

University of Bath



## DOCTOR OF HEALTH (DHEALTH)

### RAP 'n CAB Research and Partnership in Cardiff and Bristol

**An in depth exploration of perspectives held by boys who have social emotional behavioural difficulties on their lifestyle, health and access to health-related services using a music-based approach**

Mages, Linda

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# RAP 'n CAB

## *Research and Partnership in Cardiff and Bristol*

**An in depth exploration of perspectives held by boys who have social emotional behavioural difficulties on their lifestyle, health and access to health-related services using a music-based approach.**

Linda Mages

A thesis submitted for the degree of Professional Doctorate Health

University of Bath  
Department for Health  
October 2010

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*"Backup spotlights on me"*  
(Rap 6 Line 016)

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# Abstract

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**An in depth exploration of perspectives held by boys who have social emotional behavioural difficulties (SEBDs) on their lifestyle, health and access to health-related services using a music-based approach.**

RAP 'n CAB is a collaborative exploratory study between 2 secondary schools asking what perspectives boys with SEBDs hold on their lifestyle, health and access to health-related help. The methodology is qualitative using a participative approach involving peer researchers to collect data. Using purposive sampling, eight boys aged 14 years consented to participate on invitation by their teachers. Analysis of the data reflected a subjectivist epistemological approach. Use of Labov's Evaluative Framework (1972b) was attempted as its narrative analysis methodology fitted the dual purpose of the research: to facilitate the telling of perspectives on health and lifestyle that are unique to the individual and to understand that telling. Due to methodological problems arising it was found that relevant data was excluded. A thematic analysis was therefore developed using Labov's concept of clause social function to code data. This was enabled by the development of an inclusive narrative clause definition so that all the data collected could be included in the analysis. The use of face-to-face semi-structured interviews, focus groups and original composition of raps were effective in obtaining subjective data depicting personal perspectives that fulfilled the research objectives. The findings suggested that family, school and peer contexts were important to the research participant's lives but that their lifestyle actions were predominantly influenced by good friends, peer competition and peer pressure. Interesting insights revealed the importance of invisible routines to lifestyle choices and the extent that eating was no longer included within the fundamental routine of their daily lives.

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# Abbreviations

---

**DCSF** – Department for Children, Schools and Families

**DH** – Department of Health

**DfES** – Department for Education and Skills

**GUM** – Genitourinary Medicine

**HIV** – Human Immunodeficiency Virus

**MUSIC TECH** – Music Technology

**NEET** – 16- to 18-year-old young people not in education, employment or training

**NHS** – National Health Service

**NMC** – Nursing and Midwifery Council

**NVIVO8** – Software that supports the management and analysis of qualitative data

**PHSE** – Personal Health Social and Economic education

**RAP ‘N CAB** – Research and Partnership in Cardiff and Bristol

**SCPHN** – Specialist Community Public Health Nurse

**SEBDS** – Social Emotional Behavioural Difficulties

**SRE** – Sex and Relationship Education

**STIs** – Sexually Transmitted Infections

**UK** – United Kingdom

**WAG** – Welsh Assembly Government

**WHO** – World Health Organisation



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# Glossary of Terms

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**ANTI-SOCIAL BEHAVIOUR:** covers a range of unacceptable activity that can blight the lives of individuals and communities. Examples include rowdy and nuisance behaviour, vandalism, litter and graffiti, using and dealing drugs, intimidating groups that take over public spaces.

**CUBASE:** is music software for vocal and instrumental recording, composing, and editing.

**DEPENDENT CHILDREN:** refers to children up to 16 years, including 16 to 18 year olds who have never married and are in full time education (Office of National Statistics 2009b).

**HEALTH-RELATED SERVICES:** include people and places that provide information, guidance and actions that aim to enhance health but are not necessarily provided by health professionals employed by, or within the NHS.

**HIP-HOP:** also called rap music is a musical genre consisting of a stylised rhythmic music that commonly accompanies rapping, a rhythmic and rhyming speech that is chanted.

**INDEX OF MULTIPLE DEPRIVATION ENGLAND 2007:** measures multiple deprivation at an area level smaller than an electoral ward. It is based on distinct domains of deprivation that include income, employment, health and disability, education, training and skills, barriers to housing and services, the living environment and crime. Multiple deprivation encompasses a number of domains of deprivation experienced by individuals (Communities and Local Government 2008; Noble 2007).

**INTELLIGENCE QUOTIENT (IQ):** is a score derived standardized tests designed to assess intelligence.

**KEY STAGE 3:** is that part of the National Curriculum that children who attend a state school from ages 11 to 14 follow (School Years 7 to 9). It comprises compulsory subjects which include: english; maths; science; design and technology; information and communication

technology; history; geography; modern foreign languages; art and design; music; citizenship; and physical education; careers education and guidance during Year 9; sex and relationship education; and religious education (Directgov. 2010b).

**MUSIC TECH:** is the abbreviation of music technology. It is the study of all forms of technology used in the production of music, including recording, composition, storage, performance and acoustic science.

**NEETS:** are 16 to 18 year old young people not in education, employment or training. Reducing the number of young people described as NEET is a priority for the Government (Department for Children Schools and Families 2010b).

**NODES:** in this study refer to the codes or themes the qualitative data is organised into during the process of analysis using Nvivo8.

**PEER:** refers to people of equal status, for example, by virtue of age or status group (Stephenson et al. 2008).

**PEER RESEARCHERS:** share some of the key characteristics of the research target group, in the case of RAP 'n CAB, gender and age, and adopt the role of researchers. Use of peer researchers is a bottom-up approach which adopts the view that peers are “experts” within their field of experience. It is asserted that they help to reduce the hierarchical dynamics between the researcher and researched leading to high quality candid data (Burns and Schubotz 2009).

**PERSONAL HEALTH SOCIAL AND ECONOMIC EDUCATION (PHSE):** is defined as a planned programme of learning opportunities and experiences that support children and young people towards achieving the Every Child Matters outcomes (Department for Children Schools and Families 2008b). It contributes to the development of knowledge, understanding, skills and attitudes necessary to make informed decisions about their lives (MacDonald 2009).

**REASON:** is music software developed to emulate a range of music technology such as synthesisers, samplers, sequencers and mixers.

**SELF EFFICACY:** is defined as an individual's belief in their capability to exercise influence over events or experiences that affect their lives.

**SIBELIUS:** is software that enables music notation. It supports the writing, refining, hearing and printing of scores.

**SOCIAL EMOTIONAL BEHAVIOURAL DIFFICULTIES (SEBDs):** manifest a wide range of behaviours, expressions and feelings (Cooper 1999b). This is reflected in varying

definitions that include terms such as isolated, withdrawn, disruptive, lacking concentration and challenging behaviour (Clough et al. 2005).

**SPECIALIST COMMUNITY PUBLIC HEALTH NURSING (SCPHN):** is pro-active in seeking out unrecognised health need and responding to self-declared health need in individuals and populations. Practitioners are registered on the Nursing and Midwifery Council Register as Registered Public Health Nurses (2004).

### **SUB-CULTURES:**

**GOTH:** fashion includes morbid imagery. It grieves over societal evils the mainstream culture wishes to ignore or forget.

**GANGSTA:** emerged with rap music and sports baggy jeans, show-off boxers and bling claiming to represent inner-city life.

**GEEK CHIC:** includes thick-framed glasses, drain-piped checked trousers with sneakers. A geek is defined as clever but obsessive about mass media, technology and gadgets.

**EMO:** followers wear their hair in extreme side-partings and has been associated with depression, self-injury and suicide.

**GRUNGE:** fashion includes long straight hair, knitted jumpers with holes in and scruffy jeans which have tears.

**THE NATIONAL CURRICULUM:** must be taught in state schools and it sets out the knowledge, skills and understanding required in each subject for children and young people aged 5 to 16 years (Directgov. 2010a).

**YOUNG PERSON:** generally refers to an individual in their teenage years but may also include men and women under the age of 25 years.

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# Chapter I

“Its my show I’m in control” (Rap 8)

## INTRODUCTION TO RAP ‘N CAB

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### 1.1 THE ORIGINS OF THIS THESIS

My experience and insights, as a Registered Public Health Nurse, a Pathway Leader for School Nursing, and Programme Leader for Specialist Community Public Health Nursing (Nursing and Midwifery Council 2004) underpin the motivation towards the genesis of *Research and Partnership in Cardiff and Bristol* referred to as *RAP ‘n CAB*. Recognition of the considerable number of children and young people in the United Kingdom attributed with having social, emotional and behavioural difficulties (SEBDs) (Harriss et al. 2008; Soles et al. 2008) with higher rates amongst boys than in girls (Department for Children Schools and Families 2008a; Maughan et al. 2004b; Office of National Statistics 2009a; Oswald et al. 2003), gave impetus to this study. My practice-based understanding of the challenges facing a diverse range of professionals, across agencies, working with young people who have SEBDs was also an important influence. Due to my public health background, the focus of my interest was on health, lifestyle and use of health-related services in young people who experience SEBDs.

The well being and inclusion of generations of culturally diverse young people can be seen as a central indicator of the health and well being of a country (Barham 2004; MacDonald and Marsh 2005). Their health and risk-taking behaviours have long been at the centre of public and media moral discussion (Boseley 2009; Doward and Hill 2009; Williams 2009) because parents, practitioners and politicians commonly regard their world as different and even disconnected (Barham 2004; Cabinet Office: Social Exclusion Taskforce 2008; Hayward 2005; Layard and Dunn 2009; Macleod 2006; Parsons 2005). *RAP ‘n CAB* embraces difference to gain insight and understanding of the perspectives held by a small sample of boys, who have SEBDs, on their health, lifestyle and where they access health-related help.

There is a growing evidence base on the multifaceted aspects of SEBDs (Clough et al. 2005; Cole 2005). As indicated by Madge and Willmott (2007), a range of research methods have been used to tap into perspectives held by young people. These include survey questionnaires (Fisher 2003; McNeely and Barber 2010), detailed case studies (Turner 2000), ethnographic approaches (Stevens 2009), and retrospective views of adults (Polat and Farrell 2002; Townsend and Wilton 2006) on an array of topics connected to health, lifestyle and health-related help, each design engendering strengths and limitations. However, there seems to be a lack of in-depth qualitative research in this area and little that has explored the perspectives held by boys generally or more specifically, those who have SEBDs, on their lifestyle, health and their access to health-related support.

## **1.2 RESEARCH AIMS AND OBJECTIVES**

*RAP 'n CAB* was developed in partnership with a Bristol and Cardiff school. It sought to explore and describe the “*lifestyle, health and access to health-related help*” stories of a small purposive sample of eight 14 year old boys who have, to varying degrees and in individually unique ways, experienced SEBDs. This age group was chosen because the evidence suggests that an increase in behavioural difficulties arises subsequent to increased levels of social pressure experienced at this time (Maras et al. 2006; Maughan et al. 2004b; Office of National Statistics 2009a). The purpose of the research was to achieve greater insight and understanding of the perspectives held by boys with SEBDs on lifestyle, health and how health-related services can be made more accessible to these boys. The research objectives set out to explore:

- their perspectives on their lifestyle and its relationship to their health.
- how they perceive their own behaviour in relation to risk and their health.
- health issues they identify as important to them.
- factors they identify as influential on their decisions to access help or not.
- what essential attributes health-related services should have if they are to use them.

## **1.3 DEFINING HEALTH AND LIFESTYLE**

The World Health Organisation’s (WHO) broad definition of health underpins the research context, “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*” (2006). The study acknowledges the complex and interactive way that

the root causes, or “*social determinants*” of health, impact on communities, families, children and young people (Dehlgran and Whitehead 1991; Grant and Barton 2006) including young people with SEBDs (Department for Children Schools and Families 2008a; Office of National Statistics 2009a).

Hunter (2009) refers to such concerns as *‘wicked issues’* because they defy easy, if any, solutions due to their interdependent, multi-causal, unstable and socially complex nature making them obturate to linear illness-centered uniprofessional approaches. They influence and manifest in diverse often entrenched ways of living referred to as lifestyle. The strength of a public health approach to addressing the health and lifestyle issues of young people is that it focuses on the root causes (Dehlgran and Whitehead 1991; Grant and Barton 2006) and prevention not consequences. In doing so it can contribute to raising awareness of the issues; fostering a commitment to change at individual, family, community, professional, organisational and government levels; reduce the prevalence and impact of risk factors; and promote those factors that are protective. Public health provides a collaborative multidisciplinary framework for understanding and addressing the complexity of the issues within the local context (Cabinet Office: Social Exclusion Taskforce 2008; Department of Health 2001b, 2004; Marmot 2010).

Lifestyle can be seen as a reflection of how individuals, families and communities respond to their socioeconomic, emotional, cultural, and physical environments on a daily basis. It therefore embraces all aspects of life ranging from activities, behaviour, attitudes, interests, cultural beliefs, values and self identity. Promoting a healthy lifestyle has become an important government focus (Welsh Assembly Government 2003a, c, 2004) upheld as “*everyone’s business*” encompassing professionals, children and young people, families, schools and communities.

#### **1.4 DEFINING THE NATURE OF SEBDs**

It is difficult to identify a consensus of what social emotional behavioural characteristics identify children and young people who carry the SEBD label (Clough et al. 2005; Department for Children Schools and Families 2008a). Visser and Stokes (2003) highlight important influences on variations of its application in practice which include differing professional and personal values, parental pressure, and interpretations of local and central government guidelines. Furthermore, the emerging pattern, seriousness, nature and persistence of social

emotional behavioural characteristics over time can lead to a range of differential psychiatric diagnoses', in particular Conduct Disorders which include Oppositional Defiant Disorder (World Health Organisation 1992 F91 and F92) and a complex picture of comorbidity (Maughan et al. 2004a). Challenges of clarity and comorbidity are outlined in Government guidance to schools (Department for Children Schools and Families 2008a p4) stating that, "*The term behavioural, emotional and social difficulties covers a wide range of Special Educational Needs (SEN). It can include children and young people with conduct disorders, hyperkinetic disorders and less obvious disorders such as anxiety, school phobia or depression*".

Cooper's broad definition of SEBDs states that they are, "...*a loose collection of characteristics, some of which are located with the students, others of which are disorders of the environment in which the student operates...*" (1999b p10). It omits comment on the consequences of behaviours associated with SEBDs for the individuals, peers, families or schools (Cooper 2001). Nevertheless it accommodates the diverse nature of SEBDs conveying the complex interplay between individuals, lifestyle, socio-cultural circumstances and alludes to the location of possible causal ideas producing a tension between cognitive behavioural / social relational explanation and intervention (Cooper 1999a, b; Macleod 2006; Maras and Kutnick 1999; Paul 2005).

The boys participating in RAP 'n CAB were identified as SEBD by their school using guidance from the Department for Children and Families and drawing on the expertise and experience of their Special Educational Needs teachers. The nature of the SEBDs for the boys recruited to RAP 'n CAB presented barriers to their learning that required the school to instigate individually specific learning support responsive to their needs at any particular time. Whilst young people with SEBDs can have learning difficulty this was not the case in relation to the RAP 'n CAB participants. The learning barriers they experienced were not as a result of learning difficulty which is defined as "*a state of arrested or incomplete development of the mind*" (World Health Organisation 1992 p176) where the onset of disability started prior to adulthood and the person has *significant impairment* of their intelligence and social functioning (Department of Health 2001c).

Oppositional behaviour is the hallmark of young people with SEBDs, precipitating a downward spiral of failure and conflict in which parents and teachers can feel shame, viewing themselves

as incompetent (Cooper 1999b). The manifestations are wide ranging and may encompass: off-task talking to extreme inattentiveness; hyperactivity; bullying, problem sexual behaviour, social withdrawal, phobic or obsessive behaviour (Clough et al. 2005); and truanting, aggressive, violent and destructive behaviours (Cole 2005). For the purpose of this research, the core SEBD characteristics of the RAP 'n CAB participants encompassed oppositional behaviours that were negativistic, defiant, provocative and disruptive in nature (World Health Organisation 1992). Typically, they argued with adults; actively defied or refused to comply with adult requests; deliberately set out to annoy people; and blamed others for their mistakes, difficulties or behaviours. Their behaviour did not include serious aggressive violations against the rights of others and they were social with their peers and families (World Health Organisation 1992 Fig.3 p212). None of the research participants had statements of Special Educational Need (SEN) (Directgov. 2011c).

## 1.5 THESIS JOURNEY

This thesis comprises 10 chapters which describe how RAP 'n CAB was undertaken:

- Chapter two presents an overview of the statistics and literature on the health, lifestyle and health-related services concerning young people and boys generally. It highlights that little is known about the perspectives held by boys who have SEBDs, of their lifestyle, health and their access to health-related services.
- Chapter three describes the aim and design of the study. The selection of research methods, sampling strategy and its characteristics are discussed followed by an in-depth description of relevant ethical issues.
- Chapter four presents a Labovian narrative analysis of 2 interview, focus group and rap composition transcripts. As a result of this initial analysis a novel thematic analysis based on Labov's Evaluative Framework (1972b) was developed to enable analyse of the kind of data collected.
- Chapters five, six, seven and eight demonstrate application of the thematic analysis based on Labov's Evaluative Framework (1972b) as described in Section 4.8. Data was coded by Labovian clause function and clustered using Nvivo8 software for analysis outside of their original narrative blocks. Each chapter focuses on one of 4 clause functions identified by Labov's Evaluative Framework (1972b): the *orientation*, *complicating action*, *evaluation* and *end result* respectively. The research findings emerge from thematic analysis of data coded



within each Labov narrative clause function to provide insights into the perspectives expressed by the participants on health, lifestyle and their access to health-related help.

- Chapter nine discusses the findings in relation to the existing literature bringing new insights on the perspectives held by boys who have SEBDs, of their lifestyle, health and access to health-related help. The methodological issues encountered are also appraised.
- Chapter ten discusses the limitations of the study and makes recommendations for policy and practice, including further research.

---

# Chapter 2

*“I’m big like the universe wide like the galaxy” (Rap 8)*

## LITERATURE REVIEW

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### **2.1 AIM AND SCOPE OF THE REVIEW**

The aim of this chapter is ambitious. Firstly, the intention is to: capture the lifestyle, health and health help context within which boys with SEBDs operate; recognise the considerable commonality between the lifestyle and health needs of young people generally with those of boys who have SEBDs; and show that there are particular barriers to boys generally, including boys with SEBDs, to utilising existing health-help provision (Department for Children Schools and Families 2008a) and to achieving the *Every Child Matters* outcomes (Department for Children Schools and Families 2008b). Secondly, in Section 2.8, a review of the literature investigating young people perspectives concerning health, lifestyle and health help related services will be presented focusing on those of boys generally, young people with SEBDs and more specifically boys with SEBDs of an oppositional, negativistic nature.

The literature discussed in Sections 2.3 to 2.7 is necessarily only representative of a subset of that available and has an emphasis on published literature spanning the last ten years to include UK and international literature, positional and evaluative papers on policy and practice, and different types of research which have been published in English. Topic relevance to SEBD, health, lifestyle and health-related help of young people aged 13 to 18 years, including boys, was the only other main inclusion factor for the contextual overview. All literature pertaining to girls only was excluded. The considerable breadth and multifaceted nature of the pertinent topics and disciplines to RAP ‘n CAB presented an immense challenge to writing this chapter within the context of a Professional Doctorate thesis. More specific inclusion and exclusion criteria were used for perspectives studies which will be defined in Section 2.8.

To reflect the breadth and multifaceted topic and discipline areas of RAP ‘n CAB a multitude of keywords were identified and many combinations of these were used to extensively search a number of major databases for Sections 2.3 to 2.7: ASSIA, British Education Index, British Nursing Index, CINAHL, INGENTA, Medline, Psyclit, Sociological Abstracts, Social Science Abstracts and the Web of Knowledge. A wide range of other sources have been accessed and each has provided valuable information and further references: Department of Health, Department for Children Schools and Families, Department for Culture Media and Sport, Department for Culture Arts and Leisure, Office of the Deputy Prime Minister, Office of National Statistics, Welsh Assembly Government, Arts Council, UK Public Health Association, University of Bath Library, and the National Evaluation of The Children’s Fund ([www.necf.org](http://www.necf.org), accessed June 2010). EndNote, a bibliographic software package, has been used to manage the sources identified. The search strategy for the perspectives literature will be discussed in detail in Section 2.8.

## **2.2 ORGANISATION OF THE REVIEW**

The review will be organised into the following sections:

- Section 2.3 presents an overview of demographic data on young people and boys relevant to the context of boys with SEBDs. Sections 2.4 and 2.5 provide an overview of health and lifestyle issues relevant to young people and boys but also to boys with SEBDs. Section 2.6 examines issues concerning young people and boys as service users which also have relevance to boys with SEBDs. These four sections will afford insight into the wider context within which the lifestyle, health and access to health-related services by boys with SEBDs can be examined.
- Section 2.7 examines literature on the lifestyle, health and access to health-help services specifically of young people and boys with SEBDs.
- Section 2.8 provides a review of the literature presenting young people perspectives concerning health, lifestyle and health related services focusing on those of boys generally, young people with SEBDs and more specifically boys with SEBDs.
- Finally, Section 2.9 discusses the need for more research on the perspectives of boys with SEBDs on health, lifestyle and access to health-related services, concluding by providing a statement of the issues leading to RAP ‘n CAB.

## 2.3 A DEMOGRAPHY OF YOUNG PEOPLE AND BOYS

That young people comprise nearly 20% of the UK population is fundamental to their public health importance. Defining the term young people is crucial to the identification and interpretation of relevant literature, statistical information and awareness that operational criteria for health help services they can access varies. Young people are referred to as “*adolescent*”, “*youth*” and “*teenager*” in the literature. The age range of individuals defined as “*young people*” eligible for different services and resources varies from 11 to 25 years. Within the UK, *Connexions Direct* (2010) and *Youth Matters* (Department for Education and Skills 2005b) work with young people aged 13 to 19 and *Brook* (2010) provides confidential sexual health advice for young people under 25 years. For statistical purposes, the *United Nations* defines “*youth*” as between 15 to 24 years (2010), whilst the *United Nations Convention on the Human Rights of the Child* (1989) describes children as up to the age of 18 years. The United Nations and the UK Office of National Statistics, report on the health and lifestyle of young people using differing upper and lower age limits comprising 15 to 24 and 16 to 25 respectively.

For the purpose of RAP ‘n CAB I plan to define young people as aged 13 to 18 years of age, fitting that defined in *Youth Matters* (Department for Education and Skills 2005b). This age range captures the teenage / adolescent years, adopts the upper age limit of childhood as defined by the *United Nations Convention on the Human Rights of the Child* (1989) and is congruent with the participant recruitment setting, a secondary school.

The National Youth Agency (2010) reports that in 2008 20% of young people under the age of 16 years were from an ethnic minority background compared to 15% of the total UK population. The ethnicity of young people can be a significant factor in contributing to low socio-economic status and poor attainment at school (Department for Children Schools and Families 2009a; Department for Education and Skills 2006; Duckworth et al. 2009) which in turn influence lifestyle, subsequent health and the social context within which SEBDs interact (Department of Health 2004; Maras and Kutnick 1999; Marmot 2010).

In the UK, dependent children live in different family types comprising 64% with a married mother and father and 78% who live with two parents (Table 1)(Office of National Statistics 2009b).

**Table 1 Dependent Children by Family Type and Ethnic Group in 2008  
(Office of National Statistics 2009b p16)**

United Kingdom	Percentages		
	Married couple <sup>4</sup>	Cohabiting couple <sup>5</sup>	Lone parent
White	63	14	23
Mixed	48	13	39
Asian or Asian British	87	1	13
Black or Black British	46	6	48
Chinese	79	*	21
Other ethnic group	72	4	24
Total	64	13	23

1 Children aged under 16 and those aged 16 to 18 who have never married and are in full-time education.  
2 See Appendix, Part 1: Classification of ethnic groups.  
3 Data are at Q2 (April–June) and are not seasonally adjusted. See Appendix, Part 4: Labour Force Survey.  
4 Includes civil partnerships.  
5 Includes same-sex couples.

