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Celebrating
Dissertation
Success

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Editorial –
Celebrating Dissertation Success

SPARK is a peer-reviewed journal providing space for Liverpool John Moore's University Education and Early Childhood Studies students to publish high quality undergraduate work. This is the first issue of SPARK in 2024 and the first issue under the new editorial board of staff editors Aisling Culshaw and Sarah Yearsley.

The latest issue of SPARK celebrates dissertation success and showcases the diverse research themes that students have engaged in during their final year dissertation process. The aim of the issue is not to publish students research in full, but instead to provide a summary of their research process, followed by an exemplar of their original work. Students were also invited to provide a short 'r*eflection point'* where they could share any pieces of advice or top tips to future dissertation. We hope that future researchers will find the research summaries, exemplars and reflections as useful aides in their own research journey.

Both Ais and Sarah are active researchers and are both nearing completion of their PhD thesis'.

Ais is examining the relationship between trauma informed practice in schools and the impact this has on behavior management strategies.

"Since the inception of the original ACE (Adverse Childhood Experiences) study almost three decades ago, awareness continues to grow on the impact of adversity and trauma on the developing child, not just in their formative years but throughout adulthood. In the United Kingdom a response to the impact of trauma and adversity is the adoption of trauma informed practices in people facing services such as health, social care, prison reform and most recently education. In relation to education, trauma informed practice seeks to promote the holistic wellbeing of every child. It is seen as a possible remedy to reducing managing behaviour through punitive measures and focusing on restorative practices. Trauma informed practice also seeks to reduce school

exclusions and the likelihood of vulnerable children entering criminality and the school-to-prison pipeline. However, the definition of being trauma informed in education remains ambiguous, and without any clear policy directive at government level, it is at the discretion of schools to engage in practices that align to the trauma informed paradigm. My PhD research, uses existing literature and a case study narrative enquiry approach to seek out the views and perspectives of school staff who actively engage in trauma informed practice The intent of the research is not to challenge the mere 'application' of trauma informed practice but rather to consult with those who actively engage in and interpret the concept in practice".

(Ais Culshaw, Staff Editor)

Sarah is looking at the experiences of higher education students who have seriously considered leaving their degree programme but who ultimately remained and completed, to consider a holistic interpretation of retention models for HE.

"The importance of undergraduate student retention is a central concern for universities worldwide (Aljohani, 2016). It is a policy priority within UK Higher Education for moral, legal and economic reasons. Attrition presents a financial concern to universities and is a considerable personal cost to the individual student, which is sometimes overlooked. It can have a significant and detrimental impact on the individual student; not only negatively effecting prospects in terms of employment, but also on the enhancement of social and cultural capital, a greater level of health and a commensurate standard of living. Research suggests the decision to leave university can be difficult, long, and often anguished; with lasting impact on the life of the 'dropout' (Thomas, 2012). Attrition data often quantifies this to a single reason. However, there are typically a number of inter-related factors that determine an individual's ability to complete their programme of study (Bradley, 2017).

My doctoral research delves into the intricate landscape of student retention in higher education, offering a comprehensive examination using multi methods to embrace the nuanced experiences of individuals who contemplatively pondered departure but ultimately chose to persist. Recognizing the *multifaceted nature of this phenomenon, the study employs a holistic approach that illuminates the psychosocial, institutional, and academic factors that contribute to the retention puzzle. By examining the lived experiences of students who seriously considered leaving but ultimately stayed, the research aims to provide a richer understanding of the interplay between individual motivations, support structures, and institutional dynamics.*

My research uses a philosophy that 'leaving is not the mirror image of staying' and moves away from the current deficit model. It is hoped, this research's findings will contribute to the theoretical underpinnings of retention studies and offer practical insights for higher education administrators and policymakers. By recognizing and addressing the unique challenges faced by students on the brink of departure, institutions can refine their strategies and interventions to foster a more supportive and inclusive learning environment."

(Sarah Yearsley, Staff Editor)

As we are both actively engaged in our own research, we understand the value of peer support. We hope that this issue will help students to seek comfort and support from the work and guidance of past students.

The papers in this issue showcase the various topics students within EECS have covered in their research.

Caitlin Slater examined how assessment and identification is used to support children with special educational needs and disabilities in early years settings, and how settings meet the needs of children and their families both pre and post diagnosis.

Cait Swan-Shaughnessy explores the complexities associated with the current Relationships and Sex Education curriculum.

Emily Hanley presents research on young adult carers’ experiences of higher education, specifically focusing on the support in place from higher educational institutions.

Lauren Grieve uses published literature to understand how educational provisions can be made for pupils with HUWE1 Intellectual Disability (ID)

Lucy Peters investigates the impact of the COVID-19 pandemic on teaching professionals in primary school settings in Northern Ireland.

Call for Student Editors

As a team we are keen to increase the number of issues produced at SPARK but for this to be possible we would like to invite students to enrol as student editors. If you are considering a career in academia, planning postgraduate study, or indeed just intrigued to see what goes into the publication of an academic journal, this is an opportunity for you to learn more.

If you would like to find out more just drop us an email at SPARKjournal@ljmu.ac.uk

Please let us know what you think of this issue of Spark. If you are interested in publishing in Spark please go to our online journal space at http://openjournals.ljmu.ac.uk/spark Create a login and upload your work for consideration by the student staff editorial team.

If this issue of SPARK has inspired you to submit your own work to be published or if you would like to join the editing team, please feel free to contact us at: SPARKjournal@ljmu.ac.uk

Caitlin Slater

BA (Hons) Early Childhood Studies.

Assessment, identification, and support of special educational needs and disabilities in early years settings.

Abstract

The primary focus of this research was to explore the assessment, identification and support of special educational needs and disabilities in early years settings, and how educational settings treat and support children going through this process and post-diagnosis. This research was conducted in Liverpool, England with data being gathered through speaking to parents of children with confirmed ASD, reflecting on their experiences of the process of obtaining the diagnosis for their children. The methods for this research include online one-to-one interviews with myself and the parents of the children, where they confided in me their personal experiences and how they themselves and their children were supported in this process. The key findings of this research include a lack in levels of support for the most part from the professionals including during the process and post-diagnosis process for children and their families. Equally as important, support networks have been found to have been a significant support for parents especially, where they can gain advice and recommendations from other parents experiencing similar processes. This research concludes that higher levels of support must be provided for parents and their children during and after the diagnosis process of ASD, including treatment options like early intervention and therapies being offered due to its proven success. More importantly, professionals must acquire deeper knowledge and understanding of ASD and how to support those with the diagnosis and through this process. The recommendations for further research include using a bigger sample size of participants worldwide to gain a more accurate contextual analysis along with investigating professionals to establish their perspectives to find gaps in knowledge to fill this with additional training to solidify this knowledge.

Introduction

The topic for this research was to establish the assessment, identification, and support given to children with special educational needs and disabilities in educational settings within early years. The study looked at parents' views of support for both them and their child, and their experiences of that support whilst going through the difficult process of an ASD diagnosis, which was collected using online one-to-one interviews with the six parents of the children.

The aims of this study aid in narrowing down research, with these aims including exploring parental experiences of the process of an ASD diagnosis, identifying the policies that are in place for practitioners to understand to enable them to support children with confirmed ASD or in the process of diagnosis to the best of their abilities, and establishing the role of early years practitioners in assessing and supporting children with SEND, and how their suggestions regarding early intervention have benefits for the children.

Disability is defined as *‘persons who have long-term physical, mental, intellectual, or sensory impairments which may have substantial and long-term effects on their full effective participation in society and ability to do normal daily activities’* (Gov.uk, 2010).

The Subject Benchmark Statements (2022) state that Early Childhood Studies enables its students to gain the knowledge to facilitate the rights of children in actively participating in their worlds. This knowledge enables advocacy for the voice, needs, development and learning, and rights of children, while promoting inclusivity in education and society with the recognition of children’s individuality (QAA, 2022). The degree focuses on research and professional practice from various areas, education, social work, sociology and psychology, cultural studies, politics, neuroscience, legal science, health, and philosophy. This degree has helped me gain imperative skills to progress to the career I aspire to have in the future, working for the Department for Education being a policy advisor, developing and implementing policies in education to ensure equality for all children and that everyone has a happy, safe environment to learn in.

The Early Years Foundation Stage (Department for Education, 2021) plays nicely into this research, as the framework states that children with special educational needs must have providers having arrangements integrated to identify the individual needs of each child to ensure the child gains the best support possible. This is the reason that I aim to ensure that I can help children to get the support that they need to excel in themselves and sprout as individuals.

As stated by the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006), opportunities for people with disabilities aim to be enhanced in all areas of society, with the belief that everybody should be as equally entitled to their rights as an individual. The focus of this research uses article 24, which states that all disabled children are guaranteed a right to participate in all forms of mainstream education, with access to the appropriate support for each individual need they may have.

Main Body

Throughout the review of the existing literature, various topics on ASD are unravelled. This begins with the models of disability to help define what ASD is. Autism Spectrum Disorder is classified as a refined group of neurodevelopmental disorders. This group contains autism, pervasive developmental disorder, also known as PDD-NOS, and Asperger's syndrome, commonly known as AS. The new diagnostic criteria for an ASD diagnosis have a more extensive focus on two domains; impairment of social communication, and lack of interests or behaviours that are consistently repeated. The Diagnostic and Statistical Manual of Mental Disorders, commonly known as the DSM-5, established its fifth edition of the manual which newly identifies ASD by submerging all the subcategories that had been previously under the umbrella of diagnosing ASD in 2013. In this updated edition of the manual, all children had to display two or more symptoms of ASD to obtain the diagnosis, whereas in the previous edition, DSM-4, only one symptom was required for a diagnosis. Seemingly, this caused uproar among parents fighting to obtain the diagnosis for their child as this shift from DSM-4 to DSM-5 made the diagnostic process much more difficult and much more of a lengthened process due to many children only displaying more than one symptom as they grow older.

The three models of disability; social model of disability; medical model of disability; biopsychosocial model of disability, all guide the communication and knowledge of professionals and policy makers in ASD. The social model of disability was developed to identify systematic barriers, social exclusion, and derogatory attitudes in individuals that tend to make disabled individuals struggle to attain their valued attributes. Furthermore, this model creates an understanding that disability has been created by society, as disabled individuals face barriers that non-disabled individuals would not in terms of obstructions from simply living in society the same way as everyone else. Overall, the model indicates the issues with disability stem from a disabled individual trying to live their life in an inaccessible society and environment.

The medical model of disability links the diagnosis of the disability to the physical body of the individual, therefore displaying its biomedical perception of disability. In this way, the model suggests that disability or illness is the result of a physical condition, that it is part of an individual's body, implying that it is intrinsic to the individual themself – where this may reduce the individual having a positive quality of life and provide the individual with various distinct disadvantages with most things that the individual does. This model is viewed as problematic and has been consistently criticised for viewing impairment as the most important part of an individual, suggesting that the model views the individual as helpless in not doing anything about their disability, which is completely unjustified, and disability does not define an individual.

The biopsychosocial model of disability views disability as the state of a person's health combined with society being their environment they're surrounded by. As a model, it emphasises the interconnectedness between psychological, biological, and socio-environmental factors, where the model can especially be applied to health. An importance for maintaining wellness in all aspects of life is hugely demonstrated with this model. Importantly, the model incorporates both the medical model and the social model of disability, with this model accepting the factors that affect disability discrimination, along with the negative societal reactions and attitudes to impairments in individuals.

These models of disability have shaped the thinking and understanding of ASD to the present day, however, these models also fail to sufficiently explain differences in the meaning of autism.

Many policies are in place for children with ASD in education with the intent to provide as much support as possible for their educational achievement and journey. The SEND Code of Practice (2015) is a set of guidelines laid out by the Department for Education, which all local authorities and educational establishments must be legally consistent with the guidelines to ensure a safe and content environment for all children to be able to thrive in. The purpose of this policy is to promote and ensure equality and non-discriminatory individuality within education. Various acts and policies are intertwined within the SEND Code of Practice; some of which include the Equality Act (2010) and the Children and Families Act (2014). All these policies are imperative in enabling a supportive environment for children with disabilities to thrive in and achieve their best version of their individual self, both academically and personally.

For the research, I obtained my data through a qualitative research approach, using interviews of parents of children with either diagnosed ASD or on the pathway to diagnosis. I mainly chose this method as qualitative research is an inquiry process of an understanding, and with this topic of research, interviews appeared to be the most effective method of data collection. Concluding my interview data collection identified some key themes for me from parents before, during, and after the process of ASD diagnosis; very little support and knowledge was provided by various professionals to most of the parents, the signs and symptoms of ASD that vary for every individual child; the very little communication from professionals to most parents during the diagnostic process; the many challenges that parents face when fighting to obtain an ASD diagnosis; support networks, such as support groups, for parents during and after the diagnostic process which many parents found useful and made them feel less lonely during the difficult time period.

