

Family Matters: How Students with Behaviour, Emotional and Social Difficulties Experience the Family as an Increased Risk Factor

Dr. Jacques Mostert

Assistant Professor Psychological Sciences, Liberal Arts Department, American University of the Middle East,
Block 3, Building 1, Egaila, Kuwait
E-mail: jacques.mostert@aum.edu.kw

Abstract

A qualitative interpretivist investigation showed that family relationships of students with Behavioural, Emotional and Social Difficulties (BESD) in mainstream education in London constituted a risk factor in the development of the young person. Thirteen student participants with BESD participated. An analysis of student writing activities, student participant interviews, parent questionnaires, teacher responses and interviews with education professionals indicated that both protective and risk factors were present in family relationships, however risk factors greatly outweighed protecting factors. Three main categories of family as a risk were: strained parent-child relationships, inconsistent parenting style, and insecure attachment to the family as a barrier to progress. This paper contributes to the growing understanding of how deleterious family relationships hamper the academic, social and emotional development of young people with BESD in order to improve inclusive education policy and practice. Further research into supporting young people with BESD in mainstream education, emphasising on the impact of attachment disorders, the early onset of personality disorders, as well as the impact of underdiagnosed cortisol disorders can provide professionals in pastoral roles with an augmented understanding of how to support students with BESD. In addition, the understanding of how teachers and education professionals liaise with at risk families and the impact of home-school relationship development has on the academic, social and emotional development of young people with BESD, should be conducted.

Keywords: Families as risk factor, family relationships, Behaviour Emotional and Social Difficulties

1. Introduction

Behavioural, Emotional and Social Difficulties (BESD) are “extreme forms of ordinary behavioural and emotional” (Cullinan, 2007) problems instead of a health abnormality. BESD is “characterised by behavioural or emotional responses in school so different from appropriate age, cultural, or ethnic norms that it adversely affects educational performance” (Merrell & Walker, 2004). The force behind supporting students with BESD in mainstream education was the Salamanca Statement (UNSECO, 1994), in which the United Nations Convention of Human Rights delineates the universal aim of inclusive education for all children. The Salamanca Statement places emphasis of five key clauses: firstly it states the right of every child to education; secondly, it emphasises the uniqueness of each child; thirdly, highlights the duty of education to respond to the diversity of children through differentiated educational practice; fourthly, it states that children with SEN (including BESD) should be accommodated in mainstream schools with child-centred pedagogy. Finally, that mainstream schools with inclusive philosophy are the most effective way to deal with discriminative attitudes in society. Therefore, it was imperative that education plays a significant role in improving the opportunities of students with BESD.

There are multiple pathways to developing BESD including environmental factors among which poverty and criminality in the community, parent education levels, parent engagement with the young person and insecure attachment of the child are but a few (Mostert, 2015; Cole & Pritchard, 2007; Cooper P. , 2005). However, it is unlikely that a single factor, such as insecure attachment to the parent, for instance, is causative in developing a BESD. By explication one may say that insecure attachment or ineffective parenting, in isolation, may not have a direct link to resulting in BESD. However, as seen in Figure 1, risk factors occur at multiple levels. Both internal (in-person) risk factors - such as insecure attachment and a typical child characteristics (including biological disorders) - and external risk factors - such as parent mental health problems, ineffective parenting and high family adversity - coalesce over a prolonged period of time resulting in a greater chance of the development of BESD (Deklyen & Greenberg, 2008).

To understand the impact of harm or risks posed to young we have to develop an appreciation of what constitutes our understanding of risk and risk factors. We may define risk as “the probability of a particular adverse event occurring during a stated period of time” (Breakwell, 2014) due to exposure to a “hazard that could lead to harm” (Breakwell, 2014). In addition, risk and risk factors may be seen as any attributes, characteristics or exposure to adverse situations within an environment “of an individual that increases the likelihood of developing a disease or injury” (WHO, 2016; Boyden & Mann, 2005). Risk may also be understood as the behaviours of individuals that have a deleterious impact on the young person later in life. In

addition to the probability of an adverse event taking place, we also have to understand the outcome or the effect an illness, injury or harm may have on the individual (Breakwell, 2014). Some risks are found internally (temperament and neurological structure) and other risks are external (a result of environmental factors) (Boyden & Mann, 2005). Such internal factors may include physiological and developmental delay, neonatal complications, whereas external risk factors may include poverty (Thomas & Menampampil, 2005), childhood abuse, inconsistent and deficient caregiving, breakup of the family and community disasters (Shatkin, 2015). However, research has shown that a child's earliest and closest relationships, which develop within the family, "have the greatest impact on the development of behavioural (sic) disorders in mental health" (Deklyen & Greenberg, 2008). To develop a deeper appreciation of how students with BESD experience family relationships, it is important to take a closer look at our understanding of family relationships.

2. Family Relationships

Family relationships, as an exploration of "human experiences in its own right" (Langdridge, 2007), should be viewed as a multi-faceted phenomenon that includes parent-child relationships, parent-parent relationships as well as the relationships between siblings (Bell, et al., 2007; Bronfenbrenner, 2005). The parent-child relationship, from birth, is essential to the development of secure attachment between the parent and the child (Deklyen & Greenberg, 2008). Attachment theory aims to define a range of neural systems and behavioural processes that contribute to the infant's bonding or attaching to parents. This bonding supports social and emotional development of the infant (Shatkin, 2015). Statistically significant association between secure attachment and "later good functioning" (Prior & Glaser, 2006) of the child was reported by Prior and Glaser (2006). A benefit of developing a secure attachment to parents is that it affords a firm base from which the child can confront life's stresses (Durkin, 1995). That is why a "strong, mutual emotional attachment" (Bronfenbrenner, 2005) supports the development of the young person and leads to internalization of adaptive behaviour. Conversely, there is extensive evidence between early insecure attachment and later emotional and behavioural difficulties (Prior & Glaser, 2006). Likewise, attachment theory suggests that the disruption of the attachment bond (between primary caregiver and the child) may, under extreme stress, result in "uncontrolled forms" (Kobak & Madsen, 2008) of fear, anger and distorted emotional communication and psychopathology in the young person (Kobak & Madsen, 2008). Consequently, where a secure attachment did not develop, and where adults are not able to establish secure relationships that can mitigate the impact of stress, children grow up experiencing insecure attachment as a risk factor due to serious stress that may cause harm later on in life (Shonkoff & Garner 2012).

