (2014) presented a variety of risk factors (e.g. personality, friendships, genetics, etc.) that could increase bullying, which, when all taken into consideration, could go some way to explaining variance in bullying rates. However, due to the number of factors that could put someone at risk of victimisation, the 'whole' is very rarely investigated in research. This thesis attempted to address this issue by investigating a few of the key risk factors at different levels, to initiate research into approaching bullying in a different way – looking at the 'whole' (as well as interactions) rather than focusing on single factors. It is important to investigate the child within their environment rather than seeing them as a product of their individual identities. Furthermore, the ecological model emphasises the importance of considering environmental systems, so that effective interventions can subsequently be developed and key resources are identified in order to improve a child's experience (Bronfenbrenner, 1979; Mc Guckin & Minton, 2014). In this case, it is important to consider the role of various systems in order to address them when attempting to reduce bullying and victimisation. The research conducted for this thesis endeavoured to investigate bullying and victimisation using the ecological model to consider the child as part of a social system, in order to explore as many potential risk and/or protective factors as possible. This, therefore, will provide us with information on what areas could be specifically targeted with interventions in order to reduce bullying for children both with and without SEND.

1.3. Aims

This research was conducted to investigate the bullying in SEND children following the introduction of the code of practice, which grouped children with Special Educational Needs and children with Disability together. In this way, the entire group could be researched, with analysis to investigate whether certain groups within this umbrella term were at a greater risk than others. Previous research suggests children with ASD experience more victimisation than children with cognition and learning difficulties (as reported by their teachers (Rowley et al., 2012)) but not much research has investigated the different types of need in one study. Furthermore, this thesis aims to investigate the impact of school level factors, along with individual level factors, in the hope that variation in data can be explained due to the inclusion of a greater number of variables.

This thesis aimed to investigate child-level factors in bullying and victimisation (for example, SEND, or emotional symptoms), school-level factors in bullying and victimisation (for example, school inclusion or percentage of SEND students), and how these two levels interact to predict bullying and victimisation of children with and without SEND. In this research, an inclusive school was defined as setting suitable learning challenges for all children and responding to the diverse learning needs in the general classroom. The rationale for these variables will be explained further in Chapter 2. Briefly, these are variables that children with SEND and children who are victimised tend to have in common and so these were chosen for this research to investigate whether these variables increased the risk for victimisation in children with SEND.

Several research hypotheses were posed in order to fully investigate the many variables included in this project:

1. Victimisation will be positively predicted by emotional symptoms and SEND and negatively predicted by reciprocal friendships.
2. Bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.

It is possible that attitudes towards SEND reflect overall empathy for others. Empathy has been found to be associated with bullying (Jolliffe & Farrington, 2006; Stavrinides, Georgiou & Theofanous, 2010) and this research hypothesises that negative attitudes towards children with SEND may indicate negative empathy in general, which could result in bullying behaviours.

3. Follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.

Similar to above, it may be that negative attitudes towards SEND reflects a lack of empathy. Little research has currently been carried out into follower behaviours, however using the lead bully role as an example, it is hypothesised that a similar association would be found between negative attitudes towards SEND and follower behaviours.

4. Defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND.

In the opposite direction, it is assumed that positive attitudes towards SEND would represent high levels of empathy, which would be associated with general defending behaviour. Thus, it is hypothesised that attitudes towards SEND would be positively associated with defender behaviour.

5. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour.

School inclusion will be a marker based on the variety of measures used at the school level and will be comprised of the Ofsted score, the Policy score, the overall Ofsted grades (Outstanding/Good/Requires Improvement/Inadequate), the teacher data, and the parent data.

- 5.1. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour and higher levels of defending behaviour for children with SEND.

This hypothesis will investigate whether there is an interaction between the individual level predictor of SEND and the school inclusion measures on the different roles.

6. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour.

Peer group attitudes will be measured at the individual level but used as a school level measure to reflect school norms.

- 6.1. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour reported by SEND children.

This hypothesis will investigate whether there is an interaction between the individual level predictor of SEND and the school level attitudes on the different roles.

1.4. Method

The research in this thesis utilised a quantitative approach, employing several questionnaires (completed by students, teachers and parents). The involvement of different individuals provided data at different levels of the model. The research was carried out in two stages:

1.4.1. Pilot work. The pilot study was carried out for three main reasons; 1, to ensure the questions/scale were appropriate for the age group being recruited (the children could understand the items), 2, the data collection process was practical for the schools participating, and 3, the scales were reliable. At this stage, the aim of the investigation was not to investigate whether the school directly impacted upon the children's experiences of victimisation or bullying, as the focus was on testing the reliability of the scales. This was especially important, as new measures were developed for this study and previously developed measures were adapted/alterd. One school was recruited for the pilot study and 225 children in years 7 and 9 were asked to take part (the whole of both year groups). These ages were chosen as they were the oldest and youngest children that would be used in the main study and so it was important the measures were appropriate for these groups. Children completed two different questionnaires on two occasions, one on disability and one on bullying. Data collection was split across two times to avoid asking the schools for too much time; these two session were completed within form time so no lessons were disrupted. Parents at the school were also invited to complete an online questionnaire about their experiences and attitudes towards inclusion in mainstream schools. In order to recruit

enough parents to allow for factor analysis, social media and personal contacts were used to increase the number of participants.

At the child level, children were asked to respond to questions asking about: 1) their disability (if they had one) and if they received support in school, 2) their emotional symptoms (such as crying, shyness, etc.), 3) their conduct problems (such as aggression), 4) their attitudes towards disabilities, 5) their role in bullying, 6) their friendships, and 7) their bullying behaviours and victimisation experiences. In order to gain an overview of school inclusion, parents were asked to complete a questionnaire measuring their experiences of inclusion, after they had been provided a definition, in their child's school and their attitudes towards inclusion in general. Additionally, the school were asked to provide the percentage of children with SEND at the school.

In addition to direct questionnaires, a checklist tool was developed and piloted using 12 randomly selected schools to analyse the school inclusion/equality/SEND policies and the Ofsted reports. In the main study, this data would be used to represent school inclusion (level 2; school level). This variety of measures including questionnaires and analysis of numerous policies was used to ensure that inclusion was investigated from a range of sources and that it represented the school as a whole. Using a single measure, e.g. Ofsted report, may not be wholly reliable and may have overlooked other aspects of inclusion.

1.4.2. Main study. The results from the pilot study were used to streamline and improve the methods for the main study which aimed to investigate the risk and protective factors of victimisation and bullying in children with and without SEND. These changes were:

1. The sample – instead of entire year groups, 50 students from each year group were recruited. Additionally, year 8 was added to the sample. This was done in order to investigate the changes in bullying across Key Stage 3, which is a period when bullying is prevalent (Scheithauer et al., 2006).
2. Child questionnaire – the two questionnaires were condensed into one. This was done after conversations with the pilot school, who stated they would have preferred to have had the data collection done in one session, even if that meant using class time. The bullying roles measure was extended due to the low numbers of children self-reporting themselves as a bully on a single item. The conduct problems scale and the bullying behaviours subscale (from the Bullying Behaviours and Experiences Scale) were removed due to poor reliability. The disability questions were altered to a simpler 'tick box' list. The attitudes towards disability scale was refined following reliability and factor analyses. In addition, two new questions were added to measure children's perception of school climate.
3. Parent questionnaire – the experiences scale was refined from 27 to 13 items because it had a very high reliability score.
4. Teacher questionnaire – this was added as a further measure at the school level to investigate teachers' attitudes towards inclusion. This was done as teachers have an influence over children's behaviour, in addition to the parents.

Nine schools were recruited from across Staffordshire, Bristol, Hertfordshire, and Norfolk to participate in the research for this thesis. There were a variety of inner city and rural schools in order for the sample to be representative, and one of the schools was a private school. The numbers of students, teachers and parents, as well as the overall Ofsted

grade, from each school can be seen in Table 1.1. This provided the means to recruit the appropriate amount of schools as well as including a variety of Local Education Authorities (LEAs). A total of 1,599 students participated from year 7, year 8, and year 9 (aged 11-14). The children were asked to complete a questionnaire about: their role within bullying (bully, assistant, reinforcer, defender, outsider), friends, peer victimisation, whether they have SEND, emotional symptoms, and their attitudes towards disability.

Parents ($n = 193$) and teachers ($n = 194$) from these schools were also asked to participate by completing online surveys about inclusion and SEND. The parents were asked about: their experiences of inclusion in their child's school, and their own attitudes towards inclusion of SEND children. The teachers were also asked about their own attitudes towards inclusion of SEND children.

Table 1.1

Frequencies of students, teachers and parents and Ofsted grades across the nine schools.

	Students	Teachers	Parents	Ofsted Grade
School 1	139	12	19	Good
School 2	132	42	21	Requires Improvement
School 3	251	27	39	Outstanding
School 4	164	24	13	Good
School 5	297	23	3	Requires Improvement
School 6	140	21	47	Good
School 7	163	25	43	Outstanding
School 8	165	9	0	Requires Improvement
School 9	148	11	8	Good
Total	1599	194	193	

Analyses were carried out to answer the overall thesis research question: *Are children with SEND at a greater risk of being bullied than children without SEND, and what factors work to protect these children from victimisation?* ANOVAs and *t*-tests were used to investigate group differences in terms of gender, year group and disability on all of the variables measured. Multilevel modelling was then used to investigate the predictive factors of victimisation and bullying when taking school differences into account.

1.5. Structure of Thesis

This thesis is structured chronologically, starting with a review of the literature relating to this thesis. This is followed by the pilot work chapter, which outlines the materials used and the changes made prior to the main study. The following chapter is the main study, which outlines the final methodologies and materials used, as well as the findings. The final chapter presents the discussion of the thesis, which summarises the findings and discusses the recommendations for practice and future research.

2. Literature Review

2.1. Theoretical Framework

The Ecological Model and its relevance to this thesis was outlined in the previous chapter (Chapter 1), however, a brief summary is provided here in order to provide the context in which the following literature review is situated. The Ecological Model was developed by Bronfenbrenner (1979) and was used to demonstrate how a variety of factors at different levels impact a child's development. This model outlines several systems which are nested within one another and play a role in the development of a child. This means that while it is important to investigate the child and their experiences, it is important to consider the wider environment in which the child is situated. This thesis investigates the child level factors along with school level factors, as this is an important environment in which the child spends a great deal of time and could have a great influence not only on bullying and victimisation, but also attitudes and tolerance towards others.

2.2. Special Educational Needs and Disability (SEND)

2.2.1 SEND Definition, Assessment & Measurement. Special Educational Needs and Disability (SEND) is an umbrella term for a variety of 'areas of need' (Department for Education, 2014a). The documentation used by schools to identify children with SEND is the SEND Code of Practice 2014 (DfE, 2014a). It defines a child as having special educational needs if "he or she:

- has a significantly greater difficulty in learning than the majority of other children of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for other of the same age in mainstream schools" (DfE, 2014a, p. 4-5).

It also defines disability using the Equality Act 2010; "a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities" (DfE, 2014a, p. 5). Children with a disability will be considered under the SEN definition if they require special educational provision in school, i.e. a Teaching Assistant or coloured overlays for reading. Approximately 14% of students in education have been diagnosed with SEND (DfE, 2017). Broadly speaking, there are four areas of need that are encompassed by the term SEND, these are:

- cognition and learning;
- communication and interaction;
- social, emotional and mental health difficulties, and;
- sensory and/or physical needs.

These are the different areas of need that schools currently support and refer to in any reports or policies. Within these 'umbrella' terms, there are several different types of need, for example, cognition and learning difficulties covers specific types of needs such as dyspraxia, dyslexia, dyscalculia, etc. These areas will be explored in greater depth in the following section.

In 2014, new policies were introduced by the Department for Education (DfE) which changed the way schools and educators approach the education of children with Special Educational Needs and Disability (SEND). The changes that this policy made are that:

- 1) it now covers a larger age group (0 – 25 years);

- 2) it includes children who also have a physical disability, rather than just those with a special educational need;
- 3) it increases the involvement of the child and parents in decision making, rather than giving all responsibility to the school;
- 4) it focuses on setting and achieving individualized targets for children;
- 5) it promotes joint planning between different agencies such as the school, educational psychologists, the NHS, Child and Adolescent Mental Health Services, etc.;
- 6) it provides guidance on education and training for the teachers of SEND children;
- 7) Education, Health and Care plans have been introduced that focus on children with complex needs, which replaced statements of special educational needs;
- 8) it encourages greater support for SEND children into further education and adulthood; and,
- 9) it provides relevant information from the Equality Act 2010 and the Mental Capacity Act 2005 (DfE, 2014a).

The 'disability' aspect of the term SEND covers children with Special Educational Needs (SEN), as well as those with an accompanying disability, or those with just a physical disability, such as sensory impairments or long-term health conditions (DfE, 2014a). There are a significant number of children who have both a disability and SEN and those who do are covered by the new SEND policy (DfE, 2014a). The SEND policy references the Equality Act 2010. Both state that reasonable adjustments should be made by schools to support children with SEND. Specifically, schools cannot discriminate against disabled students in terms of admittance or teaching and they must provide reasonable adjustments to ensure education is accessible. Schools are obligated to outline how they will make arrangements for those students who are disabled through their procedures and services (DfE, 2014a).

2.2.2. Types of Disability and Characteristics. The Special Educational Needs and Disability Code of Practice (2014) outlined four main areas of need in students in schools. These are: cognition and learning; communication and interaction; social, emotional and mental health difficulties, and; sensory and/or physical needs. The term 'Behaviour, Emotional and Social Difficulties' was included in this literature review, due to the inclusion of research carried out prior to 2014, however it has since been removed in the updated SEND code of practice and is no longer categorised as a disability; it now falls under the group 'social, emotional and mental health difficulties' (DfE, 2014a).

The Department for Education (2014b) released national tables of the more specific needs in students, all of which belong to one of the four categories above, and the prevalence rates of each one in state-funded secondary schools. These were broken down into 13 different groups of need: Specific Learning Difficulty, such as dyslexia or dyspraxia (SpLDs; 15.6%); Moderate Learning Difficulty (MLD; 20.3%); Severe Learning Difficulty (SLD; 0.9%); Profound & Multiple Learning Difficulty (PMLD; 0.1%); Behaviour, Emotional & Social Difficulties (26.7%); Speech, Language and Communications Needs (11%); Hearing Impairment (3%); Visual Impairment (1.7%); Multi-sensory Impairment (0.1%); Physical Disability (4%); Autism Spectrum Disorder (10.7%); Other Difficulty/Disability (5.8%; DfE, 2014b). Several of these have a very low prevalence rate in state schools due to the level of support required, for example, children with SLD and PMLD would typically attend a special school designed to support their needs. To demonstrate this, the Department for Education (2014b) included tables of the types of needs in special schools and showed that 24.8% of children attending special

schools have SLD, 8.8% had PMLD and 22.5% have Autism Spectrum Disorder. All other types were less prevalent in special schools compared to state schools.

These more specific needs are covered by one of the four ‘umbrella’ terms above. For example, autism falls into the communication and interaction difficulty group, while hearing impairment falls into the sensory and/or physical difficulty group. In this thesis, the four ‘umbrella’ terms will be used, particularly in the results section on Chapter 4, due to the low frequencies of specific needs.

2.2.2.1. Cognition and Learning. This area of need includes children with learning difficulties, which means that individuals struggle to understand new or complex information, struggle to learn new skills, and struggle to cope independently (NHS, 2015a). Learning difficulties include the more mild Specific Learning Difficulties (SpLDs) as well as Profound and Multiple Learning Difficulties (PMLD) and the variety of difficulties in between (The Good Schools Guide, 2015). Generally, children with cognition and learning skills require educational provision from schools in order to achieve their potential (DfE, n.d.a).

2.2.2.2. Communication and Interaction. This area of need includes children with Speech, Language and Communication Needs (SLCN), such as a stutter, as well as children with Autistic Spectrum Disorder (ASD). Children within this area of need struggle to communicate with others, express themselves properly, and children with ASD struggle to perform typical behaviours (Early Support, 2012a; NHS, 2015b). Additionally, children with ASD demonstrate unusual behaviours, such as odd mannerisms, anger or aggression, repetitive actions, and obsessiveness (Patient, 2015).

2.2.2.3. Sensory and/or Physical Needs. This area of need includes children with sensory or physical impairments, for example, a loss of hearing, loss of vision, cerebral palsy, spina bifida or epilepsy. In order to be included under the SEND umbrella, children in this group must require additional educational provision without which they would struggle to access educational resources (DfE, n.d.b). These children do not automatically receive additional education provision; their disability must impact their learning in order for them to receive support (DfE, n.d.b).

2.2.2.4. Social, Emotional and Mental Health Difficulties. The final area of need, prior to September 2014, was Social, Emotional and Behavioural needs, which was removed in the revision (DfE, 2014a). This has been replaced with social, emotional and mental health difficulties, which includes children with a range of issues that manifest in various ways, such as being withdrawn or isolated or displaying challenging/disruptive/disturbing behaviour (DfE, 2014a). The new documentation regarding SEND states that these behaviours “reflect underlying mental health difficulties” which should be investigated and supported, rather than diagnosing the behaviours themselves (DfE, 2014a, p.98). For example, the Department of Education (2014a) suggested that anxiety, depression, self-harming, substance misuse, eating disorders or other medically unexplained symptoms could lead to negative behaviours. Therefore, it is important to find the root cause and support children to overcome this rather than focussing simply on changing their specific behaviours.

2.2.3. Characteristics of children with SEND. Children with SEND typically display internalising problems, lack of social skills, initiate fewer interactions, are less tactful and less cooperative, lie on the outskirts of social groups (Mishna, 2003) and have a strong emotional reaction to negative interactions, i.e. bullying (Cappadocia, Weiss & Pepler, 2011). Internalising problems, specifically, are when an individual has negative emotions directed at themselves, for example, anxiety, depression etc. (Smith, 2014). All of these issues can result in a child being judged as socially incompetent by others, which can result in their victimisation (McFall, 1982, cited in Fox & Boulton, 2005). Mishna

(2003) acknowledged the similar issues between victims and children with SEND, such as few friendships and internalising problems, which highlights the increased chance that children with SEND will become victims, as the risk factors are so prevalent in this group.

Children with SEND commonly lack social and communication skills. This can be the direct result of the type of SEND, for example, ASD, or as a result of sometimes being isolated from their peers, for example, during lessons in which they have one-on-one support or in Physical Education lessons where they may struggle to participate. Because of this isolation, children with SEND may not develop their social and communication skills with their peers to the level of their typically developing peers (Baumeister, Storch & Geffken, 2008). This may lead to a negative spiral with communication skills and friendship continuously impacting upon one another. Communication deficits are a major aspect of learning disability (Kaukiainen et al., 2002) and Kavale and Forness (1996) reported that eight out of ten children with SEND in school are rated by peers as socially incompetent. Not only do many types of SEND diagnoses have communication/social deficits as common characteristics, their communication/social skills are affected by their lack of interaction with their peers. As a result of these deficits, children with SEND may struggle to create and maintain friendships. As stated above, it is therefore important to identify means of support for SEND children to ensure that they do not become trapped in a cycle of rejection and a lack of opportunity to improve their communication/social skills, both of which could lead to a risk of victimisation (Cappadocia et al., 2011) (discussed in Section 2.3. in more detail).

Another characteristic often seen in children with SEND is aggressive behaviour. Filippello, Marino, Spadaro & Sorrenti (2013) found that some children with LD resorted to aggressive strategies when faced with interpersonal conflicts, rather than passive or adaptive strategies. In particular, children with ASD have been found to show high levels of aggressive behaviour, with Kanne and Mazurek (2011) finding that 68% of parents reported their children with ASD engaged in aggressive behaviour. Although this study did not investigate rates of aggression in a non-ASD sample to compare, they do emphasise that this is an “alarmingly high rate” (Kanne & Mazurek, 2011, p. 933). Simpson and Myles (1998) argued that while Asperger’s Syndrome (a milder form of Autism) is not directly associated with aggressive behaviour, poor social and cognitive skills, as well as the inability to display emotions at a lower level, make it more likely that children with Asperger’s will be involved in situations that result in aggression. For example, Simpson and Myles (1998) make reference to a story concerning a child with Asperger’s Syndrome who did not like peers getting too close to his “tray space” and would lash out against his peers when he perceived them to be too close.

An additional characteristic of SEND is low self-esteem. Due to the challenges in learning as a result of their diagnosis, many children with SEND subsequently suffer from poor self-esteem, among a variety of other characteristics, such as low motivation, poor self-management, learned helplessness, and behavioural and emotional reactions to failure (Westwood, 2011). Miyahara and Piek (2006) reviewed 13 studies, with a total of 1,984 disabled participants with both minor and major physical disabilities. Overall, children with minor physical disabilities reported lower general self-esteem than non-disabled children. Looking at the self-esteem domains in more detail, children with minor physical disabilities experienced very low levels of athletic self-esteem but only moderately low scores of self-esteem on general, social and physical appearance. This indicates that children with minor physical disabilities were particularly aware of their weaknesses in athletic ability. For children with major physical disabilities, overall, there was a surprising result in that children’s self-esteem did not seem to decrease with severity of disability, and the effect of minor physical disability was stronger on self-esteem than a major physical

disability. Miyahara and Piek (2006) suggested this may be due to the fact that major physical disabilities are often more visible and may invite empathy, as non-disabled peers can see why the majorly disabled students struggle in P.E classes, for example, whereas someone with a minor physical disability struggling in P.E. might not be as easy to explain. Another reason may be that major physical disabilities are often accompanied by other conditions, such as learning disabilities, ADHD, ASD, etc., which may have a positive effect on the child's self-esteem (if they are not particularly aware of the impact of their difficulties on their lives) though this was not explored in Miyahara and Piek's (2006) meta-analysis and cannot be confirmed.

A review of psychosocial adjustment and learning disabilities (LD) was carried out in order to understand how social skills and peer rejection interact (Greenham, 1999). Greenham (1999) reviewed the literature in this area and found that children with LD received lower peer status ratings than typically developing (TD) children and are more likely to be rejected and neglected by their peers. Greenham (1999) found these results consistent across different methodologies, age groups, and play/academic contexts. Greenham (1999) concluded that approximately 25-30% of children with LD are rejected by their peers, which is double the frequency of non-LD rejected children. As well as being rejected, children with LD typically have fewer social interactions, initiate fewer interactions and can be less cooperative than TD children (Greenham, 1999). There tends to be a negative association between peer rejection and number of friends, meaning that as peer rejection increases the number of friends a child has decreases (Pedersen, Vitaro, Barker & Borge, 2007). As a result, children with LD who are rejected, are potentially at a higher risk of being bullied due to the lack of protection they would have received by having higher numbers of friends (Kendrick, Jutengren & Stattin, 2012).

Similarly, Nabuzoka and Smith (1993) investigated the sociometric status (popularity, i.e. having many friends) of children with and without LD and found that none of the children with LD were reported to be popular compared to 11.9% of non-LD children. On the other hand, 25% of children with LD were rejected (disliked) by their peers, compared to only 9.1% of non-LD children (Nabuzoka & Smith, 1993). These figures support Greenham's (1999) finding, strengthening the assertion that children with LD are rejected by their peers.

Furthermore, Twyman et al. (2010) asked children aged 8-17 years in public or private schools to complete questionnaires on bullying and ostracism. All of these children had a medical condition validated by the DSM-IV, such as ASD, cystic fibrosis, etc. Children with ASD and ADHD experienced the highest levels of ostracism; children with ASD were eight times more likely to be ostracised compared to non-disabled children and children with ADHD were four times more likely (Twyman et al., 2010). While the other disability groups (cystic fibrosis, learning disability and behavioural or mental health disorders) had increased levels of ostracism compared to the non-disability group, the scores were non-significant (Twyman et al., 2010). This study demonstrates the risk of children with a variety of disabilities face in terms of peer rejection, as well as differences among the sub-groups, which could lead to increased levels of bullying, which is elaborated upon in Section (2.3.3.).

Solish, Perry and Minnes (2009) conducted research into social, recreational and leisure activities in children with and without disabilities. They asked parents of 90 typically developing (TD) children, 65 children with ASD and 30 children with intellectual disability, to complete questionnaires about their children's activities and friendships. They found that TD children engaged in more social and recreational activities with peers than children with ASD or intellectual disabilities. Additionally, children with ASD and intellectual disabilities engaged in more social activities with their parents compared to TD

children. In terms of friendships, parents of TD children reported their children have more reciprocal friends than children with ASD and intellectual disabilities. Furthermore, children with intellectual disabilities had more mutual friends than children with ASD. Half of the children with ASD and one-fifth of the children with intellectual disabilities were reported to have no friends at all, compared to only one of the TD children (Solish et al., 2009). Though the numbers of each group were fairly small, especially the intellectual disability group, this is still an important finding. Research such as this, that indicates that children with ASD have fewer friendships, is important to consider when discussing bullying (Section 2.3.3), as many researchers have found that children with fewer friends are at risk of becoming victims, due to the lack of defenders on their side to protect them (Cappadocia et al., 2011; Fox & Boulton, 2006).

Wiener and Schneider (2002) explored the friendships of children with and without learning disabilities by interviewing 232 children with an average age of 11.63 from grades 4-8. The children were also asked to complete a friendship quality questionnaire and their teacher completed a social skills questionnaire for each of the children. Generally, boys with LD had fewer reciprocal friends (where both children named the other as their friend) than girls with LD and both girls and boys without LD. There are several potential reasons for this gender by LD interaction on reciprocal friendships. Firstly, it may be that the boys considered casual friendships to be more important than they actually were to the other child – and so not reciprocated. Secondly, boys tend to have more out of school interactions than girls, i.e. football clubs, etc. at the weekends, and may have nominated friends outside of school, which could not be checked for reciprocation. Finally, Wiener and Schneider (2002) stated that there is a high comorbidity of LD and ADHD in boys, more compared to girls, and it may have been that the boys in the sample had additional behavioural problems that made other children less willing to be their friend. Children with LD were also more likely to have nominated friends (where the child names the friend but it's not reciprocated), corroborated friends (where a parent or teacher also reports the friendship) or reciprocated friends who are younger than them by at least two years; the very best friend of children with LD is more likely to be younger than the child as well (Wiener & Schneider, 2002). Children with LD are also more likely to have friends who also have LD, suggesting they may be unprotected from bullies (Wiener & Schneider, 2002). Additionally, younger children with LD (grades 4-6) were more likely to have unstable friendships (friends they nominated at time one of data collection but did not nominate at time two, three months later) than children without LD, however in higher grades children with LD were just as likely as children without LD to have stable friendships (Weiner & Schneider, 2002). This suggests that bullying may occur at younger ages, due to the lack of protection that a stable friendship could provide. Finally, Weiner and Schneider (2002) found that children with LD had more conflict-ridden friendships than children without LD, possibly due to the issues children with LD have with social interactions and cooperative behaviour, as found by Greenham (1999).

2.2.4. Attitudes Towards SEND. Children's attitudes towards other children with SEND vary depending on many factors, such as type of school, gender, age, previous experience, type of disability, etc. (Georgiadi, Kalyva, Kourkoutas & Tsakiris, 2012; Laws & Kelly, 2005; McDougall, DeWit, King, Miller & Killip, 2004; Nowicki & Sandieson, 2002; Roberts & Smith, 1999). Attitudes towards SEND can be investigated in a variety of ways, explored in greater detail below, measuring children's attitudes and behavioural intentions towards hypothetical children with disabilities, their self-reported attitudes towards actual disabled peers, or actual observed behaviour. Each method has its advantages and disadvantages. Using hypothetical children means that the disabled children in the class are not specifically identified; however hypothetical situations may

not reflect behaviour in a real-life situation. Similarly, while self-reporting actual behaviour may be more accurate, there is still the risk of demand characteristics and social desirability arising, with the children knowing what the researcher is investigating and what they ought to be doing. Social desirability will be especially strong in situations where students answer a questionnaire surrounded by their peers, and so they would be conscious of what they 'should' be writing or answering. Observational research would overcome these issues, however it is very time consuming and the children might act a certain way if they are aware of being observed. The literature outlined below explores different studies conducted using a variety of methods to investigate attitudes towards disability.

Roberts and Smith (1999) conducted research on 188 typically developing children aged 8-12 years old and their attitudes towards peers with cerebral palsy. In the sample, there was at least one child in each class with cerebral palsy. They investigated attitudes in several ways: firstly, they used the Peer Attitudes Toward Handicapped Scale (PATHS), which consists of 30 items describing physical disabilities, intellectual disabilities and behavioural difficulties. For this study, they only used the physical disability subscale. The children then had to rate where they think the child should work: 1) with me in my group, 2) in another group, 3) with no group, 4), work outside of the class, 5) stay at home (not come to school). A score of 5 indicated a highly negative attitude. This scale is widely used and has a good internal consistency coefficient of .89 (split-half reliability) and a test-retest coefficient of .75 (Bagley & Green, 1981). However, this scale measures what appears to be a very specific type of attitude – whether a child would want to work with a child with disabilities – which is not necessarily a good representation of their overall attitude. For example, as explained in further detail later in this chapter, a child may not want to work with a child with ADHD, for example, in class because they cannot concentrate and focus on getting the work done. On the other hand, the same child may be happy to play in the playground with a child with ADHD because the 'differences' are not as important in that context. Drawing conclusions about general attitudes from this scale need to be treated cautiously and the context of the questions needs to be made clear when discussing the findings.

Roberts and Smith (1999) also investigated intentional behaviour towards a hypothetical child with cerebral palsy symptoms. The final aspect of the study was that Roberts and Smith (1999) asked children about their classroom and playground interactions with every member of the class, to investigate whether children interact with children with cerebral palsy less frequently and rate it as unenjoyable in comparison to the non-disabled peers. However, they used only four brief questions to measure interactions, two questions about time spent and enjoyment levels of interactions in the classroom, and two about time spent and enjoyment levels of interactions in the playground. They also investigated children's perceived behavioural control in interacting with the hypothetical child with cerebral palsy. This involved describing a hypothetical child displaying symptoms of cerebral palsy and then asking children to rate how easy or difficult they believed it would be to engage in different friendship behaviours with that child.

They found a modest significant correlation between children's reported attitudes (on the PATHS) and their behavioural intentions to interact with a hypothetical disabled child, however their attitudes were not correlated to their actual reported interaction behaviour in the playgroup or classroom (Roberts & Smith, 1999). The strongest correlation indicated that if a child perceived the interaction to be easy, they expressed an intention to interact with children with cerebral palsy, however if they felt that the interaction would be challenging, they were less likely to intend to spend time with the child (Roberts & Smith, 1999). This may be due to the context in which the behaviour is

carried out; interacting with a child with physical disabilities in the playground may be perceived to be more effort than interacting with them in a lesson. Roberts and Smith (1999) also found a small effect of attitudes for predicting behavioural intentions compared to previous research (Roberts & Lindsell, 1997), who found 35% of the variance in intentions was explained by attitudes, compared to only 5% in Robert and Smith's (1999) study, though they suggested that this is due to a wider range of ages and attitudes in their own sample. Roberts and Lindsell (1997) had a sample of 143 students aged 10-11, compared to Roberts and Smith's (1999) sample of 199 students aged 8-12. The slightly larger sample in Roberts and Smith's (1999) study, along with the wider age range may explain the differing results, because there might be different experiences in slightly older children which may have led to the difference compared to Roberts and Lindsell (1997). They also found that children who intended to befriend a hypothetical child with a disability were more likely to spend time with their real-life peers with a disability, which could suggest that these hypothetical situations do reflect real-life attitudes and behaviours. However, although they investigated the positive aspect of befriending intentions, Roberts and Smith (1999) did not investigate whether a lack of these behavioural intentions predicted either neutral or negative/bullying behaviours towards children with disabilities.

Nowicki and Sandieson (2002) conducted a meta-analysis of 20 studies exploring attitudes towards disability, with a total of 2,240 participants. Three studies investigated attitudes towards intellectual disabilities; 11 investigated attitudes towards children with physical disabilities and the remaining six investigated attitudes towards both physical and intellectual disabilities (Nowicki & Sandieson, 2002). In terms of gender, Nowicki and Sandieson (2002) found that girls were more accepting of children with disabilities than boys were, however, this was only the case if the disabled child was also a girl, which indicates a gender bias towards acceptance. Nowicki and Sandieson (2002) also investigated the inclusion of the classroom and found that children in inclusive classroom were more likely to be positive towards children with disabilities than those in a non-inclusive classroom. They did, however, suggest that attitudes may be affected by the context, as found by Roberts and Smith (1999); a child may be more likely to be accepting of a child with intellectual disabilities in the playground than they would in the classroom and vice versa (Nowicki & Sandieson, 2002). Additionally, it may be that children are aware that they need to be inclusive in an inclusive setting and so are showing socially desirable behaviours.

Much research has been done in the years since this meta-analysis. McDougall et al. (2004) analysed 1,872 questionnaires collected from children aged 13-16 years in a previous study (Dewitt et al., 2002), which included information about disability status; children with a disability were removed from the analysis as the research focused on the attitudes of typically developing children towards disability. McDougall et al. (2004) used an adapted version of the Chedoke-McMaster Attitudes Towards Children with Handicaps (CATCH), and provided a generic description of disability to ensure children did not answer the measure with a certain disability in mind. The original version of the CATCH consists of 27 items and asked children to answer questions about their affective, behavioural and cognitive attitudes towards children with disabilities (Rosenbaum, Armstrong & King, 1986). McDougall et al. (2004), however, refined the scale to just eight items that loaded most highly onto the first factor, comprised of positively worded items, while the second was comprised of negatively worded items, of the scale based on Rosenbaum et al.'s (1986) initial analysis.

They found that, on average, children had slightly above neutral (positive) attitudes towards their peers with disabilities. However, there was still a substantial group of children that held negative attitudes; 7% of the sample had very negative attitudes and 14%

had negative to slightly below neutral attitudes (McDougall et al., 2004). These data demonstrated that although the majority of students (61%) had above neutral and positive attitudes towards children with disabilities, over a fifth of the sample had negative attitudes. Although this study did not use the full CATCH scale, they used a selection of items that loaded highly onto the first factor of the CATCH, and so would all have measured a similar concept, affective/behavioural attitudes. As Rosenbaum et al. (1986, p.528) explained when they carried out their factor analysis, “it was often difficult to separate behavioural intent statement from affective items, presumably because one’s predisposition to do something is intimately intertwined with one’s feelings about the action.” The items had a high internal consistency and so the attitudes scores gained from these items can be interpreted with the knowledge that the scale was reliable.

Nowicki (2006) conducted research with 100 children ranging from Junior Kindergarten (JK) to Grade 5, with the mean ages ranging from 4 to 10 years, and investigated gender, age and attitudes towards eight fictional target children who differed in age, gender and disability. Nowicki (2006) measured attitudes using three components. Firstly, the Multi-Response Attitude Scale, which measured the cognitive component of attitudes, was originally used to investigate attitudes towards different ethnicities but it was adapted to be used for attitudes towards disabilities in this study. It consists of 10 positive and 10 negative adjectives written on cards and the children had to place the adjectives with one of four hypothetical children. These hypothetical children either had no disability, a physical disability, an intellectual disability, or both a physical and intellectual disability. Secondly, the Behavioural Intention Scale, which measured the behavioural component of attitudes, described 10 aspects of friendships, such as going up to [target child] and saying hello or sharing a secret with the [target child]. The children answered the questions for each of the hypothetical children described above. Finally, the Pictographic Scale, which measured the affective component of attitudes, was designed for this study and consisted of five questions which required the children to point to a set of faces ranging from happy to sad. The questions investigated how children felt about the four hypothetical children (Nowicki, 2006). Although Nowicki (2006) included the three different measures to ensure they captured each aspect of the children’s attitudes, there were two issues with this study. Firstly, the scales are all fairly long and the children may have become fatigued during the data collection session, and secondly, it would have been very time consuming as it required one on one work with the children.

Nowicki (2006) found a significant effect of the gender of the child, with girls having more positive attitudes than boys. Nowicki (2006) also found that the grade and disability condition of the target child had a significant effect on the attitudes of the children. In general, children showed preference for the target children with no disabilities compared to children in the physical, intellectual and intellectual/physical conditions (Nowicki, 2006). This study also highlights the different attitudes across children of a young age. Children in grade 5 (9-10 years old) had more positive attitudes than younger children, possibly because they had had more opportunities during school to interact with children with a disability and so have a greater understanding. However, this interaction may also mean that they had been taught how they ought to behave with SEND children and so they were simply repeating lessons learnt rather than answering honestly. Social desirability likely plays a large role in many studies exploring attitudes towards SEND, as children know what they should be saying.

Laws and Kelly (2005) conducted research on 202 children aged 9-12 years who attended mainstream schools. They asked children to complete the Peer Attitudes Towards the Handicapped Scale (PATHS) which measures attitudes towards three areas: children with physical disability, children with a learning disability, and children with behavioural

difficulty. Children were also asked to complete the Behavioural Intention Scale (BIS; described above), which aimed to measure how friendly the children would be towards a hypothetical child with a physical or intellectual disability. As stated above, the target child in this study is hypothetical, and not an actual child that the participants come across in their day-to-day lives, therefore conclusions must be tentative, as it is not certain that children would treat an actual child in the same way they would treat a hypothetical child. Laws and Kelly (2005) found that children's attitudes towards children with a physical disability were average, attitudes towards children with an intellectual disability were positive, and attitudes towards children with behavioural difficulties were more negative. Under the new SEND code of practice, children with 'behavioural difficulties' are no longer an independent category, as they are included in the Social, Emotional and Mental Health Difficulties group (DfE, 2014a). The hypothetical children in this study who had 'behavioural difficulties' may have had intellectual disabilities or mental health problems that caused them to behave inappropriately, which is something that children may not have been taught about. Nevertheless, it is this group that children held negative attitudes towards, potentially because they appear 'different' compared to the TD children (Laws & Kelly, 2005). Additionally, Laws and Kelly (2005) found that when children were given a picture and description of a hypothetical child with cerebral palsy, their attitudes towards physical disability became more negative. However, when children were given a picture and description of a hypothetical child with Down's Syndrome, their attitudes towards intellectual disability became more positive. This was more common in girls, and may be due to the hypothetical child presented, the way in which the disabilities were explained or the specific disabilities that had been chosen. Laws and Kelly (2005) did not speculate on why this change in attitudes occurred, though they did identify that the boys' attitudes did not alter when given an explanation of the disabilities. Further research could be conducted to explore the different types of disabilities and whether explaining them to children improves or worsens attitudes. This study demonstrated the importance of providing information to children about disabilities and how this information needs to be presented in different ways depending on the gender of the recipient and the type of disability.

In summary, these studies highlight the range of findings regarding typically developing children's attitudes towards other children with special needs and disabilities. There are several variables which can influence their attitudes: gender, the gender of disabled child, age, and type of disability. As explained above, many studies (Laws & Kelly, 2005; Nowicki, 2006, etc.) use hypothetical disabled children in order to research this area, asking children to say how they would react if this child joined their class, however their behaviours may differ between reality and how they claim they would act in a hypothetical situation. Researchers also measured intended behaviours towards both real and hypothetical children and the findings are inconclusive; Roberts and Smith (1999) found children intended to interact with a child with a disability if they perceived the action to be easy, however attitudes did not strongly predict actual intentional behaviour. Nowicki (2006), however, found that behavioural intentions change with age. Very few researchers investigated the relationship between attitudes and actual observed (by the researcher) behaviour towards SEND children, opting to use self-report methods of actual behaviour rather than intentions. Roberts and Smith (1999) attempted to measure actual playground and classroom interactions; however this may not have accurately captured children's social interactions, as discussed above. Further research is needed to investigate whether attitudes reflect actual behaviour towards others with SEND.

Research has also been conducted into children's general attitudes towards victims. Rigby and Slee (1991) investigated attitudes towards victims in children aged 6-16 years. They found that the majority of children had supportive attitudes towards victims, however

these attitudes decreased with age and as children progressed through schooling they became less supportive of victims. There was also a gender difference, with girls being more supportive than boys, possibly due to their tendency to be more empathic (Rigby & Slee, 1991). This study was carried out in Australia, but the findings may translate to UK students. However, Rigby and Slee's (1991) study was carried out prior to the introduction of anti-bullying week (launched in 2004) and PSHE lessons focused on decreasing bullying. The findings, therefore, may not be relevant to current students. Rigby (2005) investigated 400 children's attitudes towards victims in general. They found that children were supportive towards the victim, with girls being more supportive than boys. This level of support towards victims was consistent across primary and secondary schools. Rigby (2005) also found a correlation between attitudes and perceived expectations of others, with children reporting themselves as more supportive towards a victim if their parents, friends or teachers expect them to support the victim. These attitudes are important to consider due to the tendency for children with SEND to become victims (Mishna, 2003).

This study aims to explore attitudes as well as behaviours by asking children to complete the attitudes questionnaire as well as report on their bullying behaviours and friendships. It is important to ask children about their actual behaviour, despite the risk of social desirability, as this may be more accurate and previous research indicates that children are fairly honest when reporting bullying (Pellegrini, 2001). Although observations would be the ideal way to measure bullying, this is not always practical for the research or the schools participating, due to time constraints as well as children being less likely to carry out negative behaviours when they know they are being watched, and so questionnaires are the next best alternative.

2.2.5. Role of School Inclusion. The contact hypothesis, developed by Allport (1954), can be applied to this situation. Allport's contact hypothesis was developed following World War II in order to promote intergroup contact and reduce prejudice (Pettigrew, 1998). Allport (1954) outlined four important factors that are required in order to encourage positive interaction between groups: equal status, common goals, intergroup cooperation, and the support of authorities. The first factor, equal status, requires that all individuals in the interaction should expect and perceive equal status (Pettigrew, 1998). Allport (1954) emphasised the importance of not having one person feel superior to another. The second factor, common goals, requires that the individuals in the interaction all make an "active, goal-oriented effort", for example, footballers to successfully work in a team, regardless of ethnicity, to achieve a goal (Pettigrew, 1998, p.66). The third factor, intergroup cooperation, requires that the achievement of the desired goals must be a group effort, rather than a competition within the group. The final factor, support of authorities, requires that two groups are more likely to interact positively if they have support from an authority, law or custom. This reiterates Bronfenbrenner's (1979) ecological model, as it indicates that individuals at the microsystem level, authorities in this case, have an influence on the individual in the centre of the model.

A meta-analysis was carried out by Pettigrew and Tropp (2006) to investigate the contact hypothesis across 515 studies. They found that intergroup contact which follows these guidelines can successfully reduce intergroup prejudice (Pettigrew & Tropp, 2006). A major finding was that individuals in the studies generalised the intergroup contact effects beyond the specific outgroup of the study and prejudices were reduced to members of the outgroup not directly involved in the study (Pettigrew & Tropp, 2006). Furthermore, they found that the positive effect was not only found between racial samples, but can create positive interactions across other groups, such as different ages, geographical areas, etc. Research into the contact hypothesis and children has also been reviewed by Macmillan, Tarrant, Abraham and Morris (2014). They reviewed 35 studies which had

measured children's contact with people with disabilities and their attitudes. They found that 22/35 studies found that positive attitudes increase with contact between children and people with disabilities. However, 11 studies found no association and two found a negative association. These findings may be due to the actual contact between the children and those with disabilities not being carried out properly, for example, not following Allport's (1954) guidelines. It could be that a school claims to be 'inclusive' and promote interaction between children with and without disabilities, but it is actually a minimal amount of interaction, potentially unequal between the children, or not encouraged by staff. Nevertheless, this review provides support for Allport's (1954) contact hypothesis and suggests that in more inclusive schools where these 4 elements are followed, children will be more tolerant of differences, such as disability.

Georgiadi et al. (2012) recruited 256 children aged 9-10 years from both inclusive and non-inclusive mainstream settings. The inclusive settings were described as schools that children with intellectual disabilities attended, although the children in this study did not share any classes with these students, and non-inclusive settings were described as schools where there was no form of special education inclusion and no children with intellectual disabilities attended the school (Georgiadi et al., 2012). Georgiadi et al. (2012) aimed to investigate whether the inclusion level of the school (school climate) influenced the children's attitudes towards peers with intellectual disabilities. The children completed a questionnaire on inclusion comprised of three parts which asked about 1) a hypothetical scenario with a new student with intellectual disabilities and how they would respond in social and educational situations, 2) whether there are any children with intellectual disabilities in their school and if they know them, and 3) their own beliefs about disability, in which children were asked to draw a child with intellectual disabilities and write a comment about the drawing (Georgiadi et al., 2012). Georgiadi et al. (2012) found that the children expressed overall neutral attitudes towards children with intellectual disabilities. They also found that the type of school (inclusive versus non-inclusive) significantly predicted attitudes towards intellectual disability; children from inclusive schools had more positive overall attitudes towards children with intellectual disabilities compared to children from non-inclusive schools (Georgiadi et al., 2012).

They did not find, however, that age or previous experience significantly predicted attitudes towards children with disabilities (Georgiadi et al., 2012). Their attitudes scale (the first part of their questionnaire) was broken down into three areas: social attitudes, e.g., 'would you ask him/her to sit beside you?', educational attitudes, e.g., 'should children with [intellectual disabilities] have their own special school where all children have [intellectual disabilities]?' and emotional attitudes, e.g. 'would you care if other children made fun of the child with [intellectual disabilities]?'. Children from inclusive schools also had more positive social attitudes towards children with intellectual disabilities compared to children from non-inclusive schools however there were no differences between educational or emotional attitudes from each type of school, indicating that in inclusive schools children may develop positive social interactions with children with disabilities but do not develop educational or emotional understandings (Georgiadi et al., 2012). Additionally, children from inclusive schools portrayed children with intellectual disabilities more positively than children from non-inclusive schools; many of the pictures from children from non-inclusive schools depicted a child with intellectual disabilities to be similar to a monster (Georgiadi et al., 2012). However, the comments that children made did not vary between schools; all children made comments that revolved around emotional, social and academic themes, with several comments indicating bullying, such as "the child (in the drawing) tries to run away from school and to run away from the children who hit him" (Georgiadi et al., 2012, p.534). There were also a lot of negative

adjectives used to describe the disabled children the participants drew, such as ‘dumb, dirty, idiot, thick, freak’ which could indicate verbal bullying, if the children use these terms when talking to their disabled peers. Georgiadi et al. (2012) did not measure intentions or actual behaviours, only attitudes, and so their conclusions must be tentative; they cannot necessarily predict behaviour from the attitudes children reported. This is supported by Laws and Kelly’s (2005) finding that 39% of their sample who had positive attitudes towards children with intellectual disability also had negative friendship intentions. This highlights the importance of investigating actual behaviour or behavioural intentions, rather than relying on attitude measures which may not reflect real behaviour.

McDougall et al. (2004), who analysed previously collected data on students aged 14-16, found that those who had a friend or classmate with a disability had significantly more positive attitudes towards children with disabilities compared to those who had not had any interaction with a child with disabilities. This highlights the importance of including children with SEND in mainstream schools, as there appears to be a positive effect of non-SEND children interacting with peers with SEND, or vice versa, that could potentially result more positive attitudes which could subsequently lead to less bullying behaviour

2.3. Bullying.

2.3.1 Defining bullying. Olweus (1993) defined bullying using three criteria: 1) intentional aggressive behaviour, 2) which is repeatedly carried out, and 3) in a relationship with an imbalance of power. The prevalence rates of bullying varies across reports and research, with an overview article reporting that 10-33% of students are victimised and 5-13% of students carry out bullying behaviour (Hymel & Swearer, 2015). This review was carried out in the US, however they drew on papers from a variety of countries, such as Northern Ireland and Denmark and so these rates may be generalisable to Western countries. Prevalence rates of self-reported and peer nominated bullying behaviour vary across studies (Sveinsson & Morris, 2007). For example, Haynie et al. (2001) and Smith and Shu (2000) found that approximately 25% of their samples were reported to be bullies. However, Sutton, Smith and Swettenham (1999) found 13% of bullies in their sample, and Salmivalli et al. (1996) only found 8.2%. Similarly to reports of the number of bullies, the rates of victimisation also vary across research. For example, Salmivalli et al. (1996) found 11.7% of their sample were victims and Sutton et al. (1999) found only 7.8%. On the other hand, Haynie et al. (2001) and Smith and Shu (2000) both found that victims made up 45% of their samples. Rigby and Smith (2011) reviewed several research findings between 1990 and 2009 and found that cases of victimisation have decreased, however current findings demonstrate that it is still a major issue that affects almost a third of school children meaning that more research is needed into the area.

These differences in prevalence rates may be due to a variety of reasons such as the method of data collection across studies. One such difference is the use of self-report methods compared to peer nominations. This is due to the fact that individuals are less likely to report themselves negatively, even if anonymity is ensured, and they may lie and report in ways that they know they ought to, i.e. they may report that they do not bully or may not see their behaviour as bullying. Sutton and Smith (1999) used both self-nominations and peer-nominations and found that four out of five children peer-nominated to be involved in bullying self-reported themselves as not involved, indicating a reluctance to self-report themselves in a socially negative way. Paulhus and Vazire (2010) stated that self-deception and memory are major limitations that reduce the credibility of self-reported

questionnaires and even though individuals believe they are being truthful, they may not be. Social desirability would be an issue, particularly in bullying research, as the children would want to present themselves positively, thus exaggerating or lying about their lack of involvement in bullying, even with an anonymous questionnaire (Paulhus & Vazire, 2010). However, there are advantages to using self-report in bullying research, as the child themselves knows exactly how they have behaved, and the intention behind the behaviour, and can be as accurate as possible (Paulhus & Vazire, 2010). In self-report methods, the participants have a motivation to report, as they are talking about themselves and so will dedicate more time to themselves, while Paulhus and Vazire (2010) suggested that rating other people may be done carelessly.

Alternatively, research into bullying can use peer-nominations, in which children nominate their peers to certain bullying roles. While this overcomes the issue of children not self-reporting accurately, it may lead to a lack of thought, as children select their peers from a list. Additionally, if names are alphabetised, there may be a bias if children lose interest before the end of the list (Poulin & Dishion, 2008). Measuring bullying using both methods would be beneficial, as Branson & Cornell (2009) found twice as many children were categorised as bullies using peer nominations compared to self-report. However, Pellegrini (2001) conducted research into whether peer nominations and self-report methodologies are complementary and found that results from both methods were associated for victimisation, though the analysis was not carried out on the bully role. They concluded that either form of measurement can be used to investigate victimisation (Pellegrini, 2001). These studies indicate that any comparison of the prevalence rates of bullies in a sample need to be explored along with the method with which they were measured. One of the main reasons for not using peer nominations in the current research was ethical concerns; in the current study it was decided that it was more appropriate to ask children about their own experiences because it is a very personal and sensitive topic. As a result, self-report was used in this thesis, rather than peer nominations.

Furthermore, the specific questions that measure bullying/victimisation need to be taken into consideration (Monks, Smith, Naylor, Barter, Ireland & Coyne, 2009). The time frame in which bullying is asked about ranges from three months (Whitney & Smith, 1993), to six months (Smith & Shu, 2000), or up to a year (Haynie et al., 2001). Furthermore, research has used school terms as a time frame, however, this may be problematic as time could vary depending on when the questionnaire is distributed. The variety of time frames could easily result in a range of prevalence rates of bullying, as there is a greater chance of bullying having occurred in the previous year compared to the last few months. For this thesis, a time frame of the previous three months was used, as this would mean that students in year 7 would not include their experiences from when they were in year 6 and at a different school. Similarly, another important aspect in measuring bullying/victimisation is the frequency with which students are asked about their experiences; whether they happen every day, several times a week, several times a month, etc. Solberg and Olweus (2003) investigated frequencies and prevalence rates and reported that the lowest prevalence rates were found for 'several times a week' and 'about once a week' (2.8% of children and 3.0% of children, respectively). 4.3% of children reported being bullied '2 or 3 times a month' and 21.7% of children reported being bullied 'only once or twice' (Solberg & Olweus, 2003). This indicates how different prevalence rates may be found depending on the frequency set in the question; prevalence rates may be swayed by the different response options children are provided with in their surveys.

As well as the time frame, the specific questionnaire is important, as some researchers provide children with a definition of bullying while others assume children know what it is (Smith, 2014). Not having a definition means that the children's reports of

bullying may not be accurate, however, providing a definition means that children have to read, consider and understand it before answering questions where they have to keep that definition in their minds. Whether a child is given a definition or not will affect the prevalence rates of bullying reported, as children could report something that they think is bullying but it does not match the standard definition that researchers are using.

Vaillancourt et al. (2008) found that students who were given a definition of bullying by the researcher reported significantly more bullying behaviour but significantly less victimisation compared to students who were not provided a definition. For this thesis, however, the pupils will be provided with a definition, as it was felt important to ensure that all students were working from the same understanding of bullying when providing their answers to the questions. Without a definition, there is no way of knowing if what one child considers to be bullying is the same as another child and comparing their results would become meaningless.

2.3.2. Bullying Participant Roles. Research into bullying has demonstrated that bullying is not dyadic, simply involving just the bully and the victim, but is dependent on the whole peer group (Sutton & Smith, 1999). Salmivalli et al. (1996) investigated the different ways in which children are involved in the process of bullying. This was very influential work as it highlighted that the process of bullying requires investigation beyond just the victim and the bully. They discovered several roles beyond the victim and the bully that promote or discourage bullying. These are: followers which is broken down into two further roles - assistants who help the bully, and reinforcers, who watch and laugh; defenders, who help the victim; and outsiders, who remain uninvolved (Salmivalli et al., 1996). Salmivalli et al. (1996) found that within their sample of 573 children, bullies made up 8.2%, victims 11.7%, reinforcers 19.6%, assistants 6.8%, defenders 17.3% and outsiders 23.7%. Increasing amounts of research has been dedicated to these roles, as the primary focus of research in recent decades has been on the bully and the victim.

Throughout recent research, bullies are represented in two distinct ways; 1) as 'oafish', unintelligent and physically strong, or 2) aware of other's mental states and able to manipulate them (Kaukiainen et al., 2002; Peeters, Cillessen & Scholte, 2010). Kaukiainen et al. (2002) labelled these two groups as 'socially unskilled bullies' and 'socially skilled bullies', respectively. The socially unskilled bullies are the stereotypical bullies that the lay person would imagine; they use unsophisticated, aggressive techniques which lack social intelligence to bully others (Kaukiainen et al., 2002; Sutton et al., 1999). However, there has been little empirical evidence to support the presence of this group, and most research into bullying has found evidence of the socially skilled bullies, who have an ability to use "indirect strategies or aggression" when bullying others (Kaukiainen et al., 2002, p.276; Sutton et al., 1999). Sutton et al. (1999) found evidence to support the idea that bullies are socially skilled, as this group scored highest on social cognitive tests, demonstrating significantly higher social cognition than all other participant roles except defenders.

In previous research, victims have been found to be a fairly homogenous group, with several characteristics that put them at risk, such as internalising behaviours or lack of friends (Fox & Boulton, 2005; Mishna, 2003; Juvonen & Graham, 2014). Studies that are not longitudinal struggle to make any definitive conclusions about whether these risk factors cause bullying or whether they are caused by bullying. However longitudinal studies have shown that these traits typically do cause victimisation, rather than being caused by victimisation, for example, children with reciprocal friendships are unlikely to be victimised at a later stage (Boulton, Trueman, Chau, Whitehand & Amatya, 1999). As discussed later, many characteristics associated with victims could be transactional, i.e., they can both cause and be caused by victimisation. These characteristics, which will be

further explored later, involve: internalising problems, looking scared, giving into the bully when picked on, crying, looking weak, talking quietly, looking unhappy, having few friends, being insecure, anxious and withdrawn, and having little confidence (Fox & Boulton, 2005; Mishna, 2003; Juvonen & Graham, 2014).

As well as bullies and victims, a third group was also identified as bully-victims, also known as 'provocative victims' and 'aggressive victims' (Nabuzoka & Smith, 1993). These children share traits with both bullies and victims (Mishna, 2003; Olweus, 2010). Bully-victims share traits with victims, in that they show high levels of internalising problems and social isolation, as well as sharing traits with bullies, by showing high levels of externalising problems, such as aggression (Mishna, 2003; Olweus, 2010). Prevalence rates of bully-victims in research are often low. Salmivalli and Nieminen (2002) found 1.9% of their sample to be peer- and teacher-rated bully-victims. Similarly, Haynie et al. (2001) found that 3.9% of children reported being victimised and bullying others more than 3 times in the past year. Mishna (2003) stated that approximately 10-20% of victims are also bullies, which would suggest, based on the above figures, a low prevalence rate. Copeland, Wolke, Angold and Costello (2013) found that 4.5% of young adults (19-26 years) reported being both a victim and a bully when at school. Importantly, this study was longitudinal with children being tested at age 9 and age 16, indicating that the bullying and victimisation might not have happened at the same time, suggesting children can move from one role to another, rather than having dual roles.

Beyond the victim and bully roles, there are the children who fall into the assistant, reinforcer, defender, and outsider roles. The assistants and reinforcers are frequently referred to as 'followers' as they rely on the 'pure' bullies to initiate the bullying and then they follow suit. Crapanzano, Frick, Childs and Terranova (2011) investigated the different bullying participant roles and their association with aggression, conduct disorders, prosocial behaviour, antisocial behaviour, and attitudes and beliefs towards aggression. As would be expected, the bully, the assistant and the reinforcer roles were all positively associated with aggression and the characteristics associated with aggression, such as conduct problems. These three roles were negatively associated with prosocial behaviour (Crapanzano et al., 2011). There was also an effect of gender moderating the association between the three bullying roles and prosocial behaviour; boys who carried out bullying behaviours had significantly lower prosocial behaviours than girls who carried out bullying behaviour. The defenders showed an opposite pattern to the bullies and followers; they had lower aggression and more prosocial behaviour (Crapanzano et al., 2011). These findings demonstrate the initial differences between the bullies and the defenders, however Crapanzano et al. (2011) did not investigate children who were victims or outsiders and so a full comparison of the aggression and prosocial behaviours of all children involved in bullying cannot be made.

Murphy and Faulkner (2011) asked children aged 7-8 years old to take part in a study measuring bullying roles and communication in a paired task. Children were allocated to act as either the bully, defender or not-involved role, based on their responses in the bullying role measure (the Participant Role Scale), and were required to work in pairs (bully/not-involved or defender/not-involved; no children assumed the role of victims in this study) on a computer game to guide a car around town to collect certain items on a shopping list. The defender/not-involved pairs used more directive guidance on how to get the car to the shops in comparison to the bully/not-involved pairs, and these pairs were also more likely to agree with what one another were saying in comparison to the bully/not-involved pairs. Overall, defenders used more directive guidance, more explanatory, informative statements, and fewer disagreements (Murphy & Faulkner, 2011). This study

indicates that defenders use more effective communication than bullies when in a social situation.

Tani, Greenman, Schneider and Fregoso (2003) investigated the Big Five personality types and the bullying participant roles. The Big Five are Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness, however, due to this study being conducted in Italy, the names of the traits are different, but are essentially identical to the Big Five factors (Tani et al., 2003). Due to poor factor analysis in past research with the bully, reinforcer and assistant subscales, these three roles were combined into one pro-bully scale. There was an effect of the four participant roles across all of the Italian versions of the Big Five (Energy/Extraversion, Friendliness/Agreeableness, Conscientiousness and Emotional Instability/Neuroticism) except for Openness, which was equal across the roles. Pro-bullies had significantly lower friendliness scores and higher emotional instability scores in comparison to defenders. Overall, defenders had the highest level of friendliness in comparison to bullies, victims and outsiders and lower emotional instability than bullies and victims. Outsiders had lower levels of friendliness than defenders and lower levels of energy than both defenders and bullies. Finally, victims had lower friendliness scores and higher emotional instability scores than defenders and outsiders (Tani et al., 2003). This research indicates that there are clear personality traits that become characteristic of the different bullying roles; however it is not clear from this study whether these personality factors cause or are caused by bullying involvement. Loehlin, McCrae and Costa (1998) found that the Big Five personality factors are 51-58% due to genetics and 42-49% due to individual experiences and situational factors and so conclusions must be tentative when making causal conclusions.