Conclusion and Recommendations

The implications of the study revealed that 80% of the participants had multiple children diagnosed, and 20% had only one child formally diagnosed. In most cases, for parents that have multiple children but only one child diagnosed, there is a very high likelihood that more of their children also have ASD but are undiagnosed or on the pathway at a later stage. The participants conveyed the importance of parental voice in the process and gaining the emotional support and knowledge of ASD from professionals. Unfortunately, most of these parents had very little of these. The signs and symptoms have been found to differ in every child, especially when there are multiple ASD children in one family, their symptoms tend to be completely opposite to one another, as seen in all the interviews. The interviews also uncovered that when the school initiates the diagnosis process, the diagnosis seems to be obtained much quicker than when parents initiate the process, leaving the parents fighting for a diagnosis. During the process, there are many professionals involved throughout, for half of the participants, they had communication with many of these professionals, whereas the other half had very little to no communication from most of the professionals at all, making the process much more difficult for a lot of parents. Consistency, transparency, and communication were found to be imperative for all parents during the process. This ensures a smoother, less stress-inducing process for the parents, their children, and the professionals. Lastly, the data confirms the mostly positive feedback of support groups for parents. Parents were found to feel less lonely and more like a community when attending these support groups, enabling them to create bonds with other parents going through similar processes and they can all share knowledge of ASD and coping mechanisms through these support groups.

There is a wide variety of possibilities for future research in this area. Firstly, a wider sample size could be used along with a larger geographical catchment area. This can help the researchers to condense the findings to a more accurate analysis by using more participants from various backgrounds, as the more experiences the researcher can analyse, the better for the understanding of the study. Proceeding with this approach, researchers will be able to compare the support levels and the process of the diagnosis in categories of location, parent perspectives, and professional perspectives. Following this, a range of professionals could be included in studies similar in future research. This can help indicate how different professionals establish levels of understanding and knowledge of ASD and how they are able to offer support to children and their families in the diagnosis process and after official diagnosis is obtained. Alongside this, investigations can be conducted on the level of understanding of the importance of early intervention and therapy support treatments to offer support plans for children and their families to ensure they can have a more tranquil quality of life despite the challenges of the diagnosis. Furthermore, the possibility of additional compulsory training being integrated within the workplace and within the curriculum when studying to become a professional may ensure a more secure level of knowledge along with understanding of supporting children and families with an ASD diagnosis.

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Exemplar Section

A section of the Literature Review has been added as an exemplar.

Theoretical context and influences

With ASD, the understanding and knowledge of the disability has changed a lot over the years, especially when it comes to classification of what ASD is, and with various models of disability to help define ASD. Autism Spectrum Disorder, more commonly known as ASD, is classified as a refined group of neurodevelopmental *disorders (National Institute of Mental Health, 2022). This group includes autism, pervasive developmental disorder not otherwise specified, known as PDD-NOS, and Asperger's syndrome, known as AS. There is a new diagnostic criterion for ASD, which has more focus on the two domains, impairment of social communication, and lack of interests or behaviours being repeated (American Psychiatric Association, 2016).*

In 2013, the Diagnostic and Statistical Manual of Mental Disorders, known more commonly as the DSM-5, established its new fifth edition of the manual. This manual newly identifies autism spectrum disorder by submerging all the subcategories that were previously under the umbrella diagnosis of ASD. The DSM-5 manual eliminated all separate diagnoses to create one continuum, meaning that Asperger's, autism, and pervasive developmental disorder (PDD) are under this manual, no longer a category in the manual (Volkmar and Reichow, 2013). As said by Tanguay (2011), in the DSM-5, the children need to display two or more symptoms of ASD to obtain a diagnosis, whereas, in the DSM-4, they only had to display one symptom. This may cause an uproar among parents that are fighting to gain a diagnosis as it may make it more difficult to diagnose the children and may only be able to diagnose at an older age when they may display more symptoms (Barnhill, 2013). The shift from DSM-4 to DSM-5 was going from a triad to a dyad of impairments, meaning that the criteria went from requiring three areas of difficulty, in this case, being a lack of social interaction, lack of social communication, and a lack of social imagination (Mahjouri and Lord, 2012). Where the two areas of impairment are now the lack of social communication and social interaction are combined as one, with the other remaining as the lack of social imagination (Nicholson, 2012).

ICD-11 is the updated version of the 1994 ICD-10 and was established in 2019. In this new manual, the criterion for diagnosis is two symptom domains which include sensory sensitivities, where in the ICD-10, three symptom domains were required (Whitwell, 2020). This is one of the few differences between ICD-11 and DSM-5. The DSM-5 codes are used as diagnostic purposes and treatment for conditions of the codes, while DSM-5 codes are used for reimbursement purposes (van Steensel, Bögels and de Bruin, 2014). In the ICD-10, ASD is split into three subcategories, whereas ICD-11 like the DSM-5 had eliminated these subcategories and based ASD *diagnosis on variability of the symptoms, how the children display these symptoms, and the severity of the symptoms in the children to define the severity of the spectrum diagnosis (Kelley, Cardon and Algeo-Nichols, 2015). DSM-5 and ICD-11 have many similarities. In both, the age of onset for diagnosis is removed completely, giving flexibility in the age range of when a child 'should be' diagnosed, where in the ICD-10, the age was onset by three years old (). With this, both DSM-5 and ICD-11 provide room for co-occurring diagnoses to be allowed alongside the ASD, where in the ICD-10, it was comorbidity exclusions, meaning that the autism was the primary disorder in the child with the increased likelihood of additional health complications (Al-Beltagi, 2021). The DSM-5 has been argued to provide more accuracy in obtaining a diagnosis due to operational criteria being used, and there is significantly more research and resources available to go into creating the classification for DSM-5 than ICD-10, which received very little funding (Tyrer, 2014).*

There are three models of disability; social model of disability; medical model of disability; biopsychosocial model of disability, which guide the knowledge and communication of professionals and policy makers (Buntinx and Schalock, 2010). The social model of disability was created in the 1970s by activists that were from the Union of the physically impaired against segregation, known as UPIAS (Foundation for People with Learning Disabilities, 2016). This theory was developed to identify systematic barriers, social exclusion, and derogatory attitudes in people which tend to make it more difficult for disabled individuals to attain their valued attributes (Davis, 2017). This model is the understanding that disability is something that has been created by society. This is because individuals who have disabilities face barriers that obstruct them from simply living in society the same way that non-disabled people do, as there are various barriers that disabled people face in our society, and it has been this way for years (Burchardt, 2004). This particular model is dynamic, and it is said to be effective as it focuses on the barriers, and along with this, suggests solutions to said barriers. With this, the model maps out an approach that results in inclusion and equality, which is supposed to benefit society as a whole, and not just, particularly for disabled individuals (Samaha, 2007). An example of this model seen in action would be an individual who needs a wheelchair who needs to get into a building where there is a step at the entrance, the model would view and recognise the problem with the building and not the *individual and would add a ramp to make the building accessible for everyone (Scope, 2014). There are multiple strengths to this model. Firstly, the model helps us to recognise the barriers that make life more difficult for disabled people and gives the understanding that removing these barriers would create equality, therefore, offering disabled individuals more choice, control, and independence in all aspects of their life (Barnes, 2012). Also, the social model of disability says that disability exists within the interaction between the individual with any disability and the rest of society, whereas the medical model of disability says that disability is the person with a disability, and it is their own individual problem. This indicates that issues with disability stem from someone with a disability just trying to live their life in an inaccessible environment and society (Hughes, 2010).*

The medical model of disability is a biomedical perception of disability, which links the diagnosis of disability to the physical body of the individual. The model believes that illnesses or disability is the result of a physical condition and that it is part of the individual's own body, meaning that it is intrinsic to the individual (Silvers, 2009). This may reduce the individual's quality of life by causing very distinct disadvantages to the individual in most things that they do (Shyman,2016). This model is seen as problematic, as it has been frequently criticized for seeing impairment as the most important part of the individual. This suggests that the model is saying that the individual is helpless in doing anything about their disability, which is completely unfair, as disability does not define an individual (Smart, 2009). The model has also been described as deterministic, due to its suggestion that a particular problem will always mean that a person will not be equal in society, which again, is unfair (Waltz, 2008). An example of where this model is seen would be someone stating, "they can't read that book because they are blind", which shows the negative association and attitudes of people toward individuals with a disability (Retief and Letšosa, 2018).

Reflection Point

My biggest point for success from my research and writing experience would be to start planning and organising as early as possible. This helped me massively when conducting my research and writing the dissertation, as I felt in control of my work, especially having this to write on top of other assignments. Next would be to keep a record of all your readings and notes to reference in the writing, as it would prove very difficult if the readings and notes were not recorded and would be difficult to rediscover. This adds to the level of organisation that would massively increase the chances of achieving a higher grade. Additionally, as important as organisation, always remember to back up your statements with references to wider readings, so the reader knows where the point you make has come from. Another important thing to remember whilst writing is to constantly refer to your research aims and research questions to remind yourself of the reasons you are conducting the research and to answer the research questions. Lastly, your supervisor is your best friend through the process! Remember to utilise the support and feedback from them, that is what they're there for after all! Stay confident whilst researching and writing and the chances of success will be greater!

CAITLIN SWAN-SHAUGHNESSY

Education Studies and Early Years student

Relationships and Sex Education in the 21st Century. Working towards a child-centred approach.

Abstract

This dissertation seeks to determine if the RSE curriculum in 2023 is effectively developed to suit the demands of students by using critical theory. The public and theorists have divergent views on The Children's and Social Work Act of 2017. Concerns about age-inappropriate themes being taught in the school have recently sparked public criticism, which has worried lawmakers and educators. Due to the delicate nature of the subject, the public domain has consistently had negative perceptions of RSE. By using historical methodologies, I will demonstrate this and show how current legislation can still cause problems in the 2023 curriculum. Additionally, it will use quantitative data to understand the perspectives and worries of parents and teachers to demonstrate adults' perceptions of RSE in classrooms. Additionally, intersectional analyses will be done to determine how policy impacts SEND pupils. Findings suggest that oversexualisation of young people is negatively contributing to their mental health, more commonly young girls. By approaching Education from a child-centric view, this dissertation will argue how incorporating young people's views it is possible to uncover systemic problems that need to be repaired by taking into account the opinions of young people.

Introduction

In 2019, Relationship and Sex Education (RSE) became mandatory in all UK school's curricula following the implementation of the Children's and Social Work Act (2017). Health Education is now compulsory for all schools. Secondary schools are expected to provide Relationship and Sex Education and primary schools should partake in Relationship Education. RSE holds no official definition, but it can be loosely defined as providing young people with the tools and knowledge to navigate healthy relationships safely.

The change in RSE policy was influenced by the BBC's inquiry into violence against young women in schools (2016), which reported over 5000 cases of abuse over three academic years. These findings justify worries about gender norms being reinforced within educational institutions, and changes to RSE are viewed as a suitable strategy to address these concerns. In accordance with Lieberman (2021), RSE can improve confidence, the ability to acquire healthy relationships, combat structural inequality, and prevent sexual assault. Despite this, there are concerns over the ambiguity of the guidance provided, as policymakers believe RSE should be structured to affiliate with the school's ethos and values. Consequently, a lack of curriculum leads to disparities in the content schools provide and risks teaching value-based education rather than evidence-based education. Setty and Dobson (2023) suggest that current government guidance is contradictory in discourse, still structured by adult-centric, heteronormative values, and does not encompass any relevant content for a 21st Century classroom. This is widely believed to be a direct response of Section 28 of the Local Governments' Act 1988, which banned the discussion of LGBT+ relationships within the classroom.

The main aim of this dissertation is to investigate whether current RSE is suitable for a 21st century classroom: Is current policy and guidance in favour of young people's well-being? RSE is well placed to engage students in these conversations as a form of prevention, and managing risk is the primary purpose of mandating these lessons. Despite this, there is a growing amount of research highlighting disparities in teaching content (Cumper et al., 2022), lack of inclusion for SEND and LGBTQ+ students (Carlile, 2019; Gill, 2012), and overall, a lack of a child-centred focus within policy and curriculum (Setty and Dobson, 2022; NSPCC, 2023). It is these disparities that will be addressed throughout this dissertation, with the hopes to understand the current state of the RSE being taught in the UK.

Chapter 1: Historical Approaches

This chapter looks at RSE from 1890-1997. It shows how RSE content has had a dramatic shift from abstinence to acquisition from the 20th century until the millennium. It is evident that moral consensus dramatically impacts public perceptions of RSE content. Content provided was not evidence-based nor aimed at improving health and education outcomes for young people. For the most part, RSE has been historically embroiled in fear. Restricting students from obtaining critical information actively prevents them from making informed choices about their bodies. There has been a consistent link between sexuality and concerns of moral corruption, which has in turn, exacerbated the acquisition of factual knowledge. A significant amount of evidence suggests that the implementation of Section 28 has had a long-lasting impact on teachers (Cumper et al., 2020). For years, the importance of RSE went under-researched and was not thoroughly scrutinised, leading to generations being insufficiently provided with tools to develop healthy relationships and sexual identity.

Chapter 2: Recent Policies

The Teenage Pregnancy Strategy (TPS) proves that evidence-based strategies are indispensable for successful intervention. Although, TPS is the only strategy that has deployed such initiatives- it was the only one to successfully halve teenage pregnancy rates in the UK. Further research has accredited this to being well-informed policymaking. However, it has been heavily arraigned for negatively promoting the ongoing stigma against teenage mothers in the UK.

The BBC Inquiry and the findings within the Papadopoulos Report, there is a need to call attention to the extent of violence against girls within the UK. These findings arguably show that tackling systemic issues should be a focal point of RSE policy, as the true extent of the issue can only be larger than it currently appears. The success of Sexwise highlights that young people take an active role in obtaining healthy relationships and sexual health discourse, most notably young men. Having an informed website that addresses systemic issues could positively impact the current climate that perseveres to endanger young people’s existence. In addition, further research is needed to successfully identify what approaches can be taken to prevent further over-sexualisation of children, especially as we move into an expanding digital age.