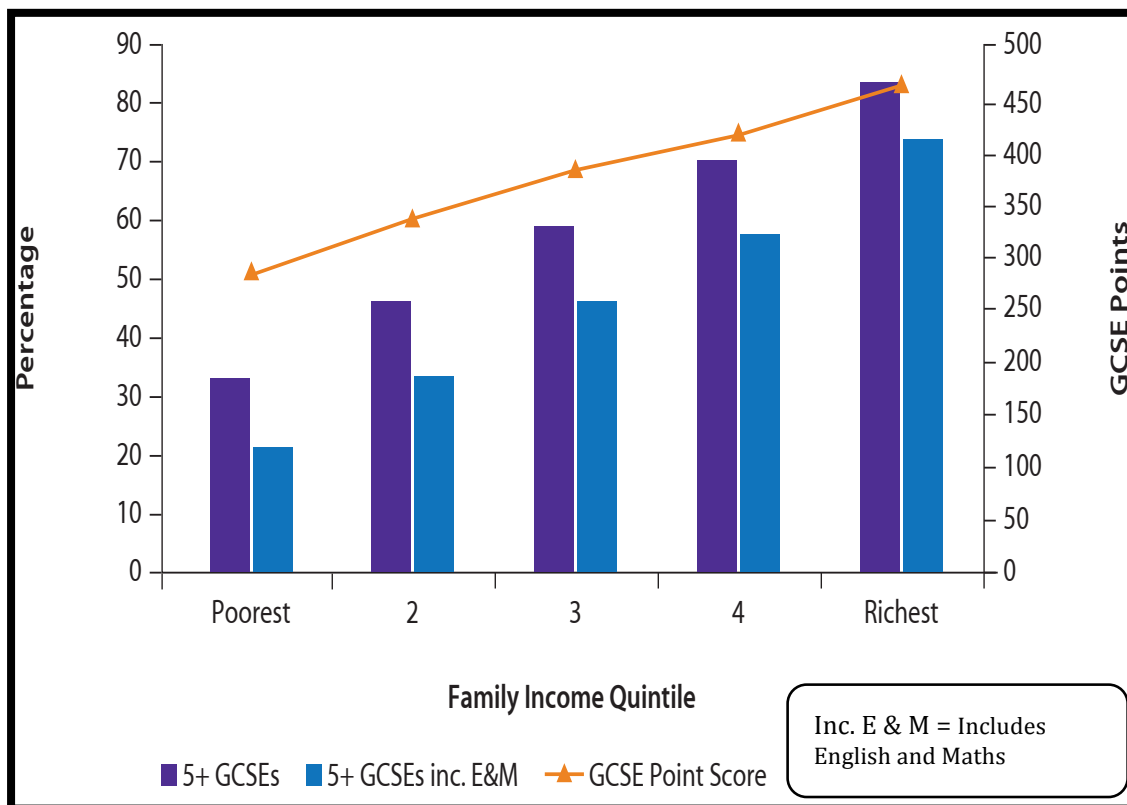
*Source: Labour Force Survey, Office for National Statistics*

The proportion of UK dependent children living with lone mothers stood at 22% and with lone fathers at 2% in 2008 (Office of National Statistics 2009b). Variation of family type across the ethnic groups was demonstrated (Table 1)(Office of National Statistics 2009b). Partners were found to have a significant impact on a mother’s employment status with 72% of married or cohabiting mothers with dependent children working compared to 56% of lone mothers (Office of National Statistics 2009b). All the lone and married parents of the research participants are in employment. Of the 8 RAP ‘n CAB research participants, 5 live with lone mothers, 1 with an Auntie and 2 with married parents. Overall, 75% of the participants live with a lone parent or guardian and 25% with married parents, presenting an opposite picture to that conveyed for all UK dependent children.

The socio-economic implications of family type contribute to the persistence of disadvantage across generations with young people from poor families more likely to experience lower school achievement (Figure 1)(Cabinet Office: Social Exclusion Taskforce 2008; Chowdry et

al. 2009; Department for Education and Skills 2006; Duckworth et al. 2009; Feinstein et al. 2004).

**Figure 1 Attainment at Age 16 by Family Income Quintile (Department for Children Schools and Families 2010a p10) using data from (Chowdry et al. 2009)**



The gap in attainment between children from rich and poor families has been shown to increase throughout their schooling years (Feinstein 1998) impacting on employment outcomes and resulting in poor intergenerational social mobility (Department for Children Schools and Families 2010a). Figure 1 shows a gap of 179 GCSE points between the poorest and richest children. Chowdry (2009) found that only 1 in 5 of the poorest fifth achieved five or more GCSEs at grades A to C, compared to 75% of the wealthiest fifth, and that 15% of the poorest young people are NEET by the age of 17.

Maintaining the engagement of young people in education, including those with SEBDs, is important because those who stop liking school between the ages of 14 and 16 engage in risky behaviour including oppositional and negativistic behaviour (Figure 2)(Bonell et al. 2005; Cabinet Office: Social Exclusion Taskforce 2008; Chowdry et al. 2009; Department for Children Schools and Families 2010a; Rivers et al. 2006). These behaviours include truancy, exclusion from school, crime, smoking, drinking and cannabis use (Figure 2)(Chowdry et al. 2009). Carneiro (2007) found that participation in risky behaviours that can harm the health

and development of young people, like smoking and drinking, are associated with below average social skills, poor academic attainment, increased risk of exclusion and increased likelihood of unemployment.

**Figure 2 The Relationship Between Attitudes and Outcomes at Age 16  
(Department for Children Schools and Families 2010a p24)  
using data from (Chowdry et al. 2009)**

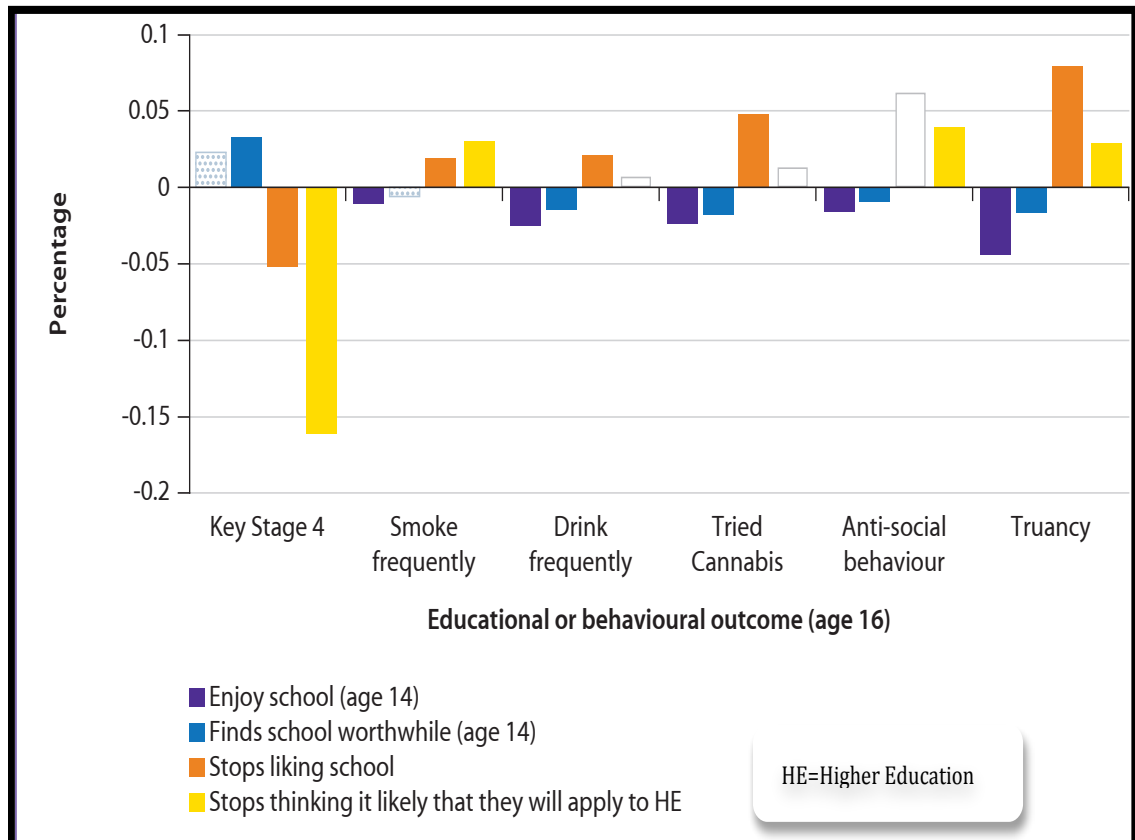


Table 2 presents the most common reasons for exclusion from school during 2006 to 2007. It is of note that persistent disruptive behaviour accounted for 31% of all permanent exclusions, Nationally, violent or threatening behaviour accounted for a further 41% of permanent exclusions in aggregate (Office of National Statistics 2009b). The Office of National Statistics report that in 2006/07 the number of boys permanently excluded outnumbered girls by four to one (2010). Further more, pupils in England with SEN, both with statements and without, are eight times more likely to be permanently excluded than pupils with no SEN and six times more like to incur a fixed term exclusion. No comparable data is available for Wales (Department for Children Schools and Families 2009c).

**Table 2 Permanent and Fixed Period Exclusions From Schools by Reason in 2006-2007  
(Office of National Statistics 2009b p39)**

England: Maintained primary, state-funded secondary and all special school. Includes middle schools as deemed	Expressed as a Percentage of total exclusions	
	Permanent exclusions	Fixed Period Exclusions
Persistent disruptive behaviour	31	23
Physical assault against a pupil	16	19
Physical assault against an adult	11	4
Verbal abuse/threatening behaviour against an adult	10	21
Drug or alcohol related	5	2
Verbal abuse/threatening behaviour against a pupil	4	4
Theft	2	2
Damage	2	3
Sexual misconduct	2	1
Bullying	1	2
Racist behaviour	-	1
Other	15	19
All exclusions (=100%) (thousands)	8.7	425.6

There is also a differential, which has narrowed over recent years, between the academic performances of boys and girls throughout secondary education and is reflected in their GCSE results and Key Stage 3 tests for English, Writing, Reading, Mathematics and Science. Reasons for the gender gap are complex and debated. They include pupil grouping, assessment techniques, teaching styles, teacher expectations and gender-stereotypical peer group pressure amongst boys that reinforce low levels of engagement with learning (Warrington and Younger 2007; Younger and Warrington 2005a; Younger and Warrington 2005b). The latter factor is of especial relevance to boys with SEBDs with statistics showing that nearly 3 times more boys than girls in Wales, with and without statements of SEN, are recorded as having SEBDs (StatsWales 2010/11a, b). Literacy-based differential achievement is prominent with a narrowing of differences in mathematics and science. Whilst, overall, this gender gap is far less important than the achievement differentials between poor and wealthy young people and between those from some ethnic groups, it is highly relevant to boys with SEBDs (Warrington and Younger 2007).



## **2.4 THE HEALTH OF YOUNG PEOPLE AND BOYS**

Adverse health outcomes in young people that result in obesity, poor sexual health, teenage pregnancy, substance use, self-harm and mental health issues are areas of political priority (Department of Health 2001a, b, 2002, 2009b; Department of Health Department for Education and Skills 2004; Drugs Strategy Directorate 2002; H.M. Government 2006; Mental Health Foundation 2005; The Advisory Council on the Misuse of Drugs (ACMD) 2003; Welsh Assembly Government 2008a, b, 2009a, b). Young people with SEBDs can miss out on opportunities to fulfil the five *Every Child Matters Framework Outcomes*, the first of which is to be healthy (Department for Children Schools and Families 2008b). If barriers to their health and emotional well being are to be removed, it is first necessary to recognise their vulnerability to a range of adverse health outcomes so that access to provision of appropriate and timely health-help can be supported (Department for Children Schools and Families 2008a). This section will focus on those public health concerns that are most relevant to boys with SEBDs (Tanner and Arnett 2009).

### **2.4.1 Rising Obesity**

Concern for the rising number of overweight or obese children and young people in the UK has generated a raft of policy guidance (Cross-Government Obesity Unit 2009; Department for Children Schools and Families 2009b) and public resources such as Change4Life (Department of Health 2009b) and Health Challenge Wales (Welsh Assembly Government 2004). The link between obesity and adverse health outcomes is well documented (Anwen et al. 2009; Berenson et al. 1998; Decoda Study et al. 2008; Haslam et al. 2005; Murphy et al. 2006). Furthermore, obesity is associated with a higher prevalence of school issues including poor academic performance and bullying (Frisn et al. 2009; Haines et al. 2006). In addition, obesity is also a predictor of psychological problems including poor self esteem, anxiety and depressive disorders (McCarroll et al. 2009). In the USA Pastor and Reuben (2011) found that emotional behavioural difficulties were associated with obesity among white adolescents but not with black adolescents. Cross sectional and longitudinal findings from the UK's Millennium Cohort Study found that childhood obesity is associated with emotional and behavioural difficulties and that obese boys were at particular risk (Griffiths et al. 2011).

### **2.4.2 Sexual Health and Fatherhood**

Whilst there is extensive literature on the sexual and reproductive health of girls, women and teenage motherhood, much less focuses on boys, young men and teenage fatherhood (Brooks et al. 2009; Bunting and McAuley 2004). The UK has high teenage pregnancy rates (Holgate

et al. 2006; UNICEF 2001). Whilst progress has been made in reducing the under 18 conception rate (Department of Health and Department for Children Schools and Families 2010) most teenage pregnancies in the UK are unplanned and around half end in abortion (Office of National Statistics 2009b). Although teenage parenthood can be a positive experience, overall, the socio-economic and health outcomes for teenage mothers and their children remain poor with an increased likelihood of both living in long term poverty (Bonell et al. 2005; Department of Health and Department for Children Schools and Families 2010; Harden and Fletcher 2009). Teenage fathers tend to be only a few years older than their teenage partners and like teenage mothers tend to come from lower socio-economic and educational attainment backgrounds than their childless peers (Bunting and McAuley 2004; Harden and Fletcher 2009).

### **2.4.3 Mental Health**

The *Survey of the Mental Health of Children and Young People in Great Britain 2004* found that 1 in 10 children between the ages of 5 to 16 had a mental health disorder (Office of National Statistics 2005). It is estimated that 10% of children experience mental health difficulties at any one time, and around 20% will have a mental health problem over the course of any given year (The Mental Health Foundation and Office of Health Economics 2005). A socio-economic comparison of children and young people with emotional disorders to those without reveals that: they are nearly twice as likely to be living with a lone parent (28% versus 15%); it is more than twice as likely that both parents will be unemployed (27% versus 12%); their families are more likely to be from social class V than social class I; parents are more likely to have no educational qualification compared with a degree or equivalent qualification (15% versus 6%); and nearly three times more likely to live in rental accommodation as opposed to owner occupied (17% versus 6%) (The British Psychological Society and The Royal College of Psychiatrists 2005; The Mental Health Foundation and Office of Health Economics 2005).

Among young people aged 11 to 15 years, there is a strong link between mental disorder and rates of smoking, drinking and cannabis use (Boys et al. 2003; Hall 2006; Office of National Statistics 2005). A higher prevalence of suicidal ideation and attempts, conduct disorders, anti-social behaviours and problems with anger are reported in boys than girls whilst girls have a much high prevalence of depression and eating disorder (Bennett and Bauman 2000; WHO 2002).

## 2.5 THE LIFESTYLE OF YOUNG PEOPLE AND BOYS

### 2.5.1 The Importance of Lifestyle Identity

In Britain the characteristics of young peoples lifestyles have been described as associated with clubs, computer games, music, fashion, graffiti, skate boarding and the potent mix of drugs, alcohol and sex (Aggleton et al. 2006; Barham 2004). The external manifestations of distinct lifestyle identities that young people express have been collectively subsumed under the heading of “*youth subcultures*” defined as, “*named groups of young people who are apparently characterised by their style and hairstyle, music preferences and beliefs*” (Widdicombe and Wooffitt 1995 p28 ), for example Rap, Gangsta, Emo and Grunge. Their values and lifestyle choices have been variously explained, often from within a fear driven context depicted by social breakdown, excessive materialism and a loss of traditional family values (Barham 2004; Brooks 2006; Layard and Dunn 2009; MacDonald and Marsh 2005).

Hebdige (2002) described “*style*” as political and as a celebratory declaration of overt subversive values, whilst Cohen (2002) questions whether all members are fully aware of the meaning of their particular subculture “*style*”. FitzGerald et al (2003) describes style in relation to the importance of image and status between peers which manifests in consumption patterns that require constant updating of objects, such as mobile phones, to avoid victimisation. Overall, there is agreement that subcultures fundamentally represent a form of resistance to structural inequalities that invest the “*haves*” with power, longevity and healthy lives but condemn the “*have-nots*” to a disadvantaged and subordinate socio-economic position and the increased prospect of shorter unhealthy lives (Brake 2003; Hebdige 2002; Marmot 2010; Wanless 2004; Welsh Assembly Government 2005; WHO 2003).

### 2.5.2 Health Risk Behaviours

#### 2.5.21 Problematic Internet Use

The Internet was used at home by 65% of children aged 8 to 11 years and 75% of young people aged 12 to 15 years mainly for school work or finding information in 2007 (Office of National Statistics 2010). Computer games are part of the everyday lives of young people and it is suggested that, “*excessive computer game playing*” (ECGP) (Beard and Wolf 2001) or “*problematic internet use*” (PIU)(Milani et al. 2009) has become a serious social problem (Allison et al. 2006; Grusser et al. 2007; Ng and Wiemer-Hastings 2005; Sun et al. 2008; Tao et al. ; Tejeiro Salguero and Moran 2002; Young 1998).

### 2.5.22 *Bullying*

A survey of pupils in Wales found that 32% of pupils aged 11 and 15% of pupils aged 15 had been bullied in the last 2 months (Welsh Assembly Government 2010). Due to social relationships on-line, many behaviours occur in cyberspace as well as the school yard (Juvonen and Gross 2008). Cyberbullying uses email, text and instant messaging to repeatedly harm, disrespect, and harass recipients (Li 2007; Swartz 2009). Because it is impersonal the threats are often vicious in nature. The National Children's Home Survey (2005) of young people aged 11-19 years found that 1 in 5 had experienced bullying or a threat by email (4%), from an internet chat-room (5%) or a text (14%). Three quarters of the young people knew the person who was bullying or threatening them. There is a paucity of research on the issue and Tokunaga (2010) found difficulty in conducting a meta-synthesis due to disparate conceptual and operational definitions used to understand cyberbullying.

### 2.5.23 *Sexually Transmitted Diseases*

The Independent Advisory Group on Sexual Health and HIV (2007) described the rise in STIs and the high levels of teenage pregnancy in the UK as "*disturbing*". There is evidence that smoking, alcohol, drug use and sexual activity are linked with initiation occurring between ages 11 and 15 years for males and females (Boys et al. 2003; Henderson et al. 2002; Independent Advisory Group on Sexual Health and HIV 2007; National Centre for Social Research and the National Foundation for Educational Research 2007; Saggars et al. 2006). These associations are strengthened by the multiple issues arising as a result of the wider social determinants of health (Hunter 2009; Marmot 2010; Saggars et al. 2006; Welsh Assembly Government 2005) and the micro socio-economic environment of the family (Rivers et al. 2006).

### 2.5.24 *Substance Use*

Of 35 participating countries in the *European School Survey Project on Alcohol and Other Drugs (ESPAD)* involving 15 to 16 year old young people, almost one third of the UK young people reported use of cannabis (29%) and the UK emerged as sixth for frequent drinking (88%) and third for drunkenness (57%). Drinking was strongly associated with age evidenced by 81% of 15 year olds and 20% of 11 year olds reporting that they had consumed alcohol at least once. Best (2006) found that two thirds of the excessive drinkers in their sample of 14 to 16 year old young people had used cannabis and the likelihood of cannabis use was three times greater in those who reported at least one episode of excessive drinking than the remainder of the sample. Although Jefferies et al (2005) asserted that excessive adolescent drinking was associated with excessive adult drinking, Cox et al (2006) distinguished between young people

who drank to have a good time or gain peer approval and those who drank for negative reasons. They found that negative reasons for drinking were more strongly predictive of drinking-related problems than positive reasons.

McArdle (2004) advocates that a history of alcohol misuse, illicit drug use and even cigarette smoking in young people need to be considered as possible indicators of complex underlying difficulties by practitioners (Best et al. 2006). This view is well supported by research that demonstrates links between smoking (Riala et al. 2004), alcohol consumption (Miller and Plant 2003; Riala et al. 2004), sexually transmitted diseases (Bennett and Bauman 2000), teenage pregnancy and illicit drug use. The literature also links drug and alcohol abuse to accidental or violent death (Schifano et al. 2003), affiliation with other deviant young people and crime (Best et al. 2004; Moffitt et al. 2002), psychiatric disorder (Boys et al. 2003; Farrell et al. 2001; Riggs and Davies 2002; Zammit et al. 2002), self harm and suicide (Biddle et al. 2008; Hawton and James 2005; Hawton et al. 2002). They are also linked to cognition impaired performance and school failure (British Medical Association Board of Science and Education 2003), breakdown of parent-child relationships and homelessness (McArdle et al. 2002).

#### *2.5.25 Crime*

Although the minimum age of criminal responsibility in England and Wales is 10 years, the British Crime Survey only records crime of people aged 16 and over (Kershaw et al. 2008). The main victims and perpetrators of youth violence offences are young people and the outcomes include death, physical and psychological injury, disability and reduced quality of life for individuals, families and communities (Mercy et al. 2002; Reza et al. 2001; Sivarajasingam et al. 2008). It can be highly visible as in sporting events, night life, between gangs and at school, or hidden such as bullying and dating violence (Bellis 2006). Multivariate analysis of the British Crime Survey data showed that being aged between 16 and 24 years, not married and male were most strongly associated with violence (Kershaw et al. 2008). These trends were also reflected in a study of prospective electronic data on violence-related attendances at 49 Emergency Departments, Minor Injury Units and Walk-in Centres in England and Wales. Out of a total of 57,259 people injured in violence during 2008, almost half (28,154) were aged between 18 to 30 years (Sivarajasingam et al. 2008).

Much work has been conducted towards achieving a clearer understanding of the factors that protect young people and predict their risk from youth violence (Cabinet Office: Social

Exclusion Taskforce 2008; Dahlberg et al. 2005; Department of Health and Human Services 2001; Losel 2002, 2007; Mercy et al. 2002; Resnick et al. 2004; Reza et al. 2001). Protective factors include a commitment to school, involvement in conventional social activities, positive adult role models, positive peer relationships, an intolerant attitude to deviance and a high IQ (Department of Health and Human Services 2001; Losel 2002; Resnick et al. 2004). *The Wave Report* 2005 singled out empathy as the greatest inhibitor of violent behaviours in children, a view fundamental to the *Roots of Empathy*, a Canadian parenting programme for children aged 3 to 14 years (Hosking and Walsh 2005).

Krug and colleagues (2002) developed an Ecological Model of key risk factors in youth violence. These include: individual, personal, relationship, community and societal contexts. Lösel (2002) examined the drivers of serious youth violence under themes congruent with an ecological approach. He reported low emotional attachment to parents or care givers, a history of early aggression, poor behavioural attitudes, early lying and stealing, hyperactivity, mental health issues and fragile or low self-esteem. Family risk factors included insufficient learning of empathy, witnessing domestic violence, being physically or sexually abused, low parental education and income, parental substance misuse and criminality, poor monitoring and supervision by parents, authoritarian parental attitudes, harsh or lax disciplinary practices, parents condoning problematic behaviour, lack of involvement in the young person's life and high levels of family disruption. Risk factors associated with school comprised a low commitment to school, truancy, school failure and poor academic performance, and the low engagement of their parents with school. Factors associated with peers consisted of association with deviant peers, rejection by peers, links between victim and offender, coercion and grooming by older sibling or peers and involvement in gangs. Lifestyle risks involved the use of tobacco, alcohol and or drugs abuse. Finally, community and neighbourhood risks include socially disorganised communities, drugs and alcohol availability, firearm availability, exposure to racial prejudice and violence, issues of territory or post codes, and "*street justice*" or respect.

#### 2.5.26 Masculinity

A body of literature has developed around masculinity and what it means to be male (Kimmel et al. 2005; Schauer 2004). Research has consistently identified a link between mental health issues and how young men interpret and demonstrate their masculinity (Harland 2005). ChildLine (2003) reports that boys hold a stereotyped image of masculinity which prevents them from seeking or accepting help when they need it.

The relationship young men have with risk taking is complex but proving yourself a man, the “*adrenaline buzz*” experienced from risk taking and personal responsibilities appear to be central to these behaviours (Working With Men 2007). Michael and Ben-Zur (2007) found that risk taking by boys was related to an intense orientation towards peers which might be best addressed through group interventions aimed at peer cliques. The presence of peers was found to double engagement in risk taking in a study conducted by Gardner and Steinberg (2005). However, Sumter et al (2009) reported a lack of clarity in the literature between susceptibility to general or deviant peer influences. Recent literature demonstrates a decline in anti-social behaviour during transition into adulthood and that this was accompanied by simultaneous reductions in associations with deviant peers and susceptibility to peer influences (Monahan and Cauffman 2009; Steinberg and Monahan 2007).