Salmivalli, Kaukiainen, Kaistaniemo, and Lagerspetz (1999) investigated the association between bullying roles and self-esteem, to better understand how well children in each role are adjusted. They found that victims have low self-esteem compared to the other roles, which has been widely supported by research (Rigby & Slee, 1993) and defenders had high self-esteem that protects them from when they might potentially be bullied themselves. The bully, however, demonstrated neither high nor low self-esteem, but were identified by defensive egotism, which involves the child thinking highly of themselves and being unable to receive criticism (Salmivalli et al., 1999). The reinforcers and assistants were found to be potentially unsure of themselves and insecure about their status in the peer group and so follow the bully to gain acceptance. Additionally, assisting and reinforcing may be a way to avoid being bullied themselves.

Overall, very little research has been conducted into these roles to investigate why children are more likely to take on one role over another, particularly the reinforcer, assistant and defender roles. Additionally, little-to-no research has been conducted on all of the roles with reference to children with SEND, which needs to be addressed, due to the fact that these roles are vital in the overall process of bullying. Kaukiainen et al. (2002) investigated bully, victim and not involved children with learning difficulties compared to those without difficulties, however this was limited to only these two main roles and then an 'other' category. Research that has looked at comparing children with and without SEND has mainly focused on these two main roles (Kaukiainen et al., 2002; Nabuzoka & Smith, 1993). This will be discussed in greater detail later, in Chapter 4.

2.3.3. Psychosocial Consequences of Involvement in Bullying. There are psychosocial consequences of being either both a victim and a bully. Mishna (2003, p.338) stated that children who are either bully or are victims are "at risk for social, emotional, and psychiatric problems, which may persist into adulthood." There is, however, a difference between the long-term consequences of being a bully or being a victim (Mishna,

2003). Bullies are more likely to develop externalising problems, for example, criminal behaviour or alcohol/substance abuse, whereas victims are more likely to develop internalising problems, for example, depression and anxiety (Mishna, 2003).

In the short term, the victimised children could suffer in school and their academic performance could deteriorate and they may drop out (Marini, Spear & Bombay, 1999). Additionally, children who are victimised are usually socially isolated and have fewer opportunities to interact with peers. As a result, victims may struggle to begin and sustain friendships (Marini et al., 1999). This could potentially lead to further victimisation, due to not having the protection of friendships (Sainio, Veenstra, Huitsing & Salmivalli, 2010), which turns into a vicious cycle. Rigby (2003) analysed several cross-sectional and longitudinal studies on the consequences of victimisation and concluded that victimisation is significantly related to poor psychological and/or physical health, poor social adjustment and high psychological distress in later life. Similarly, in a recent longitudinal study victims and bully-victims displayed high levels of psychiatric disorders in young adulthood (Copeland, et al., 2013). Copeland et al. (2014) found in a longitudinal study that 24.2% of young adults who reported being victimised experienced anxiety disorders, 15.6% experienced alcohol disorders, between 10-13% experienced depression, generalised anxiety, panic, agoraphobia, and marijuana abuse.

Hugh-Jones and Smith (1999) conducted research with 276 individuals with an average age of 34 with a stammer, asking them to discuss their experiences of bullying and its consequences in semi-structured interviews and questionnaires. Eighty-three percent of the sample responded that they were bullied at school, most commonly from ages 6-13. The participants also reported both short-term and long-term effects of the bullying. Hugh-Jones and Smith (1999) found that 63% of the individuals reported short-term personal effects and 32% reported long-term personal effects. This included lack of self-confidence and self-esteem, increased anxiety, nervousness and shyness, feelings of shame and depression and difficulty forming and maintaining relationships (Hugh-Jones & Smith, 1999). While there were fewer long-term personal effects, those who reported these effects demonstrated higher levels of severity, for example, paranoia, aggressiveness, withdrawal and wariness of children and adults (Hugh-Jones & Smith, 1999). The findings from this study demonstrate a high prevalence rate of bullying, however it is important to note that the sample were volunteers from the British Stammering Association (BSA) and so those who volunteered were likely to have experienced victimisation and some individuals who were bullied at school because of their stammer may not have joined the BSA and so would not have been aware of this study. Nevertheless, this study does indicate that children with stammers experience high levels of bullying.

There are also negative consequences of being a bully. Copeland et al. (2013) carried out a prospective study on 1420 participants, in which they identified children who were bullies, victims or bully-victims. The participants were assessed annually from age 9 to 24/26. Copeland et al. (2013) found that 29% of young adults who reported being bullies at school abused alcohol and 24.8% reported marijuana abuse. 12.5 percent experienced anxiety disorders; however the remaining psychiatric outcomes (depression, suicidality, panic, agoraphobia and antisocial personality) occurred between 2-9% of young adults (Copeland et al., 2013). Furthermore, several studies have found that individuals who were bullies in childhood and adolescence often become involved with criminal activities, aggressive and violent behaviours, and gang involvement (Carbone-Lopez, Esbensen & Brick, 2010; Marini et al., 1999; Rigby, 2003). Given the study ranged for almost 20 years, the attrition rate was good, with less than 20% of participants not providing follow up data. This indicates that the longitudinal results are relatively robust, given the large sample size. Additionally, Copeland et al. (2013) did not investigate the consequences of specific types

of bullying/victimisation, i.e. relational compared to physical, and so future research may be needed to investigate whether children who carry out or experience relational bullying have the same long-term consequences as those who carry out or experience physical bullying.

Sourander et al. (2007) conducted a longitudinal, prospective research project in Finland and investigated the associations between bullying and victimisation experiences at eight years of age and psychiatric disorders at 18-23 years of age. At age eight, Sourander et al. (2007) asked teachers, parents and children to complete questionnaires about bullying and victimisation, obtaining a total sample of 2,946 boys. The child's psychiatric symptoms were also measured at this age in the parent and teacher questionnaires. In Finland, all boys engage in military service at 18, and so Sourander et al. (2007) used this data in order to attain data about the boys 10 years after the first study. At the first time point, Sourander et al. (2007) found 6% of the sample were bullies, a further 6% were victims, and 3% were bully-victims. At the follow up at age 18, Sourander found that 18% of the bullies, 17% of the victims and 30% of the bully-victims had developed a psychiatric disorder (Sourander et al., 2007). Specifically, bully-victim status was associated with antisocial personality and anxiety and psychotic disorders. Bully behaviour was associated with antisocial personality, substance use, and depressive and anxiety disorders while victimisation was associated with anxiety disorders. They found that children who had been reported by parents and teachers as having a psychiatric disorder at age eight were strongly predicted to have psychiatric disorders at age 18-23. Almost all (97%) bully-victims were reported to have a psychiatric disorder as children and were 5-times more likely to also have one when 18; 80% of bullies were reported to have a psychiatric disorder as children and were 3-times more likely to have one when 18; 50% of victims had a psychiatric disorder as children and were 2-times more likely to still have a psychiatric order when 18 (Sourander et al., 2007). However, if a child had not been reported as having a psychiatric disorder as an 8 year old, then bully or victim status did not impact the risk of developing a psychiatric disorder later (bully-victims were not included due to the low numbers of 8 year olds without psychiatric disorders). This indicates that it may not be that bullying or victimisation necessarily causes psychiatric issues, but it depends on whether the child already has a diagnosis, which is perhaps exacerbated by bullying/victimisation. This study has a very large sample (a total of 2540 after follow-up) however it seems to be somewhat limited to simply five psychiatric disorders that were explored at the follow-up. This may be due to having to interpret the military information and then diagnose the individuals based on the 'International Classification of Diseases, Tenth Revision', rather than using official diagnosis by a psychiatrist. Additionally, Sourander et al. (2007) relied wholly on male participants and so conclusions must be tentative when generalising long term psychiatric disorders to female bullies, victims and bully-victims.

Very little research has been conducted on adult psychiatric outcomes of bullying behaviour, particularly between males and females, as most attention is given to the victims, and existing research often focuses on males, so there is little information on how female bullies are affected in the long-term. Ttofi, Farrington, Losel and Loeber (2011) carried out a meta-analysis on longitudinal studies on bullying and offending at a later age. Ttofi et al. (2011) found that bullying is a risk factor for offending and negative outcomes in later life, however this study did not investigate gender differences; if a study had separated gender analyses, Ttofi et al. (2011) combined them for their analysis. Similarly, Gibb, Horwood and Fergusson (2011) found that teacher and parent reports of bullying perpetration in adolescence were associated with mental health and adjustment problems. Gibb et al. (2011) found no significant gender differences. These studies demonstrate a

need for future research to potentially focus on the long-term consequences for female bullies, who may be somewhat overlooked.

Wolke, Copeland, Angold and Costello (2013) investigated the impact of bullying behaviour and victimisation. They used a previously studied cohort of children aged 9, 11 and 13 from 1993 and recruited these individuals again during their teenage years and when they were 24-26. They had used interviews with the children, along with parent reports, to investigate whether the child had been a bully or a victim in the 3 months prior to the research. Almost 90% of the original cohort participated in the follow up interviews, resulting in a sample of 1,273 (Wolke et al., 2013). As adults, the participants were asked about health, risky or illegal behaviour, wealth and social relationships. Wolke et al. (2013) found that bully-victims had the worst outcomes in regards to health; they had increased likelihood of being diagnosed with a serious illness, regular smoking and slow recovery from illness compared to adults who were not-involved as children. Bullies and victims were both at risk of psychiatric problems and regular smoking compared to adults who were not-involved as children. Additionally, bully-victims were significantly associated with negative finances and poor social relationships. Bully-victims, pure victims and pure bullies were all at an increased risk of being impoverished and being unable to keep a job. All individuals in these three groups also had issues with social relationships; however, there were no significant differences across the groups in terms of marriage or divorce. Bullies were most likely to undertake risky or illegal behaviour, including felonies, substance abuse and illegal behaviour. There was no significant association between victims and illegal behaviour (Wolke et al., 2013). This research demonstrated the negative impact of bullying behaviour on all those involved, highlighting the importance of working to eradicate bullying from schools. Additionally, this research highlighted the need for interventions in adulthood for individuals who bullied others or were bullied themselves. Furthermore, there is a clear need for research to be carried out to understand the risk factors involved in bullying and victimisation; what puts children at risk of being either a bully or a victim?

2.3.4. Risk Factors for bullying and victimisation. There are many factors which could increase the risk of becoming a victim, a bully or a bully-victim. Starting with the risk factors for becoming a victim, these include: genetics risks, as monozygotic (identical) twins are both more likely to be victimised than both dizygotic (non-identical) twins (Ball, Arseneault, Taylor, Maughan, Caspi & Moffitt, 2008); individual risks, such as gender, temperament and personality; family risks, such as poor parent-child relationships; peer group risks, such as low quality friendships and attitudes towards bullying; school risks, such as the quality of teaching and in-group and out-group attitudes; community risks, such as neighbourhood attitudes towards violence/aggression; and society risks, such as the portrayal of bullying in the media (Smith, 2014). The levels of risk clearly map onto the Ecological Model, with its six different levels (Bronfenbrenner, 1994). In this thesis, the two levels that will be explored are the child in the centre and the immediate Microsystems surrounding that child (including school inclusion, parent attitudes, teacher attitudes and policy/Ofsted report analysis).

2.3.4.1. Individual Level Risk Factors. Individual risk factors are those that apply specifically to the individual being bullied. There are several characteristics which increase the risk of being victimised, all of which cannot be investigated within the scope of this thesis. Certain individual factors can cause identity-based bullying, as individuals are targeted for a distinct characteristic. These characteristics include, but are not limited to, race, religion, disability (the identity that is the focus of this thesis; further explored in Section 1.4), sexuality and/or gender (Smith, 2014). Children can be targeted because of these characteristics due to the stereotypes in society and the negative attitudes towards a

certain group (Smith, 2014). This is supported in the research. For example, homophobic bullying is common within schools, as demonstrated by Robinson, Espelage and Rivers (2013) who reported that while homophobic bullying is decreasing in absolute terms, the relative trends indicated that gay/bisexual boys were more likely to be victimised compared to heterosexual boys. Similarly, Christensen, Fraynt, Neece and Baker (2012) researched disability-related bullying and found that children with intellectual disability report significantly more bullying than their non-disabled peers; 62.2% and 40.9%, respectively.

There are further individual risk factors that are not part of an individual's 'identity' but that could lead to an increase of both bullying behaviour and victimisation experiences. These includes, but are not limited to, temperament, personality, empathy, moral disengagement, self-esteem, social cognitive skills (theory of mind), internalising problems (loneliness/anxiety/depression), academic achievement, (Smith, 2014), age, aggressiveness, unpopularity (Farrington & Baldry, 2010). Due to the limited scope of this thesis, not all individual risk factors could be investigated. For this thesis, internalising problems, reciprocal friendships, gender and age were investigated. These factors were chosen as they have been found to be some of the most important for either protecting a child from victimisation, or increasing the risk (Cappadocia, et al., 2011; Mishna, 2003).

A major risk factor for becoming a victim is internalising problems (Smith, 2014). This is when an individual holds negative emotions directed at themselves rather than other people, such as anxiety, depression, withdrawal, crying, loneliness and psychosomatic symptoms (Smith, 2014). Reijntjes, Kamphuis, Prinzie and Telch (2010) found that internalising problems and victimisation form a transactional model; they can both cause and be caused by victimisation. They analysed 15 studies which investigated the impact of victimisation on levels of internalising problems and found a significant positive change between time 1 and time 2 in the studies. Similarly, Reijntjes et al. (2010) investigated the opposite relationship and analysed 11 studies which indicated that internalising problems significantly predicted overall positive changes in victimisation over time. In support of this, Cook et al. (2010) found in their meta-analysis of bullying studies that internalising problems also predict changes in victimisation. Research demonstrates that victimisation and internalising problems are associated, however the direction of the relationship is not always clear; while internalising problems may be the result of victimisation, it is also something that can increase the risk of a child being victimised. For example, Gini and Pozzoli (2013) conducted a meta-analysis and found that psychosomatic problems significantly predicted victimisation in both longitudinal and cross-sectional studies, with victims being over two times more at risk of psychosomatic problems than non-victims. In support of this finding, Zwierzyńska, Wolke and Lereya (2013) found that victimisation significantly predicted internalising problems, with a greater risk of depression and emotional problems. Severe victimisation (both direct victimisation, such as hit, threatened, belongings stolen, and indirect victimisation, such as exclusive treatment, rumours, coercive pressure) was associated with a higher risk for depression than victims who only experience one type of victimisation, i.e. direct victimisation and no indirect victimisation (Zwierzyńska, 2013).

Fox and Boulton (2006) conducted a longitudinal study and found that peer victimisation at time 1 was negatively correlated with number of best friends at time 1, suggesting that children with fewer friends are at risk of being victimised. Additionally, they found that social preference at time 1 and number of best friends at time 1 was negatively associated with victimisation at time 2, indicating a protective factor that friends provide over time (Fox & Boulton, 2006). Furthermore, Fox and Boulton (2006) found that the social preference of a child's best friend aided in reducing the risk of peer

victimisation; if the best friend had a high preference score (i.e. liked by their peers), the risk of being victimised at Time 2 due to social skills problems at Time 1 was reduced. This suggests that having friends, and in particular, having well accepted friends, can reduce the chances of being victimized. There is evidence to suggest, however, that children who are victimised tend to have few friends; Tani et al. (2003) found that victims tend to score low on the Friendliness subscale of the Big Five, which suggests they are less likely to form friendships, which therefore increases the risk of victimisation. This is supported by Mishna (2003) who summarised studies and suggested that victims tend to be found to have fewer friends than non-victims. Therefore, not only is a lack of friendships associated with the risk of being victimised, it is also associated with the risk of not receiving any support when instances of bullying occur.

For bullies, there is very little research regarding reciprocal friendships. One international meta-analysis found that bullies and uninvolved children did not significantly differ in terms of friendships and loneliness (Eslea et al., 2003). Six out of nine studies reported that uninvolved students reported the greatest number of friendships; however the remaining three studies reported bullies as having the greatest number (Eslea et al., 2003). Nevertheless, there does not appear to be a risk associated to friendships, or lack thereof, which would increase the likelihood of a child becoming a bully. However, research has been carried out into bullies and perceived *popularity*. Perceived popularity is measured by asking children who they see as popular in their peer group, and it often refers to visibility or dominance (de Bruyn, Cillessen & Wissink, 2010). de Bruyn et al. (2010) recruited 1,207 students from seventh and eighth grade (12-14 years). Students had to nominate three of their best friends, three of their peers who they perceived to be the most popular and the least popular, three peers who were bullied, and three who were victims. de Bruyn et al. (2010) found that bullying was positively correlated with perceived popularity, indicating that the peers that children nominated as bullies and as popular were similar. This correlation was stronger for boys than girls (de Bruyn et al., 2010). de Bruyn et al. (2010) ran a regression and found that perceived popularity significantly positively predicted bullying. Interestingly, there was a moderating factor of 'liking'; if the child is popular and well-liked, they were less likely to be a bully. While this is not the same as reciprocal friendships, it does indicate that bullies tend to be considered more popular but less liked.

Warden and Mackinnon (2003) investigated children who were nominated by their peers as either prosocial, a bully, or a victim. Sociometric ratings were also completed for all the children, with a final score indicating how well-liked the children were. Warden and Mackinnon (2003) found that bullies that use relational methods and mixed (relational and physical) methods were liked less than the prosocial children. There was no difference between physical bullies and prosocial children. Warden and Mackinnon (2003) recruited 131 children aged 9-10 and found 23 bullies in their sample, 19 of whom were boys. Almost half of the bullies (10/23) had a rejected status following the sociometric rating, however four bullies were rated as popular (Warden and Mackinnon, 2003). This study indicates that bullies may not be the most popular children in their peer group, compared to prosocial children, however some bullies are regarded as popular. Interestingly, no female bullies and only 2/7 relational bullies were considered popular. This suggests that perhaps popularity is only a characteristic for male and/or physical bullies. However, as above, this is not the same as reciprocal friendships and so any predictions are cautious, as popularity and reciprocal friendships are different.

Another risk factor for bullies is externalising problems, which involves behaviours that are "uncontrolled in nature and characterised by a host of defiant, aggressive, disruptive, and noncompliant responses" (Cook et al., 2010, p.67). Cook et al. (2010)

found that across the 153 studies in their meta-analysis, externalising problems are the strongest predictor of being a bully. Haynie et al. (2001) conducted research with children in grades 6, 7 and 8 and found that bullies had significantly higher problem behaviours and behavioural misconduct scores compared to victims and controls (those who were uninvolved), however bully-victims scored highest overall. Similarly, Salmivalli and Nieminen (2002) found that in a sample of 1,062 children aged between 10 and 13, bullies scored higher on levels of reactive aggressive and proactive aggression compared to victims and controls, in both peer-reports and teacher-reports of behaviour, though bully-victims again had the highest levels. Furthermore, Jansen, Veenstra, Ormel, Verhulst and Reijneveld (2011) conducted a longitudinal study, obtaining retrospective parent-reports of children's preschool behaviour at 4-5 years of age as well as child-reports of bullying and victimisation experiences at two time points. They found that aggressiveness in preschool significantly predicted bullying behaviour at age 11, however this was not significant for predicting bullying at 13 years old. This may be because the prevalence of bullies had decreased by this age (from 11.9% at 11 years to 5.9% at 13 years) and so aggression was harder to find in the smaller group of bullies and it may be that at the older age groups, bullies use more relational, verbal bullying which is less aggressive. Nevertheless, these studies all demonstrate how externalising behaviours, especially aggression, are risk factors that increase the chance of a child becoming a bully. Most of the factors outlined above, such as aggression, were not investigated in this thesis, due to the primary focus being the risk factors for becoming a victim, however investigation was still carried out into the bullying roles (bully, assistant and reinforcer) and so externalising problems were assessed in the pilot work (see Chapter 3 for an explanation for why this aspect was removed from the main study).

Gender is also a risk factor for both victimisation and bullying behaviour (Smith, 2014). The findings vary across research, with some researchers indicating that males carry out more bullying than girls, however this pattern does not carry over to victimisation, with general no gender differences occurring in victimisation (Hong & Espelage, 2012; Smith, 2014). Cook et al. (2010) also investigated gender roles in their meta-analysis and found that gender significantly predicted involvement in bullying overall, although there was only a weak effect on victimisation status (weighted effect size = .06) and a small effect on bullying behaviours (weighted effect size .18). They concluded that boys were more likely to be both bullies and victims. However, looking at bullying in more depth, a gender difference emerges. Iossi Silva, Pereira, Mendonça, Nunes, and de Oliveira (2013) recruited 387 students aged 7-14 to complete a bullying and victimisation questionnaire. They supported Cook et al.'s (2010) findings in that boys were more likely to be both bullies and victims. They found that boys tended to carry out physical bullying behaviours (hitting, punch and kicking) while girls tended to carry out verbal and cyberbullying behaviours (Iossi Silva et al., 2013). Furthermore, Scheithauer, Hayer, Petermann and Jugert (2006) also found that boys were more likely to be bullies; however they found no difference between girls or boys on victimisation. Scheithauer et al. (2006) used the same questionnaire as Silva et al. (2013) and so this difference may be due to the larger sample size of 735, which was twice the size of Silva's, and so would have been able to explore gender differences more meaningfully. Scheithauer et al. (2006) supported the finding that boys are more likely to carry out physical bullying; however, they also found that boys were also more likely to carry out relational and verbal bullying. In terms of the gender of the victims, Scheithauer et al. (2006) found that it was boys that are more likely to receive physical victimisation, whereas there were no differences between boys and girls on relational or verbal victimisation. These findings, which are in opposition to Silva et al., (2013) may represent cultural differences as the two studies were carried out in Portugal

and Germany, respectively. In a review, Hymel and Swearer (2015) reported that while research consistently presents boys as being more likely to engage in physical bullying, research is split on the other forms of bullying (verbal and relational) with some studies reporting girls more likely and others reporting no gender difference.

Age is also a predictor of bullying and victimisation, with overall bullying decreasing with age, although relational and verbal bullying still appear to be prevalent in older adolescents (Smith, 2014). Cook et al. (2010) found in their meta-analysis that age was a very weak predictor of both bullying behaviour and victim status. Scheithauer et al. (2006) also investigated age trends and found that while bullying is low in Grade 5 (11-12 years old, first year of high school), it quickly increases in Grade 6 (12-13 years old) – Grade 9 (15-16) and then decreases in Grade 10 (16-17). Reporting on the specific types of bullying, Scheithauer et al. (2006) found that physical bullying occurred most frequently in Grade 8, verbal bullying occurred most frequently in Grade 9, whereas relational bullying occurred most frequently in Grade 6. Contrastingly, victimisation rates decrease with age; the highest rate being reported in Grade 5. Furthermore, physical victimisation was reported most often in Grades 6-7, while reports of verbal and relational victimisation declines across the Grades (Scheithauer et al., 2006). The decrease in victimisation despite the increase of bullying may be due to victims not wanting to report it as they get older, perhaps due to feeling embarrassed. Hong and Espelage (2012) found in their review that children in American middle schools (age 11-13) were most likely to experience victimisation, compared to children in elementary school (age 5-10) or high school (age 14-18). This highlights that early high school age is a key time point in which bullying is very common, indicating why it was important to focus on this age in this research.

2.3.4.2. School Level Risk Factors (Inclusion). As well as the individual level risks, the higher level factor of the school in which the child is situated plays a vital role (Smith, 2014). This is the Microsystem level of the Ecological Model; which is the environment in which a child is situated, along with the activities and interactions they experience in this environment. Nipedal et al. (2010) conducted an experiment and assigned students aged 6-12 to groups with norms of inclusion, exclusion, or exclusion-plus-relational-aggression. They found that children in the exclusion and the exclusion with relational aggression groups displayed significantly more aggressive intentions towards out-groups. Furthermore, if the children were told that the school had a positive inclusion norm, level of aggression in both of the exclusion groups decreased, although this was only significant for younger children. This suggests that interventions need to be in place in the school as early as possible in order for children to alter their group norms which they hopefully keep with them as they get older. Additionally, Gendron et al. (2013) found that in a school with a highly supportive climate (school is perceived by students to be friendly, fair and supportive), there were significantly fewer cases of bullying compared to a school with a lower supportive climate. If a child attends a school with negative school norms regarding inclusion and bullying, these norms are likely to increase the risk of being victimised or becoming a bully. Overall, Nipedal et al. (2010) found that in a school with norms of inclusion and friendliness there were lower levels of both direct and indirect aggressive intentions towards out-groups. However, positive school norms had a stronger influence on reducing indirect bullying rather than direct in male students rather than females, and in younger participants rather than older (Nipedal et al., 2010). Thus, it is important for research to consider interactions between the child and their microsystem, i.e. their school.

Shetgiri, Lin and Flores (2013) explored protective factors for bullying and found that feelings of safety of the school are important in reducing these behaviours. They used data collected in a survey across the United States of children aged between 10-17 in 2003

and 2007. They found that in 2003, an unsafe school (measured using a single item in a parent survey; how often do you feel your child is safe in their school?) was significantly associated with bullying, increasing the risk by 19%. However, in the 2007 sample, significantly fewer schools were reported to be unsafe in comparison to 2003, and subsequently there was no significant association of school safety and bullying. This study does raise the question, however, as to whether the safety of the school was associated with bullying, or whether the parents were aware of the high levels of bullying and so rated it as unsafe. This means that cause and effect cannot be established, and it cannot be stated for certain as to whether a positive school climate causes less bullying/victimisation. Future research needs to focus on longitudinal designs to be able to investigate whether school climate influences bullying.

Hung, Luebbe and Flaspohler (2015) recently conducted a study in order to examine an existing measure of school climate factors in 10 schools. They carried out a factor analysis on an extensive set of items that measured school climate and found three factors (1, Authoritative Structure, referring to the actions of adults at the school, 2, Student Order, referring to noisy, disruptive and disrespectful behaviours of peers, and 3, Student Support, referring to kind, respectful and helpful behaviour of peers) that were useful for measuring school climate. They also investigated emotional problems, conduct problems and victimisation (Hung et al., 2015). Over 2000 children (aged 11-13) took part in the study, and Hung et al. (2015) found that overall positive school climate was negatively associated with emotional problems, conduct problems and victimisation. Looking at the factors specifically, they found that low Authoritative Structure (i.e. the perceptions of actions of adults at the school, including enforcing rules, having high expectations, and being responsive and caring) was associated with greater emotional problems and victimisation. This indicates that in a school where the teachers and staff do not appear to be involved, there are negative consequences for the students. In terms of Student Order (i.e. students perceived to be noisy, disruptive, and disrespectful behaviour), a lower score in this factor was also associated with greater emotional problems, conduct problems and victimisation. Again, this indicates that in a school in which the students do not appear to be caring or supportive, there are negative consequences. Finally, in terms of Student Support (i.e. students perceived to be kind, respectful and helpful), this factor was not associated with emotional or conduct problems, although high Student Support was associated with lower rates of victimisation. Similarly to above, this highlights that in a school where the students are supportive, they are less likely to experience negative outcomes related to bullying. This study demonstrates the importance of school climate, as having a supportive, well-behaved student body, as well as effective authority, can reduce the amount of emotional symptoms, conduct problems and victimisation. As stated above, cause and effect cannot be established with Hung et al.'s (2015) study, indicating a clear need for longitudinal work in this area. In support of the impact that school has on the risk of victimisation, Saarento et al. (2013) found that 12% of variation in victimisation rates was due to the school that a child attends when peer-reported and 29% when self-reported. While not as high the amount of variance explained by classrooms, this demonstrates the impact a school can have on the risk of victimisation.

Norms of inclusion can be seen in lower levels of the school, not just the management and policies. Inclusion in the classroom is also important and can be a factor that increases or decreases bullying (Smith, 2014). Nesdale, Durkin, Maass, Kiesner and Griffiths (2008) randomly allocated seven and nine year olds into two groups, one who liked the other team (out-group like) and one who did not like the other team (out-group dislike). They measured the children's attitudes towards the out-group and their bullying intentions. Nesdale et al. (2008) found that, regardless of age, the participants had more

positive attitudes towards their own team (the in-group) than the opposing team (the out-group). In regards to bullying, Nesdale et al. (2008) found that the group with the 'out-group dislike' title showed significantly higher intentions to carry out bullying than the group with the 'out-group like' title. Further analysis showed that at seven years old, there was no significant difference for indirect bullying intentions between 'out-group like' and 'out-group dislike', whereas the 'out-group dislike' had significantly higher intentions of direct bullying than the 'out-group like' participants. At nine years old, however, the effect is the opposite; children have higher intentions to indirectly bully others when they are in the out-group dislike rather than the out-group like, and there was no difference between groups for direct bullying intentions (Nesdale et al., 2008). This study demonstrated that if a school does not promote a norm of inclusion and encourage that behaviour in the classroom, a child that is potentially in an out-group could be disliked, and at an increased risk of being bullied. Similarly, if a child is in a group with the norm of disliking children who are not part of the group, then there is an increased risk of them becoming bullies.

Nipedal, Nesdale and Killen (2010) conducted a similar study on 384 children from grades 1-6, separated into two groups: younger (grades 1-3) and older (grades 4-6) who were randomly allocated to groups with different social norms. Rather than liking or disliking, the group norms they attributed to groups were norms of inclusion, exclusion and exclusion with relational aggression. They found that children in the inclusion group had significantly fewer aggressive intentions compared to both exclusion groups. This again demonstrates the importance of encouraging positive inclusive behaviour; the risk of victimisation and bullying is increased if the class norms are exclusive.

More specifically, research has been carried out to investigate the effects of classroom-level factors on bullying and victimisation, as well as the additional roles. Salmivalli (2010) reported that classrooms explain 19% of the variance in reinforcer behaviours and 25% of the variance in defender behaviour. This indicates that classroom variables are important when considering risk factors for the different bullying roles. Koth, Bradshaw and Leaf (2008) investigated classroom factors on perceptions of school climate. They recruited 2,468 students from 120 classrooms across 37 elementary schools. Koth et al. (2008) found that a larger number of disruptive students predicted negative school climate scores. Additionally, students in larger classes with newer teachers reported a more negative school climate. The reports of negative school climate may indicate bullying incidents, as schools in which the students report a poorer climate often experience more bullying and victimisation (Hung et al., 2015).

Roland and Galloway (2002) recruited 2,002 students from 118 classes across 22 primary schools. A teacher from each class also completed a survey, with 99/118 teachers participating. Roland and Galloway (2002) found that 40.3% of children who reported being bullied were bullied only by pupils in their own class. 29.1% reported that they were bullied by pupils from both insider and outside of their own class. Roland and Galloway (2002) reported a significant negative correlation between bullying behaviour and classroom management (an aggregate score of measures of whether the teacher cares for the students, how competent the teacher is, whether the teacher monitors behaviour and classwork, and whether the teacher intervenes when necessary). This indicates that bullying behaviour increases when there is poor classroom management. Additionally, Roland and Galloway (2002) reported a significant negative correlation between bullying behaviour and classroom structure (an aggregate score of measures of informal relations between pupils, such as friendships; how well students concentrate in class; and the classroom norms). This indicates that bullying behaviour increases when there is poor classroom structure.

More recently, multilevel research has been carried out to investigate the impact of school level factors on experiences of bullying and victimisation. Fink, Patalay, Sharpe and Wolpert (2017) carried out a multilevel analysis in primary schools. They analysed 648 schools, with an average of 35 pupils per school, to investigate predictors of bullying behaviour. They measured child demographic information (such as gender, ethnicity, etc.), school demographic information (such as number of students, number of free school meals, etc.), and school climate (completed by students). Fink et al. (2017) found that boys, deprived children, those from black ethnic groups, children with SEND and those in younger year groups were more likely to report bullying others. Additionally, school deprivation and poor school climate predicted bullying others. They also found an interaction between child deprivation and school deprivation, with deprived children carrying out bullying behaviours regardless of school deprivation and non-deprived children carrying out bullying behaviours in schools with more deprivation. The research carried out in this thesis builds upon Fink et al.'s (2017) study by recruiting high school students. Additionally, this research developed new ways to measure school inclusion, such as surveys with parents and teachers, as well as analysing the school policy and Ofsted reports.

Additionally, Konishi, Miyazaki, Hymel and Waterhouse (2017) carried out a multilevel model analysis on 76 secondary schools in Canada. They measured bullying and victimisation as well as experiences of cyberbullying. They also collected student reports on 10 dimensions of school climate and used these as the school level variables, including school safety, student acceptance of diversity, discipline, and adult support. For bullying and victimisation, 8 of the 10 of the school climate measures were significantly predictive. These variables were more predictive at the school level than when analysed at the individual level, i.e. varying by child rather than by school. This indicates the importance of investigate school level variables as well as child/individual level variables when it comes to researching bullying and victimisation. However it also indicates that the other bullying roles (defender, follower, and outsider) need to be investigated in a multilevel model, as this has not been done in previous research.

2.4. Identity Based Bullying (Bullying and SEND)

2.4.1. SEND and involvement in bullying. This Section builds upon the characteristics introduced in Section 2.2.3 and highlights the risk that these characteristics create for children with SEND being involved in bullying. There is substantial evidence to indicate that children with SEND are more likely to become victims (Cappadocia et al., 2012; Mishna, 2003, Zeedyk, Rodriguez, Tipton, Baker & Blacher, 2014). Furthermore, there is evidence to suggest that children with SEND can fall into the bully, victim or the bully-victim roles, as demonstrated by Kaukiainen et al.'s (2002) findings, outlined below in greater detail, that children with LD are more frequently nominated as both bullies and victims, compared to children without disability. This finding contradicts the common belief that children with SEND are victims rather than bullies.

Lack of social and communication skills, outlined above, are a common characteristic in children with SEND, particularly those with ASD. Therefore, in some cases, there is very little that the child can do to protect themselves from being bullied, because their disability means they are not able to communicate effectively with their peers (The National Autistic Society, 2015). Compared to non-disabled children, Cappadocia et al. (2011) stated that children with ASD are at a greater risk of being victimised due to the impact their poor communication skills have on developing peer relationships and forming friendships. This evidence highlights that communication is a key factor in the

development of bullying, and as children with SEND typically have poor communication skills, they are at an increased risk (Hong & Espelage, 2012).

As well as risk factors that lead to victimisation, children with SEND also possess characteristics that could increase the likelihood of them becoming bullies, i.e. aggression. This is more in line with behaviour displayed by non-victims in Fox and Boulton's (2005) study, where fighting back prevented or diminished bullying. However, other studies have found that acting in this way encourages further bullying, and Fox and Boulton (2005) concluded that it may depend on the way children fight back. In the case of children with LD, their aggressive strategies may not necessarily be successful in deterring a bully. While poorly executed aggressive behaviour may increase the risk of being bullied, children with LD who behave aggressively are also more likely to be unskilled bullies, who are typically more physically aggressive (Kaukiainen et al., 2002).

As outlined above, traits such as low self-esteem have been linked to victimisation (Smith, 2014). Furthermore, low self-esteem has been identified in children with disabilities, for example Pinquart (2013) found that children and adolescents with chronic illness experienced lower self-esteem than their peers without an illness. Furthermore, Miyahara and Piek (2006) found that children with minor physical disabilities had low physical competence self-esteem, indicating that the children were aware of their specific limitations. While there is very little research investigating bullying behaviours in children with SEND that also investigates self-esteem, there are tentative hypotheses that can be made. Firstly, as children with SEND are more likely to have low self-esteem, they are subsequently at risk of being bullied (Pinquart, 2013). Secondly, in terms of the other bullying roles, Salmivalli et al. (1999) reported that reinforcers and assistants may be children who need to feel accepted by the peer group. This may be the result of low self-esteem, which again is common in children with SEND. Additionally, as Salmivalli et al. (1999) stated above, these children could also gravitate to these roles as a way to potentially avoid being victimised themselves. This indicates that children with SEND may fall into these roles more frequently than children without SEND, who tend to have average or high levels of self-esteem.

Prevalence rates of bullying and victimisation in samples of children with SEND vary across studies in much the same way as prevalence rates in typically developing samples. This will be explored in the next section with the greater exploration of SEND children in each bullying role. Bear, Mantz, Glutting and Yang (2015) asked parents to report on their child's involvement in bullying and investigated why prevalence rates of victimisation fluctuate and found two possible reasons. Firstly, as is the case for studies conducted with children without SEND, the bullying measures and criteria change between studies which results in the variation. When analysing their data, Bear et al. (2015) firstly allocated students to the non-victim category if parents had ticked '*never*' in response to bullying questions. The remaining responses (*sometimes, once or twice a month, once or twice a week, several times a week, everyday*) created the victim category. However, Bear et al. (2015) then altered the categories, with '*sometimes*' also being a non-victim response. They found that when using '*sometimes*' as the lowest-bound of victimisation, they had a prevalence rate of 29.8% for all children with disabilities (22.3% for children without disabilities). However, when they had the option of '*once or twice a month*' instead, the prevalence rate dropped to 7.3% for all children with disabilities (5.2% for children without disabilities). The use of this different terminology may also contribute to the wide range of prevalence rates reported in the previous bullying section (Section 1.3.1).

Secondly, they suggested that variation in reported victimisation levels may also be due to disability type. They looked at eight different disabilities (specific learning disability, emotional disturbance, other health impairment, mild intellectual disability,

autism spectrum disorder, speech or language impairment, hearing impairment, and blind or visual impairment) as well as combining all disabilities together. They found that when all disabilities were combined, children with a disability were 1.48 times (with *sometimes* as the lowest bound) and 1.45 times (with *once or twice a month* as the lowest bound) more likely to experience victimisation compared to children without a disability on the general bullying item (Bear et al., 2015). This meant that a diagnosis was a significant risk (regardless of frequency) for victimisation; however, specific types of disabilities presented different levels of risk; children with emotional disturbance were at the greatest risk and children with speech and language impairments were no more at risk than children without SEND. For example, on the global bullying item, children with an emotional disturbance were 6.98 times (with *sometimes* as the lowest bound) and 13.12 times (with *once or twice a month* as the lowest bound) more likely to experience victimisation compared to children without a disability (Bear et al., 2015). Alternatively, children with speech and language impairments were only 1.16 times (with *sometimes* as the lowest bound) and 1.56 times (with *once or twice a month* as the lowest bound) more likely to experience victimisation compared to children without a disability, with neither odds ratio being significant.

When breaking this down further, for example, by exploring the prevalence rates within the different types of disability, there are further variations. Bear et al. (2015) measured verbal bullying, physical bullying and social bullying separately and so were able to then investigate whether children with different types of disabilities experienced different forms of bullying. They found that when looking at all disability types together, children were significantly more likely to experience every type of bullying, regardless of the cut-off point used (*sometimes/once or twice a month*). However, by specific type of disability, the prevalence rates varied.

For verbal bullying, children with emotional disturbance, other health impairments, hearing impairments, and blind or visual impairments were all significantly likely to be at risk of victimisation. However, the significance changed with the different cut off points. Children with visual impairments were significantly more verbally victimised compared to other types of disability when there was a cut-off of '*sometimes*' while children with emotional disturbance and hearing impairments were significantly more verbally victimised compared to other disabilities with a cut-off of '*once or twice a month*', although children with other health impairments were at risk across both '*sometimes*' and '*once or twice a month*' cut-off points. For physical bullying, children with specific learning disabilities, emotional disturbances, and other health impairments were all at risk depending on the cut-off point, though again children with other health impairments presented a risk across both responses, which Bear et al. (2015) suggest was due to this group's high externalising problems and social skills deficits. Finally, for social bullying, children with emotional disturbances, other health impairments, mild intellectual disabilities, autism spectrum disorders, hearing impairments, and blind or visual impairments were all at risk, depending on the cut-off point, though children with emotional disturbances, hearing impairments, and blind or visual impairments were at risk across both responses.

This study effectively demonstrated how prevalence rates of bullying in children with SEND can vary, as well as how bullying can change depending on the type of SEND. For example, children with a hearing impairment were more likely to experience social bullying whereas they did not report any physical bullying (Bear et al., 2015). They used a variety of methods (changes to the variation in cut off points and the types of bullying) as well as a variety of disabilities in order to demonstrate how different research paradigms can impact findings to result in such a range of prevalence rates. For example, if a study

had a sample of SEND children, the majority of whom had emotional disturbances, they would find very high rates of bullying across all types of bullying. Alternatively, if the sample had specific learning disabilities, research may find lower rates of bullying, and potentially only physical bullying. This also demonstrates the importance of accurately reporting the sample and methodology in research into this area as well as the type of bullying experienced.

Overall, bullying and victimisation prevalence rates vary across different research studies for several reasons. As well as those mentioned in Section 2.3.1 (methodological issues such as time frame, self-report versus peer nomination, etc.), measuring bullying and victimisation with children with SEND means that additional variables need to be considered. Firstly, there are several different types of disability and so a study which reports a high prevalence rate may have only done so because of the certain type of disabled sample recruited; and secondly, children may be unable to access and understand the questions being asked or wrongfully interpret other's behaviour and report it as bullying and these children often rely on a teaching assistant, which could impact their responses. To address these issues, researchers have collected parental (Bear et al., 2015) and/or teacher (van Roekel, Scholte & Didden, 2010) reports of bullying, as having this additional data may go some way to corroborate the responses provided by students. However, there are negatives to relying wholly on parental and teacher reports, as they may not be fully aware of what the children are experiencing. For example, a teacher may not know what the children experience in the playground and a parent may not fully know what the children experience at school unless the children tell them. Fekkes, Pijpers and Verloove-Vanhorick (2005) conducted a study on 2,766 children aged 9-11 years old. They found that 77% of the children reported bullying happening in the playground, 41% in the classroom, 24% in the hallways/corridors, 19% in the gym (P.E. lessons), 8% in the lunch room, 4% in the toilets and the remaining 29% happened somewhere else. This indicates that teachers may not necessarily be around to witness bullying, particularly in the playground, hallways, lunch room, and toilets, therefore suggesting that teachers may not always accurately report the children's experiences. Furthermore, Fekkes et al. (2005) found that 48% of children bullied several times a month, and 58% of children bullied several times a week, told their teacher about it. Similarly, 62% of children bullied several times a month, and 74% of children bullied several times a week, told their parents about it (Fekkes et al., 2005). This again indicates that both teachers and parents may not be informed enough to be making accurate reports of the victimisation that children experience.

2.4.2. Bullying participant roles amongst children with SEND. The participant roles have been investigated by several researchers within samples of children with SEND (Kaukiainen et al., 2002; Nabuzoka & Smith, 1993). As previously discussed, the bullying roles, as explained in Section 2.3.1, are bullies, followers (assistants and reinforcers), victims, defenders, and outsiders (Salmivalli et al., 1996). Nabuzoka and Smith (1993) asked 179 children aged 8-12 to complete questionnaires on behavioural descriptions, such as cooperates, disrupts, shy, fights, seeks help, leader, bully and victim. Their sample included both non-disabled and disabled children; 36 children of the sample had Learning Disabilities (LD), which were measured through the presence of a statement provided by Educational Psychologists and Doctors. Nabuzoka and Smith (1993) found that children with LD were described as shy, seeking help and victims of bullying significantly more than children without LD. There was no significant difference for the 'bully' description between children with and without LD, suggesting children in each group were equally likely to be bullies. Nabuzoka and Smith (1993) also investigated the effect of gender on the bully and victim roles. As outlined above, gender is a risk factor that increases the

chance of becoming a bully, however Nabuzoka and Smith (1993) found that within their sample of LD children, girls were more likely to be victims compared to boys, and there was no difference between girls and boys in bullying behaviour. These gender differences are opposite to those found previously on a non-SEND sample so this may indicate that there are different gender influences in an SEND sample, potentially because girls may have more internalising problems than boys, which, when alongside SEND, may exacerbate the level of victimisation they experience. In Nabuzoka and Smith's (1993) study, children were asked to nominate their peers to bullying roles, however these were limited to just the bully and the victim and so the prevalence rates of LD children in the other roles were not investigated.

Kaukiainen et al. (2002) asked 141 children aged 11-12 years, both with and without LD, to complete questionnaires on self-concept, social intelligence, and nominations for bullies and victims. The researchers measured LD themselves in their sample, providing children with reading and writing skills tests. The children in the lowest performing 20% of the sample were defined as having learning difficulties. Kaukiainen et al. (2002) used a chi-square analysis to compare LD and non-LD to bully and non-bully or victim and non-victim. Chi-square analysis compares an observed score (result of the research) to the expected score (results one would expect based on previous findings or intuition, for example, the expected value of rolling a six-sided dice is 3.5 as this is the average number when the dice is rolled a large number of times). A significant chi-square would result if the observed and expected scores are further apart. In terms of the allocation of these children within the bullying roles, Kaukiainen et al. (2002) found that, for non-disabled children, 6.3% of the sample were bullies and 6.3% were victims, both of these results were lower than the expected by chance percentages; 10.4% and 8% respectively. For the children with LD 21.4% of the sample were bullies and 10.7% were victims, both of these were a lot higher than the predicted percentages; 2.6% and 2% respectively (Kaukiainen et al., 2002). Overall, Kaukiainen et al.'s (2002) finding highlights that children with LD are more likely to be both the victim and the bully compared to children without LD. However, similarly to Nabuzoka and Smith (1993), Kaukiainen et al. (2002) they did not use nominations other than bully and victim, i.e. they did not examine reinforcers, assistants, or defenders, allocating all children who were neither bully nor victim to the 'not involved' role. Additionally, Kaukiainen et al. (2002) did not look at diagnosed learning difficulties, but only how the sample compared to each other on reading and writing. They may have found different results had they used a sample made up entirely of children with a diagnosed LD, particularly as the sample may have been a lot smaller.

These two studies have initiated research into the bullying roles within a sample of SEND children, however further research is required in the future, particularly with the roles beyond just the bully and victim. Investigating all of the bullying roles (bully, reinforcer, assistant, victim, defender, outsider) on a sample of children with SEND, and comparing them to children without disabilities, is not something that has been done in research as the focus has primarily been on non-disabled children. This is especially important as research has shown that bullying is not a dyadic relationship simply between the bully and victim, but involves the entire peer group and the other roles that children adopt (Sutton & Smith, 1999). One of the aims of this thesis was to investigate this area in more detail to study which roles children with SEND are more likely to fall into in comparison to children without SEND.

2.4.3. SEND, bullying and friendships. As previously stated, bullying is not a dyadic relationship just between the bully and victim, but involves the whole peer group (Sutton & Smith, 1999). Friendships, as discussed above (Section 2.2.3 and Section 2.3.3),

are an important protective factor against bullying, regardless of whether SEND is present (Cappadocia et al., 2011; Fox & Boulton, 2006; Mishna, 2003; Sainio et al., 2010).

Cappadocia et al. (2011) asked parents of children with ASD to complete several questionnaires about their children, including prevalence of bullying, psychological distress, and number of friends. They found that children who were victimised were more likely to have fewer friends than those who were not victimised (Cappadocia et al., 2011). However, due to the fact that these studies rely on parental report, rather than self-report from the children, it means that the results must be considered accordingly; parents may not have accurately reported prevalence of bullying or number of friends, as parents may not always be aware of their children's social interactions at school. Furthermore, Cappadocia et al. (2011) did not consider quality of friendships or the identity of the friends, which Fox and Boulton (2006) found to be important in reducing the amount of bullying a child experienced, as outlined above.

Rowley et al. (2012) also investigated friendships and bullying experiences with children with ASD. This study recruited 100 children with ASD aged 10-12 years old from a wider study into autism and asked them to take part in an interview where they discussed their friendships and victimisation. The children's parents and teachers were also asked to complete questionnaires on the same topics. In regards to the parent and teacher data, one third of parents and a half of teachers of children with ASD claimed it was 'certainly true' that their child had a best friend (Rowley et al., 2012). The children with ASD were compared to an IQ matched group of children with Special Educational Needs (SEN) but no diagnosis of ASD. 71% of parents (59% of teachers) stated it was 'certainly true' that their SEN child had a best friend, and 93% of parents (80% of teachers) stated it was 'certainly true' that their non-SEND child had a best friend (Rowley et al., 2012). Rowley et al. (2012) found that parents were more likely to report their ASD child as having a best friend compared to parents of children with SEND, however, teachers reported no differences. This may be due to the fact that teachers see children interacting with their peers in the classroom and have a better idea of the friendships than parents have, as they do not necessarily witness their children interacting with other children at school.

In terms of bullying, Rowley et al. (2012) found that 14% of parents of ASD children reported that their child 'certainly' engages in bullying behaviour with other children, which was similar to the levels of bullying reported by SEN children's parents (10%), and significantly higher than the UK norms for non-SEND children (3% of parents). However, teachers reported that bullying by ASD children was similar to children with SEN and the UK norms for non-SEND children (8% of teachers reported ASD children certainly bullied compared to 12% of SEN children and 4% of non-SEND children) (Rowley et al., 2012). This may be due to two possible reasons: firstly, similar to above, teachers observe children in a social situation, in which there may be more potential for aggressive behaviour, and the fact that they do not report any indicates there is nothing to report; or secondly, teachers do not notice bullying if it is outside of the classroom (for example, in the playground or hallways) or ignore it when it happens. However, parents may be more cautious about their child's possibly negative/antisocial behaviours and make assumptions about how they think their children act with others. One-third of parents also reported that their children with ASD were victimised by other children, significantly higher than both UK norms for children without SEND as well as children with SEN. Teachers also reported higher levels of victimisation of children with ASD compared to the UK norms, however there was no difference between children with ASD and children with SEN in teacher reports (Rowley et al., 2012). This indicates that it is not one specific diagnosis (i.e. ASD, which in itself contains a large spectrum) that is associated with victimisation and bullying behaviours, as children with SEN (which includes a variety of

diagnoses) experience similar levels of victimisation and bullying behaviours as those with ASD. This suggests that all children need to be included in research into bullying and victimisation, as there may not be any one diagnosis that is more at risk than others, contrary to what Bear et al. (2015) reported, outlined above.

Rowley et al. (2012) analysed the interviews with ASD children and found that 5% had no friends at all. The remaining 95% of the children reported some level of friendship, such as having a friendship group of peers at school, however only about half of these children reported clear mutual friendships (Rowley et al., 2012). This highlights the importance of using reciprocal friendship measures in future research. Rowley et al. (2012) found that three-quarters of the children experienced teasing/bullying/exclusion/conflict and almost half of this group felt feelings of exclusion and rejection as a result. Additionally, those children who reported more communication symptoms also reported more negative levels of friendship (Rowley et al., 2012).

Research has been conducted that supports Cappadocia et al.'s (2011) finding of the importance of friends using self-report rather than relying on parents. Bourke and Burgman (2010) conducted 10 interviews with children aged 8-10 years who had severe physical, visual or hearing impairments. The children all experienced bullying and described the importance of their friends in protecting them and defending them against bullies. Bourke and Burgman (2010) also found that their participants willingly befriended other children with disabilities who were bullied, due to their own awareness of being rejected by their peers. All of the children in this study expressed an understanding of how important it is to have friends and how vulnerable they are to bullying if they fail to maintain their friendships (Bourke & Burgman, 2010).

Very little research has investigated sociometric status/ratings for SEND children compared to non-SEND children. Frostad and Pijl (2006) recruited 989 pupils from the 4th and 7th grades, 8% of which had special educational needs. Frostad and Pijl (2006) found that children with SEND were less accepted than children without SEND across both grade levels. Additionally, significantly more SEND children received no nominations at all in the acceptance scale, compared to non-SEND children. This indicates that non-SEND children are generally more accepted by their peers. Frostad and Pijl (2006) also investigated reciprocal friendships and found that SEND children had fewer than non-SEND children. This supports the findings from previous research, outlined above, that children with SEND may not necessarily have friends to protect them from being bullied.

2.5. Chapter conclusion

Although much attention has been placed on school bullying, little focus has been given to disablist bullying. Furthermore, very little research has used the structure of the Ecological Model in order to investigate the different levels of influence on a child's bullying behaviour or victimisation experiences in one overall study. Previous research has looked individually at the different levels; however, it is key to investigate the different levels in one study to investigate how they interact to influence the child's experiences of bullying and victimisation. This led to the overall aim of this thesis which is to investigate how individual level factors interact with school level factors to either protect or put a child at risk of being victimised. This will answer the overall research question: *Are children with SEND at a greater risk of being bullied than children without SEND, and what factors work to protect these children from victimisation?*

Several factors have been identified at the individual level as increasing the risk of becoming a victim. These include internalising problems, age, gender, reciprocal friendships, and SEND, however this is by no means an exhaustive list. There are many other risk factors that increase victimisation; however, they were beyond the scope of this

thesis. A key factor at the school level is inclusion – whether children with SEND are encouraged to be included in a mainstream setting. Very little research has investigated the role of inclusion as a risk factor for bullying or victimisation, particularly the impact of this on children with SEND. Research has found that all of these factors independently predict peer victimisation, however, very little investigation has investigated the interactions between school level factors and individual level factors, i.e. whether inclusion at the school level protects children who have high risk individual level factors. This thesis will also investigate how a diagnosis of SEND interacts with other risk factors (internalising behaviours or friendships) to increase or decrease the risk of experiencing peer victimisation.

Research has also been carried out into the different bullying roles, as researchers now emphasise the importance of the entire peer group and not just the bully-victim pair. Little to no research has been conducted on children with SEND and the participant roles. This is important to investigate as it means that interventions can be specifically tailored for SEND children depending on which roles they are most likely to occupy. As such, an additional aim of this thesis was to investigate which roles SEND children fall into most frequently, especially in comparison to children without SEND.

The next chapter outlines the pilot work which was the initial stage of investigating this topic. This chapter will outline the development of the materials and procedures prior to carrying out the main study (Chapter 3). This literature review has highlighted several hypotheses that will be investigated in this thesis:

1. Victimization will be positively predicted by emotional symptoms and SEND and negatively predicted by reciprocal friendships.
2. Bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.
3. Follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.
4. Defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND.
5. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour.

School inclusion will be a marker based on the variety of measures used at the school level and will be comprised of the Ofsted score, the Policy score, the overall Ofsted grades (Outstanding/Good/Requires Improvement/Inadequate), the teacher data, and the parent data.

- 5.1. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour and higher levels of defending behaviour for children with SEND.

This hypothesis will investigate whether there is an interaction between the individual level predictor of SEND and the school inclusion measures on the different roles.

6. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour.

Peer group attitudes will be measured at the individual level but used as a school level measure to reflect school norms.

- 6.1. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour reported by SEND children.

This hypothesis will investigate whether there is an interaction between the individual level predictor of SEND and the school level attitudes on the different roles.

3. Pilot Work

3.1. Introduction

3.1.1. Chapter overview. This chapter presents the method and results of the pilot work conducted before the main study for this thesis. There were two aspects to this pilot work, which mapped onto the two levels this research is interested in: the individual level (the child) and the microsystem level (the school). At this stage, the two levels were investigated independently, as the aim of the pilot work was to develop the materials and methodologies, rather than testing hypotheses.

The first part of this chapter presents the pilot work for the child level, namely the development of the questionnaires and the amendments made to the materials and methods prior to carrying out the main research work. The second part of this chapter presents the pilot work for the school level: the development of the parent survey, the policy and Ofsted analyses, and the amendments made to the materials prior to the main research work. The focus of the child-level pilot work was to develop scales to measure bullying and victimisation, along with several different risk factors in children, to ensure the materials were appropriate before carrying out the main research work. Additionally, the methodologies were tested to ensure that it was practical in terms of the time commitment from schools and that the children could access the questionnaires without any issues. This was crucial given the scale of the main study and the sensitivities involved in measuring bullying, victimisation and SEND status. The focus of the school-level pilot work was to test the reliability of the Opinions Relative to Mainstreaming Scale, which was adapted to be used by both parents and teachers. Additionally, the development of an ‘experiences of inclusion’ scale for parents was undertaken and the reliability of this scale was also tested. Finally, the coding schemes for both the school policies and Ofsted reports were developed and the inter-rater reliability was tested.

Reliability analyses were carried out on scales developed in previous research and factor analysis was performed on the scales developed specifically for this research to ensure all the items loaded onto the appropriate factors and no items were measuring a different concept in comparison to the other items. The findings from these analyses led to the final decisions regarding materials and methodologies that were used in the main study. The main study will be presented in Chapter 4.

3.1.2. Aims of the child pilot work. Overall, the aim of the child-level pilot work was to test the reliability of previously developed and newly developed scales. Although previous scales have already been assessed for reliability, the researcher felt it would be important to check the reliability on the current sample, particularly as one of the scales (the Bullying Behaviour and Experiences Scale; Fink, Deighton, Humphrey & Wolpert, 2014) was initially designed to be used by younger children. The scales aimed to measure the different bullying roles (bully, victim, defender etc.), bullying behaviour, peer victimisation experiences, internalising problems (emotional symptoms), conduct problems, SEND, and attitudes towards SEND. These scales allowed for investigation of the following hypotheses in the main study:

1. Victimization will be positively predicted by emotional symptoms and SEND but negatively predicted by reciprocal friendships.
2. Bullying behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND.
3. Follower behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND.

4. Defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND.
6. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour.
 - 6.1. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour reported by SEND children.

Although these hypotheses were not investigated at this stage of the project, the pilot work provided the opportunity to develop appropriate scales and ensure the reliability in preparation for the main study. Given the scale and complexity of the main study, e.g. in terms of the number of schools required, this pilot work was a vital stage before proceeding with the main study.

3.1.3. Aims of the school pilot work. This aspect of the pilot work had two main aims. The first was to develop the content analysis coding scheme for the policies and Ofsted reports, which would then be used to code data collected from schools recruited in the main study. The coding scheme was initially developed by thoroughly reading policies and Ofsted reports in order to gain an idea of best practice in promoting inclusion in schools. These indications of good practice were then used to create a checklist of items that schools ought to be stating in their policies to show good inclusive behaviour. The second aim of the school pilot work was to pilot the parent survey on experiences and attitudes towards inclusion in schools, to ensure parents could understand what they were being asked and the items measured these concepts accurately. The experiences scale was newly developed based on a review of school policies on inclusion and SEND. The attitudes scale was adapted and updated from the Opinions Relative to Mainstreaming Scale, as this original scale was developed for use with teachers (Antonak & Larrivee, 1995). The experiences scale would be useful, as it would provide information on school procedures regarding inclusion from a parent's point of view. The attitudes scale would be useful, as these could potentially influence the children's attitudes, in conjunction with teachers' attitudes. These scales would allow this thesis to investigate the following hypotheses in the main study:

5. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour.
 - 5.1. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour for children with SEND.

3.1.4. Approaching research with an SEND sample. Prior to carrying out the research, decisions had to be made about how the children with SEND would be identified and what measures to use in order for the items to be accessible.

3.1.4.1. Measuring SEND. SEND has been measured in research in a variety of ways. When recruiting an SEND sample, the way in which the diagnosis is collected/reported/measured can be carried out in different ways. Studies that have utilised a qualitative approach (i.e. interviews) often ask for volunteers to come forward to take part. Glazzard (2010) conducted interviews with students aged 14-15 years to explore the impact of dyslexia on their self-esteem. Glazzard (2010) approached two schools and nine

students volunteered to be interviewed. There are obvious limitations to this approach, with the primary limitation being sample bias as only certain children who would be able to talk about their issues would come forward.

Another way in which researchers have accessed children with SEND is by reviewing files to find students that have the appropriate diagnosis (Baumeister, Storch & Geffken, 2008; Ingesson, 2007). Ingesson (2007) also carried out interviews with 75 individuals aged between 14-25 years to explore their experiences of growing up with dyslexia. Ingesson (2007) recruited a sample of individuals with dyslexia by reviewing assessment records at a dyslexia clinic at which the individuals were diagnosed and then contacted them to take part in the research, but this is very ethically sensitive. Baumeister et al. (2008) also used existing records to find their sample of 77 learning difficulty diagnosed individuals aged 5-18 years. Baumeister et al. (2008) used the University of Florida Division of Child and Adolescent Psychiatry to search for individuals with a learning disability, along with accompanying measures of behaviour, depression, and anxiety. While this method of recruiting a diagnosed sample would be the most accurate, it would also be time consuming to review many files to find the few participants that meet inclusion criteria. Additionally, for Ingesson (2007), who recruited their sample for additional interviews, many individuals may not have liked being contacted; indeed, a quarter of the original sample did not want to participate.