In addition, strained parent-child relationships during childhood and adolescence are linked to the possible onset of mental health difficulties including, major depression, anxiety disorders, and schizophrenia (Holt, et al., 2016; McKinney, Morse, & Pastuszak, 2016; Beesdo, et al., 2009; Kernberg, et al., 2000). This is supported by a proposal by Teicher et al. (2002) that trauma can alter the brain, making young people experiencing extreme forms of stress more prone to mental health issues including Behaviour, Emotional and Social Difficulties (BESD), mood disorders, PTSD and personality disorders (Teicher, et al., 2002; Kernberg, et al., 2000). McKinney, et al. (2016) found that ineffective parenting contributes to lower psychological adjustment, therefore it is reasonable to put forward that a negative relationship between the parent and child, especially one that causes a significant amount of stress for the young person, may be the "single strongest" (Rumbaut, 2000:270) determinant of high-risk outcomes for the developing young person.

Research suggests that the quality of parenting practices are clearly linked with the development of young people (McKinney, Morse, & Pastuszak, 2016). In particular, parenting styles have an impact on the development of their children. Baumrind, (2013) distinguishes between three parenting styles: authoritative, authoritarian and permissive-indulgent parenting style. Whereas authoritative parents are approachable and warm with clearly established and appropriate boundaries (Moilanen, Rasmussen, & Padilla-Walker, 2015), an authoritarian parent style often involves parents being "hostile or demanding" (Moilanen, Rasmussen, & Padilla-Walker, 2015), which may constitute a risk factor for children due to a parent's emotionally over-aroused behaviour. This in turn may lead to the child experiencing difficulty in developing emotional and social competence later in life. Permissive-indulgent parents provide their children with little if any boundaries or expectations for appropriate behavior leaving young people "likely to engage in impulsive, deregulated actions such as substance use and delinquency" (Moilanen, Rasmussen, & Padilla-Walker, 2015).

Parent-parent relationships also have an impact on the development of children. The interactions within the family have an impact on the parent-child interactions, which in turn, may contribute to the child's developmental outcomes (Carlson, Pilkauskas, McLanahan, & Brooks-Gunn, 2011). In addition to the impact parent-child relationships and parent-parent relationships have on the developing child, it was also important to consider how sibling relationships impact the development of the child. The quality of sibling relationships can deeply influence the child's development (Stormshak, Bullock, & Falkenstein, 2009), and where these relationships are predominantly based on negative sibling practises experiences within the family, sibling relationships contribute adversely to the high-risk outcomes of the young person (Shannon et al., 2007).

Albeit behaviours that may result in negative outcomes do not develop in all cases, including where adversity in the family relationships is present, we may put forward that such a relationship could significantly contribute to a young person engaging in high risk behaviours (poor school attendance, aggression towards staff and disruptive behaviours in class). These high risk behaviour may have a negative impact on the future prospects of the child (Coleman & Hagell, 2007). Concomitantly, it is not equitable to ascribe the aetiology of child and adolescent mental health difficulties exclusively to experiences within the family. Nevertheless, it is not reasonable to expect that negative relationships within the family may not contribute to the amplification of maladaptive behaviour by young people with BESD. As a result, there is a need for additional insight into how young people that already have been identified as having BESD experiences their family life. In addition, it is also reasonable to propose that teachers charged with the pastoral care of students often depend greatly on the support of parents and caregivers to, in turn, effectively support their students. However, where the family is a contributing risk factor in the behaviour of students, it is of significant importance for the pastoral carer as well as classroom teachers to have a deeper understanding of the role a student's experiences of family as risk factor plays in the life of the student. Consequently, the aim of this research is to develop a deeper understanding how students with BESD, that attend mainstream education, experiences the risk factors exacted by family relationships. Therefore the research question of this investigation is: how do students with BESD in mainstream education experienced family relationships?

3. Methodology

In this enquiry I investigated how family relationships may have constituted as a risk factor in the development of the young person with BESD. A qualitative approach to research that placed emphasis on human experiences and description of relationships rather than cognition and causation (Langridge, 2007) was followed throughout the investigation. Researching the authentic experiences of students with BESD had the benefit of developing a deeper understanding of the complex problems these young people faced on a daily basis. As researcher I recognised my role in the "co-construction" of understanding of their experiences. In addition, I had to be aware of my own perceptions and despite having deep empathy for the young people I interviewed, I had to remain impartial in order to investigate their experiences. To overcome these impediments I used triangulation of data to include as many perspectives as possible into the investigation thus to developing a more in depth understanding of the young people's family experiences.

A purposive sample of students with BESD was chosen from four mainstream schools in London. Criteria for selection was that a) students with BESD were between 11 and 14 years of age during the research period; b) the students with BESD have undertaken their education in mainstream education during the previous twelve months; and c) that the researcher had to ensure the protection of vulnerable children and that ethical research requirements as implemented in England were followed. From all four schools, 13 students, who were identified as having BESD by each of the schools' Special Education Needs Coordinator (SENco) and the Borough Educational Psychologist (EP). Each of the students' families gave written consent for them to participate in the enquiry.