### **2.5.3 Health Enhancing Behaviours**

Health enhancing behaviours can prevent premature mortality and risk of chronic disease (Brunner 2005; Child and Adolescent Health Research Unit 2005; Chomitz et al. 2003; Laws et al. 2009; Schultz 2005). This evidence is reflected in a range of government policy advocating healthy workplaces (Black. 2008), healthy schools (Department for Education and Skills 2005a; National Healthy Schools Standard 2004; Ofsted 2005a, 2006; Welsh Assembly Government 2009b), healthy minds (Layard 2008; Mental Health Foundation 1999; National Assembly for Wales 2001; The Mental Health Foundation and Office of Health Economics 2005), with particular emphasis on healthy eating and physical activity (Cross-Government Obesity Unit 2009; Department of Health 2009a; Welsh Assembly Government 2003a, b).

Involvement of schools in the *Physical Education, School Sport and Club Links Strategy* (Department for Education and Skills and Department for Culture 2005) has been effective in widening participation in after-school and community club sports (Office of National Statistics 2009a; Ofsted 2009; Quick et al. 2009). However it commented that, “... *it has yet to have sufficient impact on tackling the health issue of childhood obesity*” (Ofsted 2009 p6). Furthermore, Quick et al (2009) found that schools from deprived areas were over-represented amongst the lowest performing on participation in PE and out of hours sport. Waring and Mason (2010) highlight the need for a dedicated pro-active approach to increase participation of marginalised groups supported by strategies that identify and address the barriers that prevent engagement.

The impact of frequency of exercise and consumption of a diet that includes fruit, vegetables and dairy products on health in relation to unhealthy behaviours, like smoking, is not fully understood (Wilson et al. 2005). The literature agrees that few adolescents consume fruit and vegetables in the amounts recommended to prevent chronic diseases and excessive weight gain (Larson et al. 2008; Sallis et al. 2003; Wilson et al. 2005). The social and physical environments of families, schools and communities are important influences on what young people choose to eat, food portion size, cultural values held, preparation and mealtime practices (Lytle et al. 2006; Patrick and Nicklas 2005; Sallis et al. 2003). Food availability and ease of accessibility of foods for consumption are identified as powerful influences on food preferences and consumption by young people (Larson et al. 2008; Patrick and Nicklas 2005).

The importance of parents and schools in fostering healthy eating patterns is confirmed by the literature and includes attitudes to food, making healthy choices appealing, age appropriate portions and assessment of satiety (Patrick and Nicklas 2005; Sallis et al. 2003; Story et al. 2002). Unfortunately, the challenges of changing the school and home food environments are considerable (Hunter 2009; Patrick and Nicklas 2005; Sallis et al. 2003) and evidence suggests that school to home influences are not strong enough to change the family food environment (Lytle et al. 2006). Finally, very few studies have asked young people what they consider a healthy diet, focusing instead on the barriers to eating healthily (Nichter 2003; Stevenson et al. 2007; Trew et al. 2005; Wills et al. 2006).

## **2.6 HEALTH-HELP RELATED SERVICES FOR YOUNG PEOPLE AND BOYS**

### **2.6.1 Listening to Young People**

Organisations and professionals are encouraged to develop listening cultures that respect the rights of children and young people (Curtis et al. 2004; Department for Education and Skills 2001b). Government policy advocates the involvement of children and young people in designing, planning and evaluating services specific to them that draws on research findings of the perspectives they hold on their needs and on appropriate service provision (Combe 2002; Department for Children Schools and Families 2009d; Department for Education and Skills 2001b, 2005b). Within education Sir Alastair MacDonald's Review (2009) upheld the notion that children and young people should have increased opportunities to participate in shaping their PHSE education learning experiences.



### **2.6.2 Educating for Healthy Lifestyles**

Due to a combination of curriculum, time-tabling and staffing pressures, primary and secondary schools deliver a patchy programme of PHSE education to inform the decision making of children and young people. If considered over the full extent of secondary education, anecdotal evidence suggests that less than 1% of curriculum exposure is dedicated to health related issues (House of Commons Children Schools and Families Committee 2009; Qualifications and Curriculum Development Agency 2009). This is supported by evidence presented by the Independent Advisory Group (2008) who reported that on average, children and young people receive 5.9 hours a year of PHSE drugs education in primary schools and 7.8 hours per year in secondary schools. The TellUs3 Survey (Ofsted 2008) reported that 37% of participating children and young people indicated that they needed more information on sex and relationships, 25% on drugs and alcohol, 23% on smoking, and 20% on healthy eating. A survey conducted by the UK Youth Parliament reported that 40% of respondents aged 11 to 18 thought that sex and relationship education was either poor or very poor (2007).

Ofsted supports the position that schools have a major part to play in enhancing the personal and social development of young people through whole school approaches (National Healthy Schools Standard 2004; Ofsted 2005a) and planned PHSE learning opportunities (Ofsted 2007). This view is further underlined by *Your Child, Your Schools, Our Future* (Department for Children Schools and Families 2009d) and *Healthier Lives, Brighter Futures* (Department for Health Department for Children Schools and Families 2009).

### **2.6.3 “Boys Only” Health Related Help**

*The Gender Equality Code of Practice* (Equal Opportunities Commission 2006) focuses service providers on issues concerning gender imbalance between female and male use of public services. Forrest (2007) reports that the proportion of young men using sexual health services remain below 20% of their clientele and the literature confirms that generally young men are less well informed than young women of the same age (Duncan 2002; Lewis et al. 2004; Sahili et al. 2002). The literature also indicates that first sexual intercourse is a key trigger for the use of sexual health services by young men, primarily to obtain free condoms, but also because it was viewed as part of becoming “more adult”. On this basis, Forest (2007) recommended that promotional information and interventions are timed to coincide with this significant milestone. On prevention of teenage pregnancy, programmes and research have focused on young women and there is little on preventing teenage fatherhood or perspectives young men hold on desirable attributes of effective sexual health programmes (Brooks et al.

2009). Compared to teenage mothers, Bunting (2004) found that young fathers reported little or no contact with midwives, health visitors and social workers.

## **2.7 SEBDS GENERALLY AND IN RELATION TO BOYS**

The literature examines SEBDs from different perspectives including bio-genetic causation, socio-environmental influences, gender differences and debated issues concerning support and management.

### **2.7.1 Biogenetic Perspectives**

Biosocial perspectives raise the complexity and diversity of factors that influence behavioural manifestations of social and emotional difficulties. Questions asked pertain to the extent genetic determinism contributes to externalising behaviours that are impulsive, anti-social, aggressive, disobedient or lack empathy (Caspi et al. 2002; Enebrink et al. 2005; Fowler et al. 2009; Guo and Tillman 2009; Kahn et al. 2003; Lacourse et al. 2006; Limosin et al. 2003) and if they are intergenerational (D'Onofrio et al. 2007). A number of longitudinal studies highlight the cumulative effects of environmental influences, particularly on vulnerable families with multiple risk factors (Caspi et al. 2007; Jaffee et al. 2005a; Jaffee et al. 2005b; Jaffee et al. 2003; Kim-Cohen et al. 2005; Wang et al. 2002).

### **2.7.2 Socio-Environmental Influences**

Because SEBDs are more common in children from deprived and crime riddled neighbourhoods (Beyers and Loeber 2001) many causative theories attribute SEBDs to structural inequalities (Barreau et al. 2008; Rivers et al. 2006; Sampson and LaubJ 1994). Schonberg (2007) link the extent and duration of conduct problems to maternal depression, negative parenting and family stress.

Ineffective parenting has been found to have a cumulative negative influence for children at risk of SEBDs (Gerdes et al. 2003; Hurt et al. 2007). Unfortunately, community-based parenting programmes experience recruitment difficulties and high drop-out rates (Orrell-Valente et al. 1999). Family functioning and the quality of parent-child relationships impact on young people's peer functioning, identity and subsequently their behaviour (Desbiens and Royer 2003; Hurt et al. 2007; McCarroll et al. 2009). Peer identity and family support influence positive or negative perceptions of school and teachers as supportive (Kenny and Bledsoe 2005; Swinson and Melling 2003).

### **2.7.3 Differences Between Boys and Girls**

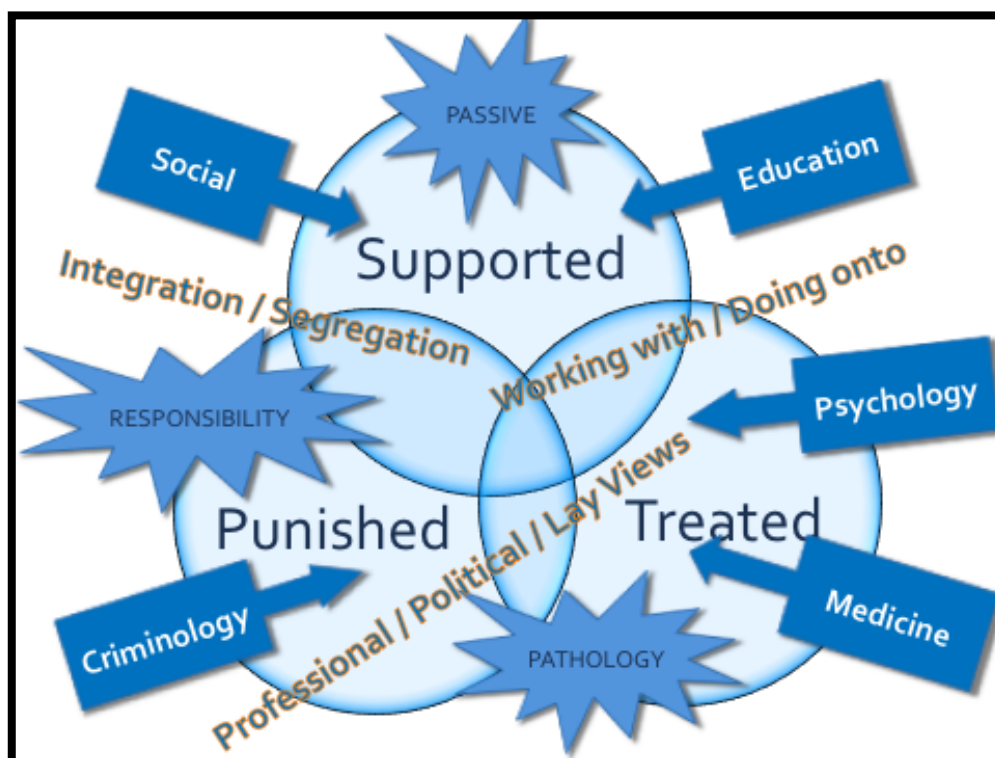
The literature is not conclusive in its discussion of differences between boys and girls with SEBDs although the populist view is that boys exhibit more externalised behaviour than girls. Abikoff (2002) reported lower overall rates of rule breaking and less severe disruption by girls with ADHD than by boys. Evidence indicates that boys and girls share many similarities in their presentation of conduct disorders and increasingly suggests the differences have been overstated (Ehrensaft 2005; Putallaz and Bierman 2004).

### **2.7.4 Support and Management**

The dynamic temporal nature of socio-cultural constructions of SEBD interventions is embodied in the descriptors of young people with SEBDs. Macleod's description, "*young people in trouble*" (2006 p155), reveals a view that these young people need support. Historical examination exposes negative views based on beliefs of wilful intent focusing on the externalised socio-behavioural aspects. Terms of reference include "*social handicap*" (Scottish Education Department 1952); "*maladjustment*" (Ministry of Education 1953); "*deviant*" (Becker 1963; Goffman 1963; Goffman 1961); "*delinquency*" (Farrington 1993; Scottish Education Department 1964); "*antisocial behaviour*" (Department for Education and Skills 2007; Gotesman and Goldsmith 1994; Office 2007; Putallaz and Bierman 2004; Scottish Parliament Communities Committee 2004); and "*disaffected*" (Colley 2003).

There need not be a medical diagnosis for a child or young person to be identified as SEBD (Department for Children Schools and Families 2008a) and the interdisciplinary tensions around managing young people with SEBDs are tangible. They assert irreconcilable views comprising punitive versus welfare versus psycho-medical (Cole 2005; Garland 1990; Lloyd 2005; McCracken 1992; Ted and Harry 2003; Tutt 1974), integrated versus segregated and "*working with*" versus "*doing onto*" approaches (Hall et al. 2004; Kane and Head 2004; Nafsika 2002). If the conundrum of individual agency, environment, or disorder are followed through it leads to critical questions that ask whether "*to blame*", "*to support*" or "*to treat*", which in turn lead to distinct approaches (Figure 3)(Parsons 2005).

Figure 3 Divergent Discipline Perspectives on SEBDs



Urged by the concerns and difficulties encountered by schools in managing young people with SEBDs in their classrooms (Audrey 2006; Bennett 2006; Bullen and Hey 2000; Canu 2007; Hanko 1994; Nelson and Maculan 2001) and the dissatisfaction expressed by pupils with SEBDs of their school experience (Lloyd 2005; Macleod 2006; Polat and Farrell 2002; Wise and Upton 1998), Daniels (2006) advocates the development of *eco-systemic* collaborative cultures in schools. He argues that the support of young people with SEBDs is overly reliant on safe individualistic teacher-child attachments, referred to in the literature as *personalised learning* (Sebba et al. 2007). Underpinning personalised and eco-systemic approaches are respective positions of causation, bio-genetic (Abikoff et al. 2002; Dodge and Pettit 2003; Gottesman and Goldsmith 1994; Harvey et al. 2007; Moffitt et al. 2002; Moffitt 1993; Speltz et al. 1999) versus systemic socio-cultural respectively (Corbett 2001; Hanko 2003; Visser and Cole 2001). By directing the spotlight on the behaviour of individuals the complicity of the school structures and regimes in causation remain concealed and unchallenged (Cooper et al. 1994).

The eco-systemic approach does not dispense with the person but conceptualises individuals with SEBDs within interdependent contexts (Cole 1996) of a diversity of systems (Cole 1998) operating within a dynamic cultural medium (Engestrom 1993). Daniels (2006) explains that if a pupil is viewed as part of a number of interconnecting systems, such as an internal physical

and emotional system, a family system, a classroom system, and a peer group system, at different times elements of these systems may create difficulties (Cole 1998). Like wise, the contexts that surround, support and define the cultural medium of each pupil's interactive experience and their fields of discourse may create difficulties (Cole 1998).

Emotional intelligence (Goleman 1995, 1998; Petrides and Frederickson 2004) and emotional literacy (Killick 2006; Orbach 1999; Park and Goodman 2003; Sharpe 2001; Weare 2004) have potential to contribute to an organisational and professional culture that values the emotional well being of pupils (Department for Education and Skills 2005a; Department of Health Department for Education and Skills 2004; National Healthy Schools Standard 2004). Programmes that promote emotional well being have been reported to achieve improvements in those pupils with SEBDs leading to greater inclusion (Catalano et al. 2002; Greenhalgh 1994; Wells et al. 2003) The values that emotional literacy transmit, such as respect, co-operation, and consideration, embraces a whole school ethos which would include outside agencies (Killick 2006). Barth (2006) asserts that these values are not taught but modeled and incorporated into every aspect of school life. A school that strives to achieve emotional literacy should develop increasingly "*responsive*" and "*connective pedagogy*" to pupil need (Corbett 2001).

## **2.8 PERSPECTIVES OF BOYS GENERALLY AND BOYS WITH SEBDs ON HEALTH, LIFESTYLE AND HEALTH-HELP RELATED SERVICES**

Two discrete literature searches were conducted to find UK perspective studies for review on health, lifestyle and health-help: firstly that included or were of boys generally and secondly, that included or were of boys with SEBD. On searching for this literature it became evident that there are few *perspective* studies exploring views relevant to health, lifestyle and health-help that accord a voice to young people, or just to boys, aged 13 to 18 years. Because subjective perspectives are the central focus of the aims and objectives of RAP 'n CAB, it is important to firstly define the design characteristics of a "*perspective paper*" and the comprehensive literature search methodology.

### **2.8.1 Definition of a Perspective Study**

As discussed by Madge and Willmott (2007) a range of quantitative and qualitative methods have been used to tap into the perspectives held by young people. For the purpose of this literature review a "*perspective paper*" is defined as reporting research that has a qualitative

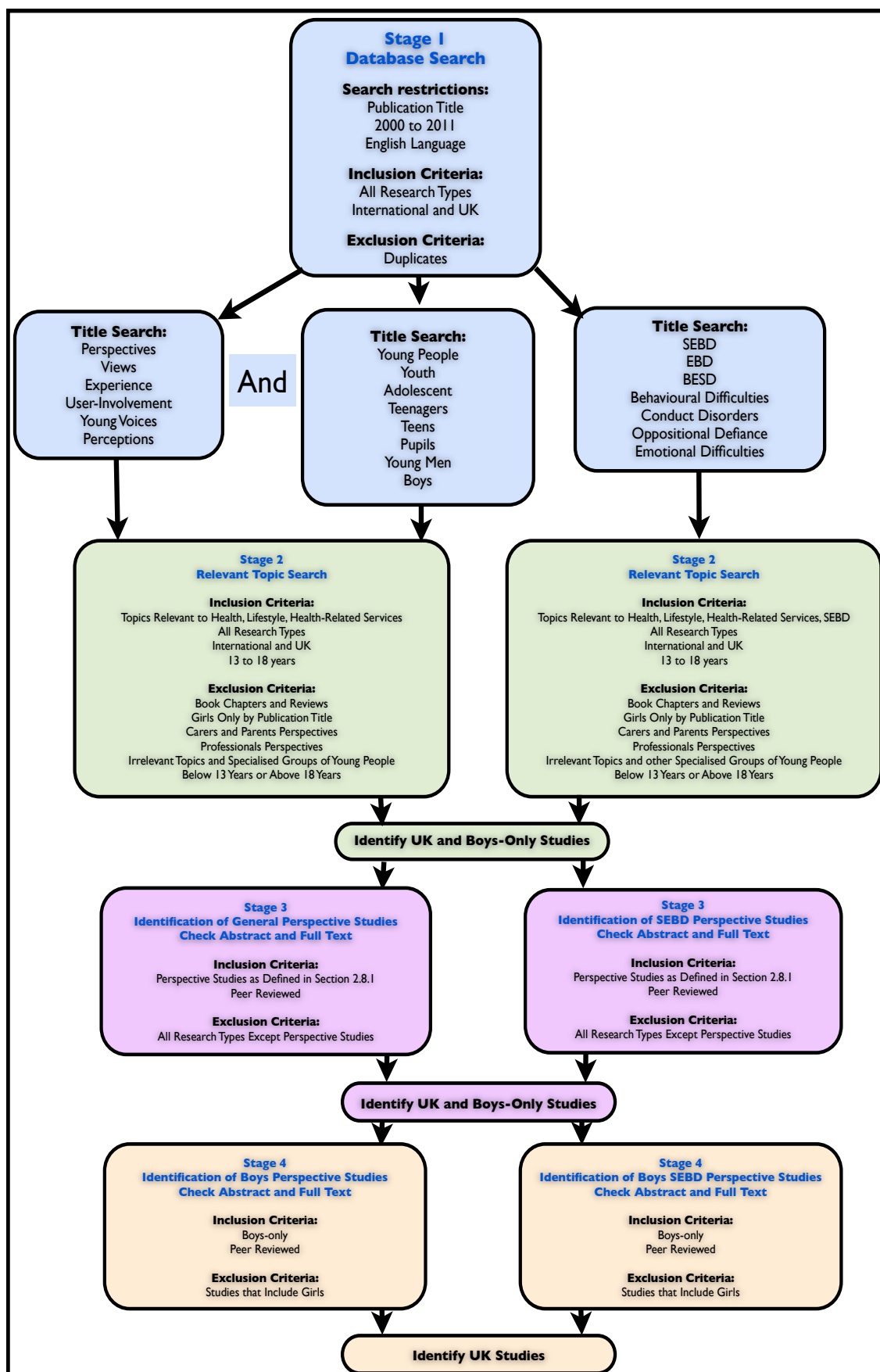
design, or is the qualitative element of a mixed methods design, that aims to explore expressed personal subjective views and experiences in order to gain greater understanding and insight (Spencer et al. 2003). A mixed methods design may, for example, use questionnaires and interviews or focus groups to explore an issue. Selected “*perspective studies*” for review will collect data using exploratory one-to-one interviews, focus groups or arts based methods and analysis will be inductive using coding and thematic methods with findings supported by verbatim quotation of the raw or transcribed data and validation by the participants (Spencer et al. 2003).

### **2.8.2 Search Strategy for Perspective Studies**

As stated, the overall search strategy for perspective studies involved two separate searches of the literature. Firstly for perspective studies on young people generally including identification of boys-only studies (Table 3). This provided a wider search context on the premise that context is important to deriving meaning from qualitative perspectives expressed (Cresswell 2008; Riessman 1993; Spencer et al. 2003). There is also the opinion that young people with SEBDs share some of the same health needs and requirements for health-related help as any other young person (Borgmeyer et al. 2005; Child and Adolescent Health Research Unit 2005; Clark 2004; Lightfoot and Bines 2000; Ofsted 2005b; Welsh Assembly Government 2009b). This broad strategy also optimised opportunities for finding relevant *perspective studies* as demonstrated in the Search Results presented in Tables 3 and 4 below. Secondly a systematic search was conducted for perspective studies on young people with SEBDs which included the identification of boys-only studies (Table 4). This highlighted the scarcity of such studies. Due to this apparent lack of *perspective studies* the reference lists of relevant literature reviews that had been revealed by the electronic database search were hand-searched for any relevant studies that had not been identified. No further relevant *perspective studies* were identified.

The resultant *perspective studies* for review were identified using a four stage systematic search process illustrated in Figure 4. During Stage 1, five electronic databases were searched individually using the respective generic search terms cited in Figure 4. They aimed to be as inclusive as possible to maximise the capture of topic relevant studies, and ultimately *perspective studies*, yet ensure that the search results could be managed within the constraints of a Professional Doctorate.

**Figure 4 Search Strategy for Perspectives Studies Showing Restrictions, Keywords, Inclusion and Exclusion Criteria and its Four Stages**



The choice of databases was decided by those available at the University of Bath that best reflected the multifaceted nature of disciplines (Figure 3) that would seek to explore the perspectives young people hold on aspects of health, lifestyle and health-help related services focusing on those of boys generally and more specifically, those of boys with SEBDs. Databases used therefore, not only encompassed medicine and health generally (*PubMed and Cochrane*) but also mental health and psychology (*Pubmed, Cochrane and PsycINFO*), education (*ProQuest which includes ERIC*) and the social sciences (*Web of Science*). All duplicate studies were automatically electronically deleted within databases but not between databases. The latter gave rise to a considerable sharing of published literature. Of the keywords used during stage 1, “*adolescent*”, “*young people*” and “*youth*” combined with “*perceptions*”, “*perspectives*”, “*experience*” and “*views*” were consistently the most productive in identifying relevant studies for young people generally. For young people with SEBDs the keywords, “*behavioural difficulties*”, “*emotional difficulties*”, “*conduct disorder*” and “*EBD*” were most effective.

Stage 2 of the search strategy aimed to identify research studies that focused on topics relevant to health, lifestyle and health-related help for both young people generally and for young people with SEBD. Any book chapters or book reviews were eliminated as were girls-only studies and parental or professional perspective studies. Stage 2 also aimed to exclude studies that were outside the 13 to 18 years age cohort as perspectives held by children aged 5 to 12 years and by young men and women aged 19 to 25 years would be less relevant to the RAP ‘n CAB research participants, aged 14 years, and would present the added difficulty of wide ranging developmental differences. The study sample characteristics were assessed, as far as possible, by information provided in the *publication title* but review of abstract contents or full text was carried out as necessary. This stage aimed to maximise the inclusion of relevant studies to the RAP ‘n CAB research objectives and to identify UK and boys-only studies.

Stages 3 and 4 of the search strategy presented the biggest challenge as it was at these stages that peer reviewed *perspective studies* relevant to the health, lifestyle and health-related help of young people generally, young people with SEBDs, boys generally and boys with SEBDs were identified (Figure 4). To achieve this, review of abstract contents or full text was necessary. On young people generally, accounting for duplicates and studies outside the inclusion criteria, a total of 24 UK *perspective studies* were identified for review (Appendix 31) with 1 UK boys-only



study. Excluding duplicates and studies outside the inclusion criteria, 4 UK studies and no UK boys-only studies were identified for in-depth review on young people with SEBD (Appendix 32). Finally, after identification of *perspective studies* on relevant topics, the full texts of those conducted in the UK were downloaded and scrutinised for final decision making on their inclusion for review.