Similarly, another way to recruit an SEND sample is to gain access to a sample of SEND individuals who are already taking part in longitudinal research, as this group would be readily accessible. Kaukiainen et al. (2002) used this approach and recruited a group of 141 children (both with and without SEND) who were midway through another research project on learning disabilities (LD). They were able to use the scores from tests administered by the original team to identify which students have LD. Students were categorised as having LD if they fell in the bottom 20% of the scores for the assessments. This method would be beneficial in terms of time, as it would cut out a lot of time spent on identifying the SEND children; however the sample may have been influenced by the previous research they had taken part in and demand characteristics could have been increased.

Finally, there are self-report methods for identifying a SEND sample. These are usually done in an open-ended way, asking children to write if they have a diagnosis. Sentenac et al. (2011) investigated bullying in children with a disability or chronic illness (D/CI) in a sample of 12,048 students aged between 11-15 years. They identified the individuals with D/CI in the sample with the inclusion of several questions adapted from previous large-scale surveys. They asked 'Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, allergy, or cerebral palsy) that has been diagnosed by a doctor?' and if so, did the students think it restricted their attendance or participation at school. The children were then categorised into three groups: non D/CI (82% of sample), D/CI without restriction (13%), and D/CI with restriction (6%). Restriction, in this study, referred to whether the children experienced restriction in attendance or participation in school. Rose, Espelage, Aragon, and Elliot (2011) used a similar methodology to identify students with a disability. Students were asked whether they had a disability, if they knew what it was and if they could describe it, and if they attended special classes. Eighteen percent of the sample recorded themselves as having a disability. This is the method that was used for this pilot work due to the data protection act limiting access to the children's diagnosis records in schools and the age of the children (11+) means they will be able to comment on their own SEND diagnosis.

3.1.4.2. Measuring bullying in an SEND sample. Very little research has specifically tailored questionnaires and surveys to children with SEND. The ways in which

several researchers have worked around the challenges of working with children with SEND is to use qualitative approaches, e.g. interviews, in order to ensure that the children fully understand what they are being asked. Additionally, more innovative methodologies have been utilised for research with children with severe SEND, such as ASD, through the use of play and other activities with which children with ASD could engage.

However, for purely quantitative research, very little adjustments are made to take SEND into account. Many studies use standardised questionnaires, such as the My Life in School Checklist or the Olweus Bully/Victim Questionnaire; however, these scales may not be aimed at a reading/writing age appropriate for children with SEND, especially those with below average skills. Several researchers have recruited parents/teachers to complete surveys about the children's experiences of bullying and/or victimisation. For example, Van Roekel, Scholte and Didden (2010) investigated bullying in adolescents with ASD and asked both the children and their teachers to complete a questionnaire. They found that teachers reported higher levels of bullying than the children, which could be due to a number of potential reasons: social desirability in the children, lack of understanding the questions, children not understanding they are being bullied, or the teachers reporting events that the students do not consider to be bullying, i.e. "banter" or teasing (van Roekel, Scholte & Didden, 2010). However, this paper only investigated children with ASD, a disability which commonly has an accompanying symptom of being unable to understand social situations, and so the difference between teacher and student reports may be due to this specific disability. Estell et al. (2009) also recruited both students and teachers to take part in research into bullying and victimisation, and the research took place in a mainstream school and included children without disabilities and those with a variety of disabilities (learning disabilities, mild mental retardation, emotional and behavioural disorders, or general special needs). Estell et al. (2009) used a peer-nomination method and also asked teachers to complete a similar scale in which they rated each child on social skills competency. They found that teachers and students nominations were similar, with both groups reporting that children with disabilities were more likely to be bullies, however only teachers reported these children as also being victims (Estell et al., 2009).

When researchers want to rely entirely on student reports, there are a limited number of materials designed especially for an SEND sample. However, Fink, Deighton, Humphrey and Wolpert (2014) recently developed the Bullying Behaviour and Experience Scale specifically to measure both physical and verbal bullying and peer victimisation experiences in children with SEND. Fink et al. (2014) developed the scale with children with SEND and also carried out a readability analysis to ensure that the sentences were of an appropriate length, without too many words, and the individual words were not too long. The readability of this scale was approximately 8 years of age, which indicates that older children with weak reading ages would be able to access and understand this scale. As this scale has been specifically designed for use on students with SEND, it is the most appropriate to use for the current research to provide reliable and valid data.

3.1.5. Approaches to measuring inclusion. School inclusion has recently become an area of investigation, however very few researchers have approached it in a measurable way. The Department of Education (2001) set out several principles of an inclusive education service:

- Schools must demonstrate inclusion by developing their cultures, policies and practices to include all pupils.
- Through training, strategies and support, schools can include nearly all children with special educational needs in mainstream education.

- An inclusive school should offer excellence and choice to all children, as well as incorporating the views of both parents and children.
- When safeguarding, the interests of all pupils must be considered.
- Barriers and restrictions to learning must be removed by inclusive schools.
- All children should be able to access to an appropriate education that gives enables them to reach their potential.
- Mainstream education will not suit every child, but they should be given the opportunity to be included in mainstream education at a later stage if appropriate.

Recent literature that investigates effects of inclusion takes a simple approach to identifying inclusive or non-inclusive schools. For example, Georgiadi et al. (2012) researched the attitudes of children in inclusive schools compared to children in non-inclusive schools. However, they were very vague in how they categorised whether a school was inclusive or not and appeared to separate the schools by whether there were children with SEND in lessons (inclusive) or no children with SEND in lessons (non-inclusive). Georgiadi et al. (2012) used no official measurement of inclusion, nor did they measure inclusion practices in the schools they deemed to be inclusive. This means that even in the 'inclusive' schools, the children may not have been successfully integrated into the class and may have simply been 'present' but not 'included'.

As no overall measure of school inclusion has, as of yet, been developed, part of this research aimed to initiate the development of tools to create a proxy measure school inclusion. In this research, an inclusive school was defined as setting suitable learning challenges for all children and responding to the diverse learning needs in the general classroom. Through the measurement of a variety of variables, the aim was to create an appropriate and objective measurement of school inclusion. In the pilot work, parents' views and school policies were reviewed in order to gain insight as to whether these would provide information about school inclusion in order to differentiate between schools. While parent views on inclusion and disability have been widely researched in the past (Leyser & Kirk, 2004), school inclusion policies had not been.

Research into anti-bullying policies, however, has been carried out and this work has shown that these policies are effective at reducing levels of bullying. Eslea and Smith (1998) recruited 23 schools to take part in an anti-bullying project in 1991 and encouraged them to create a whole-school anti-bullying policy and carry out awareness-raising activities as well as consultations with students, parents and staff. The schools were supported in drafting the policy, disseminating it, implementing it and then evaluating it. Eslea and Smith (1998) found that schools which thoroughly developed an anti-bullying policy and implemented it in school life continued to reduce bullying in the follow up in 1993. Schools that had not maintained their policies had not managed to reduce bullying, although Eslea and Smith (1998) acknowledge this may be due to further factors, such as staffing shortage, and increases of 'problem families' with less than supportive parents.

Conversely, Woods and Wolke (2003) carried out correlations between a content analysis of anti-bullying policies and the prevalence rates of bullying at 34 schools. They found no correlation between the policies and direct bullying behaviours, and surprisingly, that in schools with high quality anti-bullying policies there was a positive correlation with relational bullying. This indicates that the policies do not necessarily have the intended impact on bullying that they were created for, and it may be due to the implementation encouraged in the previous study that resulted in the reduced bullying rates. Similarly, Glover, Cartwright, Gough and Johnson (1998) found that while the creation of a policy

makes a difference in school experiences for students, the main impact on bullying is found if this changes the culture of the school rather than just the presence of a policy.

In order to create a more standardised approach to measuring anti-bullying policies, Smith, Smith, Osborn and Samara (2008) created a 31-item scoring scheme to investigate the coverage of 142 (81% primary) school policies. Smith et al. (2008) used an iterative process on a sample of 11 school policies to create the items used in their final scheme, which fell into four categories; 1) items measuring the definition of bullying, 2) items measuring reporting and responding to bullying, 3) items measuring recording bullying and evaluating the policy, and 4) items measuring strategies for preventing bullying. Smith et al. (2008) found a good reliability across all of the items, with independent coders scoring high percentage agreements, with 98% agreement overall. This indicates that Smith et al. (2008) created a robust coding scheme for analysing anti-bullying policies, which could be used on both primary and secondary schools successfully.

Similarly, Purdy and Smith (2016) analysed anti-bullying policies from 100 schools, half of which were primary and half of which were secondary schools. Purdy and Smith (2016) adapted Smith et al.'s (2008) coding scheme and included questions about where the school was located and whether the policies mentioned consulting with the student and/or their parents, resulting in a total of 36 items. The categories specified by Smith et al. (2008) remained the same following the adaptation. The school received a 'point' for each item they successfully met, meaning they could potentially achieve a perfect score of 36. Purdy and Smith (2016) found that 98% of schools included a definition of bullying, with 57% using an unreferenced definition written in a child-friendly manner but missing key aspects, such as repetition. Interestingly, Purdy and Smith (2016) found that 73% of schools mentioned strategies for encouraging cooperative behaviour and improving the school climate. However, only 11% of the schools discussed inclusiveness or peer support. This links in to the policies that will be analysed in this thesis, with a focus on how school policies report on inclusive practice and behaviours.

As a result of these findings, it is important to not only look at the inclusion policy but to investigate other factors that could indicate good inclusion in a school; safety, values, support, etc. In the pilot work, this was done through measuring parents' views, alongside analysing the school policies and the Ofsted reports. In this way, the practice of the school can be investigated, rather than just the policy.

3.2. Child Pilot work

3.2.1. Method.

3.2.1.1. Aims. Rather than testing hypotheses, this aspect of the pilot work had two aims:

1. Refine the materials for collecting self-report data on bullying and SEND.
2. Pilot the procedure of data collection with children to ensure it is practical for the children and schools.

3.2.1.2. Participants. For the child study, 225 children from year 7 (ages 11-12 years) and year 9 (ages 13-14 years) were recruited from one high school (See Appendix 3.1 for head teacher letters and consent form). Key stage 3 (year 7 – year 9) is a common age for bullying and in order to test the scales, it was decided to recruit the upper and lower age ranges. Year 8 were not included but were included in the main study in order to study the entire key stage 3 group. One hundred and twenty children took part in year 7 and 105 children took part from year 9. There were 48% male and 52% female participants with a

mean age of 12 ($SD = 1.07$). Four children in year 9 decided not to take part in the second session, but all of the year 7s completed both sessions. There was a below average percentage of children with SEND in this sample, with only 6.67% reporting a diagnosis. Parental consent was gained using the opt-out method where parents returned a form to the school if they did not want their child participating (See Appendix 3.2 for parent letters and consent form). Only 6.25% of parents decided to opt out their child. At the data sessions, children were also given the option to not take part if they did not want to ($n=15$ in session one, $n=17$ in session two).

3.2.1.3. Materials. Multiple questionnaires were delivered in one of two sessions. The first session focused on disability and the second focused on bullying (See Appendix 3.3 for the disability questionnaire and Appendix 3.4 for the bullying questionnaire). It was decided to split the questionnaires into two sessions, as the researcher did not want demand characteristics to arise once the children understood it was about bullying and children with special needs. Additionally, there were ethical concerns that children who had SEND and were being bullied would be further stigmatised, as they would potentially be highlighted during the research. Ethical approval was gained from the university ethics committee (see Appendix 3.5).

First session. The questionnaires were distributed and children were asked to write their name, age, gender, class and year group on the front. The children were told that their name was only necessary for linking the two questionnaires together and would be converted into a number once the two questionnaires had been linked. Additionally, they were told that nothing they wrote would be fed back to the school, unless they wrote something concerning on their questionnaire or they ticked a box at the end that indicated they wanted the school to support them with bullying issues. (See Appendix 3.6 for the first session instructions). Following this, the children were presented with a definition of disability taken from a UNICEF document promoting the UN Disability Convention in a child-friendly way (Unicef, 2007). Supporting this definition, several examples were provided of children with disabilities. For example, 'Julie only has one arm because of a serious accident. She is working at a lower level than other students and has difficulty writing and completing work'. Other examples presented a wider range of disabilities, including a deaf-mute child, a visually impaired child, and two children with different learning difficulties. These examples were also taken from Unicef (2007) and adapted slightly. The definition, with the examples, was read out to the children and they were asked if they had any questions.

The first aspect of the questionnaire asked about children's personal disabilities. Information about children's disability status was gathered using questions similar to those used by Rose, Espelage, Aragon and Elliot (2011). The questions asked the children if they had a disability (yes/no), and if so, to describe it and provide the name. The children were also asked at this point if they had support in school for their disability (yes/no), and if so, could they describe it.

Following these questions, children were presented with the Strengths and Difficulties Questionnaire (SDQ; Goodman, Meltzer & Bailey, 1998). The SDQ is composed of five different scales, but for the purpose of this study, only two were used: the emotional symptoms scale and the conduct problems scale. The other three scales in the SDQ were hyperactivity/inattention, peer relationship problems, and prosocial behaviour. These were not used as they were not relevant to the research, particularly as friendships were being measured independently. Each scale consists of 5 items and children completed a 3-point self-report scale from 'not true' (1) to 'certainly true' (3). The midpoint descriptor was 'somewhat true' (2). There was only one negatively worded item in these scales and this was the 'I usually do as I am told' within the conduct problems scale. This

was reverse coded in the analysis. This scale has been developed specifically for self-report for children and adolescents aged between 11-16 years (Goodman et al., 1998). These subscales were summed in analysis and a higher score in each subscale indicates either high emotional symptoms problems or high conduct problems. In the original development of this study, Goodman et al. (1998) found acceptable reliability scores for these two subscales. The Cronbach's alpha for the emotional symptoms subscale was .75 and the Cronbach's alpha for the conduct problems was .72 (Goodman et al., 1998).

The final questionnaire in the disability session was the Chedoke-McMaster Attitudes Towards Children with Handicaps scale (CATCH; Rosenbaum, Armstrong & King, 1986). Prior to presenting the scale, the children were asked if they knew anyone with a disability (yes/no) and asked to write how they knew them, e.g. friend, brother, aunt etc. The CATCH was initially designed for children aged 9-13 years in America. For a British sample of school children, the term 'handicapped' was changed to 'disabled' after discussions with SENCOs and Special Educational Needs teachers who felt that 'disabled' was the most appropriate term.

In the development of this scale, Rosenbaum et al. (1986) developed the scale to measure different types of attitudes: affective, behavioural and cognitive. There were 11 affective attitudes (e.g. I would be happy to have a disabled child as a close friend), 10 behavioural attitudes (e.g. I would invite a disabled child to sleep over at my house), and seven cognitive attitudes (e.g. Disabled children needs lots of help to do things). These three aspects measure how children feel, behave, and think towards children with disabilities. Rosenbaum et al. (1986) found that the 27 items in the scale loaded onto three different factors, with Factor 1 and Factor 3 containing a mixture of affective and behaviour items, and Factor 2 containing cognitive items. See Table 3.1 for items and factor structure from Rosenbaum et al. (1986).

Table 3.1.

Factor structure from the CATCH (Rosenbaum et al., 1986)

Item	Type of attitude	Factor 1	Factor 2	Factor 3
I would be happy to have a handicapped child for a special friend*	Affective	X		
I would feel good doing a school project with a handicapped child*	Affective	X		
I would be pleased if a handicapped child invited me to his house*	Affective	X		
I would not go to a handicapped child's house to play*	Behavioural	X		
I would invite a handicapped child to sleep over at my house*	Behavioural	X		
I would invite a handicapped child to my birthday party*	Behavioural	X		
I would miss recess to keep a handicapped child company*	Behavioural	X		
I would enjoy being with a handicapped child*	Affective	X		
I would like having a handicapped child live next door to me*	Affective	X		
I would tell my secrets to a handicapped child*	Behavioural	X		
I would talk to a handicapped child I didn't know*	Behavioural	X		

I would be embarrassed if a handicapped child invited me to his birthday*	Affective	X	
I would not like a handicapped friend as much as my other friends*	Affective	X	
I would try to stay away from a handicapped child*	Behavioural	X	
I wouldn't worry if a handicapped child sat next to me in class*	Affective	X	
I would stick up for a handicapped child who was being teased*	Behavioural	X	
I would not introduce a handicapped child to my friends*	Behavioural	X	
Handicapped children are often sad	Cognitive		X
Handicapped children don't have much fun	Cognitive		X
Handicapped children feel sorry for themselves	Cognitive		X
Handicapped children are as happy as I am	Cognitive		X
Handicapped children need lots of help to do things	Cognitive		X
Handicapped children want lots of attention from adults	Cognitive		X
I feel sorry for handicapped children	Cognitive		X
I feel upset when I see a handicapped child	Affective		X
I would be afraid of a handicapped child	Affective		X
Being near someone who is handicapped scares me	Affective		X
I wouldn't know what to say to a handicapped child	Behavioural		X

Starred items were used in this research

For this study, only the items that loaded onto Factor 1 in the original development of the scale were used, as it included relevant items and had a strong Cronbach's alpha (.91). It was decided that the cognitive items (Factor 2) were not relevant for the study's aims, as they measured students' knowledge of disability while this study is interested more on the role and impact of affective and behavioural attitudes. Finally, it was decided to also remove Factor 3 despite the fact that this factor measured affective and behavioural attitudes. The researcher felt these items were overly negative about disabilities (for example, I would be afraid of a handicapped child) and the factor had a relatively low Cronbach's alpha (.65) in comparison to Factor 1 (.91) which was made up of similar types of items. The items from Factor 1 that would subsequently be used in this study consisted of eight affective items and nine behavioural items, with 17 items in total measuring attitudes in this study.

The original scale used a 5-point Likert scale from strongly disagree to strongly agree with a neutral mid-point, however for this study, it was altered to a 4-point Likert scale, due to the risk of children gravitating to the mid-point (Borgers, Hox & Sikkels, 2004). There were six negatively worded items in this scale. Rosenbaum et al. (1986) scored this scale by calculating the average score for each type of attitude (affective, behavioural, or cognitive) as well as a total average score. However, as only one factor was used in this thesis, this was not done and the children's attitude scores were based on the items from the single factor used.

Second session. The bullying questionnaire was comprised of an adapted bullying roles scale, one standardised bullying questionnaire and a friendship measure. See Appendix 3.7 for the second session instructions. The questionnaire started with a definition of bullying, taken from Whitney and Smith (1993) which covers the three aspects of bullying outlined by Olweus (1993); intentional behaviour, which is repetitive, in a relationship with an imbalance of power. It was important to provide a definition to children to ensure that they all had the same understanding of bullying when answering the questions. Monks and Smith (2006) reported that over reporting of ‘bullying’ may occur if the children are asked to complete a questionnaire without a definition, as they may consider one-off occurrences to be bullying.

The first part of the questionnaire asked children to self-report their behaviour on a newly developed 5-item scale that was adapted from the Participant Role Scale (PRS; Salmivalli, Lagerspetz, Björkqvist, Österman and Kaukiainen, 1996). The original scale had 50 items with five subscales each measuring the different bullying roles (between 4 and 20 items per subscale; Salmivalli et al., 1996). It was a peer-nomination scale and children were presented with descriptions of the different roles (excluding victim) and were asked to nominate three of their peers to each role, as well as simply nominating children who they felt were victims. Sutton, Smith and Swettenham (1999) subsequently created a shortened version of the peer-nomination version of the PRS with 7-10 year olds, this scale summarised each subscale into one item, however this was delivered in an interview rather than a questionnaire. Using this method would not have been practical in the current study due to the large sample size. Thus, for this study, this shortened version of the PRS was used as a questionnaire to gather children’s self-report data of their behaviour within each role. As in Sutton et al.’s (1999) study, one item was used to represent each of the five bullying roles (bully, reinforcer, assistant, defender and outsider) and the children responded on a 4-point scale from strongly disagree (1) to strongly agree (4).

Following this, the children were asked to write a list of their friends and then circle their closest friend. This was based on the well-used method introduced by Parker and Asher (1993). This was analysed by calculating the percentage of reciprocal friendships by counting the number of reciprocated friendships and dividing it by the number of children in the class minus one (the participant) multiplied by 100. This was then used to investigate whether number of reciprocal friendships predicts bullying behaviour or peer victimisation.

The final part of the questionnaire involved asking the children to complete the Bullying Behaviour Experiences Scale (BBES; Fink et al., 2014). This scale measures bullying and victimisation experiences and has specifically been designed for children with SEND. The BBES consists of 13 items measuring both bully (5 items) and victim (7 items plus 1 new identity-based victimisation item) behaviours. These items were measured on a 4-point Likert scale (0 = never, 1 = a little, 2 = a lot, 3 = always). Two items were added to this questionnaire specifically measuring identity-based bullying and victimisation to investigate whether children target others because of a difference and whether children with SEND feel targeted due to their difference (‘I bully others because they are different’ and ‘I am bullied because other pupils see me as different from them’). The BBES was developed with children aged 8-11, however its low Flesch-Kincaid grade level (accessibility to children younger than 8 years old) means that it is suitable for individuals with SEND who struggle with reading. This scale is analysed by calculating the mean for each subscale. When this scale was developed, Fink et al. (2014) found good levels of reliability, with a Cronbach’s alpha of .86 for the victimisation subscale and .80 for the bullying subscale.

3.2.1.4. Procedure. After the initial meeting with the school, letters were distributed to all children in year 7 and 9 in order for parents to read the information and return the opt-out consent form if necessary. The two sessions were held a week apart and the same procedure was carried out in each session. The disability/attitudes questionnaire came first because the researcher did not want the children to alter their attitudes if they understood the full aims of the research. Having the disability/attitudes questionnaire first meant that the children were unable to alter their attitude responses once they understood they were also being asked about bullying behaviours.

The data sessions were run in the students' Personal Social and Health Education (PSHE) lessons in order to reduce the disruption and tie in the research with values taught in this lesson. The children were told that even though their parents had consented, they did not have to take part and that they could stop if they wanted to. They were also told to work through the questionnaire in silence and answer as honestly as they could. Children were asked if they had any questions or concerns, and once these had been addressed children were encouraged to work through the questionnaire on their own in silence, raising their hand if they had any questions. The definition of disability was read out by the researcher, due to it being a longer paragraph with which some children may struggle. At the end of the questionnaire, children were debriefed and reminded not to tell anyone what they had written and to talk to a parent, teacher or counsellor if they were upset by anything. Children were told that they if they had been upset by the session and wanted to speak anonymously, they could call ChildLine (cards were provided at the end of the session). This procedure was repeated for the second session, with the definition of bullying being read to them instead of the disability definition. Children's questions were answered and then they were asked to work through the rest of the questionnaire. Once children finished their questionnaires, they were fully debriefed.

3.2.2 Results

3.2.2.1. Descriptive statistics. Means and standard deviations (SD) were calculated for each of the child scales, including the means for the SEND and non-SEND children. One item in the conduct problems scale for the SDQ and six items in the CATCH scale were reverse coded. These can be seen in Table 3.2.

Table 3.2.

Means and SDs for child scales in the SEND children, non-SEND children and total.

Scale	Non-SEND children			SEND children			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
SDQ (emotional symptoms subscale)	184	2.13	2.10	12	3.83	2.48	199	2.22	2.15
SDQ (conduct problems subscale)	184	2.07	1.14	14	3.21	1.37	201	2.16	1.20
CATCH	153	3.31	0.40	12	3.33	.34	167	3.30	0.41
BBES (victim subscale)	169	1.24	0.30	14	1.48	.69	197	1.26	0.35
BBES (bully subscale)	185	1.06	0.16	12	1.04	.10	214	1.07	0.16

3.2.2.2. Factor analysis

Exploratory factor analysis was also carried out on the recently (Fink et al., 2014) and newly developed scales to ensure that all the items fit their factor appropriately and that all items were interrelated. Principal Components Analysis (PCA) was carried out on the BBES. The Kaiser-Meyer-Olkin (KMO) score and Bartlett's test of sphericity were examined to ensure the data were suitable for the analysis. The KMO should be over .6 and the Bartlett's test of sphericity should be significant. For this scale, the KMO score was .82 and the Bartlett's test of sphericity was significant at $p < .001$. This illustrates that the data met the criteria for a PCA. PCA revealed three factors, however for this scale there should only have been two: bully subscale and victim subscale. The victim items all loaded onto one factor; however the bullying items loaded across three; the bully factor, the victim factor and a third which indicated just physical bullying. The scree plot (Figure 3.1) shows a clear break after the second factor, thus these two factors were retained to explain a total of 48.34% of the variance. The factor loadings for this scale can be seen in Table 3.3. Cross-loading occurred on a few items; however the items still loaded strongly with associated items.

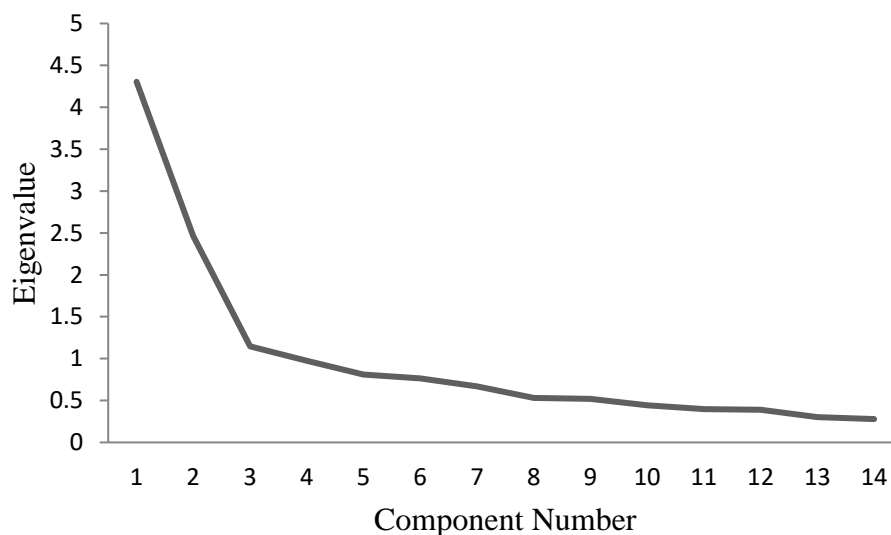


Figure 3.1. Scree plot to demonstrate the two factor structure in the BBES.

Table 3.3.

Factor loadings for the 13 BBES items ($N=193$)

	Mean (SD)	Factor 1	Factor 2
G. I am called mean names by other pupils	1.28 (0.55)	.81	
A. Other pupils tease me	1.57 (0.64)	.73	
H. I think I am bullied because other pupils see me as different from them	1.20 (0.55)	.70	
B. I am hit, pushed or kicked by other pupils	1.12 (0.36)	.67	
D. Other pupils say bad things about me when I'm not there	1.42 (0.59)	.66	
E. Other pupils don't like me	1.47 (0.60)	.63	
F. Other pupils stop me from joining in classroom activities	1.10 (0.35)	.63	

C. Other pupils stop me from joining in during lunch and break time	1.10 (0.39)	.60	
L. I call other pupils mean names	1.04 (0.19)	.31	.75
J. I hit, push or kick other pupils	1.06 (0.33)		.64
K. I pick on other pupils	1.02 (0.13)	.32	.64
N. I bully others because they are different	1.00 (0.07)	.37	.58
I. I say bad things about other pupils when they aren't there	1.17 (0.39)	.35	.46
M. I tease other pupils	1.12 (0.35)		.46
% of variance explained		30.74	17.60
Eigenvalue		4.30	2.46

Only factor loadings greater than .3 presented.

As the CATCH scale was adapted for this study, Factor Analysis was necessary to ensure the factor structure was still present. Exploratory factor analysis was carried out to investigate what the new structure was following the adaptations made to the scale. The CATCH contained 17 items. The suitability of the data to be analysed using PCA was illustrated by the KMO score of .86 and the significant Bartlett's test of sphericity at $p < .001$. PCA revealed four components that explained 33.37%, 42.24%, 49.87% and 56.17% of the variance respectively. As these items had been formed from one factor of the CATCH this was surprising. Examination of the scree plot (Figure 3.2) revealed a clear break after the first component.

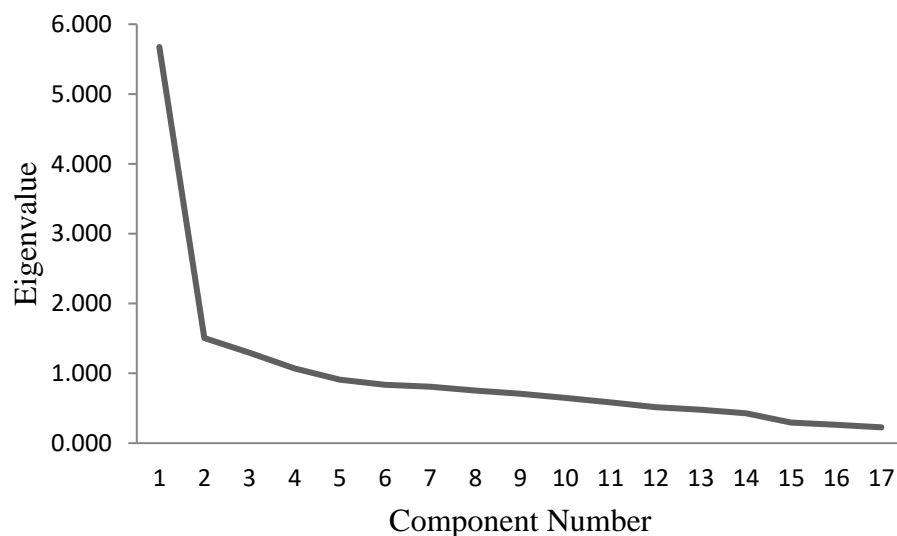


Figure 3.2. Scree plot to demonstrate single factor structure of the CATCH.

The factor analysis was rerun forcing one factor, and this revealed low factor loadings. Items with low factor loadings (below .3) were removed and the analysis was rerun forcing one factor, however more items were found to have low factor loadings. These items were removed and the analysis was run a final time forcing one factor and the remaining 12 items all loaded highly onto one factor and explained 42.49% of the variance. This scale was originally very long with 17 items and so it was decided that the 12 items would be more accessible for the children. These items can be seen in Table 3.4.

Table 3.4
Factor loadings for the CATCH (N=167)

	Mean (SD)	Factor 1
D. I would invite a child with a disability to sleep over at my house	2.87 (0.75)	.84
H. I would like having a child with a disability live next door to me	3.08 (0.69)	.80
C. I would be pleased if a child with a disability invited me to his/her house	3.17 (0.63)	.75
B. I would feel good doing a school project with a child with a disability	3.19 (0.71)	.73
E. I would invite a child with a disability to my party	3.21 (0.66)	.72
A. I would be happy to have a child with a disability for a close friend	3.21 (0.73)	.70
I. I would tell my secrets to a child with a disability	2.47 (0.92)	.69
J. I would talk to a child with a disability I didn't know	2.76 (0.84)	.66
G. I would enjoy being with a child with a disability	2.94 (0.80)	.66
F. I would miss break to keep a child with a disability company	3.26 (0.71)	.54
K. I would try to stay away from a child with a disability (R)	3.88 (0.50)	.40
L. I would not introduce a child with a disability to my friends (R)	3.73 (0.75)	.38
% of variance explained		44.87
Eigenvalue		5.38

(R) = *reverse coded item*.

3.2.2.3. Reliability analysis. Initial reliability analyses were run on the BBES, the SDQ and the CATCH in order to ensure the scales were reliable and to confirm that the scales would be appropriate for the main study. Cronbach's alphas for the child scales can be seen in Table 3.5. The BBES bully scale and the SDQ conduct problems scale both had Cronbach's alphas below the acceptable level of .7. Due to the low Cronbach's alpha score for the SDQ conduct subscale, the scale was removed from the main study. Additionally, the poor factor structure of the bully subscale of the BBES, along with a weak Cronbach's alpha, meant that this scale would also not be used in the main study. All other measures used had a good Cronbach's alpha and were retained for the main study.

Table 3.5
Cronbach's alpha for the child scales used with n in brackets.

Scale	Alpha (n)
Bullying Behaviour and Experiences Scale (bully subscale)	.62 (214)
Bullying Behaviour and Experiences Scale (victim subscale)	.85 (197)
Strengths and Difficulties Scale (conduct problems)	.54 (178)
Strengths and Difficulties Scale (emotional symptoms)	.75 (199)
CATCH	.84 (167)

3.2.3. Discussion. The purpose of this pilot work was to develop and finalise the materials for children as well as the method of data collection in the schools. Most of the scales were found to be reliable and valid. A clear factor structure was found for the BBES victim subscale, and the CATCH. All of these scales also had a high Cronbach's alpha.

The reliability scores and factor structure of two scales were not at an acceptable level. These were the SDQ conduct problems subscale and the BBES bully subscale. The SDQ conduct problems scale has been used frequently in previous research and has not always been found to have an acceptable Cronbach's alpha (Muris, Meesters, Eijkelenboom & Vincken, 2004; Muris, Meesters, van den Berg, 2003), however reviews conducted into the scale maintain that it is a reliable and valid scale (Bourdon, Goodman, Rae, Simpson & Koretz, 2005; Goodman, 2001). The BBES was developed recently and was tested on a relatively small sample (348 children aged between 8-10 years old) and so has not been used extensively in previous research (Fink et al., 2015). The unreliable nature of the scale may have been found in this research due to the recruitment of slightly older children (11-14 years old), however in order for the scale to be accessible to those with SEND, a scale with a low reading age, such as the BBES, was the most appropriate choice. The Cronbach's alpha in the original development of the subscale was very good (.80) however this was not replicated in this research (.62). This large decrease in internal consistency may indicate that the bully subscale of the BBES has some issues when being used on an older sample and conclusions using this measure must be tentative. As this scale was relatively new and had not been widely tested, it was decided that a more robust, pre-established scale should be used in this instance. These issues indicate that further research needs to be carried out on this scale to investigate the sample it is best used with in order to achieve a good reliability score and a clear factor structure. As both of these scales had a Cronbach's alpha below .7 in this study, however, they were not used for the main study. This decision was based on several reasons beyond the poor reliability; firstly, the questionnaire was lengthy and it was decided that it would be better for student engagement as well as time commitment from the school that the questionnaire be shorter; secondly, other scales were used to measure bullying behaviour (the adapted self-report PRS) and it was decided that as the main focus of this thesis is peer victimisation, rather than bullying, the conduct problems scale was not a key predictor of this variable.

The BBES victim subscale had a very good reliability score which was similar to that found in the original development of the scale (Fink et al., 2015). Furthermore, the SDQ emotional symptoms subscale had an acceptable reliability score which matched that found by Goodman et al. (1998) in the development of the scale. Finally, the CATCH, in its shorted form, had a very good reliability score which was similar to that found by Rosenbaum et al. (1986) when the scale was developed. All of these scales were retained for the main study.

3.2.3.1. Changes to main study. Following the above investigations of the scales, several changes were made prior to the main study being carried out. These changes were based on the results of the analysis and also practical issues faced in the pilot work. These are summarised below.

In the pilot work, all children from years 7 (aged 11-12) and 9 (aged 13-14) from one school were asked to take part. As the main study aims to investigate school level factors, the focus will be on number of schools as well as students. In order to recruit an appropriate number of both schools and participants, it was decided that approximately 50 children would be recruited per year group from 10-15 schools. After discussions regarding the sample size, it was agreed that 150 children per school was optimal due to the practicality/time limitation of a study of this size. In order to study the entirety of key

stage 3, year 8 pupils (aged 12-13 years) were included in the main study to gain further insights into the progression of bullying across the first three years of secondary school.

The PRS was altered because only 2/225 children reported themselves to be bullies. This indicates that using a questionnaire version of the shorted PRS was not very accurate and a more comprehensive scale was needed in order to accurately capture the number of bullies in a school. The scale was altered back to the original PRS of 45 items, however it was kept as a self-report measure. Across the 45 items, there were five subscales measuring the different roles. The bully role had 10 items, the reinforcer role had seven items, the assistant role had four items, the defender role had 20 items and the outsider role had seven items. This meant that the roles would be measured more accurately using several different items, rather than relying on one.

Additionally, the friendship question was refined to ask children to name just three friends from within their own class, rather than as many as they like. This is because many children listed all of their friends from the entire year group, rather than specifically identifying the closest friends, and so it may not have been very accurate, as some followed the instructions whereas others did not, and so the nominations cannot be compared. Parker and Asher (1993), who developed this method of friendship analysis, asked children to identify their three best friends, and so this method was utilised in the main study. Finally, the bullying behaviour scale of the BBES was removed due to both the poor reliability score and the inclusion of new items in the PRS which also measure bullying, making a second bullying measure (the BBES) unnecessary.

In regards to the disability question, many children were unsure whether their diagnosis was considered a disability based on the number of questions the researchers had during data collection – many children needed advice as to whether they should include their diagnosis or not. For example, some children asked whether cancer/epilepsy/diabetes/depression/hypermobility etc. were disabilities. Therefore, instead of asking children to write the name of their disability, the decision was made to give a list of 23 common disabilities along with an ‘other’ option. This list was developed using the disabilities that children identified in the pilot, adding common disabilities found in schools (DfE, 2014c) and reviewing the final list with a SENCo who amended the list to make the terms more child accessible (e.g. removing profound & multiple learning difficulties, as this was too technical for the students) and added some additional disabilities that they found to be common through working with children with SEND. Upon analysis in the main study (Chapter 4), some of the disabilities were removed and this is explained in section 4.2.2. The conduct problems scale of the SDQ was removed due to low reliability. Finally, the CATCH was refined following reliability analysis and factor analysis and 5 items were removed to make it more reliable and coherent.

Two newly developed questions were also added to the questionnaire based on the concept on inclusion used in this thesis in order to measure school climate, asking children about their pride in the school’s inclusion and their approach to promoting tolerance. This aimed to capture the children’s perception of the level of school inclusion. This was subsequently in conjunction with the school level data collected from a variety of additional sources in order to create an overall score of school inclusion. The school level pilot work, along with an explanation of these sources, will be explained in the following sections (3.3 and 3.4).

In the pilot work, two questionnaires were used, one focused primarily on disability and one focused primarily on bullying. The first questionnaire session consisted of open questions about a child’s disability, the SDQ (conduct problems and emotional symptoms) and the CATCH with Handicaps scale. The second questionnaire session consisted of an

adapted self-report version of the Participant Role Scale, a friendship measure and the Bullying Behaviour and Experiences Scale.

For the main study, the questionnaire was combined into one session. This is because each session took very little time (between 5 and 10 minutes each) and it was deemed unnecessarily disruptive to the school to visit twice for such short sessions. Furthermore, children made the connection between the two sessions despite them being a week apart, as students asked questions about the questionnaire from the previous session, indicating they were thinking about both questionnaires despite having a gap between the two. This was probably due to information being given about the whole study and the same researcher returning to school.

Thus, the final questionnaire was as follows: definitions of disability and bullying were provided at the start and children then worked through the scales in the following order; PRS, friendships, BBES, disability questions, SDQ, and the CATCH. As both sessions were combined, it was imperative to ensure children did not feel targeted by the research, particularly children with SEND who were being victimised, and so the introduction and debrief were carefully worded for the main study. In addition, an educational activity that increases awareness of celebrities with disabilities was delivered after the debrief.

3.3. Development of Policy and Ofsted Analyses

3.3.1. Method.

3.3.1.1. Aims. Similar to the child pilot work, rather than testing hypotheses, this aspect of the pilot work had two main aims:

1. To develop a new coding scheme to measure inclusion levels in school policies so that policies can be given a standardised score and compared to each other,
2. To develop a new coding scheme to measure inclusion levels in Ofsted reports so that schools could be given a standardised score and compared to each other.

3.3.1.2. Data Collection. For this study, the Stoke on Trent City Council directory of secondary schools was used in order to compile a list of all the schools in the area. This area was chosen as it included a wide range of schools according to Ofsted, with schools ranging from inadequate (the lowest) to outstanding (the highest). This would potentially be a good representation of schools that would be recruited for the main study, as they could fall anywhere on this scale, and so having used a variety of schools to develop the coding schemes meant that every level had been considered in the development stage. There were 14 schools on this list. The school websites were used to find all the relevant policies (those which addressed areas such as; special educational needs, inclusion, equality, etc.) for this study as well as the most recent Ofsted report. One school was removed as they had recently been turned into an Academy and had not yet had an Ofsted inspection under the new management and so could not be reviewed. Another school was removed, as there was no special educational needs policy or inclusion policy etc. available on their website. Policies that were included in this study were those related to: disability, equality, inclusion, special educational needs, teaching and learning and accessibility. Not every school had a policy that specifically addressed all of these areas, but any policy that was related was analysed. All policies and Ofsted reports were accessed and printed in October 2015. Any that had been published on school websites after that time were not included. The Ofsted reports used were the most recent for each school and had been carried out three months to two and a half years prior to analysis. A total of 12 schools were therefore included in the analysis.

3.3.1.3. Data Analysis. Two coding tools were initially developed: one to analyse the policies and another for the Ofsted reports. The policy coding tool was created by

reviewing five policies from randomly chosen schools across two Local Education Authorities (Staffordshire and Hertfordshire) as they were two different areas and so the schools may have had slightly different approaches to inclusion. Two schools were chosen from Hertfordshire (one outstanding and one inadequate) and three were chosen from Staffordshire (one outstanding, one requires improvement and one inadequate). The policies were examined thoroughly to compare the outstanding schools to the poorer schools to find what the differences were in their policies. These differences were then used to create an initial set of 33 questions on the checklist. The first policy coding scheme can be found in Appendix 3.8. Items covered acknowledgement of the differences between types of SEND, the responsibilities of the teaching staff and adjustments made by the school.

Two coders then completed the coding scheme for all 12 schools using a 2-point response scale which measured whether the policy mentioned carrying out desirable inclusive behaviour (for example, Does the policy state that parental involvement and/or communication regarding their child is highly valued?). The coders discussed the first draft of the checklist and agreed that additional work was required to improve the items, specifically, this was done by including more specific guidance for the items. The finalised pilot policy coding scheme can be found in Appendix 3.9.

A similar method was used to create the Ofsted coding tool. Ofsted reports from the same five schools were read and the aspects that Ofsted reported as important in terms of demonstrating inclusive behaviour were developed into a 19-item checklist. The first Ofsted report coding scheme can be found in Appendix 3.10. There were an additional five boxes to report the schools' overall inspection grade, achievement of pupils, the quality of teaching, the behaviour and safety of pupils and the leadership and management, using the same scale as is used in the official Ofsted reports (outstanding/good/requires improvement/inadequate). A final question was included to measure whether the coders thought the level of inclusion in the Ofsted report corresponded to the information in the policy. This item did not appear to be useful in the initial coding and so was removed. Coders completed the 12 items using a 3-point response scale (good/bad/not mentioned), indicating whether the Ofsted report praised or raised concerns about the school's inclusion. The finalised pilot Ofsted report coding scheme, along with the guidance, can be found in Appendix 3.11.

The 12 schools (not those that were used to develop the scale) from the Stoke-on-Trent city council list were then used to pilot the checklists once again. Two coders independently scored the policies and the Ofsted reports. They then came together to discuss the issues they had had with the coding tools. It was agreed that the checklists needed to be further refined and instructions, such as where to find the relevant information, provided to accompany the checklists, due to the variety of ways the schools and Ofsted cover procedures surrounding inclusion and SEND. Once the checklists had been amended and improved, the same 12 school policies and Ofsted reports were analysed by three coders (the initial two plus a third). It was decided to include the third coder to investigate whether percentage agreement was higher between the first and second coders (who worked together to develop the coding schemes) in comparison to the third coder who was less involved in this process. The first coder recoded all 12 schools while the two other coders split them, with each coder taking six schools.

Reliability was checked between the three coders by calculating the inter-rater reliability. This was done by using the observed percentage agreement to measure coder agreement on the policies and Ofsted reports, which involves calculating the percentage with which coders agree. This was done for the scale as a whole, as well as the individual items to explore the scale in more depth. There are different ways to measure inter rater

reliability, primarily percentage agreement and Cohen's Kappa. McHugh (2012) compared percentage agreement and Cohen's Kappa and concluded that both have their strengths and limitations. Although percentage agreement does not take chance into account, which means that agreement can happen through guessing, it is easier to interpret than Kappa and so was adopted (McHugh, 2012).

3.3.2. Results.

3.3.2.1. Inter-rater reliability. The overall percentage agreement for both coding schemes was calculated initially on all 12 school policies and Ofsted reports. This was done on both coding schemes as a whole, including every item. The policy analysis will be discussed first, followed by the Ofsted report analysis. The policy coding scheme had 83% agreement. In terms of the reliability between the first and second coders, there was 87% agreement and between the first and third coder, there was 81% agreement. There are various acceptable levels of percentage agreement in literature on content analysis and there is no standard level, however most researchers agree that an agreement of over 80% is acceptable or even excellent (Neuendorf, 2002). While the percentage agreements overall and between coders appears to be acceptable, upon further investigation of the individual items, there were several with low agreement which required the items to be adjusted or removed from the scale. See Table 3.6 for the policy coding scheme items that had poor percentage agreement. The full policy coding scheme items and agreement can be seen in Appendix 3.12.

Table 3.6

Table to show items in the policy scale which had an agreement of below 70%.

	% agreement
1. Has the policy been updated within the last academic year? (since 09/2014)	67%
6. Does the policy make specific reference to students with sensory/physical disabilities? E.g. deaf, blind, wheelchair user etc.	58%
10. Does the policy state that the aim of inclusion is for all children to receive a high quality education?	58%
14. Does the policy state that the whole school has a responsibility to support students with SEND?	67%

It was decided between the raters that item 1 was still important and should remain in the coding scheme, as it highlights whether schools keep their policies up to date. Further guidance was added on how to check whether the policy has been written since September 2014.

Despite the low agreement on item 6, it was decided to keep this item in the scale as this references an important group that are the focus of this thesis (those with a visible disability). Raters discussed why this item proved to be ambiguous and amendments were made to the coding scheme instructions on how this question should be approached, this is as follows:

'sensory/physical disabilities' is taken directly from the SEND code of practice – reference to any physical disability is acceptable. Must refer to area as a whole,

indicating that the school actively supports children within this area. Usually in the beginning, outlining the areas of need that the policy covers.

Similar guidance was also added to item 4, which asks about cognition and learning disabled student support. For these items it was made clear that the policy needs to explicitly use the umbrella term (for example, “sensory/physical disabilities”) to demonstrate a wide range of support and that mentioning, for example, the use of lifts, does not provide enough information to indicate that a school supports students with sensory/physical disabilities. See Appendix 3.12 for full guidance offered for each question in the policy coding scheme.

Following discussions between all three coders, it was decided that the best way to provide additional guidance for item 10 was to add examples from policies which appropriately meet the criteria, for example, ‘the school strives to stimulate the highest possible standards of academic and personal achievement for all students through inclusive policies, provision and practice.’ A similar approach was taken to item 14 following discussions between the two raters who disagreed (the first and second raters) and the following example was added to the guidance: ‘have procedures in place which ensure that all staff are aware of the needs of students and how they (the staff) can make reasonable adjustments and help to meet those needs’.

Items 20 and 23 had an overall acceptable agreement score (83% and 75% respectively), however these two items had weak agreement between rater 1 and rater 3 (67% for both items). These items were discussed and additional guidance was added to ensure these items could be answered. For item 20, which asks about resources, it was made clear that ‘resources’ meant physical items and not staffing/teaching support. For item 23, which asks about teaching SEND children in the normal classroom, further information was provided to explain that schools which encourage mixed ability classes met this criteria.

Following this, the percentage agreements on Ofsted reports were then calculated. This had an overall average percentage agreement of 87%. Without the first five items, which were copying across a score, the Ofsted report coding scheme had 79% agreement. In terms of the reliability between the first and second coders, there was 83% agreement and between the first and third coder, there was 76% agreement. See Table 3.7 for the Ofsted coding scheme items that had low agreement. The full Ofsted report coding scheme items and agreement can be seen in Appendix 3.13.

Table 3.7

Table to show items in the Ofsted scale which had an agreement of below 70%.

	% agreement
7. Does the report state that the curriculum is appropriate and accessible for children with SEND?	33%
10. Does the report state that teachers are given training and development about teaching students with SEND?	67%
12. The OFSTED report reflects the school policies on inclusion	25%

Due to the low overall agreement, as well as the low agreement between the first coder and the second and third coders, it was agreed that items 7 and 12 would be removed from the scale. It was decided that item 7 was too subjective and there was already detailed guidance with a variety of examples to support answering this item. It was not clear what additional information could be given to make this item easier to answer. It was decided that item 12 provided very little insight into school inclusion behaviour, as it was also a very subjective analysis of the similarity between the school policy and the Ofsted report. As a result, it provided little to no actual evidence of whether the school was good or poor in terms of inclusion, and so it was removed from the scale. After looking at the data from the analysis, item 10 appeared to be too ambiguous, as all three raters answered for the majority of schools that the Ofsted report did not mention training. Although it is only just below the acceptable agreement level, this item was removed due to the apparent difficulty in identifying the answers in the reports. Thus, a total of 25 items made up the policy coding scheme for the main study and a total of 9 items made up the Ofsted report coding scheme (See Appendices 3.12 and 3.13 for final versions).

3.3.2.2. Descriptive statistics. Analyses were carried out to look at the variation between schools using the coding schemes. The scores were created for each school based on the first coder's scores. Table 3.8 shows the 12 schools and their respective scores on the policy analysis. The scores are out of 26, which indicates excellent inclusive practice in the school.

Table 3.8

The 12 schools and their scores on the policy analysis.

Schools											
1	2	3	4	5	6	7	8	9	10	11	12
20	20	23	17	18	19	19	20	19	15	20	13

These scores show the variation in school policies between the schools used in the development of the scale. This indicates that the policy coding scheme is useful in identifying a range of schools based on the content of their policies.

The items were then investigated individually and any items that had a 'no' response from every, or almost every, school were removed from the scale, as they did not appear to be measuring any relevant information from the school policy. Table 3.9 shows each item in the policy analysis and the frequency and percentage response for each item.

Table 3.9

Breakdown of policy analysis items with the response frequencies and percentages in brackets.

Item	No	Yes
1. Has the policy been updated within the last academic year? (since 09/2014)	4 (33.3%)	8 (66.7%)
2. Does the policy define the term inclusion?	11 (91.7%)	1 (8.3%)
3. Does the policy define disability and/or SEND?	5 (41.7%)	7 (58.3%)
4. Does the policy make specific reference to students with cognition and learning difficulties? E.g. dyslexia, dyspraxia, etc.	2 (16.7%)	10 (83.3%)

5. Does the policy make specific reference to students with communication and interaction difficulties? E.g. autism/Asperger's	2 (16.7%)	10 (83.3%)
6. Does the policy make specific reference to students with sensory/physical disabilities? E.g. deaf, blind, wheelchair user etc.	2 (16.7%)	10 (83.3%)
7. Does the policy make specific reference to students with social, emotional and mental health difficulties? E.g. anxiety, depression, eating disorders, ADHD, etc.	3 (25%)	9 (75%)
8. Does the policy make reference to the Equality Act 2010?	8 (66.7%)	4 (33.3%)
9. Does the policy make reference to the SEND code of practice 2014?	5 (41.7%)	7 (58.3%)
10. Does the policy state that the aim of inclusion is for all children to receive a high quality education?	6 (50%)	6 (50%)
11. Does the policy state that school will address transition in the school?	1 (8.3%)	11 (91.7%)
12. Does the policy state that parental involvement and/or communication regarding their child is highly valued?	0 (0%)	12 (100%)
13. Does the policy state that the school will involve the child in supporting their needs?	3 (25%)	9 (75%)
14. Does the policy state that the whole school has a responsibility to support students with SEND?	1 (8.3%)	11 (91.7%)
15. Does the policy mention any of the roles of the SENCO and/or specialist tutors?	0 (0%)	12 (100%)
16. Does the policy state that the school aims to ensure SEND children make appropriate progress in their education?	2 (16.7%)	10 (83.3%)
17. Does the policy state the curriculum must be accessible for all?	0 (0%)	12 (100%)
18. Does the policy state that support will be provided within the classroom if needed?	6 (50%)	6 (50%)
19. Does the policy state that Support Assistants or Teaching Assistants will be provided if needed?	1 (8.3%)	11 (91.7%)

20. Does the policy state that additional resources will be provided if needed?	2 (16.7%)	10 (83.3%)
21. Does the policy mention what is done to allow for identification?	0 (0%)	12 (100%)
22. Does the policy state that an aim is for staff to have good awareness and understanding of SEND (e.g. training)?	1 (8.3%)	11 (91.7%)
23. Does the policy state that the school sees teaching of SEND in the normal classroom environment as important?	9 (75%)	3 (25%)
24. Does the policy state that the school will work with agencies/companies/professionals outside of school?	0 (0%)	12 (100%)
25. Does the policy state that there will be no discrimination for admission to the school?	7 (58.3%)	5 (41.7%)
26. Does the policy state that the school aims to reduce negative attitudes and discrimination towards disability and SEN?	8 (66.7%)	4 (33.3%)

As can be seen in Table 3.9, each item successfully measures what they are aiming to measure, for example, the majority of the items appear to capture inclusive behaviour. However, item 2 (Does the policy define the term inclusion?) was only useful in measuring information in one school, indicating that this item is not clear or school policies do not include a definition of inclusion. It was decided to remove this item, as none of the schools appeared to fulfil this item, and so it did not seem to be useful in identifying inclusive behaviours in the school policies.

Similar analyses were calculated for the Ofsted report analysis on items 7-11. Items 1-5 were not included as they were simply reporting the Ofsted grades and item 6 was a report on the number of SEND students at the school. Item 12 was initially included in the scale to measure how well coders felt the policy and the Ofsted report matched, however at the analysis stage, the coders agreed that it was a subjective review of the similarity between the Ofsted report and school policy and so not necessarily a reflection on the school. This item was not included in the analysis and was subsequently removed from the coding scheme. Table 3.10 shows the 12 schools and their respective scores on the Ofsted report analysis. The scores were calculated by allocating a score of 1 (per item) for a 'good' response, a score of 0 (per item) for a 'not mentioned' response and a score of -1 (per item) for a 'bad' response. Out of five items, there was a potential to get a perfect score of 5 if a school scored 'good' on every item.

Table 3.10

The 12 schools and their scores on the Ofsted report analysis.

Schools											
1	2	3	4	5	6	7	8	9	10	11	12
2	1	2	3	4	3	3	0	3	-1	4	3

These scores show the variation in Ofsted reports between the schools used in the development of the coding scheme. This indicates that the Ofsted report analysis tool is useful in identifying a range of schools based on the content of their Ofsted reports.

Table 3.11 shows items 7-11 in the Ofsted analysis and the frequency and percentage response for each item.

Table 3.11

Breakdown of Ofsted report analysis items with the response frequencies and percentages in brackets.

Item	Bad	Not mentioned	Good
7. Does the report state that the curriculum is appropriate and accessible for children with SEND?	2 (16.7%)	5 (41.7%)	5 (41.7%)
8. Does the report state that SEND children are appropriately supported?	1 (8.3%)	2 (16.7%)	9 (75%)
9. Does the report state that children with SEND make a positive attainment/progress/achievement?	2 (16.7%)	0 (0%)	10 (83.3%)
10. Does the report state that teachers are given training and development about teaching students with SEND?	1 (8.3%)	8 (66.7%)	3 (25%)
11. Does the report state that the school promotes respect, tolerance and understanding for diversity in its pupils?	0 (0%)	7 (58.3%)	5 (41.7%)

Investigating the data from the first coder by item, it is clear that in the majority of schools, the Ofsted coding scheme found good inclusive behaviour. Item 10 had a 'not mentioned' response more frequently than all other items, which again indicates that this item not only had poor agreement but was also not successful in measuring any content in the policies. Additionally, this shows all other items successfully measured either good or bad inclusive behaviour across the schools.

At this stage, a correlation was carried out to investigate the relationship between the Ofsted scores and the policy scores. There was a non-significant correlation between the two scores, $r = .05$, $p = .88$.

In summary, one item was removed from the policy analysis due to the infrequency of use (item 2) and three items were removed from the Ofsted report analysis due to the very low agreement between raters (items 7, 10, 12). This left the policy analysis with 25 items and the Ofsted report analysis with three items. Along with altering the items, the guidance for the coding schemes was amended in order to create more comprehensive coding schemes. In the policy analysis, items 1, 3, 4, 5, 6, 9, 13, 19, and 22 were improved to ensure coders answer the questions accurately. In the Ofsted analysis, item 9 was improved to ensure coders answer the question accurately. See Appendices 3.12 and 3.13 for the final versions of the policy coding scheme and Ofsted coding scheme, respectively.

3.3.3. Discussion. Following a thorough process, the final coding schemes were created for the policy and Ofsted scales. These scales were used in the main study to analyse the policy and Ofsted reports of the 10 schools that participated. Both of these scales have been found to have highly acceptable overall reliability scores. The high reliability between the first and third coder, who had little knowledge of this area prior to completing this coding scheme, indicates agreement on the coding scheme is not purely due to the second coder's prior knowledge. This highlights that the coding scheme can be used by other researchers, not just the researchers who developed the scale. A correlation between the policy and Ofsted scores was not significant, however this was carried out on the data prior to the final changes being made and so it may not truly reflect the relationship between the final versions of these measures. Additionally, it may be that the two measures are investigating two slightly different aspects of inclusion and so while they may not correlate, they do provide useful information on school inclusion. To ensure a good level of reliability in the main study (Chapter 4), inter-rater agreement will still be analysed for the 10 schools recruited.

3.4. Parent Survey Work

3.4.1. Method.

3.4.1.1. Aims. Rather than testing hypotheses, this aspect of the pilot work had two aims:

1. Develop the parent attitudes towards inclusion survey, based on the previously developed scale used for parents (Attitude Toward Inclusion/Mainstreaming; Leyser & Kirk, 2002),
2. Develop the parent experiences of inclusion survey, based on school policy analyses.

3.4.1.2. Participants. For the parent survey, 84 parents took part, 91.67% of whom were female, with an average age range of 35-44 years (See Appendix 3.14 for the short invitation letter). Parents were recruited through the school that participated in the child pilot work as well as other means, including personal contacts, twitter and Facebook posts. Parents who had school aged children (either primary or secondary) were asked to participate. Parents were asked to complete a standard consent form before being given information about the survey. They were told the survey was about their attitudes and experiences of inclusion in their child's school (See Appendix 3.15 for the information sheet and consent form).

3.4.1.3. Materials. At the start of the survey, parents were asked to complete their gender, age, the gender of their child, the age of their child, the name of their child's school, whether their child has been diagnosed with SEND, and if they were aware of any SEND children in their child's class (See Appendix 3.16 for the survey).

A two-part survey was created to investigate: 1) parents' experiences of inclusion and 2) their attitudes towards inclusion. The first scale was based on the items used in the policy analysis to ask parents whether they think their child's school approaches inclusion in a good way. Twenty-seven items were then created using information gathered from these policies, e.g. 'the achievement and progress of children with SEND is valued just as much as non-SEND children'. This aspect of the survey was focused on measuring the parents' experiences of inclusion at their child's school, based on what schools state they are doing in their policies. None of the items were negatively worded. The items were measured on a 5-point Likert scale from strongly disagree (1) to strongly agree (5) with a

neutral mid-point. A mean score was calculated, with a higher score indicating positive experiences of inclusion.