Chapter 3: Teacher Backlash

This chapter shows that there is a correlation between teachers' confidence and the positive engagement of pupils in RSE delivery. Research suggests that students can establish when a teacher is uncomfortable, thus leading to disengagement. Further findings recognised inconsistencies in content as RSE is not seen as a proper lesson but rather a way of filling up teaching hours. Teachers often wish for specific qualifications and more government guidance, as many delivering lessons had no specialist knowledge. In addition, students also wanted lessons delivered by highly trained and knowledgeable people who were not embarrassed discussing content. Stonewall’s (2021) quantitative survey showed that 28% of secondary school students reported they had not learnt anything regarding LGBTQ+ issues. This can have disastrous consequences on LGBTQ+ students as a heteronormative curriculum can isolate these students, leading to disengagement. This exacerbates the danger of engaging in risky- sexual behaviour. This is thought to be the long-lasting consequences of Section 28 being felt in our present day.

Chapter 4: Parental Backlash

Tensions between parents and the new RSE curriculum led to parents leading protests outside multiple schools across the country. It is widely understood that RSE content should be culturally sensitive and appropriate. However, concerns amongst religious groups have been a prominent issue in relation to RSE. This was seen in concerns in Muslim communities across Birmingham which arose due to sexuality being recognised as being exclusive to adulthood, and not coexisting within childhood. In 2023, Prime Minister, Rishi Sunak vows to reevaluate the current RSE curriculum over concerns of it not being ‘age-appropriate’. Serious issues arose around these vows as it is shrouded in subjectivity, and once again spurs anxiety for teachers on what content should be provided. It is essential to consider that for many adults, the climate of sexuality in the 21st century might be considered outlandish. There has been a dramatic societal shift in terms of revolutionising sexuality, gender, and women's right within the past decade.

These conversations have already undoubtedly spilt on school grounds between peers as research suggests children receive most of their knowledge from friends- this can undoubtably have dangerous consequences as they are not equipped to educate each other efficiently.

The media undoubtably made this situation worse as news-based media has a significant role in shaping public agenda and political discourse. It has been suggested that most media on this topic contributed to an anti-teacher narrative that diminishes the character and professional responsibilities they are expected to carry out.

Chapter 5: The Digital Age of sex

It has been well understood that conversations around sex with young people are minimalised to protect their childhood innocence. However, the statistics of child abuse and the hyper-sexualisation of children, particularly young girls, may be seen in every type of media consumed in the UK. Educating and raising awareness of sexuality discourse in schools is essential for protecting our children as consistent exposure of images is transmitting unrealistic standards of young people. These unrealistic beauty standards can manifest as eating disorders, low self-esteem, depression and has negative effects on cognitive function.

Alongside this, the NSPCC has made clear that many young people have been accessing porn sites before the legal age of 18. This highly concerning figure led to the Online Safety Bill (2021), aiming to prevent young people accessing inappropriate material. However, inappropriate material may come from peers at school. Many young people wish to have more content in RSE sessions on sexting. Research shows that many young people are not aware that it is illegal for those under 18 to send explicit photos. This is highly concerning and needs to be more thoroughly addressed in schools for child protection.

Chapter 6: SEND Students

Evidence suggests that SEND children are more frequently excluded from conversations around sexual health despite statistics showing they are twice more likely to experience sexual violence, STDs, and unwanted pregnancies. Although United Nations on the Rights of Persons with Disabilities (2019) article 24 acknowledges the importance of SEND individuals receiving the same range, quality, and standard of healthcare, including sexual and reproductive health. Despite this, there are mitigating circumstances that prevent this from being possible for many SEND provisions. RSE is commonly delivered in a single or a few sporadic sessions throughout the year, which is not suitable for neurodivergent students who struggle to grasp new concepts. Evidence suggests that SEND children are also more likely to be absent from these lessons or that insufficient time is given for identity exploration. Not to mention school are allowed to be fluid with their approach to these lessons to what they deem appropriate, adding extra disparities in content provided nationally. There is an obvious need for additional research on models and approaches that teachers and SEND practitioners can utilise within teaching as SEND individuals are considered a vulnerable population in terms of sexual health and wellbeing.

Discussion

RSE is a complex topic, as there are many competing interests that must be considered. The results show that it is difficult to protect the rights of the student, the teacher, and the parents when dealing with a subject that is so contentious. My research shows that there has been a lack evidence-based research in terms of policymakers. There is an extensive amount of literature which identifies how curriculum could approach more current issues within lessons but due to a lack of curriculum, none of these will be put in place until then.

Qualitative research also shows teachers are still dealing with the effects of Section 28 more than 20 years after the law was repealed. I believe that this demonstrates that there is still a heteronormative curriculum in place because many teachers would prefer not to bring up the subject out of fear of criticism. Qualitative research supports this as many students did not learn about LGBTQ+ topics. Historical content is primarily rooted in ideals of moral traditionalism, which push for traditional nuclear family values under the ideas of Christian beliefs. I agree that RSE should always be approached in a sensitive manner, but if LGBTQ+ topics are not discussed, queer students are put at risk as their well-being is not understood or supported.

However, there is widespread criticism that this is improper for children from religious families. If this is not addressed, I believe history will repeat itself in terms of antipathy towards those who do not conform to social norms. To address this, individuals in the pedagogical space must recognise the significance of inclusive practise that includes themes of representation and relaying factual knowledge in order to satisfy the needs of queer students and demolish homophobia in a broader societal arena. Furthermore, research is required to establish curricula that promote mutual understanding and tolerance for affiliated ideas.

Fear has clearly shaped RSE for a long time. It was the fear of STDs and social isolation in the 1950s, the fear of HIV in the 1980s, and the fear of adolescent pregnancy in the New Labour movement. It is in my opinion that more research on how to establish a curriculum that focuses on self-love and autonomy rather than fear is urgently needed.

Along with this, more work needs to be done to address the sexualization of young girls in our society. It is my conviction that the media's portrayal of women via the ‘male-gaze' lens has caused young girls to accept that women are expected to be sexual in order to be desired by men. Adultization distorts young people's perceptions and encourages them to mimic this behaviour. While some think that the problem is too pervasive to effect meaningful change. Improving digital literacy, providing positive role models for adolescents, promoting gender equality, and developing an obligatory statutory RSE curriculum are all steps towards assisting young people in navigating the world in today's climate.

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Exemplar section

Discussion

This study has investigated a wide variety of themes to advance an understanding of the subconscious systemic issues that are preventing the development of RSE discourse. Research exhibits that efforts have been primarily focused on curing social problems by executing preventative paradigms. These efforts have shown sparse levels of effectiveness when addressed from a whole-school approach. RSE is a complex topic, as there are many competing interests that must be considered. The results show that it is difficult to protect the rights of the student, the teacher, and the parents when dealing with a subject that is so contentious. The historical approaches set out a curriculum that fundamentally encouraged compliance to gendered social norms. While there have been some advancements in the curriculum, there is much more to be done in addressing systematic issues, which will be further discussed in this chapter. The research uncovered has been to address the proposed research aims and objectives (i) How have historical approaches to RSE influenced the curriculum we see today? (ii) Is current policy and guidance in favour of young people's well-being? (iii) How has mandatory RSE affected teachers and parents respectfully.

By looking through a historical lens, I was able to gain some insight into how the curriculum evolved into what we see today. My research findings suggest that historical approaches to RSE moved away from strictly health-based content to address concerns of high sexually transmitted diseases. The reduction of STD rates has been a consistent focal point throughout the history of RSE as a means to promote abstinence. This model is still seen today in abstinence-based and comprehensive sex education programmes. I concur that educating young people about STDs is a crucial aspect of giving them the resources and information they need to make healthy sexual choices. But in agreement with Brandt (1988), using it as a scare technique creates a negative and unhealthy image of sex, and accurate information is essential for students to make informed decisions.

Qualitative research also shows how teachers are still dealing with the effects of Section 28 more than 20 years after the law was repealed. I believe that this demonstrates that there is still a heteronormative curriculum in place because many teachers would prefer not to bring up the subject out of fear of criticism. Qualitative *research conducted by The Sex Education Forum (2021) supports this as 28% of secondary school students did not learn about LGBTQ+ topics. Historical content is primarily rooted in ideals of moral traditionalism, which push for traditional nuclear family values under the ideas of Christian beliefs. I agree that RSE should always be approached in a sensitive manner, but if LGBTQ+ topics are not discussed, queer students are put at risk as their well-being is not understood or supported. It is of my opinion that raising levels of tolerance to different lifestyles can only begin if these issues are addressed openly and honestly. This has been contributed to lowering the risks of social isolation and homophobia (Strange et al. 2002). One such way of tackling this problem is by introducing Queer Theory into the curriculum. The theory aims to challenge heteronormativity in the curriculum by including LGBTQ+ history and content in school provisions (Pinar, 1998). However, there are concerns that this approach does not adhere to cultural understanding. Nevertheless, evidence suggests that this contributes to raising awareness of systemic issues and has been argued to be the only way to tackle homophobia within the curriculum. Although, there is heavy criticism that this is inappropriate for children from religious backgrounds. I believe that if this is not addressed, history will only repeat itself in terms of not addressing hostility towards those outside the social norm. To overcome this, those in the pedagogical space must be aware of the importance of inclusive practice that encompasses themes of representation and relaying factual knowledge to meet the needs of queer students and dismantle homophobia in a broader societal sphere. Additionally, research is needed to develop curricula designed to provide mutual understanding and raise tolerance for affiliated beliefs.*

Limitations

As with any research there are limitations to this study which must be addressed. Firstly, as this is a desk-based study, it is important to consider that the research used was not intended to answer my research questions, which may affect the validity of the findings. To prevent this from happening in the future. Research could be conducted empirically. Furthermore, there is a lack of research in areas such as SEND inclusions and historical approaches to RSE. Additional research is needed in this area.

Reflection

If I could offer one piece of advice for dissertation students, it would be to start early. Choose a topic you are passionate about and just research it, start by just making notes and go from there. I started researching leisurely in September and by the end of November I had already had a mass of information to work with and the hardest thing was prioritising what information I wanted to include. Ensuring you meet regularly with your supervisor is also great as they can offer great feedback on how to set out your structure your chapters, which for me was daunting to tackle. As I was passionate about my topic, it never felt like a chore. Some chapters were hard to find literature for, but I would have much rather taken more time to find papers, then pick a topic with excessive literature but I did not enjoy researching.

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BA (Hons) Education and Special Educational Needs

An exploration into the support that places of Higher education provide young adult carers, in an attempt to evaluate the effectiveness and increase awareness and support.

Abstract

This report presents research conducted into young adult carers' experiences of Higher education, specifically focusing on the support in place from Higher educational institutions. Young adult carers are a large population that is often overlooked and unstudied, with both support and research gaps that require addressing. Qualitative research, consisting of questionnaires and semi-structured interviews, has been utilised to obtain the findings of this study. These have then been analysed using thematic analysis. The research findings indicate differing experiences of young adult carers in higher education, which could link to the inconsistencies in support identified. Some young adult carers receive sufficient support from their place of higher education which benefits their experience. However, others receive inadequate support, or in some cases no support. Concerns have also been identified regarding many young adult carers being unaware of the support available in higher education. Young adult carers should be acknowledged and prioritised, with a compulsory structure of support followed by all places of higher education, to ensure all receive consistent and sufficient support no matter the Higher educational institution they attend. This support must be communicated to young adult carers in higher education to ensure they are aware of it and can access it if needed.

Summary of Research

Introduction

This research explores the experiences of young adult carers (YACs) in higher education (HE), particularly focusing on the support offered and provided for these individuals by their HE institutions. Due to caring for my Mum with cancer whilst also being a full-time student in HE, I underwent these challenging circumstances and discovered the many complications that can arise. Therefore, I felt compelled to explore further to determine whether YACs are provided sufficient support to address their needs. My primary objective has been to produce a piece of research with findings and recommendations that can influence policy and practice to ensure YACs receive appropriate, beneficial support throughout their experience of HE.

Carers Trust highlighted there to be a minimum of 376,000 YACs in the UK, asserting that ‘they are likely to be in every school, college, university and workplace’ (2023). YACs are an overlooked and unstudied population, and ‘it is time to recognize and support YAC’ (Chevrier et al. 2022). The statistic of YACs in the UK from Carers Trust highlights the great number of individuals who are part of this overlooked group, more concerning is that it is likely to be even larger due to many being YACs reluctant to identify themselves (The Scottish Government, 2018). Therefore, addressing the research gap through this research could benefit many individuals by preventing the continuation of this group from being overlooked and unstudied. Within this research, YACs are being provided with the opportunity to communicate their experiences and any concerns they may have, thus increasing the likelihood of them being acknowledged and addressed, especially as recommendations will be provided in the report. These recommendations for support being utilised would ensure that YACs in HE receive the sufficient support that they have voiced the need for, which will benefit both the participants and other YACs in HE. As will be discussed, a great amount of the current research correlates with the findings of this research, therefore, this research is contributing to what is already known through further exploration.

The aims and objectives of this research are to discover and understand the experiences of YACs attending HE, identify the support that is available for those in this situation, and explore whether the support is sufficient and whether YACs are aware of it. The research questions aimed to be answered are: What support do places of HE provide to young adult carers? Are young adult carers aware of this support in place for them? Is this support offered early enough? Is this support sufficient? Therefore, to ensure relevance, the scope of the research is YACs, defined as young people between the ages of 16 and 25 who provide unpaid care for a family member or friend with an illness or disability, mental health condition on addiction (Carers Trust, 2023), who have attended HE whilst undertaking their caring role.

Main Body

The chapters of the dissertation were as follows: literature review, research questions and aims, methodology, findings and analysis, discussion, and conclusion and recommendations.