The role of qualitative evidence in policy making is clearly recognised in the UK and as a result the Cabinet Office commissioned the development of a quality assessment framework for qualitative research (Spencer et al. 2003). Each of the selected "*perspective studies*" is assessed drawing on the guidance and appraisal questions of the Cabinet Office document (Spencer et al. 2003) but using a condensed version of the framework covering key quality indicators on which to assess credibility of the aims and objectives in relation to the research design, sample composition, data context, data collection, data analysis and findings (Appendix 31). As stated by Spencer et al (2008 p4), the framework is devised, "*to aid informed judgement, not mechanistic rule-following*".

### **2.8.3 Critical Review of Young People Perspective Studies**

Twenty four UK "*perspective studies*" were identified for in-depth review and a summary appraisal of each of these studies is presented in Appendix 31. Table 3 below shows the scope of the search undertaken. There was also 1 UK boys-only perspective study, but it was not considered relevant to the RAP 'n CAB research objectives as it discussed the perspectives of high achieving academic boys on the benefits of singing in a church choir. Of the 24 studies included for in-depth review, 10 were the qualitative elements of mixed methods designs using survey methods, one was nested within a random controlled trial, and 6 were part of larger national or regional studies. Each of the selected studies discussed perspectives held by UK young people, including boys, on themes bearing relevance to their health, lifestyle and to use of health-help. Topics included healthy eating and obesity, facets of sexual health, the need for mental health education and school-based help, the impact of working parents; views on a range of healthcare providers and of multi agency working, school smoking policy, tobacco and illegal drug use, perceptions of health risks, growing up in poverty, the experience of disaffection, and health-related use of the internet (Appendix 31).

**Table 3 Database Search Results for Perspectives Studies of Young People Including Boys Using Search Strategy Illustrated in Figure 4**

Database	Stage 1 Total Hits  Excludes duplicate studies electronically	Stage 2 Relevant Topic Hits that include Boys  Excludes irrelevant topics to RAP'n CAB objectives, book chapters, book reviews, girls only studies, carers, parents and professionals perspectives	Stage 3 Perspective Studies on Young People including Boys  Excludes all study types except perspective studies as defined in Section 2.1	Stage 4 Perspective Studies on Boys  Excludes all perspective studies that include girls
Pubmed	358	114 6 Boy studies (0 UK) 21 UK studies	49 5 Boy studies (0 UK) 7 UK studies	5 0 UK studies
Cochrane	27	10 0 Boy studies (0 UK) 2 UK studies	2 0 Boy studies (0 UK) 1 UK studies	0 0 UK studies
PsycINFO	1451	249 13 Boy studies (3 UK) 32 UK studies	74 7 Boy studies (1 UK) 7 UK studies	8 1 UK studies
Web of Science	2671	268 5 Boy studies (0 UK) 58 UK studies	68 4 Boy studies (0 UK) 12 UK studies	4 0 UK studies
ProQuest	1676	210 9 Boy studies (0 UK) 52 UK studies	54 5 Boy studies (0 UK) 9 UK studies	5 0 UK studies

### 2.8.31 Methodological Characteristics

The UK perspective studies reviewed raised a range of methodological issues but also demonstrated points of good practice which will be highlighted. The methodological characteristics of the studies will be reviewed in relation to their reported samples, data collection procedures, and analytical credibility.

#### 2.8.31.1 Samples

The study samples varied in a number of important ways which included their age composition, other sample population characteristics, recruitment sources, size and sampling methods. Differences of age inclusion were striking including sample populations comprising: exclusively 13 year olds (Turner and Gordon 2004b); 12 to 14 (Kidger et al. 2009), 12 to 15 (Hartas 2011) and 12 to 16 year old young people (Daley et al. 2008); 14 to 15 (Lewis et al. 2008), 15 to 16 (Denscombe 2001) and 16 to 18 year olds (Brown et al. 2007; Kloep et al. 2010). A common strategy across studies was to sub-group their samples using the structure of the school year cohorts to enhance analytical visibility of developmental differences and to strengthen experiential homogeneity and compatibility between young people when focus groups were used (Bell 2009; Fox and Butler 2007; Kidger et al. 2009; Stevenson et al. 2007; Woolfson et al. 2008).

The diversity of sample age range resulted in some of the studies presenting views of younger children aged outside the review's inclusion criteria of 13 to 18 years. For example, Walker et al (2008) utilised a purposive sample of 6 to 16 year old children and young people and Curtis (2008) of 10 to 18 years. Half of Woolfson et al's (2008) sample was recruited from the early years and primary sector with only 50% of its recruits from the secondary sector. Two samples started at 12 years of age (Daley et al. 2008; Kidger et al. 2009). There were also samples that extended beyond the upper age limit of the review's inclusion criteria: Ross et al (2010) used a sample that included males aged 16 to 25 years, fitting its research focus and Yu et al (2011) of 16 to 19 year olds. It was difficult to assess, but there was variability in the ratio of male to female participants in study samples. Some studies, perhaps because of the research focus, found it more difficult to recruit boys, for example, a ratio of 2 females to 1 male in a study by Brown et al (2007) to discover the beliefs and experiences of hormonal contraceptive use. For some studies the ratio was around 50% (Denscombe 2001; Hayter 2005; Kloep et al. 2010; Ross et al. 2010; Turner and Gordon 2004a; Wills et al. 2006; Woolfson et al. 2008).

Sample sizes were equally diverse ranging from: 13 participants making up a single online focus group (Yu et al. 2011); 18 disaffected students taking part in 3 focus groups (Hartas 2011); between 28 and 50 participants engaging in one-to-one interviews of a sensitive discussion subject (Daley et al. 2008; Ingram and Salmon 2010; Lewis et al. 2008; Wills et al. 2006); 30 young couples who were interviewed pre and post their transition to parenthood (Ross et al. 2010); to larger studies where focus groups and one-to-one interview were used including one study of 123 young people exploring health risks (Denscombe 2001) and another comprising 309 young people who participated in focus groups and 32 in interviews to explore the role of embarrassment and self-presentational concerns in help seeking (Bell 2009).

Most sample populations were recruited from secondary schools including a 6th form college (Brown et al. 2007) and the youth service (Bell 2009). There was considerable diversity of recruitment source dependent on the research focus, each presenting different research challenges. Curtis (2008) addressed the delicate issue of recruiting a purposive sample of young obese people by collaborating with a local obesity intervention programme. It was acknowledged that participation in this programme may influence views expressed by their sample population on the study focus: their experience in secondary school as young people with obesity. Several studies recruited directly from a health service source and included primary care providers, sexual health out reach clinics (Hayter 2005), and a local maternity hospital (Ross et al. 2010).

A range of sampling methods were used, each concomitant with differing strengths and shortcomings. Due to an overwhelming response, Fox and Butler (2007) used random selection as a pragmatic strategy to recruit participants for focus groups from a larger survey. Turner and Gordon (2004b) used convenience sampling to explore the views young people had on the extent to which school staff should enforce smoking restrictions. Subsequently they point out that their sample may have been populated by non-smokers so that their findings may not represent the views of smokers. Recruitment by friendship groups was found to be a convenient and effective approach that emboldened young people towards participation in research but at the risk of excluding those young people who were outside friendship groups and crucially, of failing to realise a representative sample (Curtis 2008; Turner and Gordon 2004b). However, this approach was entirely appropriate for the exploration of issues concerning smoking and friendships using focus groups made up of friendship clusters (Turner and Gordon 2004a).

This review highlights how the qualitative sampling methods of convenience and purposive share recruitment strategies that enhance their amenability to the human focus of diverse participant characteristics, the socio-cultural geographic context of lifestyle and settings, and the infinite breadth of qualitative inquiry. For example, Kloep (2010) used self-referred young people from a deprived mining area to populate a convenience sample to explore developmental forces of individuals living in an adverse social setting. Hartas (2011) also used self-referred volunteers but to populate a purposive sample of young people defined by their teachers as disaffected. The research aimed to gain greater understanding of disaffection and to give these individuals a space to express their views. Curtis (2008) recruited young people who have obesity to a purposive sample but used friendship-based focus groups to maximise support between participants during data collection. Whilst the latter study's major challenge was to identify young people with obesity, the sampling of a study conducted by Walker et al (2008) was purposive in multiple dimensions including family status, age, gender, geographical location, class and ethnicity. Detailed description of the sample characteristics evidence that the children and young people came from divorced, separated, unmarried and widowed families in addition to a sample balance of participants from single and two-parent families.

Several studies used a multi-centre approach to increase the diversity of the perspectives explored. Some studies used the same setting type, secondary schools, but in different

geographical parts of the UK and with varying degrees of socioeconomic challenges (Denscombe 2001; Fox and Butler 2007; Woolfson et al. 2008). Others used mainstream schools and pupil referral units in different geographical areas of the UK (Bell 2009; Craig and Stanley 2006)

#### *2.8.31.2 Data Collection*

All the studies used focus groups and / or one-to-one interviews to collect data which was audio recorded. Both these methods are entirely suited to the purpose of a qualitative study that sets out to explore subjective perspectives (Cresswell 2008). Generally, the reviewed studies gave clear rationales for their choice of data collection method. It was evident that one use of interviews was to support the inclusion of young people who, for a range of reasons, felt unable to participate in a focus group. For example, Hartas (2011) organised one-to-one interviews for young people who required a private space for discussion but used focus groups as the main data collection procedure. The study by Curtis (2008), also looked to implement data collection from young people with obesity, sensitively arranging interviews in their home to maximise inclusion.

Interviews were also used to enable the confidential and anonymous exploration of sensitive issues (Daley et al. 2008; Hayter 2005; Ingram and Salmon 2010). Brown (2007) used in-depth semi-structured interviews to explore experiences and beliefs of young people in relation to teenage pregnancy and contraception. In recognition of the sensitive nature of issues discussed and to improve the quality of data obtained, Brown (2007) ensured that there were similarities between the interviewer and interviewee to make the interviewees feel more comfortable. Brown (2007) also used a pilot interview to test if their schedule was suitable and to enable the exploration of possible prompts. Denscombe (2001) used female interviewers for girls and male interviewers for boys as did Lewis et al (2008).

The organisational pragmatic flexibility that interviews offer was harnessed by Ross et al (2010), to conduct a 2 phase data collection pre and post young couples becoming parents. This was crucial to the fulfillment of the aims of the study: to gain insight into the experience of transition to parenthood. Of the 60 original young people involved in the first phase 50 agreed to be interviewed in the second phase. The couples that did not attend had split up meaning that the study presented limited information on the couples no longer together. Interviews are also flexible in their questioning format and Kloep et al (2010), who were exploring perceived developmental forces in coping with adverse social settings, used broad open questions to

avoid imposing preconceived topics. Lewis et al (2008) were innovative in their development and use of vignettes which aimed to provide context that helped to concretize the abstract research ideas so that the young people participants could relate to them.

As stated, the procedures of data collection highlighted differential use of interviews and focus group. The group processes of focus groups have been shown to be particularly effective with young people and in supporting the exploration and clarification of views (Hyde et al. 2005; Kitzinger and Barbour 1999). Focus groups were used on the basis that they would encourage open debate and shared recollection (Stevenson et al. 2007; Turner and Gordon 2004b). However, Turner and Gordon (2004b) highlight the dangers of collusion and of capturing unrepresentative view points when focus groups are friendship based. Single sex focus groups were held where the issues was considered to have gendered differential perspectives or girls and boys together would find it difficult to speak out in front of the other sex. Kidger et al (2009) justified the use of single sex focus groups because girls and boys may have different emotional needs and coping strategies. Yu et al (2011) used an online asynchronous focus group facilitated by 2 moderators to gain insight into the views of young people on sharing health related stories on the internet. There was detailed discussion of their data collection which occurred over 3 weeks. However, with just one focus group it was acknowledged that it was difficult to evaluate the extent to which the online environment may have facilitated or inhibited participants to express their views.

#### *2.8.31.3 Analysis and Credibility*

There was varied attention to description of the data source contexts such as: participant characteristics, school profiles and area socioeconomic information; influential local and national policy; and relevant published literature. It was indicated by each of the reviewed studies that their data had been subject to systematic thematic analysis from verbatim transcriptions. Only three studies used theoretical approaches to analysis, Bell (2009) and Kloep et al (2010) using grounded theory and Brown (2007) using interpretive phenomenological. None gave detailed descriptions of how the analytical themes had been generated. Wills et al (2006) involved a number of researchers in thematic analysis of transcripts ensuring that they were not aware of which transcript came from normal, overweight or obese participants to avoid preconceived ideas. Double blind focus groups were conducted by Turner and Gordon (2004a) to ensure that neither pupils nor researchers knew the smoking rates for each school to avoid contamination of the data.

There was evidence of attention to the minority or divergent views. Stevenson (2007) describes the writing of notes on similarities, differences, connections and contradictions between data obtained from focus groups examining young people's views on food and eating. This directly facilitated the identification of barriers to healthy eating which was the overall aim of the study. A survey was used by Woolfson et al (2008) to extend exploration of themes on age and gender differences that emerged from their focus groups. Clear conceptual links are demonstrated between the findings and the aims and objectives of the studies. Verbatim quotes are used throughout the reviewed studies to support commentary on findings that enable appraisal of their credibility. Two studies described some degree of participation in the research process and validation of findings through advisory groups of young people. They contributed to the design of research tools in Bell (2009), suggested means of access to respondents in Craig and Stanley (2006), and discussed emerging findings in both studies.

#### *2.8.32 Study Findings on Young People's Views*

Each of the 24 studies selected focused on an aspect of health, lifestyle or health-help. Plainly a key finding from this review was the paucity of qualitative perspective studies undertaken and published in peer reviewed journals in the the UK on young people aged 13 to 18 years. This underpinned the justification for many of the studies (Craig and Stanley 2006; Kloep et al. 2010; McKeganey et al. 2003; Turner and Gordon 2004b; Yu et al. 2011) and to give young people a voice (Fox and Butler 2007; Harris and Allen 2011; Kidger et al. 2009; Kloep et al. 2010; Woolfson et al. 2008). Even so, due to the widely varying sample characteristics in terms of: age composition; balance of male and female participants; socio economic and family background; secondary school profiles and ethos; residency in Northern Ireland, Wales, Scotland and England which devolved and UK government policy affect; urban or rural areas including areas of deprivation; and based on friendship, purposive or random recruitment; it would not be appropriate to synthesis their findings. Nevertheless, a number of interesting and notable findings did emerge from the review in key areas: health-related help; health; and lifestyle. The themes that emerged are comprehensively presented in Figure 5 below.

##### *2.8.32.1 Health-Related Help*

Health-related help encompassed the mainstay of findings that emerged from this review. Major themes that emerged across studies in this area included: a concern for stigma, exposure and humiliation; being valued and feeling esteemed; and a diverse range of recommendations that strived towards increasing accessibility of health-help for young people.

The fear of being exposed or found out seeking health-related help by peers, family, or community members was compelling in relation to sexual health (Ingram and Salmon 2010). A study by Craig and Stanley (2006) described a sense of anxiety and of living in a goldfish bowl, heightened by a perception of being a minority population living within a rural population of older people. Bell (2009) revealed fear of public humiliation and exposure in using sexual health services, especially in rural areas. Studies identified a profound skepticism of confidentiality which produced covert health-help seeking behaviour where anonymity was highly valued (Bell 2009; Craig and Stanley 2006; Ingram and Salmon 2010). Craig and Stanley (2006) found that young men preferred to obtain condoms from vending machines or large anonymous chemists for condoms and the morning-after pill, and Bell (2009) exposed the inhibitory impact of embarrassment to accessing help on condom use by young men. Mental health was also a key area where there were concerns regarding confidentiality and consequent stigma of being treated differently (Kidger et al. 2009). It is interesting that Jacobson et al (2001), in addition to finding concern for confidentiality on using primary care, also found that the young people in their study had a poor understanding of confidentiality.

Identity, being valued and self worth were found to be important to young people. Hartas (2011) described how disaffected young people were not so concerned about participation in their school as in being shown a positive regard to their identities by their school. Curriculum relevancy was a feature of this issue since an emphasis on academic outcomes made many of the young people feel invisible within their school. Kloep et al (2010) found that it was vital for young people to feel good at something. Findings by Kidger et al (2009) suggested ways forward concomitant to these issues which included focusing on improved pupil teacher relationships, increasing reward and recognition of good behaviour, and the development of extra-curricular activities. School was identified as an important setting for addressing emotional health yet young people felt that very little lesson time was spent on emotional well being (Kidger et al. 2009). The value young people placed on eliciting positive emotional connections and empathy was striking in a study that investigated views of young people on sharing digital health stories (Yu et al. 2011). Similarly, Lewis et al (2008) found that warmth and engagement between young people and parents was significant in determining the young person's experience of working parents.

This review also exposed the issue of marginalization from health services and programmes of young people. Curtis (2008) revealed how the Healthy Schools Programme unintentionally



exacerbated the marginalization of young people with obesity due to insufficient sensitivity to intolerance and judgements by other young people on this issue. Ross et al (2010) found that young parents, principally on account of age and being male, often felt self conscious, hampered, marginalized, and even excluded by their interactions with health services. They highlighted a need for research and policy to engage young fathers, recognise the issue of planned teenage pregnancy, and to make visible the commitment of many young men to their partners and children. It is notable that Jacobson et al (2001) found that young people had a poor knowledge of services available from primary care. In addition young people felt that general practitioners had poor communication skills and displayed a lack of respect for teenage health concerns. A study by Brown (2007) revealed mistrust of health professionals in relation to their encouragement of oral contraception. It is interesting to note that Craig and Stanley (2006) found that variations in young people's responses to local services indicated a need for trusted adults to characterize them as accessible, non judgmental and non-threatening.

A range of solutions were described in relation to the diverse issues impacting on accessibility of health-help particularly in relation to young men and sexual health. Locally based sexual health drop-in classes in schools within deprived communities were found to be particularly successful in encouraging young men to attend for free condoms from youth workers using the C-card scheme as well as attracting many young people who had not had sex, enabling exploration of delaying sex (Ingram and Salmon 2010). Hayter's (2005) study endorsed this view, finding that young men were more willing to access a sexual health service through non-mainstream services, even, for example, if placing them in youth clubs threatened confidentiality. It is interesting to note that young men recruited from a 6th form college were found to be knowledgeable about oral contraception and felt they had a role to play in supporting the choice of contraception (Brown et al. 2007). Interestingly, female health professionals were perceived to have greater expertise than males on oral hormonal contraception based on the assumption that women are contraception users.

The vulnerability of the young people is clearly communicated by results from a questionnaire administered by Hayter (2005) to service users of sexual health nursing outreach clinics: 55% of respondents were female and 45% male. Of these respondents, 80% were under 16 and 50% under 14 years of age. For these young people the opportunity to "*chill out*" was highly valued and found to facilitate subsequent use of the venue particularly to obtain preventative advice. It was also found that a range of factors compromised the autonomy of young people to engage

with sexual health services, by for example, opening when they were in school, and in rural areas, the inadequacy of public transport leading to a reliance on parents for transport. The young people wanted less visible, confidential services that were exclusive to them and staffed by nonjudgmental professionals (Craig and Stanley 2006).

There was also a focus on emotional wellbeing in relation to the diverse issues impacting on accessibility of health-help. A strongly gendered view of mental health was identified by one study: girls were found to have more positive views on this issue than boys; and girls were associated with depression, eating disorders and self-harm whilst boys were associated with alcohol and drugs misuse (Woolfson et al. 2008). It was strongly felt that mental health education should be taught at every stage by interactive methods within familiar class groupings. Furthermore, the young people expressed a strong preference to be taught by someone they know and who also had personal experience of mental health issues (Woolfson et al. 2008). The access and comfort that young people have in communicating and engaging in the virtual world was reflected by their positive views on the use of digital stories for sharing feelings and experiences and its possible therapeutic utility if concerns for online safety were managed (Yu et al. 2011).

Multiagency, interprofessional collaborative working also emerged directly and indirectly, from the perspectives expressed, as beneficial. The work of Hartas (2011) with disaffected young people reported positively on the contribution of mentors, peer mentors, school nurses and councilors. It is striking that young people identified that the most effective multi-agency working was aimed at them within the context of their family (Harris and Allen 2011). Harris and Allen (2011) showed that young people felt that multi-agency working had a positive impact on their behavior, improved school attendance, enhanced feelings of well being and confidence, and led to better safeguarding of vulnerable young people by making them aware of support they could access.

A range of approaches were commented on in relation to preventing risk taking behaviour in young people. Bell (2009) asserted that health promotion strategies based on rationale decision making in sexual encounters overlook the non-rational nature of sexual emotions and urged further research into the rational management of irrational emotional sexual encounters. Fundamental to an examination of the enforcement of school no-smoking policies by Turner and Gordon (2004a) was an assumption that how a person perceives a situation will influence their behaviour, for example, pupils reported that they smoked where staff could see them. It is

interesting to note that staff who were strenuous in their efforts to enforce the school no-smoking policy were viewed by the pupils as ineffective and their status or authority to impose a ban questioned (Turner and Gordon 2004b). Finally, Denscombe (2001) concluded that whilst young people did not always learn from a critical incident, powerful imagery coupled with a sense of realism were found to have an impact on attitudes towards taking health risks, particularly incidents that included themselves, close friends and relatives .

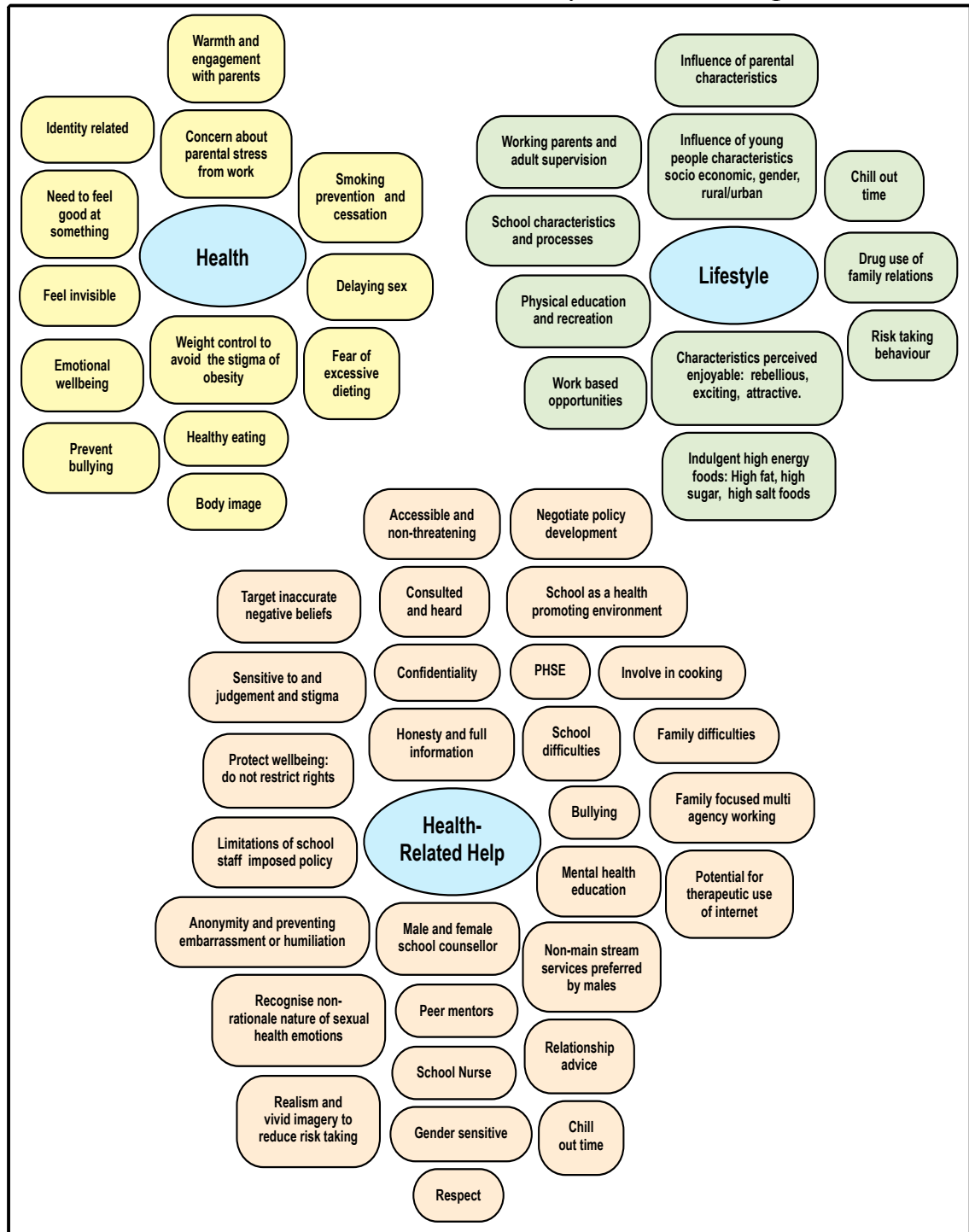
#### *2.8.32.2 Health and Lifestyle*

The review studies produced very little data on the views young people hold in relation to their health. However, perspectives on lifestyle in relation to aspects of health were elicited, particularly in relation to diet, obesity and exercise. Stevenson et al (2007) explored barriers to healthy eating with a conceptual emphasis on adolescence as a period of growth and high energy, therefore needing healthy food. Findings underlined the view that healthy eating was unpleasant and mainly justified to avoid the stigma of obesity. However, Wills et al (2006) exposed a fear of extreme dieting, thinness and eating disorders connected to well being and not to body image. It was found that teenagers who reported being bullied because of their weight were not any more likely to report body discrimination than other participants who were not bullied. Daley et al (2008) found the involvement of young people with obesity in an exercise therapy programme resulted in a sense of greater understanding and capacity to manage their weight. They also discovered motivating factors as a result of the programme which included: feeling less tired and more energetic; that their exercise ability was greater than they had previously thought; and they found their body shape had changed.