The second part of the survey, used to measure parents' attitudes towards inclusion in general, was adapted from the Attitudes Toward Inclusion/Mainstreaming scale by Leyser and Kirk (2002), who had adapted the Opinions Relative to Mainstreaming Scale (Antonak & Larrivee, 1995). It was important to measure parents' attitudes towards inclusion, as these could subsequently influence children's attitudes, which could lead to bullying. The scale was updated and altered to be appropriate for the current approach to inclusion, for example, replacing the term 'handicapped' with 'children with SEND'. This scale had 14 items, e.g., 'inclusion is more likely to prepare children with disabilities for the real world' with six items negatively worded and had an original Cronbach's alpha of .83. This scale was measured using a 5-point rating scale ranging from strongly disagree (1) to strongly agree (5). A mean score was calculated, with a higher score indicating positive attitudes.

3.4.1.4. Procedure. A letter was emailed to all the parents in the school which participated in the pilot study from the school office. At this stage, parents were not required to name their child's school, due to the open sample. This letter invited parents to take part in the online survey on inclusion. Additionally, social media (Facebook, Twitter) was used to advertise the survey, and personal contacts were used in order to increase the number of participants. The online survey had previously been set up and had the information and consent form on the first page, followed by the demographic questions and the two surveys. The experiences of inclusion scale was first, followed by the attitudes towards inclusion scale. At the end of the survey, the parents were thanked for participating and reminded of the researcher's contact details if they had any questions.

3.4.2. Results.

3.4.2.1. Parent survey.

Descriptive statistics. Means and standard deviations were also calculated for the parent scales. These can be seen in Table 3.12.

Table 3.12

Means and SDs for parent scales.

Scale	N	Mean	SD
Experiences of inclusion	84	3.50	.72
Attitudes towards inclusion	84	3.70	.45

Reliability analysis. Initial reliability analyses were run on the experiences of inclusion scale and the attitudes towards inclusion scale. The Cronbach's alpha for the experiences of school inclusion scale was very high and so the scale was analysed multiple times following modification of items. Several items were removed due to high conceptual overlap, and so the items were refined from 27 to 13. Cronbach's alphas for these can be seen in Table 3.13.

Table 3.13

Cronbach's alpha for the parent scales used with n in brackets

Scale	Original	Revised
Parent Experiences of Inclusion	.96 (84)	.93 (item 1, 7, 8, 9, 10, 16, 18, 19, 21, 22, 23, 24, 25, 27 deleted)
Parent Attitudes towards Inclusion	.80 (84)	.80

Factor analysis. The experiences of inclusion questionnaire was a newly developed survey and the attitudes towards inclusion questionnaire had been adapted and so both required factor analysis. The results, however, have to be interpreted cautiously due to the low sample size. Pallant (2010) stated that a sample of 150 is the minimum for conducting a factor analysis and there was a total sample of 84 for the survey.

The experiences scale was analysed first. The 13 items refined from the reliability analysis were entered into a PCA. Despite the low sample size, there was a KMO score of .92 and a significant Bartlett's test of sphericity at $p < .001$. PCA revealed the presence of two factors, which explained 54.23% and 63.53% of the variance respectively. An examination of the scree plot showed a clear break after the first component. The analysis was rerun forcing one factor and all items loaded highly onto this component and these items along with the factor loadings can be seen in Table 3.14.

Table 3.14

Factor loadings for the parent experiences of inclusion scale (N=84)

	Mean (SD)	Factor 1
EXP5. The school puts reasonable adjustments in place if needed	3.55 (1.02)	.72
EXP13. The achievement and progress of children with SEND is valued just as much as non-SEND children	3.61 (.97)	.70
EXP4. The teachers are well trained to support all children	3.11 (1.13)	.62
EXP20. The school values parents' input in regards to inclusion	3.54 (.95)	.61
EXP12. The school provides support staff/teaching assistants to ensure children with SEND can be included in the general classroom	3.54 (.98)	.60
EXP15. Resources are provided to teachers to ensure all children are taught effectively	3.21 (.91)	.57
EXP2. All children have equal access to support	3.23 (1.11)	.56
EXP3. All children's views are acknowledged	3.26 (1.07)	.56
EXP14. The Special Educational Needs Coordinator (SENCo) is effective at organising special provisions for SEND children	3.27 (.94)	.56
EXP26. Teachers do not discriminate children due to academic ability	3.48 (1.08)	.53
EXP6. The school helps children understand difference and disability	3.56 (.97)	.40
EXP17. The school building is equally accessible for all children	3.52 (1.11)	.32
EXP11. The school aims to include children with severe disabilities, as well as mild and moderate	3.20 (1.03)	.31
% of variance explained		54.23
Eigenvalue		7.05

Following this, the 14 items from the attitudes scale were entered into a PCA. Again, despite the low sample size, there was an acceptable KMO score of .72 and a significant Bartlett's test of sphericity at $p < .001$. PCA revealed four components, which explained 26.57%, 43.61%, 56.40% and 68.20% of the variance respectively. A varimax rotation was used to aid interpretation. The factor loadings can be seen in Table 3.15, which shows a clear four-factor structure. Cross-loading occurred on a few items; however the items still loaded strongly with associated items.

Table 3.15

Factor loadings using the rotated solution for parents' attitudes towards inclusion (N=84)

	Mean (SD)	Factor 1	Factor 2	Factor 3	Factor 4
ATT4. Inclusion is more likely to prepare classmates without SEND for the real world	4.07 (.83)	.92			
ATT3. Inclusion provides children with SEND a chance to participate in a variety of activities (i.e., creative, dramatic)	4.26 (.66)	.86			
ATT5. In inclusion, children without SEND are more likely to learn about differences	4.26 (.68)	.83			
ATT1. Inclusion is more likely to prepare children with disabilities for the real world	4.23 (.67)	.79			
ATT2. Inclusion is more likely to make children with SEND feel better about themselves	4.07 (.83)	.77	.33		
ATT10. Special education teaching is better done by special education teachers than by regular teachers (R)	2.76 (1.12)		.78		
ATT11. Mainstreaming and inclusion are likely to hurt the emotional development of the child with SEND (R)	3.51 (.88)	.37	.76		
ATT9. Students with SEND should be taught in special classes where they can be supported (R)	3.40 (.97)		.66		
ATT12. The child with SEND will be socially isolated by regular classroom students (R)	3.63 (.97)		.61		
ATT7. Teachers are good at adapting regular classroom programs to accommodate students with SEND	2.96 (.86)			.91	
ATT8. Teachers do not understand how they are to integrate students with SEND (R)	3.08 (.91)			.88	
ATT14. Children with SEND should have the same privileges and advantages as other children have in school	4.50 (.70)				.85
ATT13. Special needs students should be given every opportunity to function in the regular classroom setting where possible	4.17 (.76)				.81
ATT6. In inclusion, children with SEND are less likely to receive	2.93 (1.02)		.31		.34

specialised help tailored to their needs

(R)

% of variance explained	26.57	17.04	12.79	11.80
Eigenvalue	4.58	2.00	1.66	1.33

Only factor loadings above .3 presented. (R) = reverse coded item

These four factors reflect those found by Leyser and Kirk (2004) when they used this scale with parents. The four factors are: Benefits of inclusion (Factor 1), Satisfaction with Special Education (Factor 2), Teacher Ability and Inclusion Support (Factor 3), and Child Rights (Factor 4). Reliability analysis was carried out on each of these subscales. Each subscale had an acceptable Cronbach's alpha of over .7, except the Child's Rights subscale, which had an initial Cronbach's alpha of .43. One item was removed to increase the Cronbach's alpha to an acceptable level. The factors and the Cronbach's alphas can be seen in Table 3.16.

Table 3.16

Cronbach's alpha for the parent attitudes subscales with n in brackets.

Subscale	Original no. of items	Original	Revised
Benefits	5	.90 (84)	.90
Satisfaction with Special Education	4	.74 (84)	.74
Teacher Ability and Inclusion Support	2	.84 (84)	.84
Child Rights	3	.43	.70 (item6 deleted)

3.4.3. Discussion. The parent scales had very good levels of reliability despite having a lower than optimal sample size. The experiences of inclusion scale was newly developed but was found to have a very high reliability score. The attitudes towards inclusion scale was adapted from the original but was still found to have a high reliability score, very similar to that found in the original study (Leyser & Kirk, 2004). The four-factor structure outlined by Leyser and Kirk (2004) was also found in this study.

3.4.3.1. Changes to Main Study. Following the above development and testing of the scales, several changes were made prior to the main study being carried out. These changes were based on practical issues faced in the pilot work, the results following reliability and factor analyses on the scales, as well as an awareness of potential weaknesses in the project, such as relying on parent information about school procedures. These are summarised below.

In the pilot work, an online questionnaire was used to measure both parents' experiences of inclusion in their child's school and their overall attitudes towards inclusion in schools. For the main study, the experiences questionnaire was shortened from 27 items to 13 after the shortened scale had a very high reliability score. Conceptually similar items were removed and the scale was refined to be more accurate and concise. One item (ATT6) was removed from the attitudes towards inclusion questionnaire due to it decreasing the reliability score and the weak factor loading. It was felt that having a slightly shorter scale may also have encouraged parents to take part and engage more with the survey.

3.4.3.2. Additions to Main Study. For the main study, new methods of obtaining information about a school were utilised, in order to have additional data to create a score of inclusion for every school. One additional way this was currently done was through the parent scales outlined above, however it was decided to also include information from teachers, as this would add an additional factor towards creating an overall score for the

inclusion of a school. The scale is the adapted Opinions Related to Mainstreaming (Antonak & Larrivee, 1995), which was also used to measure parent attitudes. This scale was anonymously completed online and all teachers in the schools recruited were asked to participate, the numbers of teachers per school ranged from 9-42 (see Chapter 4, section 4.2.2).

Similarly, the teacher with whom the researcher liaised (usually the SENDCo or Deputy Head Teacher) was asked to complete a short checklist regarding the school practices. This scale was developed using the policy checklist and was used alongside the policy analysis to investigate whether the school carries out the procedures outlined in the policy. This allowed the researcher to compare between what the teacher reports the school to be doing compared to what the policy says the school is doing. It was decided to include this measure to provide further information about school inclusion. These two measures would complement each other, as the teacher should be reporting that the school does in practice what it says it does in policy. Having these two measures to gain an insight into the same concept (school inclusion) improves the validity, as they should both measure the same thing (Howitt & Cramer, 2011). Data triangulation is when two measures (in this case policy analysis and liaison teacher survey) both predict the same variable (in this case inclusion). The two measures should correlate, which indicates they are both measuring the same aspect of inclusion, however if they do not correlate, it indicates that they are measuring different aspects of the same variable (Howitt & Cramer, 2011). In this thesis, these measures should correlate if the school policy and procedures reported by the teacher are similar. The liaison teacher (whoever the head teacher delegates this project management to, e.g. SENCo or deputy head) was given this checklist at the initial meeting and was asked to complete it while the research was being carried out at the school.

3.5. Chapter Conclusion

The pilot work carried out for this thesis provided an insight into the appropriate materials and methods for data collection for a study of this scale. Throughout the pilot work, several scales were tested and validated for work with students in a larger number of schools. Additionally, school measures were tested and validated, including a new measure of school SEND/inclusion policies. The aims of all three areas of the pilot work were achieved. In the child pilot work, the materials were refined for use with children and time frames were put in place in order to ensure schools could commit the correct amount of time. In the development of the policy and Ofsted analyses, both a measure for school policies and the Ofsted reports were created to measure between school differences. In the parent survey work, the two scales to measure attitudes towards inclusion as well as experiences of inclusion in schools were created and refined. All of these areas of pilot work have produced a variety of materials and methods that will underpin the main study reported in the following chapter.

4. Main Study

4.1. Introduction

4.1.1. Chapter Overview. This chapter outlines the main study for this thesis. This study was conducted with 1,599 students (aged 11-14) from 9 different schools across the country, 193 parents (aged 25-55+), and 194 teachers (aged 22-65) from these schools. This study aimed to address the overall research question: *Are children with SEND at a greater risk of being bullied than children without SEND, and what factors work to protect these children from victimisation?* The child-level part of this study used questionnaires to measure children's bullying participant roles, emotional symptoms, reciprocal friendships, attitudes towards SEND, and diagnosis of SEND. The school-level part of this study used online parent and teacher surveys and content analysis to measure school inclusion. This was done by collecting data from parents and teachers, as well as analysing the schools' SEND policies and Ofsted reports. Much of the background to this study can be found in the Literature Review (Chapter 2); however, following the changes after the pilot study, some new literature pertaining to these areas is presented below. The methods and procedures employed in this study were similar to those of the pilot study; however, they are presented below for clarity. Data analysis and findings are also presented below, and the chapter concludes with a brief discussion of the findings.

4.1.2. Background. This section will provide a summary of the literature presented in Chapter 2, as well as literature on the new aspects added to the thesis following the pilot work.

The definition of SEN, as provided by the SEND code of practice 2014, is a child who has a learning difficulty or disability that requires special educational provision. A learning difficulty or disability is present when children have a significantly greater difficulty in learning than their peers or they have a disability that does not allow them to use facilities provided for their peers. According to the Equality Act 2010, a disability is defined as "a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities." For this thesis, any children that fall within the remit of these definitions is considered to have a diagnosis of SEND. Some children may only meet the criteria of SEN, i.e. minor dyslexia, while other may only meet the criteria of Disability, i.e. diabetes, while others may meet the criteria of both, e.g. Autistic Spectrum Disorder (ASD).

Children with SEND tend to have similar characteristics: they can lack social skills, initiate fewer interactions, are less tactful and less cooperative, lie on the outskirts of social groups, are anxious and/or depressed (Mishna, 2003) and have a strong emotional reaction to negative interactions, e.g. bullying (Cappadocia, Weiss & Pepler, 2011). These are also characteristics common in victims and bullies, which indicates that children with SEND are at an increased risk of becoming involved in bullying due to the behaviours associated with their diagnosis (Mishna, 2003; Filippello et al., 2013).

Generally, children's attitudes towards SEND are fairly positive, with only about a quarter of children holding explicitly negative attitudes towards children with disabilities (Laws & Kelly, 2005; McDougall et al., 2004). These are the children we need to be aware of, as these negative attitudes could lead to bullying behaviour; however, this has not been explored directly in previous research. Additionally, children with SEND that attend inclusive schools are potentially less likely to experience bullying, as there is more interaction between SEND children and non-SEND children, which can foster positive attitudes (Georgiadi et al., 2012; Macmillan et al., 2014).

Bullying is not a dyadic process involving just the bully and the victim; it is a process that involves the entire peer group (Sutton & Smith, 1999). It is defined using three criteria: 1) intentional aggressive behaviour, 2) which is repeatedly carried out, and 3) occurs in a relationship with an imbalance of power (Olweus, 1993). For example, a child is called names every day by a group of children who intentionally target that child as she is not popular. Salmivalli et al. (1996) introduced the different participant roles in bullying, which are the bully, the assistant, the reinforcer, the defender, the outsiders, and the victim. The majority of students identified as Outsiders (23.7%) while the fewest students identified as Assistants (6.8%).

Being either a victim or a bully has psychological consequences for the child (Mishna, 2003). Bullies are more likely to develop externalising problems, such as criminal behaviour, whereas victims are more likely to develop internalising problems, such as depression (Copeland et al., 2013; Reijntjes et al., 2011). There are several risk factors that lead to children being more likely to be either a victim or a bully. Factors such as internalising problems, friendships, age, gender, and school are all associated with being a victim (Farrington & Baldry, 2010; Smith, 2014) while factors such as attitudes, age, gender, and school are associated with being a bully (Cook et al., 2010; Smith, 2014). School inclusion has an effect on bullying and victimisation, with schools that have a supportive climate and/or norms of inclusion and friendliness having lower levels of aggression (Gendron et al., 2013; Nipedal et al., 2010). Konishi, Miyazaki, Hymel and Waterhouse (2017) conducted a multilevel study on school climate and bullying and found that greater school safety, peer support, school belonging, student acceptance of diversity, discipline/fairness, and autonomy were associated with lower rates of involvement in bullying.

Children with SEND tend to be more at risk of being both a victim and a bully compared to children without SEND (Kaukiainen et al., 2002). There are characteristics typical in children with SEND that put them at a heightened risk of being victimised, e.g. lack of social and communication skills (Cappadocia et al., 2011; Hong & Espelage, 2012). There are also characteristics that put children with SEND at a heightened risk of being bullies, e.g. where the children use poorly executed aggression (Kaukiainen et al., 2002). Previous research has investigated SEND children in terms of the bully and victim roles (Nabuzoka & Smith, 1993); however, very little research has been carried out into the other roles. Kaukiainen et al. (2002) researched children with and without Learning Disabilities (LD) in the bully and victim roles and any children not peer-nominated into either role were described as not-involved. This may not be entirely accurate, as the other three roles have been ignored; this is one of the only studies that has taken roles other than the bully and the victim into consideration.

The remainder of this section introduces new literature relevant to the main study.

4.1.2.1. Teacher attitudes towards inclusion. Following the pilot work, it was decided to investigate teacher attitudes towards inclusion for the school-level factors. Teachers have generally been found to be positive towards inclusion of children with SEND (Boyle, Topping & Jindal-Snape, 2013), although this may vary depending on the type of SEND (Cassady, 2011; MacFarlane & Woolfson, 2012). Cassady (2011) investigated teachers' attitudes towards teaching children with SEND. In this study she provided teachers with brief descriptions of two children, one that displayed behaviours associated with autism and one that displayed emotional behavioural disorder. The teachers then had to complete a short survey about each child, answering questions about the benefits of including each child, their concerns about teaching each child, and about how

their attitudes affect how well the student is included in the school by students. Cassady (2011) found that teachers were more willing to have the child with autism in the classroom rather than the child with emotional behavioural disorder. They also showed a greater willingness to adapt their lessons and collaborate with colleagues to create appropriate programmes for the child with autism, compared to the child with emotional behavioural disorder. While these findings indicate that teachers' attitudes towards children with SEND vary depending on the type of SEND, this study only had a sample size of 25 teachers and so conclusions must be tentative. A larger sample size with a wider range of types of SEND would be important to utilise in future research, as researchers could thereby gain insight into which types of SEND teachers have greatest concerns about. In addition, Cassady (2011) did not specify whether the teachers that participated taught in primary or high schools, which may have an impact on attitudes and willingness to have the children in the class. The teachers had between one and forty years of teaching experience but Cassady (2011) did not investigate whether experience was associated with attitudes, again, this may be due to the small sample size and limited numbers of teachers with different lengths of teaching experience.

Boyle et al. (2013) investigated teacher attitudes towards inclusion in high schools in Scotland. Three hundred and ninety-one teachers and management-level staff completed a survey focused on behaviour, cognition, teacher competency and training, curriculum, learning culture, differentiated learning, mainstream schooling, and support. They found a gender difference in their sample, with females being more positive towards inclusion than males. However, this finding must be treated with caution as there was no indication of how many males and females took part so it may be that very few male teachers participated. Boyle et al. (2013) also investigated the effect of the different roles within the schools and found that head teachers had significantly higher pro-inclusion attitudes than deputy head teachers and teachers, with deputy head teachers also being significantly more pro-inclusion than teachers. The amount of experience was also investigated and Boyle et al. (2013) found that newly qualified teachers had significantly more positive attitudes compared to all other teaching durations. This potentially indicates that following training, teachers have positive attitudes towards inclusion but after experiencing teaching directly, their attitudes decrease. However, there was no significant difference between teachers after they finish their first year; attitudes towards inclusion did not significantly vary from year two to year 30 (Boyle et al., 2013).

MacFarlane and Woolfson (2012) investigated teacher attitudes in elementary (primary) schools and asked 111 teachers to complete a survey measuring their attitudes, efficacy, subjective norms (their perception of their school principal's views), their willingness to work with children with severe disabilities, and their actual behaviour towards including children with SEND (measured by willingness to adapt their planning and instructions). MacFarlane and Woolfson (2012) found that teachers with higher teaching self-efficacy also had a higher level of intention to use inclusive practice with children with SEND. The perception of the principal's views predicted teachers' actual behaviour in terms of willingness to adapt their lessons, but not their willingness to work with children with SEND. This indicates that principals are highly important in presenting norms of inclusion and training opportunities, which then ensures that teachers behave in the desired way. This study attempted to recruit a large sample size but due to lack of engagement by schools, MacFarlane and Woolfson's (2012) conclusions are relatively limited. Their sample came from approximately 132 schools, which means an average of fewer than 10 teachers from each school. This may make variables such as principal views hard to accurately measure with so few participants from each school; the teachers that

participated may have been more aware of the principal's attitudes or may have even been asked specifically by the principal to complete the survey because it was on an important area. It is not clear in the study exactly how many teachers came from each school and they do not consider school differences in their regression analysis.

This literature indicates that teachers generally have a positive attitude towards including children with SEND, particularly if the senior leadership team promotes the importance of doing so. However, some different types of SEND cause more reluctance and anxiety in teachers than others, such as emotional behaviour disorders. This thesis investigates teacher attitudes towards including children with SEND more generally.

4.1.3. Aims. While the aim of the pilot work (Chapter 3) was to prepare the material and methodology of the main study, the aims of this study were specifically focused on answering the research question. The main research question for this thesis is: *Are children with SEND at a greater risk of being bullied, and what factors work to protect these children from victimisation?* Factors include both child-level (e.g. friendships, emotional symptoms, etc) and school-level variables (e.g. inclusion).

There are several hypotheses that will be investigated in this thesis

1. Victimization will be positively predicted by emotional symptoms and SEND but negatively predicted by reciprocal friendships.
2. Bullying behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND.
3. Follower behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND.
4. Defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND.
5. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour.
 - 5.1. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour for children with SEND.
6. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour.
 - 6.1. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour reported by SEND children.

4.2. Method

4.2.1. Participants. Ten secondary schools participated in this study (See Appendix 4.1 for head teacher letters and consent form). The schools were recruited from Staffordshire, Bristol, Hertfordshire, Buckinghamshire, Shropshire, Birmingham, East Cheshire, and East Anglia. Schools from a variety of areas were recruited to ensure enough schools participated and to gain a range of local education authorities (LEAs). One school

was a private all-girls school. A total of 1,599 students took part from year 7 ($n = 484$), year 8 ($n = 542$), and year 9 ($n = 573$; aged 11-14). Parental consent was gained using the opt-out method, where parents returned a form to the school if they did not want their child to participate (See Appendix 4.2 for parent letters and consent form). Across all of the schools, 20 parents opted their children out of the research. There was a fairly equal gender split, with 54% of the sample being female. The parents and teachers at these schools were also invited to take part in an online survey (see Appendix 4.3 for the parent invitation letter and Appendix 4.4 for the teacher invitation letter). A total of 193 parents took part (89% female, modal age range: 45-54) and a total of 194 teachers took part (76% female, mean age: 40.83). See Table 4.1 for the numbers of students, parents and teachers within each school. Ethical approval was gained from the university ethics committee (see Appendix 4.5).

The questionnaire was delivered in one session, usually a PSHE lesson or a form time period. Fourteen children chose not to participate and were given bullying related word searches to complete. Definitions for bullying and inclusion were read out to the children and they were asked to write their name, age, gender, year group, and class on the front page. The need for their names was explained to the children. The children were given the opportunity to ask questions and then were asked to work through the questionnaire in silence.

Table 4.1

Frequencies of students, teachers and parents across the nine schools.

	Students	Teachers	Parents	Ofsted Grade
School 1	139	12	19	Good
School 2	132	42	21	Requires Improvement
School 3	251	27	39	Outstanding
School 4	164	24	13	Good
School 5	297	23	3	Requires Improvement
School 6	140	21	47	Good
School 7	163	25	43	Outstanding
School 8	165	9	0	Requires Improvement
School 9	148	11	8	Good
Total	1599	194	193	

4.2.2. Materials. The materials for the main study are largely similar to those used in the pilot work, given they aim to measure the same factors. However, some materials were altered following the pilot work and all scales were answered in one session (See Appendix 4.6 for the questionnaire). For full details and explanation of the scales used, please see Chapter 3, Section 3.2.1.3. Table 4.2 summarises which materials have stayed the same, been altered, removed or added.

Table 4.2

Table to show any changes to the child scales from the pilot to the main study

Scale	Same as pilot work	Altered from pilot work	Removed	New
Bullying Behaviour and Experiences Scale (victim subscale)	✓			
Strengths and Difficulties Questionnaire (emotional symptoms subscale)	✓			
Participant Role Scale		✓		
Friendship question		✓		
Disability question		✓		
Chedoke-McMaster Attitudes Towards Children with Handicaps		✓		
Strengths and Difficulties Questionnaire (conduct problems subscale)			✓	
Bullying Behaviour and Experiences Scale (bully subscale)			✓	
School climate questions				✓

The Participant Role Scale (PRS; Salmivalli et al., 1996) was condensed to five items in the pilot work; however, upon review of the pilot data, it was decided that one item per role did not accurately allocate children into the bullying roles. Therefore, the full PRS was included for the main study, with 48 items each measuring the five roles. These roles were measured with the five subscales in the PRS. The bully subscale (example item: I start the bullying) is comprised of 10 items, the reinforcer subscale (example item: I laugh at the bullying) is comprised of seven items, the assistant subscale (example item: I catch the victim for the bully) is comprised of four items, the defender subscale (example item: I tell others to stop the bullying) is comprised of 20 items, and the outsider subscale (example item: I don't know about any bullying) is comprised of seven items. Having the full scale means that children can be more accurately allocated into their participant roles. This scale had a 4-point response scale from 'strongly disagree' to 'strongly agree'. The items that measured each role were averaged to create a score of how much the children fit the roles. A high score indicated that they strongly fit the role and a low score indicated that they did not fit the role.

The friendship question was altered only slightly to put a limit on the number of friends the children could identify. This was due to the high numbers of friends children nominated in the pilot study where they wrote their entire class, rather than thinking about

who their closest friends are. In the development of this measure, Parker and Asher (1993) asked children to nominate three close friends and so that is why this has been used in the main study. They also had to identify their very best friend.

The Bullying Behaviour and Experiences Scale (BBES) was comprised of two subscales: the bully subscale (5 items) and the victim subscale (7 items plus 1 new identity-based victimisation item). Due to poor reliability in the pilot work, the bully subscale was removed from the questionnaire; however, the victim subscale was retained. This scale had a 4-point response scale, from 'Never' to 'Always' and the mean was calculated. No new scale has been added to replace the bully subscale due to the inclusion of the full PRS, which also measures bullying.

Many children struggled with the disability question trialled in the pilot, due to the ambiguous and open nature of the question. As such, many children had to ask for help with this question. As a result of this, this question was altered to be a closed question, in which children are provided a list of disabilities to tick, rather than being asked to write the name of their diagnosis, if they had one. This would hopefully overcome the uncertainty many children experienced with this question, as they can read through the potential answers, or tick 'other' if theirs is not on the list. For every disability, there was a yes/no tick box, which meant students were encouraged to read through the entire list. This list was developed using the disabilities identified in the pilot work, a list of common disabilities in schools (DfE, 2014c) and communicating with a SENCo regarding the final list. Once the data had been collected, the list was reviewed and several disabilities were removed before analysis. Asthma was removed from the SEND list as it seemed to be overly represented ($n = 111$; 7% of sample) and only severe, life-long asthma is considered to be within the SEND group (DfE, 2014). Finally, turning eye ($n = 9$), epilepsy ($n = 2$) and narcolepsy ($n = 0$) were removed because it was decided that these did not appropriately fit the definition of SEND. Table 4.3 presents a list of disabilities included in the SEND category, and the type of need the different disabilities belong to.

Table 4.3

Disabilities included within the SEND diagnosis, type of need, and frequency.

Disability	Type of Need	Frequency
Dyslexia	Cognition and Learning Difficulty	104
Bipolar	Social, Emotional and Mental Health Difficulty	5
Anxiety	Social, Emotional and Mental Health Difficulty	48
Cerebral palsy	Physical and/or Sensory Difficulty	1
Blind (visual impairment)	Physical and/or Sensory Difficulty	17
Down's Syndrome	Communication and Interaction Difficulty	0

Cystic Fibrosis	Physical and/or Sensory Difficulty	3
Stutter/Stammer	Communication and Interaction Difficulty	27
Auditory Processing Disorder	Communication and Interaction Difficulty	0
Speech and Language Difficulties	Cognition and Learning Difficulty	18
ADHD/ADD	Social, Emotional and Mental Health Difficulty	25
OCD	Social, Emotional and Mental Health Difficulty	40
ASD (Autism, Asperger's)	Communication and Interaction Difficulty	8
Tourette's	Social, Emotional and Mental Health Difficulty	1
Hypermobility	Physical and/or Sensory Difficulty	9
Dyspraxia	Cognition and Learning Difficulty	5
Deaf (hearing impairment)	Physical and/or Sensory Difficulty	5
Physically disabled	Physical and/or Sensory Difficulty	3
Dyscalculia	Cognition and Learning Difficulty	0
Specific Learning Difficulty (SpLD)	Cognition and Learning Difficulty	0
Multiple Needs		215
Other		11
Total		545

The Strengths and Difficulties Questionnaire (SDQ) was comprised of two subscales: the emotional symptoms subscale and the conduct problems subscale (5 items). Due to poor reliability, the conduct problems subscale was removed. The emotional symptoms subscale was retained. This scale had a 3-point response scale, from 'Not True' to 'Certainly True' with total (sum) scores calculated.

The children were then asked to complete questions about their attitudes towards disability. The section started by asking the children if they knew anyone with a disability (yes/no) and how. They were then presented with the Chedoke-McMaster Attitudes Towards Children with Handicaps (CATCH) scale, which was refined from 17 items to 12 items. This was due to both reliability analysis and factor analysis, which revealed several items did not load onto a single factor that the scale was attempting to measure. This scale had a 4-point response scale, from 'Strongly disagree' to 'Strongly agree.' Additionally, it was decided that a scale of 12 items was more accessible and less overwhelming for the students to complete, particularly with the addition of a 48-item scale at the beginning of the questionnaire.

Finally, two short questions were added to gain an understanding of the children's perception of school climate. This was done by asking them about their pride in the amount of support for children with SEND, and the school's approach towards promoting tolerance and understanding of SEND. These were measured on a 5-point scale from 'strongly disagree' to 'strongly agree'. A middle point (3 = 'neither agree or disagree') was added for these questions to provide a 'don't know' option, as some children may not have been fully aware of the support given to children with SEND. It was decided to add these in to gain an additional measure of school inclusion from an additional sample. This meant that a perception of school inclusion would be gathered from policy and also students, teachers and parents.

The structure of the questionnaire was altered following the pilot work. In the pilot work, the disability questionnaire came first, followed by the bullying questionnaire the following week. However, it was decided that separating the questionnaires provided no great advantage, as children were informed about the research at the start of the first session, and so all scales were presented in one questionnaire. This questionnaire was split into three sections (1, personal information, 2, bullying information, and 3, disability information) to give it structure and distinguish between the disability section and the bullying section.

The scales used for parents were the same as those in the pilot study, however, the experiences survey was reduced from 27 items to 13 items (See Appendix 4.7 for the information sheet and consent form). This was because there were several conceptually similar items and a high Cronbach's alpha (.96 before revision). The attitudes survey for parents was the same as in the pilot (See Appendix 4.8 for the experiences and attitudes surveys). The Ofsted and policy coding schemes used in the main study were the same as those developed in the pilot work. Additional information was taken from the Ofsted reports and was used independently from the Ofsted coding schemes. This was the *grades* awarded to the school in the report (1 = outstanding, 2 = good, 3 = requires improvement, 4 = inadequate). These grades are given to the school as an overall score, but also for specific subsections of the report (pupil achievement, teacher quality, pupil behaviour and leadership). The score from the Ofsted coding scheme will be referred to as 'Ofsted score' while the grades from the Ofsted report will be referred to as 'Ofsted grades'.

In order to gain additional data, a teacher survey was included in the main study (See Appendix 4.9 for the information sheet and consent form). For this survey, an adapted version of the Attitudes Towards Inclusion/Mainstreaming developed by Leyser and Kirk (2002; an adaption of the Opinions Relative to Mainstreaming scale; Antonak & Larrivee, 1995) was used as this scale was originally developed for use with teachers and would measure similar aspects as the survey with parents. This survey was comprised of 14 items measuring teachers' attitudes towards inclusion on a 5-point response scale. There was an

additional item in the teacher scale due to one item being removed for the parent scale following the pilot study. As this scale was originally designed for use with teaching, the full original scale was retained. The mean score was calculated for each teacher that participated, with a higher score indicating positive attitudes (See Appendix 4.10 for the survey).

Finally, a short checklist was developed based on the policy analysis toolkit. This was comprised of 25 yes/no items that were based on the items in the policy analysis toolkit to investigate whether a teacher reported that the school carried out actions in practice that their policy says they do (See Appendix 4.11 for the information sheet and consent form). They also had the additional guidance at the end of the checklist, the same guidance as is on the policy analysis toolkit, to ensure the teachers understood what they are being asked. On this checklist, the teacher was also asked to give the percentage of SEND children at the school (See Appendix 4.12 for the checklist).

4.2.3. Procedure. The procedure for the main study was very similar to the one outlined in the pilot work (Chapter 3, section 3.2.1.4). Letters with opt-out consent forms were sent to parents of all children participating approximately three weeks prior to data collection. This was sent out again approximately one week prior to data collection to ensure that parents had received it and returned it if they did not want their child to participate. The researcher then visited the schools and students completed the questionnaires. For some schools, they wanted multiple sessions run at once, and in these cases several researchers carried out the sessions (See Appendix 4.13 for the session instructions). This meant many students could participate at the same time and that the data collection was not as disruptive to the school day. The sessions were run during PSHE lessons, form time, or during a timetabled lesson.

As in the pilot work, the children were told that they did not have to participate if they did not want to and they could stop at any time. They were told they had to work in silence in order to ensure they gave their own honest answers to the questions. At least one member of school staff was in the room along with the researcher to ensure these conditions were met. Students who did not want to participate were given bullying-related word searches to complete. Participants were given the chance to ask questions and then the questionnaires were handed out. The children were told to fill in section 1 (personal details) and then the definitions of bullying and disability were read out to the class. Once it was clear that children understood the definitions, they were asked to work through the questionnaire in silence. Students were debriefed following the questionnaire and reminded not to discuss their answers and to talk to a parent, teacher or counsellor if they were upset by it. They were also encouraged to speak to ChildLine, as this would be anonymous.

The children were also given an activity to engage them in the topic following the debrief. They were given a table with a picture and name of a celebrity, a job, and a disability. The children were asked to match the celebrity to the job and to the disability. For example; Stephen Hawking – Scientist – Motor Neuron Disease. There was a list of 12 celebrities with a range of disabilities, such as Epilepsy, Dyslexia and physical disabilities (as a result of polio). The children were encouraged to work in pairs or threes on this and then there was a class discussion on the correct answers and the importance of being understanding towards people with disabilities. Both children and school staff were very engaged in this activity and it helped in highlighting the success of people with disabilities.

4.3. Results

This section is split into two main subsections. The first includes descriptive statistics, reliability and factor analyses and general exploratory analyses on additional variables. In this section, MANOVAs and ANOVAs were primarily used to investigate the group differences in terms of year group, gender and SEND diagnosis. The second subsection is the explanation of multilevel modelling (MLM), the justification, and the final models. In this section, the preparation for the MLM is outlined, including correlations to inform the model.

4.3.1. Data Preparation.

4.3.1.1. Missing data. Due to the nature of data collection with children there were several cases of missing data. When doing the MLM (section 4.3.3.) the analysis could only be run on cases with no missing data and therefore it was important to impute missing data cases where appropriate. There are several approaches to dealing with missing data. The first is listwise deletion, in which an entire case is deleted if they have one or more missing values. The second is pairwise deletion, in which cases are deleted on an analysis-by-analysis basis. For this thesis, if a listwise deletion approach had been taken, the number of cases would have decreased to 461 cases. To address this, data imputation was used for each scale individually. Enders (2003) reported that 15-20% missing data was common in educational studies and so 20% was adopted as the cut off point for imputing data. If a student had less than 20% missing data for each scale, the mean score of those students who did complete the item concerned from within each school was imputed. If a student had more than 20% missing from a scale, their data was dropped from the analysis. For example, the SDQ has 5 items, which means that children must have completed every item in order for their data to be used. Another example is the bullying subscale from the PRS, which had 10 items, and so children with more than 2 missing items were removed from the analysis. Children who had one missing item in the bullying subscale from the PRS had the average score for that item for their school imputed into the missing data. Children with 20% or more cases of missing data were left as missing data.

4.3.1.2. Creating the datasheet. In order to conduct a multilevel analysis, both the individual level and school level factors needed to be merged into one datasheet. This was done in R and all children in the same school received the same score for all of the school level variables. z-scores were created in order to standardise all of the variables for the multilevel model. These variables were used in the models to create composite variables, and in the initial assumption testing.

4.3.2. Descriptive statistics, reliability analyses, factor analyses and inferential statistics.

4.3.2.1. Child Level Measures. The means and standard deviations are presented in this section for all measures at both the individual and the school level. Additionally, reliability analysis and exploratory factor analysis are reported for each scale (if appropriate).

4.3.2.1.1. Participant Role Scale. The means for each subscale are presented in Table 4.4. This shows that children had higher scores on the defender and outsider subscales.

Table 4.4

Means and standard deviations of the five participant bullying roles

	No. of items	Mean	SD
Bully	10	1.24	.31
Reinforcer	7	1.64	.38
Assistant	4	1.29	.37
Defender	20	2.72	.47
Outsider	7	2.37	.41

(43 items, 1-4 response scale, higher score indicates agreement)

A factor analysis was carried out on the full PRS, as this was a new scale included in the main study of the thesis and is more commonly used with peer nomination. A varimax rotation was used in order to aid in interpretation. The factor analysis revealed nine factors being measured that explained 52% of the variance. This was surprising given that there are only five different roles. Due to this, the factor analysis was rerun forcing five factors. These five factors explained 42% of the variance. However, almost every item (39/48) loaded onto the first factor, with many items cross-loading across several factors and one item not loading onto any factor, which makes the factor structure difficult to explain. As such, this meant that analyses using the five roles would not be possible. See Appendix 4.14 for factor loadings for the PRS.

Alongside the factor analysis, internal consistency reliability analyses were run on each subscale of the scale. Three of the five subscales had an acceptable Cronbach's alpha; however, two of the subscales (Assistant and Outsider) had very low scores of .58 and .53 respectively. For both of these subscales, there were no items that, if removed, would improve the reliability. These can be seen in Table 4.5.

Table 4.5

Cronbach's alphas for the PRS subscales.

Subscale	No. of items	Cronbach's alpha
Bully	10	.83
Reinforcer	7	.68
Assistant	4	.58
Defender	20	.89
Outsider	7	.53

Thus it was decided that the bully, reinforcer and defender roles would be used in further analysis, because they had satisfactory Cronbach's alphas; the Outsider role would not be used because of the low Cronbach's alpha, and the assistant items would be combined with the Reinforcer items to form a new scale labelled as 'follower', yielding a satisfactory Cronbach's alpha of .77. This made conceptual sense, as the roles both 'support' the bullying. Additionally, this has been done in previous research (see Camodeca & Goossens, 2005 & Sutton et al., 1999).

4.3.2.1.2. Bullying Behaviour and Experiences Scale (victim subscale). The means and standard deviations for each item in this scale are presented in Appendix 4.15. The overall mean score for this scale was 1.52 (SD = .52). This scale had a satisfactory Cronbach's alpha of .85. Factor analysis was not carried out on this scale as it had been used successfully in the pilot work (see Chapter 3).

4.3.2.1.3. Strengths and Difficulties Questionnaire. The mean for this scale was 3.33 (range: 0 – 10) with a standard deviation of 2.64, see Appendix 4.16 for the means and standard deviations for each item. Reliability analysis revealed a satisfactory Cronbach's alpha of .79. Factor analysis was not carried out as this scale had been used successfully in the pilot work (see Chapter 3).

4.3.2.1.4. CATCH scale. Overall, the entire sample of children had an attitude of 3.15, indicating positive attitudes. 1,077/1,599 (67%) students had a mean response score above 3, indicating that a high proportion could be considered to have positive attitudes. 26/1,599 (1.63%) students had a mean response score less than 2, indicating very few with negative attitudes. The remaining students (496/1,599; 31%) had a mean score falling between 'disagree' and 'agree', indicating neutral attitudes. Reliability analysis revealed a very good Cronbach's alpha of .92. Factor analysis was not carried out due to the use of this scale in the pilot work (see Chapter 3).

4.3.2.1.5. Climate perception. These two items measured the children's perception of their school inclusion climate. The means and standard deviations are presented in Table 4.6. The two items were combined and had a mean score of 3.92 (SD = .87). A Pearson's correlation was also run on these items that revealed a coefficient of .64, which was highly significant ($p < .001$).

Table 4.6

Means and standard deviations of the climate perception questions.

	Mean	SD
5. I am proud of how my school includes, cares for, and supports children with SEND	3.99	.91
6. I am proud of my school's approach towards teaching us about being tolerant and understanding of differences between people	3.85	1.01

(1-5 response scale, higher score indicates agreement)

4.3.2.1.6. Gender and year group differences. A 2x3 MANOVA was run to investigate the differences between boys and girls and the differences between the three year groups. A MANOVA was used to investigate how the dependent variables (bullying roles, emotional symptoms, friendships, attitudes, and school climate) differ according to the independent variables (in this case, gender and year group), as well as determining any

interactions amongst the independent variables. As several variables (emotional symptoms, bullying behaviour, follower behaviour, defender behaviour, and school climate) violated the Levene's test in the analysis, a more conservative p -value was used as a threshold for significance (.01), as recommended by Pallant (2013). Table 4.7 shows the means and standard deviations for all of the variables across males and females and the year groups.

There was a main effect of gender on bullying behaviour, with boys scoring higher than girls ($F(1, 999) = 38.30, p < .001, \eta^2p = .04$). There was also a main effect of year group on bullying behaviour ($F(2, 999) = 5.87, p < .003, \eta^2p = .01$). The Tukey HSD test indicated that year 9 had significantly higher bullying behaviours than year 7 and year 8. There was no significant difference between year 7 and year 8. There was an interaction effect of gender and year group on bullying behaviour ($F(1, 998) = 5.23, p < .01, \eta^2p = .01$). Boys in year 9 ($M = 1.39, SD = .37$) reported more behaviours than boys in year 7 ($M = 1.24, SD = .30$) and year 8 ($M = 1.27, SD = .31$), with boys in year 8 also reporting more behaviours than boys in year 7. There was no significant difference across the year groups for girls reporting bullying behaviours.

There was a main effect of gender on follower behaviours, with boys scoring higher than girls ($F(1, 999) = 33.68, p < .001, \eta^2p = .02$). There was a significant main effect of year groups on follower behaviours, $F(2, 999) = 8.80, p < .001, \eta^2p = .02$. The Tukey HSD test indicated that year 9 had significantly more follower behaviours than year 7 and year 8. There was no significant difference between year 7 and year 8. Due to the higher conservative p -value for this variable, the interaction effect of gender and year group on follower behaviour was not significant ($F(1, 998) = 3.27, p = .039, \eta^2p = .01$).

There was a main effect of gender on defender behaviours, with girls scoring higher than boys ($F(1, 999) = 17.59, p < .001, \eta^2p = .02$). There was a significant main effect of year group on defender behaviours ($F(2, 999) = 41.52, p < .001, \eta^2p = .08$). The Tukey HSD test indicated that year 9 had significantly lower defender behaviours than year 7 and year 8. There was no a significant difference between year 7 and year 8. There was no interaction effect for defender behaviours.

There was a main effect of gender on reciprocal friendships, with girls scoring higher than boys ($F(1, 999) = 23.98, p < .001, \eta^2p = .02$). There was a significant main effect of year group on reciprocal friendships ($F(2, 999) = 6.37, p = .002, \eta^2p = .01$), however post-hoc tests revealed no significant differences between the year groups. The interaction was not significant.

There was a main effect of gender on emotional symptoms, with girls scoring higher than boys ($F(1, 999) = 112.75, p < .001, \eta^2p = .10$). Due to the more conservative p -value for this variable, there was no significant main effect of year group on emotional symptoms ($F(2, 999) = 4.14, p = .047, \eta^2p = .01$). There was a significant interaction effect of gender and year group, ($F(1, 998) = 6.01, p = .002, \eta^2p = .01$). Year 7 girls ($M = 3.45, SD = 2.58$) had significantly lower emotional symptoms than year 8 girls ($M = 4.09, SD = 2.63$) and year 9 girls ($M = 4.57, SD = 2.74$). Year 9 girls also had significantly higher emotional symptoms than year 8 girls. There was no difference across the year groups for boys reporting emotional symptoms.

There was a main effect of gender on attitudes, with girls scoring higher than boys, ($F(1, 999) = 89.72, p < .001, \eta^2p = .08$). There was a significant main effect of year group on attitudes, ($F(2, 999) = 4.94, p = .008, \eta^2p = .01$). The Tukey HSD test indicated that year 9 had significantly lower attitudes than year 7 and year 8. There was no significant

difference between year 7 and year 8. There was no interaction effect of gender and year group on attitudes.

Due to the conservative p -value used for this variable, there was no main effect of gender on school climate, ($F(1, 999) = 5.52, p = .018, \eta^2p = .01$). There was a significant main effect of year group on school climate, ($F(2, 999) = 36.28, p < .001, \eta^2p = .07$). The Tukey HSD test indicated that year 9 had significantly lower school climate scores than year 7 and year 8. There was no significant difference between year 7 and year 8. There was an interaction effect of gender and year group ($F(2, 998) = 5.47, p = .004, \eta^2p = .01$). Boys in year 9 ($M = 3.48, SD = .95$) reported lower school climate than boys in year 7 ($M = 4.16, SD = .75$) and year 8 ($M = 4.02, SD = .78$), with no difference between boys in year 7 and year 8. Girls in year 9 ($M = 3.74, SD = .80$) also reported poorer school climate than girls in year 7 ($M = 4.20, SD = .88$) and year 8 ($M = 4.03, SD = .78$), with no difference between girls in year 7 and year 8. Overall, boys appear to have a lower perception of school climate than girls across the year groups, although the differences decrease with the younger year groups. See Appendix 4.17 for interaction plots.

There was no main effect of gender ($F(1, 999) = .11, p = .74, \eta^2p = .001$) or year group ($F(2, 999) = 1.59, p = .205, \eta^2p = .003$) on victimisation and the interaction was not significant ($F(2, 999) = 1.69, p = .19, \eta^2p = .003$). A chi-square test was run to investigate gender differences on disability diagnosis. This indicated no significant differences across boys and girls, $\chi^2(1, n = 1541) = .47, p = .19$. A chi-square test was run to investigate year group differences on disability diagnosis. This indicated no significant differences across the year groups, $\chi^2(2, n = 1545) = 4.99, p = .08$.

Table 4.7

Descriptive statistics for variables across gender (female $n = 552$, male $n = 452$) and year groups.

	Year 7 ($n=278$)	Year 8 ($n=345$)	Year 9 ($n=381$)	Total ($n=1004$)
Victim Score ¹				
Male ($n=452$)	1.52 (.56)	1.50 (.52)	1.55 (.54)	1.52 (.54)
Female ($n=552$)	1.42 (.47)	1.55 (.52)	1.55 (.48)	1.51 (.50)
Total ($n=1004$)	1.47 (.51)	1.52 (.52)	1.55 (.51)	1.51 (.49)
Bully Score ¹				
Male ($n=452$)	1.24 (.30) ^{af}	1.27 (.31) ^{bf}	1.39 (.37) ^{ab}	1.31 (.34) ^e
Female ($n=552$)	1.17 (.26)	1.17 (.28)	1.19 (.27)	1.18 (.27) ^e
Total ($n=1004$)	1.20 (.28) ^c	1.22 (.30) ^d	1.29 (.34) ^{cd}	1.23 (.31)
Follower Score ¹				
Male ($n=452$)	1.51 (.33)	1.56 (.35)	1.68 (.36)	1.59 (.35) ^a
Female ($n=552$)	1.43 (.30)	1.43 (.29)	1.47 (.33)	1.45 (.31) ^a
Total ($n=1004$)	1.47 (.31) ^b	1.48 (.32) ^c	1.58 (.36) ^{bc}	1.50 (.33)
Defender Score ¹				
Male ($n=452$)	2.84 (.43)	2.66 (.53)	2.49 (.50)	2.65 (.51) ^a
Female ($n=552$)	2.91 (.42)	2.77 (.37)	2.67 (.46)	2.78 (.43) ^a
Total ($n=1004$)	2.88 (.43) ^b	2.73 (.45) ^c	2.58 (.49) ^{bc}	2.73 (.46)
Reciprocal Friendships ³				
Male ($n=452$)	7.29 (6.09)	6.10 (4.54)	6.77 (4.96)	6.72 (5.22) ^a

Female ($n=552$)	8.76 (5.39)	8.11 (4.72)	8.18 (4.83)	8.34 (4.98) ^a
Total ($n=1004$)	8.12 (5.75)	7.28 (4.75)	7.50 (4.93)	7.52 (5.07)
Emotional Symptoms* ²				
Male ($n=452$)	2.42 (2.18)	2.64 (2.32)	2.34 (2.36)	2.46 (2.29) ^d
Female ($n=552$)	3.45 (2.58) ^{ab}	4.09 (2.63) ^{ac}	4.57 (2.74) ^{bc}	4.06 (2.69) ^d
Total ($n=1004$)	2.98 (2.46)	3.481 (2.61)	3.47 (2.80)	3.35 (2.58)
Attitude Score ¹				
Male ($n=452$)	3.06 (.50)	3.04 (.52)	2.89 (.53)	2.99 (.52) ^a
Female ($n=552$)	3.31 (.52)	3.31 (.47)	3.26 (.47)	3.29 (.49) ^a
Total ($n=1004$)	3.20 (.53) ^b	3.20 (.51) ^c	3.07 (.54) ^{bc}	3.17 (.52)
Climate Score ⁴				
Male ($n=452$)	4.16 (.75) ^a	4.02 (.78) ^b	3.48 (.95) ^{ab}	3.85 (.90)
Female ($n=552$)	4.20 (.88) ^c	4.03 (.78) ^d	3.74 (.80) ^{cd}	3.98 (.84)
Total ($n=1004$)	4.18 (.82) ^e	4.03 (.78) ^f	3.62 (.89) ^{ef}	3.94 (.87)

(¹ = 1-4 response scale, ² = 1-3 response scale, ³ = up to 3 responses converted into a percentage, ⁴ = 1-5 response scale. Higher score indicates agreement, means that share a superscript within each dependent variable are significantly different. * = score summed, all other variables presented as means)

4.3.2.1.7. *SEND differences.* A 2x2 MANOVA was run to investigate the differences between children with and without SEND and gender, in relation to the same variables as in the previous analyses. This analysis aimed to partially investigate hypotheses 1-3. The means and standard deviations can be seen in Table 4.8.

In line with hypothesis 1 (victimisation will be positively predicted by emotional symptoms and SEND and negatively predicted by reciprocal friendships), there was no main effect of gender on victimisation experiences ($F(1, 986) = .11, p = .74, \eta^2p = .001$); however, there was a significant main effect of SEND, with children with SEND scoring higher ($M = 1.69, SD = .58$) than children without SEND ($M = 1.42, SD = .42; F(1, 986) = 73.94, p < .001, \eta^2p = .07$). There was no interaction between gender and SEND on victimisation scores ($F(1, 986) = .67, p = .41, \eta^2p = .001$).

There was a main effect of gender on bullying behaviour, with boys scoring higher than girls ($F(1, 986) = 39.79, p < .001, \eta^2p = .04$). Surprisingly and not in line with hypothesis 2 (bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND), there was no main effect of SEND on bullying behaviour (although it was approaching significance, with $p = .053$). There was also no interaction between gender and SEND on bullying behaviour ($F(1, 986) = .01, p = .91, \eta^2p = .001$).

In line with hypothesis 3 (follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND), there was a main effect of gender on follower behaviours, with boys scoring higher than girls ($F(1, 999) = 33.68, p < .001, \eta^2p = .02$). There was also a main effect of SEND, with children with SEND scoring higher than children without SEND, ($F(1, 988) = 4.41, p = .044, \eta^2p = .004$). There was an interaction effect between gender and SEND on follower behaviour, ($F(1, 986) = 3.96, p = .047, \eta^2p = .004$). Females with SEND ($M = 1.50, SE = .02$) were more likely to be followers than females without SEND ($M = 1.42, SE = .02$), however there was no

difference between males with and without SEND (see Appendix 4.18 for interaction plots).

There was a main effect of gender on defender behaviours, with girls scoring higher than boys ($F(1, 986) = 17.59, p < .001, \eta^2p = .02$), however, there was no main effect of SEND (although it was approaching significance, with $p = .09$) and no interaction effect ($p = .77$). There was a main effect of gender on reciprocal friendships, with girls scoring higher than boys ($F(1, 986) = 23.98, p < .001, \eta^2p = .02$), however, there was no main effect of SEND ($F(1, 986) = 2.42, p = .12, \eta^2p = .002$). There was an interaction between gender and SEND on reciprocal friendships ($F(1, 986) = 7.23, p = .007, \eta^2p = .01$). Boys with SEND had fewer friends ($M = 5.66, SE = .41$) than boys without SEND ($M = 7.08, SE = .29$), however, there was no significant difference between girls with and without SEND (see Appendix 4.18 for interaction plots). There was a main effect of gender on emotional symptoms, with girls scoring higher than boys ($F(1, 986) = 112.75, p < .001, \eta^2p = .10$). There was a main effect of SEND on emotional symptoms, with children with SEND scoring higher than children without SEND, ($F(1, 986) = 79.58, p < .001, \eta^2p = .08$). There was no interaction effect on emotional symptoms ($F(1, 986) = .93, p = .34, \eta^2p = .001$). There was a main effect of gender on attitudes, with girls ($M = 3.31, SD = .48$) scoring higher than boys, ($M = 3.00, SD = .51; F(1, 986) = 89.72, p < .001, \eta^2p = .08$), however there was no main effect of SEND on attitudes nor was there an interaction effect. Finally, there was no main effect of gender on school climate, ($F(1, 999) = 5.52, p = .018, \eta^2p = .01$). There was a main effect of SEND on school climate, with children with SEND scoring lower than children without SEND, ($F(1, 986) = 6.02, p = .019, \eta^2p = .01$). There was no interaction effect on school climate.

Table 4.8

Descriptive statistics for children with and without SEND across the variables.

	Children with SEND mean score (SD) (<i>n</i> =339)	Children without SEND mean score (SD) (<i>n</i> =651)	Total (<i>n</i> =990)
Victim Score ¹			
Boys (<i>n</i> =446)	1.67 (.60)	1.43 (.43)	1.52 (.54)
Girls (<i>n</i> =544)	1.70 (.56)	1.40 (.41)	1.51 (.50)
Total (<i>n</i> =990)	1.69 (.58) ^a	1.42 (.42) ^a	1.51 (.49)
Bully Score ¹			
Boys (<i>n</i> =446)	1.33 (.36)	1.29 (.33)	1.31 (.34) ^a
Girls (<i>n</i> =544)	1.20 (.28)	1.16 (.26)	1.18 (.27) ^a
Total (<i>n</i> =990)	1.26 (.32)	1.22 (.30)	1.23 (.31)
Follower Score ¹			
Boys (<i>n</i> =446)	1.58 (.35)	1.58 (.34)	1.59 (.35) ^c
Girls (<i>n</i> =544)	1.50 (.31) ^a	1.42 (.30) ^a	1.45 (.31) ^c
Total (<i>n</i> =990)	1.54 (.33) ^b	1.49 (.33) ^b	1.50 (.33)
Defender Score ¹			
Boys (<i>n</i> =446)	2.69 (.54)	2.64 (.47)	2.65 (.51) ^a
Girls (<i>n</i> =544)	2.83 (.42)	2.77 (.43)	2.78 (.43) ^a
Total (<i>n</i> =990)	2.77 (.48)	2.71 (.45)	2.73 (.46)
Reciprocal Friendships ³			
Boys (<i>n</i> =446)	5.66 (4.96) ^b	7.08 (5.16) ^b	6.72 (5.22) ^a

Girls (n=544)	8.46 (5.27)	8.08 (4.61)	8.34 (4.98) ^a
Total (n=990)	7.23 (5.31)	7.64 (5.00)	7.52 (5.07)
Emotional Symptoms * ²			
Boys (n=446)	3.26 (2.42)	1.98 (1.95)	2.46 (2.29) ^b
Girls (n=544)	5.14 (2.61)	3.55 (2.44)	4.06 (2.69) ^b
Total (n=990)	4.32 (2.69) ^a	2.83 (2.36) ^a	3.35 (2.58)
Attitude Score ¹			
Boys (n=446)	2.99 (.52)	3.01 (.51)	2.99 (.52) ^a
Girls (n=544)	3.29 (.48)	3.32 (.49)	3.29 (.49) ^a
Total (n=990)	3.16 (.52)	3.17 (.52)	3.17 (.52)
Climate Score ⁴			
Boys (n=446)	3.81 (.94)	3.86 (.92)	3.85 (.90) ^b
Girls (n=544)	3.87 (.90)	4.09 (.75)	3.98 (.84) ^b
Total (n=990)	3.84 (.92) ^a	3.99 (.84) ^a	3.94 (.87)

(¹ = 1-4 response scale, ² = 1-3 response scale, ³ = up to 3 responses converted into a percentage, ⁴ = 1-5 response scale, higher score indicates agreement, means that share a superscript are significantly different. * = score summed)

The types of SEND reported in the questionnaires were separated into the different areas of need in the SEND Code of Practice 2014 (Cognition & Learning difficulties; Communication & Interaction difficulties; Social, Emotional & Mental Health difficulties; and Sensory and/or Physical difficulties). Two hundred and fifteen children indicated they had multiple diagnoses and so additional categories were created to take these into account. The frequencies for each area of need are presented in Table 4.9.

Table 4.9.

Frequencies of types of need in descending order, with percentages in brackets.

Group	Area(s) of need	Frequency
1	Social, Emotional and Mental Health difficulties	181 (11.3%)
2	Cognition & Learning difficulties	132 (8.3%)
3	Communication & Interaction difficulties	63 (3.9%)
4	Sensory and/or Physical difficulties	54 (3.4%)
5	Cognitive & Learning difficulties + Social, Emotional and Mental Health difficulties	27 (1.7%)
6	Social, Emotional and Mental Health difficulties + Communication & Interaction difficulties	23 (1.4%)
7	Cognition & Learning difficulties + Communication & Interaction difficulties	17 (1.1%)
8	Cognition & Learning difficulties + Social, Emotional and Mental Health difficulties + Communication & Interaction difficulties	13 (.8%)
9	Social, Emotional and Mental Health difficulties + Sensory and/or Physical difficulties	10 (.6%)

10	Cognition & Learning difficulties + Social, Emotional and Mental Health difficulties + Communication & Interaction difficulties + Sensory and/or Physical Difficulties	7 (.4%)
11	Cognition & Learning difficulties + Sensory and/or Physical Difficulties	6 (.4%)
12	Sensory and/or Physical Difficulties + Communication & Interaction difficulties	3 (.2%)
13	Cognition & Learning difficulties + Social, Emotional and Mental Health difficulties + Sensory and/or Physical Difficulties	3 (.2%)
14	Cognition & Learning difficulties + Sensory and/or Physical difficulties + Communication & Interaction difficulties	2 (.1%)
15	Social, Emotional and Mental Health difficulties + Sensory and/or Physical difficulties + Communication & Interaction difficulties	2 (.1%)
	Total	543 (34%)

Due to the low frequencies in some of the groups, students with multiple areas of need were combined. This left 5 different groups: 1) Social, Emotional and Mental Health difficulties; 2) Cognition & Learning difficulties; 3) Communication & Interaction difficulties; 4) Sensory and/or Physical difficulties; and 5) multiple difficulties. A one-way ANOVA with a p -value set to .05, found there was a significant effect of type of need on emotional symptoms ($F(4, 514) = 8.39, p < .001$), attitudes ($F(4, 495) = 2.95, p < .05$), victimisation ($F(4, 507) = 6.11, p < .001$), school climate ($F(4, 492) = 4.88, p < .001$), and reciprocal friendships ($F(4, 458) = 2.98, p < .05$). The means and standard deviations are presented in Table 4.10.