During the data gathering phase, student participants were asked to complete two writing activities. The first, a range of incomplete sentences regarding their experiences at home and school, the second writing activity was an unguided life essay on the same experiences. The duration of student participant writing activity was limited to 40 minutes and assistance in reading questions was provided by learning support assistants at each of the schools. After scrutiny of the writing activities student participants were asked if they were willing to partake in interviews for a richer provision of data. Four students agreed to participate, one from each school, were interviewed. They were asked *A Priori* open-ended questions to determine their experiences and views concerning their family relationships to the point of saturation of information (Henning, Van Rensburg, & Smit, 2004; Berg, 2004). Interviews were conducted with three education professionals charged with the pastoral care of students in their schools. In addition, a total of seven subject teachers across the four schools (that had direct experienced of teaching the student participants) were asked to respond to semi-structured questions that had been e-mailed to them. Finally, four parents of the student participants were willing to complete a short questionnaire based on how they perceived their children's experiences in mainstream education. A significant point to consider was that the family unit within which the participants function was predominantly but not exclusively, the single-parent household.

3.1 Ethical Considerations

Anonymity of all participants was guaranteed and written permission to conduct the research had been obtained from the parents of minor participants prior to the research being conducted. The purpose of the research was explained to student participants and all participants signed consent documents to indicate they knew that they could withdraw from the research at any time. Moreover, written permission was obtained from all participating schools to conduct the research. No psychological harm was caused during the gathering of data or during the

enquiry. According to the ethical guidelines of the British Psychological Society, none of the student participants were listed on the Child Protection Register (British Psychological Society, 2005; Kimmel, 2007). In order to maintain anonymity of all participants, abbreviations have used to indicate the data source (Table 1). The abbreviations used were as follow: LWA indicated that data was gathered from the Student Writing Activity; PPQ indicated that data was gathered from the Parent Participant Questionnaire; TR indicated that data was gathered from the Teacher e-mail Response; DA indicated that data was gathered from the Document Analysis and finally, PI indicated that data was gathered from the Education Professional Interview.

Trustworthiness was established through triangulation of data sources. I aimed to establish credibility in the research through a rich description of student participants' experiences of family relationships. Transferability was established through triangulation between writing activities, interviews, teacher responses, parent responses and interviews with education professionals. In addition to the various participants and methods of data gathering, and to enhance the trustworthiness of the data gathered, official documentation produced by the schools became "a valuable source of information" (Henning, Van Rensburg, & Smit, 2004) and offered an "unobtrusive" (Berg, 2004) record of participant behaviour and development in mainstream education. The written reports of behaviour incidents, academic development and minutes of professionals' meetings and behaviour referral documents were also scrutinised to contribute to the richness of data. These showed that themes were transferable between several of the data sources that I chose to employ. Dependability of the findings rested on the verbatim transcripts of interviews without filtering for colloquialism or profanity. However, in this article I have replaced the profanity with the word *expletive* in order to ensure no offence to the reader. Finally, I employed the services of an independent coder who used the *NVivo* data management tool (Smyth, 2006) to establish consensus with the findings I derived.

4. Findings and Discussion

From the data it was clear that both protective and risk factors form an integral part of how students with BESD in mainstream education experienced family relationships. However, as shown in Figure 2 the number of indicators pointing towards family relationships as a risk factor outweighed the promotive factors (Table 2, experiences of family relationships). I therefore place emphasis on the risk factors in the remainder of the discussion in order to help educators develop a deeper understanding of the areas for development in their personal practice in working with students with BESD in mainstream education.

Three main categories of risk were: a) insecure attachment to the family as a barrier to progress, b) inconsistent parenting style, and c) strained parent-child relationships.

4.1 Insecure Attachment to the Family

The findings indicated that students with BESD experienced an insecure attachment to the family. A teacher participant pointed out that "[name] and [name] have no connection to home" (Education Professional: TR). One of the noteworthy contributing factors to insecure attachment to the family was when the structure of the family was subject to constant change. The instability in the family was well described by a professional participant that claims that the young person experienced "a whole mixed bag of events in the life of the child coming either from a single parent home, or even with both parents living together but because of a lack of finances or a lack of basics what you would expect in a home of a particular child" (Education Professional: PI). A further example of this was where the teenage pregnancy of a sibling exacerbated the existing insecure attachment to the family. The following quotes provided a deeper understanding of how the family structure attributed to further insecure attachment and thus amplified the risk experienced by the students. The influence of a sibling on the family structure was seen through the response of a student referring to the "[sister] got [expletive] pregnant without [expletive] getting married, yeah, because of her I'm getting a bad name" (Student Participant: LPI). The question whether the apathy towards the family was due to the learners' BESD or insecure attachment developed during infancy (Kobak & Madsen, 2008) was unexplored and further investigation into behaviour difficulties caused by attachment disorders may shine fresh light on how to support students with BESD.

Even when an event that was generally perceived as positive, such as marriage, took place, the change in the family structure proved to be a difficult adjustment to make. "[M]y dad and mumzi [are] getting married again. [I have a] little baby [sister and an] older sister. It's bare (very/much) [expletive showing discontent]" (Student Participant: LPI). In addition, a growing family, again seen as a positive occurrence, was experienced in a negative way by the student with BESD as indicated by the following quote from a parent participant: "I have two young babies at home and I look after my older daughter's baby so I can't find the time to help" (Parent Response: PPQ). Changes in the family and insecure attachment both contributed to the young person experiencing the family as a risk factor.