Literature review - The literature review has been conducted to explore the existing research about the experiences of young adult carers (YACs) in Higher education (HE), predominantly focusing on the support they are provided by their Higher educational institutions. The first section focused on positive experiences and sufficient support that were highlighted throughout the research. The next relates to specific places of HE in Liverpool, conveying the support they state is available for their YAC students. Discussed lastly are the negative experiences that have been recognised through research, including the lack of support often reiterated.

Research questions and aims*.*

This study hopes to answer the following questions:

- What support do places of HE provide to young adult carers?
- Are young adult carers aware of this support in place for them?
- Is this support offered early enough?
- Is this support sufficient?

Methodology - This section discussed the methods used within the study, qualitative research methods including questionnaires and semi-structured interviews were used. It then goes on to consider the data analysis method, thematic analysis. Ethical considerations are explored, and finally the study's limitations are reflected upon.

Findings and Analysis - This chapter looked at the form of analysis used to examine the data and discussed the findings across five themes. This section can be read in full as the exemplar section chosen.

Discussion - Within this section the findings are explored in line with the literature. The themes are discussed alongside the research aims and questions with the overall experiences of the YAC placed at the forefront.

Conclusions - This chapter discussed how the research had addressed the aims and research questions developed by the literature review. The key findings from this research were that there are varying experiences of YACs in HE, which are largely influenced by the inconsistencies in the support provided. Whilst some YACs receive sufficient support, many do not, arguably making support overall insufficient as not all are benefitted. Moreover, many individuals are unaware of the support available to them which is a significant concern that requires addressing. Recommendations have been presented to address these concerns.

Recommendations

This research produced the following recommendations:

1. There should be a policy from the Office for Students making it compulsory for all places of HE to offer support to their students who are also YACs.
2. There should be a structure of support that all institutes must follow so YACs are receiving consistent and sufficient support, no matter the institution they attend.
3. This support could include ‘’timetable adjustment’’, ‘’flexibility’’, ‘’one story policy’’, ‘’carers bursary’’, and ‘’support groups’’ as recommended by the participants in the research.
4. YACs should be made aware of the support available to them and how to access it from their first day. This should be communicated to all students so those who become a carer whilst attending HE and those who have not identified themselves as a YAC are still aware of how to access support if they require it.
5. Further research should be conducted into the differing experiences and needs of those who are caring before HE and those who begin whilst attending, HE. The needs of these groups may vary, for reasons such as those who become a YAC whilst attending HE, potentially experiencing a family member to have become ill. Therefore, these potential varying needs should be identified so support can be tailored accordingly to meet the needs of all.

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Exemplar Section

The exemplar sections chosen from this dissertation was the data analysis and findings and also discussion section.

Findings and Analysis

Findings

The gatekeeper who supports YACs in HE stated his university supports approximately 30-40 YACs a year, although there will be more who do not identify themselves. The support is easy to access and includes flexibility surrounding deadlines and attendance, financial support, and being there for students if they need it. They work with carer centres supporting YACs. Students find the support to be beneficial.

He asserted there are great issues with the eligibility criteria for the carers allowance as students in HE cannot receive this. Also, there is no guidance from the Office for Students that places of HE must support YACs, meaning some places ‘’won’t and don’t’’.

Questionnaire findings

Of the 6 participants (P), 5 responded ‘’yes’’, to their education being impacted by being a YAC, and P6 answered ‘’occasionally’’. P2, 3 and 5 had to move home and miss lectures. Some of the words/phrases used by participants to emphasise impacts included ‘’stress and anxiety’’, ‘’unsustainable’’, ‘’most days were disrupted’’, ‘’felt almost impossible’’, ‘’overwhelmed’’, and ‘’worried’’.

The participants were asked whether they had discussed impacts with members of staff, there were 4 responses, 2 ''yes'', 1 ''I tried to but there wasn't much understanding'' and 1 ''no''.

Participants were asked to discuss any support they received. P1 attended two Universities, in the first ''very little was done'', whilst the second University ''arranged extensions in all modules''. P3 had an ''understanding and helpful lecturer'', but only had a ''PowerPoint presentation'' to use for their work. P4 received ''financial support'' and was made aware of ''other help''. P5's course leader arranged ''deferrals'' but due to missing lectures she only had ''PowerPoints'', one module leader was ''really good'' but had to ''keep chasing'' the other. P6 was ''offered an extension'' but not ''emotional support''.

2 participants discussed reasons for not identifying themselves. P1 stated due to ''point of contact''. P2 explained due to ''stigma'' and stated '' I thought if something was wrong, they'd pull me''.

Participants were asked whether they were aware of support in place, responses involved 1 ''yes'', 1 ''yes-currently v little!'', 1 ''yes and no'', 1 "I am aware of a general support place'', and 2 ''no''.

Next, participants were asked if they had utilised support and whether it was beneficial. 3 responded, with P3 stating she was ''lucky'' to have a ''supportive tutor'' so she ''felt comfortable asking for extra time'', P4 ''yes, I have and it helped me a lot financially'' and P5 ''no''.

When asked about recommendations, the responses of 5 participants included ''understanding'', ''awareness'', ''timetable adjustment'', ''flexibility'', ''one story policy'', YACs being ''normalised…and discussed'', support being ''open and accessible'' and ''spoken about and made clearer'', ''carers bursary'', and ''support groups''. P4 responded "the uni has a lot of support … helps us all feel welcome and supported constantly''.

Semi-structured interview findings

Participants 1 and 3 participated in a semi-structured interview.

They were asked about their typical days when studying and caring. Both participants expressed limited time for university work. P1 “tried to find time in between caring to complete work” however, could sometimes “go a full week without completing any University work”. P3 described her days as “shift patterns”, she felt she was ‘’not giving 100% to the situation at home… could not put 100% into work”. She felt she was ‘’drowning in both aspects”.

Neither participant identified their role to their university. P1 assumed her university ‘’weren’t bothered, or it was normal, or they hadn’t really noticed’’. P3 discussed her role with her module leader who was ‘’good and understanding”, but when attempting to formally identify she ‘’felt it was not worth continuing…as it was just adding to the stress” due to being passed around and not replied to.

The participants were asked about any impacts on their education. Both moved home, their attendance declined, and they dropped out of university. P1 ‘’experienced fainting episodes’’ due to her ‘’stress’’. However, her caring role ‘’broadened’’ her ‘’knowledge”, in her nursing course. P3’s attainment was negatively impacted.

Neither participant was aware of support in place. P1 stated ‘’I didn’t realise there would be other carers’’. P3 stressed she was ‘’lucky’’ as her course leader was “friendly and helped’’. However, she was ‘’passed from pillar to post with no obvious ways to access support’’ when reaching out for further support, including needed ‘’financial support’’.

Concerning recommendations, P1 discussed the need to ‘’normalise’’ and ‘’discuss’’ the role and have ‘’advocates”, asserting this support ‘’could have prevented me from dropping out’’. P3 suggested “a clear centre or point of contact…which students are made aware of from their first day’’ to be essential for preventing people from dropping out as she did, as it is ‘’unsustainable… literally in every aspect’’.

Analysis

From the findings of the qualitative research, several themes were identified using thematic analysis. These will now be presented.

Theme 1:

YACs in HE moving back home. 50% of the participants, 3 out of 6, revealed that they had moved back home to fulfil their caring duties. This implies that they could not complete the care from where they had been living for university, supported by one participant stating:

''Mum needed a lot of support which I couldn't provide from the uni accommodation I was in''.

Their need to move home suggests that they provide hands-on care with many responsibilities, which can be inferred as time-consuming and hard work.

Theme 2:

Struggling to attend university and complete university work. 50% of the participants mentioned often not attending lectures and having limited time to complete their work university work. As stated, struggling to attend university due to fulfilling the caring role was a common theme for these participants, which resulted in 2 of them only having ''PowerPoint presentations'' to complete their work. This emphasises this as an issue, as completing university work simply off PowerPoints would be a huge challenge for these individuals. Regarding struggling to complete university work, one participant stated:

''I simply tried to find time…I could sometimes go a full week without completing any university work''.

Another, who described her days as ''shift patterns'' explained this made her feel she was ''a bad student'' as she was ''worrying about university'' but ''could not put 100% into work''. This stresses the impact that being a YAC can have on the education of these individuals, as they are struggling to find time to complete their work, whilst also worrying and putting themselves down over this.

Theme 3:

Dropping out. One-third of the participants, 2 out of 6, revealed that they had dropped out of university. This statistic illustrates just how difficult it can be to be a

YAC attending HE, to the point where many cannot continue. Moreover, this stresses the vitality of support being provided to these individuals, with one participant who stated she had not accessed support, asserting:

''I feel having this support could have prevented me from dropping out'',

and another expressing it to be:

"unsustainable for your mental health, financially, literally in every aspect''.

As conveyed, YACs who have dropped out of HE have emphasised that appropriate support could prevent others from dropping out as they did, signifying a lack of support to have influenced their decision to drop out.

Theme 4a:

The need for understanding and awareness of the specific circumstances. There are a couple of ways that understanding and awareness have been identified as a theme, firstly the understanding and awareness of places of HE to YACs and their role. One participant stated that they had attempted to discuss the impacts they were experiencing on their education but ''there wasn't much understanding''. Recommendations for places of HE in supporting YAC students included ''understanding'' and ''awareness''. This highlights that some places of HE, including members of staff, do not have an understanding or awareness of the roles that the students are having to undertake, and the challenges that may come with this. Therefore, it is unlikely that they will be able to provide sufficient support if this is the case, meaning students will likely suffer as a result.

Theme 4b:

Lack of awareness and understanding from YAC students of the support they can access at university and how to do so. Only 1 out of the 6 participants simply responded "yes'' when asked if they were aware of the support in place for them and another responded ''yes -currently v little!''. As shown earlier, the responses were mixed and some did have some awareness of certain aspects of support, but ultimately only 2 had full awareness, and 1 elaborated it to be inadequate. One participant included in the questionnaire that they did not discuss the impacts on *their education with their university due to no ''point of contact'' and not feeling there was "anywhere to go''. This is emphasised by the recommendations made in the semi-structured interviews including the need for a ''clear point of contact'' that ''students are made aware of''. This reiteration of awareness and understanding that has been discussed by many of the participants suggests it is a widespread problem affecting many YACs in HE, that needs to be addressed to ensure YAC students are aware of and can access the support they may require.*

Theme 5:

Support. Issues with support included ''very little was done'', having to ''prove'' the circumstances, being ''passed from pillar to post with no obvious way to access support'', needing but not receiving "financial support'' and ''emotional support'', and no ''point of contact''. As conveyed, many concerns with support were demonstrated by the participants. These issues with accessing the support they need will add to their already full plate and may even prevent them from continuing to attempt to access support. One participant stressed this by stating:

"It was not worth continuing to follow this up as it was just adding to the stress''.

Improving this support and access to it is vital for YACs in HE.

Positives relating to support included ''extensions'', ''deferrals'', ''understanding and helpful lecturer'', ''financial support'' and being made aware of ''other help''. These positives highlight that some YACs do receive appropriate support from their place of HE which can be beneficial for them. This should be the case in all institutes to ensure all YACs receive appropriate support and can be benefited.

As conveyed, numerous themes have been identified within the findings, using thematic analysis. The recurrence of these specific topics through different participants establishes that more than one YAC in HE is experiencing this, therefore these are clearly of significance and need to be acknowledged and addressed.

Discussion

This research has been conducted to explore the experiences of YACs in Higher education, evaluate the current support available and acknowledge any recommendations. The findings explored through thematic analysis will now be discussed regarding the current Literature.

One of the themes identified in the findings was moving home, with half of the participants revealing that they had moved home to fulfil their caring role. The studies from the literature review did not refer to YACs moving home, contrasting with the findings of this research. However, it did discuss similar topics including YACs remaining at home whilst studying, which can have various indications including spending more time studying or disrupting study routines (Mancini et al; Day, 2019 cited by Chevrier, 2022). As well as the caring role influencing YACs' choice of University (Runacres, 2021), with some feeling they had limited options of where they could attend (Blake-Holmes, 2019). However, Larkin and Kubiak (2021) mention YACs being less likely to be residents when in HE (Larkin and Kubiak, 2021). Tinto and Pusser (2006) claimed that one of the broad factors that contribute towards students' success in HE is social integration. Students being more academically and socially involves increases the likeliness of them persisting and graduating (Tinto and Pusser, 2006, P.7). Due to YACs being less likely to be residents, this makes social integration less of a priority (Larkin and Kubiak, 2021). This perhaps indicates that YACs moving home, or even staying at home in the first place, could be disadvantageous in this context.

From the research previously discussed, such as Chevrier (2022) who discussed YACs choosing to remain at home to be near the care receiver (Chevrier, 2022), it can be interpreted that the YACs within the studies had a caring role before attending HE. This indicates that the findings are the impacts of caring before attending HE. Whereas moving home could be a consequence of beginning caring or the caring role intensifying whilst the individuals are attending, HE. Further research should be conducted into the experiences of individuals caring before beginning HE and those who start caring whilst attending, HE, to identify the differences and tailor support accordingly.