Table 4.10

Descriptive statistics of the different areas of need across the different variables.

	Social, Emotional & Mental Health difficulties Mean (SD)	Cognition & Learning difficulties Mean (SD)	Communication & Interaction difficulties Mean (SD)	Sensory and/or Physical difficulties Mean (SD)	Multiple difficulties Mean (SD)
Victim Score ¹	1.56 (.61) (n=118)	1.68 (.53) (n=173)	1.47 (.45) (n=49)	1.63 (.50) (n=61)	1.87 (.67) (n=107)
Bully Score ¹	1.21 (.31) (n=130)	1.30 (.34) (n=180)	1.21 (.29) (n=54)	1.24 (.31) (n=62)	1.25 (.29) (n=109)
Follower Score ¹	1.49 (.34) (n=118)	1.58 (.36) (n=177)	1.49 (.32) (n=50)	1.50 (.32) (n=58)	1.54 (.33) (n=100)
Defender Score ¹	2.80 (.46) (n=125)	2.69 (.46) (n=174)	2.86 (.49) (n=49)	2.81 (.52) (n=60)	2.71 (.56) (n=107)
Reciprocal Friendships ³	7.95 (5.80) (n=111)	7.60 (5.01) (n=153)	8.44 (4.63) (n=47)	6.02 (5.32) (n=53)	7.09 (5.51) (n=94)
Emotional Symptoms* ²	3.37 (2.37) (n=120)	4.90 (2.66) (n=173)	3.75 (2.74) (n=51)	3.44 (2.88) (n=63)	4.63 (2.88) (n=108)
Attitude Score ¹	3.21 (.47) (n=118)	3.12 (.56) (n=172)	3.30 (.50) (n=48)	2.99(.54) (n=57)	3.12 (.52) (n=101)
Climate Score ⁴	4.12 (.72) (n=116)	3.69 (.83) (n=169)	3.97 (.87) (n=49)	3.86 (.96) (n=57)	3.74 (1.00) (n=102)

(superscript ¹ means 1-4 response scale, superscript ² means 1-3 response scale, superscript ³ means up to 3 responses converted into a percentage, superscript ⁴ means 1-5 response scale, higher score indicates agreement. * = score summed)

For significant main effects, the Tukey post-hoc test was carried out on the groups to investigate the differences. Children with Social, Emotional and Mental Health difficulties ($M = 3.37$, $SD = 2.37$) had significantly lower emotional symptoms than children with cognition and leaning difficulties ($M = 4.90$, $SD = 2.66$) and children with multiple difficulties ($M = 4.63$, $SD = 2.88$); children with sensory and/or physical difficulties ($M = 3.44$, $SD = 2.88$) had significantly lower emotional symptoms than children with cognition and leaning difficulties ($M = 4.90$, $SD = 2.66$) and children with multiple difficulties ($M = 4.63$, $SD = 2.88$). Children with communication and interaction difficulties ($M = 3.30$, $SD = .50$) had significantly higher attitudes towards disability than children with sensory and/or physical difficulties ($M = 2.99$, $SD = .54$). Children with multiple difficulties ($M = 1.87$, $SD = .67$) had significantly higher levels of victimisation than children with Social, Emotional and Mental Health difficulties ($M = 1.56$, $SD = .61$), and children with cognition and leaning difficulties ($M = 1.68$, $SD = .53$) had significantly higher levels of victimisation than children with communication and interaction difficulties ($M = 1.47$, $SD = .45$). Children with cognition and leaning difficulties ($M = 3.69$, $SD = .83$) had significantly lower school climate scores than children with multiple difficulties ($M = 3.74$, $SD = 1.00$). Children with communication and interaction difficulties ($M = 8.44$, $SD = 4.63$) had significantly more friendships than children with sensory and/or physical difficulties ($M = 6.02$, $SD = 5.32$). For bullying, follower, and defender behaviours there were no differences between the groups.

4.3.2.1.8. *Additional exploratory individual level variable analyses.* Correlations were run on individual attitudes towards SEND and victimisation experiences, bullying behaviour, follower behaviour and defender behaviour. These analyses were run in order to partially investigate hypotheses 1-4. The correlations are presented in Table 4.11.

Table 4.11

Correlations and p-values between attitudes towards SEND and reciprocal friendships, school climate, and bullying and follower behaviours.

	Bully behaviours	Follower behaviours	Defender behaviours	Victim behaviours
Reciprocal Friendships	.003 (.90)	.008 (.79)	.041 (.14)	-.069 (.01)
Attitudes towards SEND	-.35 (.001)	-.32 (.001)	.40 (.001)	.04 (.11)
Emotional Symptoms	-.05 (.06)	.003 (.93)	.13 (.001)	.44 (.001)

In line with hypothesis 1 (victimisation will be positively predicted by emotional symptoms and SEND and negatively predicted by reciprocal friendships), these correlations indicate that as victimisation experiences increase, number of reciprocal friendships decreases. Additionally, emotional symptoms were significantly positively correlated with defender behaviour and victimisation experiences.

In line with hypothesis 2 (bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND), individual attitudes towards SEND were significantly negatively correlated with bullying behaviour.

In line with hypothesis 3 (follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND), individual attitudes towards SEND were significantly negatively correlated with follower behaviour.

In line with hypothesis 4 (defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND), individual attitudes towards SEND were significantly positively correlated with defender behaviour. However, there was no association between reciprocal friendships and defender behaviour.

Additionally, there was no association between friendships and the bullying or follower behaviours. There was also no association between friendships and emotional symptoms ($r(1282) = -.001, p = .97$), indicating that children with high emotional symptoms have a similar number of friends as children with low emotional symptoms. There was no association between attitudes towards SEND and victimisation experiences. Finally, there was a negative association between emotional symptoms and bullying behaviour that was approaching significance. There was no association between follower behaviour and emotional symptoms.

An unrelated t -test was run on attitudes and whether or not children knew someone with SEND. There was a significant difference on attitudes dependent on whether they knew someone with SEND, with those who said yes displaying more positive attitudes ($M = 3.21, SD = .50$), compared to those who said no ($M = 2.97, SD = .57; t(1382) = -7.15, p < .001$).

4.3.2.2. School-level measures.

These analyses aimed to investigate hypothesis 5 and 5.1, regarding the effect of inclusion on rates of victimisation and bullying in general, as well as for those with SEND.

4.3.2.2.1. Parent experiences scale. Means and standard deviations for each item of this scale are presented in Appendix 4.19. Parents had an overall mean score for this scale of 3.70 ($SD = .56$). Reliability analysis revealed a Cronbach's alpha of .90. Factor analysis was not carried out on this scale due to the use of this scale in the pilot work (see Chapter 3)

4.3.2.2.2. Parent attitudes scale. The means and standard deviations for each item in the scale are presented in Appendix 4.20. The four subscales of this scale were identified in the pilot work (Chapter 3, section 3.4.2.1.) as 1) Benefits of inclusion, 2) Satisfaction with Special Education, 3) Teacher Ability and Inclusion Support, and 4) Child Rights. Factor analysis was not carried out as this scale was used successfully in the pilot work (see Chapter 3). The mean scores for each subscale are presented in Table 4.12, along with the total attitude score and the Cronbach's alphas. Parents' overall attitudes towards inclusion was neutral, leaning towards positive, with a score of 3.80 (a score of 3 indicating neutral attitudes).

Table 4.12

Means and standard deviations for each subscale of the parent attitudes survey

	Mean ($n=193$)	Standard Deviation	Cronbach's alpha
Benefits of inclusion	4.15	.62	.88
Satisfaction with Special Education	3.36	.70	.78
Teacher Ability and Inclusion Support	3.07	.43	.83
Child Rights	4.29	.72	.82
Total	3.80	.47	.84

(1-5 response scale, higher score indicates agreement)

4.3.2.2.3. Teacher attitudes scale. The means and standard deviations for each item in this scale are presented in Appendix 4.21. Factor analysis was not carried out as this scale was originally developed for use with teachers and was not altered from the scale used by Antonak & Larrivee (1995). Item 6 (*In inclusion, children with SEND are less likely to receive specialised help tailored to their needs*) was removed from the parent attitudes scale following the pilot work but was retained in this scale for teachers. However, following reliability analyses that supported the findings from the pilot work with parents (use of item 6 reduced the Cronbach's alpha for factor 4 to .47) this item was removed from further analyses with teacher attitudes. The mean scores for each subscale are presented in Table 4.13, along with the total attitude score for the scale and the Cronbach's alphas. Teachers had an overall neutral attitude towards inclusion, with a score of 3.71 (a score of 3 indicating neutral attitudes).

Table 4.13

Means and standard deviations for each subscale of the teacher attitudes survey

	Mean (<i>n</i> =194)	Standard Deviation	Cronbach's alpha
Benefits of inclusion	3.96	.70	.85
Satisfaction with Special Education	3.24	.72	.73
Teacher Ability and Inclusion Support	3.39	.80	.73
Child Rights	4.37	.71	.80
Total	3.71	.56	.87

(1-5 response scale, higher score indicates agreement)

4.3.2.2.4. School differences. An ANOVA was run to investigate the differences between schools on all of the level 1 and level 2 variables. This was carried out to investigate whether victimisation and/or bullying varies by school, and whether the potential predictors also vary by school. There was a significant effect of school on all of the level 1 variables and most of the level 2 variables entered into the ANOVA (see Appendix 4.22 for the ANOVA summary table). All of the variables violated the Levene's test for homogeneity of variance and so for these variables, the Welch test is presented (as recommended by Pallant, 2013). See Table 4.14 for the means and standard deviations for each school across each variable.

Table 4.14

Descriptive statistics for each variable across each school.

	School 1 (n=95)	School 2 (n=91)	School 3 (n=155)	School 4 (n=78)	School 5 (n=178)	School 6 (n=102)	School 7 (n=95)	School 8 (n=94)	School 9 (n=119)	Total (n=1007)
Emotional Symptoms* ²	3.14 (2.71)	3.04 (2.73)	3.80 (2.54)	3.29 (2.61)	3.98 (2.88)	3.13 (2.46)	2.18 (2.01)	3.14 (2.67)	3.22 (2.44)	3.33 (2.64)
Attitudes ¹	3.13 (.45)	3.05 (.56)	3.37 (.47)	3.03 (.55)	3.12 (.61)	3.17 (.45)	3.15 (.42)	3.12 (.56)	3.11 (.50)	3.15 (.53)
School climate ⁴	3.90 (.78)	4.10 (.81)	4.15 (.79)	4.12 (.71)	3.41 (.95)	4.14 (.66)	3.81 (.82)	3.76 (.96)	4.20 (.76)	3.92 (.87)
Victim score ¹	1.39 (.40)	1.59 (.63)	1.37 (.42)	1.57 (.55)	1.70 (.57)	1.51 (.54)	1.44 (.38)	1.51 (.52)	1.47 (.47)	1.52 (.52)
Bully score ¹	1.22 (.30)	1.30 (.34)	1.11 (.20)	1.28 (.30)	1.33 (.35)	1.20 (.26)	1.19 (.28)	1.29 (.36)	1.23 (.33)	1.24 (.32)
Follower score ¹	1.49 (.32)	1.58 (.42)	1.37 (.25)	1.62 (.35)	1.56 (.35)	1.49 (.32)	1.50 (.30)	1.56 (.38)	1.50 (.32)	1.51 (.34)
Defender score ¹	2.64 (.43)	2.63 (.48)	2.86 (.40)	2.84 (.48)	2.58 (.48)	2.80 (.45)	2.72 (.42)	2.60 (.55)	2.81 (.45)	2.72 (.47)
Reciprocal friendships ³	8.23 (4.98)	7.30 (4.85)	9.58 (5.49)	8.84 (6.68)	8.99 (5.14)	6.25 (4.11)	6.26 (3.52)	7.58 (5.20)	3.68 (1.96)	7.62 (5.15)
Teacher attitudes (benefits) ⁴	3.97 (.48)	3.65 (.87)	4.39 (.46)	4.18 (.50)	3.63 (.66)	4.06 (.58)	4.08 (.52)	3.60 (1.07)	4.16 (.40)	3.97 (.70)
Teacher attitudes (satisfaction) ⁴	3.00 (.72)	2.89 (.71)	3.46 (.53)	3.60 (.57)	3.03 (.89)	3.40 (.84)	3.40 (.61)	3.17 (.62)	3.32 (.62)	3.25 (.72)
Teacher attitudes (teaching) ⁴	3.33 (.83)	3.14 (.88)	3.59 (.67)	3.81 (.46)	3.09 (.94)	3.43 (.76)	3.60 (.66)	3.39 (.78)	3.09 (.97)	3.38 (.80)
Teacher attitudes (child rights) ⁴	4.33 (.62)	4.18 (.77)	4.56 (.54)	4.65 (.43)	4.33 (.87)	4.45 (.50)	4.38 (.85)	4.83 (1.15)	4.36 (.39)	4.35 (.71)

Parent attitudes (benefits) ⁴	3.81 (.93)	4.19 (.79)	4.20 (.44)	4.46 (.51)	4.07 (.31)	4.08 (.64)	4.24 (.50)	na	4.15 (.35)	4.15 (.62)
Parent attitudes (satisfaction) ⁴	3.17 (.66)	3.83 (.93)	3.24 (.55)	3.73 (.90)	2.92 (.52)	3.28 (.62)	3.38 (.63)	na	3.06 (.76)	3.28 (.70)
Parent attitudes (teaching) ⁴	3.21 (.38)	3.60 (.70)	3.78 (.42)	3.81 (.63)	3.50 (.50)	3.19 (.63)	3.45 (.54)	na	3.13 (.69)	3.39 (.59)
Parent attitudes (child rights) ⁴	4.37 (.66)	4.71 (.51)	4.17 (.74)	4.65 (.38)	4.50 (.50)	4.16 (.90)	4.26 (.56)	na	3.88 (.83)	4.34 (.72)
Parent experiences ⁴	3.59 (.53)	4.05 (.52)	3.62 (.45)	4.26 (.42)	3.23 (.31)	3.47 (.51)	3.82 (.50)	na	3.45 (.84)	3.64 (.56)

(superscript ¹ means 1-4 response scale, superscript ² means 1-3 response scale, superscript ³ means open responses, superscript ⁴ means 1-5 response scale, higher score indicates agreement, * = score summed)

A chi-square test was run on school and SEND diagnosis which found there were significant differences in SEND diagnoses across the different schools, $\chi^2(8, n = 1545) = 36.81, p < .001$ (see Figure 4.1 for percentages across each school).

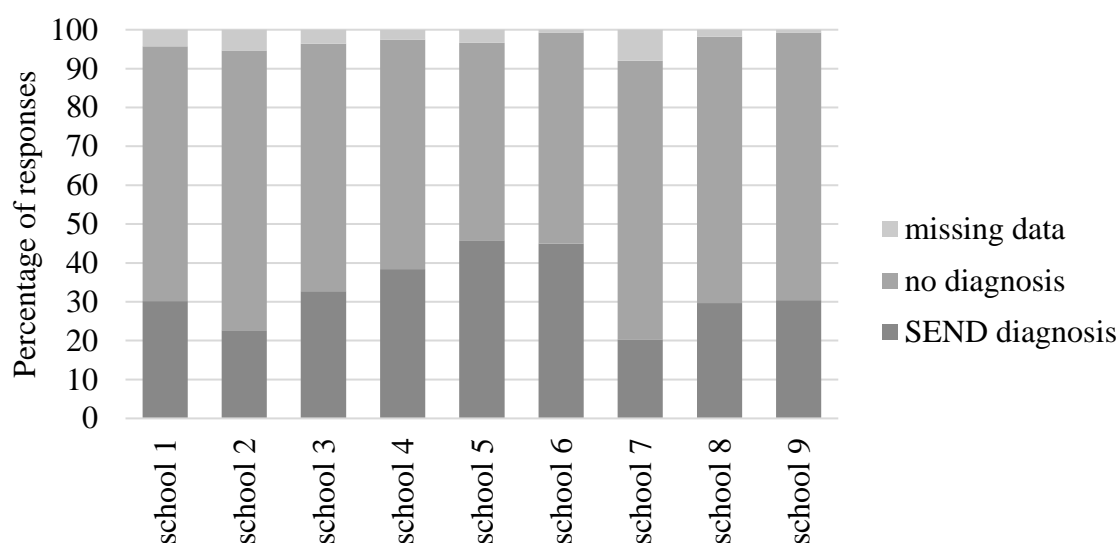


Figure 4.1. Percentages of children with and without an SEND diagnosis, including missing responses

A chi-square test was also run on school and whether they know someone with a disability. This found a significant difference across the schools, $\chi^2(8, n = 1491) = 63.47, p = .001$ (see Figure 4.2 for responses across each school). These statistics indicate school differences in the sample across all of the variables.

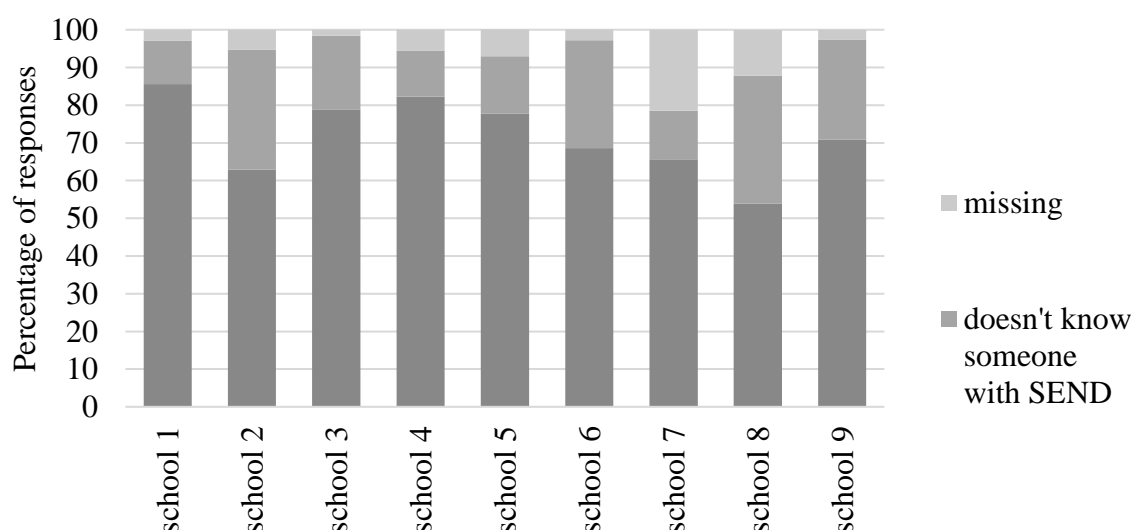


Figure 4.2. Percentages of children who do or do not know someone with SEND, including missing responses.

Exploratory analyses were conducted on the parent data, although these do not inform the multilevel model, as differences between parents within a school do not inform the model. Only the overall score (the mean) for all parents' data from each school was used in the models (section 4.3.3.). A three-way ANOVA was run to investigate the effects of age (5 categories; 18-24, 25-34, 35-44, 45-54, 55+), whether they have a child with SEND (yes/no response), and whether their child has a peer with SEND (yes/no/maybe response) on attitudes. Due to the small number of responses from fathers (10%), gender differences cannot be investigated. There was no main effect of age on parent attitudes, $F(3, 129) = .141, p = .24, \eta^2p = .03$. There was no main effect of whether the parents had a child with SEND on their attitudes, $F(1, 129) = .25, p = .62, \eta^2p = .002$. There was also no main effect of whether parents knew there was a child with SEND in their child's class on their attitudes, although it was approaching significance, $F(2, 129) = 2.93, p = .06, \eta^2p = .04$.

A three-way ANOVA was also run to investigate the effects of the same three factors – age, a child with SEND, and a peer with SEND – on experiences. As stated above, due to the small number of responses from fathers (10%), we cannot investigate gender differences. There was a significant main effect of age on parent experiences of inclusion, $F(3, 129) = 4.06, p < .01, \eta^2p = .09$. Post-hoc tests revealed that parents aged 45- 54 ($M = 3.64, SD = .49$) had more negative experiences than parents aged 25-35 ($M = 4.10, SD = .51$) and 55+ ($M = 4.03, SD = .59$). There was no main effect of whether the parents had a child with SEND on their experiences, $F(1, 129) = .10, p = .76, \eta^2p = .001$. There was, however, a significant main effect of whether parents knew there was a child with SEND in their child's class on their experiences, $F(2, 129) = 4.76, p < .01, \eta^2p = .07$. Parents who responded that there was a child with SEND in their child's class had significantly more positive experiences of the school ($M = 3.86, SD = .54$) than parents who were 'not sure' ($M = 3.62, SD = .55$). There was no difference between parents who said 'no' ($M = 3.82, SD = .61$) compared to those who said 'yes' or 'not sure'.

Finally, a three-way ANOVA was run to investigate whether age, gender, or teaching a child with SEND had an effect on teacher attitudes. There was a main effect of age, $F(41, 28) = 2.04, p < .05, \eta^2p = .75$. There was no main effect of whether they teach a child with SEND, although it was approaching significance, with those who do not currently teach children with SEND reporting more positive attitudes ($M = 3.86, SD = .39$) than those who do currently teach children with SEND ($M = 3.64, SD = .57; F(1, 28) = 3.79, p = .06, \eta^2p = .12$). There was also no main effect of gender (male = 24%), $F(1, 28) = .50, p = .49, \eta^2p = .02$.

4.3.2.2.5. Ofsted scores. Each school was analysed using the Ofsted coding scheme. Table 4.15 displays the scores for each school. The scores had a good range from -2 to 3, however there 5/9 schools scored a 3, indicating that although there is a good range several schools clustered at the top end of the scale.

Table 4.15

The 9 schools and their scores on the Ofsted analysis.

School								
1	2	3	4	5	6	7	8	9
3	3	2	-2	0	3	3	-1	3

4.3.2.2.6. *Policy scores.* Each school was also analysed using the policy coding scheme. Table 4.16 displays the scores for each school. The scores ranged from 17-24 (out of a possible 25) and there was a reasonably good variation of scores.

Table 4.16

The 9 schools and their scores on the Policy analysis.

School								
1	2	3	4	5	6	7	8	9
20	19	20	17	19	18	24	22	20

There was a significant positive correlation between the policy score and the Ofsted score, $r(7) = .30, p < .001$. This means that as school policy scores improve, as does the Ofsted report scores. Both of these measures were also significantly negatively associated with the grades provided on the Ofsted reports (Outstanding (1), Good (2), Requires Improvement (3), Inadequate (4)). See Table 4.17 for the correlations between the policy scores, Ofsted scores, and Ofsted grades.

Table 4.17

Correlations between the policy score, the Ofsted score, and the Ofsted grades

	Pupil achievement (Ofsted)	Teacher quality (Ofsted)	Pupil behaviour (Ofsted)	Leadership (Ofsted)	Policy score	Ofsted score
Overall	1.00***	1.00***	.89***	.94***	-	-
Ofsted grade					.31***	.44***
Pupil achievement (Ofsted)		1.00***	.89***	.94***	-	-
Teacher quality (Ofsted)			.89***	.94***	.31***	.44***
Pupil behaviour (Ofsted)				.94***	-	-
Leadership (Ofsted)					.26***	.62***
Policy score						.27***
						.56***
						.30***

4.3.3. Multilevel modelling analyses.

4.3.3.1. *What is multilevel modelling?* Multilevel modelling (MLM) is a method of analysis for hierarchical data in which individuals (i.e. students) are nested within groups with one single outcome variable measured at the lowest level (Hox, 2002; Pike & Rocconi, 2012). The ecological model (outlined in the thesis introduction) explains that individuals are nested within different contexts and that these contexts influence what the individual experiences (Bronfenbrenner, 1979). This presents an issue, as children within

one group are more likely to be similar to each other as they are to children from another group (Hox, 2012). This means that there would be a higher correlation between the variables measured within each school compared to the correlation between the variables measured between each school (Hox, 2012). Simply, students from the same school are expected to respond similarly across a range of variables as they all attend the same school with the same norms which influences every individual within that environment. This is called an intraclass correlation and indicates poor independence of observations, which would violate assumptions for many other statistical tests and lead to type 1 errors. However, a MLM does not require independent observations in order for it to be carried out as it takes account of this correlation of observations.

Variables are collected from all contexts that are investigated in the analysis and in the case of this thesis this involved the child and the school. Data may also be ‘moved’ from one level to another by assigning data collected at the child level (for example, child intelligence) to the school level (for example, school mean of pupil intelligence). This is called aggregation (when level 1 variables move to a higher level) or disaggregation (when higher-level variables move to a lower level; Hox, 2012). In this thesis, data were collected from parents and teachers, which were already collected at the higher level. The questions given to the students about their school climate were aggregated (a mean score for each school was created and ‘given’ to each student) to create a school level variable based on the child’s data. This resulted in there being two different school climate variables informed by the children’s responses – one that was the level 1 variable and the new level 2 variable. The level 1 variable of school climate represented each individual child while the level 2 variable of school climate represented each school. Both variables were entered into the model to investigate at which level this measure was most predictive.

When analysing the models, there are several different statistics that can be used. Unlike inferential statistical methods where p -values are used to determine whether results found are better than chance, MLM simply uses model fit to determine whether a model was better than the previous version. MLMs have several measures of model evaluation: Aikake Information Criterion (AIC), Bayesian Information Criterion (BIC), and Deviance (-2 times log-likelihood). The smaller these statistics the better the model and so these figures should decrease as the model is built (Heck, Thomas & Tabata, 2014). As this modelling in this thesis required Bayesian statistics (further explained in section 4.3.3.2), the Deviance Information Criterion (DIC) was used to evaluate the model. These statistics calculate the goodness of fit and the model complexity (number of predictors; Browne & Goldstein, 2002).

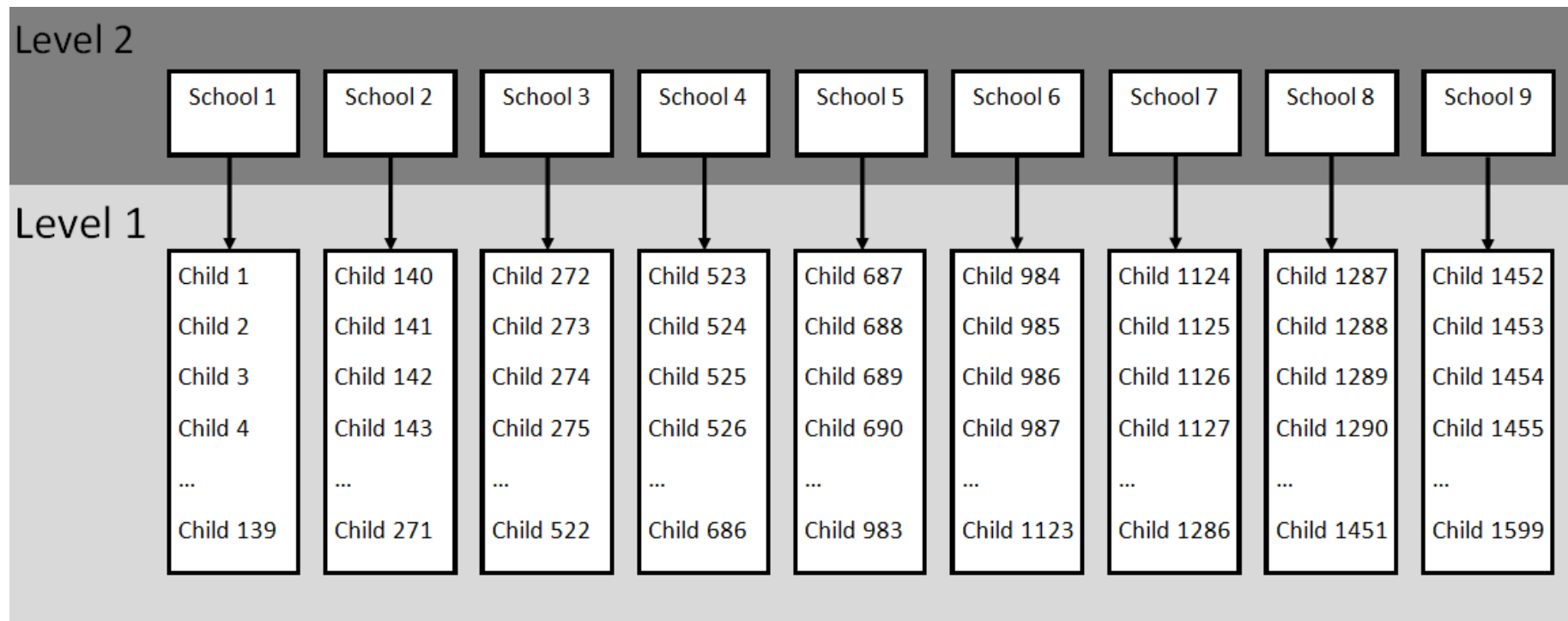


Figure 4.3. Diagram to show children nested in schools

4.3.3.2. Justification for multilevel modelling. As the participants in this study are from a variety of schools, the data are hierarchical (see Figure 4.3). This means that the children are situated within different contexts (schools), which could introduce correlations in the data (Field, Miles, Field, 2012). Specifically, this means that children within School 1, for example, are more likely to be similar to each other than they are to children in Schools 2-9, due to the contextual factors present in that school. Therefore, the cases (children) are not independent, as is necessary for many other types of analyses (ANOVAs or *t*-tests, for example, suppose we wished to compare between two schools, a MLM would not be appropriate as it would control any differences that we wanted to investigate). Based on the inferential statistics carried out in the previous section (4.3.2.4.) there were clear school level differences that need to be acknowledged when analysing the data. This led to the conclusion that multilevel modelling was necessary for this thesis, as no other analysis technique could do this. Unless stated otherwise, all analyses from this point were carried out in R.

Additionally, although many cases with missing data were dealt with by imputing means in cases where there was less than 20% of data missing from each scale, there are still missing data in the data set. The Bayesian MLM method was used in this thesis due to the violation of the assumption of homogeneity of variance and normality, which meant frequentist models would not have been appropriate. A Levene's test was carried out in R on the null model (school predicting victimisation) to test the homogeneity of variance, however this was found to be significant ($p < .001$) and so the assumption was violated, as this indicated that the data was heterogeneous, i.e. the variance of victimisation is different in each school. To explore this further, a scatter plot (see Figure 4.4) was created between the victimisation scores and the residuals.

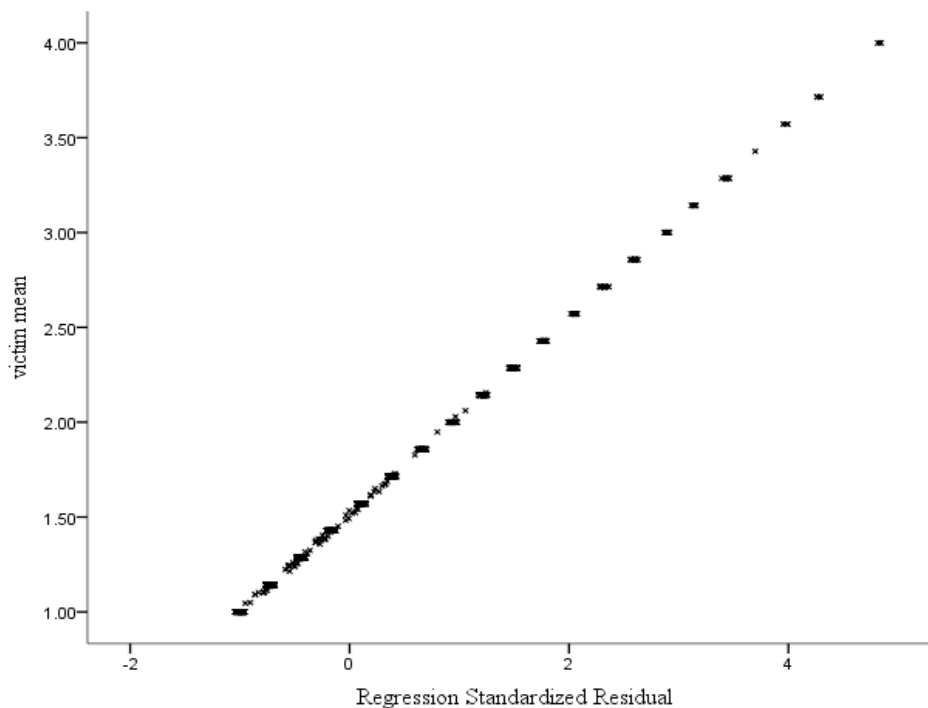


Figure 4.4. Scatter plot between victimisation scores and residuals.

A random scatter plot would indicate homogeneous data, however the data from this thesis showed a clear linear relationship. This would be reasonably expected due to the nature of the data, as most students would report low levels of bullying, as is indicated by the clustering on the bottom left of the scatter plot. A histogram was also created to explore the data, which indicated a poor normal distribution (See Figure 4.5).

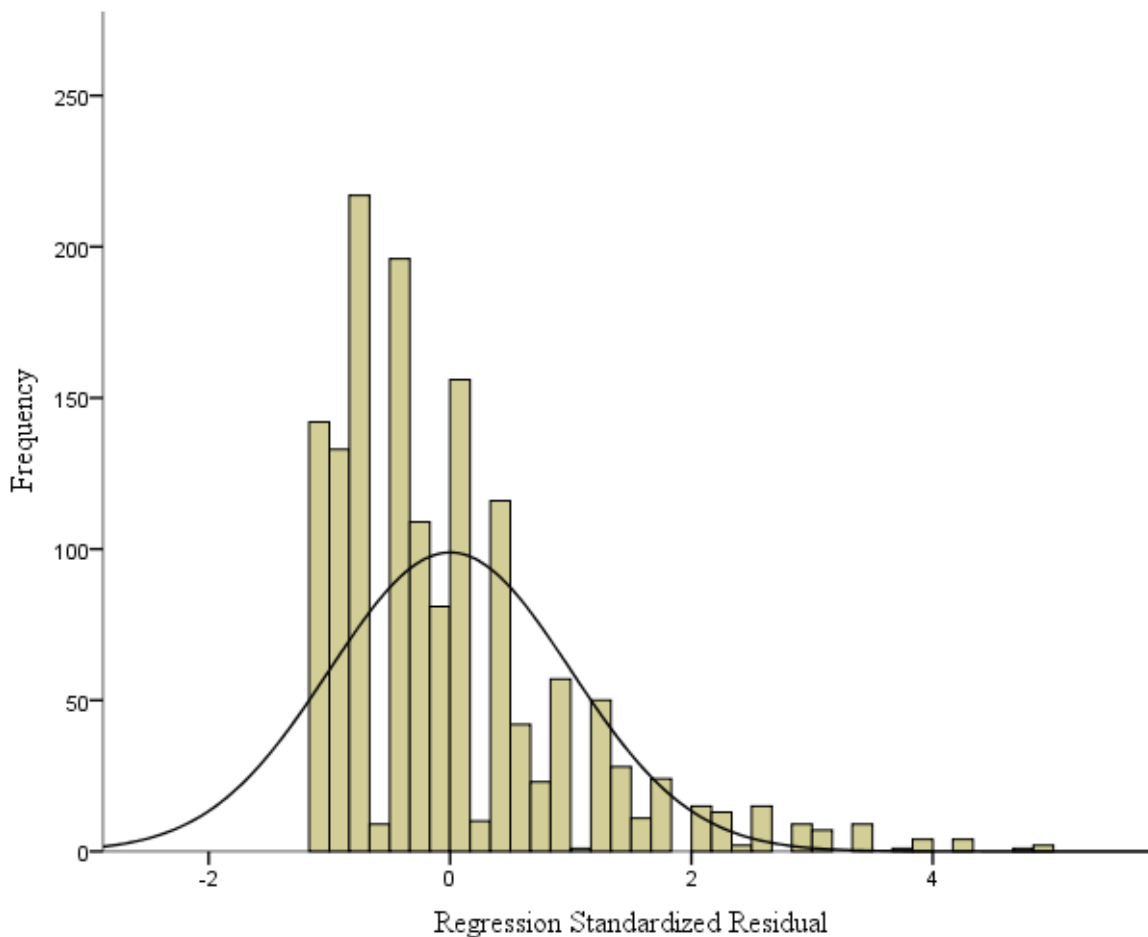


Figure 4.5. Histogram of standardised residuals to show skewness of data for victimisation scores

As is shown by the graphs above, there is a clear violation of the assumptions of homogeneity of variance and normal distribution. Similar analyses were done with bullying as the outcome variable. As can be seen in Figure 4.6 and 4.7, there were similar violations for this variable, once again confirming that frequentist models would not be appropriate for this data.

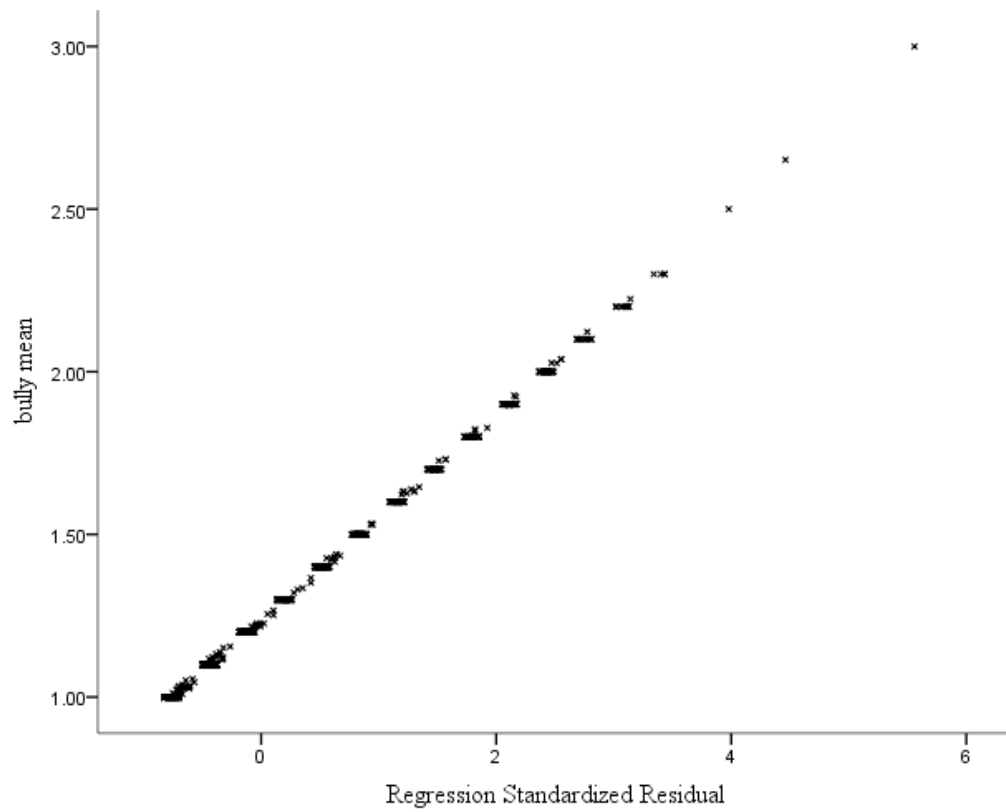


Figure 4.6. Scatterplot of bully scores and standardised residuals.

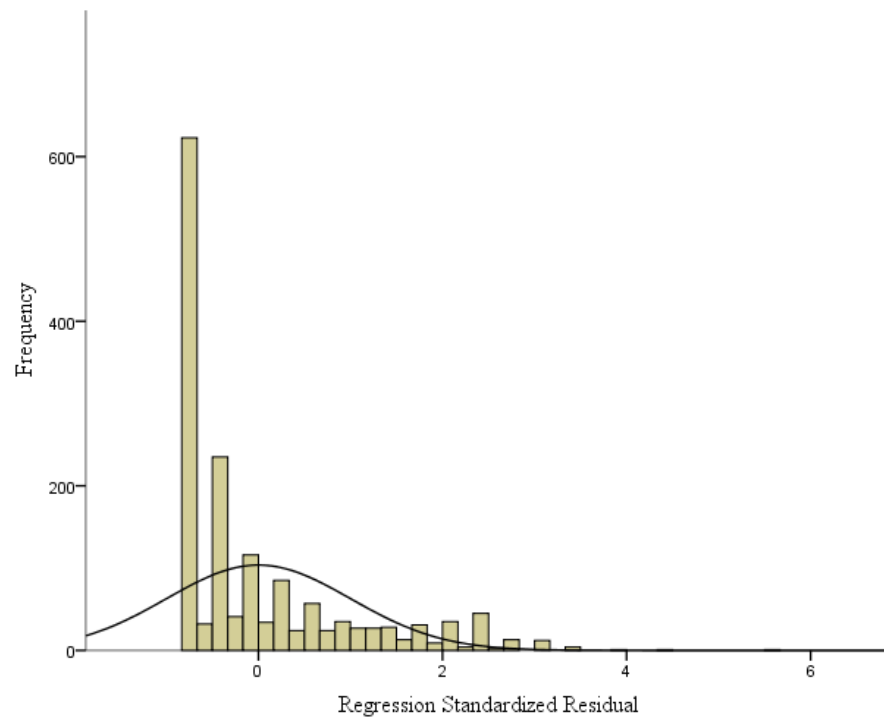


Figure 4.7. Histogram of standardised residuals shows clear skewness of data for bullying scores.

Bayesian MLM does not require any assumptions to be met, however, it does require there to be no missing data in the dataset. Despite having imputed cases where there was less than 20% missing data, the number of observations decreased from 1,599 to 696 and a large portion of data had to be removed from this part of the analysis.

For MLM, it is important to centre the level 1 data to reduce multicollinearity. This is similar to creating z -scores for data in that it transforms data into deviations around a fixed point (Field et al., 2012). There are two types of centring: grand mean centring and group mean centring. Grand mean centring involves subtracting the overall mean for each variable from the individual raw scores for each variable (Bliese, 2016). Grand mean centring is often used to reduce multicollinearity between predictors and random effect terms in the model (Bliese, 2016). Group mean centring involves subtracting the group mean for each variable from the individual raw scores for each variable (Bliese, 2016). This then means that each individual has a score that reflects how much he or she differs from other individuals in their group, rather than from the whole sample (Bliese, 2016). Group mean centring is recommended if the individual's position in the group is more important than their position in the whole sample (Bliese, 2016). For this thesis, group mean centring was used, due to the importance that schools play in levels of victimisation and bullying and the low collinearity found between the variables. The variables that were group mean centred were: emotional symptoms, friends, attitudes towards SEND, and school climate. These variables were group mean centred as they were the only level 1 independent variables.

Modelling in this thesis was an iterative process, which means that the model was built in stages. The first stage was intercept-only, in which the only variable in the model was the school. The second stage was the level 1 predictors, which were entered one at a time to investigate the impact they had on the model fit. For example, in the victimisation model, emotional symptoms was added to the model and was found to improve the model fit and significantly predict the outcome and so was retained. However, when attitudes towards SEND was added to the model, the model fit was reduced and so it was removed from the model. Tables 4.18-4.21 show the variables that were retained in the model. Once these had been refined based on both the model fit and the predictor significance, the final stage was to add the level 2 predictors. The final model provides a 'posterior mean', which is the point at which each variable crosses the intercept, i.e. the increase of the dependent variable for every increase of 1 on the independent variable.

4.3.3.3. Modelling Results. Several models were created, one for each of the bullying roles. Table 4.18 shows the significant predictors which improved the model fit for the victimisation model. This model had a DIC score of 801.52. The model with no predictors other than school had a DIC score of 956.64. This decrease indicates the model with the predictors fits the data better than the original model. The individual level predictors were fixed, which means that they are treated in the same way as variables would be in a linear regression – the coefficients and slopes are 'fixed' across all of the schools. The school level predictors were set as random in the model, which means that the coefficients and slopes could vary across the schools as needed. This was done because these variables are likely to be different across the groups. A positive 'post mean' indicates a positive association with the output variable, in this case victimisation.

Table 4.18 shows several significant level 1 predictors of victimisation. Year group was not a significant predictor of victimisation. In this model, the year groups were compared to year 7 and indicated that neither year 8 nor year 9 had a stronger association with victimisation compared to year 7. Gender significantly predicted victimisation. In line

with hypothesis 1 (victimisation will be positively predicted by emotional symptoms and SEND and negatively predicted by reciprocal friendships), emotional symptoms and disability significantly predicted victimisation, with higher scores in emotional symptoms and a diagnosis of SEND predicting victimisation. Reciprocal friendships was also a significant negative predictor of victimisation, with children with fewer friends scoring higher for victimisation. There was also a significant interaction between emotional symptoms and disability in predicting victimisation, with children with a disability and high emotional symptoms experiencing more victimisation than children with a disability and low emotional symptoms.

In terms of level 2 predictors, in line with hypothesis 5 (schools with positive inclusion scores will have lower levels of peer victimisation) the school itself predicted victimisation and all of the Ofsted *grades* included in an Ofsted report predicted victimisation. The teacher attitudes towards inclusion, parents' attitudes towards inclusion, parents' experiences, Ofsted score from the coding scheme, and policy score from the coding scheme reduced the model fit and were not useful predictors. School, overall Ofsted grade, and the grades of the different subsections within an Ofsted report (pupil achievement, teacher quality, pupil behaviour and leadership) all significantly positively predicted victimisation. As these grades are scored in reverse (i.e. 4=inadequate and 1=outstanding); this indicates that a school with bad Ofsted grades predicts high levels of victimisation experiences. Although the mean for pupil behaviour fell outside the confidence intervals, the range for the confidence intervals did not cross zero and so this variable was still acceptable.

Table 4.18

Significant predictors that improve the model fit for the victimisation model.

Fixed Effects	Posterior Mean	95% Confidence Intervals	p-value
Intercept	1.53	1.22, 1.86	.004
Gender	-0.09	-0.17, -0.016	.026
Year 8	-0.01	-0.10, 0.07	.80
Year 9	-0.01	-0.09, 0.07	.89
Emotional Symptoms	0.07	0.05, 0.09	<.001
Disability	0.14	0.07, 0.22	<.001
Friends	-0.009	-0.02, -0.003	.026
Emotional Symptoms x Disability	0.03	0.004, 0.06	.024
Random Effects			
School	0.001	1.06e-16, 0.01	
Overall Ofsted Grade	0.008	3.0e-17, 0.01	
Pupil Achievement Grade	0.005	2.22e-17, 0.01	
Teacher Quality Grade	0.01	2.5e-17, 0.01	
Pupil Behaviour Grade	0.47	3.82e-17, 0.18	
Leadership Grade	0.007	2.99e-17, 0.02	

Table 4.19 shows the significant predictors which improved the model fit for the bullying behaviour model. This model had a DIC score of 158.59. The model with no predictors other than school had a DIC score of 230.42. This decrease indicates the model with the predictors fits the data better than the original model.

Table 4.19 shows several significant level 1 predictors of bullying behaviours. Gender significantly predicted bullying behaviour, with boys more likely to carry out this behaviour than girls, supporting the ANOVA results above that found that more boys than girls carried out bullying behaviours. Being in year 9 significantly predicted more bullying behaviours than year 7, however year 8 was not a significant predictor. This predictor was retained despite being non-significant in order to have demographic information in both models. In line with hypothesis 2 (bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND), attitudes towards SEND significantly predicted bullying behaviours, with negative attitudes towards SEND being associated with bullying behaviours, which supports hypothesis 2. However, SEND was not a significant predictor of bullying and reduced the model fit. In terms of level 2 predictors, similar to the victimisation model and in line with hypothesis 5 (schools with positive inclusion scores will have lower levels of bullying behaviour), school group and Ofsted report grades predicted bullying behaviours. Similarly to the victim model, these grades are scored in reverse (i.e. 4=inadequate and 1=outstanding), indicating that a school with bad Ofsted grades predicts bullying behaviour.

However, teacher attitudes towards inclusion, parents' attitudes towards inclusion, parents' experiences, Ofsted score from the coding scheme, and policy score from the coding scheme reduced the model fit and were not useful predictors.

Table 4.19

Significant predictors that improve the model fit for the bullying model.

Fixed Effects	Post mean	Confidence Interval	p-value
Intercept	1.22	1.06, 1.37	<.001
Gender	-0.06	-0.11, -0.2	.02
Year 8	0.01	-0.04, 0.06	.97
Year 9	0.09	0.04, 0.14	<.001
Attitude towards SEND	-0.16	-0.21, -0.12	<.001
Random Effects			
School	0.004	5.66e-12, 0.01	
Overall Ofsted Grade	0.003	3.13e-17, 0.004	
Pupil Achievement Grade	0.0009	2.31e-17, 0.001	
Teacher Quality Grade	0.003	5.49e-17, 0.004	
Pupil Behaviour Grade	0.0009	2.24e-17, 0.004	
Leadership Grade	0.004	3.29e-17, 0.01	

Table 4.20 shows the significant predictors which improved the model fit for the follower model. This model had a DIC score of 271.94. The model with no predictors other than school had a DIC score of 313.71. This decrease indicates the model with the predictors fits the data better than the original model.

Table 4.20 shows several significant level 1 predictors of follower behaviours. Gender did not significantly predict follower behaviour. Being in year 8 did not significantly predict more follower behaviour compared to year 7, however being in year 9 did predict more follower behaviour compared to year 7. In line with hypothesis 3 (follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND), SEND significantly positively predicted follower behaviour,

indicating that children with SEND carry out more follower behaviours. Additionally, attitudes towards SEND significantly negatively predicted follower behaviour, with children with negative attitudes carrying out more follower behaviours. In terms of level 2 predictors, similar results were seen as in the bullying behaviour model. In line with hypothesis 5 (schools with positive inclusion scores will have lower levels of follower behaviour), while none of the newly developed school inclusion measures predicted follower behaviour, the Ofsted grades all significantly positively predicted follower behaviour. Again, these grades are scored in reverse (i.e. 4=inadequate and 1=outstanding), this indicates that a school with bad Ofsted grades predicts follower behaviour.

Table 4.20

Significant predictors that improve the model fit for the follower model.

Fixed Effects	Posterior Mean	95% Confidence Intervals	p-value
Intercept	1.48	1.26, 1.62	<.001
Gender	-0.03	-0.08, 0.02	.20
Year 8	-0.003	-0.06, -0.056	.91
Year 9	0.09	0.04, 0.014	<.001
Disability	0.05	0.005, 0.10	<.05
Attitudes towards SEND	-.016	-0.21, -0.11	<.001
Random Effects			
School	0.008	0.0003, 0.02	
Overall Ofsted Grade	0.005	2.34e-17, 0.005	
Pupil Achievement Grade	0.001	2.13e-17, 0.004	
Teacher Quality Grade	0.004	1.54e-17, 0.003	
Pupil Behaviour Grade	0.0006	2.10e-17, 0.0009	
Leadership Grade	0.09	0.08, 0.10	

Table 4.21 shows the significant predictors which improved the model fit for the defender model. This model had a DIC score of 665.18. The model with no predictors other than school had a DIC score of 756.76. This decrease indicates the model with the predictors fits the data better than the original model.

Table 4.21 shows several significant level 1 predictors of defender behaviours. Gender did not significantly predict defender behaviour. Being in year 8 significantly predicted less defender behaviours than year 7, and being in year 9 significantly predicted less defender behaviour than year 7. Unexpectedly, emotional symptoms significantly positively predicted defender behaviour, with children with high emotional symptoms being more likely to carry out defender behaviours. In line with hypothesis 4 (defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND), attitudes towards SEND significantly positively predicted defender behaviours, with positive attitudes towards SEND being associated with defender behaviours. Children's perception of school climate significantly positively predicted defender behaviour, with children who had a positive perception of school climate being more likely to carry out defender behaviours. Reciprocal friendships, however, were not a significant predictor and reduced the model fit. In terms of level 2 predictors, the Ofsted *grades* did not improve the model fit and so were not included. However, in line with hypothesis 5 (schools with positive inclusion scores will have higher levels of defending behaviour), the

newly developed measures of school inclusion did improve the model fit. Ofsted score, policy score, teacher attitudes (all subscales), parent attitudes (all subscales), and parent experience all significantly positively predict defender behaviour.

Table 4.21

Significant predictors that improve the model fit for the defender Model

Fixed Effects	Posterior Mean	95% Confidence Intervals	p-value
Intercept	2.88	2.75, 3.02	<.001
Gender	-0.01	-0.08, 0.06	.85
Year 8	-0.18	-0.26, -0.10	<.001
Year 9	-0.24	-0.32, -0.16	<.001
Emotional Symptoms	0.03	0.01, 0.04	<.001
Attitudes towards SEND	0.27	0.22, 0.36	<.001
School Climate	0.04	0.001, 0.08	.048
Random Effects			
School	0.002	3.41e-17, 0.01	
Ofsted score	0.003	2.28e-17, 0.01	
Policy score	0.001	2.79e-17, 0.002	
Teacher attitudes (benefits)	0.001	4.72e-17, 0.01	
Teacher attitudes (satisfaction)	0.001	5.50e-17, 0.005	
Teacher attitudes (teacher)	0.0003	6.53e-17, 0.0002	
Teacher attitudes (child rights)	0.002	7.31e-17, 0.01	
Parent attitudes (benefits)	0.003	3.08e-17, 0.014	
Parent attitudes (satisfaction)	0.003	6.17e-16, 0.01	
Parent attitudes (teacher)	0.001	6.34e-17, 0.002	
Parent attitudes (child rights)	0.002	4.67e-17, 0.014	
Parent experiences	0.001	8.05e-17, 0.01	

4.4. Discussion

4.4.1. Summary of the main findings. This study aimed to investigate the hypotheses set out in the literature review. These are:

1. Victimization will be positively predicted by emotional symptoms and SEND but negatively predicted by reciprocal friendships.
2. Bullying behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND.
3. Follower behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND.
4. Defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND.
5. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour.

- 5.1. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour for children with SEND.
6. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour.
 - 6.1. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour reported by SEND children.

The main findings are summarised in this section. The following sections of this discussion examine the findings in relation to the different bullying roles, focusing predominantly on the victim and the bully, with some exploration of the findings in relation to the other participant roles. The main findings will be discussed in depth in relation to the previous literature in Chapter 5.

Hypothesis 1 was that victimisation would be positively predicted by emotional symptoms and SEND but negatively predicted by reciprocal friendships. The multilevel model (MLM) found that both SEND and emotional symptoms significantly positively predicted victimisation experiences, while reciprocal friendships significantly negatively predicted victimisation experiences.

Hypothesis 2 was that bullying behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND. In the MLM, individual attitudes towards SEND significantly negatively predicted bullying behaviour. However, unexpectedly, diagnosis of SEND did not predict bullying behaviour, indicating that children with SEND were not more likely to carry out these behaviours than children without SEND.

Hypothesis 3 was that follower behaviour will be positively predicted by SEND but negatively predicted by attitudes towards SEND. The MLM supported both of these predictors of follower behaviour, with SEND being found to be a significant positive predictor and attitudes towards SEND being found to be a significant negative predictor of these behaviours.

Hypothesis 4 was that defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND. The MLM supported one of these findings, reporting that attitudes towards SEND significantly positively predicted defender behaviour, but reciprocal friendships was not a predictor or contributed to the model. Interestingly, there was an association between emotional symptoms and defender behaviour that had not been expected. This was supported in the MLM, with emotional symptoms significantly positively predicting defender behaviour, indicating that children with higher emotional symptoms carry out more defender behaviours.

Hypothesis 5 was that schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour. As many of the measures developed to indicate school inclusion were not useful in building the model (and made it worse) they were not included. Ofsted *grades* were the only measure of school inclusion that informed the MLMs that were run for each outcome variable. The data from the Ofsted grades were based on the original scores in the reports, meaning that they were scored in reverse, i.e. 1=outstanding, 4=inadequate. As such, the MLMs found that Ofsted grades positively predicted victimisation experiences, bullying behaviour, and follower behaviour. These scores did

not predict defender behaviour. This indicates that schools with positive Ofsted grades predicted lower levels of victimisation, bullying behaviour and follower behaviour. For the defender behaviours, the measures of teacher attitudes towards inclusion, parent attitudes towards inclusion and parent experiences all positively predicted this type of behaviour. This indicates that children in schools that have teachers with positive attitudes towards inclusion report more defender behaviours. Additionally, schools in which the children have parents with positive attitudes towards inclusion and positive experiences of school inclusion have more reported defender behaviours. Hypothesis 5.1 was that schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour for children with SEND. This hypothesis aimed to investigate the interaction between the school measures of inclusion and SEND, however no interactions were found for any of the roles.

Hypothesis 6 was that schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour. This hypothesis aimed to investigate attitudes towards SEND at the school level. However, when building the models, including attitudes towards SEND at the school level reduced the model fit and so were removed. Attitudes towards SEND were then used at the individual level only for this research. Therefore, hypothesis 6, and hypothesis 6.1 which aimed to look at the interaction between school attitudes towards SEND and SEND, were not supported.

4.4.2. Victimisation experiences. Children with SEND were more likely to be victims than children without SEND and it was found to be a strong predictor of victimisation in the MLM. Children with SEND who also had high emotional symptoms, seemed to be at an increased risk of victimisation. Both of these findings were predicted in hypothesis 1. Contradictory to previous literature and the hypothesis, the children with SEND had just as many reciprocal friendships as the children without SEND. The specific types of need were investigated and results indicated that children with combination or multiple needs experienced significantly more victimisation than children who reported only being diagnosed with one type of need, except those with sensory and/or physical difficulties.

Gender significantly predicted victimisation in the MLM, with girls experiencing less victimisation. There was no difference across the year groups for victimisation and nor was year group a significant predictor of victimisation in the MLM.

In terms of the school, this thesis found that Ofsted grades do predict victimisation, with negatively rated schools being associated with higher levels of victimisation. The Ofsted grades used in the analysis were entered into the data sheet in the same way they are written on the reports, i.e. high Ofsted grade indicates a negative school. The overall Ofsted grade and the sub-scores all predicted victimisation and indicated that as Ofsted grades increase (i.e. represent negative aspects of the school) there is an increase in victimisation.

4.4.3. Bullying behaviour. The overall mean for the bullying behaviour was still very low, falling between 'strongly disagree' and 'disagree'. By looking at students who scored above 1 standard deviation higher than this, it may still be that students do not carry out much actual bullying behaviour but they still do so more than the average student in this sample.

Treating the bullying measure as a continuous variable rather than allocating them as a bully or not-a-bully meant that this thesis was able to still investigate which groups of

children carried out slightly more bullying behaviours than others and what could predict these behaviours despite the actual low levels of bullying behaviour. The MLM did not report disability as a predictor of bullying behaviours. There was also no difference in bullying behaviour within the different types of need within SEND.

Boys were more likely to carry out bullying behaviours than girls, which is supported by the fact that gender was a significant predictor of bullying in the MLM. This indicates that regardless of school differences, gender still has a strong association with bullying behaviours. There were also differences between girls with SEND and girls without SEND for bullying behaviours, with girls with SEND carrying out more bullying. However, there was no difference between boys with and without SEND in terms of bullying behaviours. There was also a difference in bullying behaviours across the year groups, with children in year 9 carrying out more bullying behaviours than both year 7 and year 8.

Attitudes towards SEND were the strongest predictor of bullying behaviour in the MLM. Overall, children had a positive attitude, with the average falling between 'agree' and 'strongly agree'. Children with negative attitudes towards SEND were more likely to carry out bullying behaviour and follower behaviour. This may be a reflection of overall negative attitudes towards other people or other's well-being and so could be linked to a tendency to bully. In terms of the schools, similarly to the victimisation MLM, negative Ofsted grades predicted high levels of bullying.

4.4.4. Other role experiences. The assistant and reinforcer roles were combined into the follower role due to poor reliability of the scales. In the MLM, SEND significantly positively predicted follower behaviour, indicating that these children may be more likely to take on the follower role rather than the lead bully role. Additionally, attitudes towards SEND significantly negatively predicted follower behaviours, with children with negative attitudes towards SEND being more likely to carry out follower behaviours. Finally, the Ofsted grades at the school significantly predicted follower behaviour, with children in schools with poor Ofsted grades reporting more follower behaviour.