From the literature, insecure attachment has the potential to be deleterious in the development of the young person. Our existing understanding of attachment patterns are categorised as secure attachment, insecure-

avoidant and insecure-anxious types (Kobak & Madsen, 2008). Secure attachment is seen as optimal attachment, which decreases vulnerability to negative adjustment in behaviour. However, an insecure attachment, where the reciprocal family relationship between parent and child is unpredictable and unreliable predisposes the young person to negative psychological and behavioural outcomes (Rawatal, Kliewer, & Pillay, 2015). In the research was important for me to distinguish between the normal adolescent yearning for individuation and autonomy (Allen & Land, 1999) and insecure attachment to the family. It is also important to point out that no diagnosis of attachment disorder was made at any time. During further investigation, a deeper understanding of the attachment between mother and child during the early childhood could prove elucidating to the findings of insecure attachment as a risk factor for young people with BESD. In addition, where there was an insecure attachment to the family, the role of the parent in mediating risk was diminished and could propel young people on a high-risk trajectory.

4.2 Parenting Style

The second category suggests that parenting style may constitute a risk factor in the experienced of students with BESD. It was important to clarify that our understanding of *home* was synonymous with safety, emotional warmth and nurture, where a young person could have the opportunity to develop social competence without fear of retribution or criticism. However, when these elements were severely restricted, over an extended period of time, through either overly authoritarian or excessively permissive parenting styles, the family became a risk factor that impeded the student with BESD to develop social and emotional competence (Altay & Gure, 2012). As previously shown, a student response indicated perceived emotional detachment when *"my dad wasn't even excited"* (Student Participant: LWA), however, the perceived detachment was supported by a teacher indicating that *"[name's] mother doesn't want to deal with issues"* (Education Professional: TR) and through the document analysis that pointed out that *"[the father]...doesn't want much to do with [name]. This has a big impact on [name]'s behaviour"* (Education Professional: DA). Existing literature proposes that children who experience an emotionally neutral or deprived relationship with parents, tend to show lesser cognitive skills than children that experienced frequent emotional nurturing (Patterson & Vakil, 2014). This, in conjunction with the findings, which suggested that students with BESD who experienced emotionally a detached parenting style were at a disadvantage when it came to excelling in mainstream education.

In the same way, an excessively strict parenting style may contribute to students with BESD experiencing the family relationship as a risk factor. An interesting finding was that students who experienced excessively strict parenting considered the school as a place where they could "safely" rebel against authority. A teacher participant believed that *"high discipline at home sometimes cause disruptive behaviour at school"* (Education Professional: TR). Another poignant response from an education professional highlighted how a dysfunctional parenting style contributed to the risk the student with BESD had to face. *"[At] options evening...I was hearing [a] conversation some people saying 'now I really understand why that child was like that, I've just met his dad or I've just met mum and from now ...' I just felt welcome to that child's world..."* (Education Professional: PI).

From the existing literature, family variables, especially poor parenting, is seen as the most significant factors in early development and continuous of maladaptive behaviour (Sengsavang & Krettenauer, 2015). From the findings it was clear that students experienced emotionally detached and excessively strict parenting styles as risk factors. Parents who are indifferent, not involved and emotionally neutral are seen as emotionally detached and in our understanding from the literature contribute to ineffective parenting (Figure 1).

4.3 Strained Parent-child Relationships

Student participants with BESD experienced strained parent-child relationships, which may have been caused by a lack of effective communication or role-reversal within the family. Strained relationships at home suggested that young people with BESD did not have a safe place to escape from the adversity they faced in everyday life. Three contributing factors to strained parent-child relationships were prominent: ineffective parent-child communication, parental mental health, and parental criminality.

Communication within the family plays a vital role in order to establish the ability to cope with risk factors and decrease the likelihood of a negative outcome (Shatkin, 2015; Roehlkepartain & Syvertsen, 2014). However, students experienced ineffective parent-child communication as a contributing risk factor. As evident from a quote from one of the responses from the writing activities *"I don't talk to my dad. I get along with mom fine when I see her. We don't really talk and my mom lives with her new boyfriend"* (Student Participant: LWA) a dearth in communication between the parent and child contributed to a sense of insecurity. The strained parent-child relationships was supported by a report written by an education professional that indicated that *"[the] father... doesn't want much to do with [name]. This has a big impact on [name]'s behaviour"* (Education Professional: DA). In this case, the young person who resided with the father had ineffective communication with both parents. We might even be forgiven to recognise some resentment in the young person's *voice* when he

referred to the relationship changes that occurred within the parent-parent relationship, thus augmenting the dearth in communication between the young person and his parents.

A lack of compassionate support from the parent when improvement at school was achieved, contributed a sense of distance and emotionally neutral relationship between the young person and the parent. This was marked when one of the students was disappointed when she indicated that after she received an improved academic report her *“dad wasn't even excited”* (Student Participant: LWA). The same lack of compassion also evident when the young person with BESD was facing a challenging episode at school. *“[W]hen the school phones my dad always gets angry because he thinks I have done something bad”* (Student Participant: LWA).

The literature is clear that in order to sustain the prevention of high-risk behaviour, parents, through sustained parent-child communication may provide guidance to young people regarding high-risk behaviours (Wang, Stanton, Deveaux, & Li, 2014). However, the experiences of ineffective parent-child communication that were established when parent participants confirmed that communication between parent and child was ineffective and strained, showed that such guidance was absent. This was due to a combination of perceived typical adolescent behaviour (where the child was engaged in developing his/her own identity), individuation and attainment of autonomy (Rawatal, Kliwer, & Pillay, 2015), as well as a lack of respect towards the parent. Further support for the finding of ineffective parent-child communication was seen through the document analyses that suggests that the lack of interest by the parent, through a dearth of communication has had a negative impact on the behaviour of the students. In addition, ineffectual parenting, as an antecedent to poor parent-child communication, was apparent when a parent participant indicated that *“[she] was on the laptop all the time and when I talk to her she just says shut up”* (Parent Response: PPQ).