Struggling to attend university and complete university work was another theme identified from the findings. As previously mentioned, 50% of the participants in this qualitative study discussed issues with their attendance, correlating with Kettell's record of YACs in HE struggling to attend placement days (Kettell, 2018). Hamilton and Adamson's statement that being a YAC can influence the hours they can attend (Hamilton and Adamson, 2012), and Sempik and Becker's discussion of difficulties these individuals face including attendance (Sempik and Becker, 2014). As conveyed the findings from these studies support the research that has been conducted, due to comparable findings. In further elaboration, attendance was also discussed as a barrier to HE, with a YAC in Dundee Carers Centre's research conveying that their low attendance in school acted as a barrier to accessing HE (Dundee Carers Centre, 2010). This highlights the scale of attendance as an issue, exemplifying it as even greater than has been found in this study. Moreover, Day (2019) found that challenges for YACs can include following a routine for studying and maintaining focus when doing so, for reasons including disruptions and time dedicated to fulfilling the caring role (Day, 2019). This resonates with the findings from this study within which limited time to complete university work was expressed as a result of the caring role.

As previously stated, another theme found from the findings of the research was dropping out, with one-third of the participants dropping out of university. This correlates with Becker and Sempik's (2018) study findings where 17% of the participants revealed they were worried they may drop out, and 29% of the participants who had previously attended HE had dropped out (Becker and Sempik, 2018). They also conducted an online study which found that 29% of the participants had dropped out of HE, four times greater than the national average, with the main reason for this being their caring role and responsibilities (Sempik and Becker, 2014). This exemplifies the link between dropping out of HE and being a YAC. Another reason for these dropout rates can be many Universities not providing additional bursaries, and if they do it is often not a lot, this can not only influence dropout rates but also act as a deterrent for attending HE (Tuson, 2022). This again highlights the larger scale of the concern and reinforces the findings from my research that a large proportion of YACs resort to dropping out of HE, signifying the *cruciality of having support in place to attempt to prevent this from happening and allowing YACs to continue with their education.*

The need for awareness and understanding was another theme identified from the findings of the research, with a participant conveying "there wasn't much understanding" and numerous recommendations being delivered that related to understanding and awareness. This links with Tuson (2022) who found that universities are mostly insufficiently equipped, with many not knowing how to support YACs (Tuson, 2022). When questioning why many Higher educational institutions are unequipped, there are connections to Neoliberalism, the predominant ideology of Higher education (Mahony & Weiner, 2017 cited by Desierto & de Maio, 2020). As part of this Neoliberalism, Higher education institutions often perceive students as consumers who need to be serviced to benefit their future employers, rather than the learners they are. There is an absence of the relationship bond which is significant for student learning as it brings a sense of belonging for students and compels them to continue their studies, specifically those contemplating dropping out (Desierto & de Maio, 2020). Therefore, with these circumstances, it is no surprise that there is a lack of awareness and understanding of YACs in HE. Freire's (1997) pedagogy of the heart is an alternative theory that engages the complete student in learning. Teachers nurture students and view them not as disadvantaged but simply as carrying their experiences and reality with them to Higher education (Friere, 1998 cited by Desierto & de Maio, 2020). This would promote awareness and understanding for YACs in HE as they would be more likely to discuss their circumstances with nurturing teachers, rather than teachers they do not have a relationship bond with who are encouraged to simply view them as consumers. Moreover, the teachers as part of Freire's (1997) theory are more likely to attempt to understand and be aware as they care about the students' experiences and reality.

Participants in Aylward et al's (2018) study were informed they could not continue with their course due to issues such as attendance and performance. They stated that their higher education providers lacked understanding of the role of a YAC which had been the reason for these issues that led to them being unable to complete their course (Aylward et al, 2018). This highlights that these institutes lack understanding *and awareness surrounding YACs and how to support them, correlating with the findings from my research.*

On the other hand, one participant stated they were made aware of ‘’other help’’, which links to UCAS’ assertation that they provide information to YACs who will be attending HE to make them aware of the support universities can offer (UCAS, 2022). This is a great aspect of awareness and support that the participant has stated and that UCAS provide. However, for this to be beneficial, all places of HE need to ensure they provide this support, as some ‘’won’t and don’t’’ provide support as they are not required to by the Office for Students.

Moreover, the findings of my research concerning participants lacking awareness of support correlate with the findings by Day (2019), where most participants reported an absence of awareness about accessing targeted resources (Day, 2019). As well as Becker and Becker’s (2008) study within which no participants were aware of any support available at their university or from local support services (Becker and Becker, 2008). This shocking statistic emphasises the issues surrounding awareness and understanding of YACs in HE relating to accessing support and one which needs to be addressed.

Support was a primary focus of the qualitative research as well as a recurring subject throughout other studies discussed. As analysed, there was an array of varying discussions surrounding support within the research, leading to both positive and negative findings. This matches Kettell’s (2018) findings which entailed ‘inconsistency’ relating to support, with some staff being ‘supportive’ and others requiring training (Kettell, 2018), as well as Tuson’s (2022) statement that support is mixed, with some universities providing exceptional support and others very limited.

Findings related to issues accessing support relate to the findings of Becker and Sempik (2018), within which less than half of the participants could identify an individual at their university who supported them. YACs were identified as ‘neglected’ by Sempik and Becker (2014), with over three-quarters of the participants in their study communicating their caring role to their institute, but 45% still not receiving support. The lack of ‘’financial support’’ correlates with the findings of Hamilton and Adamson (2012) who raised the issues of YACs losing access to cares payment *when attending HE, and Runacres (2021) who elaborated that carers rely on this income support. Tuson (2022) also discussed financial support, expressing the need for additional bursaries for YACs, conveying financial issues as a deterrent and cause for dropping out of HE, this is agreed with by Dundee Carers Centre's report (2010) of financial struggles to be a barrier to accessing HE.*

Participant 3's discussion of an ''understanding and helpful lecturer'' but issues accessing further support relates to research which found that support in HE often came from individual members of staff rather than a formal organisational policy (Aylward et al, 2018).

Carers Trust (2015) mentioned that support issues have been recognised leading to increased services which Universities can use to support YAC students, implying improvements which may link to the positive aspects discussed by participants. Moreover, Carers Trust (2014) found that participants utilising specialist services experienced many benefits relating to their confidence, friendships, grades, and attendance. This highlights that when YACs receive support from services they can be benefitted greatly, therefore doing so will be advantageous for these individuals.

University no.1 discusses a supportive link for students, advice on support services, financial advice, help and guidance, a person to talk to, useful resources, and a well-being officer for extra support (Liverpool Hope University, 2022). Particularly reinstating the ''financial support'' and ''other help'' presented in the findings. Similarly, University no.2 states they provide student funding help and advice, offering advice about services, and providing information (LJMU, 2022) which also links to these findings. They also discuss supporting YACs with academic issues by liaising with the academic apartment (LJMU, 2022) which could be a link to the findings of ''extensions'' and ''deferrals''. The University supporting YACs by completing this liaising for them is a great method of support as some students may feel uncomfortable doing this themselves and this would mean one less task for them. The support mentioned by university no.3 entails providing YAC students with information and advice (The University of Liverpool, 2022) that can link to the finding of being made aware of ''other help''. University no.4, which does not make specific reference to YACs, has a Student Support team who provides information and *advice, and students can access Student Funding and Money Advice service for financial support (LIPA, 2022) which again supports the findings of ''financial support'' and ''other help''. Within this, the inconsistency of support from places of HE is reinstated, which needs to be addressed.*

However, for those applying for HE from 2023 and onwards, UCAS has added the option for YACs to identify themselves as a carer in their application. This means Higher education institutions will be able to identify these individuals, connect them with appropriate support and provide the information they may need (UCAS, 2022). This is certainly a step in the right direction for acknowledging YACs as a population and for supporting them throughout HE, hopefully, it can address some of the concerns discussed.

Due to me being the researcher and having experience of being a young adult carer whilst attending Higher education, there could be a bias with this specific area. My beliefs and assumptions may have been influenced as I was expecting findings to include many negative experiences and a lack of support. However, I ensured this did not impact my research by not using questions that could be deemed as misleading and taking the answers as provided and presenting them accurately.

As conveyed, the findings from this qualitative research primarily support the existing research, and the recommendation of further research into the differing experiences of YACs already caring before HE and those who begin caring whilst attending, HE has been stated which will be further discussed.

Reflection Point

Emily chose not to include a reflective point but as editors we have seen the pride Emily felt at providing young carers, such as herself, the opportunity to share their stories. The research journey can often be challenging and more so when the subject holds such close personal experiences. So as editors, supervisors, and researchers ourselves, we say make sure you keep your own wellbeing in mind throughout the process and remember to reach out for support.

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Using published literature to understand how educational provisions can be made for pupils with HUWE1 Intellectual Disability (ID).

Abstract

This systematic literature review will evaluate limited knowledge regarding HUWE1 ID, a rare intellectual disorder, and how this impacts educational practice. It will investigate the complex needs within this disorder alongside the lack of teacher guidance, to view how this can complicate educational practice. This is due to the low possibility of encountering a child with HUWE1 ID in education. However, rare disorders collectively can increase the possibility of educating a child with such complex needs. Teachers may be left to hypothesise this child's education. Hence the need for increased awareness on how to make educational provisions for a child with a rare disorder, which teachers can adapt to HUWE1 ID. It is suggested a proactive approach from teachers can be used by breaking down the complex symptoms of HUWE1 ID. This is to fill the gap in knowledge of educational provisions for HUWE1 ID that literature fails to provide. The research questions within this systematic literature review will entail a process of evaluating disease-related research to apply it to HUWE1 ID. This enabled research in educating children with singular symptoms of HUWE1 ID to be evaluated. This further highlighted the overlapping effective educational approaches to provide suggestions for educational practice for a child with HUWE1 ID. This process was useful in detecting provisions that benefitted disease-related research. It would be recommended that educators used these research questions if they needed support with symptoms of a HUWE1 ID variant not addressed in this research.

Summary of Research

Introduction

HUWE1 Intellectual Disability (ID) is a rare genetic disorder that causes various complex symptoms. It is caused by a mutation within the HUWE1 gene located on the X chromosome, which generates a strong link to ID. Evidently, constructing the name HUWE1 ID (RareChromo, 2020). As HUWE1 ID is an extremely rare disorder, there is naturally a lack of awareness of the condition among the general public. Within medical literature, less than 50 cases have been identified (Genetics, 2021). A vast amount of the published literature available has an apparent focus on the scientific and genetic background of the condition. To the researcher's knowledge, there is an absence of research focusing on educating and supporting children with HUWE1 ID in schools. This indicates that the education of the child with HUWE1 ID may need to be hypothesised. To provide guidance for teachers, this project will attempt to take a proactive approach that research has failed to provide. It will explore what is currently known about HUWE1 ID, and the complex symptoms it entails. This enables the identification of symptom overlap with similar disorders which are better understood in terms of educational provisions. It is hoped that referring to more-researched disorders with a symptom overlap will inform how to assist in supporting the difficulties associated with HUWE1 ID. Therefore, identification of these provisions will then be used to make recommendations for SEN (Special Educational Need) teachers to support and educate a child with HUWE1 ID.

For me personally, I decided to focus my dissertation on HUWE1 Intellectual Disability (ID) as a family member has been diagnosed with HUWE1 ID in recent years. I have witnessed the health complications this has caused him which majorly impacts his learning and development. He is currently five years old, I wanted to look into the future of his development as evidently, his health has been prioritised over his education. He is currently in a SEN school and will be here until the age of 18. One of the current barriers he faces is the number of days he attends this school. His schooling time is cut short if a particular staff member is not in. With this dissertation I wanted to break down the stigma around teaching a child with a rare disorder.

Main Body

This systematic review will focus on three main research questions and will each have their own chapter followed by the recommendations and conclusion chapters;

1. What is currently known about HUWE1 ID that has implications for educational practice?
2. Are there any other better-researched disorders that have a symptom overlap? If so, what are they and what is the overlap?
3. How can the learnings from the conditions found in number two be applied to HUWE1 ID and educational practice?

These three questions will follow-on from each other to create an overall picture of how to acknowledge and break down the symptoms of HUWE1 ID, and use existing research to correlate provisions made for the individual symptoms to how to educate a child with HUWE1 ID.

Firstly, to investigate what makes the symptoms of HUWE1 ID complex, the physical and cognitive implications will be explored. It should be acknowledged that different variants of HUWE1 ID can involve additional symptoms out of the range that will be identified, alongside the possibility of symptoms ranging in severity (Nikiforov et al., 2019). This is due to the instability and how unpredictable the mutation of the X gene is. It has been established the link ID has with HUWE1, however, there is a possibility of genetically developing traits of ASD (Autistic Spectrum Disorder) alongside this (Gillberg and Coleman, 2000). It is common for these two conditions to interlink as Amaral, Dawson, and Geschwind (2011) inform how ASD is easier diagnosed when the child has a known ID. These two conditions can cause drastic impairment to a child's cognitive abilities. ID can range from moderate to severe, which can hinder their IQ (Bordini, 2020), sensory functioning and cause abnormal development (Bertelli, et al., 2022). In addition to this, the physical symptoms have been explored by Cabet et al. (2020) through the possibility of developing a global development delay. This may be responsible for the symptom of short limbs/stature (Moorgat, 2018). The term global development delay is most commonly used when referring to slower development in childhood. This is due to the rapid growth which occurs during this time. Therefore, to identify delays the child's growth and attainment can be compared to the 'Development Matters' curriculum guidance of what is expected to be attained for their age (DfE, 2021).