For the defender role, the MLM found that emotional symptoms significantly positively predicted defender behaviour, indicating that children with high emotional symptoms carried out more defender behaviours. This is interesting and unexpected, as they are the more emotionally vulnerable children. However, these children may show more defender behaviours as they are the more sensitive children and could potentially empathise with the victims. This will be explored in greater depth in the overall discussion in Chapter 5. Attitudes towards SEND also significantly positively predicted defender behaviour, indicating that children who had more positive attitudes towards SEND carried out more defender behaviour. Again, these children may be the more sensitive and sympathetic children overall – their high score in attitudes towards SEND may potentially indicate overall empathy towards others. The links between positive attitudes and defending behaviour will also be explored in greater depth in Chapter 5. School climate also significantly positively predicted defender behaviour, with children reporting a more positive school climate reporting more defender behaviours. This indicates that in schools where the children feel there is a positive environment, they carry out more defender behaviours. Finally, there were several school level predictors for defender behaviour. The new measures of Ofsted and policy scores both significantly predicted defender behaviour, with children at schools scoring highly on these measures reporting more defender behaviour. Additionally, teacher attitudes, parent attitudes, and parent experiences all significantly positively predicted defender behaviours, indicating that schools in which the

teachers have positive attitudes, and at which the parents have positive attitudes and positive experiences of the school, children reported more defender behaviour.

4.4.5. Additional experiences of children with SEND. While it has been made clear above that children with SEND are more likely to be victimised and carry out follower behaviour, this research found additional experiences within this group of children. While generally, a diagnosis of SEND was associated with victimisation, there were also differences within this group. More specifically, children that reported having multiple types of need experienced more victimisation than children with social emotional and mental health difficulties. Additionally, children with cognition and learning difficulties experienced more victimisation than children with communication and interaction difficulties. Previous research indicates that children with communication and interaction difficulties are at an increased risk of experiencing victimisation compared to both typically developing children (Cappadocia et al., 2011) and children with SEN (Rowley et al., 2012), potentially due to the poor social skills that children with ASD often lack (Cappadocia et al., 2011). Interestingly, this thesis found that children with communication and interaction difficulties experienced less victimisation than their peers with other types of need, although this difference was only significant compared to children with cognition and learning difficulties. This may be a result of recent increased education and awareness surrounding autism, such as Autism Awareness Day and other resources provided by Autism charities to help parents and teachers (such as advice for teachers and lesson plans from The National Autistic Society, and 'Kits for Kids' from the Organisation for Autism Research). However, this finding could also indicate that these children potentially are not as aware that they are being targeted and so do not report their experiences. Van Roekel, Scholte and Didden (2010) collected data on victimisation from children with ASD, their peers and their teachers. They found that children with ASD reported fewer victimisation experiences compared to their teacher's report, however more of their peers reported that the children with ASD experienced less bullying than they reported themselves. Van Roekel et al. (2010) also compared children with ASD to children without ASD on videos, some depicting bullying and other social interactions. There was no difference on correctly identifying bullying between those with and without ASD. This suggests that children with ASD would accurately report victimisation experiences, although there may be differences between witnessing bullying in others and being aware that they are on the receiving end.

This thesis also investigated the difference in friendships between the different types of need and, interestingly, found that children with communication and interaction difficulties had significantly more reciprocal friendships than children with sensory and/or physical difficulties. Children with sensory and/or physical difficulties had the fewest number of reciprocal friendships compared to other types, although the differences was only significant compared to children with communication and interaction difficulties. Baron and Byrne (1994) suggested that friends are formed with those who they see the most, and it might be that physically disabled children cannot always participate, i.e. in PE classes and on the playground, and so there is not enough interaction to form friendships. Furthermore, Baron and Byrne (1994) suggested that children form friendships with those whom they share characteristics or behaviours, and it may be that children struggle to identify with children with physical disabilities. Any differences may be more obvious with children with sensory and/or physical difficulties, as there are clear comparisons that non-disabled children could make, leading them to conclude that they may not have anything in common with this group of children.

Additionally, this finding that children with communication and interaction difficulties had more reciprocal friendships than children with sensory and/or physical

difficulties supports Rowley et al. (2012), who found that parents of children with ASD were more likely to report that their child had a best friend compared to parents of children with SEN, although teachers reported no differences. In interviews with children, Rowley et al. (2012) found that 95% of children with ASD indicated some level of friendship, however only about half of these reported a mutual friendship.

This thesis investigated the percentage of reciprocal friendships within the class, and found similar rates between children with and without SEND. This could reflect changes in children's understanding and awareness of disabilities and difficulties, as they are more likely to befriend them. This could have a knock-on effect with time on rates of victimisation and bullying behaviour, as children with SEND are gradually more accepted by the peer group. Similarly, it may reflect the higher numbers of children with SEND, or just those with ASD, in mainstream schools, giving children with and without SEND greater opportunities to interact with each other and form friendships. However, it is not clear from these findings whether children with SEND are friends with each other, i.e. children with SEND are just friends with other children with SEND, or whether they are also friends with non-SEND children too, which is an avenue for future research. While there are these differences within the different types of SEND, overall there was no difference between children with and without SEND on number of reciprocal friendships, which is a very positive sign.

4.4.6. Study limitations. The main limitation, as mentioned above, was that the questionnaire was self-report as well as requiring the child's name. Self-report was decided upon for this thesis due to ethical concerns raised by the university, who were concerned about asking children to name other children. In order to measure reciprocal friendships, it was necessary to ask for the children's names on their questionnaires and so it was unavoidable that they would be identifiable. Although the children were told that no one other than the researcher would see the questionnaires, the children may have been dubious and did not want to be honest about some negative behaviours asked about in the questions.

Additionally, due to time constraints, not enough schools were recruited in order to successfully run a multilevel model. Ordinarily this would need a lot of groups with fewer participants within each group. However, it was more practical for the research to collect as much data as possible from the schools that agreed to participate. Over 200 schools were contacted with only two out of this group responding to emails and phone calls indicating that they wanted to participate. The other seven schools that participated were accessed through the researcher's own contacts. A further two schools agreed to participate and withdrew. With a larger sample of schools, the level 2 measures may have been predictive. This multilevel model was essentially a regression using 9 data points and it struggled to find a pattern amongst the groups to indicate many significant predictions on the new measure. This may be a result of the research topic being sensitive and students not necessarily reporting honestly, as well as potentially being underpowered for an MLM.

4.4.7. Chapter summary. The overall research question for this thesis was, *are children with SEND at a greater risk of being bullied, and what factors work to protect these children from victimisation?* In response to this question, this chapter found that SEND and emotional symptoms are strong risk factors that are associated with peer victimisation, with reciprocal friendships not acting as a predictor. For bullying, attitudes towards SEND negatively predicted these behaviours. For followers, disability positively predicted these behaviours while attitudes towards SEND negatively predicted them. Finally, for defending, emotional symptoms, attitudes towards SEND, and school climate all positively predicted these behaviours. At the school level, Ofsted grades predicted

victimisation, bullying and follower behaviours in the expected directions; as Ofsted grades improve, levels of victimisation, bullying and follower behaviours decrease. Defending behaviour was positively predicted by the newly developed school measures; as teacher attitudes, parent attitudes, parent experiences, the policy score, and the Ofsted score improved, levels of defending behaviour increased. The implications of this thesis and other discussion points will be expanded upon in the next chapter.

5. Discussion

5.1. Chapter Overview

This final chapter concludes the thesis by summarising the key findings in relation to the overall thesis question: *Are children with SEND at a greater risk of being bullied than children without SEND, and what factors work to protect these children from victimisation?* The findings related to each hypothesis are outlined, followed by an in-depth discussion surrounding the factors related to victimisation and bullying, as well as follower behaviours and defender behaviours. The contributions to the literature are then outlined. Evaluations of the research then follow which explore the methodological strengths and limitations of this research. The academic and practical implications of the findings are considered and, finally, to conclude the thesis, the future of research exploring SEND related victimisation and bullying is outlined.

5.2. Overview of findings

Table 5.1 presents a summary of the findings, both exploratory and from the MLM, related to each hypothesis.

Table 5.1
Summary of findings related to each hypothesis

Hypothesis	Findings		Was the hypothesis supported?
	Exploratory Analyses	Multilevel Modelling	
1. Victimisation will be positively predicted by emotional symptoms and SEND and negatively predicted by reciprocal friendships.	<ul style="list-style-type: none"> - Children with SEND experienced more victimisation than children without SEND. - There was a positive association between emotional symptoms and victimisation. - There was no association between reciprocal friendships and victimisation. 	<ul style="list-style-type: none"> - SEND positively predicted victimisation. - Emotional symptoms positively predicted victimisation. - Friendships negatively predicted victimisation. - There was an interaction between SEND and emotional symptoms on victimisation 	Supported
2. Bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.	<ul style="list-style-type: none"> - Children with SEND did not carry out more bullying behaviours than children without SEND. - There was a negative association between attitudes towards SEND and bullying behaviours. 	<ul style="list-style-type: none"> - SEND did not predict bullying behaviour. - Attitudes towards SEND negatively predicted bullying behaviour. 	Partially supported

3. Follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.	<ul style="list-style-type: none"> - Children with SEND carried out more follower behaviours than children without SEND. - There was a negative association between attitudes towards SEND and follower behaviour. 	<ul style="list-style-type: none"> - SEND positively predicted follower behaviour - Attitudes towards SEND negatively predicted follower behaviour 	Supported
4. Defender behaviour will be positively predicted by reciprocal friendships and attitudes towards SEND.	<ul style="list-style-type: none"> - There was no association between friendships and defender behaviour. - Attitudes towards SEND were positively associated with defender behaviour. - Unexpectedly, there was a positive association between emotional symptoms and defender behaviour. 	<ul style="list-style-type: none"> - Friendships did not predict defender behaviour. - Attitudes towards SEND positively predicted defender behaviour. - Emotional symptoms positively predicted defender behaviour. 	Partially supported
5. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour.	-	<ul style="list-style-type: none"> - Positive Ofsted <i>grades</i> predicted lower victimisation, bullying behaviour, and follower behaviour. - Teacher attitudes, parent attitudes, parent experiences, policy scores, and Ofsted <i>scores</i> positively predicted defender behaviour. 	Supported

5.1. Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour and higher levels of defending behaviour <u>for children with SEND</u> .	-	- There was no interaction between the school inclusion measures and SEND	Not supported
6. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour, and higher levels of defending behaviour.	-	- Attitudes towards SEND at the school level did not improve the model fit and so did not emerge as significant predictors	Not supported
6.1. Schools where there are more positive peer group attitudes towards SEND will have lower levels of peer victimisation and bullying and follower behaviour <u>reported by SEND children</u> .	-	- As attitudes towards SEND were not included in the model, this interaction could not be investigated.	Not supported

5.3. Individual level factors that predict peer victimisation in children with and without SEND

In this section, the different individual level factors will be explored in relation to peer victimisation. This section provides evidence for hypothesis 1: victimisation will be positively predicted by emotional symptoms and SEND, and negatively predicted by reciprocal friendships.

5.3.1. Emotional symptoms. In support of the hypothesis, high emotional symptoms, such as anxiety or withdrawn behaviour, were found to predict more peer victimisation and so were considered a risk factor for both children with and without SEND. This supports a well-established finding in previous literature, that children with high emotional symptoms experience more victimisation (Cook et al., 2010; Gini & Pozzoli, 2013; Reijntjes et al., 2010). Reijntjes et al. (2010) found that victimisation and internalising problems form a transactional model in that they both influence each other. This is partly supported by this research, as there was a strong positive association between internalising problems and victimisation. Children with SEND are more likely to display internalising behaviours (Mishna, 2003) which may therefore increase the risk of them experiencing victimisation. However, these findings must be treated cautiously in terms of cause and effect; from this research we can establish a relationship between emotional symptoms and victimisation but longitudinal research needs to be carried out to investigate whether one causes the other. This is built upon in section 5.9.

5.3.2. Diagnosis of SEND. This research found that children with SEND were at a significantly higher risk of being victimised than children without SEND, indicating that SEND in itself is a substantial risk factor for peer victimisation, providing support to the hypothesis. This is supported by the literature outlined in Chapter 2, which concluded that children with SEND are more at risk of peer victimisation (Bear et al., 2015; Kaukiainen et al., 2002; Mishna, 2003; Nabuzoka & Smith, 1993). This may be due to several reasons: the symptoms of their diagnosis that make them ‘different’; the accompanying characteristics such as poor communication (Cappadocia et al., 2011); or emotional symptoms which, as stated above, seem to be more prevalent in children with SEND (Mishna, 2003). Based on the findings from this research, alongside the findings from previous research, SEND appears to be a key risk factor and this appears to be a robust effect. This implies that schools/parents/carers need to be aware that children with SEND are more at risk of victimisation (at least in a mainstream setting).

For children with SEND, the MLM revealed that there was an interaction. Children with SEND who also had high emotional symptoms experienced more victimisation than children with SEND and low emotional symptoms. This indicates that while a diagnosis of SEND alone is a risk factor for victimisation, these children are even more at risk when they have high emotional symptoms. To this researcher’s knowledge, this has not been investigated previously and indicates a potential way that schools and parents could work to protect children with SEND from being victimised. Specifically, by supporting children with SEND with their emotional symptoms, there is potential to reduce the amount of bullying they experience. This could be done by providing these students with more pastoral care at school or potentially counselling/coaching if necessary to reduce their emotional symptoms, which could in turn protect them from being victimised by their peers.

5.3.3. Reciprocal friendships. In support of the hypothesis, reciprocal friendships were found to negatively predict victimisation in this research, although there was no

interaction between friendships and SEND. This research found that reciprocal friendships negatively predicted victimisation, however it may also be that victimisation influences reciprocal friendships. Fox and Boulton (2006) investigated the relationship between the number of reciprocal best friends and peer victimisation. They found that victimisation and reciprocal friendships were negatively correlated, indicating that as victimisation increased the number of best friends decreased. This was supported in the findings from this thesis. Additionally, Fox and Boulton (2006) investigated these relationships over time and found that while less reciprocal friendships at time 1 are negatively related to victimisation at time 2, victimisation at time 1 was also negatively related to less reciprocal friendships at time 2. This indicates a transactional relationship between victimisation and reciprocal friendships, with one continually impacting the other and vice versa. This suggests that friends act as a protective factor for victimisation but also that victimisation impacts upon friendships. This might be because victimisation impacts how accepted a child may be, which could impact their friendships, but also being victimised impacts a child's social experiences, which could impact their friendships because they have not had the socialisation opportunities to develop the skills they need.

The lack of an interaction in the MLM between friendships and SEND suggests that the role of friendship as a protective factor does not differ for children with and without SEND. The findings suggest that regardless of SEND, all children benefit from having reciprocal friendships, serving to protect them from victimisation. However, we cannot say that reciprocal friendships play a different role specifically for children with SEND. The negative association between reciprocal friendships and victimisation for all children supports Cappadocia et al. (2011) who asked parents of children with ASD to complete a questionnaire about their child's experiences of bullying and friendships. They found that children who were victimised had fewer friends than those who were not victimised. Cappadocia et al.'s (2011) sample was made up of children with ASD and they found that regardless of a diagnosis, children that did not experience victimisation had more friends. However, Cappadocia et al. (2011) did not have a sample of non-ASD children to compare to. This means that they could not make any conclusions about whether children with ASD had experiences that were different to children without ASD.

5.4. Individual level factors that predict bullying behaviours in children with and without SEND

In this section, the different individual level factors will be explored in relation to bullying behaviours. This section provides evidence for hypothesis 2: bullying behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND.

5.4.1. Diagnosis of SEND. This research found that SEND did not significantly predict bullying behaviour. Evidence regarding children with SEND and bullying behaviours is mixed, although the majority of research indicates that children with SEND do carry out bullying behaviours more than children without SEND. This may be due to the wide range of needs included in this research, whereas previous literature has focused on only one type at a time. For example, Kaukiainen et al. (2002) found that children with LD are more likely to be bullies than children without LD. This may well be the case, but looking at children with SEND as a whole sample (including those with 'learning difficulties'), there does not appear to be differences in bullying behaviours.

In terms of general aggressive behaviour, Filippello et al. (2013) suggested that children with SEND were more aggressive and unable to handle conflict. However,

bullying is only a sub-component of aggression, and so while Filippello et al.'s (2013) finding may be true in that children with SEND show higher levels of aggression, this does not necessarily mean they are showing bullying behaviour. There are different types of aggression that can be seen in individuals: reactive and proactive (Crick & Dodge, 1996; Hartup, 1974). Reactive, or hostile, aggression is an "angry, defensive response to frustration of provocation" while proactive, or instrumental, aggression is "a deliberate behaviour that is controlled by external reinforcements", i.e. it is a means to a desired goal – i.e. bullying (Crick & Dodge, 1996, p.993). In Filippello et al.'s (2013) study, they presented children with hypothetical interpersonal conflicts and proposed different coping strategies (assertive, passive, or aggressive) and asked students which strategy they would use. When showing that children with LD used more aggressive strategies, they may have been measuring reactive aggression in children with SEND, which is why this behaviour is demonstrated in situations with personal conflict, rather than proactive aggression. This may explain the conflicting findings. Additionally, Filippello et al. (2013) only recruited 14 children with LD, 9 of whom were boys, who may have skewed the findings, as boys tend to show more physical aggressive behaviours regardless of a diagnosis of SEND (Björkqvist, 2017).

In terms of actual bullying behaviour, Kaukiainen et al. (2002) reported that children with LD were more likely to be bullies than children without LD, and Rowley et al. (2012) found that parents of children with either ASD or SEN reported their children as more likely to carry out bullying behaviours compared to children without a diagnosis. However, Nabuzoka and Smith (1993) did not find any difference between children with and without LD on bullying behaviours. The findings in this thesis support Nabuzoka and Smith (1993) as children with SEND were no more likely to carry out bullying behaviours than children without SEND. Kaukiainen et al. (2002) worked with a sample of learning disabled children and Rowley et al. (2012) worked with a sample of children with ASD, which may explain why they found a difference in terms of bullying. It may be that the additional types of need, such as physical and/or sensory difficulties and social, emotional, and mental health difficulties, used in this research had lower levels of bullying/aggressive behaviour and so when used as a whole group, children with SEND did not display more bullying behaviours than children without SEND. However, when looking at the differences between bullying behaviours across the types of SEND diagnosis, this research did not find significant differences, indicating that children with communication and interaction difficulties, for example, are no more likely to engage in bullying behaviours than children with physical and/or sensory difficulties.

The null finding in this current research may be due to the small number of bullying behaviours reported. The mean for bullying behaviour was very low, indicating little overall bullying behaviour, and so there may not have been enough evidence of bullying in either SEND or non-SEND children to identify a difference between the groups. Kaukiainen et al. (2002) used a sample of 141 children in total; 20% of which were considered to have learning disabilities as these were the lowest performing children in reading and writing tasks. Rowley et al. (2012) had a slightly larger sample (95 parents of children with ASD, 80 parents of children with SEN) and so had a larger sample of children with SEND than Kaukiainen et al. (2002) but it still be too small to have confidence in the findings. The overall sample size used in the current research was 1,599 and so was substantially larger than previous research. The lack of findings for bullying behaviour between children with and without SEND was not due to having an underpowered study nor having a small sample of SEND children. One potential reason as to why SEND did not predict bullying behaviour in the current study is the measures used,

and this will be discussed further in section 5.7. Additionally, considerations of parental report compared to child self-report will be further discussed in section 5.7.

5.4.2. Attitudes towards SEND. This research found that positive attitudes towards SEND negatively predicted bullying behaviours, in line with hypothesis 2. It was found that children had generally positive attitudes towards SEND, with 67% of the sample falling between ‘agree’ and ‘strongly agree’ on the scale. McDougall et al. (2004) used a shortened version of the CATCH scale on a similar number of students (aged 13/14) and found 61% had a positive attitude towards SEND. A similar percentage was found in the current research, with 67% of students having a positive attitude towards SEND. McDougall et al. (2004) also found that over 20% had negative attitudes, compared to only 1.63% in this thesis. The remainder of the students were neutral, with mean scores falling between ‘disagree’ and ‘agree’; 31% of the children in this sample had neutral attitudes compared to 18% of McDougall et al.’s (2004) sample. While this is positive in that it indicates that fewer children have negative attitudes in the research conducted in this thesis, it appears there is a shift with a move into the neutral group rather than the positive group. This may be due to social desirability; the students know that they should not show very negative attitudes towards individuals with SEND and so answer neutrally rather than negatively. This social desirability may have come from social media, parents, or the school, who may emphasise including children with SEND. Nevertheless, this suggests a potential positive shift in overall attitudes in children in this age group. However it would be important to continue to work with high school students to investigate why some children do not have entirely positive attitudes towards their peers with SEND and how future researchers could ensure they are measuring a true positive change rather than socially desirable responses.

Negative attitudes towards SEND significantly predicted children’s general bullying behaviours. Nesdale et al. (2008) found that children with negative attitudes towards an out-group had higher intentions to carry out bullying behaviour. While Nesdale et al. (2008) did not measure actual behaviour, their study indicated that if children had negative attitudes towards a group, they showed higher intentions of bullying them. It could be argued that these intentions are likely to lead to actual bullying behaviours. While neither Nesdale et al. (2008) nor McDougall et al. (2004) looked at the association between attitudes and actual bullying behaviour, the children with negative attitudes often hold bullying intentions, which could potentially lead to actual bullying behaviours. Whilst, at first glance, it is difficult to interpret the association between negative attitudes towards SEND and general bullying, it is possible that negative attitudes towards SEND indicate an overall lack of empathy for others, which has been linked to bullying behaviours (Jolliffe & Farrington, 2006; Stavrinides, Georgiou & Theofanous, 2010). This indicates that negative attitudes towards SEND, as measured in this research, could reflect a lack of empathy, which is associated with more bullying behaviours. The findings of this thesis support these conclusions from previous literature.

5.5. Individual level factors that predict follower and/or defender behaviours in children with and without SEND

In this section, the follower and defender variables will be discussed. The first section will focus on the variables that predict follower behaviour and the second section will focus on the variables that predict defender behaviour. These sections address hypothesis 3 (follower behaviour will be positively predicted by SEND and negatively predicted by attitudes towards SEND) and hypothesis 4 (defender behaviour will be

positively predicted by reciprocal friendships and attitudes towards SEND). For follower behaviours, the variables that will be discussed are the diagnosis of SEND and attitudes towards SEND.

Very little research has been conducted to investigate the roles that children with SEND take within the bullying process, beyond being a bully or a victim. Kaukiainen et al. (2002) found that 67.9% of their learning disabled sample were nominated as 'non-involved', meaning that they were neither a victim nor a bully. However, this does not mean that these children were completely uninvolved, as they may have taken on the follower or defender roles. To the researcher's knowledge, no research has investigated these additional roles on an SEND sample and so the findings in this thesis add to the existing literature on bullying roles for non-SEND samples. Due to the weak reliability of the assistant role, this role was combined with the reinforcer role to create the 'follower' role. This will be explored further in the evaluation section of this chapter, but this weak reliability may reflect a lack of distinction between the two follower roles, as well as the lead bully role. Previous studies that have used this measure have often grouped the reinforcer and assistant into the 'follower' role for conceptual reasons (for example, see Camodeca & Goossens, 2005). It is important to note that in the original development of the PRS, there was no exploratory or confirmatory factor analysis carried out to confirm the items measured the distinct roles appropriately (Salmivalli et al., 1996). Thus, it could be argued that there is a lack of empirical support for these categories as distinct.

5.5.1. Diagnosis of SEND and follower behaviours. In support of hypothesis 3, this research found that children with SEND carried out more follower behaviours than children without SEND. The reason behind why children with SEND appear to fall into this role may be due to characteristics that often accompany a diagnosis of SEND. Salmivalli et al. (1999) found that children who were assistants and reinforcers typically had defensive self-esteem; that is, the children had high defensive egotism (defensive to criticism about themselves). Children with SEND typically have low self-esteem (Miyahara & Piek, 2006) which may lead to them falling into this role, as they need the acceptance of the lead bully to feel like they belong. Additionally, these children may be aware of their differences and so want to be seen to support the lead bully in order to minimise the risk of being victimised themselves. As stated at the start of this section, very little attention has been given to the follower role, and so future research could be carried out to investigate why children with SEND carry out these behaviours; is it due to low self-esteem (particularly around a fear of being criticised) or wanting to avoid being targeted?

5.5.2. Attitudes towards SEND and follower behaviour. In support of hypothesis 3, this research found a negative association between attitudes towards SEND and follower behaviour. This indicates that as attitudes towards SEND improve, follower behaviour decreases. As stated above, very little research has been conducted on the follower roles. Generally, children who are followers (reinforcers and/or assistants) appear to have similar characteristics to bullies, with Salmivalli et al. (1999) finding that bullies and followers were both identified by high defensive egotism. Therefore, due to these similarities it is likely that there would be a similar relationship between attitudes towards SEND and follower behaviours as there is between attitudes and bullying behaviours. Research outlined above indicated that negative attitudes towards an out-group were associated with bullying intentions (Nesdale et al., 2008; Nipedal et al., 2010). This could also relate to children who are followers, as they also contribute towards bullying, therefore providing support for the finding in this research that negative attitudes are associated with high levels of follower behaviours. However, children who carry out follower behaviours do not initiate the bullying, indicating that perhaps they do not always act on the bullying

intentions that often accompany negative attitudes. Instead, they wait for the lead bully to initiate that bullying and then join in. Future research could investigate this relationship in more depth, looking into why children who carry out follower behaviours appear to still have negative attitudes towards SEND, but do not necessarily initiate the bullying themselves. There may be a moderating factor, such as low self-esteem, that prevents them from taking the lead. This highlights the importance of investigating this role in further research; it may be that follower behaviour is easier to change, which implies the roles are not fixed or even mutually exclusive. This will be explored in section 5.9.

5.5.3. Reciprocal friendships and defender behaviour. This research found that there was no association between reciprocal friendships and defender behaviour, thus, the findings did not support hypothesis 4. Previous research suggests that defenders have a greater peer/friendship network than non-defenders, however, this was not supported by the findings in this thesis. While much previous research has been carried out into friendships of bullies and victims, not much investigation has been devoted to the friendship experiences of children who carry out defender behaviours. Tani et al. (2003) found that defenders scored the highest on the Friendliness section of the Big Five, however, this does not necessarily translate in a greater number of reciprocal friendships – it may just be that these children are generally friendly and supportive but do not necessarily form more intimate friendships with their peers than others. Similarly, Wachs (2012) concluded that children who feel popular are more likely to carry out defender behaviours, potentially feeling safe from retribution. This may also indicate that these children are popular and have a good social network, but do not necessarily form a greater number of close, reciprocal friendships compared to others. Future research could investigate why children who carry out defender behaviours are more popular and well-liked, but do not necessarily have more reciprocal friendships compared to children who do not carry out defender behaviour. A greater understanding of the characteristics of defenders could help to inform efforts to encourage more children to act as defenders.

5.5.4. Attitudes towards SEND and defender behaviour. In line with hypothesis 4, this research found a positive association between attitudes to SEND and defender behaviour. While this research measured attitudes towards SEND, previous research has shown that positive attitudes in other areas are associated with defender behaviour. Salmivalli and Voeten (2004) found that anti-bullying attitudes were positively associated with defender behaviours. While they measured a different type of attitudes (towards bullying), it may be that a measure of ‘attitudes towards SEND’ reflects empathy and kindness in individuals and so positive attitudes in relation to SEND may indicate they have positive attitudes in other similar areas, such as anti-bullying and inclusion and issues of social justice. Nickerson, Mele and Princiotta (2008) found that children with high empathy were most likely to intervene in bullying situations and defend children from being victimised. This lends support to the suggestion that children who carry out defender behaviours have high levels of empathy, which is reflected by positive attitudes towards SEND. It could be that a more important third variable is driving these relationships, such as a greater sense of social justice and moral engagement.

5.5.5. Emotional symptoms and defender behaviour. Unexpectedly, there was a positive association between emotional symptoms and defender behaviour. Emotional symptoms indicate internalising problems, such as being shy, help-seeking, sadness, or withdrawn behaviours (Smith, 2014). Very little research has investigated internalising behaviours and defending behaviour. Pozzoli and Gini (2010) investigated internalising as a coping strategy in defenders and found a positive association. They suggested that it may be that the internalising behaviours of defenders potentially represent compassion for the

victim's distress, which motivates them to intervene (Pozzoli & Gini, 2010). This supports the findings from this research that defenders present more internalising behaviours. This underlines the finding that some children with internalising behaviours are not necessarily at a greater risk of being victimised; the correlations are always moderate in size, which suggests individual differences. Further research could be carried out to investigate other variables that explain why some children with internalising behaviours become victims while others become defenders. For example, if a child had high internalising behaviours, along with low self-esteem or low self-efficacy for assertion (Gini, Albiero, Benelli & Altoe, 2008), these children may be at risk of becoming victims, however, if they had high self-esteem or high levels of self-efficacy, they may become defenders instead. There is a need to investigate the *interactions* between the various individual factors that appear to influence whether a child becomes a victim or a defender. This could then lead to interventions in order to protect victimised children and encourage more children to act as defenders.

5.6. School level factors that predict peer victimisation, bullying behaviour, follower behaviour and defender behaviour in children with and without SEND

In support of hypothesis 5 (Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour, and higher levels of defending behaviour), this research found evidence of school level predictors for all victimisation, bullying, follower and defender behaviours. Ofsted *grades* positively predicted victimisation, bullying behaviour and follower behaviour, while the new measures of inclusion positively predicted defender behaviour. Schools with more positive Ofsted grades had fewer reports of general peer victimisation, bullying and follower behaviours. This was broken down into all of the different aspects of the Ofsted report (overall Ofsted score, pupil achievement, teacher quality, pupil behaviour, and leadership) all of which positively predicted lower incidents of peer victimisation. These grades may reflect positive practice in the schools, such as good pupil achievement, or good management/leadership from the head teachers. These things may potentially be indicators of inclusive practice – for example, schools in which there is good achievement, may work hard to create a positive, supportive environment for children with and without SEND and encourage children without SEND to interact and work with children with SEND. The overall Ofsted grade could be a reflection of all these areas. While this is not a direct indication of inclusion, schools with positive Ofsted grades (e.g. Outstanding or Good) are potentially going to be more inclusive than schools with negative Ofsted grades (Requires Improvement or Inadequate) as this overall grade is informed by pupil behaviour and leadership and teaching quality, all of which should reflect inclusive practices.

Hung et al. (2015) found that overall positive school climate was negatively associated with emotional problems, conduct problems and victimisation. They used a measure with three factors: 1, Authoritative Structure, referring to the actions of adults at the school, 2, Student Order, referring to noisy, disruptive and disrespectful behaviours of peers, and 3, Student Support, referring to kind, respectful and helpful behaviour of peers. The first factor could be seen to map onto the leadership and teacher quality subsections of the Ofsted report while the second and third factors could be seen to map onto the pupil behaviour subsection of the Ofsted report. They found that schools with low authoritative structure showed higher emotional symptoms and victimisation. This is supported by this research, which found that teacher quality and leadership Ofsted grades were both positively associated with lower victimisation, bullying and follower behaviours.

Additionally, they found that in schools with poor student order, there were more emotional symptoms, conduct problems and victimisation. Again, this is supported by this research, which found that positive pupil behaviour Ofsted grades was associated with less victimisation, bullying and follower behaviours.

This thesis supports Nipedal et al. (2010) who reported that less victimisation/aggressive intentions occur in schools with inclusive norms. This suggests that schools that have positive norms foster environments in which children carry out fewer bullying behaviours and experience less victimisation. Gendron et al. (2013) found children that attend supportive schools reported less victimisation. Focusing on the different Ofsted subsections, it is not clear which section would specifically measure supportiveness or inclusive norms, and so it may be that Ofsted are also measuring additional underlying variables in their reports. This could be aspects such as supportiveness, inclusivity, friendliness, etc., which are associated with less bullying and victimisation in schools. While not specifically looked at in their reports, it may be that schools with good teacher quality, for example, have teachers that are good at teaching but are also supportive and inclusive.

However, there is a question regarding the reliability and validity of the Ofsted grades in general. It may be that on the day of the inspection, the teachers knew how they should be acting and so were seen to be inclusive when they normally are not. In other words, it may be that the association between the Ofsted grades and bullying/victimisation is being driven by another variable that was not measured, such as the interventions/punishment for bullying behaviours or even the influence of the surrounding area, which can potentially affect the risk of victimisation/bullying behaviours (Smith, 2014). Shetgiri et al. (2013) similarly found that feelings of safety are important in reducing bullying, which may be reflected in the pupil behaviour subsection in the Ofsted report. Schools in which there is less misbehaviour may increase the feeling of safety which is associated with less bullying. This was supported by this research, as there was a positive association between the grade of pupil behaviour and victimisation, bullying and follower behaviours.

In terms of defending behaviour, this research found that while the Ofsted *grades* were not useful in predicting this behaviour, the newly developed measures were informative. Teacher attitudes, parent attitudes, parent experiences, policy scores and Ofsted *scores* all positively predicted defender behaviour. These measures of school inclusion indicated that as school inclusion improved, children reported carrying out more general defender behaviours. This indicates that in schools with positive indicators of inclusion, children are more likely to defend victims of bullying. These measures may have predicted defender behaviour rather than the other behaviours because the items may be more sensitive and focus on the positive behaviours, i.e. defending, but did not provide specific enough wording to access the negative behaviours, i.e. victimisation, bullying and follower behaviours. This also may be because defending behaviour is the most frequent role that children take out of the different bullying participant roles (suggested by Sutton & Smith, 1999) and so there was more variance in the data to explain. Bayesian analysis, as used in the current research, should not have been affected by the skew of the bullying, victim, and follower data, however, the extreme skews may still have impacted the relationships that were found between the new measures of school climate and these negative behaviours because there was not enough of a distribution of victimisation/bullying behaviours.

Conclusions about the association between school environment and victimisation, bullying, follower and defender behaviours must be tentative. It may not be that the school norms (measured by Ofsted grades) affect these behaviours, but schools with low levels of these behaviours are simply viewed as having inclusive norms (i.e. good behaviours are assessed by Ofsted and thus reflected in the Ofsted grades). Essentially, the relationship between Ofsted and bullying/victimisation needs to be explored to investigate whether Ofsted grades (inclusion) influence bullying/victimisation or whether bullying/victimisation influences Ofsted grades. Longitudinal research could be carried out to investigate the relationship between the school environment and bullying roles and to attempt to identify the causal direction of effect. Schools with poor Ofsted grades could be followed through their improvement process, to investigate whether making positive changes at a school level results in less bullying when schools are inspected by Ofsted at a later time.

Hypothesis 5.1. (Schools with positive inclusion scores will have lower levels of peer victimisation, bullying behaviour, and follower behaviour and higher levels of defending behaviour for children with SEND) was not supported by the findings in this research. There was no interaction between the measures of school inclusion and SEND, indicating that the school level predictors did affect SEND and non-SEND children in the same way. This lack of interaction may be due to the low number of schools recruited or there may simply be no effect of the interaction between SEND at the individual level and inclusion at the school level on victimisation. It may also be due to the measures of inclusion used in this research, as will be discussed further later in this chapter.

The ecological model, as outlined in Chapter 1, argues that children are influenced by their wider environments (Bronfenbrenner, 1979). This research aimed to investigate the individual level variables (at the centre of the model) and the microsystem variables (the second ring of the model). The analyses revealed a significant difference between most of the variables between the schools, indicating there are additional factors at the school level that need to be considered, for example, anti-bullying policies or inclusion lessons/information the school provides, which could influence the students' behaviours. Future research could focus more on actual school actions rather than measuring inclusion, which does not appear to be straightforward to identify. Bronfenbrenner (1979) argued that it was important to investigate the surrounding factors, not just the individual factors, as these directly impact their experiences. This thesis supports this conclusion, as it was important to consider the school level variables in terms of victimisation. The Ofsted grades, as well as the newly developed measures of inclusion, reflect part of the child's microsystem (i.e. their school), by which they are potentially influenced.

School level factors (Ofsted grades, teacher attitudes, parent attitudes/experiences, and Ofsted scores and policy scores) improved the victimisation, bullying and follower and defender MLMs more so than simply having the individual level variables, indicating that it was important to investigate children's experiences of victimisation within the context of their school environment, i.e. their microsystem. However, the newly developed measures of the microsystem (teacher attitudes, parent attitudes, etc.) did not inform the victimisation, bullying, and follower MLMs. This may have been because they had no effect on these behaviours, indicating perhaps other school level variables are more important to measure in the future, such as anti-bullying policies/practices, or teacher responses to bullying, etc. Alternatively, there may be additional microsystem factors that are important that this thesis did not cover, such as an unsafe community. Once a child has been victimised in the community, the individual risk factors increase, making it more likely that they will be bullied in school (Schwartz & Proctor, 2000). There is evidence that

being in an unsafe community can increase the risk of bullying (Smith, 2014). Schwartz and Proctor (2000) found that witnessing aggression in the community was associated to child aggressive behaviour and bullying. Thus, future research could investigate both the school level and the community level factors in relation to peer victimisation, bullying, follower and defender behaviours to investigate whether more variance is explained or whether there are more interactions between the individual level factors and their microsystems. Hong and Espelage (2012) reviewed very few published studies that have investigated the relationships between bullying and victimisation and the community. The community is in the exosystem, i.e. the next step away from the child (Hong & Espelage, 2012). This is an environment beyond the immediate system that contains the child (the microsystem, i.e. the school), and so future research could possibly investigate a three-level model, with a child nested in a school nested in a community. This could work towards identifying more potential factors beyond the individual and the school.

Wider factors also need to be considered when investigating bullying and victimisation. Bronfenbrenner (1979) stated that societal factors should be considered as part of the model. Events such as the Paralympics, which occurred two years prior to the commencement of this thesis, may have an effect on the victimisation experiences of children with SEND. This event impacted the country's political/economic climate which can impact upon schools and ultimately the children themselves, especially those in marginalised groups. More specifically, exposure to the Paralympics has been found to improve attitudes in adults and children towards disability (Ferrara, Burns & Mills, 2015; Moore & Nettelback, 2013) which could potentially reduce the victimisation of children with SEND. It may also be more important to investigate the class-level rather than the school level, as Sarrento et al. (2013) found that classrooms explain 12% of the variance of victimisation. This variance was found in primary aged children, however, and so it was decided that, due to students moving classes and having different teachers throughout the day in high school, the school-level was more important to examine. However, studies with younger children should consider class-level factors.

Hypothesis 6 stated that peer group attitudes towards SEND would be negatively associated with victimisation, bullying, and follower behaviours, and positively associated with defender behaviours. However, having attitudes towards SEND as a school level variable was detrimental to the model and so analyses for this hypothesis could not be carried out. Similarly, hypothesis 6.1 stated that peer group attitudes towards SEND and SEND would interact to negatively predict victimisation, bullying and follower behaviour, and positively predict defender behaviour, however these analyses were not carried out. This may be because attitudes towards SEND are more representative at an individual level, rather than a school level. Attitudes towards SEND could be influenced by a variety of sources outside of the school, such as parents, peers, social media, their neighbourhood, etc., and so children in a school would not necessarily all have similar attitudes towards SEND simply because they all attend the same school. It may be possible to measure children's attitudes towards SEND and then aggregate (move the measure up) to the school level, however, it may be that more data is needed from each school to do this successfully so that the score is representative. In this research, there was, on average, 177 students in each school (i.e. just over 50 per year group) and so this may not have been enough to move the individual level data to the school level. Future research could investigate whether aggregating attitudes towards SEND from the individual to the school level successfully predicts bullying behaviours when larger samples are recruited from the schools. The limitations of the sample will be discussed in the next section.

In summary, the research conducted in this thesis has added to the growing body of evidence that school level factors are a key predictor of victimisation, bullying, follower and defender behaviours. Future research needs to look at what specific aspects of school climate and school culture are important.

5.7. Evaluations of the research

Despite not recruiting a large enough sample of schools to conduct a MLM adequately, possibly due to the doubly sensitive nature of the research (bullying and SEND), there was a good variety of types of schools in the study. There were both rural and inner-city schools in the sample, from several different Local Education Authorities, including one private all-girls school. Additionally, there were schools with a good range of Ofsted ratings, ranging from ‘requires improvement’ to ‘outstanding’, and a good range of percentage of children with SEND at the schools (8 – 35%). This variety of schools was recruited to ensure a good representation of schools and to ensure bullying/victimisation was investigated in schools with differing climates. Most of the scales used in the main study had been rigorously checked in terms of reliability in the pilot study, which meant that we could have confidence that these scales were appropriate for use with the participants. This meant that very few changes had to be made in the data preparation stage of the main study because all of the items within each scale were reliable based on the Cronbach’s alphas they were retained.

It is important to consider the strengths and limitations of the research that contributes to this thesis, in conjunction with the findings, to ensure that any conclusions are made within the appropriate context of the research.

Creating tools to measure inclusion was a challenge, as inclusion is a relatively vague concept. The commonly used definition is that “all students attend and are welcomed by their neighbourhood schools in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school” (InclusionBC, 2017). Although schools *must* be inclusive, it is still quite broadly defined. When creating the Ofsted report coding tool, it was suspected that Ofsted judges are reasonably diplomatic in their reports, as they do not often say a school does something badly and instead often leave it out of the report. This then means the report does not accurately represent the school – areas may have been left out for several reasons, potentially because there was no evidence of it, because it was done badly, or because it was done acceptably and was not worth mentioning. This then meant that it was difficult to accurately score schools in some areas if details were missing from the Ofsted report. Perhaps this indicates an issue with Ofsted reports – a lack of consistency across schools may cause problems, such as the one identified by this research, i.e. what is mentioned in one Ofsted report is not necessarily mentioned in another and the reasons behind omissions is unclear. Very little information is available on the Ofsted website about their inspections, however, it states that a framework will be followed in order for inspectors to report on particular aspects of the provision (Ofsted, 2017). Perhaps a more rigorous survey needs to be employed by Ofsted, measuring key aspects of interest, such as bullying and inclusion, so that Ofsted reports appear to be consistent across schools and could improve any future research that utilises their reports. This could potentially be accompanied by a report written in full prose elaborating on any aspects in the survey that schools have done well or could improve upon. This would allow Ofsted reports to be used more reliably in research in the future.

Previous work had been conducted in the review of anti-bullying policies (Smith, Smith, Osborn & Samara, 2008), however, no research has been carried out using inclusion and/or Special Educational Needs policies. When creating the policy coding tool, it became clear that there were quite a few schools that had used similar templates for their policies, particularly schools that are part of an academy group, as they all had the same policy. This meant it was important to identify the specific items that would allow us to identify more and less inclusive schools. With no previous evaluation of school inclusion policies, this was challenging and time consuming but resulted in a new coding scheme for measuring school policies. Creating the policy coding schemes was an iterative process, involving several revisions before the final version was created with accompanying information regarding how to best answer the questions. This information was key to ensuring that the raters gave similar scores to the content of the policies, as it is good practice when applying content analysis.

Additionally, there is very little evidence to suggest that policies necessarily reflect what happens in practice. However, schools are required by law to have an inclusion policy and put reasonable adjustments in place in order to be inclusive (Gov.uk, 2018). This indicates that if they do not follow through with their policies, they may be in breach of the law, implying that what they say they do in their policy is put into practice in order to be within the law. While the policies were useful in predicting defender behaviour, they did not appear to be associated with the more negative experiences (victimisation, bullying and follower behaviours) and so other ways to measure inclusion may need to be considered, such as data from the children and teachers on actual inclusion practices. This will be expanded upon further in a subsequent section, outlining the future of research in this area.

For the child questionnaire, a limitation, previously touched upon in Chapter 4 section 4.4.6, was the method used to measure bullying and victimisation. Self-report has been used extensively in previous bullying research, however, it does have some limitations, which were considered before deciding to use this approach. Children may be less forthcoming about negative behaviours and attitudes towards SEND when they are reporting on themselves. Additionally, the children may not realise they are carrying out the negative behaviours, but their peers may have reported it if peer-nomination methods were used. For example, Brandon and Cornell (2009) found that twice as many students were categorised as bullies using peer nomination compared to self-report (11% and 5% respectively). Peer nominations of bullying roles would have potentially given us a more accurate representation of bullying and victimisation, as children are not reporting on their own behaviours, however, following discussions with the university ethics committee it was agreed that peer nominations were not appropriate in this study, due to the additional sensitivities around asking questions about disability. In addition to using self-report, this research required children to put their names on their questionnaires, which may have led to them not feeling comfortable about being honest about negative behaviours. In order to measure reciprocal friendships, however, it was necessary to have the students' names on the questionnaires. Teacher reports of bullying could have been collected, and previous research has used teachers as a source of information on student bullying (see Farrington & Baldry, 2010, for review), however there are limitations with this. For example, teachers may find it time consuming and not complete the survey properly and, more importantly, in high schools, the teachers only see the students for one lesson a day and so may not be aware of what the students are doing outside of those lessons, in the hallways, or in breaks. Therefore, self-reports were the preferred option.

Due to the different measures used in this research, the best possible approach was used in terms of having names on the questionnaires and using self-report. Peer

nominations were not used in this study due to the ethical sensitivities raised by the ethical committee. The questionnaire was not anonymous despite being self-report because of the friendship nomination questions, which meant that the children's questionnaires had to be analysed for reciprocal friendships. Using anonymous self-report questionnaires or peer nominations, may have resulted in more bullies and followers in the data, however, there was no way to predict that the self-report measure would yield such low means for bullying and follower behaviour, when previous studies have used self-report measures successfully.

A potential reason for this may be the measure used; the PRS is usually a peer nomination scale (Salmivalli et al., 1996) and was adapted for this research in order for it to be used in a self-report method. In this research, the assistant and outsider roles had low Cronbach's alphas, which indicated that the items in these subscales do not show consistency when measuring the behaviours, indicating that the together the items are not appropriate for measuring the behaviours. A factor analysis was carried out on a shortened PRS (of 21 items) developed by Sutton and Smith (1999). They found that there was considerable overlap between the bully, assistant, and reinforcer subscales, concluding that a pro-bullying role should be adopted instead of the three subscales (Sutton & Smith, 1999). In this research, however, the difference between the follower and the bully roles was important to investigate for children with SEND, thus, the bullying and follower roles were kept as separate. Additionally, as the PRS does not measure physical bullying specifically, it was not possible to break the bully role down into physical, verbal and relational bullying behaviours, which could have potentially yielded more individuals within these roles, but who do not carry out all of these behaviours. Future research could build upon the issues found with the PRS and the different roles children can take. Rather than combining the leader bully and the follower roles into one overall role, it may be important to consider them separately, as there may be differences between children who are the leader bullies or the followers, such as a diagnosis of SEND and emotional symptoms. In this research, it was not possible to investigate which specific type of SEND diagnosis was most associated with certain roles. Due to the low frequencies for some types of SEND, the specific types of need were grouped under the four different types of need and conclusions cannot be made about whether, for example, children with dyslexia are more likely to be victimised than children with dyspraxia (two types of need that were grouped under cognition and learning difficulties). Further research could be conducted, recruiting larger sample sizes, with the aim to investigate the risk of specific types of SEND on the different bullying roles.

Research could also be conducted into whether the roles are consistent across a variety of contexts, for example, a playground compared to a classroom; people they know, compared to people they do not know; and whether they are consistent across time using a longitudinal approach; is it possible for a victim to become a defender, for example, with the appropriate support and intervention? Throughout the reporting of the findings and the discussion of the findings in this thesis, the different 'roles' within bullying have been referred to as 'behaviours'. This was because the researcher found that students did not predominantly fit one 'role' but carried out different behaviours. This is why prevalence rates have not been reported in this thesis; children did not just fit one role. The term 'role' may need to be altered as this implies a relatively fixed identity, which may not always be the case. For example, a child may consistently show outsider behaviours until their best friend is bullied and then this child may demonstrate defender behaviours. Huitsing, Snijders, Van Duijn and Veenstra (2014) investigated the social networks between bullies, victims and defenders in their research, for example, and found that victims of the same

bullies often defend one another, proving social support, indicating that they are not ‘pure’ victims, but can also display other behaviours. Future research could investigate the exclusivity of these ‘roles’ and investigate the contexts in which a child may deviate from their typical ‘role’.

As an alternative to the reciprocal friendship measure, sociometric status/ratings could have been used to measure popularity and/or liking. This is a different concept to reciprocal friendships and measures how visible/dominant a child is in the classroom. Bullies, by their definition, are potentially more dominant children and so tend to be rated as more popular, while victims are perhaps less visible/dominant and so are less popular (de Bruyn et al., 2010). However, measuring sociometric status would involve peer nomination methods, which, as stated above, would not have been approved by the ethical committee. This was because of the sensitive nature of the research and the increased ‘spotlight’ that nomination puts on children in the classroom. Future research could investigate sociometric status and children with SEND compared to children without SEND, as it is a fairly under-research area.

Overall, there was a limitation with the methodology used and the analysis technique that had been planned. For multilevel modelling, there needs to be a larger number of groups than could be practically recruited in the confines of a PhD. Over 200 schools were contacted via email and telephone; 2 schools from this sample agreed to participate, 2 agreed and then dropped out, and the final 7 in the sample were recruited through the researcher’s personal contacts. Future studies may need to work closely with schools in order to be able to conduct this type of research. Deeper relationships and collaborations could be formed between universities and schools, to ensure that the schools feel they are benefiting from participating, such as providing a psychology talk for their students or inviting them to a psychology ‘away day’ at the university. The multilevel model analysis was therefore unable to find significant predictors in the majority of the school level measures, due to the lack of variance, potentially due to the small number of schools. In this research, the class level was not investigated due to the approach taken when data collecting; some schools wanted all the children to take part at the same time in one large group during assembly and so were not separated into classes. Future research could investigate the class-level factors involved in bullying, such as classroom discipline or classroom behaviours. This could potentially allow for higher numbers of the level 2 factor, as researchers could recruit many classes from just 1 school. However, the practicality of this will need to be explored; in high schools, students do not always spend a lot of time with the same class during the day, for example, they are in one class for registration and then move into different classes for different subjects and have different teachers. There was a significant positive correlation between the policy analysis and the Ofsted analysis, indicating that they were both measuring the same concept in each school; if one school had a positive policy score, they also had a positive Ofsted score. This suggested that these measures would be useful in future work when investigating school level variables, but with the inclusion of other measures.

5.8. Implications: academic and practical

The aim of this research was to investigate school level factors using a multilevel model analysis. New measures were developed as school inclusion had not been measured adequately in previous studies. The findings of this research provide further evidence that there are differences between schools in terms of inclusion and attitudes towards inclusion and that the way in which schools approach inclusion even impacts upon the students’

general experiences of bullying and victimisation, regardless of whether they have SEND. Previous studies which examined school level factors including inclusion in schools have used fairly limited approaches. Many studies rely on the pupils to provide information about the school climate. For example, Gendron et al. (2013) asked children about their perceived school climate (8 items), focusing on their school environment. Fink, Patalay, Sharpe and Wolpert (2018) used a 7 item measure with the children to measure school climate. Similarly, Hung et al. (2014) used a scale (36 items) to measure children's experiences of a variety of factors including classroom social climate, school climate, discipline-clear rules, fair treatment, safety, etc. Shetgiri et al. (2013) used a similar approach, using one item to ask parents how safe they felt their child's school was. More specifically, Georgiadi et al. (2012) investigated typically developing children in inclusive and non-inclusive settings. The children were considered to be in an inclusive setting if the school had an inclusion classroom operating and a non-inclusive setting if the school did not have an inclusion classroom or other special education inclusion practices and there were no students with intellectual disabilities in the class or the school. These various approaches to measuring school inclusion indicate that a more robust approach was needed in order to access school inclusion. The decision was taken to use a policy analysis score, the Ofsted report analysis score, parent experiences, the actual Ofsted grades, child climate perceptions, teacher attitudes and an additional measure of parent attitudes to complement teacher attitudes. All of these different measures aimed to access school inclusion from different aspects, with the intention of creating an overall, holistic approach to measuring inclusion. This was a newly developed approach and again provided information on how to measure school level differences rather than relying on student reports.

While the newly developed school level measures were not entirely useful in predicting victimisation, bullying, and follower behaviours in the model, this may be due to the small sample of schools, which meant there was not enough variance in these measures between schools to indicate a pattern. However, for bullying, follower behaviours and victimisation, overall Ofsted grades (Outstanding, Good, Requires Improvement, or Inadequate) were significant predictors, i.e. as Ofsted grades improved, reports of bullying and victimisation decreased. More specifically, all the subscores within the Ofsted report (pupil achievement, teacher quality, leadership, and pupil behaviour) significantly predicted victimisation, bullying and follower behaviours and in the expected direction. This indicates that as each of these facets of the Ofsted report increased, levels of bullying, follower behaviour and victimisation decreased. The new measures, however, did predict defender behaviour, with parent experiences, policy scores, Ofsted scores, teacher attitudes, and parent attitudes all positively predicting defending. This is important to consider, as it suggests that school level factors are associated with bullying incidents and that there is something that some schools are doing that is associated with lower levels of bullying/victimisation. As stated above, it is interesting to consider why the new measures appear to predict positive behaviours, i.e. defender behaviour, while they are not useful at predicting negative behaviours, i.e. victimisation, bullying and follower behaviours.

The newly developed measures, while not successful at predicting any of the bullying roles (except defenders), could prove useful in future research into schools. There was a rigorous process for the development of the Ofsted and policy coding schemes, with several revisions. These coding schemes would be useful in future research that aims to investigate school inclusion because they could be used as a means to triangulate data collected using other methods/sources. The policy and Ofsted coding schemes had a moderate significant correlation, indicating that they are both measuring similar concepts,

potentially acting as a measure of school inclusion. Both measures could be used together to create an overall impression of school inclusion based on the different sources (policies as well as Ofsted reports). Future research could investigate whether the measures developed in this research correlate with children's perception of school climate beyond just inclusion, looking at whether they correlate with the factors presented by Hung et al (2015), such as authority, student behaviour, student support, etc. Previous research relies heavily on children's perception of school climate (Gendron et al., 2013; Hung et al., 2014; Shetgiri et al., 2013) and so it would be interesting to investigate whether children's perceptions of their school climate reflect the more objective measures. If there is no association, research could be carried out into the potential reasons as to why; if whether their bullying role influences their perceptions of climate, as suggested by Nickerson et al. (2014), who found that defenders perceived their school to have a more positive climate than children who were bullies or victims. It is clear from the research carried out in this thesis that it does matter what schools do and how they approach inclusion, as the different measures of inclusion were related to bullying or victimisation. This indicates that school level factors are important to consider in future research and researchers should focus on exactly *how* schools create a climate that is associated with lower levels of bullying and victimisation.

Very little previous research has been conducted into the bullying participant roles in children with SEND. Kaukiainen et al. (2002) and Nabuzoka and Smith (1993) did not investigate roles beyond bully, victim and 'not involved' and so there was limited understanding as to what roles children with SEND had within bullying. The current research found that children with SEND were more likely to be followers than children without SEND. This may be due to the low levels of self-esteem that children with SEND typically have (Miyahara & Piek, 2006; Westwood, 2001). Children with SEND may follow the dominant child, who may be a bully, because they do not have the confidence to go against the bully or stand up to them. Additionally, children with SEND may become followers in order to avoid being the target themselves, deciding that supporting the bully would be safer than opposing them (Salmivalli et al., 1999). Programs such as the KiVa program could be more widely used and developed in UK schools, as this provides highly structured materials in class to promote discussion, group work, online activities, and role playing exercises to encourage students to consider the bullying process (KiVa, 2018). These programs encourage students to reflect on what behaviours they adopt when bullying happens, which could lead to them evaluating and changing their own behaviour. Additionally, students with SEND could be supported in terms of their confidence and self-esteem in order to potentially reduce the amount of follower behaviours they carry out. However, if they become followers to avoid being victimised themselves, they need to be reassured they will not become a target. This can be done by addressing and reducing identity-based bullying in schools, so that children with SEND feel safe enough to not take on the follower role. Research needs to be done specifically on this area, investigating the actual reason why these children fall into this behaviour, and whether, if they become a follower they are, indeed, less likely to be victimised.

5.9. The future of victimisation and bullying research

This thesis aimed to investigate both individual and school level variables that are associated with victimisation and bullying. Specifically, this thesis focused on emotional symptoms, reciprocal friendships, attitudes towards SEND, diagnosis of SEND, and school inclusion. Although it was beyond the scope of this thesis, future research could carry out a

larger scale study, recruiting a larger number of schools and including additional levels to inform a model. This could include more factors from the ecological model. By measuring school factors from a larger number of schools, as well as additional individual level factors, a model could be built with an even better model fit than the models created for this thesis. Additional child level variables could also be explored, for example social competence and self-esteem, which are both areas in which children with SEND may struggle (Bear, 2015; Greenham, 1999; Miyahara & Piek, 2006), in order to attempt to explain more of the variance in victimisation and bullying reports for children with and without SEND (Fanti & Henrich, 2014; Raskauskas, Rubiano, Offen & Wayland, 2015).

Similarly, another way in which this thesis could be further developed is by conducting a longitudinal study. This type of study could follow schools and investigate whether changes in inclusion practices over time result in changes in the bullying and victimisation. Subsequently, investigations could be carried out to identify what schools can do (e.g. to address issues of inclusion) to impact on rates of bullying and victimisation, especially for SEND children. Furthermore, in the future, this could lead to schools working to improve these specific areas of their school climate, such as meeting Ofsted improvements/changes and ensuring they put their positive policies into practice, in order to potentially reduce bullying and victimisation. However, further work is needed to identify what schools can do to impact on rates of bullying and victimisation. This is not just in terms of focused anti-bullying work, but more general school level factors that are often difficult to pinpoint, and even more difficult to measure.

Longitudinal research could also be useful in order to explore the relationships between the individual level variables in this study and to provide stronger evidence regarding cause and effect. This study found that SEND, high emotional symptoms, and lack of friendships predicted victimisation. Rather than these factors causing victimisation, however, it may be that victimisation causes high emotional symptoms and a lack of friendships in children with SEND. This may potentially be due to how these children process or react to victimisation experiences, for example, Mishna (2003) stated that SEND children react emotionally to victimisation. This may not be a reflection of their pre-existing emotional symptoms, but may indicate that victimisation causes these emotional symptoms in this group of children. A longitudinal study could investigate the relationship in greater depth, exploring whether SEND children already have these factors which put them at risk or whether their emotional symptoms increase and whether their friendships are affected if they are victimised.

Another way in which these experiences could be explored is using a qualitative approach. Interviews or focus groups could be carried out with children with and without SEND to explore what types of victimisation these children experience and what protective/risk factors they feel are most helpful/detrimental to inform future studies. Furthermore, ethnographic approaches could be used to provide holistic insights into the behaviours and interactions that children with SEND experience in terms of bullying and victimisation. This could incorporate observations, interviews, focus groups and potentially diary analyses. This would potentially introduce new variables that could then be investigated using quantitative methods on a wider scale, looking at wider level factors, such as the classroom, the school, or even the neighbourhood, rather than just the individual. Barnes, Corker, Cunningham-Burley, Davis, Priestly, Shakespeare and Watson (2000) emphasised that disabled children can discuss their feelings and should not be considered 'passive victims' who require others to speak for them. In this sense, it is important to involve children with SEND more actively in the research and to give them a voice (Komulainen, 2007).