Secondly, parental mental health was identified as a possible contributing risk factor towards strained parent-child relationships. A teacher participant highlighted that role-reversal within the relationship between the parent and child was an impediment to a secure parent-child relationship. The child had taken on responsibility for the parent due to the parent's mental health problems. Data analysis showed that student participants did not refer to mental health conditions in their writing activities or interviews, however the document analyses showed that parental mental health problems (from clinical depression to diagnoses of paranoid schizophrenia) was a significant encumbering factor in these young people's development. From the literature it is clear that a child's cognitive, emotional, language development, behaviour and mental health was influenced by parental mental health difficulties (Parfitt, Pike, & Ayers, 2014). In addition, parents with mental health disorders typically *“express high levels of criticism and show low levels of warmth and affection towards their children”* (Patterson & Vakil, 2014). These tenets from the literature supports the findings insofar as participating students experienced the protective environment of the school as a place where they could withdraw from the responsibility of caring for and the harsh criticism of the parent with mental health difficulties. As seen in the quote from a teacher below, this sudden release of anxiety and a lack of social-emotional competence contributed to emotional neediness and behaviour al problems in school: *“school was his time to have someone look after him and not him look after his mother”* (Education Professional: TR).

In the third place, instability in the family life, (parent criminality and incarceration, parent anti-social behaviour, parent substance abuse) contributed to strained parent-child relationships. Concomitantly document analyses, education professional interviews and class teachers' responses indicated that students with BESD experienced strained parent-child relationships due to the criminality of parents. The most poignant responses suggested that *“they most probably see this [poor behaviour] at home – their behaviour was learned and parents often don't recognise this either”* (Education Professional: TR), and *“if the parents have had problems with the law and seems to cascade right down or they have been homeless or they are travellers”* (Education Professional: PI). A better understanding of how parent criminality influences the child can be found in Social Learning theory which explains how external factors observed by the young person contributes to the self-regulation of behaviour (Petri & Govern, 2013). Consequently young people who experienced parent criminality may base their expectations about particular situations on similar situations encountered in the past (Petri & Govern, 2013), therefore providing strong evidence that parent criminality may contribute to instability not only in the parent-child relationship, but also strained relationships with authority figures such as teachers in mainstream education.

5. Conclusion

A qualitative enquiry into the family relationships of 13 young people with BESD showed that students experienced the family as a risk factor. From the research findings it was clear that students with BESD experienced strained parent-child relationships, inconsistent parenting style, and insecure attachment to the family. In addition, current literature on family relationships supports the findings of the current research that ineffective parent-child communication, parental mental health, and parental criminality contribute to a degree of conflict in the parent-child relationship and these themes are considered as risk factors that may increase the

likelihood of negative future outcomes of young people with BESD. This in turn may expedite maladaptive behaviour in the mainstream environment.

In addition, it is important to explain that developing young people, during their normal developmental stages, experience difficulties in emergent interpersonal relationships. If we then include the impediments of BESD as well as the risk factors imposed by insecure attachment to the family, strained parent-child relationships and inconsistent parenting style, it is reasonable to predict that these young people may find coping in mainstream education near impossible. Despite that fact that the aetiology of child and adolescent mental health difficulties cannot exclusively be attributed the risk experiences discussed in this paper, it is reasonable to suggest that the themes as elucidated above, in practice, may contribute extensively to the increased risk trajectory young people with BESD face.

In order to address the family as a risk factor, some initiatives by teachers and school-based professionals may target the strained parent-child relationship through inculcating a positive family support structure to facilitate the progressive adjustment of the young person (Leung, Sandrer, Leung, Mak, & Lau, 2003). However, where the family was experienced as a risk factor, it is reasonable to assume that scant parental participation in the school life there may be a heightened risk of poor outcomes for the students with BESD (Mostert, 2015; Harris & Goodall, 2007). In addition, existing research indicates that children who regularly experience emotional nurturing develop stronger cognitive skill and are more accomplished learners in comparison with children raised in an emotionally neutral or depriving environment (Heckman, 2007). Thus, children that experiences the family as a risk factor develop “issues with memory, executive functioning, linguistic skills, cognitive skills and social-emotional skills” (Patterson & Vakilili, 2014). In addition, where an insecure attachment to the family exists, the lack of emotional warmth contributes to a significant risk for the young person with BESD. Thus, in considering these impediments to learning it is clear that family relationships as a risk factor is harmful to the successful inclusion of students with BESD in mainstream education. Albeit, existing ameliorating factors target some aspects of the risk experiences of young people in mainstream education, there was a lack of programmes that specifically targets the family as a risk factor.

Moreover, there is a dearth in knowledge and understanding of how to support young people with BESD, especially where the family is experienced as a risk factor. From the findings it was clear that a multi-faceted, systemic approach to supporting the young person will have to include a wide range of professionals that comprise of pastoral care professionals in the school, Child and Adolescent Mental Health Services, as well as social care professionals. Such a systemic approach would not only provide support for the young person within the school setting but may also provide support within the family.

Further research into the impact of attachment disorders, the early onset of personality disorders, and BESD will provide professionals in pastoral roles with an augmented understanding of how to support students with BESD. There is a dearth in knowledge regarding the impact of underdiagnosed adolescent cortisol disorders such as Cushing’s syndrome and Addison’s disease has on the family relationships, especially where symptomatic depressive disorders are present. Likewise, research into devolving home-school liaison initiatives, including an understanding of how teachers and education professionals should liaise with at risk families, and improved systemic approaches to include social care and mental health services may also improve the chances of achieving success of young people with BESD in mainstream education.

Limitations in the study includes the small sample of student participants, which was due to the relatively limited number of young people who have been identified to have BESD. Despite my strongest efforts to ensure trustworthiness of the data and drive to deliver rich description of students’ experiences, a larger sample of young people with BESD across a larger geographical and socio-economic area would contribute greatly to our understanding of whether family relationships play a causative or negating role in the high-risk trajectory of young people with BESD.