Perspectives were also obtained in relation to family issues that examined the impact of working parents, of being raised by a single parent, and the illicit drug use of close relatives. Lewis et al (2008) found that the hours parents work do not necessarily impact negatively on children. Adolescents valued the time to themselves, although they reported that they would not like to be without parental supervision if they were younger or if they were left for longer periods. Concerns were expressed in relation to parental stress from work including its impact on the relationship the young people had with their parents. Walker et al (2008) revealed that whilst many teenagers living with a single parent mother felt that their bond was greater than in the case of 2-parent families it was suggested that financial poverty might mitigate against spending sufficient quality time together. The study also found that arguments between the parent and young person were considered more traumatic as the parent was the young person's central facet of security. Furthermore, several young people reported being the main emotional

support for their single parent. Finally, McKeganey et al (2003) highlighted the worry many young people felt on the recreational drug use of immediate family and relatives, particularly their anxiety of the reactions other people might have should their relative's drug use be known about.

**Figure 5 Thematic Analysis of Literature Review Young People Perspective Studies Relevant to Views on Health, Lifestyle and Health-Help**



*2.8.33 Limitations of the review*

The search has been conducted in a systematic and comprehensive manner in order to identify a relevant body of literature that present the perspectives of young people on aspects of health,

lifestyle and health-help. The inclusion criteria identified a broad age range, from 13 to 18 years, which encompasses wide ranging physical and cognitive development engendering differing needs and perspectives in relation to health, lifestyle and health-help. In the review studies, this dynamic in addition to, varying sample inclusions or subgrouping of this age range together with the diversity of their socioeconomic character, added complexity to the transferability of findings reported. The review only focused on qualitative perspective studies in order to gain authentic understanding of perspectives held by young people. However, this subjective emphasis therefore disregarded the more extensive and generalizable survey literature that also reports views held by young people.

Literature that reported the perspectives of distinctive groups of young people who were likely to be influenced by more specific socio cultural contexts or special settings, such as young people with specific disabilities or young offenders, were also excluded from this review. This helped to strengthen the review presentation of issues and perspectives held towards a more mainstream position against which any unique distinctive issues or perspectives held by the RAP 'n CAB participants, boys with SEBDs, would be visible. However, in one study the participant population did include young people who were purposely recruited because they were obese (Daley et al. 2008). Finally, this review only included published literature. Whilst grey literature was not proactively excluded, due to the focus on qualitative perspective studies and the electronic database limited search, such documents will have been excluded from the body of literature reviewed.

#### **2.8.4 Critical review of Perspectives Studies of Young People with SEBD**

Four UK studies including 1 boy-only case study were identified for in-depth review on young people with SEBD. A summary appraisal of each of these studies is presented in Appendix 32. Table 4 demonstrates the scope of the search undertaken. Four studies were identified for in-depth review. Two of the studies investigated views of pupils with SEBD who were attending special schools, one reported the perspectives of a single pupil with SEBD attending a mainstream school, and one explored the perspectives of pupils attending mainstream school who were considered disaffected by their teachers. Although the pupils in the latter study were not labeled SEBD, due to the description of comparable negativistic behaviours to SEBD, and the scarcity of perspective studies, it was included. Overall, whilst each of these studies had a strong educational interest, they also had relevance to: health, particularly in relation to emotional and behavioural wellbeing; lifestyle, particularly concerning peer, friend, adult and

family relationships and school participation; health-help, focusing on empowerment and accessibility (Appendix 32).

**Table 4 Database Search Results for Perspectives Studies of Young People Including Boys With SEBDs Using Search Strategy Illustrated in Figure 4**

Database	Stage 1  Total Hits  Excludes duplicate studies electronically	Stage 2  Relevant Topic Hits that include Boys with SEBDs  Excludes irrelevant topics to RAP'n CAB objectives, book chapters, book reviews, girls only studies, carers, parents and professionals perspectives	Stage 3  Perspective Studies on Young People with SEBD including Boys  Excludes all study types except perspective studies as defined in Section 2.1	Stage 4  Perspective Studies on Boys with SEBD  Excludes all perspective studies that include girls
Pubmed	357	18 1 Boy study (0 UK) 3 UK studies	0	0
Cochrane	4	2 0 Boy study (0 UK) 0 UK studies	0	0
PsycINFO	494	36 1 Boy study (0 UK) 10 UK studies	12 1 Boy study (0 UK) 6 UK studies	1 0 UK studies
Web of Science	345	21 0 Boy study (0 UK) 7 UK studies	0 0 Boy study (0 UK) 0 UK studies	0
ProQuest	426	40 1 Boy study (0 UK) 20 UK studies	8 1 Boy study (1 UK) 5 UK studies	1 1 UK studies

#### *2.8.41 Methodological Characteristics*

##### *2.8.41.1 Sample*

Sampling was purposive or convenience with each method endeavoring to achieve representation. Harriss et al (2008) recruited a purposive sample to investigate pupil perspectives on the benefits and disadvantages of attending a specialist residential school for children and young people with SEBD, whilst Sellman (2009) used a convenience sample comprising volunteers to explore pupil perspectives on their school behaviour policy. Although utilising contrasting recruitment approaches, due to the varying degree of SEBDs characteristic of individual pupils and the subsequent differential hard to reach nature of pupils across both potential sample populations, each of the study samples ultimately comprised the more able students. Both studies recognised this as compromising their sample representation. In the case of Harriss et al (2008), to recruit pupils who were able to respond to an interview data collection process was necessary and the original inclusion criteria of 3

years experience at the school were amended to at least 12 months. Sellman (2009) found that study volunteers tended to be the more articulate pupils.

It is of note that Turner's (2000) male case study subject was chosen because he was able to talk openly about issues. Representing the views of hard to reach young people with SEBDs in research continues to present a considerable challenge. Vulliamy and Webb's (2003) qualitative study was part of a mixed methods evaluation of the effectiveness of social work support staff working with designated pupils across the school / family interface. Highlighting the difficulty of working with hard to reach young people, the initial referral of pupils to the social work support staff was also based on pupil willingness to work with them. This may have influenced a more positively skewed pupil evaluation.

Sample sizes tended to be smaller than those for the perspective studies reviewed on young people generally, ranging from 3 girls and 3 boys (Harriss et al. 2008), 6 boys (Sellman 2009), 15 boys and 10 girls (Vulliamy and Webb 2003), and 1 male case study (Turner 2000). Due to the scarcity of studies, the research by Harriss et al (2008) was included even though their sample was aged 9½ to 12 years, which was below the 13 to 18 year age range of RAP 'n CAB. Vulliamy and Webb's (2003) sample included young people aged 11 to 16 years, which was also partially below the 13 year lower age range of RAP 'n CAB. Sellman's (2009) sample comprised boy volunteers aged 13 to 16 years and Turner (2000), a single Year 9 male pupil aged between 13 and 14 years old.

#### *2.8.41.2 Data Collection*

Only one study used focus groups (Sellman 2009), the remaining studies used semi-structured interviews (Harriss et al. 2008; Turner 2000; Vulliamy and Webb 2003). With the exception of Turner's (2000) case study, all data collection procedures were audio-recorded. Harriss et al (2008) evidenced their interview schedules and justified the use of semi-structured interviews on grounds of maintaining consistency across the interviews whilst maintaining flexibility and use of a facilitative approach. There is no discussion of researcher / participant inequalities, their management or their possible influence on the perspectives obtained. Turner (2000) had worked with the case study pupil for 3 years endeavouring to gain greater understanding of how the subject viewed himself, his behaviour and his learning in order to try and reduce the subject's risk of exclusion due to aspects of his SEBD. The author did reflect on how knowing a research subject so well posed difficulties during interview when she would prompt him about past events or incidents and therefore influence the interview data obtained. Although Sellman (2009) reported the involvement of the focus group participants in the capacity of researchers

in designing their focus group question schedule, there is no discussion of participant training that would support these activities.

#### *2.8.41.3 Analysis and Credibility*

There was detailed description of the participant contexts, in particular: the schools; the educational backgrounds and SEBD status of the young people; and influential local and national policy. Overall the findings were linked to the purpose of each of the studies and verbatim quotes were used to support discussion of findings. It was indicated by each of the reviewed studies, with the exception of Turner's (2000), that their data had been subject to systematic thematic analysis from verbatim transcriptions. Three studies used theoretical approaches to analysis, one using an interpretive phenomenological approach (Harriss et al. 2008) and two that used a grounded theory analytical approach (Sellman 2009; Vulliamy and Webb 2003). Turner's (2000) research was an in-depth case study which was not subject to thematic analysis. Its aim was to report the participants views on aspects of being SEBD but overall, although verbatim quotes were used to support the presentation of the participant's views, there was no indication of their validation by the participant. In addition the views of the author and of other teachers were strongly evident.

Harriss et al (2008) demonstrate in-depth exploration of explicit and implicit meaning and underlying influences with brief mention of a second researcher to verify emergent themes. Due to the small size of the sample care was taken to maintain anonymity and confidentiality of participants by presenting the analysis of the emergent themes across the data set rather than within each participant case. A grounded theory methodology was used by Sellman (2009) because it was felt that this approach acknowledged the expertise of the participants. There is evidence of a reflexive approach, for example, the researcher kept a diary and analysis was iterative with the participants who refined and endorsed the development of theory on an ongoing basis. Vulliamy and Webb (2003) referred readers to a previous work dated 1992, considerably outside the inclusion range of RAP 'n CAB, for analytical process information. There is evidence of the inclusion of minority or exceptional views in all three studies.

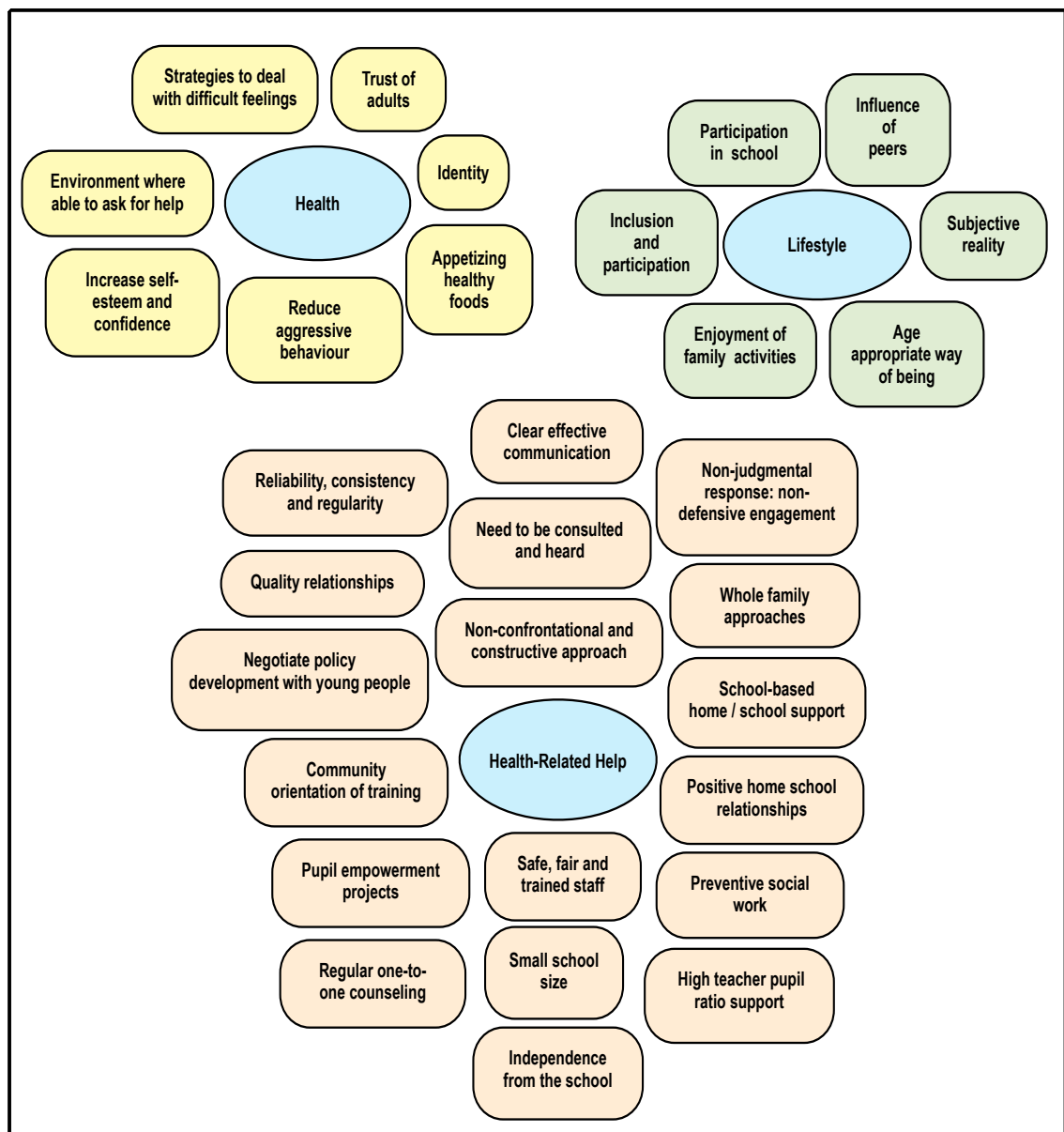
#### *2.8.42 Study Findings on Young People's Views*

It is notable that each of the 4 studies selected are contextulised within education and not in health, although for their inclusion, aspects of each study's findings have been found to connect with facets of health, lifestyle and health-help. Plainly, a key finding from this review is the scarcity of qualitative perspective studies on young people aged 13 to 18 years with SEBDs that



explore areas of health, lifestyle and health-help, undertaken in the the UK and published in peer reviewed journals. As with the perspective studies reviewed on young people generally, this underpinned justification for conducting the studies which aimed to give young people with SEBD a voice. Despite the few perspective studies identified for review, a number of interesting and notable findings did emerge from the review in relation to the emotional and behavioural facets of SEBD. The themes that emerged are comprehensively presented in Figure 6.

**Figure 6 Thematic Analysis of Literature Review of Young People With SEBDs Perspective Studies Relevant to Views on Health, Lifestyle and Health-Help**



Harriss et al (2008) demonstrated that participants believed placement at their residential school had a positive impact on their emotional and behavioural development. They felt that

their residential intervention had created an opportunity for them to develop trust in adults and had allowed them to simply be a child. The participants also reported that their self-esteem and confidence had improved aided by learning strategies for dealing with difficult feelings. Subsequent to the development of these emotional assets, they described a reduction in aggressive behaviour, an improved capacity to participate in class and an appreciation that the participants were more manageable at home. An important outcome of Sellman's (2009) study demonstrated that hard to reach pupils, who would not usually be offered the opportunity to take part in an empowerment project, were able to engage in the processes. The study highlighted the ethical basis for pupils with SEBDs to be given a voice and Sellman stressed how important this was where physical interventions may be used.

Turner (2000) exposed the impact of positive and negative peer and teacher relationships on the participants behaviour and overall motivation to engage in the curriculum. The evaluation of the social support workers by Vulliamy and Webb (2003) clearly demonstrated participant behaviour improvements through accessible quality time spent in one-to-one counseling. This was attributed to working across the school / family environment thereby engendering greater understanding of the psychosocial factors underpinning challenging behaviours.

#### *2.8.43 Limitations of the review*

As above, this search has been conducted in a systematic and comprehensive manner in order to identify a relevant body of literature that present the perspectives of young people with SEBDs on aspects of health, lifestyle and health-help. Only the academic databases described above were searched so the review only includes published literature. Nevertheless, it is clear from the review that there is a distinct lack of perspective studies voicing the views of young people with SEBDs on aspects of health, lifestyle and health-help. It is evident that there is considerable difficulty in conducting research that is fully representative of the views of the broad spectrum of young people with SEBDs, particularly those who have less capacity to engage in research data collection processes. There is a pressing need for researchers to develop methods that enable and support the engagement of these young people.

## **2.9 STATEMENT OF THE PROBLEM**

Political concern on the complex needs and health inequalities of young people generally is clearly and repeatedly stated. It is clearly evident that the lifestyle choices of young men and boys are a major determinant of their mortality, causes of premature death and chronic long

term morbidity (Department for Education and Skills 2003, 2005b; Department of Health 2001a, 2002; Department of Health Department for Education and Skills 2004; Marmot 2010; Wanless 2004). Young people with SEBDs are represented amongst the groups of young people highlighted as vulnerable. They include those experiencing deprivation; children of teenage mothers and teenage mothers themselves; black and ethnic minority groups (Bhui et al. 2005); young offenders (Goldson 2000; Hayward 2005); and those young people who have low self-esteem, low educational achievement or dislike of school (Bonell et al. 2005; Flouri 2006).

On reviewing the literature it is evident that great breadth and depth of research exists on the risk and protective factors that influence the health and lifestyle choices of young people. There is a considerable body of literature on health-related service provision for young people which confirms the complex nature of their health needs and the challenges of ensuring equitable access between girls and boys. The views held by young people on health, lifestyle and public services have, to a much greater extent, been collected through the use of national and school level surveys (Boys et al. 2003; Chandra et al. 2008; Department for Culture 2009; Eunice Kennedy Shriver National Institute of Child Health and Human Development 2005/6; Hayward 2005; National Children's Home 2005; Prescott-Clarke and Primatesta 1999; Quick et al. 2009; Sahili et al. 2002; Wadsworth et al. 2004; Welsh Assembly Government 2010) as opposed to qualitative explorative methods. Despite a widely acknowledged need for professionals and policy makers to listen to the views of young people (Brook 2005; Buckley et al. 2007; Department for Education and Skills 2001b), there is little UK based in-depth qualitative exploration of the subjective experiences or perspectives on lifestyle, health and access to health-related services of young people generally (Table 3), and even less on boys who have SEBDs (Table 4). A number of the reviewed studies had identified a dearth of qualitative perspective studies on a range of health, lifestyle and health-related help issues (Curtis 2008; Fox and Butler 2007; Stevenson et al. 2007; Turner and Gordon 2004b).

This study will therefore explore and describe the "*lifestyle, health and access to health-related help*" stories of boys who, to varying degrees and in individually unique ways, experience SEBDs. It sets out to achieve greater understanding of their health and lifestyle, including risk and protective influences, and to develop greater insight into their expectations of health-related services they would use. Underpinning the choice of a qualitative approach is my belief that obtaining and acting on the experience and views of boys with SEBDs is crucial to

developing relevant health-related support that includes those who are more challenging to reach and therefore to engage in research (Cavet and Sloper 2004; Combe 2002; Curtis et al. 2004).

The next chapter explains how understanding and insight into the perspectives of the research participants was achieved.

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# Chapter 3

*“I like to flow deep when I’m writing” (Rap 3)*

## RAP ‘N CAB METHODOLOGY

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### 3.1 INTRODUCTORY SYNOPSIS OF RAP ‘N CAB

Chapter 2 examined the literature on young people and boys generally, finally focusing on perspective studies and boys who have SEBDs. A need was identified for further research that explored the subjective perspectives of young people, boys generally and boys who have SEBDs, in order to facilitate deeper understanding of the existing evidence on the health and lifestyle of young people. Also, to contribute to the challenges of providing accessible health-related services for all young people, but particularly those who are vulnerable or marginalised, like boys with SEBDs. This chapter will describe the research design and epistemological basis, recruitment, sampling and characteristics of the sample, data collection methods and analysis, and conclude with a discussion of the ethical considerations pertinent to this study.

Underpinning the rationale for this project is the concern that little is known about the perspectives held by boys who have SEBDs, on their lifestyle, health and their decisions around access to health-related help. Consistent with the project aims and objectives, to gain insight and understanding of these issues, RAP ‘n CAB involved boys from two secondary schools located in Bristol and Cardiff as peer researchers and participants respectively. Participation in the study, as researcher or participant, was voluntary and key teachers were identified as gatekeepers to support the process of self-selection ensuring that their best interests were protected (Alderson and Morrow 2004; Coad 2004).

The peer researchers undertook a rigorous research training, planned and delivered in collaboration with key teachers. The decision to use peer researchers reflected a sincere regard for the potential of young people as effective researchers. Fundamental to the training were my aspirations to work with the young researchers in developing empowering data collection

approaches, which included the use of semi-structured interviews, focus groups and the genre rap, chosen by the research participants (Appendix 24).

RAP ‘n CAB embraced the ideal of conducting research “*with*” and “*by*” young people, rather than by adults “*on*” or “*about*” young people (Borland et al. 2001). Data collection was carried out during two residential weekends, avoiding the distractions of a school environment and providing a neutral venue. On completion of data collection the use of radio provided a potent medium through which participants expressed their views on the value of the project as well as showcased their music. This chapter will describe the procedural and conceptual process of how understanding and insight into the meaning of the stories told by boys with SEBDs was achieved.

### **3.2 PROJECT AIMS AND OBJECTIVES**

The aims of RAP ‘n CAB, were two-fold. Firstly, to describe and gain greater insight into the perspectives that boys with SEBDs hold on their health, lifestyle and access to health-related help through a process of exploration. Secondly, to achieve better understanding of how health-related services can more effectively support these boys. To achieve these aims the following objectives set out to explore their perspectives on:

- their lifestyle and its relationship to their health.
- how they perceive their own behaviour in relation to risk and their health.
- health issues they identify as important to them.
- factors they identify as influential on their decisions to access help or not.
- what essential attributes health-related services should have if they are to use them.

In undertaking to capture the perspectives of young people there is a fundamental assumption that they are social actors in their own right (Burns and Schubotz 2009) and that they are the keepers of the information and insights sought (Pattman and Kehily 2004). Whilst parents and professionals can offer their own understanding of how young people’s lives are shaped (French 2004) this knowledge is incomplete without the perspectives of young people (Jones 2004).

### **3.3 JUSTIFICATION OF A QUALITATIVE DESIGN**

The methodological design adopted is qualitative to support the descriptive and exploratory nature of the project which aims to achieve greater insight and understanding of perspectives

held (Buckley et al. 2007; Wilson et al. 2007). This is opposed to a quantitative design that would measure their satisfaction with services or outcomes of interventions (Cresswell 2008; Marshall and Rossman 1999). Whilst both are systematic, a qualitative design is relevant to the real life natural context of RAP'n CAB. In concordance with a qualitative design the inductive theory generating research process draws on the lived experiential context of the participants to ascribe meaning to narrative data obtained and is not consonant with a quantitative deductive process that sets out to test a theory (Cresswell 2008). In consideration of the logistical complexities of working with schools and young people with SEBDs of an oppositional defiant nature as defined in Section 1.4 of this thesis, a qualitative design was able to support a pragmatic, flexible approach. Its facility to support the ongoing development of the project through an interactive process of negotiation between key actors was crucial to its participative ameliorative principles (Marshall and Rossman 1999).

Congruous to the study's qualitative design a constructionist epistemological approach is fundamental to achieving greater insight and understanding of the perspectives expressed (Denzin and Lincoln 2000; Flick 2002; Marshall and Rossman 1999; May 2003; Patton 2002). Crotty (1998) asserts that researchers are morally obligated to recognise each individual's experience as a unique construction of reality and acknowledge it as the participant's truth. This position clearly identifies who and what is important in this study. Qualitative enquiry upholds context as critical to achieving understanding (Patton 2002) thus, meaning is constructed through the researcher's engagement with the real world. Social constructionism captures the complexity of the social world through its emphasis on meaning derived from the language and socialisation conventions used between human beings and their social context (Puig et al. 2008). This study will demonstrate how rap and its associated use of language provides a method for investigating the lifestyle of young people.