Qualitative research could also focus on a specific type of need within SEND, for example children with multiple types, as those children appear to be most at risk. This could explore what experiences these children in particular have in relation to victimisation and bullying. Similarly, further research could examine the different types in particular to identify why these children are at an increased risk and what can be done to protect them. Based on the findings from this research, the different types of need appear to have different impacts upon how much victimisation children experience, as well as their emotional symptoms. It is important to understand why these differences occur so that children with SEND can be appropriately supported, and their participation in bullying, as either a victim, a bully or a follower can be addressed. Additionally, some children with SEND may find it easier to participate in qualitative rather than quantitative, due to the stress of reading questions or writing. Although some types of need may need to be accommodated in interview settings, such as children with ASD, who may not always feel comfortable and may require adaptations, for example conducting interview within the child's home (Mascha & Boucher, 2006) and researchers have a clear understanding of ASD (Cocks, 2008; Krogh & Lindsay, 1999). A participatory approach may be beneficial in this area, with the children themselves having more input in how the research is designed and conducted, as well as involving them in the analysis (Cridland, Jones, Caputi & Magee, 2015). This may be empowering for the children and potentially improve their self-esteem, as they would feel valued. This would require a good relationship with a school, in which the children feel confident to discuss these issues.

5.10. Chapter conclusion

To conclude, this thesis brings together research from one large scale study, in which the risk and protective factors of victimisation and bullying in SEND and non-SEND children were investigated. It is clear that a diagnosis of SEND puts children at an increased risk of being victimised, however, these children do not appear to be at risk of becoming bullies themselves. Another factor which increases the risk of victimisation is emotional symptoms (internalising behaviours), particularly when children with SEND also have high emotional symptoms. In line with previous literature, more reciprocal friendships did act as a protective factor against victimisation. School level factors were investigated and the findings suggest that positive Ofsted grades act as a protective factor for victimisation, with schools with good Ofsted grades having lower levels of victimisation and bullying. This is the first study that has attempted to examine the role of school inclusion on bullying for children with SEND and it has added to the growing body of literature on the influence of wider school level factors. Additionally, it had also added to the literature on bullying involving children with SEND, especially the finding that these children might fall into the role of follower more so than the role of bully.

Future research should now focus on investigating additional factors that could explain more variance in victimisation and bullying beyond levels of school inclusion for children with and without SEND. This could include factors at an institutional level, such as school anti-bullying practices, school counselling awareness, peer support from older students, support classes for children with SEND, etc. A larger sample of schools would be useful in creating a more robust model to predict both victimisation and bullying, potentially making use of secondary data analysis methods, although this may limit what factors can be investigated, as the data would already have been collected and the questions students were asked may not be appropriate for all types of bullying research.

This thesis investigated the risk and protective factors for victimisation and bullying in children with and without SEND. The risk and protective factors were also investigated for follower and defender behaviours. The findings in this thesis support a robust finding that children with SEND experience more victimisation than children without SEND. However, children with SEND were not found to carry out more bullying behaviours than children without SEND, adding to an area which is currently divided, with some previous research finding a difference (e.g. Kaukiainen et al., 2002). A novel finding related to the involvement of children with SEND in the other bullying roles, specifically follower behaviour. This thesis found that children with SEND do carry out follower behaviours more so than children without SEND. New school level measures were developed in this thesis which could improve the ways in which school inclusion is measured in the future. Ofsted grades significantly predicted victimisation, however there was no interaction with these measures and SEND diagnosis. Further research is needed to build on these findings to identify the factors that can protect SEND children from the risk of being bullied.

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Appendices

Appendix 3.1

Invitation, Information sheet and consent form to head teachers



Dear.....,
(DATE)

My name is Nicola Ralph and I am a PhD student at Keele University based in the School of Psychology. During the remainder of this school year I will be carrying out research examining bullying in schools with a focus on children with Special Educational Needs and Disability (SEND).

If it is convenient, I would like to come into your school on two occasions and work with the children in years 7 and 9. The children in these year groups will be asked to complete two questionnaires which should each take around 10 minutes, followed by a short debrief session focusing on disability and bullying. I have attached a copy of the questionnaires, which have specifically been designed for all children including those with Special Educational Needs and Disability. The questionnaires are split into the two main interest areas of this research; bullying and disability. The information sheet attached provides further information about the research.

As well as collecting data from children in years 7 and 9, I would like to gather information about the school. Specifically, I am interested in the level of inclusion in your school and I will be measuring this using several different methods. Firstly, I have an online questionnaire for parents, which I have also attached, which asks about how inclusive they feel the school is and their general attitudes towards inclusion. A letter for parents will invite them to take part and include a link to the online survey. Secondly, I will analyse the school's equality/inclusion policy using a checklist developed in previous research. I will also analyse the school's most recent OFSTED report. Please see the information sheet for details of how this information will be used.

Please let me know if you would be happy for your school to participate in this research. I am happy to discuss it further with you. My contact details are below. Alternatively, you can contact my supervisor, Dr Claire Fox, about the research. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306. I would be really grateful for your help with this research.

Please do get in contact if you have any questions.

Yours sincerely,

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Further Information for Head teachers: Bullying and Children with Special Educational Needs and Disability

Please read this information sheet in conjunction with the letter for Head teachers

Research Aims

I will be carrying out research examining bullying in schools with a focus on children with Special Educational Needs and Disability (SEND). I am interested in school level differences that might influence bullying. Very little research has been done on bullying and SEND and so there is a clear need to explore it within a school setting in order to discover what the potential risks are that increase the likelihood of a child with SEND being bullied. For example, a child who has SEND is at an increased risk of bullying, however if this child is within a school which encourages interaction and inclusion, the bullying may be less likely. Consequently, schools will be able to benefit from the findings of my research by becoming aware of the specific risks that could lead to an SEND child being targeted and aim to reduce them.

The Pupil Questionnaire

The research involves working with pupils in years 7 and 9 on two occasions. The children in these year groups will be asked to complete two questionnaires which should each take around 10 minutes, followed by a debrief. The first session will be focused on disability and involves the children providing information on their disability, if they have one. In order to ensure children are self-reporting their disability correctly, I will require information about SEND children who participate. Parents will be made aware of this and will be asked to consent to me accessing information on their child's disability. This information will be kept strictly confidential and will be destroyed once the cross-checks have been carried out. The second session, which will be run a week later, will focus on bullying. Both questionnaires are attached. After the questionnaires have been completed, the pupils will be fully debriefed at each session, with a short activity about the importance of appreciating difference and the harmful consequences of bullying. I am happy to work with the PSHE coordinator so that children understand that my study ties into important issues they discuss at school. The bullying questionnaire ends with a box for children to tick if they want me to report to the school if they are being bullied, which I will do once the questionnaires have been collected. The school will then support the child in the best way suitable for the situation.

The children's questionnaires will be treated as confidential and no one besides myself and my supervisor will see any names written on the questionnaires. Consent will be gained from the parents, allowing them to return an opt-out form if they do not want their child to participate. I will provide this prior to the study being carried out. I will also run a drop-in session at your school prior to the study, if you feel it necessary, to speak to parents and answer any questions they have. Informed consent will also be obtained from the pupils and they will be told they can leave questions blank if they cannot answer anything and they are able to withdraw at any time if they choose to.

School-Level Analysis

The school-level analysis will include an online survey for parents, an analysis of your inclusion/equality policy and an analysis of your most recent OFSTED report. A report will be provided to the school with information on the inclusion policy and OFSTED report analysis as well as a summary of how inclusive parents feel your school is, which you are free to use however you wish. For example, you may find that the parents' reports are more positive than the score from the inclusion policy, which would suggest that the policy may need to be revisited to more accurately reflect what you do. These measures will provide insight into how inclusive the school is, which could potentially lead to decreased levels of bullying. All names and information that can be linked to your school will be removed to ensure total confidentiality.

Contact Details

Nicola Ralph
Email: n.f.ralph@keele.ac.uk
Telephone: [01782 734402](tel:01782 734402)

Supervisor:
Dr Claire Fox
Email: c.fox@keele.ac.uk



Head teacher Consent Form Bullying and Children with Special Educational Needs and Disability.

This research aims to investigate bullying and victimisation in schools, specifically exploring how children with Special Educational Needs and Disabilities are involved. Children will be asked about their bullying/victimisation experiences, their disability (if they have one), their emotional and conduct problems, their friendships and their attitudes towards disability. Access is required to the SEND reports for those children taking part in order to check the children have accurately reported their disability. This data will not be shared and will be destroyed once checks have been carried out.

The questionnaires will be completed in two short sessions that should take no more than 20 minutes each. The children will be encouraged to work through the questionnaire at their own pace and will be made aware that they do not have to answer a question which makes them uncomfortable and they can stop if they wish. Parental consent will also be gained using an opt-out method.

A further aspect of this study involves collecting data about your school. A letter for parents will be sent home to all parents of children at the school. This questionnaire measures how inclusive parents feel the school is and their general attitudes towards inclusion. As well as this, the school's inclusion policy and OFSTED reports will be analysed in order to create an overall score of the school's level of inclusion. Your school will not be named once the data has been processed and no names will be included in the write-up.

If you are happy for your school to participate in this research, please complete the form below.

I have read and understood the information above, have seen the research materials, and have been given the opportunity to ask questions. I give my consent for the above study to be carried out in

..... School.

Head teacher signature:

Print name:

Date:

Researcher signature:

Print name:

Date:

Appendix 3.2
Invitation, Information sheet and opt-out consent form for parents



Dear Parent/Guardian,
(date)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. I am carrying out research to investigate bullying and Special Educational Needs and Disability. Accompanying this letter is an information sheet to tell you about the research I will be carrying out at your child's school as part of my PhD. If you decide do you **not** want your child to participate in this research, please complete the slip at the end of this letter and return it to the school by _____. If you do not return the slip, I will conclude that you are willing for your child to participate.

I have been in contact with the head teacher, who has approved the questionnaire and is happy for me to carry out this research. If you have any questions or concerns, please do contact me; my contact details are below. I am happy to discuss my research further with you. I will be running a drop-in session at the school prior to coming in and I welcome you to come and speak to me if you have any concerns; this session will be on _____ at _____. I have also provided my supervisor details (below) if you wish to discuss this research. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

If you are **not** happy for your child to take part in this study, please complete the form on the following page and return it to the school. If you do not want to return the slip or are concerned about it getting lost, you can text 07500420654 (a number set up specifically for this study) or email me at the below email address with your child's name and school. This will be delivered directly to me, rather than going via the school, so I will know who will not be participating on the day. An alternative activity will be provided if you do not want your child to take part. You will also be receiving a letter about a short online survey for parents/guardians to complete, to enable me to measure parent's perceptions of inclusion within the school. You can choose whether or not to complete the survey.

Yours faithfully,

Nicola Ralph

PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: 01782 734402

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk
Telephone: 01782 733330



**Bullying and Children with Special
Educational Needs and Disability:
Information Sheet for Parents**



What are the aims of the research?

I am interested in the different bullying roles within the school context and the risk factors that increase the likelihood of children falling into certain roles and/or being bullied. Bullying related to children with Special Educational Needs and Disability is a fairly under-researched area and this study will help us to understand the risk factors for these children. As a result, strategies and support can be put in place to decrease the amount of victimisation. I will also investigate school factors, focusing on how the inclusion of a school affects the attitudes of children towards disability and the amount of bullying that takes place.

What does the research involve?

I will be asking children to complete a questionnaire. The questionnaire focuses on the two main areas of interest in this study: bullying and disability. The first part of the questionnaire will be focused on bullying and involves your child completing a scale about their behaviours in bullying situation, for example, do they join in, do they defend the victim, do they try not to get involved? The second part of the questionnaire will be focused on disability and involves your child providing information on their disability, if they have one. In order to ensure the children are accurately reporting their disability, I will ask the school to provide information on the specific difficulties of the children with Special Educational Needs and Disabilities that participate. This will be destroyed once the checks have been carried out. The child is asked to read through a list of disabilities and then tick any that they have, or an 'other' box if it is not listed. Following this, your child will be asked about how they feel about themselves, and whether they are sad or happy. The final part of this questionnaire will ask whether children know anyone with a disability and then will measure their attitudes towards disability.

This research will be carried out on children in year 7, year 8 and year 9, in order to collect data from a wide range of ages. The whole class will be asked to participate and it should take approximately 30 minutes. The children's responses will be confidential; no one besides myself and my supervisor will see the questionnaires. They will be told that they do not have to take part and can stop at any time if they wish to and that they do not have to answer questions that they do not feel comfortable with. After the questionnaires have been completed, I will provide a short activity on celebrities with disabilities, highlighting how successful people with disabilities can be. I will encourage children to be tolerant of difference and make them aware of how harmful bullying can be. I will work with the schools and link this with the Personal Social Health Education curriculum to ensure it is appropriate for the children.

The children will be told what the aim of the study is at the end. I will explain that I am interested in finding out about the sorts of things that can make it less likely that someone with a disability is bullied at school, like having friends, and being in a school supportive of inclusion and disability. I have designed the research in such a way so that children with disabilities are not stigmatised even further. By situating the research within the curriculum it is hoped that this will help all of the children to be more accepting of children with disabilities because it can help to raise awareness of the difficulties they may face.

Bullying and children with Special Educational Needs and Disability

Reply slip, return to class teacher by _____

I **do not** give permission for _____ (child's name)
to take part in this study.

Child's year group: _____

Date: _____

Print name: _____

Signed: _____

Appendix 3.3 Disability questionnaire (pilot)

Disability Questionnaire

Section 1: Personal Details

1) Name:

2) Age:.....

3) Gender: Male/Female

4) Year Group (please circle): 7 9

5) Class:.....

Section 2: Disability Questionnaire

What is disability?

A person has a disability when they have difficulty to **see, learn, walk, hear or do other activities**. There are many types of disabilities and some we cannot see. Children with disabilities are children like all other children, but they do things a bit differently.

Here are just some examples:

- Julie only has one arm because of a serious accident. She is working at a lower level than other students and has difficulty writing and completing work.
- Simon cannot see and so uses his fingers to read dotted letters called Braille. It takes him a little bit longer to complete work.
- Maria learns very slowly and needs to have instructions repeated several times. Even then she may not be able to do the work.
- James cannot hear or speak, he uses his hands to sign the words and sentences. He has to have tasks explained slowly using sign language so he understands.
- Sophie has trouble reading, it usually takes her a lot longer than other students to finish work and she has to get support for reading and writing outside of class.

Instructions: Please answer the following questions if you have been diagnosed with a learning difficulty, a learning disability or a physical disability. If you have no diagnosis, please circle 'no' in question 1 and skip to question 6.

1. Do you have a disability? Yes / No

If no, please skip to question 6.

2. Can you describe your disability in a few words?

.....
.....

3. Do you get support in school for your disability? Yes / No

4. What sort of support do you have? E.g. support assistant, one-on-one support, group support lessons.

.....
.....

5. What is the name of your disability?

.....

6. For each sentence, please mark the box Not True, Somewhat True or Certainly True. Please answer all sentences as best you can even if you are not sure. Please give your answers based on how things have been over the last six months.

	Not True	Somewhat True	Certainly True
A I get a lot of headaches, stomach-aches or sickness			
B I worry a lot			
C I am often unhappy, sad or tearful			
D I am nervous in new situations. I easily lose confidence			
E I have many fears. I am easily scared			
F I get very angry and often lose my temper			
G I usually do as I am told			
H I fight a lot. I can make other people do what I want			
I I am often accused of lying or cheating			
J I take things that are not mine from home, school or elsewhere			

Instructions: Now complete question 7 and the table in question 8. If you can't remember what a disability is, it is explained on page 1.

7. Do you know anyone with a disability?

Yes ☐ No ☐

If yes, please write how you know them: e.g. friend, brother, sister, parent, aunt, uncle etc.

.....

8. Please answer the following sentences, 1 is strongly disagree and 4 is strongly agree.

	Statement	Strongly disagree	Disagree	Agree	Strongly agree
A	I would be happy to have a child with a disability for a close friend	1	2	3	4
B	I would feel good doing a school project with a child with a disability	1	2	3	4
C	I would be pleased if a child with a disability invited me to his/her house	1	2	3	4
D	I would not go to a child with a disability's house to play	1	2	3	4
E	I would invite a child with a disability to sleep over at my house	1	2	3	4
F	I would invite a child with a disability to my party	1	2	3	4
G	I would miss break to keep a child with a disability company	1	2	3	4
H	I would enjoy being with a child with a disability	1	2	3	4
I	I would like having a child with a disability live next door to me	1	2	3	4
J	I would tell my secrets to a child with a disability	1	2	3	4
K	I would talk to a child with a disability I didn't know	1	2	3	4

L	I would be embarrassed if a child with a disability invited me to his/her party	1	2	3	4
M	I would not like a friend with a disability as much as my other friends	1	2	3	4
N	I would try to stay away from a child with a disability	1	2	3	4
O	I wouldn't worry if a child with a disability sat next to me in class	1	2	3	4
P	I would stick up for a child with a disability if they were being teased	1	2	3	4
Q	I would not introduce a child with a disability to my friends	1	2	3	4

Appendix 3.4
Bullying Questionnaire (pilot)

Bullying Experiences Questionnaire

Section 1: Personal Details

1) Name:

2) Age:.....

3) Gender: Male/Female

4) Year Group (please circle): 7 9

5) Class:.....

Section 2: Bullying Questionnaire

Definition of bullying

We say a child or young person is being bullied, or picked on when another child or young person, or a group of children or young people, say nasty and unpleasant things to him or her. It is also bullying when a child or young person is hit, kicked threatened, locked inside a room, sent nasty notes, when no one ever talks to them and things like that. These things can happen frequently and it is difficult for the child or young person being bullied to defend himself or herself. It is also bullying when a child or young person is teased repeatedly in a nasty way. But it is not bullying when two children or young people of about the same strength have the odd fight or quarrel.

Please turn over for question 1.

1. Now think about **your** behaviour by putting a **circle** around the number that best describes you.

		Strongly Disagree	Disagree	Agree	Strongly Agree
A	I start the bullying, lead the bullying and plan ways to bully a victim	1	2	3	4
B	I join in the bullying and follow what the lead bully does	1	2	3	4
C	I laugh at the bullying get other people to watch	1	2	3	4
D	I stick up for the victim and tell a teacher/adult	1	2	3	4
E	I do nothing when bullying happens, I stay away	1	2	3	4

2. Please name your best friends. Then, look at your list of friends and circle your closest friend:

3. Think about any time you have been bullied or if you have bullied others since the start of term. Please complete the following box and put a **tick** in the box that most describes your experience of bullying.

	Never	A Little	A Lot	Always
A Other pupils tease me				
B I am hit, pushed or kicked by other pupils				
C Other pupils stop me from joining in during lunch and break time				
D Other pupils say bad things about me when I'm not there				
E Other pupils don't like me				
F Other pupils stop me from joining in classroom activities				
G I am called mean names by other pupils				
H I think I am bullied because other pupils see me as different from them				
I I say bad things about other pupils when they aren't there				
J I hit, push or kick other pupils				
K I pick on other pupils				
L I call other pupils mean names				
M I tease other pupils				
N I bully others because they are different				

Just one last question....

If you are being bullied or are involved in bullying others then it is important that you talk to a friend, teacher or parent about it. We can let your teacher know if you would like to talk to an adult in the school about what is happening. Please tick yes or no below

☐

Yes, I am being bullied or am involved in bullying others and I would like to talk to an adult in the school about it.

Thank you for filling out this questionnaire!

Appendix 3.5 Ethical approval (pilot)



Ref: ERP338

12th June 2015

Nicola Ralph
Room DH1.23
School of Psychology
Keele University
Staffordshire
ST5 5BD

Dear Nicola

Re: Bullying and victimisation in children with and without Special Educational Needs and Disability (SEND) in a mainstream setting: risk and protective

Thank you for submitting your revised application for review. The panel would like to commend you for your full and comprehensive response and amendments.

I am pleased to inform you that your application has been approved by the Ethics Review Panel. The following documents have been reviewed and approved by the panel as follows:

Document(s)	Version Number	Date
Summary Document	3	28/05/2015
Letter to Head Teacher	3	29/05/2015
Letter to parents (online Inclusion)	2	20/04/2015
Letter to parents (Opt-out with Consent Form)	3	29/05/2015
Invitation to online Inclusion Questionnaire	2	20/04/2015
Online Inclusion Information Sheet for parents	2	20/04/2015
Information Sheet – Head Teachers	1	29/05/2015
Information Sheet – Parents	1	29/05/2015
Consent Form – Head Teacher	2	20/04/2015
Bullying Questionnaire Instructions	3	29/05/2015
Bullying Questionnaire	4	08/06/2015
Disability Questionnaire Instruction	2	20/04/2015
Disability Questionnaire	3	28/05/2015
Parent Inclusion Questionnaire	2	20/04/2015

If the fieldwork goes beyond the date stated in your application (31st January 2016), you must notify the Ethical Review Panel via the ERP administrator at uso.erps@keele.ac.uk stating ERP3 in the subject line of the e-mail.



If there are any other amendments to your study you must submit an 'application to amend study' form to the ERP administrator stating ERP3 in the subject line of the e-mail. This form is available via <http://www.keele.ac.uk/researchsupport/researchethics/>.

If you have any queries, please do not hesitate to contact me via the ERP administrator on uso.erps@keele.ac.uk stating ERP3 in the subject line of the e-mail.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'C H Boneman' with 'pp' written below it.

Dr Helena Priest
Chair – Ethical Review Panel

CC RI Manager
 Supervisor

Appendix 3.6

Disability Questionnaire Instructions

Introduction

Hi, my name's Nicola and I've come from Keele University to ask if you would be willing to take part in some research I'm doing. The research is about bullying in schools and disability. I would really appreciate it if you could help by completing two questionnaires one today and one next week. Today, the first part of the questionnaire asks questions about your name, age, whether you are male or female, and what year group you're in. The next part of the questionnaire asks whether you have a disability, and if you can explain a bit about it. If you don't have a disability, circle no and move on. Then you'll be asked about how you feel about yourself. The last part of the questionnaire asks you about how you feel about other children who have a disability. Next time I will ask if you would be willing to complete a questionnaire about bullying in schools.

Consent

I have sent a letter home to your parents or guardians to tell them about this research and what you will be asked to do today and to make sure they are happy for you to take part. You do not have to take part if you don't want to, it is up to you. If you don't, that's okay, and you can stop any time during the questionnaire if you want to. If there are any questions that you really don't want to answer, then it is fine for you to skip those questions. If you don't want to take part please let me know now and we can find something else for you to do.

Confidentiality

For this research, I need to have your name on your questionnaire. However, I will be the only person to see your answers and I won't show them to anyone else and no one at the school will know what you've said. When everyone has finished their questionnaires, I will collect them and put them in an envelope where no one else will be able to read them.

However, if you say something to me face-to-face that I think might mean you or someone else is at risk, OR write something extra on your questionnaire, then I will have to pass on my concerns to a teacher.

Questionnaire

The questionnaires are specifically about you, your experiences and your views so I want you to answer honestly and not in the way you think you should or how anyone else in the class would. There are no right or wrong answers but I would like you to complete the questionnaire without talking to anyone else. Try not to look at what anyone else is doing and try to make sure no one else can see your answers. Do not talk about your answers to other students once you have finished the questionnaire, even when you are outside the classroom. Your answers are personal and should not be shared. But you should talk to your teacher or parents if you are worried about anything.

Think carefully about your answers when completing the questionnaire. You have 10 minutes to complete it, so you have time to think before answering the questions. If you do not understand a question, just put your hand up and I will help you.

I will now hand out the questionnaires, please tell me as I come round if you do not want to take part. You can fill out your personal details in section 1 but please wait before moving onto section 2.

Hand out questionnaires.

Personal Details Section

Please fill out the first section and then wait for everyone to finish before moving on.

Questionnaire section

The first part of this section is an explanation of disability which I will read through with you. *Read definition.* The first part of the questionnaire is about disability, as I said earlier, if you do not have a disability, circle no and move on. Follow the instructions and complete the rest of the questionnaire.

Please put your hand up if you need any help. Remember, you need to work through the questionnaire in silence.

Debrief for disability session

Thank you very much for taking part. Your answers will not be shown to anyone else at the school.

I am interested in looking at children's attitudes towards other children with disabilities and if that changes if you also have a disability or some sort of experience with disability, e.g. a friend or family member who has a disability. You will be asked to take part in the second part of this study next week, which will be about bullying. Your answers from this week and next week will be looked at together. Just because you took part today, it doesn't mean you have to take part next time.

If you were upset by any of the questions, please talk to someone about how you feel, for example a friend, a teacher, a parent. I also have Childline cards for you in case you want to talk to an adult or look on their website for any help.

Appendix 3.7

Bullying Questionnaire Instruction

Introduction

Hi, my name's Nicola and I came by last week and asked you all to complete a questionnaire on disability and I have come back this week to ask if you would take part in the second part which is about your experiences of bullying. This involves completing another questionnaire which shouldn't take you too long. Like before, the first part of the questionnaire asks your name, age, whether you are male or female and what year group you're in. The next part of the questionnaire asks about bullying; what role you feel you take when bullying happens, who your friends are and whether you've ever been bullied.

Consent

The letter your parents received before last week told them about this session, to make sure they know what you will be asked to do today and to make sure they are happy for you to take part. Like last week, you do not have to take part if you don't want to, it is up to you. If you don't, that's okay, and you can stop any time during the questionnaire if you want to. If there are any questions that you really don't want to answer, then it is fine for you to skip those questions. If you don't want to take part please let me know now and we can find something else for you to do.

Confidentiality

Like last week, I need to have your name on your questionnaire so I can match up the questionnaires from each session. However, I will be the only person to see your answers and I won't show them to anyone else and no one at the school will know what you've said. When everyone has finished their questionnaires, I will collect them and put them in an envelope where no one else will be able to read them.

However, if you tick the question at the back of the questionnaire and ask me to tell the school about what you have written in your questionnaire, then I will pass on your name and concerns. Also, like last week, if you say something to me face-to-face or write something extra on your questionnaire that I think might mean you or someone else is at risk, then I will have to pass on my concerns to a teacher.

Questionnaire

The questionnaires are specifically about you, your experiences and your views so I want you to answer honestly and not in the way you think you should or how anyone else in the class would. There are no right or wrong answers but I would like you to complete the questionnaire without talking to anyone else. Some questions are hard, for example, you will be asked about your friends, but try not to worry about it too much and leave it if you can't do it. Try not to look at what anyone else is doing and try to make sure no one else can see your answers. Do not talk about your answers to other children once you have finished the questionnaire, even when you are outside the classroom. Your answers are personal and should not be shared. But you should talk to your teacher or parents if you are worried about anything.

Think carefully about your answers when completing the questionnaire. You have 10 minutes to complete it, so you have time to think before answering the questions. If you do not understand a question, just put your hand up and I will help you.

I will now hand out the questionnaires, please tell me as I come round if you do not want to take part. You can fill out your personal details in section 1 but please wait before moving onto section 2.

Hand out questionnaires.

Personal Details Section

Please fill out the first section and then wait for everyone to finish before moving on.

Questionnaire section

The first part of this section is an explanation of bullying which I will read through with you. *Read definition.* Now turn over and follow the instructions and complete the rest of the questionnaire.

Please put your hand up if you need any help. Remember, you need to work through the questionnaire in silence.

Activity

As children finish, give them the matching activity.

This activity demonstrates how people with disabilities can still have very important and impressive jobs. Their disability does not hold them back from doing anything that a non-disabled person can also do.

Debrief for bullying session

Thank you very much for taking part. Your answers will not be shown to anyone else at the school unless you have ticked the box that you would like me to tell the teacher about anything concerning in your questionnaire. This questionnaire is part of a bigger study, which includes the questionnaire you did last week about children with disabilities.

I am interested in looking at bullying and anything that can increase the chances of a child being bullied. I am looking at whether how a child behaves can make it more or less likely that they are bullied. I'm also looking at whether having lots of friends can make it less likely. I will be looking at your questionnaires from this week and last week to see whether children with disabilities experience more bullying than children without disabilities. I'll also be looking at whether there are differences between schools, e.g. whether bullying of children with disabilities is more likely in some schools than others and why this might be.

Your answers are very helpful and hopefully we can now gain a better understanding of this problem and try to create ways to reduce the amount of bullying in schools. Generally, children your age are very accepting of children with disability, which is great, but there are a few children who still have negative attitudes towards disability, which could result in bullying. Previous research in this area has found that children with Special Needs or a disability are bullied a lot more often than children without a disability. For example, one study found that 83% of children with disabilities were bullied at school, which is very

high. The amount of bullying is going down but work still needs to be done to tackle bullying.

I will also be collecting information about your school. You will be given a letter to take home to your parents to ask them to do an online questionnaire about how well they think the school includes all students. I want to help children to accept children with disabilities. It is important for all of use to embrace differences because they make you who you are. After all, if everyone was the same, it would be very boring.

If you were upset by any of the questions, please talk to someone about how you feel, for example a friend, a teacher, or a parent. Remember, please do not talk to any other child about what you wrote on your questionnaire, apart from an adult. If anyone has lost the Childline card I handed out last week and you would like another, please let me know.

Appendix 3.8

Policy coding scheme (first draft)

School:

What policies have been used to complete this checklist?

.....

.....

	Not mentioned	Mentioned
1. Has the policy been updated within the last academic year? (since 09/2014)		
2. Does the policy define the term inclusion?		
3. Does the policy define disability and/or SEND?		
4. Does the policy state the school specifically caters to students with cognition and learning difficulties? E.g. dyslexia, dyspraxia, etc.		
5. Does the policy state the school specifically caters to students with communication and interaction difficulties? E.g. autism/aspergers		
6. Does the policy state the school specifically caters to students with sensory/physical disabilities? E.g. deaf, blind, wheelchair user etc.		
7. Does the policy state the school specifically caters to students with social, emotional and mental health difficulties? E.g. anxiety, depression, eating disorders, ADHD, etc.		
8. Does the policy state that schools should provide support/assistance to include all children?		
9. Does the policy make reference to the Equality Act 2010?		
10. Does the policy make reference to the SEND code of practice?		
11. Does the policy reference further Acts?		
12. Does the policy state that all students should receive appropriate support?		
13. Does the policy state that raised expectations for all students is a part of inclusion?		
14. Does the policy state that general classroom teachers have a responsibility to educate students with SEND?		
15. Does the policy state that special teachers have a responsibility to educate students with SEND?		
16. Does the policy state the whole school has a responsibility to support students with SEND?		
17. Does the policy state that collaboration between all teachers is important in inclusive schools?		
18. Does the policy state that collaboration between teachers and parents is important in inclusive schools?		

19. Does the policy state that the purpose of inclusion is for all students to have an education?		
20. Does the policy state that teachers should alter the curriculum as needed for students with SEND?		
21. Does the policy state that support will be provided within the classroom?		
22. Does the policy state that additional instructions will be provided if needed?		
23. Does the policy state that Support Assistants or Teaching Assistants will be provided if needed?		
24. Does the policy state that additional technical equipment will be provided if needed?		
25. Does the policy state that teachers will plan and prepare lessons appropriate for students with SEND?		
26. Does the policy state that all staff will be trained to support students with SEND?		
27. Does the policy state that all staff will be given appropriate training in the future?		
28. Does the policy state that Special teachers have appropriate qualifications?		
29. Does the policy state that having students with SEND integrated into the classroom with students without SEND is the goal of inclusion?		
30. Does the policy state that the school will liaise with agencies/companies/professionals outside of school to provide the best possible support?		
31. Does the policy state that there will be no discrimination for admission to the school?		
32. Does the policy state that reasonable adjustments will be made?		
33. Does the policy state that the school aims to reduce negative attitudes and discrimination towards disability and SEN?		

Appendix 3.9

Policy coding scheme (second draft)

School:

What policies have been used to complete this checklist?

.....

	No	Yes
1. Has the policy been updated within the last academic year? (since 09/2014)	No	Yes
2. Does the policy define the term inclusion?		
3. Does the policy define disability and/or SEND?	No	Yes
4. Does the policy make specific reference to students with cognition and learning difficulties? E.g. dyslexia, dyspraxia, etc.	No	Yes
5. Does the policy make specific reference to students with communication and interaction difficulties? E.g. autism/aspergers	No	Yes
6. Does the policy make specific reference to students with sensory/physical disabilities? E.g. deaf, blind, wheelchair user etc.	No	Yes
7. Does the policy make specific reference to students with social, emotional and mental health difficulties? E.g. anxiety, depression, eating disorders, ADHD, etc.	No	Yes
8. Does the policy make reference to the Equality Act 2010?	No	Yes
9. Does the policy make reference to the SEND code of practice 2014?	No	Yes
10. Does the policy state that the aim of inclusion is for all children to receive a high quality education?	No	Yes
11. Does the policy state that school will address transition in the school?	No	Yes
12. Does the policy state that parental involvement and/or communication regarding their child is highly valued?	No	Yes
13. Does the policy state that the school will involve the child in supporting their needs?	No	Yes
14. Does the policy state that the whole school has a responsibility to support students with SEND?	No	Yes
15. Does the policy mention any of the roles of the SENCO and/or specialist tutors?	No	Yes
16. Does the policy state that the school aims to ensure SEND children make appropriate progress in their education?	No	Yes
17. Does the policy state the curriculum must be accessible for all?	No	Yes
18. Does the policy state that support will be provided within the classroom if needed?	No	Yes
19. Does the policy state that Support Assistants or Teaching Assistants will be provided if needed?	No	Yes
20. Does the policy state that additional resources will be provided if needed?	No	Yes
21. Does the policy mention what is done to allow for identification?	No	Yes
22. Does the policy state that an aim is for staff to have good awareness and understanding of SEND (e.g. training)?	No	Yes
23. Does the policy state that the school sees teaching of SEND in the normal classroom environment as important?	No	Yes
24. Does the policy state that the school will work with agencies/companies/professionals outside of school?	No	Yes

25. Does the policy state that there will be no discrimination for admission to the school?	No	Yes
26. Does the policy state that the school aims to reduce negative attitudes and discrimination towards disability and SEN?	No	Yes

Coding Guide

N.B. 'wide range of needs' means SEND. Disadvantaged does NOT mean SEND. Disabled means SEND.

1. –
2. Definition similar to: inclusive education involves setting suitable learning challenges for all children and responding to students' diverse learning needs in state-funded, mainstream schools.
3. Can be in their own words or using a quote from the SEND code of practice or the Equality Act 2010. E.g. a child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her (Department of Education, 2014).
4. 'cognition and learning difficulties' is taken directly from the SEND code of practice – reference to learning difficulties, specific learning difficulties (SpLD), etc is acceptable.
5. 'communication and interaction difficulties' is taken directly from the SEND code of practice – reference to autism, Asperger's or ASD is acceptable.
6. 'sensory/physical disabilities' is taken directly from the SEND code of practice – reference to any physical disability is acceptable.
7. 'social, emotional and mental health difficulties' is taken directly from the SEND code of practice – used to be called 'behavioural, emotional and social difficulties', reference to this is acceptable.
8. must be up to date – 2010 Act, older versions not sufficient.
9. must be up to date – 2014 code of practice, older versions of the code of practice not sufficient.
10. the policy should make it clear that ALL children receive a high quality education, though the school may use different terms for this, e.g. good quality education.
11. From year 6 to year 7, or any students joining the school beyond year 7. Examples of acceptable answers include: the school should state that the school aims to provide a smooth transition. For example, one way a school does this is through visits to feeder primary schools to be aware of the SEND children.
12. Not only does the school fully involve parents, but the school highlights that they value parental input (i.e. it's important). E.g. They give their opinion on the support their child receives, or parents can express their needs, wishes and goals.
13. The policy should show an awareness that involving a child is important. Examples of showing this awareness include the school stating that the child's input is highly valued, the child can give their opinion on the support they receive, or children can express their needs, wishes and goals.
14. Mention of a whole school approach – for example, all staff have a responsibility, i.e. not just specialists.
15. Examples of the types of roles that the SENCo undertakes should include: providing teachers with information on the children with SEND, being someone that teachers can ask for advice, coordinating appropriate support, liaising with appropriate teachers.
16. Any statement that indicates that the school aims to ensure that children with SEND make good progress or reach their potential, for example, schools make reasonable adjustments and interventions to help alleviate disadvantages, the school aims decrease the attainment gap between children with SEND and their peers.

17. For example, teachers should personalise/adapt their lessons, make them appropriate for children with SEND, set attainable, but ambitious targets.
18. –
19. –
20. Has the school provided any extra resources for children with SEND? For example, books, software, hearing loops, wheelchair ramps, lifts, etc?
21. Any statement that indicates that the school will do what they can to identify children with SEND. For example, any of the following procedures would indicate the school aims to identify children as early as possible: the SENCo carries out assessments, teachers are made aware of how to identify SEND, primary schools are contacted in order to be aware of identifying potential students with SEND.
22. Any statement that indicates that the school puts things in place to ensure staff have an awareness/knowledge/understanding of SEND. This could include things such as, the SENCO providing specific training on Inset days. Things that schools should do but that are not sufficient enough to meet this requirement include: using other teachers as or simply raising awareness.
23. An aim of the school should be to integrate children with SEND into the classroom. A policy should say something about children with SEND being educated alongside their peers or are able to participate in activities whenever possible. If a policy states children are removed from a classroom for one on one support, it must be made clear that this is done to support the child and not just done because the teacher cannot manage a classroom with a child with SEND.
24. The school should acknowledge that it is important to have as much involvement from necessary parties as needed for the specific child. This could include liaising with primary schools, academies, schools, educational psychologists, health and social care professionals, independent or voluntary bodies, future education bodies
25. The school should show an awareness that no discrimination will be made against any students and that admission should be fair.
26. Any reference to an aim being to promote positive attitudes, tolerance and acceptance of SEND, for example, zero tolerance of bullying and victimisation.

Appendix 3.10
Ofsted coding scheme (first draft)

Name of school:				
1. Overall this inspection:	3	2	1	0
2. The achievement of pupils:	3	2	1	0
3. The quality of teaching:	3	2	1	0
4. The behaviour and safety of pupils:	3	2	1	0
5. The leadership and management:	3	2	1	0
6. What is the proportion of SEND children?	Above average	Average		Below average
7. Does the report state that children make a positive attainment/progress/achievement?	Bad		Not mentioned	Good
8. Does the report state that children with SEND can access the curriculum appropriately?	Bad		Not mentioned	Good
9. Does the report state that SEND children are appropriately supported?	Bad		Not mentioned	Good
10. Does the report state that Teaching Assistants are used to encourage, support and improve children with SEND in their learning?	Bad		Not mentioned	Good
11. Does the report state that children with SEND make a positive attainment/progress/achievement?	Bad		Not mentioned	Good
12. Does the report state that teachers adapt their lessons to the needs and abilities of the students?	Bad		Not mentioned	Good
13. Does the report state that teachers have high expectations of students?	Bad		Not mentioned	Good
14. Does the report state that teachers cater to individual students' goals?	Bad		Not mentioned	Good
15. Does the report state that there is a low incidence of bullying?	Bad		Not mentioned	Good
16. Does the report state that students report low incidence of bullying?	Bad		Not mentioned	Good
17. Does the report state that teachers are given training and development?	Bad		Not mentioned	Good
18. Does the report state that the school provides a wide range of courses to cater to all students' interests?	Bad		Not mentioned	Good

19. The Ofsted report reflects the school policies on inclusion:

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Appendix 3.11
Ofsted coding scheme (second draft)

Name of school:				
1. Overall this inspection:	3	2	1	0
2. The achievement of pupils:	3	2	1	0
3. The quality of teaching:	3	2	1	0
4. The behaviour and safety of pupils:	3	2	1	0
5. The leadership and management:	3	2	1	0
6. What is the proportion of SEND children?	Above average	Average		Below average
7. Does the report state that the curriculum is appropriate and accessible for children with SEND?	Bad		Not mentioned	Good
8. Does the report state that SEND children are appropriately supported?	Bad		Not mentioned	Good
9. Does the report state that children with SEND make a positive attainment/progress/achievement?	Bad		Not mentioned	Good
10. Does the report state that teachers are given training and development about teaching students with SEND?	Bad		Not mentioned	Good
11. Does the report state that the school promotes respect, tolerance and understanding for diversity in its pupils?	Bad		Not mentioned	Good

12. The Ofsted report reflects the school policies on inclusion:

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
----------------	-------	---------------------------	----------	-------------------

N.B. 'wide range of needs' means SEND. Disadvantaged does NOT mean SEND. Disabled means SEND.

1. 0 = inadequate
1 = requires improvement
2 = good
3 = outstanding
2. 0 = inadequate
1 = requires improvement
2 = good
3 = outstanding
3. 0 = inadequate
1 = requires improvement
2 = good

- 3 = outstanding
4. 0 = inadequate
1 = requires improvement
2 = good
3 = outstanding
5. 0 = inadequate
1 = requires improvement
2 = good
3 = outstanding

6. Available in 'information about this school' section.
7. Teachers should adapt the curriculum to suit the children, specifically plan lessons to help SEND children access the curriculum, address individual needs of all SEND children, and provide a range of subjects appropriate for all needs.
8. Appropriate support should be provided for the children, can be from a variety of sources as long as it is clear the school is aware of the specific needs and supports them. E.g. teachers, Teaching Assistants.
9. Children with SEND progress as expected, teachers have high expectations of SEND students, the students meet these expectations, children with SEND achieve equally well to students without SEND.
10. Only official training, mentoring/shadowing of other staff not enough. Inset days involving training by the SENCo is acceptable.
11. The school ethos is positive, respectful, tolerant, understanding, the school encourages positive behaviour towards difference.

Appendix 3.12 Policy coding scheme (final)

School:

What policies have been used to complete this checklist?

.....
.....

	No	Yes
1. Has the policy been updated within the last academic year? (since 09/2014)	No	Yes
2. Does the policy define disability and/or SEND?	No	Yes
3. Does the policy make specific reference to students with cognition and learning difficulties? E.g. dyslexia, dyspraxia, etc.	No	Yes
4. Does the policy make specific reference to students with communication and interaction difficulties? E.g. autism/aspergers	No	Yes
5. Does the policy make specific reference to students with sensory/physical disabilities? E.g. deaf, blind, wheelchair user etc.	No	Yes
6. Does the policy make specific reference to students with social, emotional and mental health difficulties? E.g. anxiety, depression, eating disorders, ADHD, etc.	No	Yes
7. Does the policy make reference to the Equality Act 2010?	No	Yes
8. Does the policy make reference to the SEND code of practice 2014?	No	Yes
9. Does the policy state that the aim of inclusion is for all children to receive a high quality education?	No	Yes
10. Does the policy state that school will address transition in the school?	No	Yes
11. Does the policy state that parental involvement and/or communication regarding their child is highly valued?	No	Yes
12. Does the policy state that the school will involve the child in supporting their needs?	No	Yes
13. Does the policy state that the whole school has a responsibility to support students with SEND?	No	Yes
14. Does the policy mention any of the roles of the SENCO and/or specialist tutors?	No	Yes
15. Does the policy state that the school aims to ensure SEND children make appropriate progress in their education?	No	Yes
16. Does the policy state the curriculum must be accessible for all?	No	Yes
17. Does the policy state that support will be provided within the classroom if needed?	No	Yes
18. Does the policy state that Support Assistants or Teaching Assistants will be provided if needed?	No	Yes
19. Does the policy state that additional resources will be provided if needed?	No	Yes
20. Does the policy mention what is done to allow for identification?	No	Yes
21. Does the policy state that an aim is for staff to have good awareness and understanding of SEND (e.g. training)?	No	Yes
22. Does the policy state that the school sees teaching of SEND in the normal classroom environment as important?	No	Yes
23. Does the policy state that the school will work with agencies/companies/professionals outside of school?	No	Yes

24. Does the policy state that there will be no discrimination for admission to the school?	No	Yes
25. Does the policy state that the school aims to reduce negative attitudes and discrimination towards disability and SEN?	No	Yes

Coding Guide

N.B. 'wide range of needs' means SEND. Disadvantaged does NOT mean SEND. Disabled means SEND.

1. Check headers and footers for date of publications, check end of document if it has been signed off by a member of staff. If there is no reference to a date, if the SEND code of practice 2014 (published in June) is mentioned, then it is likely to have been updated since sept 2014. If it refers just to SEND code of practice 2001, then it probably has not been updated since 2014.
2. Can be in their own words or using a quote from the SEND code of practice or the Equality Act 2010. E.g. a child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her (Department of Education, 2014).
3. 'cognition and learning difficulties' is taken directly from the SEND code of practice – must refer to area as a whole, indicating that the school actively supports children within this area. Usually in the beginning, outlining the areas of need that the policy covers.
4. 'communication and interaction difficulties' is taken directly from the SEND code of practice – reference to autism, Asperger's or ASD is acceptable. Usually in the beginning, outlining the areas of need that the policy covers.
5. 'sensory/physical disabilities' is taken directly from the SEND code of practice – reference to any physical disability is acceptable. Must refer to area as a whole, indicating that the school actively supports children within this area. Usually in the beginning, outlining the areas of need that the policy covers.
6. 'social, emotional and mental health difficulties' is taken directly from the SEND code of practice – used to be called 'behavioural, emotional and social difficulties', reference to this is acceptable. Usually in the beginning, outlining the areas of need that the policy covers.
7. must be up to date – 2010 Act, older versions not sufficient.
8. must be up to date – 2014 code of practice, older versions of the code of practice not sufficient.
9. the policy should make it clear that ALL children receive a high quality education, though the school may use different terms for this, e.g. good quality education. For example 'the school strives to stimulate the highest possible standards of academic and personal achievement for all students through inclusive policies, provision and practice.'
10. From year 6 to year 7, or any students joining the school beyond year 7. Examples of acceptable answers include: the school should state that the school aims to provide a smooth transition. For example, one way a school does this is through visits to feeder primary schools to be aware of the SEND children.
11. Not only does the school fully involve parents, but the school highlights that they value parental input (i.e. it's important). E.g. They give their opinion on the support their child receives, or parents can express their needs, wishes and goals.
12. The policy should show an awareness that involving a child is important. Examples of showing this awareness include the school stating that the child's input is highly valued, the child can give their opinion on the support they receive, or children can express their needs, wishes and goals.

13. Mention of a whole school approach – for example, all staff have a responsibility, i.e. not just specialists or teaching staff. More than just training for all, must indicate how all staff use the training to support SEND students. For example ‘have procedures in place which ensure that all staff are aware of the needs of students and how they (the staff) can make reasonable adjustments and help to meet those needs’

14. Examples of the types of roles that the SENCo undertakes should include: providing teachers with information on the children with SEND, being someone that teachers can ask for advice, coordinating appropriate support, liaising with appropriate teachers.

15. Any statement that indicates that the school aims to ensure that children with SEND make good progress or reach their potential, for example, schools make reasonable adjustments and interventions to help alleviate disadvantages, the school aims decrease the attainment gap between children with SEND and their peers.

16. For example, teachers should personalise/adapt their lessons, make them appropriate for children with SEND, set attainable, but ambitious targets.

19. Has the school provided any extra resources for children with SEND? For example, books, software, hearing loops, wheelchair ramps, lifts, etc? Staffing is not included in this item.

20. Any statement that indicates that the school will do what they can to identify children with SEND. For example, any of the following procedures would indicate the school aims to identify children as early as possible: the SENCo carries out assessments, teachers are made aware of how to identify SEND, primary schools are contacted in order to be aware of identifying potential students with SEND.

21. Any statement that indicates that the school puts things in place to ensure staff have an awareness/knowledge/understanding of SEND. This could include things such as, the SENCo providing specific training on Inset days. Things that schools should do but that are not sufficient enough to meet this requirement include: using other teachers as or simply raising awareness.

22. An aim of the school should be to integrate children with SEND into the classroom. A policy should say something about children with SEND being educated alongside their peers or are able to participate in activities whenever possible. If a policy states children are removed from a classroom for one on one support, it must be made clear that this is done to support the child and not just done because the teacher cannot manage a classroom with a child with SEND. Schools which encourage mixed ability subject classes meet this criteria, as this is inclusive behaviour.

23. The school should acknowledge that it is important to have as much involvement from necessary parties as needed for the specific child. This could include liaising with primary schools, academies, schools, educational psychologists, health and social care professionals, independent or voluntary bodies, future education bodies

24. The school should show an awareness that no discrimination will be made against any students and that admission should be fair.

25. Any reference to an aim being to promote positive attitudes, tolerance and acceptance of SEND, for example, zero tolerance of bullying and victimisation.

Appendix 3.13
Ofsted coding scheme (final)

Name of school:				
13. Overall this inspection:	3	2	1	0
14. The achievement of pupils:	3	2	1	0
15. The quality of teaching:	3	2	1	0
16. The behaviour and safety of pupils:	3	2	1	0
17. The leadership and management:	3	2	1	0
18. What is the proportion of SEND children?	Above average	Average	Below average	
19. Does the report state that SEND children are appropriately supported?	Bad		Not mentioned	Good
20. Does the report state that children with SEND make a positive attainment/progress/achievement?	Bad		Not mentioned	Good
21. Does the report state that the school promotes respect, tolerance and understanding for diversity in its pupils?	Bad		Not mentioned	Good

N.B. 'wide range of needs' means SEND. Disadvantaged does NOT mean SEND. Disabled means SEND.

6. 0 = inadequate

1 = requires improvement

2 = good

3 = outstanding

7. 0 = inadequate

1 = requires improvement

2 = good

3 = outstanding

8. 0 = inadequate

1 = requires improvement

2 = good

3 = outstanding

9. 0 = inadequate

1 = requires improvement

2 = good

3 = outstanding

10. 0 = inadequate

1 = requires improvement

2 = good

3 = outstanding

12. Available in 'information about this school' section.

13. Appropriate support should be provided for the children, can be from a variety of sources as long as it is clear the school is aware of the specific needs and supports them. E.g. teachers, Teaching Assistants.

14. Children with SEND progress as expected, teachers have high expectations of SEND students, the students meet these expectations, children with SEND achieve equally well to students without SEND.

15. The school ethos is positive, respectful, tolerant, understanding, the school encourages positive behaviour towards difference. This is not just related to bullying, but promoting tolerance of diversity and difference. Also 'good' if the children are reported to have good tolerance but there is no mention that the school promotes it.

Appendix 3.14
Invitation to parents for online survey

Invitation to online inclusion questionnaire



My name is Nicola Ralph and I'm a PhD candidate at Keele University. I am carrying out research on bullying and children with special educational needs and disability (SEND) and would really appreciate it if you could spare 5 minutes to complete an online questionnaire about the levels of inclusion in your child's school and your general attitudes towards inclusion. This will inform a larger piece of research next year. If you think you might like to take part, please visit <http://www.smartsurvey.co.uk/s/D6KD0/> where you will be asked to read a brief information sheet, tick the boxes to say you agree to participate, and then fill out the questionnaire.

Appendix 3.15
Information sheet and consent for online parent survey



Dear Parent/Guardian,
(date)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. Children aged 11- 14 years across several schools are taking part in my research which is looking at which factors increase levels of bullying for children with SEND. I am particularly interested in the role of school inclusion. I would like you to consider taking part in a survey for parents/guardians.

This questionnaire will take no more than 5 minutes. You will be asked to complete an online questionnaire about your **experiences** of inclusion at your child's school. You will be provided with a brief definition of inclusion and Special Educational Needs and Disability before you begin to ensure you understand the terms. You will also be asked to complete a questionnaire on your **attitudes** towards inclusion at your child's school. If you have more than one child attending different schools, please answer the questionnaire with just one school in mind. This questionnaire is part of the initial research to fine tune the questions in preparation for a bigger study which will be carried out next year. This study aims to investigate the role of school inclusion on the levels of bullying of children with SEND. The results of this questionnaire, along with data collected from children in schools will be investigated to identify which issues work together to either increase or decrease the risk of bullying that children with SEND can face.

Your responses will be confidential, as you are not required to put your name on your questionnaire. Additionally, no one besides myself and my supervisor will see the completed questionnaires. The name of school (if you complete it) will not be linked to you or your child. You do not have to answer any questions that make you uncomfortable and you are free to withdraw during the questionnaire at any time without explanation. As this questionnaire is anonymous it will be hard to destroy your data once you have completed it. If you are concerned about your child being bullied, there are several websites that you can visit to help and support you while your help your child:

www.anti-bullyingalliance.org.uk

www.bullying.co.uk

www.childline.org.uk

If you have any questions, please do get in contact me at the email address below. Alternatively, you can contact my supervisor, Dr Claire Fox, whose contact information is also below. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

Yours sincerely,

Nicola Ralph

PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: 01782 734402

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk
Telephone: 01782 733330

Consent Form Online

Bullying and children with Special Educational Needs and Disability.

1. I have read and understood the information sheet for the above study and have had the opportunity to ask questions
2. I understand that my participation is voluntary and that I am free to withdraw at any time up until I click submit
3. I agree to take part in this study

Appendix 3.16
Online parent attitudes and experiences scale

Parent Inclusion Questionnaire

Gender: Male / Female

Age:

Gender of your child: Male / Female

Age of your child:

Name of school:

.....
...

Does your child have a diagnosed Special Educational Need or Disability? Yes / No

If yes, what is the name of their diagnosis?

.....
...

Is there a child with SEND in your child's class? Yes / No / Unsure

Inclusion – Inclusive education involves setting suitable learning challenges for all children and responding to students' diverse learning needs in state-funded, mainstream schools.

Special Education Needs and Disability (SEND) - a child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her (Department of Education, 2014).

Please rate the following statements on how your child's school approaches inclusion, ranging from strongly disagree to strongly agree. Put a **tick** in the box that represents your **experiences** of inclusion in your child's school. If you are unsure or do not know about a specific statement, please tick the 'neutral' box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. All children have equal access to support					
2. All children's views are acknowledged					
3. The teachers are well trained to support all children					
4. The school puts reasonable adjustments in place if needed					

5. The school helps children understand difference and disability					
6. The school aims to include children with severe disabilities, as well as mild and moderate					
7. The school provides support staff/teaching assistants to ensure children with SEND can be included in the general classroom					
8. The achievement and progress of children with SEND is valued just as much as non-SEND children					
9. The Special Educational Needs Coordinator (SENCo) is effective at organising special provisions for SEND children					
10. Resources are provided to teachers to ensure all children are taught effectively					
11. The school building is equally accessible for all children					
12. The school values parents' input in regards to inclusion					
13. Teachers do not discriminate children due to academic ability					

Please rate the following statements on your overall **attitudes** towards inclusion in general education, not just how it should be at your child's school, ranging from strongly disagree to strongly agree. Put a **tick** in the box that represents your feelings towards inclusion. Remember, the definition of inclusion is:

Inclusive education involves setting suitable learning challenges for all children and responding to students' diverse learning needs in state-funded, mainstream schools.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Inclusion is more likely to prepare children with disabilities for the real world					

2. Inclusion is more likely to make children with SEND feel better about themselves					
3. Inclusion provides children with SEND a chance to participate in a variety of activities (i.e., creative, dramatic)					
4. Inclusion is more likely to prepare classmates without SEND for the real world					
5. In inclusion, children without SEND are more likely to learn about differences					
6. Teachers are good at adapting regular classroom programs to accommodate students with SEND					
7. Teachers do not understand how they are to integrate students with SEND					
8. Students with SEND should be taught in special classes where they can be supported					
9. Special education teaching is better done by special education teachers than by regular teachers					
10. Mainstreaming and inclusion are likely to hurt the emotional development of the child with SEND					
11. The child with SEND will be socially isolated by regular classroom students					
12. Special needs students should be given every opportunity to function in the regular classroom setting where possible					
13. Children with SEND should have the same privileges and advantages as other children have in school					

Appendix 4.1

Invitation, Information sheet and consent form to head teachers



Dear Sir/Madam,

(7/11/16)

My name is Nicola Ralph and I am a PhD student at Keele University based in the School of Psychology. During the remainder of this school year I will be carrying out research examining bullying in schools with a focus on children with Special Educational Needs and Disability (SEND).

If it is convenient, I would like to come into your school and work with the children in years 7, 8 and 9. This study requires fifty children from each of these year groups to complete a questionnaire. I am flexible with how you allocate these children, possibly doing two classes out of a year group. The children will be asked to complete a questionnaire which should take around 20 minutes, followed by a 10 minute debrief activity focusing on disability and bullying. I have attached a copy of the questionnaire, which has specifically been designed for all children including those with Special Educational Needs and Disability. The questionnaire is split into the two main interest areas of this research; bullying and disability. The information sheet attached provides further information about the research. As this research is about SEND children, it would be appreciated if I could work with classes that have the highest number children with SEND.

As well as collecting data from children in years 7, 8 and 9, I would like to gather information about the school. Specifically, I am interested in the level of inclusion in your school and I will be measuring this using several different methods. Firstly, I would like the teachers to complete a short online questionnaire, attached, about attitudes towards inclusion and disability. Also, I have a checklist for one teacher (the liaison teacher) to complete about procedures towards inclusion and disability in your school. Secondly, I have an online questionnaire for parents, also attached, which asks about how inclusive they feel the school is and their general attitudes towards inclusion. A letter for parents will invite them to take part and include a link to the online survey. Finally, I will analyse the school's equality/inclusion policies using a checklist developed in previous research. I will also analyse the school's most recent OFSTED report. Please see the information sheet for details of how this information will be used.

Please let me know if you would be happy for your school to participate in this research. I am happy to discuss it further with you. My contact details are below. Alternatively, you can contact my supervisor, Dr Claire Fox, about the research. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306. I would be really grateful for your help with this research.

Please do get in contact if you have any questions.

Yours sincerely,



Nicola Ralph
PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: [01782 734402](tel:01782 734402)

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk



Further Information for Head teachers:
Bullying and Children with Special
Educational Needs and Disability



Please read this information sheet in conjunction with the letter for the head teacher

Research Aims

I will be carrying out research examining bullying in schools with a focus on children with Special Educational Needs and Disability (SEND). I am interested in school level differences that might influence bullying. Very little research has been done on bullying and SEND and so there is a clear need to explore it within a school setting in order to discover what the potential risks are that increase the likelihood of a child with SEND being bullied. For example, a child who has SEND is at an increased risk of bullying, however if this child is within a school which encourages interaction and inclusion, the bullying may be less likely. Consequently, schools will be able to benefit from the findings of my research by becoming aware of the specific risks that could lead to an SEND child being targeted and aim to reduce them.

If you would like any further information about myself, or access to the child questionnaires, information is available at <https://bullyingandspecialneeds.wordpress.com/>.

The Pupil Questionnaire

The research involves working with pupils in years 7, 8 and 9. Fifty children from each of these year groups will be asked to complete a questionnaire which should each take around 20 minutes, followed by a 10 minute debrief activity. The first part of the questionnaire will be focused on bullying and involves asking the children to report experiences of bullying and victimisation, including experiences of defending a victim or supporting a bully. The second part of the questionnaire will be focused on disability and involves the children identifying their disability from a list provided. In order to ensure children are self-reporting their disability correctly, I will require information about SEND children who participate. Parents will be made aware of this and will be asked to consent to me accessing information on their child's disability. This information will be kept strictly confidential and will be destroyed once the cross-checks have been carried out. The remainder of this questionnaire involves children answering questions on how they feel as well as their attitudes towards disability. The questionnaire is attached. After the questionnaire has been completed, the pupils will be fully debriefed, with a short activity about the importance of appreciating difference and the success that disabled individuals still have. I am happy to work with the PSHE coordinator so that children understand that my study ties into important issues they discuss at school. The bullying questionnaire ends with a box for children to tick if they want me to report to the school if they are being bullied, which I will do once the questionnaires have been collected. The school can then support the child in the best way suitable for the situation.

The children's questionnaires will be treated as confidential and no one besides myself and my supervisor will see any names written on the questionnaires. Consent will be gained from the parents, allowing them to return an opt-out form if they do not want their child to participate. I will provide this prior to the study being carried out. This letter would ideally be sent out twice to ensure that parents receive it, however they only need to return the form once. Accompanying this letter will be a letter from the school outlining your approval of the research. I will provide a template for this. Parents can return the form if they want to opt their child out, or they can email me directly or send a text to a mobile phone specifically set up for this research. I will also run a drop-in session at your

school prior to the study, if you feel it necessary, to speak to parents and answer any questions they have. Informed consent will also be obtained from the pupils and they will be told they can leave questions blank if they cannot answer anything and they are able to withdraw at any time if they choose to.