References

- Allen, J. P., & Land, D. (1999). Attachment in Adolescents. In J. Cassidy , & P. Shaver (Eds.), *Handbook of Attachment: Theory, Research and Clinical Implications*. (pp. 319-335). New York: Guilford Press.
- Altay, F. B., & Gure, A. (2012). Relationships among Parenting Styles and the Social Competence and Prosocial Behaviors of teh Children Who are Attending to State and Private Preschool. *Educational Sciences: Theory & Practice*, 12(4), 2712-2718.
- Baumrind, D. (2013). Authoritative parenting revisited: History and current status. In R. E. Larzelere, A. S. Morris, & A. W. Harrist (Eds.), *Authoritative parenting: Synthesizing nurturance and discipline for optimal child development* (pp. 11–34). Washington, DC: American Psychological Association.
- Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V. *The Psychiatric clinics of North America*, 32(3), 483-524. doi:10.1016/j.psc.2009.06.002.
- Bell, L., Goulet, C., St-Cyr Tribble, D., Paul, D., Boisclair, A., & Tronick, E. Z. (2007). Mothers' and fathers'

- views of the interdependence of their relationships with their infant: A Systems perspective on early family relationships. *Journal of Family and Nursing*, 13(2), 179-200.
- Berg, B. L. (2004). *Qualitative Research Methods for the Social Sciences*. USA: Pearson Education Inc.
- Boyden, J., & Mann, G. (2005). Children's Risk, Resilience and Coping in Extreme Situations. In M. Ungar (Ed.), *Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts*. (pp. 3-23). London: Sage Publications.
- Breakwell, G. M. (2014). *The Psychology of Risk* (2nd ed.). Cambridge: Cambridge University Press.
- British Psychological Society. (2005). *Ethical Principles for Conducting Research with Human Participants*. Retrieved October 29, 2015, from British Psychological Society: <http://www.bps.org.uk>
- Bronfenbrenner, U. (1979). *The Ecology of Human Development. Experiments by Nature and Design*. London: Harvard University Press.
- Bronfenbrenner, U. (2005). *Making Human Beings Human. Bioecological Perspectives on Human Development*. London: Sage.
- Carlson, M. J., Pilkauskas, N. V., McLanahan, S. S., & Brooks-Gunn, J. (2011). Couples as Partners and Parents over Children's Early Years. *Journal of Marriage and Family*, 73(2), 317-334.
- Cole, T., & Pritchard, J. (2007). *Study Guide: Understanding and Managing Children with SEBD: Concept, History Practice and Policies*. England: University of Leicester.
- Cooper, P. (1999). *Understanding and Supporting Children with Emotional and Behavioural Difficulties*. London: Jessica Kingsley Publishers.
- Cooper, P. (2005). *Biology and Behaviour: The Educational Relevance of a Biopsychosocial Perspective*. (p. Clough, J. T. Garner, & F. Yuen, Eds.) London: Sage Publishing.
- Deklyen, M., & Greenberg, M. T. (2008). Attachment and Psychopathology in Childhood. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of Attachment. Theory, Research and Clinical Applications*. (Second Edition ed., pp. 637-665). London: The Guildford Press.
- Dirks, M. A., Persram, r., Recchia, H. E., & Howe, N. (2015, February). Sibling Relationships as Source of Risk and Resilience in the Development and Maintenance of Internalizing and Externalising Problems During Childhood and Adolescence. *Clinical Psychology Review*.
- Donald, D., Lazarus, S., & Lolwana, P. (2006). *Educational Psychology in Social Context. 3rd Edition*. Cape Town: Oxford University Press.
- Durkin, K. (1995). *Developmental Social Psychology*. Oxford: Blackwell Publishing.
- Harris, A., & Goodall, J. (2007). *Engaging Parents in Raising Achievement Do Parents Know They Matter?*. University of Warrick.
- Heckman, J. J. (2007). The Economics, Technology, and Neuroscience of Human Capability Formation. *National Academy of Science of the United States of America*, 104, pp. 13250-13255.
- Henning, E., Van Rensburg, W., & Smit, B. (2004). *Finding Your Way in Qualitative Research*. Pretoria: Van Schaik.
- Holt, R. J., Graham, J. M., Whitaker, K. J., Hagan, C. C., Ooi, C., Wilkinson, P. O., . . . Suckling, J. (2016, June). Functional MRI of emotional memory in adolescent depression. *Developmental Cognitive Neuroscience*, 19, 31-41. doi:10.1016/j.dcn.2015.12.013
- Hull Learning Services. (2010). *Supporting Children with Behaviour Difficulties*. London: David Fulton Publishers.
- Hutchings, J. (2007). *Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial*. Retrieved April 17, 2010, from British Medical Journal: <http://www.bmj.com/cgi/reprint/334/7595/678>
- Kernberg, P. F., Weiner, A. S., & Bardenstein, K. K. (2000). *Personality Disorders in Children and Adolescents*. New York: Basic Books.
- Kimmel, A. J. (2007). *Ethical Issues in Behavioural Research. Basic and Applied Perspectives. 2nd edition*. Oxford: Blackwell Publishing.
- Kobak, R., & Madsen, S. (2008). Disruption in Attachment Bonds. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of Attachment. Theory, Research and Clinical Applications*. (Second Edition ed., pp. 23-47). London: The Guildford Press.
- Kobak, R., & Madsen, S. (2008). Disruptions in Attachment Bonds: Implications for Theory, Research, and Clinical Intervention. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*. (2nd ed., pp. 23-47). London: Guilford Press.
- Langridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Harlow, England: Pearson - Prentice Hall.
- Langridge, D. (2007). *Phenomenological Psychology. Theory, Research and Method*. England: Pearson Education Ltd.
- Leung, C., Sandrer, M. R., Leung, S., Mak, R., & Lau, J. (2003). *An outcome Evaluation of the Implementation*