This constructionist position is consonant with the study's intrinsic assumption that problems of health are obdurately linked to the psycho-social interactions of people within their unique community environment (Hunter 2009; Rosen 1993; WHO 2003). It supports the premise that, "*the world we experience, prior to our experience of it, is without meaning*" (Crotty 1998 p43). According to Geertz (1973), when we first encounter the world and the objects in the world they are already imbued with the values and symbols of our culture and it is culture that enables the human mind to construct meaning and direct our behaviour. Supporting this perspective, Lawler (2002) describes the world and objects as quintessentially "*storied*" serving to provide both the culture and materials that enable individuals to construct personal

narratives and identities. In acknowledging culture as the source of human thought this study upholds the importance of lay understandings of health, respects their unique experiential nature (Crawshaw 2008) and is particularly aware of the influence of a consumer culture on the lifestyle of young people (Carlisle S and Hanlon P 2008; Nairn et al. 2008; O'Sullivan 2007; Wicks et al. 2007).

The paradigm of sociolinguistics studies language in relation to society (Hudson 1996) and considers linguistic meaning as both, "*constrained and enabled by... the social and rhetorical context of an utterance*" (Johnstone 2000 p1). Accordingly it can be shown that a sociolinguistic paradigm is congruent with a qualitative design and constructionist world view on the basis that it views ontological outcomes as contingent on human agency acting within a complex and diverse sociocultural context (Dehlgran and Whitehead 1991; Hunter 2009; Moses and Knutsen 2007). Each individual is recognised as having the potential to hold different perceptions of the same issues or objects (Searle 1995) so that any one research study provides only an insight into an infinite perceived reality (Weber 1949). There is evidence to support the view that young people's attitudes to health and lifestyle are increasingly instigated by the pervasive role models and narratives of celebrities portrayed through the media and popular music (Bailey 2006; Cassidy 2004; Chandra et al. 2008; Giles and Maltby 2003; Wicks et al. 2007; Wingood et al. 2003). Language is therefore a powerful medium through which the dynamics of each individuals social reality, social relations and identities are constructed providing a revealing research window through which to explore the perspectives of young people on their health, lifestyle and access to health-related help.

The supposition of human agency acting within the sociocultural context concurs with fundamental public health concepts that set out to explain the complex dynamics of damaging and protective influences on health, including the "*social determinants*" (Dehlgran and Whitehead 1991; Grant and Barton 2006) and the notion of "*wicked issues*" (Hunter 2009). Figure 7 demonstrates the congruous theoretical relationships between the paradigms of sociolinguistics, constructionism and public health, explicitly showing their shared emphasis on human agency and context. Whilst the field of public health is concerned to gain greater understanding of the perspectives young people hold on risk taking behaviour, lifestyle and self-evaluated health, the paradigms of sociolinguistics and constructionism provide the analytical tools with which to interpret the individual perspectives.



**Figure 7 Theoretical Ways of Knowing in RAP ‘n CAB**



The decision to employ one-to-one semi-structured interviews, focus group discussions and composition of original raps support the project’s requirement to obtain detailed narrative data which captures views in relation to the research objectives (Bloor et al. 2001; Loyce et al. 2003; Tyson 2002; Warren 2002). Patton argues that it is the empathetic personal contact of the qualitative researchers that gives them, “*an empirical basis for describing the perspectives of others*” (2002 p53).

### **3.4 RAP ‘N CAB RESEARCH SAMPLING**

#### **3.4.1 Use of Two Schools**

Capturing perspectives is an intrusive process necessitating an ethical requirement for a tripartite consensual relationship involving the adult researcher, the peer researchers and the research participants (Masson 2000). The use of two schools located in different cities in different UK countries was important to ensure the anonymity of each of the research participants from the peer researcher’s contemporaries, including their school, family and community contexts. This degree of protection would not have been possible had the research involved peer researchers from the same city and would be very weak if peer researchers and participants were from the same school.

Safeguarding of anonymity was strengthened by organisation of data collection over two residential weekends in a location that was distant from peers, schools, families and

communities. Anonymity and privacy would be very difficult to ensure if the research was conducted on the school site of the research participants. To obtain trustworthy and credible findings, use of two schools located in different cities was pivotal towards preventing collusion between the peer researchers and participants prior to data collection. However, it was important that the research participants were able to empathise with the issues raised and for this reason the schools were chosen for their similar pupil profiles where the schools, young people, families and communities were facing comparable educational and life challenges (Table 5).

**Table 5 Table Showing the Profiles of the Bristol and Cardiff Schools**

Pupil Characteristics	Bristol School	Cardiff School
School Roll	1086	863
Gender mix	58% boys	53% boys
Ethnicity	75% Black and minority ethnic community 44% English is not their first language	25% Black and minority ethnic community 18% English is not their first language
Socioeconomic	Multiple social and economic disadvantages 48.9% free school meals Cashless system to purchase school meals	Multiple social and economic disadvantages 44% free school meals Cashless system to purchase school meals
Academic profile	Average and lower than average ability Literacy levels below national levels	Average and lower than average ability Literacy levels below national levels
Special Educational Needs (SEN)	172 pupils on the SEN Register 28 with statements	134 pupils on the SEN Register 39 with statements

As illustrated in the table above, whilst both school populations are ethnically diverse, the Bristol school has around 30% more pupils from the black and ethnic minority community with just over twice as many pupils who do not speak English as their first language. The high percentage of children attending both schools in receipt of free school meals is striking when compared to the UK school average of 23% (Poverty Site 2011). Because pupils are eligible for free school meals if their families receive particular government benefits (Directgov. 2011a) it is used as a measure of the extent poor children are concentrated in a school. The published literature demonstrates that pupils from poor families are more likely to be below the UK average for educational attainment and require increased educational support (Department for

Children Schools and Families 2009a; Department for Education and Skills 2006; Rivers et al. 2006; Younger and Warrington 2005a). This is reflected in the academic pupil profile of both schools and the number of pupils on the SEN Register as shown in Table 5. The RAP 'n CAB research participants were entered on the Cardiff school's SEN Register but did not have statements of educational support (Directgov. 2011b).

### **3.4.2 Characteristics of the Research Participant Sample**

A number of non-probability sampling options were evaluated for their suitability to the study purpose and qualitative design which set out to gain insight and understanding of subjective perspectives and not to achieve statistically inferred significance or generalise findings to a wider population (Curtis et al. 2000; Walkerdine et al. 2002). Purposive sampling was considered the most appropriate option as the aims and objectives of the study required the participants to be recruited for their age, gender and SEBD status (Coyne 1997; Patton 2002). To this end, and due to the time and resource constraints of a professional doctorate study, a small sample of 8 boys aged 14 years who had oppositional defiant SEBDs, as defined in Section 1.4 of this thesis, were recruited.

In preparation for the RAP 'n CAB data collection weekends (Section 3.8) the research participants were asked to create personal storyboards, as described in Section 3.72, that produced a self-defined portrayal communicating the most important features of their day-to-day lives. On completion their storyboards provided an insight into how the research participants saw themselves as young people, and also conveyed a sense of how they are as young people with SEBD. Table 6 presents a thematic summary capturing the nature of their relationships with peers, family, school and aspects of life that are important to them. Broadly, the themes that emerged were considered in relation to their predominant social and emotional functions, both being fundamental facets of SEBD. The paramount importance of family, mums and siblings to the lives of the participants was clearly articulated by all. Their comments particularly communicated pride, belonging, closeness and loyalty. After family, school was identified as essential. Although the participant's storyboards highlighted the importance of education to them, they clearly evidenced how school underpinned primary facets of their social and emotional wellbeing including having friends, making music and playing sport. From a negative perspective their storyboards inferred experience of crime and violence within a domestic and community context.

**Table 6 Research Participants as Young People and Young People with SEBD  
Source: Personal Story Boards n=8 (Appendix 17)**

Social Factors	Emotional Factors
<p><b>School n= 5, School for making music n= 2:</b>                      "Without school I don't know what would happen"                      "School is good"                      "School... as you can get your education"                      "School is the place, friends"                      "School is good because it educates me"                      "My favourite lesson is music tech because I'm learning more about my hobby"</p>	<p><b>Home and family n= 8, Mums and siblings n= 7:</b>                      "Home means everything to me"                      "My home and my little estate"                      "Try to see my family has much as possible"                      "My mum ... is always there for me unlike my father"                      "Mum ...everything in my life"</p>
<p><b>The park for meeting friends after school n= 3:</b>                      "The park where I meet with my friends after school"</p>	<p><b>Music n= 8:</b>                      "Music keeps me calm and relaxed"                      "Music is my life"                      "Music is the main thing to me"                      "Writing lyrics is the main thing to me"                      "Love MCing" "I love my music" "Writing bars"                      "Grime time, expressing my music, writing lyrics and melodies"                      Rappers are "idols", "heros", "inspired by it (music)"</p>
<p><b>Being friendly with girls n= 4:</b>                      "Girls are important"                      Having "friendly girlfriends"                      "Television you can watch nice films with the girls"                      Text girls (chicks) "Text and call all your chicks"</p>	
<p><b>Internet n= 4, Mobile phone n= 4, Television n= 6, Ipod n= 2</b>                      "The internet is important"                      "Internet explorer is great, it makes me happy and keeps me chilled"                      "Television is important, when I can't be bothered to do anything"                      "TV where you can watch programmes and chill out"                      "Mobile phone where you can listen yo your music"                      "Mobile phones are good for jotting down chicks number"</p>	<p><b>Friends n= 5:</b>                      "Friends are very important"                      "Friends who you can chill with and have a laugh"                      "I don't have a best friend, all are important"                      "I have fun with all my friends"</p>
<p><b>School for sport n= 4:</b>                      "Play football"                      "Sport is special to me. It is what I'm good at"                      "My favourite sport is football...I enjoy playing..I'm pretty good"                      "I play for a football team"                      "I like rugby and I play for the school"</p>	<p><b>Self-image n= 4:</b>                      "Look good...clothes are important"                      "Clothes are a part of me"                      "I cannot go out with clothes that I don't like on"                      "I have favourite clothes"</p>
<p><b>Crime n= 4, Violence n= 1</b>                      "Growing up through violence"                      "Growing up through crime"                      "Crime is all around"</p>	

The RAP 'n CAB research participant information obtained during the first part of each participant's, *Exploring Health and Lifestyle* one-to-one interview (Appendix 12) provided objective data detailed in Table 7 below. The presentation of biographical or detailed descriptive data on individual research participants is necessarily limited by an ethical requirement for the strict protection of their anonymity and a rigorous regard for maintaining confidentiality. For this reason, and due to the small size of the sample, information pertaining to the individual characteristics of each research participant is basic and deliberately omits description that might compromise their identity. The information provided is however necessary to interpreting and understanding the study findings as meaning in qualitative research is context dependent (Coffey 1996; Riessman 1993). Table 7 shows how the sample reflected the ethnic diversity of the research participants school. It summarises family

composition showing that 5 research participants were from single parent families comprising their mother and siblings, one participant lived with a guardian and one did not have contact with his father. Religion was important to three of the research participants. Six of the participants had stable home, primary school and secondary school histories. Only two participants experienced more than 2 house moves and the same two participants also attended 3 and 4 different primary schools and 2 secondary schools respectively. All the participants made their own way to school as shown in the table below.

**Table 7 Objective Data on Research Participants and Peer Researchers**  
**Source for Research Participants: Exploring Health and Lifestyle**  
**Interview Schedule n=8 (Appendix 12)**

**Source for Peer Researchers: Informal discussion during research training lessons n=6**

Data Type	Research Participants	Peer Researchers
Age	14 years n= 8	14 years n= 6
Ethnicity	Asian British n= 1 Afro Caribbean British n= 2 African British n= 2 Caucasian British n= 3	Caucasian British n= 6
Importance of religion to participant and his family	Not important n= 5 Important n= 3	Not important n= 6
Family Composition	Mother and siblings n= 5 Guardian n= 1 Mother, Father and siblings n= 2	Mother and siblings n= 2 Mother, siblings, step dad, step siblings n=1 Mother, Father and siblings n= 3
Sees father but does not live with father	Does not see father n= 1 Sees father n= 5 Lives with father n=2	Sees father n= 3 Lives with father n=3
Number of house moves also accompanied primary school moves	Moved house more than twice n= 2	Moved house more than twice n= 0
Number of primary schools attended	Attended 4 primary schools n= 1 Attended 3 primary schools n= 1 Attended 1 primary school n= 6	Attended 1 primary school n= 6
Number of secondary schools attended	Discipline problems at first secondary school n= 1 House move, had to leave secondary school n= 1 Only attended present secondary school n= 6	Attended 1 secondary school n= 6
Main way of getting to school	Bus n= 2 Bike n= 3 Walk n= 3	Bike n= 2 Walk n= 4

Table 7 also provides the same information on the peer researchers seeking to highlight commonalities and differences between the researchers and participants. Information on the peer researchers was obtained informally during their research training as opposed to the formal method used for the research participants. Whilst the peer researchers and research participants were the same age, the peer researchers lack the ethnic diversity of the participants and do not reflect the ethnic profile of their school as shown in Table 5. Both researchers and participants share commonalities in relation to the remaining data types: family composition, living with and seeing their fathers, religion, number of primary and secondary schools attended and the main method of getting to school. This information, in combination with their respective school profiles, demonstrates that there are not strong distinctions in background or characteristics between the research participants and the peer researchers.

The small research sample allowed the investment of quality time and support of the researchers and study participants prior to and during data collection in order to obtain quality in-depth narrative data (Marshall and Rossman 1999; Mays 2006). Working with too many participants might waste time and resources and crucially, lead to superficial data due to a reduced capacity to build quality researcher/participant rapport. Conversely, too few participants, for example as a result of attrition, might result in rich data that was too narrow and consequently reflect a limited range of participant experience (Curtis et al. 2000). There was no attrition from the participant sample. This may reflect the student-focused negotiated recruitment process involving relevant teachers advising which students with SEBDs would benefit personally and educationally from participation in RAP 'n CAB. Whilst the final choice of participation rested with the individual young people, full consideration of their age, emotional status, cognition, and their ability to fully understand a decision to participate was applied in relation to the Gillick Rule (Gillick v West Norfolk and Wisbech 1986) drawing on the knowledge held by the teacher gatekeepers on each young person (Masson 2004).

Increasingly there is emphasis on the development of a listening culture (Brook 2005; Buckley et al. 2007; Department for Education and Skills 2001b; French 2004) and this is evidenced in the policy and legal contexts that uphold the right of young people to say what they think and be listened to by adults (Department for Education and Skills 2005b; Department of Health Department for Education and Skills 2004; United Nations 1989 Article 12 and 13). The challenge to researchers is to include children and young people from different circumstances, some of whom are difficult to reach and include those with SEBDs (Mages et al. 2007; Masson 2004).

### 3.5 JUSTIFICATION FOR USE OF PEER RESEARCHERS

Although the project focus and purpose was adult initiated between the Bristol school and myself, fundamental to RAP 'n CAB's research approach was the amelioration of adult researcher control towards greater balance with the research participants. It acknowledges the potency that traditional power relationships between adult researcher and peer researchers present (Jones 2004; Kirby 2004; Thomson and Gunter 2006; Warren 2000) and therefore seeks to prevent these dynamics impacting negatively on obtaining the candid perspectives needed to achieve the project aims and objectives (Coad 2004; Jones 2004; Kirby 1999; Nieuwenhuys 2004). On this premise the recruitment of peer researchers to collect the data was justified because they were able to encourage, "*closer intimacy and fuller discussion*" (Fleming et al. 2008 p2) by virtue of the commonality and primary connection their young person status promotes (Kirby 2004).

The research participants and peer researchers were age matched for a number of reasons. On discussion with the supporting teachers it was agreed that the nature of the issues, including risk behaviours, required both groups of boys to know, understand and empathise at similar experiential levels with the issues that may arise during data collection. Current evidence indicates: around 80% of boys are sexually active by the age of 15; that two thirds of 14 to 16 year olds participate in excessive drinking and smoking cannabis; that assault is a major health risk to young men aged 15 to 34 (Bellis 2006); and that there is pressure to prove yourself to be a man (Gardner and Steinberg 2005). It was therefore agreed that the peer researchers and participants should be post-pubescent to provide a safe, comfortable and age appropriate environment for both groups of boys in which health and lifestyle issues could be discussed on an equitable basis.

It was anticipated that matching participants and peer researchers would increase the development of rapport. It yielded an increased likelihood of shared language and experience, particularly because they were the same age (Kirby 1999). Other benefits included their identification of relevant issues and their strengths in refining research questions and tools to maximise accessibility by the participants (Kirby 2004; Layard and Dunn 2009). Rapport is an important mediating variable in relationship building which is epitomised by a subconscious feeling of being "*in sync*" and characterised by familiarity, self-disclosure and common ground between peers (Macintosh 2009). Achieving an ambience of good rapport between the peer researchers, participants and adult researcher was important to the efficacy of data collection.

## **3.6 RECRUITMENT OF YOUNG PEOPLE FOR RAP ‘N CAB**

### **3.6.1 Voluntary Consent**

Allen (2005) raises the issue of voluntary consent within a school environment due to the pervasive way in which authority operates and the captive nature of the potential participants and peer researchers, particularly when class time has been allocated. She argues that endorsement by the school can be interpreted by students as an expectation or even pressure to participate. Whilst both schools fully supported RAP ‘n CAB, the students concerned had choices which were at all times respected by myself and key teachers involved.

### **3.6.2 Recruitment of Peer Researchers**

Access to the school of the peer researchers occurred at the project’s inception with ease due to the school’s progressive curriculum agenda and its established collaborative relationship with my employer. This set in motion a formative process of project exploration and negotiation, with schools, a Community Enterprise Company called Imayla ([www.imayla.com/the-imayla-centre/](http://www.imayla.com/the-imayla-centre/)), 10Radio ([www.10radio.2md.co.uk/](http://www.10radio.2md.co.uk/)) and young people, culminating in the realisation of RAP ‘n CAB. Securing an early working relationship with the Bristol school ensured a full academic year to train the peer researchers prior to data collection. Their recruitment took place in June 2007 prior to the start of their research training which commenced in September 2007. The peer researchers chose RAP ‘n CAB from a range of Citizenship GCSE projects. It needed to support good Citizenship; research social issues; involve group discussions; develop participatory responsible action; and required consideration of other people’s experiences (Edexcel 2008).

To achieve the project aims and objectives it was important that the project ethos was reflected in the recruitment material engendering participation, respect and value of young people supporting notions of good citizenship. A recruitment Pointcast was presented to the Year 9 boys by the PHSE Co-ordinator during their assembly (Appendix 1). This provided basic information on who, what, how, when and for what purpose. It also conveyed important messages on the level of commitment required, the project expectations of their role responsibility, and how to apply to volunteer as a researcher.

To encourage the volunteers to think about their commitment and responsibilities as researchers they were asked to complete a simple application form (Appendix 2). Letters of information were sent out by the school seeking parental consent for each volunteer’s involvement (Appendix 3). On confirmation of parental consent a face-to-face workshop was



held to help the volunteers understand their researcher responsibilities and explain the knowledge and skills they would develop through participation (Appendix 4). The workshop also explored their motivations for choosing RAP ‘n CAB (Appendix 5), their expectations of the project (Appendix 6), and the strengths they would bring to the project (Appendix 7). Importantly, the workshop gave the volunteers an opportunity to meet me and to ask questions about the project .

During the early period of the research training, despite the expressed motivation for the project (Appendix 5), a 50% attrition rate occurred, mainly due directly to the degree of commitment needed to achieve the necessary skill levels. These young people expressed a wish to concentrate on the music-based approaches as they found them fun. Late on in the training two external reasons impacted on the project which included a medical issue and the pressure of keeping a Saturday job during the residential data collection weekends. A committed group of 6 volunteers practiced as researchers during the data collection weekends.

### **3.6.3 Recruitment of Boys with SEBDs**

To achieve access to a Cardiff school was arduous requiring perseverance as no collaborative working precedent existed. In total 6 secondary schools were approached before one agreed to take part. Barriers included difficulty communicating directly with relevant staff, such as Head Teachers, PHSE or Special Needs Co-ordinators, Heads of Citizenship and Music due to effective access control at the initial point of contact. The reasons for non-engagement by the schools included: logistical feasibility concerning time tabling; their existing commitment to other projects; workload pressures resulting from supporting students in challenging circumstances; and an insufficient number of boys with SEBDs.

Recruitment of 8 boys aged 14 years who have varying degrees of SEBDs was accomplished on a case to case basis. Three teacher gatekeepers (Masson 2000), who had detailed knowledge of the educational and personal biographies of pupils, would invite boys whom they judged would benefit personally and educationally, to consider participation in the project whom they judged would benefit personally and educationally. In this way the issue of disappointment due to non-selection through a self-volunteering recruitment process was avoided. In their capacity as “*gatekeepers*” the teachers had a protective function reflecting their professional responsibility to safeguard children (Masson 2000). Masson (2000) cautions against the possibility of gatekeepers using this position of power to censor recruits. The teachers were professional, conscientious, fair and student-focused.

In their role as gatekeepers the inclusion and exclusion criteria were discussed and decided from two perspectives. Firstly and fundamentally, as a researcher I was concerned to achieve a small purposive sample of 14 year old boys with SEBD from whom I would be able to obtain the in-depth data that I required to fulfil the aims and objectives of RAP 'n CAB within the constraints of a Professional Doctorate (Greenhalgh 2006). In order to achieve this the boys would need to be able to engage, for around 30 to 40 minutes, in focus groups and one-to-one interviews conducted by peer researchers. They would also need to be able to participate constructively in two planned residential data collection weekends reaping personal and educational benefit and enjoyment from the experience.

From the school's perspective, the primary responsibility of the teachers was to ensure the health and safety of the participating pupils. Whilst this required the supporting teachers to complete a standard risk assessment for the residential data collection weekends (Appendix 11b) the health and safety of the participating pupils also entailed making professional judgements not only on a case by case basis but also with regard to the group dynamics that would be created. These professional judgements drew on the experience of the three gatekeeper teachers, two of whom had specialised expertise in the field of special educational needs. In addition, the selection of participating pupils also utilised the considerable personal, educational and experiential knowledge held by the three teachers on possible participants to which I was not privy on grounds of confidentiality. Their participant selection was also informed by detailed information and in-depth discussion of the considerable challenges presented to participants by the RAP 'n CAB project aims, objectives and requirements.

The inequalities of the gate keepers in relation to the possible research participants, particularly in the context of the participants being pupils at a school, was recognised. It was agreed that, when a pupil was invited to participate, it was important to ensure that consent was not assumed and that pupils were confident that if they declined participation this would be respected. On the other hand it was acknowledged to be of equal importance that care was taken not to unfairly exclude pupils from participation and thereby deny them any benefit they would derive. For this reason, it was important that the gatekeeper teachers clearly understood the purpose and demands of the RAP 'n CAB study in relation to the sample inclusion and exclusion criteria, in exercising their professional judgement in the best interests of the eligible pupils with regard to their health, safety, educational and personal needs.

Those boys who expressed an interest in participating in RAP ‘n CAB were asked to view a recruitment Pointcast (Appendix 8) and to consider information provided in a leaflet outlining their rights and entitlements and what participation would entail (Appendix 9). The boys who decided to participate were attracted by the music-based aspect of data collection and although their ethnic backgrounds were different (2 African; 2 mixed race; 1 Indian Sikh; 3 Caucasian), they shared a passion for rap music. They were issued with a consent form which asked them to indicate their decision to participate in RAP ‘n CAB as well as reiterated their rights and entitlements as research participants (Appendix 9). Their familiar support teachers were available to provide impartial help as needed. An information letter was sent to the relevant parent(s)/carers providing the adult researcher’s contact details and an opportunity to ask any questions regarding their son’s participation in RAP ‘n CAB (Appendix 10).

### **3.7 PREPARATION OF THE YOUNG PEOPLE FOR RAP ‘N CAB**

#### **3.7.1 Training of Peer Researchers**

##### *3.7.1.1 A Comprehensive and Extensive Training*

From September 2007 to June 2008, six self-selected Year 10 boys from a Bristol School worked towards the acquisition of skills and knowledge necessary to enable them to fulfill their role as musical innovators, researchers and coaches in November 2008. Preparation of the peer researchers was comprehensive, rigorous and creative requiring substantial resources. Logistically, constant timetabling amendments were required to enable participation placing time demands on key teachers. Training was conducted mainly during scheduled Citizenship lessons between September 2007 and October 2008. This extensive period of time enabled the young researchers to assimilate and develop the skills, knowledge and confidence required to carry out their data collection roles.