This first research question will acknowledge rare disorders and identify the restrictions it poses to educational attainment, Zhan-he (2020) explained how every rare disorder will have a wide-ranging amount of knowledge and awareness. Overall, it was described as a varied term representing over 7000 different disorders. Rare disorders are generally under-researched, and the complexity of symptoms makes them harder to diagnose. The more rare disorders identified will increase the number of individuals affected by restrictions or lack of provisions within healthcare and education settings. These restrictions are due to insufficient expertise in investigating these rare disorders due to an absence of awareness of the individual disorders in this category, such as HUWE1 ID (Oliveira & Costa, 2020). In addition to this, a recent study by Ipsos (2021) found 1 in 20 individuals are affected by rare disorders, a shocking figure showing the possible increase in diagnosing rare diseases, which requires increasing awareness and support to meet their needs. In terms of education, this will expand the number of teachers struggling to make provisions for children with rare diseases. Additional resources would be required to address this rise found by Ipsos (2018), as it can further disadvantage children and teachers in education.

The second research question will break down the complex symptoms to evaluate research found on individual disorders seen as symptoms within HUWE1 ID, or research on other relevant disorders with a symptom overlap. When investigating disease-related research conducted on various other disorders it can enable suggested recommendations to be made for further educational research in HUWE1 ID. This will be completed by evaluating how similar disorders overcome barriers within education, which can create a clearer pathway for teachers in educating a child with HUWE1 ID. This chapter will be divided into two. The first section will contain the associated conditions of HUWE1 ID previously explored, by breaking them down to highlight available research on individual symptoms. In the second section, disorders with similar symptoms will be investigated. The overarching aim is to seek educational provisions posed useful in available research to adapt to a child with HUWE1 ID.

The third research question will elaborate on the suggestions for the educational practice of a child with HUWE1 ID explored previously. Trends seen within the second research question will inform possible provisions, by acknowledging recommendations made for similar disorders through disease-related research. It will evaluate different provisions and elements teachers must strongly consider when educating a child with HUWE1 ID. There will be three main focuses within this chapter. Firstly, the statutory process of introducing provisions will be explored. Followed by the focus on teacher practice to meet the complex needs of HUWE1 ID. Lastly, there will be an insight into in-classroom approaches to support the development and promote inclusion of the child with HUWE1 ID. These elements have a strong impact on the effectiveness of provisions.

Conclusion and Recommendations

This research has gained insight into the symptoms of HUWE1 ID and why they are deemed complex to create educational provisions. The barriers of limited research regarding the condition and lack of provision guidance for rare disorders, further creates issues for teachers. An evidence-based approach has been used within this research. This was useful to gain an understanding of the needs within HUWE1 ID. The symptoms have been explored; alongside the difficulty each symptom poses. Given this, it understood the links between HUWE1 and ID, and how this genetically, cognitively, and physically has implications for a child. This has been seen to cause other implications such as global development delay, ASD and epilepsy. This research provided guidance in researching educational literature to meet the individual needs of HUWE1 ID. Trends within this were recognised, to enable possible provision suggestions within research regarding similar or overlapping disorders. This concluded to find the significance of inclusive practice, alongside the use of sensory activities and various other suggestions were indicated. This then provided ideas of how to implement these in teacher practice. The barriers of HUWE1 ID were compared against research to hypothesise if suggested provisions could benefit. Therefore, this suggests the usefulness of adapting activities to stimulate cognition to their level of ability, whilst also providing mobility opportunities. It has been acknowledged how the research questions used within this literature review gained insight into possible provisions that can be introduced for a child with HUWE1 ID. Evidently, it would be recommended to teachers to adapt this structure to use as a basis if they needed to conduct their own research for HUWE1 ID. This is suggested due to the limitation within this literature review regarding the possibility of HUWE1 ID symptoms not explored in the literature used. Therefore, this structure used in the research questions can allow them to extract information on further symptoms within the child's variant. This can be useful given the lack of structured guidance for educating a child with rare disorders. Whereas better-research disorders may be able to provide ideas and guidance.

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Exemplar Section

For my exemplar section I have included the chapter that focuses on the first research question. I have included this as it entails the combination of symptoms currently seen within HUWE1 ID variants in current research. This is important as there is no research highlighting the symptoms of HUWE1 ID and the barriers it can create for educational practice. This contains references from scientific articles regarding the gene mutation causing HUWE1 ID and makes it easier to understand for the reader.

Chapter Three: What is Currently Known About HUWE1 Intellectual Disability (ID) that has Implications for Educational Practice?

Before attempting to understand how to support a child with HUWE1 ID in education, it is essential to acknowledge what is currently known about HUWE1 ID. The more that is understood regarding the symptoms, the easier it will be to detect any inhibiting factors for the child in education. Therefore, this chapter will evaluate research related to the restrictions and barriers inflicted by HUWE1 ID. Firstly, the symptoms detected within existing variants of HUWE1 ID will be outlined. It will then explore the restrictions and barriers this creates for the child. Further to this, the lack of research on HUWE1 ID will be viewed as a barrier, by restricting teachers from guidance on possible provisions that could be implemented. This aims to provide knowledge of how HUWE1 ID needs are seen as complex.

3.1: Aetiology of HUWE1 ID

Genetic research is the starting point in understanding HUWE1 ID, gaining genetic understanding can help identify the main symptoms. The more known about HUWE1 ID, the easier it becomes to identify different variants, which may entail other or additional symptoms that can range in severity. This is called diagnostic personalisation (Nikiforov et al., 2019). In terms of HUWE1 genetic makeup, HUWE1 ID develops during pregnancy due to a mutation the HUWE1 gene causes to the X-chromosome or through the activation of an inherited gene (Moortgat et al., 2018). Further research by Cabet et al. (2020) demonstrates the interlinking symptoms entailed with the HUWE1 genetic defect such as global development delay, which can cause abnormalities in the child's brain structure. Their study informs the restrictions the child faces, inhibiting them from reaching milestones expected for their age. Consequently, this affects their ability to communicate, due to limited or absent speech, and can cause visual impairment. Alongside physically, the child may not reach milestones regarding their mobility due to the possibility of having shorter limbs. The interlinking of various symptoms will be deemed complex due to the restriction this causes for education.

Mutations caused to the X-chromosome can cause a variety of corresponding conditions alongside HUWE1 ID. Research by Nava et al. (2012) concluded to find a higher likelihood of developing traits seen within autistic spectrum disorder (ASD) alongside the diagnosis of HUWE1 ID. This is due to the mutation caused on the X-gene chromosome where HUWE1 ID originates, which creates an instability within this gene where symptoms of ASD can develop (Gillberg and Coleman, 2000). In comparison, the link between ASD and HUWE1 ID is seen as a possibility, whereas the link HUWE1 has with ID is stronger which can cause vast complex symptoms. Reasoning for why HUWE1 ID is considered an intellectual disability is identified by Moorgat et al. (2018). Their work explored the profound impact mutations of the HUWE1 gene can cause on the X-chromosome, to provide a direct link between intellectual disorder (ID) in HUWE1. The findings of this research indicate a stronger correlation between HUWE1 directly causing ID, in comparison to ASD. Therefore, intellectual disability and the HUWE1 gene create HUWE1 ID, alongside the child having a higher probability of displaying traits of ASD. To elaborate, Harris (2010) *views the genetic implications caused by ID and ASD that affect the child's holistic development. Firstly, both ID and ASD are considered neurodevelopmental disorders. This defines the poor connection and coordination between the brain and the nervous system, which causes difficulty in cognitive functions. Intellectual disability specifically focuses on cognitive limitations such as concentration and processing difficulties. Whereas ASD has a primary focus on the behavioural, emotional, and social repercussions of this, such as repetitive behaviours or poor social skills. Thus, these studies explain the genetic causes for a combination of disorders to understand how they contribute to the complex symptoms seen within HUWE1 ID. This can create an overall view of the implications these disorders have on a child's development. Evidently, this demonstrates how this creates a challenge for teachers to provide effective educational provisions. Therefore, it demonstrates the need for education on the disorder HUWE1 ID for teachers, alongside consideration of the possibility of interlinking disorders when educating the child. Additionally, the significant impact ID has caused on the X chromosome to formulate HUWE1 ID, can inform the cognitive difficulties seen within HUWE1 ID, from analysis of the symptoms within ID. Firstly, ID can affect a child's IQ, this can be seen through Whitaker (2013) research, which displays how IQ tests are used to diagnose ID through low scores. Further to this, it explains the correlation between the lower the IQ, the more severe the ID. This supports Kumar (2018) who found that individuals who have an ID had poor academic achievement. Low academic outcome is usually expected in individuals with an ID found in a study within the American Journal of Medical Genetics (2015). The absence of research regarding HUWE1 ID, and their educational outcomes suggests that their achievement must be hypothesised. An evaluation of cognitive restrictions caused by mutations in the X-chromosome, alongside the presence of the global development delay, may increase the severity of their ID (Boat and Wu, 2015). In alignment with policy, SEND (Special Educational Needs and Disabilities) Code of Practice (DfE, 2015) suggests the need for SEN education due to greater learning difficulties, alongside the possibility of physical disability. Therefore, SEN education may benefit in effectively meeting the complex needs of HUWE1 ID. When providing SEN education, Garcia-Pareles et al. (2022a) indicate the need to respect that a child with an ID may not have high achievements compared to National Curriculum* *standards, however, this does not limit their potential. Teachers can portray the significance of supporting personal milestones reached within their own timeline. This study emphasises inclusion in a classroom which boosts attainment among children with a lower IQ. These studies, alongside SEND policy, can therefore create a basis for the mindset teachers must have when approaching teaching a child with HUWE1 ID. However, although the DfE (2015) has created an expectation for complex needs to be efficiently met within a SEN classroom, the needs of HUWE1 ID may be too complex for this to happen. Garcia-Pareles et al.'s (2022) holistic view of educating a child with an ID may therefore be more relevant for a child with HUWE1 ID. These perspectives will be deemed vital in creating an educational plan.*

It is important to be mindful that different variants of HUWE1 ID may incorporate different symptoms, and this will affect provisions made within the classroom. Research by Moorgat et al. (2018) categorised the most common symptoms displayed within HUWE1 ID. It should be understood that limited published research opens the possibility to misdiagnose symptoms. However, acknowledgment of these symptoms can benefit in highlighting barriers that affect educational attainment. Hence the need to explore all possible HUWE1 ID symptoms, even if they do not affect all children or vary drastically. A symptom of HUWE1 ID that requires efficient provisions is limited motor capabilities. Motor functioning is a significant issue faced by individuals with ID. More specifically with HUWE1 ID, shorter limbs can inhibit their physical capability due to low muscle mass, limited coordination, and their potential inability to walk (Gontard et al., 2022; HUWE1, 2023). To assist physical immobility in education, Farrell (2006) emphasised the importance of trust between teacher and child. They recognise the difficulty of motor impairment. Within this, it values trust when attempting to improve the child's mobility around the classroom. This is supported by Nandini and Taj (2021) who highlight consistency and time to build upon trust with a child. Farrell (2006) continues to explain how the child must feel safe in their environment to feel that they can freely roam with their physical impairment aid. The teacher's role is to eliminate dangers and ensure there are no drastic changes within the classroom. It is explained how teachers must build upon meaningful interactions when building *trust with a child with HUWE1 ID. In recommendation, this could be through child-led activities where they can exercise choice, teachers can be present to guide self-discovery. An example of this in terms of HUWE1 ID is sensory activities which can be adapted around the classroom, where the child can interact with materials they find most engaging. Teachers can choose to interact or observe whether they believe intervention to boost attainment is required. This recommendation can benefit varying symptoms, as it contains a wide bracket of activities to incorporate physical, cognitive, and behavioural requirements. This suggests adopting simple wide-ranging activities when hypothesising education for a child with HUWE1 ID.*

In variants of HUWE1 ID, seizures or epilepsy can accompany ID due to genetic changes within the X-chromosome. These seizures have been seen to cause a higher likelihood of regression (Giles and Grill, 2020). Camfield and Camfield (2019) defined the association between regression and epilepsy. This can be evaluated to view the effect this may cause on HUWE1 ID variants. They investigate how seizures can interrupt brain functioning to inhibit normal development. In support of this, Brumback and Coffey (2006) assessed regression in further detail by evaluating how the individual affected can lose cognitive abilities. This can regress them on milestones reached previously. Regression delays the child's brain maturity, causing cognitive interference. This entails implications for the child's memory, attention, and thought processes. Overall, this additional condition interlinked with HUWE1 ID furthers the complexity of the child's needs. Needs must be identified to be met efficiently, otherwise it can detrimentally impact the child's achievement. Hence why teachers must be mindful to adopt a flexible activity-filled day for the child with ranging complexity and attention required. This can push for attainment without overwhelming the child with HUWE1 ID, by keeping their mind constantly active.

3.2: Barriers to education caused by lack of research

Individual rare disorders are seen to affect a minor population. Shapiro et al. (2011) argued the combined global impact of rare disorders. It has been emphasised in this literature the restriction of safe, effective therapeutic interventions, consequently from the lack of research regarding beneficial strategies of HUWE1

ID. This complicates educating a child whilst assessing the quality of care provided. Arguably, Domaradzki and Walkowiak (2019) insisted on the uptake of research on provisions for rare disorders to increase professional knowledge. As they express the worry of rare diseases becoming more invisible, further restricting future professionals. This displays the importance of recognising how to adapt educational provisions for rare disorders like HUWE1 ID.