- of the Triple-P Positive Parenting Programme in Hing Kong. Available from: . Retrieved 4 7, 2010, from PSFC: http://www.pfsc.uq.edu.au/papers/family_process_42_531-545.pdf.*
- McKinney, C., Morse, M., & Pastuszak, J. (2016). Effective and Ineffective Parenting: Associations With Psychological Adjustment in Emerging Adults. *Journal of Family Issues*, 37(9), 1203–1225. doi:10.1177/0192513X14537480
- Moilanen, K. L., Rasmussen, K. E., & Padilla-Walker, L. M. (2015). Bidirectional Associations Between Self-Regulation and Parenting Styles in Early Adolescence. *JOURNAL OF RESEARCH ON ADOLESCENCE*, 25(2), 246–262.
- Mostert, J. (2015). Teaching the Unteachables: Understanding and Managing Maladaptive Behaviour in Mainstream Education. In M. A. George, S. S. Scatolini, & S. A. David, *Including the Other: Acknowledging Difference in Education, Language and History* (pp. 63-93). Oman: Euro-Khaleeji Research and Publishing.
- Nicholson. (2005). Academic Achievement and Behaviour. An Axiomatic Link? In P. Clough, J. T. Garner, & F. Yuen, *Handbook of Emotional and Behavioural Difficulties* (p. 157). London: Sage Publishers.
- Parfitt, Y., Pike, A., & Ayers, S. (2014). Infant Development Outcomes: A Family Systems Perspective. *Infant and Child Development*, 23, 353-373.
- Patterson, J. E., & Vahlili, S. (2014). Relationships, Environment and the Brain: How Emerging Research in Changing What We Know about the Impact of Families on Human Development. *Family Process*, 53(1), 22-32. doi:10.1111/famp.12057
- Petri, H. L., & Govern, J. M. (2013). *Motivation: Theory, Research and Application* (6th ed.). USA: Wadsworth, Cengage Learning.
- Prasad, P. (2005). *Crafting Qualitative Research. Working in the Postpositivist Traditions*. New York: M.E. Sharpe Inc.
- Rawatal, N., Kliever, W., & Pillay, J. B. (2015, August). Adolescent Attachment, Family Functioning and Depressive Symptoms. *South African Journal in Psychiatry*, 21(3), 80-85. doi:10.7196/SAJP.8252
- Roehlkepartain, E. C., & Syvertsen, A. K. (2014). Family Strengths and Resilience: Insights from a National Study. *Reclaiming Children and Youth*, 23(2), 13-18.
- Rumbaut, R. G. (2000). Profiles in Resilience: Educational Achievement and Ambition Among Children of Immigrants in Southern California. In M. C. Wang, & R. D. Taylor, *Resilience across contexts: family, work, culture, and community*. (p. 270). New Jersey: Lawrence Erlbaum Associates.
- Sengsavang, S., & Krettenauer, T. (2015, April). Children's Moral Self-Concept: The Role of Aggression and Parent-child Relationship. *Merril Palmer Quarterly*, 61(2), pp. 213-235.
- Shatkin, J. P. (2015). *Child & Adolescent Mental Health: A Practical, All-in-One Guide*. New York: W. W. Norton & Company.
- Shonkoff, J. P., Garner, A. S., The Committee on Psychosocial Aspects of Childhood, The Committee on Early Childhood and Adoption, & Section on Developmental and Behavioral Pediatrics. (2012). The Lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 323-246.
- Smyth, R. (2006). Exploring Congruence between Habermasian Philosophy, Mixed-Method Research, and Managing Data Using NVivo. *International Journal of Qualitative Methods*, 5(2), 1-11.
- Stormshak, E. A., Bullock, B. M., & Falkenstein, C. A. (2009). Harnessing the Power of Sibling Relationships as a Tool for Optimizing Socila-Emotional Development. In L. Kramer, & K. J. Conger (Eds.), *Siblings as Agents of Socialization. New Directions for Child and Adolescent Development*. (pp. 61-77). San Francisco: Jossey-Bass.
- Tankersley, B. G., Landrum, T. J., Cook, M., & Fitzgerald, S. (2007). Teacher Perceptions of the Usability of Intervention Information from Personal versus Data-based Sources. *Education and Treatment of Children*, 30(4), 27-42.
- Teicher, M. H., Anderson, S. L., Polcari, A., Anderson, C. M., & Navalta, C. P. (2002). Developmental Neurobiology of Childhood Stress and Trauma. *The Psychiatric Clinics of North America*, 25(2), 397-426.
- Thomas, J., & Menampampil, G. (2005). Resilient Youth in North East India. In M. Ungar (Ed.), *Handbook for Working with Children and Youth: Pathways to resilience Across Cultures and Contexts* (pp. 329-355). London: Sage Publications.
- Von Otter, C. (2014). Family resources and mid-life level of education: a longitudinal study of the mediating influence of childhood parental involvement. *British Educational Research Journal*, 40(3), 555-574. doi:10.1002/berj.3111
- Wang, B., Stanton, B., Deveaux, L., & Li, X. (2014). The Impact of Parent Involvement in an Effective Adolescent Risk Reduction Intervention on Sexual Risk Communication and Adolescent Outcomes. *AIDS Education and Prevention*, 26(6), 500-520.
- WHO. (2016). *Risk Factors*. Retrieved July 25, 2016, from World Health Organization:

http://www.who.int/topics/risk_factors/en/
 Youell, B. (1999). Psychoanalytic Psychotherapy with Children with Emotional and Behavioural Difficulties. In P. Cooper, *Understanding and Supporting Children with Emotional and Behavioural Difficulties*. (p. 135). London: Jessica Kingsley Publishers.