A wide range of teaching methods were used. Self-assessment was used to support explorative discussion of skills and knowledge development. Role play and group discussion enabled exploration of personal values, non-judgemental approaches and rapport building, research scenarios and topics related to the study objectives. Simulated practice of one-to-one interviews and focus group discussions were organised using volunteer peers who were not participating in RAP ‘n CAB. Learning was supported through practice of responses to questioning, at probing, self-evaluation and constructive peer feedback. Group exploration of confidentiality and of how far they should probe into the personal lives of the participants was

undertaken. Experimental learning approaches were used to investigate how they would support rap-making. Group discussions were used to facilitate refinement of interview and focus group questions so that, in their view, they would achieve the aims and objectives of RAP 'n CAB but be accessible and safe for the participants. Finally a field trip to Cardiff was organised to begin the process of rapport building with the participants. As required by school policy a risk assessment was carried out by the appropriate responsible teacher (Appendix 11B) and parental consent was obtained (Appendix 11A).

### 3.7.12 *Creating Editing and Refining Question Schedules*

Involving the peer researchers in creating, refining and editing the interview and focus group questions served to endorse the basis for conducting the project: to seek, value and act on the perspectives of young people (Smith et al. 2009) (Appendix 12, 13 and 14). Involvement of the peer researchers in refining the questions ensured they were comfortable asking the resulting questions. It also drew on their insider knowledge of language used by young people, their ability to empathise with the position of the participants and to appreciate the importance of the questions being accessible to the participants. Additionally, the process encouraged development of a sound understanding of the subject area pertaining to the questions which consequently helped them to probe more effectively.

**Figure 8 Examples of Resources Used to Support Understanding of Open and Closed Questions**

 <p><b>Looking at Types of Questions: What are Closed Questions?</b></p> <p>Describe what a closed question is.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Give an example of a closed question that could be used for RAP 'n CAB.</p> <hr/> <hr/> <hr/>	 <p><b>Looking at Types of Questions: What are Open Questions?</b></p> <p>Describe what an open questions is.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Give an example of an open question that could be used for RAP 'n CAB.</p> <hr/> <hr/> <hr/>
 <p><b>Evaluating the use of Open Questions:</b></p> <p>Think of two possible reasons why a researcher would want to use open questions to gather information:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>	 <p><b>Evaluating the use of Closed Questions:</b></p> <p>What information are they good for gathering?</p> <hr/> <hr/> <hr/> <hr/> <p>What are their limitations?</p> <hr/> <hr/> <hr/> <hr/>

Prior learning to support this activity included knowledge and practice at constructing closed and open questions as well as role play activities to develop their probing skills (Figure 8). Early


on in their training explorative activities were used to facilitate their examination of lifestyle, health and health help issues in relation to young people. A simple structure was used to support the creation editing and refining of schedules focusing the young people on the 5 objectives of RAP ‘n CAB: lifestyle and the relationship to health; health issues that are important to them; risk taking behaviour and how it relates to health; factors that would influence decisions to access help; and essential attributes of health-related services if they are to use them. During the refining process their views often overruled mine concerning the wording, emphasis and content of questions.

### 3.7.13 Training to Conduct Semi-Structured Interviews


The mature professional manner in which the young researchers conducted the semi-structured interviews grew during their intense research training conducted over an academic year. Imaginative scenarios were used to engage them in the demanding task of acquiring the requisite skills, particularly in relation to the difficult art of probing (Figure 9 and 10). Peer observation and interviewee feedback were used to provide constructive commentary designed to mentor the young researchers in their developing skills. Self-evaluation was also found to be a powerful tool as it provided a basis for the individual to identify areas of improvement to focus on during simulated interview practice. These approaches were important because they provided confirmation and insight into their growing skills. These sessions were relaxed in atmosphere, fun in their approach and designed to build confidence. Above all it was crucial to ensure they had a clear concept of what information they needed to obtain and why (Boynton 2002).

Figure 9 An Example of a Resource Used for Interview Simulations

## The Victim




**My Background**  
I am a 55 year old man. I am white and have lived in St Johns all my life. I have never been in trouble with the police or a victim of crime . I don't have a mobile phone.



**The Crime**  
As I was about to take the money I heard fast footsteps behind me. I turned around and a man, I think, pushed me against the wall grabbed my money and ran off.  
He was alone and had blue trainers, blue jeans, a coat that had a hoodie. I did not see his face. I'm not sure but I think he was white. I think he was about 5' 10" and fairly slim. He ran very fast.

**Before the Crime**  
I was with my wife and two friends walking up Church Rd towards Quids-In supermarket at about 7.30pm. We were on our way to The St George Pub where we were going to have a meal and some drinks. The road was fairly busy because it was Saturday evening and there were a lot of people walking.  
I noticed that I did not have much money on me so decided to go to the cash point. The pub is before the bank so my wife and friends went in while I went to the cash point. I did not notice anything suspicious and entered my pin number to draw out £30.

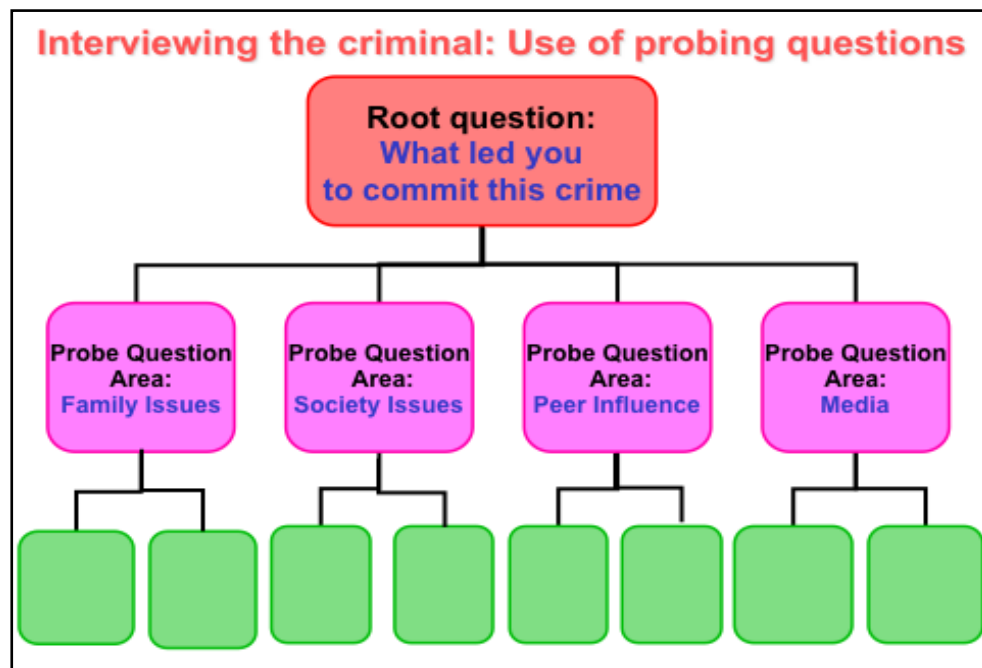


**Catching the Criminal**  
It all happened so fast! Afterwards I realised that I had hit my head against the wall. I had a large bruise on the left side of my head and scratch marks down my face.  
Someone must have seen the attack and phoned the police because they were there in only a few minutes. My wife and friends saw the commotion and came out from the pub. They were shocked to find that it was me who was the cause of all the racket. The police took a statement and then we went home.

**Figure 10 Examples of How the Scenario Was Used to Support Understanding of Open and Closed Questions**

**Probing questions: Thinking about beginnings**

**Drawing on your detective experience, identify common beginnings or ways of obtaining information by probing beyond the root question.**

During the data collection process, to allow interviews to be reconvened during the residential weekend if necessary to achieve quality data, the peer researchers and adult researcher carried out post interview reflections by evaluating the audio recording in relation to the study’s objectives (Boynton 2002). The peer researchers had become accomplished in the art of self evaluation in relation to their interview or focus group performance and the relevance of the information obtained (Figure 11). No interviews needed repeating which was an impressive reflection of the committed engagement in RAP ‘n CAB from both the peer researchers and the participants.

**Figure 11 Examples of Resources Used to Support Self Evaluation of Interview Technique and Experience**

**Learning from this interview experience:  
from the perspective of the interviewer and interviewee**

**Interviewer or Interviewee: circle the appropriate word**

What went well?	What could be improved?	How did it feel?

**Your Evaluation of Your Interview Technique:  
What you identified needed development & how**

What	How
<ul style="list-style-type: none"> <li>➤ Probing</li> <li>➤ Extending questioning</li> </ul>	<ul style="list-style-type: none"> <li>➤ Practice interviewing</li> <li>➤ Focused practice of probing</li> <li>➤ Don't be afraid to tell them a LITTLE about yourself</li> <li>➤ Cue card of possible beginnings to "probe" questions</li> </ul>
<ul style="list-style-type: none"> <li>➤ Introductions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Be friendly and welcoming when you greet</li> <li>➤ Smile</li> <li>➤ Be confident but relaxed</li> <li>➤ Use positive body language</li> </ul>
<ul style="list-style-type: none"> <li>➤ Attitude</li> </ul>	<ul style="list-style-type: none"> <li>➤ Exercise control: no giggling</li> <li>➤ Make your interviewee feel that you take what he says seriously</li> </ul>
<ul style="list-style-type: none"> <li>➤ Eye contact</li> </ul>	<ul style="list-style-type: none"> <li>➤ Be familiar with your interview schedule</li> </ul>

*3.7.14 Training to Facilitate Focus Groups*

Consonant with preparation of the peer researchers towards conducting interviews, peer observation, participant feedback, experiential learning from simulated practice, and self-evaluation were the core training methods used for focus groups. Real life issues relevant to young people's health and lifestyle were chosen for their potential to be controversial and generate debate (Figure 12). These simulations provided opportunities to practice all three


roles of the agreed focus group format comprising moderation, scribing and observation. Experiencing the focus groups from each of these positions gave an awareness of the group dynamics that might unfold. It enabled the peer researchers to develop strategies that enabled them to manage the focus group dynamics towards obtaining the necessary information.

Figure 12 Examples of Resources Used to Support Focus Group Technique and Experience

## The Moderators Schedule

### Topic: Children and Prozac

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- 1. Do you believe that children under 8 years of age can be depressed or are they just sad? (Allow 5 minutes)**
- 2. What do the words “depressed” and “sad” mean to you? (Allow 5 minutes)**
- 3. What are your views on children under 8 years old being given anti-depressants from a doctor? (Allow 5 minutes)**
- 4. As a parent, under what circumstances would you feel it would be right for a doctor to give your child anti-depressants? (Allow 5 minutes)**


## Topic for practice focus groups

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### Prozac for eight-year-olds?

John Cornwell investigates for The Sunday Times Magazine November 2006

**Depression is a growing problem in children, and it is now legal for British doctors to give Prozac to eight-year-olds. So will more parents be tempted to use pills to make their children happy?**



**The next Prozac generation starts at seven**  
By Nicholas Wapshott January 15, 2003

**“The real question is, what are the risks of putting a child or adolescent with a developing brain on an anti-depressant medication?” Dr John Campo, a psychiatrist at the Children’s Hospital, Pittsburgh, (USA) asked. “What’s the effect 30 years from now?”**

**Photograph: Mark Guthrie**

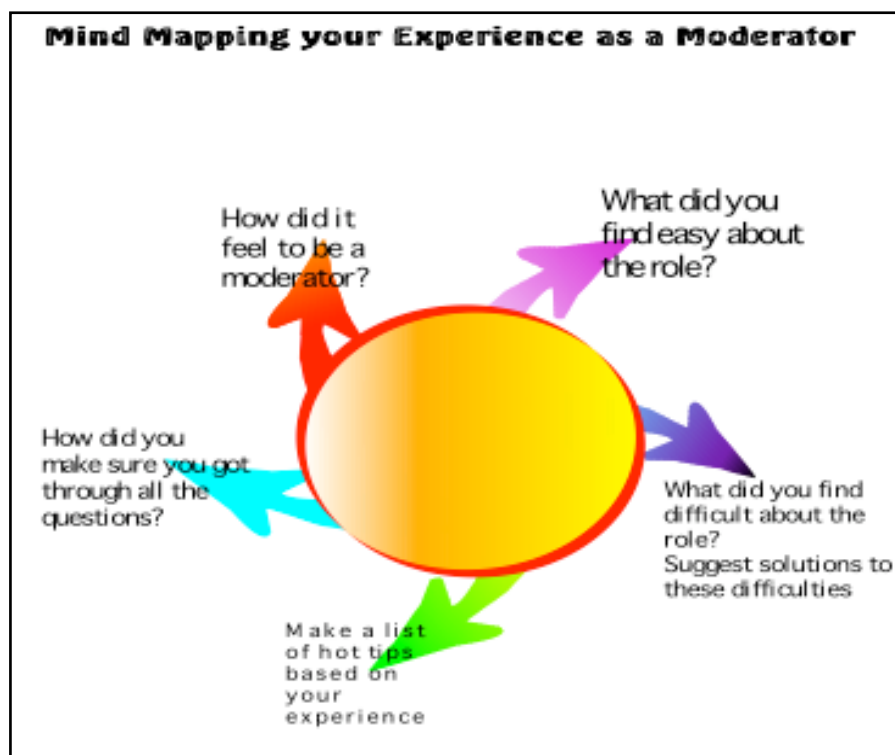
A range of resources (Figure 13) were developed to support the adaptation of the focus group delivery format by the peer researchers. This was driven by their shared apprehension around



the task of moderating a number of participants who were unknown to them. Tempered by their appetite for a challenge and a mature pragmatic resolution they worked towards a means of supporting each other during the focus groups. They decided that there would be two supporting moderators for each focus group who would agree which questions they would ask. Sitting very much in the background away from the focus group would be a scribe and an observer.

**Figure 13 Examples of Resources Used to Support Focus Group Technique and Experience**

<b>Your Hot Tips: Keeping a focus group focused!</b>	
General Tips	
Responding to Experts	Responding to Dominant Talkers
Responding to Shy Participants	Responding to Ramblers



The scribe's role was to document key aspects of the focus groups discussion in relation to the scheduled questions using a specifically designed grid that had been piloted and refined by the peer researchers (Appendix 15). The purpose of this record was for the moderators to refer to when feeding back to the participants key points discussed for confirmation of their accuracy. It would be unrealistic to expect the moderators to be able to recall key discussion points and inappropriate for them to be making notes during the focus group (Bloor et al. 2001). The observer's role was to note the facial expression, eye contact, body language, and use of hands in relation to the scheduled questions on a specifically designed grid that had also been piloted and refined by the peer researchers (Appendix 16). This record would be used to inform the interpretation of the transcribed data.

### **3.7.2 Preparation of the Boys with SEBDS**

#### *3.7.2.1 Laying Foundations for Success*

From the outset, the enthusiastic commitment of the school to RAP 'n CAB was an important factor in generating the keen engagement attitude and ultimately, their positive participation experience. The use of peer researchers was of fundamental importance to their successful involvement as the study's focus on their perspectives conveyed a message of value and respect for their views. To generate rich and detailed data the preparatory activities were expediently timed to optimise their value and relevance to the data collection weekends.

Psychological preparation for data collection focused on the positive strengths the participants brought to the project. Most particularly their zeal for rap motivated them to explore topic avenues in search of material for lyric creation. The fun, safe and practical delivery of preparatory activities helped to galvanise their enthusiasm and ensured their understanding of the project purpose and what would be required of them. The research aims and objectives were explained in accessible terms that emphasised the value of their views and their relevance to a range of professionals working with young people (Buckley et al. 2007; Department for Education and Skills 2001b).

From the outset it was vital that the participants felt this was a project they could and wanted to contribute to. That the participants were all rappers was helpful. This enabled them to comfortably engage in a significant aspect of the project using a medium that they were passionate about. It was also important to nurture a positive attitude towards the peer

researchers, firstly to dispel compatibility anxieties the participants had and secondly, to pave the way for a positive experience for both groups of boys.

It was agreed with all participating young people that the Cardiff boys would host a visit by the Bristol boys to their school. This located responsibility for initiating rapport building with the research participants imbuing them with status and kudos. The common interest in music held by both groups of young people was harnessed to support this potentially delicate process. Utilising the steel pans of the Cardiff school an ensemble music-making activity was used to create an empathy between the peer researchers and participants. The steel pans were chosen for their capacity to facilitate immediate technical accessibility enabling successful engagement in producing music at a rudimentary but fulfilling level. The young people had no prior knowledge of the chosen musical assignment creating a measure of equality between them. Through peer buddying across the two schools a non-judgemental, fun-through-trying working atmosphere was created resulting in a musically coherent performance.

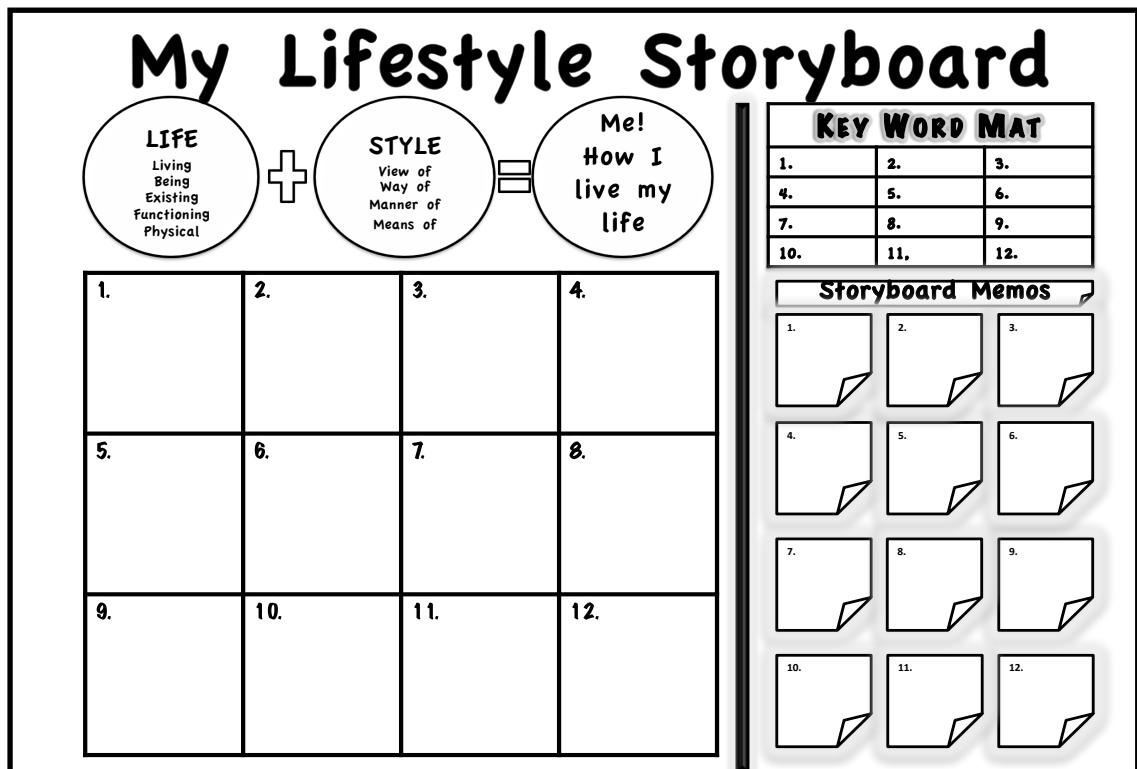
### *3.7.22 Enabling Young People to Tell Their Stories*

Wilson et al (2007) draw attention to the scant development of research tools for enabling children and young people of differing ages and backgrounds to tell their stories. It is also acknowledged that access to perspectives held by young people can be gained by discerning modification of adult data collection methods (Jones 2004; Lewis and Lindsay 2000 p xv) and use of arts-based approaches (Arts Council 2007; Mark 1986). To prepare the young people intellectually, preliminary exploration of each participant's personal lifestyle was instigated through the creation of their own personal storyboard depicting a snapshot of their personal lifestyle experience over the last school term (Figure 14) (Appendix 17). Their depictions were not ranked in importance nor were they temporally ordered. The storyboard fostered a self-absorbing exercise of retrospective exploration that was unselfconscious and private and I was able to develop a secure rapport with the participants.

The construction of the storyboard template is user focused embracing easy production of an aesthetically pleasing display and aiming to achieve swift gratification of the young person's effort. It has capacity to display 12 drawings that illustrate individual lifestyle as defined across the top of the storyboard (Figure 14). Use of text is intentionally limited on the basis that it may deter engagement, be viewed as arduous and boring, or exclude young people who lack confident literacy or writing skills (Gardner and Jefferies 2008). The storyboard does encourage written expression through the use of summative key words that highlight the

principle theme of each drawing. A single keyword is written on a post-it flag and displayed on the *Keyword mat* (Figure 14) which was created to match the dimensions of the commercially produced post-it flags enabling ease of editing. Descriptive writing is also promoted through the use of memos that provide relevant information on each drawing. They are located in the area labelled *Storyboard Memos* designed to correspond to the dimensions of commercially available post-it pads allowing changes to be made easily.

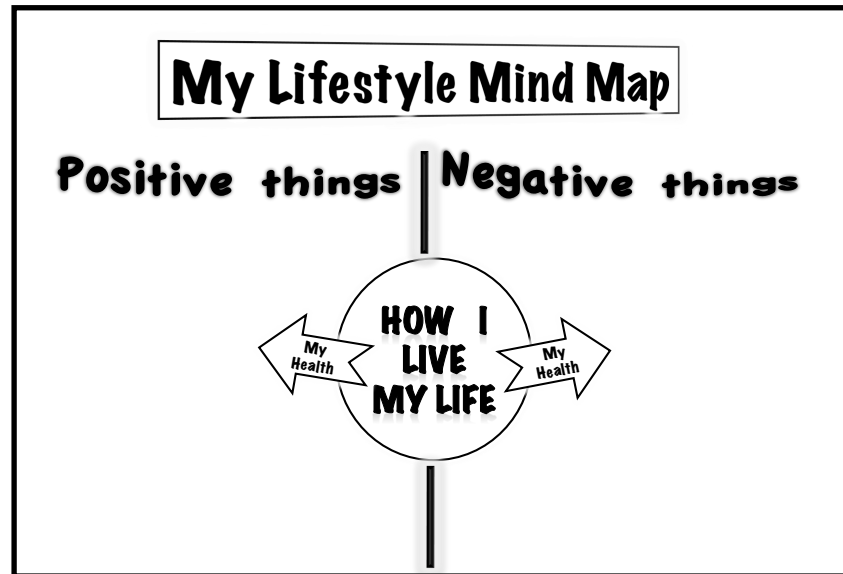
Figure 14 Template for My Lifestyle Storyboard



### 3.7.23 Supporting Exploration of Lifestyle

Using their storyboards the participants were asked to draw on their self defined portrayal to inform their exploration of the positive and negative ways their personal lifestyle affected their health over the last school year. A mind mapping method was chosen because it provides an effective means of enabling children and young people to organise and improve their thinking through the retrospective process of connecting ideas to central key words (Buzan 2000; Harris and Caviglioli 2003). The Lifestyle Mind Map template provided a scaffolding pedagogic approach (Chang et al. 2002) as it was adapted to direct a clear representation of the positive and negative lifestyle determinants on their health (Figure 15) (Appendix 18). A prerequisite for use of mind mapping was confirmation that the participants were already familiar with the concept as it has been shown that knowledge and practice of how to execute a mind map is crucial to successful outcomes (Harris and Caviglioli 2003).