The lack of educational provision guidance through research regarding HUWE1 ID can increase the likelihood of insufficient specialist equipment available for the child within schools and at home. The need for specialist equipment will be reviewed in the 'Access' stage within 'Access, Plan, Do and Review' seen within the SEND Code of Practice. Requested resources can be granted by local authorities which may take extended periods of time (DfE, 2015). Belzer, et al. (2022) suggested how a lack of resources can create a restrictive environment, from specialist equipment to the skills required to educate a child with such complex needs. Examples drawn from Miller (2007) regarding specialised equipment can correlate with HUWE1 ID symptoms described by Gontard et al. (2022). For example, a child growing up with HUWE1 ID may need physical support for limited mobility, within a classroom they may need access to a gait trainer. This example has been used specifically for HUWE1 ID in consideration of supporting muscle development, which a seated gait trainer can improve. This is because a child may not have enough support in their muscles to use a standard walker, and a wheelchair may not promote potential development within their legs. This is a conclusion that can support an older child with HUWE1 ID where they may be too heavy to manually support alongside promoting independence in an educational environment. This informs the use of teachers collecting primary data of barriers the child may face to replace absent provision guidance on HUWE1 ID.

Lack of funding is a major barrier that may hinder the conduction of research into HUWE1 ID, which can create unanswered questions in educational provisions. A study carried out by Marilyn and Boat (2010), aimed to seek an understanding of the systematic process that awards funding. They evaluate the barriers that have restricted rare diagnoses from the essential attention needed. An extension of this *research in alignment with HUWE1 ID could benefit the individuals affected, their families, health practitioners, and educators by increasing general knowledge. Alongside this, enhancing awareness may also increase the likelihood of funding for HUWE1 ID. In education, research can eliminate the grey area regarding further symptoms the child may endure and help set targets for the child's educational progress. This can enable regression to be tracked to highlight the potential causes, whether it is health-related for example, through seizures, or not being academically pushed enough. Without this research, teachers may face continuous barriers and unanswered questions to support their knowledge of assisting a child with HUWE1 ID in education.*

In an effort to overcome barriers caused by limited published knowledge, there is a strong dependence on multi-agency partnerships. This can overcome barriers through professional knowledge, aiming to tackle issues that limit children with rare disorders from gaining a progressive education (Cheminais, 2010). With multi-agency partnerships, each professional will have a unique perspective on the needs of the child with HUWE1 ID. They each will be seen as bearers of information which will strengthen knowledge and provide a personal insight into the child's variant of HUWE1, that research has currently failed to provide. This will abide by the SEND Code of Practice (DfE, 2015), which emphasises the role of parents' involvement in multi-agency work to involve their expertise in the child with HUWE1 ID. For HUWE1 ID, multi-agency work can include teaching staff, healthcare practitioners, parents, educational psychologists, and social workers. They will take a proactive approach to draw conclusions regarding the needs of a child with HUWE1 ID. Within the teacher's role, they can assimilate knowledge regarding the child's health and holistic development, to adapt to creating beneficial outcomes in education. However, Gasper (2010) critiqued multi-agency partnerships, to view the various restricting factors. Beginning with scheduling, the demand placed on different professionals can restrain the quantity of meetings in a time period. To specify challenges for teachers educating a child with HUWE1 ID, the possibility of regression due to seizures can influence professionals to set goals not appropriate to the child's developmental level. The potential for regression in a child with HUWE1 ID may require an elevated dependence on these partnerships, to re-

evaluate the child's needs. This consistent communication may pose a challenge for those involved if they have demanding schedules. Therefore, successful multi-agency partnerships require time and persistence.

Thus, highlighted the complex needs seen within HUWE1 ID alongside the genetic makeup that causes this disorder. It showed the outcome of an unstable X-chromosome in inflicting further symptoms, such as ASD and ID. It has been discussed how this can predict low attainment within HUWE1 ID. Hence the importance of breaking down milestones and goals within predicted progress which will also respect their global development delay. There is an emphasis on how the combination of symptoms accumulated may not all affect a child due to differing HUWE1 ID variants, however, will still be affected by ID and a ranging global development delay. It discussed the effects of limited knowledge that caused difficulty in creating educational provisions for HUWE1 ID, alongside the barriers restricting research such as funding. To overcome the barriers discussed, a primary research method of multi-agency working highlights the possibility of providing an overview of the child's needs through different perspectives. This analyses the unmet needs within the child's HUWE1 ID variant.

Reflection point

A main point for reflection in this dissertation is the angle I originally wanted to approach. I wanted to gain an insight to the raw opinions from special educational needs (SEN) teachers on how they would approach creating an educational plan for a child with HUWE1 intellectual disorder (ID). Despite gaining ethical approval to interview SEN teachers, access too posed a barrier. After continuous attempts to contact SEN schools, I received no response. I believe qualitative research regarding HUWE1 ID will give an insight in the contemporary context to the struggles SEN teachers face in teaching children with rare disorders. Whilst also being able to hear first-hand about the support they are given.

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The Impact of the COVID-19 Pandemic on Teaching Professionals in Primary Education Settings in Northern Ireland

Abstract

This study will explore the impacts of the COVID-19 pandemic on teaching professionals in primary education settings in Northern Ireland. The aim of the research was to gather the experiences of teaching professionals during the pandemic, identifying the possible challenges they may have faced, but also the positives which came from remote learning. The researcher used semi-structured interviews to collect the data, which was then analysed to find themes made throughout the data. With three main themes being found thee including:

- Use of online teaching methods
- Returning to face-to-face teaching
- Teaching professionals’ mental health and wellbeing

These themes will be explored in-depth to provide the reader with a greater understanding of the topic. There may also be information found that may surprise the reader, as they may not have thought about some of the experiences the teaching professionals discuss.

Through the research, it was found there was a lack of information surrounding teaching professionals in primary education settings in Northern Ireland. With most research conducted looking at the experiences of higher education, children’s experiences, or as the UK as a whole rather than specifically at Northern Ireland. This highlighting the need for further research to be conducted to ensure that this group of individuals is not being forgotten about.

Summary of Research

Introduction

This study will look at the impact of the COVID-19 pandemic on teaching professionals in primary education settings in Northern Ireland. The World Health Organisation (WHO) announced the coronavirus as a pandemic on 12th March 2020, to aid in the prevention of the spread of the coronavirus, schools worldwide in 107 countries closed on 18th March 2020 (Viners et al, 2020). This impacted approximately 862 million children worldwide, with many of these learners moving to online teaching methods, apart from vulnerable children and children of key workers who were still allowed to attend school (Viners et al, 2020). Due to the closures of schools, teaching professionals and pupils had to move to remote working and learning, which may have been challenging to adapt to due to the suddenness of the situation (Glazzard and Stones, 2020).

The move from face-to-face to online teaching was sudden and something no one was prepared for, as stated above schools closed six days after the announcement of the COVID-19 being a pandemic (Viners et al, 2020). The meaning schools had to quickly move to online teaching methods, this changing the delivery of teaching and requiring the ‘reinvention’ of the education system (Siddiquei and Kathpal, 2021). This highlighting one of the challenges which may have been faced by teaching professionals, and one which is later discussed in this study. It may have been difficult to engage children in the online format, as they may not have had internet access, or access to online means, although this may have also been the case for teaching professionals.

When returning to face-to-face teaching, there may have also been challenges, such as an increase in teaching professionals and children’s anxieties. This may have been due to the unknown, as they may have feared they would get sick, or worried as to how they would keep everyone safe. Wakui et al (2021) states that a rise in anxiety in teaching professionals may have come from worries about risk of infection or falling behind in their work and trying to stay on schedule. This may have been due to a number of reasons, such as scheduling in extra help for some children.

The overall mental health and wellbeing of teaching professionals may have been impacted, as they may have found it difficult not being in their ‘normal’ routine when working from home, compared to the routine they may have had when working in school. Many teaching professionals stated they had negative increases in their stress, depression, and anxiety levels (Alves et al, 2021). This is important to highlight, as it can help understand the emotions the teaching professionals were experiencing during the pandemic and promote the need for better support for teaching professionals, as if they have had negative impacts on their mental health and wellbeing, it may prevent them from reaching their full potential and fulfilling their job roles.

To conduct the research, there was the use of five semi-structed interviews to collect qualitative data, this aiding in viewing the participants lived-in experiences during the pandemic, it also allowed them the ability to explain their experiences, thoughts and feelings (Agius, 2013). This was important to the researcher, as they wanted to capture the day-to-day experiences that the teaching professionals encountered during the pandemic, rather than using quantitative data as this does not allow for explanations. Through this approach, the researcher was able to collect the data which they required to complete the research. The anonymity of the participants will be kept, with their names being changed to protect their identities.

At the end of this study, there will be conclusions drawn upon and recommendations that will be made, which will hopefully benefit teaching professionals if another phenomenon similar to the COVID-19 pandemic were to be encountered.

Main Body

Literature Review

This literature review section explored current reading and research on how the COVID-19 pandemic had an impact on primary teachers in Northern Ireland. The first point was to explore existing literature discussing the impact of teaching moving from face-to-face to online, where aspects such as access to computers or good internet connections, socioeconomic status and demographics being key issues indentifed (Pokhrel and Chherti, 2021, Mustafa, 2020). Another key area highlighted in the research was how the experiences of trainee teachers was disrupted through loss of plcament (La Velle, et al. 2020; Montacute, 2020). Another key theme in research was the stress induced by fear of getting the Covid-19 due to working within schools (National Education Union, 2021). Issues such as limited testing kids and long vaccine waiting lists were identified as added concerns for the teaching profession (Education Support, 2023 & Robinson et al, 2022).

Robinson et al (2022) found that teachers were finding their stressors previously were being added to with the extra stress of minding their physical, mental, and psychological health. A news report by Lawrie (2021) states that Labour had called upon the government to move teachers up the list for priority for the coronavirus vaccine, with hopes of having most teachers vaccinated during the week of the February half-term in 2021, before the schools reopened. According to Lawrie (2021), while teachers were one of the professions at a higher risk of contracting the coronavirus, they were not one of the most likely to contract it with nurses and doctors being the most at risk, although it was believed it to be still important to vaccinate the vast population of teaching professionals.

A further theme from the literature review was the importance of addressing the health and well-being needs of teachers, particularly in times of crisis, such as the pandemic (Dreer, 2021; Kim et al, 2022). Teacher satisfaction was another theme which derived, where only 15% of participants felt appreciated by the government (Education Support, 2023) and burnout and exhaustion from work related stress were highlighted in other related studies (Flack et al, 2020; Pressley, 2021).

Methodology

The research intent was to discover and explore the impact of the COVID-19 pandemic on teaching professionals in primary education settings within Northern Ireland. The research was conducted using semi-structured interviews with teaching professionals based in primary education settings. An interpretivist approach was used, which collected qualitative data through the use of semi-structured interviews, as this provided more in-depth answers and data (Tenny et al, 2022). The interviews were a maximum of 60 minutes in length and were conducted both face-to-face and through the use of Microsoft Teams.

The 5 participants, who were teaching professionals in Northern Ireland, were selected via contacting schools through their gatekeeper, and also through close contacts who were teaching professionals, or those who knew teaching professionals via email. Through this selection criteria, the researcher has used purposive sampling, this meaning the researcher knew who they were looking for to participate in the research. Through purposive sampling, it ensured the participants have a good knowledge and understanding of the topic they are being asked about, this granting reliable data.

The study gained full ethical approval from the Liverpool John Moores University ethics committee. BERA (2018) states that participants must give voluntary consent to take part in the study, as well as allowing them to withdraw themselves and their answers from the research. This assist in this, the researcher provided participants with information sheets and consent forms, in these it was outlined what questions would be asked, therefore if they did not feel comfortable taking part, they did not have to.

Thematic analysis was used as such an approach allows for the data collected to be related to the research question, offering patterns and meaning from the data (Nowell, et al. 2017; Castleberry and Nolen, 2018).

Results

Through thematic analysis three key themes were identified surrounding the impacts of the COVID-19 pandemic on teaching professionals in primary education settings within Northern Ireland.

Theme 1: Use of Online Teaching Methods

Theme 2: Returning to Face-to-Face Teaching

Theme 3: Teaching Professionals Mental Health and Wellbeing

Theme 1: Use of Online Teaching Methods

There were differing experiences highlighted which impacted the teachers' overall experiences of the lockdown. Some of the professionals even stated they did not enjoy the move to online teaching methods, this especially came through when talking with the teaching professionals within special educational needs settings. To support the teaching professionals, the participants discussed the support they received, as well as the support they were giving to children who may not have had access to online means. Also, it was mentioned how by moving to online teaching, the children did not have the resources at home which they would normally have access to at home, especially for subjects such as numeracy. This illustrates the creativity teaching professionals had to use to adapt to the new teaching practices. Despite the pandemic experiences, there were some positive aspects, which schools have continued to use post-pandemic.

Theme 2: Returning to Face-to-Face Teaching

There were many practical impacts of working in a school within the pandemic and the lockdowns. The respondents highlighted some key changes in practice that significantly changed their working environment when they did return to teaching onsite. Some of the teaching professionals outlined the issues around the use of personal protective equipment (PPE), which they stated was difficult for the children. There may have also been issues for children with additional needs, as there were not able to access the activities they may have been able to prior to the pandemic. There were also mentions of support being in place to assist teaching professionals, which showed to be positive.

Theme 3: Teaching Professionals Mental Health and Wellbeing

One key theme that was mentioned during the research was the mental health and wellbeing of the teaching professionals. Whether this was impacted by workload stress or changes in behaviours from the children in their classrooms when returning to face-to-face teaching, as well as showing more concern for their pupils wellbeing rather than their own. Mostly the teaching professionals discussed their own pupil’s mental health and wellbeing rather than their own, this showing that the children meant a lot to them. It was also suggested how when pupils came back it had a profound impact on the children and the teaching professionals in their class. There were also discussions of the difficulties of finding a routine with the use of online teaching and communication. This indicates that teaching professionals stress levels may have been increased, this negatively impacting their mental health and wellbeing.