Table 1. Data sources

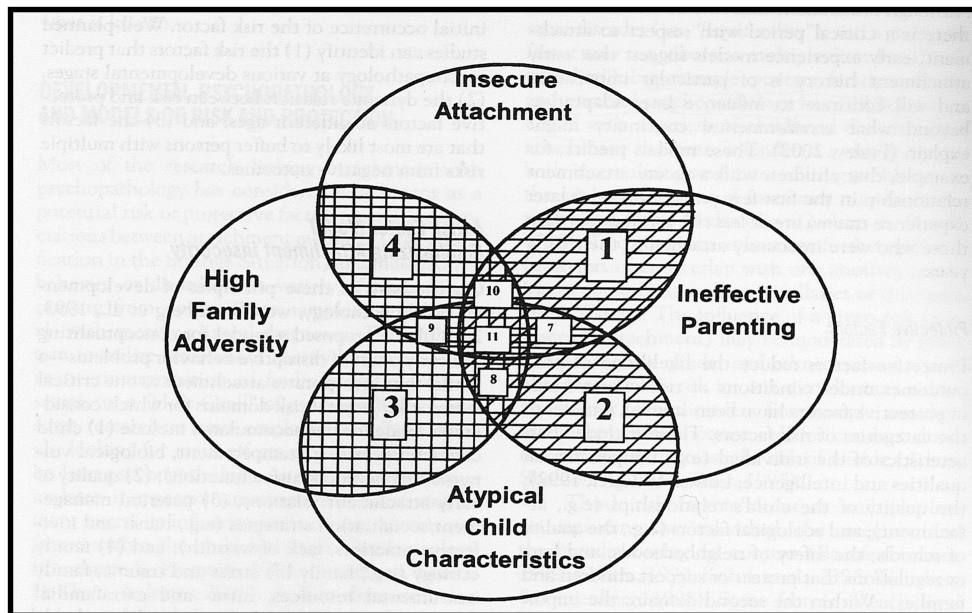
Method	Data Source
Incomplete Sentences	Learner Participants (LWA)
Life Essays	Learner Participants (LWA)
In-depth Interviews	Specific Learner Participants (LPI)
Qualitative Questionnaires	Parent Participants (PPR)
Teacher Responses	Class Teachers of Specific Learner Participants (TR)
Professionals Interviews	Professionals with Specific Interest in Reintegration (AI)
Document Analysis	Behaviour Records, FAP Referrals, Minutes of Meetings (DA)

Table 2 Examples of Family Relationships

Family Relationships as a Risk Factor
<i>"I don't talk to my dad. I get along with mom fine when I see her. We don't really talk and my mom lives with her new boyfriend"</i> (Student Participant: LWA)
<i>"my dad wasn't even excited"</i> (Student Participant : LWA)
<i>"when the school phones my dad always gets angry because he thinks I have done something bad"</i> (Student Participant : LWA)
<i>"was on the laptop all the time and when I talk to her she just says shut up"</i> (Parent Response : PPQ)
<i>"Father...doesn't want much to do with [name]. This has a big impact on [name]'s behaviour "</i> (Education Professional : DA)
<i>"school was his time to have someone look after him and not him look after his mother"</i> (Education Professional : TR)
<i>"I have found that high discipline at home sometimes cause disruptive behaviour at school."</i> (Education Professional : TR)
<i>"[At] options evening...I was hearing [a] conversation some people saying "now I really understand why that child was like that, I've just met his dad or I've just met mum and from now ... I just felt welcome to that child's world..."</i> (Education Professional : PI)
<i>"if the parents have had problems with the law and seems to cascade right down or they have been homeless or they are travellers"</i> (Education Professional : PI)
<i>"they most probably see this type of acting [maladjusted behaviour] at home – their behaviour was learned and parents often don't recognise this either"</i> (Education Professional : PI)
<i>"she doesn't really ask about school"</i> (Student Participant : LPI)
<i>"my dad and mumzi getting married again. Little baby, older sister. It's bare (very/much) fucked"</i> (Student Participant : LPI)
<i>"was a whole mixed bag of events in the life of the child ... because of a lack of finances or a lack of basics what you would expect in a home of a particular child"</i> (Education Professional : PI)
<i>"I have two young babies at home and I look after my older daughter's baby so I can't find the time to help"</i> (Parent Response : PPQ)
<i>"after my dad died, I thought I could do what I want because there was no-one to stop me"</i> (Student Participant : LPI)
<i>"she got fucking pregnant without fucking getting [married] yeah because of her I'm getting a bad name"</i> (Student Participant : LPI)

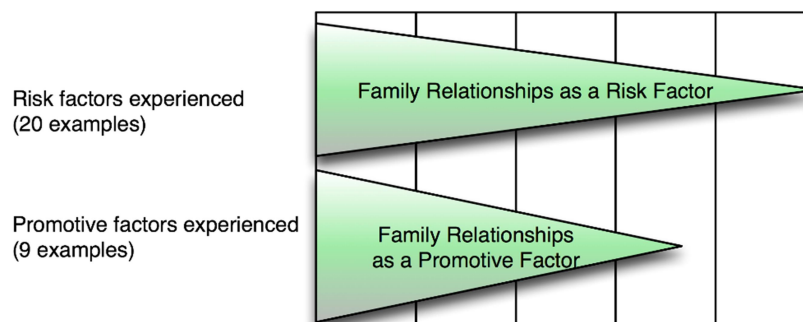
Key: LWA – Student Writing Activity; PPQ – Parent Participant Questionnaire; TR – Teacher E-mail Response; DA – Document Analysis; PI – Education Professional Interview.

Figure 1. Factors in the etiology of childhood maladaptation.



Areas 1 through 4 are double risk factor intersections; areas 5 single factor family risk intersections, areas 6 single factor in-person risk intersections, areas 7 through 10 are tri-factor internal and external risk intersection; area 11 internal and external high-risk intersections. Source: (Deklyen & Greenberg, 2008)

Family Relationships



Comparison between risk and promotive factors experienced

Figure 2: Risk and Promotive Factors