Some children who have Special Educational Needs and Disability may struggle to read the questions or write their answers. As such, I will work closely with the school and request that the children's Support Assistants be available while the child is participating. The Support Assistants will be asked to sit at a distance from the student to ensure they cannot read over the student's shoulder and they will be provided with their own copy of the questionnaire so they can read a question out to the student without reading the answers. Alternatively, if the school does not have Support Assistants, I will offer to carry out the questionnaire with the children with SEND in a separate room where we can go through the questions more slowly and I can assist them in completing their questionnaires.

School-Level Analysis

The school-level analysis will include a questionnaire for teachers, a short checklist for the liaison teacher, an online survey for parents about your school inclusion, an analysis of your inclusion/equality policy and an analysis of your most recent OFSTED report. Teachers will be asked to complete a questionnaire on their attitudes towards inclusion and disability and the liaison teacher will be asked to complete a checklist on procedures that should be in place in order to ensure children with SEND are included. Parents will be asked to take part in an online survey about their experiences of how inclusive the school is and their own attitudes towards inclusion.

A report will be provided to the school with information on the school policies and Ofsted report analyses as well as a summary of how inclusive parents feel your school is, which you are free to use however you wish. For example, you may find that the parents' reports are more positive than the score from the inclusion policy, which would suggest that the policy may need to be revisited to more accurately reflect what you do. These measures will provide insight into how inclusive the school is, which could potentially lead to decreased levels of bullying. All names and information that can be linked to your school in the write-up will be removed to ensure total confidentiality.

Benefit for your school

This study will provide your school with useful feedback on bullying in year 7, 8 and 9 within a representative sample of students. This will be particularly important for children with SEND who are at an increased risk, as you will be able to target support to those who specifically need it. It will also present an opportunity for the school to explore parent experiences of inclusion compared to how the school actually approaches it and the procedures outlined in school policies. For example, we might find that the liaison teacher's positive score on the checklist does not match the policy analysis, which could suggest the school is not representing itself as positively as it can in documents on the website.

Ofsted are currently focusing on SMSC (spiritual, moral, social and cultural) development in schools. Ofsted highlights that schools that do not encourage development in these areas have significant weaknesses and so this research can be used to demonstrate your school's promotion of SMSC, particularly moral and social development. Bullying research, as well as research into SEND, can help promote moral development in terms of knowing right and wrong and social development in terms of encouraging children to be tolerant of other people.

By engaging and participating with this research, your school will be in a good position to share the findings with other schools to encourage support for those with SEND who have a tendency to be both bullies and victims. You will be able to share the findings relevant for your school in the hope that other schools can apply it to their own students and approaches, in a similar way carried out by teaching school alliances.

Contact Details

Nicola Ralph

Email: n.f.ralph@keele.ac.uk

Telephone: [01782 734402](tel:01782 734402)

Supervisor:

Dr Claire Fox

Email: c.fox@keele.ac.uk



**Head teacher Consent Form
Bullying and Children with Special
Educational Needs and Disability.**



This research aims to investigate bullying and victimisation in schools, specifically exploring how children with Special Educational Needs and Disabilities are involved. Children will be asked about their bullying/victimisation experiences, their disability (if they have one), their emotional symptoms, their friendships and their attitudes towards disability. Access is required to the SEND reports for those children taking part in order to check the children have accurately reported their disability. This data will not be shared and will be destroyed once checks have been carried out.

The questionnaires will be completed in one short session that should take no more than 30 minutes. The children will be encouraged to work through the questionnaire at their own pace and will be made aware that they do not have to answer any questions that makes them uncomfortable and they can stop if they wish. Parental consent will also be gained using an opt-out method distributed to parents twice.

A further aspect of this study involves collecting data about your school. Teachers at the school will be asked to complete a short questionnaire about disability and inclusion. The teacher who I liaise with will be asked to complete a checklist about your school's procedures towards inclusion and children with SEND. Additionally, a letter for parents will be sent home to all parents of all children at the school asking them to complete a questionnaire. This letter will be sent at the same time as the opt-out consent form. This questionnaire measures how inclusive parents feel the school is and their general attitudes towards inclusion. As well as this, the school's inclusion policy and OFSTED reports will be analysed in order to create an overall score of the school's level of inclusion. Your school will not be named once the data has been processed and no names will be included in the write-up.

If you are happy for your school to participate in this research, please complete the form below.

I have read and understood the information above, have seen the research materials, and have been given the opportunity to ask questions. I give my consent for the above study to be carried out in

..... School.

Head teacher signature:

Print name:

Date:

Researcher signature:

Print name:

Date:

Appendix 4.2

Invitation, Information sheet and consent form for parents



Dear Parent/Guardian,
(31/10/16)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. I am carrying out research to investigate bullying and Special Educational Needs and Disability. Accompanying this letter is an information sheet to tell you about the research I will be carrying out at your child's school as part of my PhD. If you decide do you **not** want your child to participate in this research, please complete the slip at the end of this letter and return it to the school by **XXXX**. If you do not return the slip, I will conclude that you are willing for your child to participate.

I have been in contact with the head teacher, who has approved the questionnaire and is happy for me to carry out this research. If you have any questions or concerns, please do contact me; my contact details are below. I am happy to discuss my research further with you. I have also provided my supervisor details (below) if you wish to discuss this research. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

If you are **not** happy for your child to take part in this study, please complete the form on the following page and return it to the school. If you do not want to return the slip or are concerned about it getting lost, you can text 07500420654 (a number set up specifically for this study) or email me at the below email address with your child's name and school. This will be delivered directly to me, rather than going via the school, so I will know who will not be participating on the day. An alternative activity will be provided if you do not want your child to take part. You will also be receiving a letter about a short online survey for parents/guardians to complete, to enable me to measure parents' perceptions of inclusion within the school. You can choose whether or not to complete the survey.

Yours faithfully,

A handwritten signature in grey ink, appearing to read 'NRalph'.

Nicola Ralph
PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: 01782 734402

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk
Telephone: 01782 733330



**Bullying and Children with Special
Educational Needs and Disability:
Information Sheet for Parents**



What are the aims of the research?

I am interested in the different bullying roles within the school context and the risk factors that increase the likelihood of children falling into certain roles and/or being bullied. Bullying related to children with Special Educational Needs and Disability is a fairly under-researched area and this study will help us to understand the risk factors for these children. As a result, strategies and support can be put in place to decrease the amount of victimisation. I will also investigate school factors, focusing on how the inclusion of a school affects the attitudes of children towards disability and the amount of bullying that takes place.

What does the research involve?

I will be asking children to complete a questionnaire. The questionnaire focuses on the two main areas of interest in this study: bullying and disability. The first part of the questionnaire will be focused on bullying and involves your child completing a scale about their behaviours in bullying situations, for example, do they join in, do they defend the victim, do they try not to get involved? The second part of the questionnaire will be focused on disability and involves your child providing information on their disability, if they have one. In order to ensure the children are accurately reporting their disability, I will ask the school to provide information on the specific difficulties of the children with Special Educational Needs and Disabilities that participate. This will be destroyed once the checks have been carried out. The child is asked to read through a list of disabilities and then tick any that they have, or an 'other' box if it is not listed. If you allow your child to participate, you will also be consenting to the school providing this information. Following this, your child will be asked about how they feel about themselves, and whether they are sad or happy. The final part of this questionnaire will ask whether children know anyone with a disability and then will measure their attitudes towards disability. If you would like to view the questionnaire, please visit <https://bullyingandspecialneeds.wordpress.com/questionnaires/>.

This research will be carried out on children in year 7, year 8 and year 9, in order to collect data from a wide range of ages. Two classes in the year group will be asked to participate and it should take approximately 30 minutes. The children's responses will be confidential; no one besides myself and my supervisor will see the questionnaires. They will be told that they do not have to take part and can stop at any time if they wish to and that they do not have to answer questions that they do not feel comfortable with. After the questionnaires have been completed, I will provide a short activity (also available on the website) on celebrities with disabilities, highlighting how successful people with disabilities can be. I will encourage children to be tolerant of difference and make them aware of how harmful bullying can be. I will work with the schools and link this with the Personal Social Health Education curriculum to ensure it is appropriate for the children.

The children will be told what the aim of the study is at the end. I will explain that I am interested in finding out about the sorts of things that can make it less likely that someone

with a disability is bullied at school, like having friends, and being in a school supportive of inclusion and disability. I have designed the research in such a way so that children with disabilities are not stigmatised even further. By situating the research within the curriculum it is hoped that this will help all of the children to be more accepting of children with disabilities because it can help to raise awareness of the difficulties they may face.

Bullying and children with Special Educational Needs and Disability

Reply slip, return to class teacher by (XXX)

I **do not** give permission for _____ (child's name)
to take part in this study.

Child's year group: _____ Date: _____

Print name: _____

Signed: _____

Appendix 4.3

Parent invitation to online survey



Dear Parent/Guardian,

(3/5/16)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. In _____ school, students in years 7, 8 and 9 are taking part in my research which is looking at which factors increase levels of bullying for children with SEND. I am particularly interested in the role of school inclusion. I would really appreciate it if you could spare 5 minutes to take part in an online questionnaire for parents/guardians.

You will be asked to complete an online questionnaire about your **experiences** of inclusion at your child's school. You will be provided with a brief definition of inclusion and Special Educational Needs and Disability before you begin to ensure you understand the terms. You will also be asked to complete a questionnaire on your **attitudes** towards inclusion at your child's school. This should take no more than 5 minutes. If you have more than one child attending different schools, please answer the questionnaire with _____ school in mind. The results of this questionnaire, along with data collected from children in schools will be investigated to identify which issues work together to either increase or decrease the risk of bullying that children with SEND can face. The findings from the parent questionnaire will also be useful for the school to inform their inclusion policies and practices. Please visit [\[\[link\]\]](#) to find out more information and complete the questionnaire.

Your responses will be confidential, as you are not required to put your name on your questionnaire. Additionally, no one besides myself and my supervisor will see the completed questionnaires. The name of school (if you complete it) will not be linked to you or your child. You do not have to answer any questions that make you uncomfortable and you are free to withdraw during the questionnaire at any time without explanation. As this questionnaire is anonymous it will be hard to destroy your data once you have completed it. If you are concerned about your child being bullied, there are several websites that you can visit to help and support you while your help your child: www.anti-bullyingalliance.org.uk or www.bullying.co.uk or www.childline.org.uk

If you have any questions, please do get in contact me at the email address below. Alternatively, you can contact my supervisor, Dr Claire Fox, whose contact information is also below. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

Yours sincerely,

Nicola Ralph
PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: 01782 734402

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk
Telephone: 01782 733306

Appendix 4.4
Invitation to online teacher questionnaire



Dear staff,

My name is Nicola Ralph and I'm a PhD candidate at Keele University. I am carrying out research at your school on bullying and children with special educational needs and disability (SEND) and would really appreciate it if you could spare 5 minutes to complete an online questionnaire about your own personal attitudes towards inclusion and children with SEND. If you think you might like to take part, please visit [WEBSITE] where you will be asked to read a brief information sheet, tick the boxes to say you agree to participate, and then fill out the questionnaire.

Appendix 4.5

Ethical approval (main study)



Ref: ERP361

25th November 2015

Nicola Ralph
School of Psychology
Keele University

Dear Nicola,

Re: Bullying and victimisation in children with and without Special Educational Needs and Disability (SEND) in a mainstream setting: risk and protective factors

Thank you for submitting your revised application for review. I am pleased to inform you that your application has been approved by the Ethics Review Panel.

The following documents have been reviewed and approved by the panel as follows:

Document	Version	Date
Letter to Head teacher	1	23/10/2015
Letter from Head Teacher to Parents	2	20/11/2015
Letter to Parents Online Inclusion	2	20/11/2015
Parent Short Invitation to Online Inclusion Questionnaire	1	23/10/2015
Letter to Liaison teacher and Consent	2	20/11/2015
Short Invitation to online teacher Questionnaire	2	20/11/2015
Head Teacher Information Sheet	2	20/11/2015
Parent Information Sheet	2	20/11/2015
Online Inclusion Information Sheet for Parents	1	23/10/2015
Teacher Online Information Sheet and Consent	1	23/10/2015

Directorate of Engagement & Partnerships
T: +44(0)1782 734467

Keele University, Staffordshire ST5 5BG, UK
www.keele.ac.uk +44 (0)1782 732000


Head Teacher Consent Form	1	23/10/2015
Parent Opt-Out Consent Form	2	20/11/2015
Reminder Parent Opt-Out Consent Form	1	23/10/2015
Complete Questionnaire Final	1	23/10/2015
Questionnaire Instructions Final	1	23/10/2015
Inclusion Policy Questions Final	1	23/10/2015
Parent Inclusion Questionnaire	2	20/11/2015
Ofsted Report Analysis	1	23/10/2015
Teacher Checklist	1	23/10/2015
Teacher Attitudes Scale	1	23/10/2015

If the fieldwork goes beyond the date stated in your application (**31st October 2016**) you must notify the Ethical Review Panel via the ERP administrator at uso.erps@keele.ac.uk stating **ERP3** in the subject line of the e-mail.

If there are any other amendments to your study you must submit an 'application to amend study' form to the ERP administrator stating **ERP3** in the subject line of the e-mail. This form is available via <http://www.keele.ac.uk/researchsupport/researchethics/>

If you have any queries, please do not hesitate to contact me via the ERP administrator on uso.erps@keele.ac.uk stating **ERP3** in the subject line of the e-mail.

Yours sincerely



Dr Helena Priest
Chair – Ethical Review Panel

CC RI Manager
Supervisor

Appendix 4.6
Bullying and Disability Questionnaire

Bullying Experiences and Disability Questionnaire

Section 1: Personal Details

1) Full name:.....

2) Age:.....

3) Gender: Male/Female

4) Year Group (please circle): 7 8 9

5) Class:.....

Section 2: Bullying Questionnaire

Definition of bullying

We say a child or young person is being bullied, or picked on when another child or young person, or a group of children or young people, say nasty and unpleasant things to him or her. It is also bullying when a child or young person is hit, kicked threatened, locked inside a room, sent nasty notes, when no one ever talks to them and things like that. These things can happen frequently and it is difficult for the child or young person being bullied to defend himself or herself. It is also bullying when a child or young person is teased repeatedly in a nasty way. But it is not bullying when two children or young people of about the same strength have the odd fight or quarrel.

What is disability?

A person has a disability when they have difficulty to **see, learn, walk, hear or do other activities**. There are many types of disabilities and some we cannot see. A person has a disability if they have a physical or mental

impairment that is '**serious/major**' and '**long-term**' and stops you from doing normal activities.

Here are just some examples:

- Julie only has one arm because of a serious accident. She is working at a lower level than other students and has difficulty writing and completing work.
- Simon cannot see and so uses his fingers to read dotted letters called Braille. It takes him a little bit longer to complete work.
- Maria learns very slowly and needs to have instructions repeated several times. Even then she may not be able to do the work.
- James cannot hear or speak, he uses his hands to sign the words and sentences. He has to have tasks explained slowly using sign language so he understands.
- Sophie has trouble reading, it usually takes her a lot longer than other students to finish work and she has to get support for reading and writing outside of class.

Please turn over for question 1.

9. Now think about **your** behaviour over the **LAST 3 MONTHS** by putting a **tick** in the box that best describes you. Please select **ONE** option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I start the bullying				
2. I come over to see what's going on when bullying happens				
3. I join in the bullying when someone else has started it				
4. I say to the victim 'don't worry about them'				
5. I'm not usually around when bullying happens				
6. I tell an adult about the bullying				
7. I threaten to tell a teacher if the bullying doesn't stop				
8. I hold the victim so they can be bullied				
9. I laugh at the bullying				
10. I tell others not to be friends with the victim				
11. I take revenge on the bully for the victim				
12. I go to tell the teacher about bullying				
13. I stay out of it when bullying happens				

	Strongly Disagree	Disagree	Agree	Strongly Agree
14. I'm around for the bullying but don't always do something				
15. I fetch more people to join in the bullying				
16. I fetch people to come and help the victim				
17. I tell others to stop the bullying				
18. I catch the victim for the bully				
19. I don't do anything when I see bullying				
20. I defend the victim				
21. I giggle at the bullying				
22. I tell others to bully the victim				
23. I say mean things about the victim				
24. I tell others not to join in				
25. I don't know about any bullying				
26. I am friends with the victim outside of school				
27. I help the bully				
28. I make suggestions about bullying someone				

	Strongly Disagree	Disagree	Agree	Strongly Agree
29. I comfort the victim				
30. I always find new ways to bully the victim				
31. I stay with the victim during breaks				
32. I don't take sides with anyone				
33. I get the teacher				
34. I help the bully by shouting				
35. I say to others 'he/she is so stupid, they should be bullied'				
36. I say to the bully 'show him/her!'				
37. I stand up to the bully to defend the victim				
38. I try to settle the fight by talking				
39. I tell others that the bully is wrong				
40. I say to others 'come and see, someone is being picked on'				
	Strongly Disagree	Disagree	Agree	Strongly Agree
41. I call others who don't join in 'cry-babies'				
42. I say to others that bullying is wrong				

43. I pretend not to notice when bullying happens				
44. I encourage the victim to tell the teacher				
45. I make others join in the bullying				
46. I try to make others stop bullying				
47. When I see bullying, I walk away				
48. I comfort the victim afterwards				

2. Please write **THREE** of your best friends in the class you are in at the moment (full names). Then circle your **ONE** closest friend:

- i.
- ii.
- iii.

3. Think about any time you have been bullied **IN THE LAST 3 MONTHS**. Please complete the following box and put a **TICK** in the box that most describes your experience of bullying.

	Never	A Little	A Lot	Always
A Other pupils tease me				
B I am hit, pushed or kicked by other pupils				
C Other pupils stop me from joining in during lunch and break time				
D Other pupils say bad things about me when I'm not there				
E Other pupils don't like me				
F Other pupils stop me from joining in classroom activities				
G I am called mean names by other pupils				
H I am bullied because other pupils see me as different from them				

Section 3: Disability Questionnaire

Remember the definition of disability:

A person has a disability when they have difficulty to **see, learn, walk, hear or do other activities**. There are many types of disabilities and some we cannot see. A person has a disability if they have a physical or mental impairment that is '**serious/major**' and '**long-term**' and stops you from doing normal activities.

Here are just some examples:

- Julie only has one arm because of a serious accident. She is working at a lower level than other students and has difficulty writing and completing work.
- Simon cannot see and so uses his fingers to read dotted letters called Braille. It takes him a little bit longer to complete work.
- Maria learns very slowly and needs to have instructions repeated several times. Even then she may not be able to do the work.
- James cannot hear or speak, he uses his hands to sign the words and sentences. He has to have tasks explained slowly using sign language so he understands.
- Sophie has trouble reading, it usually takes her a lot longer than other students to finish work and she has to get support for reading and writing outside of class.

Please turn over for question 1.

1. Please read through the list of special educational needs and disabilities below and tick any that **YOU** have. These include learning difficulties, learning disabilities and physical disabilities. If you have no diagnosis, please tick 'none' and skip to question 2.

	Yes	No		Yes	No
Dyslexia			ADHD/ADD		
Bipolar			OCD		
Anxiety			ASD (Autism, Asperger's)		
Cerebral palsy			Tourette's		
Turning eye			Hypermobility		
Asthma			Dyspraxia		
Blind (visual impairment)			Deaf (hearing impairment)		
Down's Syndrome			Physically disabled		
Cystic Fibrosis			Epilepsy		
Stutter/Stammer			Dyscalculia		
Auditory Processing Disorder			Narcolepsy		
Speech and Language Difficulties			Specific Learning Difficulty (SpLD)		
Other (please name)	<hr/>				

2. For each sentence, please mark the box Not True, Somewhat True or Certainly True. Please answer all sentences as best you can even if you are not sure. Please give your answers based on how things have been over the last six months.

	Not True	Somewhat True	Certainly True
A I get a lot of headaches, stomach-aches or sickness			
B I worry a lot			
C I am often unhappy, sad or tearful			
D I am nervous in new situations. I easily lose confidence			
E I have many fears. I am easily scared			

Instructions: Now complete question 3 and the table in question 4. If you can't remember what a disability is, it is explained on page 8.

3. Do you know anyone with a disability?

Yes ☐

No ☐

If yes, please write how you know them: e.g. friend, brother, sister, parent, aunt, uncle etc.

.....

4. Please read the following sentences, and put a **TICK** in the box that best describes you.

	Strongly disagree	Disagree	Agree	Strongly agree
A. I would be happy to have a child with a disability for a close friend				
B. I would feel good doing a school project with a child with a disability				
C. I would be pleased if a child with a disability invited me to his/her house				
D. I would invite a child with a disability to sleep over at my house				
E. I would invite a child with a disability to my party				
F. I would miss break to keep a child with a disability company				
G. I would enjoy being with a child with a disability				
H. I would like having a child with a disability live next door to me				
I. I would tell my secrets to a child with a disability				
J. I would talk to a child with a disability I didn't know				
K. I would try to stay away from a child with a disability				
L. I would not introduce a child with a disability to my friends				

5. I am proud of how my school includes, cares for, and supports children with Special Educational Needs and Disabilities. (Please circle **ONE**)

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
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6. I am proud of my school's approach towards teaching us about being tolerant and understanding of differences between people. (Please circle **ONE**)

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

Just one last question....

If you are being bullied or are involved in bullying others then it is important that you talk to a friend, teacher or parent about it. We can let your teacher know if you would like to talk to an adult in the school about what is happening.

- ☐ **Yes, I am being bullied or am involved in bullying others and I would like to talk to an adult in the school about it.**
- ☐ **No, I am not being bullied/bullying others OR I am being bullied/bullying others but I do NOT want to talk to an adult in the school about it.**
-

Thank you for filling out this questionnaire!

Appendix 4.7

Parent information and consent form for online survey



Dear Parent/Guardian,
(3/5/16)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. Children aged 11- 14 years across several schools are taking part in my research which is looking at which factors increase levels of bullying for children with SEND. I am particularly interested in the role of school inclusion. I would like you to consider taking part in a survey for parents/guardians.

This questionnaire will take no more than 5 minutes. You will be asked to complete an online questionnaire about your **experiences** of inclusion at your child's school. You will be provided with a brief definition of inclusion and Special Educational Needs and Disability before you begin to ensure you understand the terms. You will also be asked to complete a questionnaire on your **attitudes** towards inclusion in education in general. This study aims to investigate the role of school inclusion on the levels of bullying of children with SEND. The results of this questionnaire, along with data collected from children in schools will be investigated to identify which issues work together to either increase or decrease the risk of bullying that children with SEND can face.

Your responses will be confidential, as you are not required to put your name on your questionnaire. Additionally, no one besides myself and my supervisor will see the completed questionnaires. The name of your child's school will not be linked to you or your child. You do not have to answer any questions that make you uncomfortable and you are free to withdraw during the questionnaire at any time without explanation. As this questionnaire is anonymous it will be hard to destroy your data once you have completed it. If you are concerned about your child being bullied, there are several websites that you can visit to help and support you while your help your child:

www.anti-bullyingalliance.org.uk

www.bullying.co.uk

www.childline.org.uk

If you have any questions, please do get in contact me at the email address below. Alternatively, you can contact my supervisor, Dr Claire Fox, whose contact information is also below. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

Yours sincerely,

Nicola Ralph
PhD Psychology student
Email: n.f.ralph@keele.ac.uk

Telephone: 01782 734402

Supervisor:

Dr Claire Fox

School of Psychology

Keele University

Email: c.fox@keele.ac.uk

Telephone: 01782 733330

Consent Form Online

Bullying and children with Special Educational Needs and Disability.

1. I have read and understood the information sheet for the above study and have had the opportunity to ask questions
2. I understand that my participation is voluntary and that I am free to withdraw at any time up until I click submit
3. I agree to take part in this study

Appendix 4.8
Online parent attitudes and experiences scale

Parent Inclusion Questionnaire

Gender: Male / Female

Age:

Gender of your child: Male / Female

Age of your child:

Name of school:

.....

Does your child have a diagnosed Special Educational Need or Disability? Yes / No

If yes, what is the name of their diagnosis?

.....

Is there a child with SEND in your child's class? Yes / No / Unsure

Inclusion – Inclusive education involves setting suitable learning challenges for all children and responding to students' diverse learning needs in state-funded, mainstream schools.

Special Education Needs and Disability (SEND) - a child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her (Department of Education, 2014).

Please rate the following statements on how your child's school approaches inclusion, ranging from strongly disagree to strongly agree. Put a **tick** in the box that represents your **experiences** of inclusion in your child's school. If you are unsure or do not know about a specific statement, please tick the 'neutral' box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. All children have equal access to support					
2. All children's views are acknowledged					
3. The teachers are well trained to support all children					
4. The school puts reasonable adjustments in place if needed					

5. The school helps children understand difference and disability					
6. The school aims to include children with severe disabilities, as well as mild and moderate					
7. The school provides support staff/teaching assistants to ensure children with SEND can be included in the general classroom					
8. The achievement and progress of children with SEND is valued just as much as non-SEND children					
9. The Special Educational Needs Coordinator (SENCo) is effective at organising special provisions for SEND children					
10. Resources are provided to teachers to ensure all children are taught effectively					
11. The school building is equally accessible for all children					
12. The school values parents' input in regards to inclusion					
13. Teachers do not discriminate children due to academic ability					

Please rate the following statements on your overall **attitudes** towards inclusion in general education, not just how it should be at your child's school, ranging from strongly disagree to strongly agree. Put a **tick** in the box that represents your feelings towards inclusion. Remember, the definition of inclusion is:

Inclusive education involves setting suitable learning challenges for all children and responding to students' diverse learning needs in state-funded, mainstream schools.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Inclusion is more likely to prepare children with disabilities for the real world					
2. Inclusion is more likely to make children with SEND feel better about themselves					
3. Inclusion provides children with SEND a chance to participate in a variety of activities (i.e., creative, dramatic)					
4. Inclusion is more likely to prepare classmates without SEND for the real world					
5. In inclusion, children without SEND are more likely to learn about differences					
6. Teachers are good at adapting regular classroom programs to accommodate students with SEND					
7. Teachers do not understand how they are to integrate students with SEND					
8. Students with SEND should be taught in special classes where they can be supported					
9. Special education teaching is better done by special education teachers than by regular teachers					
10. Mainstreaming and inclusion are likely to hurt the emotional development of the child with SEND					
11. The child with SEND will be socially isolated by regular classroom students					

12. Special needs students should be given every opportunity to function in the regular classroom setting where possible					
13. Children with SEND should have the same privileges and advantages as other children have in school					

Appendix 4.9

Teacher information and consent form for online survey



Dear teacher,
(3/5/16)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. Children aged 11- 14 years across several schools are taking part in my research which is looking at which factors increase levels of bullying for children with SEND. I am particularly interested in the role of school inclusion. I would like you to consider taking part in a survey for teachers.

This survey will take no more than 5 minutes. You will be asked to complete an online questionnaire about your **attitudes** towards inclusion and children with SEND. This study aims to investigate the role of school inclusion on the levels of bullying of children with SEND. The results of this questionnaire, along with data collected from children in schools, will be investigated to identify which issues work together to either increase or decrease the risk of bullying that children with SEND can face.

Your responses will be confidential, as you are not required to put your name on your questionnaire. Additionally, no one besides myself and my supervisor will see the completed questionnaires. You will be asked to name your school, but this is just so that an overview of teachers' attitudes in each school can be analysed and your answers will not be linked to you. You do not have to answer any questions that make you uncomfortable and you are free to withdraw during the questionnaire at any time without explanation. As this questionnaire is anonymous it will be hard to destroy your data once you have completed it.

If you have any questions, please do get in contact me at the email address below. Alternatively, you can contact my supervisor, Dr Claire Fox, whose contact information is also below. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

Yours sincerely,

Nicola Ralph
PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: 01782 734402

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk
Telephone: 01782 733330

Consent Form Online
Bullying and children with Special Educational Needs and Disability.

1. I have read and understood the information sheet for the above study and have had the opportunity to ask questions
2. I understand that my participation is voluntary and that I am free to withdraw at any time up until I click submit
3. I agree to take part in this study

Appendix 4.10

Teacher attitudes towards inclusion scale



Teacher attitudes towards disability and
inclusion



Please read the following statements and TICK the box that is more accurate for your attitudes towards children with disability and inclusion. You do not have to answer every question if you do not want to. It's completely anonymous and the school will not be shown your answers.

Inclusion – Inclusive education involves setting suitable learning challenges for all children and responding to students' diverse learning needs in state-funded, mainstream schools.

Special Education Needs and Disability (SEND) - a child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her (Department of Education, 2014).

Age:

Gender: Male / Female

School:

Do you currently teach any children with SEND? Yes / No

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Inclusion is more likely to prepare children with disabilities for the real world					
2. Inclusion is more likely to make children with SEND feel better about themselves					
3. Inclusion provides children with SEND a chance to participate in a variety of activities (i.e., creative, dramatic)					
4. Inclusion is more likely to prepare classmates without SEND for the real world					
5. In inclusion, children without SEND are more likely to learn about differences					

6. In inclusion, children with SEND are less likely to receive specialised help tailored to their needs					
7. Teachers are good at adapting regular classroom programs to accommodate students with SEND					
8. Teachers do not understand how they are to integrate students with SEND					
9. Students with SEND will probably develop academic skills more rapidly in special classrooms than in inclusive classrooms					
10. Special education teaching is better done by special education teachers than by regular teachers					
11. Mainstreaming and inclusion are likely to hurt the emotional development of the child with SEND					
12. The child with SEND will be socially isolated by regular classroom students					
13. Special needs students should be given every opportunity to function in the regular classroom setting where possible					
14. Children with SEND should have the same privileges and advantages as other children have in school					

Appendix 4.11
Liaison teacher information and consent form



Dear Sir/Madam,
(10/5/16)

My name is Nicola Ralph and I am a PhD student at Keele University in the School of Psychology. In your school, students in years 7, 8 and 9 are taking part in my research which is looking at which factors increase levels of bullying for children with SEND. I am particularly interested in the role of school inclusion. I would really appreciate it if you could spare 5 minutes to complete a short checklist on procedures regarding inclusion and SEND in your school.

You will be asked to complete a short checklist about the way your school approaches SEND children and inclusion. This questionnaire shouldn't take any more than 5 minutes. You are able to complete this checklist between when I first visit your school and when I carry out my final data collection session to allow you time to find out about certain procedures so that your school can be accurately portrayed. A measure of school inclusion will be created combining results from teacher questionnaires, parent questionnaires, this checklist and policy and Ofsted analyses.

Your responses will be confidential, as you are not required to put your name on your checklist, however you are the only person completing this survey and it will be linked to your school. No one besides myself and my supervisor will see the completed checklist. You do not have to answer every question and you are able to leave any questions blank if you cannot answer them or are unsure. You are free to withdraw from completing the checklist at any time without explanation. Once you have completed the checklist, you are able to remove your data for up to 2 weeks following completion of the research at the school, as data analyses will then be started.

If you have any questions, please do get in contact me at the email address below. Alternatively, you can contact my supervisor, Dr Claire Fox, whose contact information is also below. If you are concerned about the research and/or have a complaint about any aspect of this study, please contact Nicola Leighton, Research Governance Officer, Research & Enterprise Services, IC1, Keele University. ST5 5BG, Tel: 01782 733306.

If you are happy for your school to participate in this research, please complete the form on the following page.

Yours sincerely,

Nicola Ralph
PhD Psychology student
Email: n.f.ralph@keele.ac.uk
Telephone: 01782 734402

Supervisor:
Dr Claire Fox
School of Psychology
Keele University
Email: c.fox@keele.ac.uk
Telephone: 01782 733330

Consent Form – Teacher Checklist
Bullying and children with Special Educational Needs and Disability.

1. I have read and understood the information sheet for the above study and have had the opportunity to ask questions
2. I understand that my participation is voluntary and that I am free to withdraw at any time up until I hand in my questionnaire
3. I agree to take part in this study

Teacher signature:

Print name:

Date:

Appendix 4.12
Liaison Teacher Checklist



School:



Percentage of children with SEND:

Please complete the table below, putting a **TICK** if the answer is yes or a **CROSS** if the answer is no.

	Yes/no
1. Does the school support students with cognition and learning difficulties?? E.g. dyslexia, dyspraxia, etc.	
2. Does the school support students with communication and interaction difficulties? E.g. autism/aspergers	
3. Does the school support students with sensory/physical disabilities? E.g. deaf, blind, wheelchair user etc.	
4. Does the school support students with social, emotional and mental health difficulties? E.g. anxiety, depression, eating disorders, ADHD, etc.	
5. Does the school state that the aim of inclusion is for all children to receive a high quality education?	
6. Does the school address transition in the school?	
7. Does the school value that parental involvement and/or communication regarding their child?	
8. Does the school involve the child in deciding how best to support their needs?	
9. Does the whole school have a responsibility to support students with SEND?	
10. Does the school aim to ensure SEND children make appropriate progress in their education?	
11. Do teachers ensure the curriculum is accessible for all students?	
12. Is support provided within the classroom if needed?	
13. Are Support Assistants or Teaching Assistants provided if needed?	
14. Will additional resources be provided if needed?	
15. Does the school work to ensure children with SEND are identified as early as possible?	
16. Does the school aim for staff to have good awareness and understanding of SEND (e.g. training)?	
17. Does the school see teaching of SEND in the normal classroom environment as important?	
18. Does the school will work with agencies/companies/professionals outside of school?	
19. Does the school aim to admit all students to the school, regardless of SEND?	

20. Does the school aim to reduce negative attitudes and discrimination towards disability and SEN?	
---	--

Further info:

5. Does the school ensure that all children receive a high quality education despite potential barriers?
6. Does the school support children joining the school from year 6 into year 7, or any students joining the school beyond year 7. Does the school aim to provide a smooth transition, for example, through visits to feeder primary schools to be aware of the SEND children.
7. Does the school fully involve parents and encourage parents to give their opinion on the support their child receives, and express their needs, wishes and goals?
8. Does the school involve the child in decisions made for their support? Can students give their opinion on the support they receive, and express their needs, wishes and goals?
9. Is there a whole school approach to supporting SEND students? Are both subject teachers and specialist teachers responsible for supporting the SEND students?
10. Does the school aim to ensure that children with SEND make good progress or reach their potential, does the school make reasonable adjustments and interventions to help alleviate disadvantages and decrease the attainment gap between children with SEND and their peers.
11. Do all teachers personalise/adapt their lessons, make them appropriate for children with SEND, and set attainable, but ambitious targets?
12. –
13. –
14. Has the school provided any extra resources for children with SEND? For example, books, software, hearing loops, wheelchair ramps, lifts, etc?
15. –
16. Does the school provide training to ensure staff have an awareness/knowledge/understanding of SEND? For example, does SENCO providing specific training on Inset days?
17. Are children with SEND being educated alongside their peers or are able to participate in activities whenever possible?
18. Does the school involve necessary external parties as needed for a specific child? This could include liaising with primary schools, academies, schools, educational psychologists, health and social care professionals, independent or voluntary bodies, future education bodies.
19. –
20. For example, through PSHE or assemblies?

Appendix 4.13

Questionnaire Instructions

Introduction

Hi, my name's Nicola and I've come from Keele University to ask if you would be willing to take part in some research I'm doing. The research is about bullying in schools and disability. I would really appreciate it if you could help by completing a questionnaire, which is split into three parts. The first part of the questionnaire asks questions about your name, age, whether you are male or female, and what year group you're in. The second part of the questionnaire asks about bullying; what role you feel you take when bullying happens, who your friends are and whether you've ever been bullied. The last part of the questionnaire asks whether you have a disability. If you don't have a disability, tick none and move on. Then you'll be asked about how you feel about yourself. The final part of the questionnaire asks you about how you feel about other children who have a disability.

Consent

I have sent a letter home to your parents or guardians to tell them about this research and what you will be asked to do today and to make sure they are happy for you to take part. Even if they have said it is ok for you to take part, you do not have to take part if you don't want to, it is up to you. If you don't, that's okay, and you can stop any time during the questionnaire if you want to. If there are any questions that you really don't want to answer, then it is fine for you to skip those questions. If you don't want to take part please let me know now and we can find something else for you to do.

Confidentiality

For this research, I need to have your name on your questionnaire because of a question about friends. However, I will be the only person to see your answers and I won't show them to anyone else and no one at the school will know what you've said. When everyone has finished their questionnaires, I will collect them and put them in an envelope where no one else will be able to read them.

However, if you tick the question at the back of the questionnaire and ask me to tell the school about what you have written in your questionnaire, then I will pass on your name and concerns. Also, if you say something to me face-to-face or write something extra on your questionnaire that I think might mean you or someone else is at risk, then I will have to pass on my concerns to a teacher.

Questionnaire

The questionnaire is specifically about you, your experiences and your views so I want you to answer honestly and not in the way you think you should or how anyone else in the class would. There are no right or wrong answers but I would like you to complete the questionnaire without talking to anyone else. Some questions are hard, for example, you will be asked about your friends, but try not to worry about it too much and leave it if you can't do it. Try not to look at what anyone else is doing and try to make sure no one else can see your answers. Do not talk about your answers to other students once you have finished the questionnaire, even when you are outside the classroom. Your answers are

personal and should not be shared. But you should talk to your teacher or parents if you are worried about anything.

Think carefully about your answers when completing the questionnaire. You have 15 minutes to complete it, so you have time to think before answering the questions. If you do not understand a question, just put your hand up and I will help you.

I will now hand out the questionnaires, please tell me as I come round if you do not want to take part. You can fill out your name, age, circle whether you are a boy or a girl, your year group and your class in section 1 but please wait before moving onto section 2.

Hand out questionnaires.

Personal Details Section

Please fill out the first section and then wait for everyone to finish before moving on.

Questionnaire section

The first part of this section is an explanation of disability and bullying which I will read through with you. *Read definitions and ask if anyone is unclear.* If you are unsure if you have a special need or a disability, try to think about whether you go to see a doctor or a therapist regularly for something, but not if you've just had a short illness like a cold. If you're still unsure, put your hand up and I can talk to you. Many individuals identify as having a disability, including famous people, although it may not be obvious to the people around you. Not all disabilities stop you from normal activities, it might just make it harder. Now turn over and follow the instructions and complete the rest of the questionnaire.

Please put your hand up if you need any help. Remember, you need to work through the questionnaire in silence.

Debrief for disability session

Thank you very much for taking part. Your answers will not be shown to anyone else at the school unless you have ticked the box that you would like me to tell the teacher about anything concerning in your questionnaire.

I am interested in looking at bullying and anything that can increase the chances of a child being bullied. I am looking at whether how a child behaves can make it more or less likely that they are bullied. I'm also looking at whether having lots of friends can make it less likely. I am also looking at whether children's attitudes towards other children with disabilities affects how much they bully others and if that changes if you also have a disability or some sort of experience with disability, e.g. a friend or family member who has a disability. I'll also be looking at whether there are differences between schools, e.g. whether bullying of children with disabilities is more likely in some schools than others and why this might be.

Your answers are very helpful and hopefully we can now gain a better understanding of this problem and try to create ways to reduce the amount of bullying in schools. Generally,

children your age are very accepting of children with disability, which is great, but there are a few children who still have negative attitudes towards disability, which could result in bullying. Previous research in this area has found that children with Special Needs or a disability are bullied a lot more often than children without a disability. For example, one study found that 83% of children with disabilities were bullied at school, which is very high. The amount of bullying is going down but work still needs to be done to tackle bullying.

I will also be collecting information about your school. You will be given a letter to take home to your parents to ask them to do an online questionnaire about how well they think the school includes all students. I want to help children to accept children with disabilities. It is important for all of use to embrace differences because they make you who you are. After all, if everyone was the same, it would be very boring.

If you were upset by any of the questions, please talk to someone about how you feel, for example a friend, a teacher, or a parent. Remember, please do not talk to any other child about what you wrote on your questionnaire, apart from an adult. I also have Childline cards for you in case you want to talk to an adult or look on their website for any help.

We're now going to do a quick activity about disability before I go.

Activity

1. *Hand out activity after debrief, work through it in pairs or threes.*
2. *Talk through what they're meant to do and ask them to put their hand up if they have any questions.*
3. *Give approximately 5 minutes on the activity before asking everyone to stop.*
4. *Run through the correct answers and highlight that lesson:*

People with disabilities can have very important and impressive jobs, sometimes in areas which are directly affected by their disability. These celebrities have achieved just as well as non-disabled people. Most of these celebrities experienced bullying at school by people who didn't understand their difficulties, and it is very important to raise awareness and tolerance in schools to ensure that young people who are disabled do not face the same issues as these individuals did.

Thank you all for taking part.

Appendix 4.14
Participant Role Scale factor loadings

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
PRS44. I encourage the victim to tell the teacher	-.61				
PRS23. I say mean things about the victim	.61	.33			
PRS29. I comfort the victim	-.60	.37			
PRS30. I always find new ways to bully the victim	.59	.38			
PRS45. I make others join in the bullying	.59	.37			
PRS21. I giggle at the bullying	.59				
PRS48. I comfort the victim afterwards	-.58	.36			
PRS33. I get the teacher	-.58		.38	-.36	
PRS12. I go to tell the teacher about bullying	-.57		.35	-.39	
PRS15. I fetch more people to join in the bullying	.56	.36			
PRS9. I laugh at the bullying	.56				
PRS22. I tell others to bully the victim	.55	.37			
PRS6. I tell an adult about the bullying	-.55		.30	-.35	
PRS3. I join in the bullying when someone else has started it	.54	.35			

PRS42. I say to others that bullying is wrong	-.54	.31	
PRS35. I say to others 'he/she is so stupid, they should be bullied'	.53	.39	
PRS41. I call others who don't join in 'cry-babies'	.52	.40	
PRS28. I make suggestions about bullying someone	.52	.37	
PRS36. I say to the bully 'show him/her!'	.51	.40	
PRS20. I defend the victim	-.50	.45	
PRS31. I stay with the victim during breaks	-.49	.45	
PRS34. I help the bully by shouting	.48	.36	
PRS1. I start the bullying	.48		
PRS16. I fetch people to come and help the victim	-.47	.47	
PRS46. I try to make others stop Bullying	-.47	.33	
PRS19. I don't do anything when I see bullying	.47		.44
PRS39. I tell others that the bully is wrong	-.45	.44	
PRS27. I help the bully	.44	.32	
PRS17. I tell others to stop the bullying	-.43	.40	
PRS40. I say to others 'come and see, someone is being picked on'	.39	.32	

PRS24. I tell others not to join in	-.39	.30		
PRS18. I catch the victim for the bully	.38	.31		
PRS7. I threaten to tell a teacher if the bullying doesn't stop	-.34			
PRS4. I say to the victim 'don't worry about them'	-.33	.33		
PRS8. I hold the victim so they can be bullied	.32	.32		
PRS37. I stand up to the bully to defend the victim	-.47	.51		
PRS11. I take revenge on the bully for the victim		.43	-.35	
PRS38. I try to settle the fight by talking	-.40	.43		
PRS2. I come over to see what's going on when bullying happens		.42		
PRS26. I am friends with the victim outside of school		.38		-.35
PRS47. When I see bullying, I walk away		.58	.31	
PRS13. I stay out of it when bullying happens		.55		
PRS43. I pretend not to notice when bullying happens	.33	.41	.40	
PRS32. I don't take sides with anyone		.40		
PRS14. I'm around for the bullying but don't always do something	.35		.45	-.31
PRS25. I don't know about any bullying				.63

PRS5. I'm not usually around when bullying happens	.45
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PRS10. I tell others not to be friends with the victim

Appendix 4.15
Bullying Behaviour and Experiences Scale means and standard deviations

	Mean	SD
D. Other pupils say bad things about me when I'm not there	1.74	.864
G. I am called mean names by other pupils	1.53	.812
A. Other pupils tease me	1.73	.705
F. Other pupils stop me from joining in classroom activities	1.21	.547
E. Other pupils don't like me	1.83	.784
C. Other pupils stop me from joining in during lunch and break time	1.27	.613
B. I am hit, pushed or kicked by other pupils	1.29	.588

(5 items, 1-4 response scale, higher score indicates agreement)

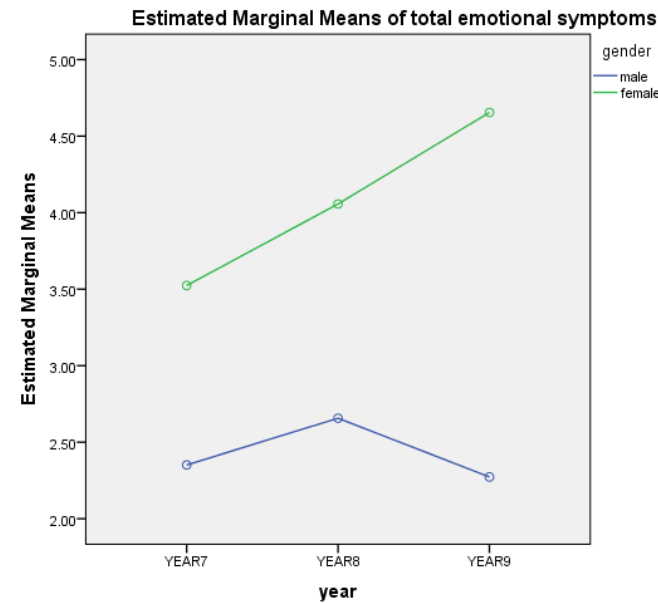
Appendix 4.16
Strengths and Difficulties Questionnaire (emotional symptoms subscale) means and
standard deviations

	Mean	SD
B. I worry a lot	.91	.79
E. I have many fears. I am easily scared	.50	.70
C. I am often unhappy, sad or tearful	.47	.65
D. I am nervous in new situations. I easily lose confidence	.81	.77
A. I get a lot of headaches, stomach-aches or sickness	.63	.68
<i>(5 items, 1-3 response scale, higher score indicates agreement)</i>		

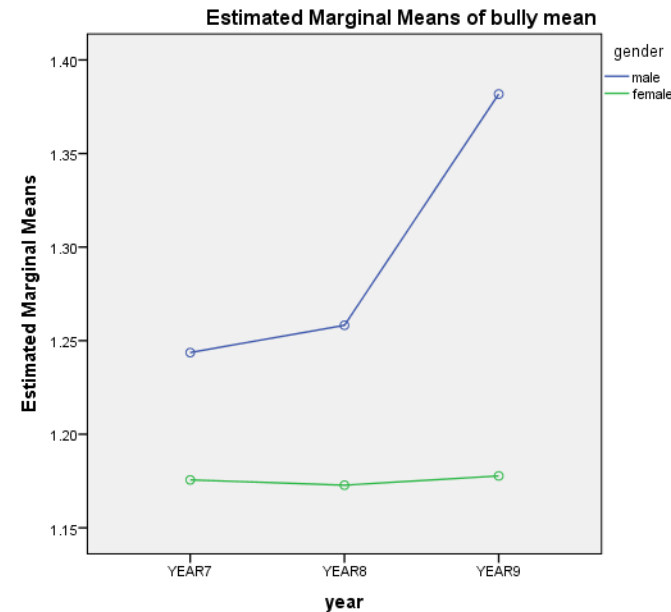
Appendix 4.17

Gender and year diagnosis interaction plots

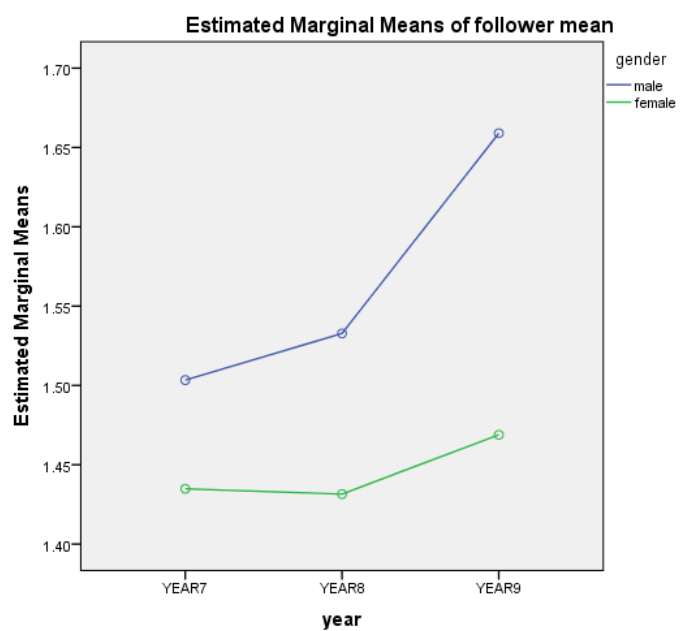
Emotional symptoms



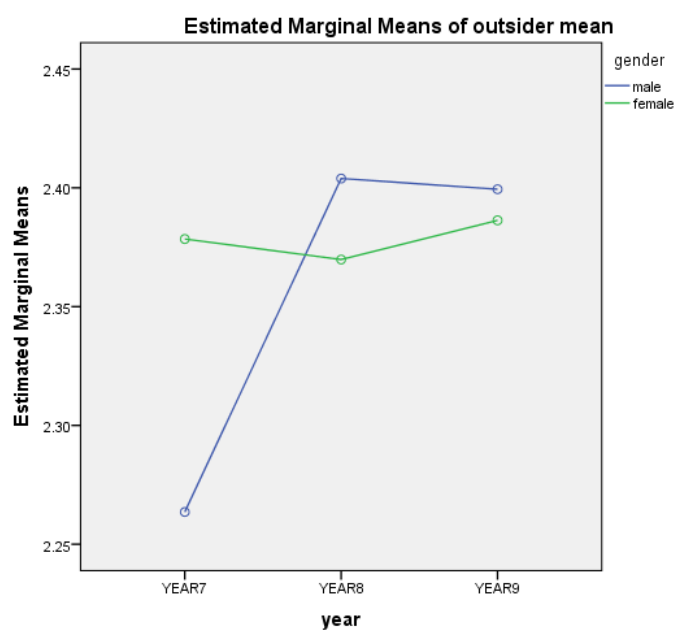
Bully behaviour



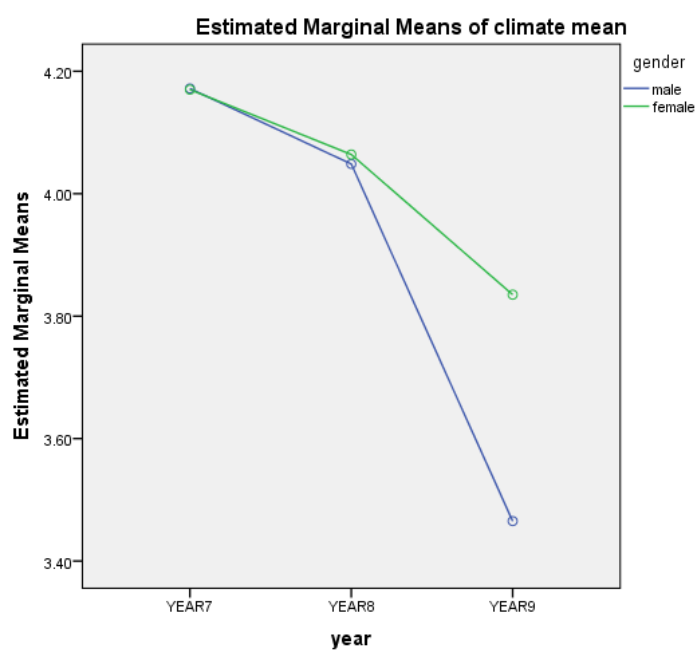
Follower behaviour



Outsider behaviour



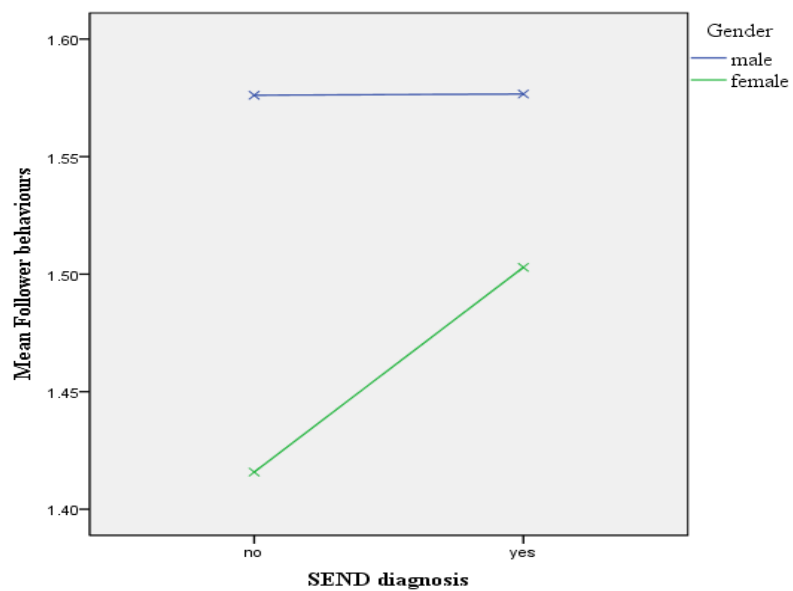
School climate



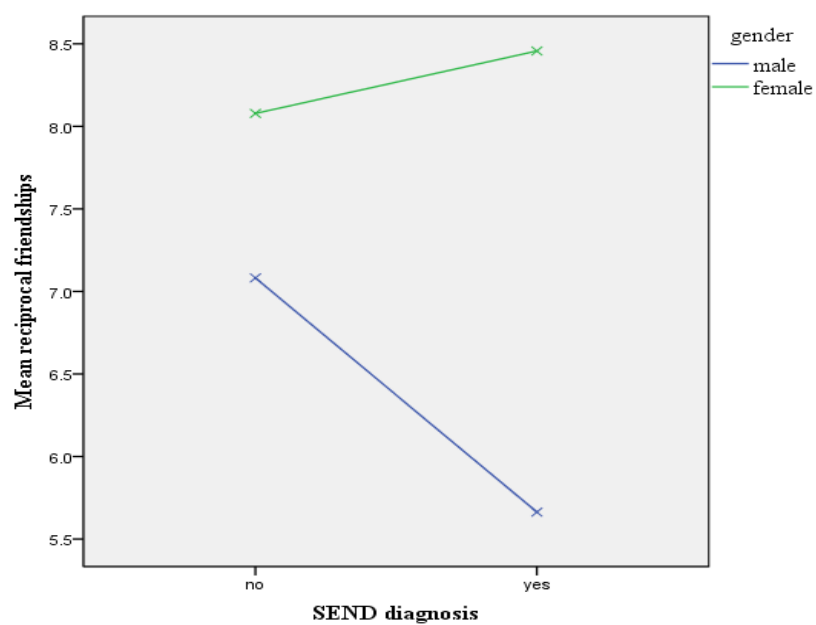
Appendix 4.18

Gender and SEND diagnosis interaction plots

Follower behaviour



Reciprocal friendships



Appendix 4.19
Parent Experiences Scale means and standard deviations

	Mean	SD
EXP2. All children's views are acknowledged	3.78	.83
EXP4. The school puts reasonable adjustments in place if needed	3.79	.74
EXP10. Resources are provided to teachers to ensure all children are taught effectively	3.51	.82
EXP7. The school provides support staff/teaching Assistants to ensure children with SEND can be included in the general classroom	3.71	.81
EXP8. The achievement and progress of children with SEND is valued just as much as non-SEND children	3.79	.86
EXP9. The Special Educational Needs Coordinator (SENCo) is effective at organising special provisions for SEND children	3.54	.81
EXP1. All children have equal access to support	3.89	.83
EXP12. The school values parents' input in regards to inclusion	3.65	.84
EXP13. Teachers do not discriminate children due to academic ability	3.81	.86
EXP5. The school helps children understand difference and disability	3.84	.76
EXP3. The teachers are well trained to support all children	3.67	.84
EXP11. The school building is equally accessible for all children	3.66	.84
EXP6. The school aims to include children with severe disabilities, as well as mild and moderate	3.48	.79
<i>(13 items, 1-5 response scale)</i>		

Appendix 4.20
Parent attitudes scale means and standard deviations

	Mean	SD
ATT3. Inclusion provides children with SEND a chance to participate in a variety of activities (i.e., creative, dramatic)	4.19	.68
ATT5. In inclusion, children without SEND are more likely to learn about differences	4.22	.75
ATT2. Inclusion is more likely to make children with SEND feel better about themselves	4.08	.78
ATT4. Inclusion is more likely to prepare classmates without SEND for the real world	4.15	.82
ATT1. Inclusion is more likely to prepare children with disabilities for the real world	4.13	.72
ATT10. Mainstreaming and inclusion are likely to hurt the emotional development of the child with SEND (R)	3.65	.81
ATT13. Children with SEND should have the same privileges and advantages as other children have in school	4.42	.75
ATT11. The child with SEND will be socially isolated by regular classroom students (R)	3.63	.84
ATT8. Students with SEND should be taught in special classes where they can be supported (R)	3.32	.95
ATT9. Special education teaching is better done by special education teachers than by regular teachers (R)	2.83	.99
ATT12. Special needs students should be given every opportunity to function in the regular classroom setting where possible	4.16	.82
ATT6. Teachers are good at adapting regular classroom programs to accommodate students with SEND	3.40	.68
ATT7. Teachers do not understand how they are to integrate students with SEND (R)	3.27	.78

(13 items, 1-5 response scale, (R) = reverse coded)

Appendix 4.21
Teacher attitudes scale means and standard deviations

	Mean	SD
4. Inclusion is more likely to prepare classmates without SEND for the real world	4.04	.85
3. Inclusion provides children with SEND a chance to participate in a variety of activities (i.e., creative, dramatic)	4.12	.79
13. Special needs students should be given every opportunity to function in the regular classroom setting where possible	3.50	.91
5. In inclusion, children without SEND are more likely to learn about differences	4.06	.86
14. Children with SEND should have the same privileges and advantages as other children have in school	3.67	1.04
1. Inclusion is more likely to prepare children with disabilities for the real world	3.92	.94
2. Inclusion is more likely to make children with SEND feel better about themselves	3.69	.96
9. Students with SEND will probably develop academic skills more rapidly in special classrooms than in inclusive classrooms (R)	2.95	1.13
12. The child with SEND will be socially isolated by regular classroom students (R)	2.75	.99
11. Mainstreaming and inclusion are likely to hurt the emotional development of the child with SEND (R)	3.04	.96
6. In inclusion, children with SEND are less likely to receive specialised help tailored to their needs (R)	3.30	.88
10. Special education teaching is better done by special education teachers than by regular teachers (R)	3.48	.92
8. Teachers do not understand how they are to integrate students with SEND (R)	4.55	.75
7. Teachers are good at adapting regular classroom programs to accommodate students with SEND	4.18	.82

(14 items, 1-5 response scale, (R) = reverse coded)

Appendix 4.22
ANOVA summary table for school differences

	SS	df	MS error	<i>F</i> -value	<i>p</i> -value	η^2p
Emotional symptoms	268.95	8	33.62	5.21	<.001	.04
Attitudes towards SEND	12.42	8	1.55	5.97	<.001	.05
Victimisation	11.16	8	1.40	5.95	<.001	.05
Bullying behaviour	5.21	8	.65	7.10	<.001	.05
Follower behaviour	5.57	8	.70	6.70	<.001	.05
Defender behaviour	11.32	8	1.42	6.89	<.001	.05
Outsider behaviour	3.83	8	.48	3.09	<.01	.02
School climate perception	80.37	8	10.05	14.63	<.001	.11
Reciprocal friendships	31.68	8	3.96	4.23	<.001	.03
Teacher attitudes (benefits)	14.96	8	.43	4.40	<.001	.16
Teacher attitudes (satisfaction)	12.59	8	.48	3.28	<.01	.12
Teacher attitudes (teaching)	12.23	8	.60	2.54	<.05	.10
Teacher attitudes (child rights)	7.09	8	.49	1.79	.08	.07
Parent attitudes (benefits)	4.15	7	.38	1.58	.144	.06
Parent attitudes (satisfaction)	9.30	7	.46	2.88	<.01	.10
Parent attitudes (teaching)	7.57	7	.32	3.42	<.01	.12
Parent attitudes (child rights)	8.57	7	.50	2.47	<.05	.09
Parent experiences	11.34	7	1.62	.26	<.001	.19