Discussion

Through the research conducted, there were three main themes found, these being the overall impact on the education system, the use of online teaching methods, and the impacts on teaching professionals mental health and wellbeing.

Move to online teaching

The move to online teaching for teaching professionals in this study was very sudden, and they had no preparation for what they were about to encounter.

Some teaching professionals may have had fears that they were not going to be able to teach to a high standard through online means compared to how they would teach normally in a classroom. Phillips et al (2021) suggests this was one of the main concerns of teaching professionals, as they were unsure as to how they would relay the same information to the children in their class through online methods.

Teaching professionals may have also had concerns over children who may not have had internet access or digital means. Phillips et al (2021) states that lack of interaction through the online methods may cause a disconnect not only from work completion and engagement, but also from teacher-pupil relationships.

One way that teaching professionals assisted in overcoming the challenges met by online teaching was to print work packs for children who could not access the online means. Every teaching professional within the study stated they had used these means. Coleman (2021) discusses the use of printable resources, they found that 84% of schools had provided vulnerable children with printed packs containing the work and resources they needed to engage in their learning. This may have added pressure to teaching professionals to ensure that every child had materials which they could engage with, as well as keeping track of the different types of engagement the children may have been using, as it was not all in one place.

Department of Education (2023) states they built this guidance based upon NI Directs (2023) guidance for wider society on staying safe during the pandemic. Both discusses the use of shared spaces and ensuring that risk assessments are carried out before gatherings of large groups, this may have included rearranging classrooms to ensure that children were being socially distanced, or changing lunch times to be staggered so all children in the school were not gathered in one place at the same time (Department of Education, 2023; NI Direct, 2023).

Returning to Face-to-Face Teaching

The COVID-19 pandemic had many impacts on the return to face-to-face, which may have presented challenges for the teaching professionals. Daniel (2020) stated that due to the governments late actions in going into lockdown, it did not allow the education system enough time to prepare for the sudden move to online teaching and remote learning.

Tarkar (2020) stated that the pandemic caused great disruption to learners and their education, with traditional teaching methods being replaced, requiring teaching professionals to adapt to their situation with little support. While this research was based in England, the experience which participants shared was similar to what Crane et al (2021) discussed. Many of the children in SEND schools were still allowed to attend school but they had limited access to resources, although they still had better access to resources in school compared to what they would have at home Crane et al, 2021).

In the results, the use of PPE was mentioned, where staff mentioned how it was not beneficial when teaching, Glazzard and Stones (2020) suggests it was more difficult for teaching professionals to enforce social distancing and the use of PPE, as it made teaching ‘impossible’.

Teaching Professionals Mental Health and Wellbeing

Through the research conducted, it was found that many studies discussed the mental health and wellbeing of the children in the education system, which of course is important, but the teaching professionals seem too often be forgotten about.

Many of the teaching professionals within this study discussed the worry and concern they felt towards their pupils. Specifically noted was the worry for especially vulnerable children, who were known to have had issues at home, as monitoring them had now become harder during the pandemic, especially if the child was not engaging with the online format or they had not heard from their parents. Kim and Asbury (2020) agree with this, as they state that teachers particularly worried if a child could not be seen on the screen or if they had missed work which needed to be handed in.

Through the research conducted, it was also found that teaching professionals' workload had increased, which may have created a decline in their mental health and wellbeing. Participants noted that it felt as though they could not 'switch off', especially if teachers were receiving emails or messages from parents late in the evening, due to feel concerned about the child and wanting to check on their wellbeing. Ünal and Dulay (2022) suggests that finding the correct balance between work and life is essential, as it can allow the teaching professionals to reach their full potential and achieve their desired outcomes.

Conclusion and Recommendations

To conclude the research suggests that there may be a lack of research specifically relating to the impacts of the COVID-19 pandemic on teaching professionals in primary education settings in Northern Ireland.

Through the research conducted, the main themes identified on the impact that teaching professionals in Northern Ireland faced were -

- The Use of Online Teaching Methods
- Returning to Face-to-Face Teaching
- Teaching Professionals Mental Health and Wellbeing

The research conducted is important for understanding the experiences which teaching professionals in primary education settings in Northern Ireland may have encountered. The researcher conducted this study to highlight the lack of research on both teaching professionals and relating specifically to Northern Ireland.

Overall, this research has been beneficial to shed light on the issues and challenges faced by teaching professionals and the following recommendation has been made -

Firstly, there needs to be more support in place to support teaching professionals' mental health and wellbeing. Therefore, there should be more policies and practices in place to ensure that teaching professionals are getting the rest that they need, this benefiting them in having a better-work life balance and to ensure that teaching professionals are feeling supported and valued, aiding in allowing them to work to their full potential.

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Exemplar Section

3.0 Methodology

The reason of this research was to discover and explore the impacts of the COVID-19 pandemic on teaching professionals in primary education settings within Northern Ireland. The research is being conducted using semi-structured interviews with teaching professionals based in primary education settings. This chapter will outline the type of research conducted and why, this is essential as it can assist the reader in understanding how the research was carried out and how the themes identified were made.

3.1 Approach

As this study will explore the impacts of teaching professionals' daily experiences during the COVID-19 pandemic, the interpretivist approach was used, which collected qualitative data through the use of semi-structured interviews, as this provided more in-depth answers and data (Tenny et al, 2022). The interpretivist approach was used as the data being collected could not be made into quantitative data, this being due to discovering the lived-in experiences of the participants during *the pandemic and putting these together and discovering themes through the participants results (Kivunja & Kuyini, 2017). This was preferred rather than using quantitative data, as rather than having numerical data on how many participants felt a certain way, it gives reasoning behind why and how participants may have felt towards the situation. In relation to the pandemic, there are many impacts and challenges which may have been faced, this highlights the importance of using qualitative data as it gives them the space to discuss their journey in navigating through the pandemic. Interpretivism was beneficial to this study as it allowed for the researcher to understand the thoughts and feelings of the*

With the researcher using qualitative methods, it can gather participants experiences, views, and their behaviour during the pandemic (Tenny et al, 2022). Rather than providing numerical data, it provides answers to questions such as 'How?' and 'Why?', these offering explanations (Tenny et al, 2022). One of the advantages of using qualitative data is the explanation and patterns which individuals may have partaken in during the pandemic, it may also provide a more accurate timeline as to what the participants were thinking at different times (Tenny et al, 2022). Qualitative data collection was beneficial to this study as it allowed the researcher to see the lived-in experiences of the teaching professionals, and readers may be able to relate to the issues raised, this showing they were not alone during the pandemic and others may have met tough challenges.

This study will provide further insight into the challenges which may have been faced by primary education teaching professionals and how they may have been supported. The participants of this research have been involved in the education system for different lengths of time, some for many years, others for only a few. The researcher themselves through their placements saw the impacts of the pandemic on pupils, and therefore would like to hear the teaching professionals' experiences.

3.2 Methods and Data Collection

The research was conducted through semi-structured interviews, using open ended questions to collect data and information. This provided the chance for the participants to explain their answers further, rather than the use of closed end questions, which would provide less opportunity to get their point across (Farell, *2016). This is beneficial to the study being conducted as it provided more in-depth information on the issues and challenges which may have been faced. The interviews were a maximum of 60 minutes in length, this amount of time allowed for the participants to get their points across in an appropriate time manner.*

The interviews were conducted both face-to-face and through the use of Microsoft Teams, this being due to the researcher living in Liverpool, although they are originally from Northern Ireland, therefore the interviews could only be conducted face-to-face if the research was back in Northern Ireland. Although, with the use of online interviews it gave more flexibility for organising times and dates of the interviews and for them to be agreed upon. This is one of the impacts of the pandemic, the use of online formats proved to be beneficial, with some of these formats still being used such as Microsoft Teams, this providing ease as neither the participants nor researcher must travel (De Villiers et al, 2021). Though, it should be noted that online interviews may have negative impacts on research, such as the interviewer not picking up on body language or cues which may be better picked up upon when having face-to-face interaction.

There may be many different definitions of reliability, but Roberts and Priest (2006) define reliability as producing consistent results, even if the circumstances may have changed. If a study is found the be reliable, it can aid the readers in making their own judgements based on the researchers' findings (Noble and Smith, 2015). Although, it is important to ensure the information being provided to the reader is reliable, as the interpretivist approach allows for readers to interpret information as they wish, therefore giving them clear and reliable information ensures they feel the source is trustworthy.

By using 5 interviews, the reliability may have been increased as the participants may be providing similar information, allowing for themes to be discovered. This is beneficial as it can show the issues and challenges which may have been reoccurring, or shared experiences, this highlighting the different types of data that may be collected due to the individuals and how they present themselves (Noble and Smith, 2015). Also, by conducting the research via interviews on a one-to-one basis, it can make the participants feel more trusting towards the researcher, as they know *they will be kept anonymous, while also assisting in building a good rapport between both.*

3.3 Participant Sampling Criteria

The participants in this study were teaching professionals in primary education settings within Northern Ireland that were educating children during the COVID-19 pandemic, who discussed their experiences of the pandemic. The participants were selected via contacting schools through their gatekeeper, and also through close contacts who were teaching professionals, or those who knew teaching professionals via email. Through this selection criteria, the researcher has used purposive sampling, this meaning the researcher knew who they were looking for to participate in the research. Purposive sampling provides more trustworthy data and results, as the researcher knows the requirements they expect the participants to meet (Campbell et al, 2020). Through purposive sampling, it ensures the participants have a good knowledge and understanding of the topic they are being asked about, this granting reliable data.

The research obtained 5 interviews with teaching professionals, who were all had different experiences during the pandemic, their roles have been outlined in Table 1 in section 4.0. This was beneficial as it allowed for the researcher to see the different lived-in experiences of the participants involved, as there may have been different experiences in different roles and in different types of schools. Throughout the research, the researcher found it difficult to recruit participants, this being due to the ongoing industrial strikes, the research understood this and did not put pressure on schools and teaching professionals to take part. All of the participants were recruited through personal contacts, the researcher also contacted gatekeepers of schools to ask for their permission for their teaching professionals to take part, however the schools contacted suggested they could not ask their staff to take part due to the ongoing strike action, especially as they already had a big workload.

3.4 Analysing the Data

Data analysis is an important step for the researcher to complete, as it allows them to thoroughly explore their results and identify common themes amongst the participants answers. Although, it may be a complex and difficult process during the *process of qualitative research, as there are many different ways in which data may be analysed, (Kiger and Varpio, 2020). The researcher will be using thematic analysis, this allowing for them to organise their data allowing for common themes to be identified, providing clear data allows for ease of organisation (Nowell et al, 2017). Castleberry and Nolen (2018) states that using thematic analysis allows for the data collected to be related to the research question, offering patterns and meaning from the data. This also allows for the reader to easily seeing the data laid out in front of them, without having any unnecessary information, as the researcher can get information about the main aims of the study from the data.*

Castleberry and Nolen (2018) suggest that the easiest way for data to be collected from interviews is by transcribing them, as this can allow the researcher to see the data clearly laid out, as well as assisting them in seeing the common themes. Thematic analysis is usually described as being more flexible, however this may be a disadvantage as it may lead to inconsistency in identifying themes from the research (Nowell et al, 2017). In the next chapter 4.0, the results from the research conducted will be shown.

3.5 Ethical Considerations

There are many ethical considerations that need to be taken into account when using semi-structured interviews, it is important for this to be recognised, but through use of the ethics committee, which assess the ethical issues that may be faced (Husband, 2020). Although, the researchers' study had gained full ethical approval from the Liverpool John Moores University ethics committee, this being beneficial as they saw no concerns with the researcher's study. Prior to conducting the research, the researcher referred to the LJMU guidance to ensure their research would meet the ethical requirements.

BERA (2018) provides guidance for those conducting research and what is expected of them. BERA (2018) states that participants must give voluntary consent to take part in the study, as well as allowing them to withdraw themselves and their answers from the research. This assist in this, the researcher provided participants with information sheets and consent forms, in these it was outlined what questions would be asked, therefore if they did not feel comfortable taking part, they did not have to.

By providing this information it can allow the participants to feel respected as they are being told of the interview schedule, as well as outlining in the forms that they do not have to take part if they do not wish to do so. BERA (2018) also highlights ensuring participants stay anonymous, this is important, especially when working with teaching professionals as they may not want to be identified through the information they have provided. By protecting their anonymity, it can make participants feel more comfortable in sharing information as they know it will not be traced back to them.

Seitz (2019) outlines how by keeping good and consistent contact with the participants such as via emails, it can aid in building rapport with the participants, this can make the researcher seem more trustworthy and know that their time is valued, and make the participants feel more comfortable sharing information.

3.6 Conclusion

From above, the reasoning as to why the researcher has chosen the specific methods and approaches to conduct their research is apparent. This is essential, as it allows for the reader to understand as to why the researcher chose to conduct their research in this way, this showing transparency, which allows the reader to believe the research is reliable. Within the next chapter 4.0, it will discuss the results obtained from this research and discuss them in further detail.

Reflection Point

Lucy did not make a reflection point but as editors we felt it necessary to highlight the high standard of application Lucy applied to this research. Lucy identified some research around the teaching profession and the pandemic but found that a limitation was research specific to Northern Ireland. This provided opportunity to conduct novel research and add to the existing literature on the impact of the pandemic on education. Another key aspect was Lucy’s findings on the requirement for systemic support for the teaching professional to support work related stress, particularly in crisis situations such as the pandemic.

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