Figure 15 Template for My Lifestyle Mind Map



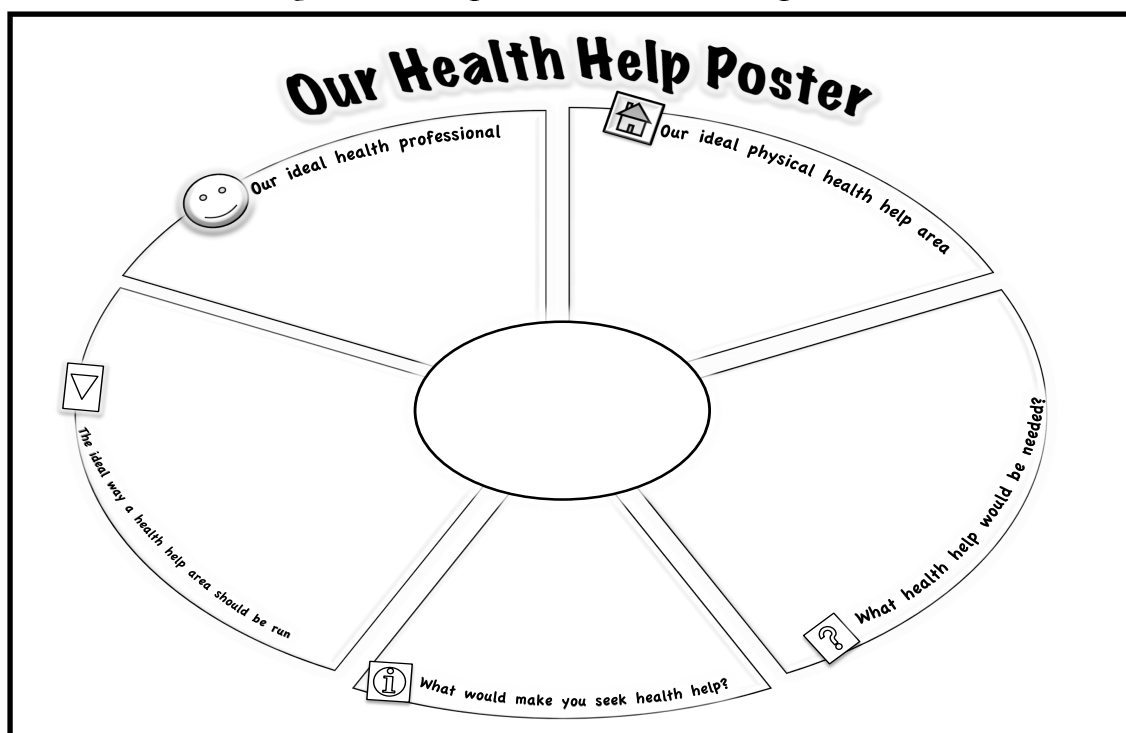
The aim was for the participants to work as a group to investigate and identify connections between their health and lifestyle. My observations of the process were drawn to the lively discursive response it triggered accompanied by very little writing. The participants were divided as to what factors influenced which aspects of their health, each able to provide reasoned justification for their position. There was evidence during their discussion of participants questioning a range of assumptions they held on the nature and breadth of health and its determinants. This led to limited recording of their discussion which was compounded by each participant's reluctance to take responsibility for writing and disagreement on what should be written.

#### *3.7.24 Examining Health-Related Help*

Lastly the participants were divided into two groups of three and one pair to explore where they might go for health-related help and what factors would influence their decisions to access health-related help. A poster making activity was chosen for its practical capacity to facilitate the development and simultaneous visual depiction of their vision. Contrary to treating the young people as passive receivers of knowledge, poster making demands their active involvement in the creative negotiated process of production. Once again a scaffolding pedagogic approach was used (Chang et al. 2002) to ensure the young people achieved a completed poster, and therefore felt rewarded for their effort. A poster template (Figure 16) was designed to instigate discussion of their views on the: attributes of an ideal health professional; ideal features of a health help area; ideal way a health help area should be run;

features that would make them seek health help; and what health help was needed by young people (Appendix 19).

Figure 16 Template for Our Health Help Poster



### 3.8 DATA COLLECTION

#### 3.8.1 Residential Weekends

For logistical and methodological reasons data was collected during two residential weekends. The frenetic nature of the school setting, churning with distractions, lacking room availability and providing inadequate privacy for participants posed serious logistical and methodological concerns. To mitigate these a neutral setting was required to: support an ethos of equality between the peer researchers and participants; to continue to build rapport; to ensure privacy; and to provide a containing setting conducive to maintaining the focus of the young people towards achieving the project aims and objectives. The YHA Pinkery Bunk House located in Exmoor provided the ideal setting for the residential weekends offering the project solo use of its facilities. Distractions were minimal as there was no television, internet provision or mobile phone signal and it was set remotely in moorland.

Its communal living and eating arrangements supported the project's participatory ethos and facilitated rapport building between the boys whilst its rural ambience encouraged musical creativity and experimentation. The young people found its quirky accommodation

immediately comfortable, the bunk bed dorms “groovy”, the food plentiful and tasty, its wind turbine electricity generation exciting, and its isolation invigorating. The accommodation supported data collection by providing space and privacy. Each residential weekend was meticulously planned (Appendix 20) to ensure that the data required was collected and the young people had a rewarding and well organised experience. The Bunk House was also able to support the project rewards comprising an afternoon quad biking in the first weekend and an evaluative celebratory live radio show working with a radio journalist and sound engineer from roRadio in the final weekend.

### **3.8.2 Conducting Semi-Structured Interviews**

Semi-structured interviews provide a qualitative means of exploring how young people interpret the world (Lawler 2002) and are used in this study to capture what perspectives the research participants have in relation to the objectives of RAP ‘n CAB. The participants perspectives have been conceptualised in descriptive narrative data which may be considered the product of both the process and output of the interviews. Within the study’s constructionist epistemology the narratives in this study may be thought of as a “*social product*” (Lawler 2002 p242) emanating from the research participants specific experiences inextricably influenced by their unique socio-cultural and historical contexts (Coffey 1996; Emerson and Frosh 2004; Riessman 1993).

The interviews in this study were conducted on a one-to-one basis with each participant interviewed twice: the first interviews explored health and lifestyle whilst the second interviews examined influences on their decisions to access health help (Appendix 12 and 13). Interviewing involved four of the peer researchers in 3 interviews and two in 2 interviews. The possibility of interviewing participants in pairs was explored for its potential to reduce feelings of vulnerability or isolation. The peer researchers and participants dismissed this idea on grounds that the participants felt comfortable with a one-to-one format as it empowered each participant to have their say and ensured confidentiality. It was also identified that it would be difficult for the peer researchers to interview participants in pairs. The latter argument is raised by Fleming et al (2008) in an evaluation of the *Leicester Teenage Pregnancy Prevention Strategy*.

It is argued that a particular constraint on the trustworthiness of interview data derives from participant feelings of vulnerability around self-image, which instigate an interest in presenting a view that preserves self (Briggs 1986; Wengraf 2001). Informally, during the data collection

workshop some of the participants reported that they thought it was less daunting and easier to speak to young people of their age. To support and prompt the participants during their interviews each had their lifestyle storyboard with them (Appendix 17). In keeping with good practice (Denscombe 2002; Patton 2002), the interviews were digitally audio recorded to enable transcription and importation into NVivo8 qualitative software as separate data sets for coding and thematic analysis.

During the residential data collection weekends the young researchers and participants developed an enjoyment of each other's differences and a mutual respect for one another. The role expectations imbued in the peer researchers during their training, which emphasised attentive listening and the ethos of mutual support between both groups of boys, were tangible as they settled into the privacy of their rooms to engage in their interviews. This nurturing of partnership between the participant and interviewer can have the effect of casting the interviewer into a dual role as a supportive, active listener and as a dedicated interested audience, both committed to encouraging the participant's best performance (Denzin N K 2001; Gibson 1998; Haglund 2004). The act of sharing stories can help the participant build a sense of self through acquiring greater self-knowledge and purging suppressed burdens (Atkinson R 2002; Marshall and Rossman 1999).

### **3.8.3 Facilitating Focus Groups**

It is generally accepted that it is a less intimidating experience to speak in a small group than in a one-to-one interview due to the reduced interpersonal intensity of interaction and focus (Kellett 2004). There are differences of opinion as to the optimal size of a focus group ranging from between 4 to 12 participants (Kitzinger 1994; Murray 2006; Stewart and Shamdasani 1990). The size used in RAP 'n CAB of 4 participants to 2 peer researchers was therefore appropriate.

The single sex composition of the focus groups, the friendships that had grown between the participants through a mutual interest in rap, combined with their facilitation by the same sex and age researchers, created a safe and potentially empowering environment. This methodological approach invests participants with the capacity to reveal, "*how and why*" people "*think as they do*", rendering them congruent with research grounded in a constructionist epistemology (Kitzinger and Barbour 1999 p172). The focus group interaction reveals how identity is articulated and narrative censored, challenged and changed between peers and within the dynamics of a group (Kitzinger and Barbour 1999).



The focus groups opened by stating simple conduct ground rules and briefly outlining the topic area. Discussion was facilitated using loosely structured open-ended questions which were set out in a schedule that had been refined by the peer researchers (Appendix 14). Although the moderators used the question schedule as a guide, their aim was to encourage the participants to discuss the topic areas so that the resulting group interactions would generate the data required to fulfill the research objectives of RAP ‘n CAB. It is recommended that the moderator of a focus group should seek to control the dialogue but to be a “*background*” rather than “*foreground*” figure and it is acknowledged that this is more likely to be achieved by a young person than an adult researcher when working with young people (Bloor et al. 2001). All the focus groups were digitally audio-recorded in keeping with good practice (Bloor et al. 2001). The transcriptions of the data was imported as a separate data set into NVivo8 qualitative software to allow coding and thematic analysis to be undertaken.

### **3.8.4 Original Rap Composition**

Burgess (Lewis and Lindsay 2000 p xv) asserts that whilst the research question will always dictate the selection of data collection methods, variables such as the age, gender, social class and ethnicity of the participants, should also be an intrinsic consideration to any study design. Use of rap to collect data fundamentally fitted the aims and objectives of RAP ‘n CAB and simultaneously harnessed a narrative based musical genre which was immediately engaging and integral to the participants lifestyle gave full regard to their age, gender and ethnicity. Positive and therapeutic outcomes have been identified that justify the engagement of young people in arts-based approaches (Arts Council 2006b, 2007) and it is recognised that the arts can contribute to the achievement of the *Every Child Matters* outcomes (Arts Council 2006a; Department of Health Department for Education and Skills 2004). These include social benefits, capacity to manage emotions, self-identity, enjoying positive relationships and dealing with criticism (Dakin et al. 2008; National Healthy Schools Standard 2004). They have also been shown to provide young people with a safe means to express their thoughts, beliefs and feelings (Mages et al. 2007; Orme et al. 2006; Tyson 2002) and to have a transformative impact upon the lives of even the most vulnerable young people (Mark 1986). Brochner and Ellis describe how music is able to “... *create meanings, how it can heal, and what it can teach, incite, inspire or provoke*” (2003 p507).

It is increasingly recognised that researchers need to consider the development of innovative methods of investigation in order to gain access to the perspectives of young people (Lewis and

Lindsay 2000; Masson 2000). In their own right, the arts have been viewed as an effective means for communicating complex social phenomena, capturing their essence for which statistical presentation has no meaning (Sztó et al. 2005). The use of a music-based approach strives to develop a means through which young people feel comfortable to tell their stories. Narrative and musical expression are fundamental to song writing where there is a relationship between language, perspectives expressed and the qualities of the music composed. Just as musical composition is structured within formal frameworks that conform to established rules, so are narratives.

Rap embraces the use of language to express beliefs and attitudes. Johnstone (2000) asserts that the linguistic medium and its sociocultural context are important contributing factors to its function and display of personal identity (Appendix 21). Subcultures, such as rap, enable young people to express an alternative “*script*” and enables them to escape the ascribed identities of their school or socioeconomic class (Brake 2003). Brake (2003) also suggests that subcultures provide temporal and geographical space that young people need to explore their relationship with the world in the face of rapid change.

Tyson (2006) alludes to the international popularity of rap, transcending different cultures and ethnicities enabling young people to identify with it. This was reflected across the RAP ‘n CAB participants who comprised 1 Indian Sikh, 2 African, 2 mixed-race and 3 Caucasian boys. He advocates the continued exploration of hip hop and rap music culture towards improving the outcomes for young people. Lashu and Fox (2007) evoke the creative power that rapping or, “*spitting ether*” offers as a means for young people to express what is going on in their world using their own *scripts*. They consider that it provides a window into a fuller understanding of their worlds and admonish the neglect of investigation around “*what young people make and do with it*” (Lashua and Fox 2007 p146) since young people who may have difficulty reading and writing are able to create spontaneous freestyle rhymes comprising a rich vocabulary and including use of original similes as evidenced by the rap data obtained in RAP ‘n CAB (Appendix 24).

Preparation for the rap compositions embraced the study’s ethos of conducting research “*with*” and “*by*” the research participants (Borland et al. 2001). The informal ambiance of the data collection weekends created by the residential adventure per se, and the comfortable relaxed spacious environment, was conducive to this participative approach and to the composition and

performance of rap. Respectful recognition from the adult researcher, supporting teachers and peer researchers of the research participants expertise and mastery of rap was fundamental. Being accomplished at rap composition and performance was very important to the research participants and research literature asserts that being good at something in the eyes of self and of others is a strong positive influence on self esteem (Deuchar 2009; Kloep et al. 2010). A meeting was set up with the research participants, the adult researcher and the peer researchers to discuss the composition of raps for RAP 'n CAB. The adult researcher facilitated the discussion and it was agreed that there were three main areas for consideration: how the research participants normally go about composing their raps; how they would like to set about composing their raps for RAP 'n CAB; and to recollect and think through the subject focus for the raps.

The research participants explained that they usually composed raps by writing them out first as this enabled refinement before performing them to a backing track whilst reading from their completed script until the lyrics were memorised. Adding clarification, they related that there may still be elements of improvisation during their performance, such as repeating stanzas, depending on: their mood; the audience present, audience gestures and facial expression; and spontaneous ideas coming to mind due to, for example, oral responses from the audience. Individual working was unanimously preferred as this was the usual way they composed their rap. It was also clear that there was a sense of great individual pride in the creation of their own rap style and that they were competitive with one another.

On consideration of the subject focus for the raps, the research participants were asked to draw on their lifestyle, health, risk taking and health help experiences. To support the data collection process generally, including rap composition, their Lifestyle Storyboards, Mind Maps, and Health Help posters were on display during the residential weekends. Recollection of their RAP 'n CAB preparatory work, completed at their school prior to the residential weekends (Section 3.7.2), was carried out with research participants only, to avoid contaminating their views with those of the peer researchers. Research participants were organised in pairs and asked to write down key words that communicated lifestyle, health, risk taking and health help on post-its. They were explicitly asked to write one keyword per post-it. Four pieces of flip chart paper were blue-tacked to the wall and headed *Lifestyle, Health, Risk Taking* and *Health Help*. The research participants were asked to place each key word post-it on the relevant piece

of flip chart paper which were subsequently displayed during both residential weekends for their reference. Summaries of each post-it flip chart are shown below in Table 8.

**Table 8 Summary on Research Participants Recollection of Lifestyle, Health, Risk Taking and Health Help in Preparation for Rap Composition**

<p><b>Lifestyle</b></p> <p><i>Everything you do</i></p> <p><i>Sport Football Rugby Sleeping</i></p> <p><i>Music MCing Chilling Mates</i></p> <p><i>Clubs The park Chicks Girls</i></p> <p><i>Texting Internet Computer games</i></p>	<p><b>Health</b></p> <p><i>Football Sport Fitness Feeling good</i></p> <p><i>Salad Veg Fruit 5A Day</i></p> <p><i>No pizza No chips No junk food</i></p> <p><i>Not a crack head Not into crime</i></p> <p><i>No fighting Not die from drugs</i></p>
<p><b>Risk Taking</b></p> <p><i>Smoking Everyone smokes</i></p> <p><i>Doing stuff The Park Nicking</i></p> <p><i>Fights Bunking Dares</i></p> <p><i>Alcohol</i></p>	<p><b>Health Help</b></p> <p><i>Confidentiality Clean toilets</i></p> <p><i>Embarrassment Respect</i></p> <p><i>Friendly</i></p>

### 3.9 MY ROLE AS ADULT RESEARCHER

Rooted in RAP ‘n CAB’s epistemological perspective of subjective interactionist constructionism (Crotty 1998), I adopted a critical reflective approach towards analysis of self as a researcher and my role within the context of this research (Coffey 1999; Etherington 2004; Fook and Gardner 2007). This approach fits the study’s narrative analysis methodology which emphasises reflexivity and the important influence of context on interactions with the world and on informing interpretation of the world (Barone 1995; Labov 1972b; Riessman 1993). Although my responsibility and conduct as the adult researcher was formal and clearly defined by research governance and ethics (Department of Health 2005b; National Children’s Bureau 2009), on reflection of my role I note that it was fluid and informal.

Self conscious of the potentially intrusive or distracting nature of my presence my functioning was mostly in the background characterised by constantly shifting roles and activities. Implicit to my role was conferring overall cohesion by promoting productive connections between the peer researchers and participants through, for example, positive daily activity experiences ranging from breakfast to project rewards like quad biking. I was always present, reliable and available, concerned with supporting the participants and researchers during the residential

weekends, firstly in their capacity as young people away from home and secondly, around encouraging their best efforts towards achieving the aims and objectives of RAP ‘n CAB. Some aspects of this activity were concerned with domestic and pastoral provision, whilst other facets involved overseeing data collection.

I did not, at any time, connive to blend into the worlds of the young people but occupied a mainly silently negotiated role. On one hand this was defined by myself through the interaction and evolving positive rapport with the young people. It was also ascribed to me by the peer researchers and participants fostered by the residential setting and required by the data collection demands. I functioned as an “*outsider*” (Johnstone 2000), coming from an institution outside of their school setting as well as the world of young people. Conversely I also functioned as an “*insider*” (Johnstone 2000) by virtue of my physical presence, seeking to gain interpretive and contextual insights into the process dynamics and emerging narratives. In particular the refining of rap compositions instigated adhoc performances between the participants and peer researchers (Helle 2006). Throughout the data collection process the peer researchers and participants were regarded as autonomous actors. In their relations with one another they identified themselves as part of their schools within which their respective teachers were included. I was not viewed as a teacher but more as a helpful adult organiser, praiser and the person who could conjure up a snack or miraculously produce egg bread for breakfast.

### **3.10 TRANSCRIPTION AND THE NATURE OF THE DATA**

All RAP ‘n CAB interviews and focus groups were digitally audio-recorded as separate entities. In its digital audio form, the data was not immediately accessible for analysis and was therefore transcribed verbatim into text using Express Scribe software. The software enabled reduced speed playback of the participant narratives greatly facilitating recognition of speech content and aided differentiation of speakers. Words and vocalisations that were not Standard English were captured phonetically, whilst word emphases, tonal inflections of the voice, pauses, sighs, and so on, were noted using Silverman’s simplified transcription symbols (2005).

Each of the 12 original rap compositions were hand written or word processed by their participant author and a copy submitted to the adult researcher for use as data providing insight into lifestyle (Appendix 24). To realise the aim of RAP ‘n CAB, all interview, focus group and rap data was transcribed into a specific text format (Appendix 22). This format enabled coding

of all the data using Labov's Evaluative Framework (1972b) (Figure 22) and ensured easy location of any quoted data back to the original transcripts enhancing the credibility of the study's findings.

Fundamental to the analytical process of this study are the words of the participant's which have not, as far as possible, been reduced or refined during the transcribing process (Haglund 2004). The quality of this raw data is central to the overall trustworthiness of the analysis and subsequent findings (Kvale 1996; Mishler 1986). The interview and focus group transcribed text data represents focused, unique personal time-limited (Riessman 1993) retrospective accounts of the participants experiences within the natural settings of their family, school and local community. Reflecting the semi-structured nature of the interviews and focus groups, the transcriptions of their perspectives are punctuated by the interviewer or moderators narrative soliciting focus, exploration and interpretation around the perspectives expressed in order to ensure the data needed to fulfill the research aims and objectives of RAP 'n CAB were achieved. Whilst some of the biographical data is uncontroversial and objective (Wengraf 2001), much of the data is subjective. In particular the rap data manifests semantic, thematic and metaphorical descriptions and interpretations of life experiences.

Overall, the data obtained is rich with potential for revealing aspects of the complexity and depth of various influences on lifestyle, health and health-related help. The interpretation and understanding of this data and its different layers of meaning draw on the synthesis of their interaction with the underpinning assumptions of a participatory data collection approach using peer researchers and the Labov Evaluative Framework (1972b) applied to the data (Coffey 1996). As discussed by Atkinson (2002), both interpretation and experience are in themselves extremely subjective relative terms. In some instances, the data offers explicit and frank insights into the wider issues of upbringing, family, peers, friendships, education, aspirations and expectations, and in other instances it is secretive, suggestive and vague. Huberman (1993) identifies data quality as crucial to its capacity to enable exploration and understanding of deep, obscured and sometimes suppressed issues. It is the data that maintains the integrity of the perspectives because it is suffused with the essences of key people and institutions in which the participants' perspectives are embedded.

### 3.11 CHOICE OF ANALYTICAL APPROACH

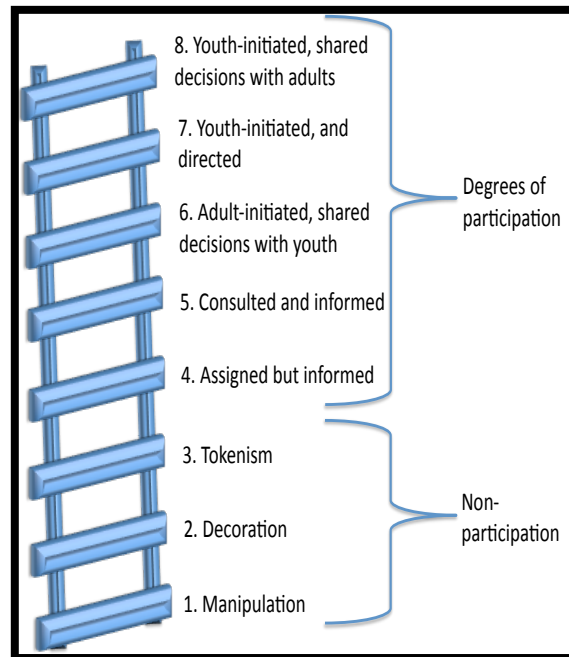
Encapsulated by the writing of Denzin and Lincoln, “*Qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomenon in terms of the meanings people bring to them*” (2000 p3). To accomplish this qualitative researchers have a range of analytical approaches at their disposal of which the procedural and theoretical diversity is concealed through their designation to crude umbrellaed headings. Broadly defined, these approaches include grounded theory (Glaser and Strauss 1967; Strauss and Corbin 1998), phenomenological (Lopez and Willis 2004; Moustakeas 1994), ethnomethodological (Garfinkel 1967, 2002; Garfinkel and Sacks 1970; Heritage 1984; Livingston 1987), ethnographic (Clifford and Marcus 1986; Coffey 1999; Hammersley and Atkinson 1985), and narrative analysis (Cortazzi 1993; Elliott 2005; Mishler 1995; Riessman 1993).

Their varied theoretical assumptions reflect historically diverse discipline roots which contribute to the wide-ranging breadth of analytical scope they collectively offer researchers to engage credibly with the plurality of natural world settings (Flick 2002). In contrast to the rigid standardised measuring tools used in quantitative research, qualitative analytical approaches utilise the researcher as a central interpretive instrument bringing flexibility and sensitivity to bear on the complexities of “*real life*”. Common to all are their overall commitment to the purposes of exploring, describing and understanding how different social worlds are experienced and produced (Marshall and Rossman 1999; Patton 2002). This raises two fundamental methodological questions: Firstly, on what objective grounds were a number of broad analytical approaches discounted as appropriate to the design of RAP ‘n CAB; and secondly, what was the rationale for the selection of a sociolinguistic narrative analysis methodology.

Strauss and Corbin argue that grounded theories, “*...because they are drawn from data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action*” (1998 p12). Intrinsic to their analytical method is the integration of a theory building process developed by the researcher throughout data collection. This presents significant intellectual challenges requiring constant comparison of interview data sets and simultaneous progressive reading of relevant literature. Consequently it does not support the emancipatory ethos of RAP ‘n CAB’s design as it would not enable participation of peer researchers in data collection even at level 1 on Harts Ladder of Participation (1992) (Figure 17). The strength a grounded theory

approach offered RAP ‘n CAB was the method of theoretical sampling until realisation of thematic saturation, although this benefit is tempered by contention concerning the point at which saturation occurs (Green and Thorogood 2004). Theoretical sampling could, however, provide protection against the risk of too few participants due to attrition (Strauss and Corbin 1998).

**Figure 17 Ladder of Participation (Hart 1992)**



Phenomenology conceptualises text as a window into human experience (Denzin and Lincoln 2000) and believes that the participant’s narrative account holds the essence of their experiences (Marshall and Rossman 1999). It places emphasis on the meanings that individuals attach to events (Lopez and Willis 2004). There is an assumption that these meanings guide actions and interactions making it a particularly apt research approach for investigating how people link their understanding of life events and experiences to the wider social world, health, lifestyle and health help (Huberman 1994; Marshall and Rossman 1999). However, the phenomenologist strives to preserve the narrative’s subjective character (Crotty 1996) and exercising vigilance around self-examination, bracketing personal experience prior to conducting an interview (Marshall and Rossman 1999; Valle and Mohs 1998) necessitating advanced cognition. Inevitably, this requirement obstructs the participation of peer researchers in data collection.

Ethnomethodology seeks to understand the methods that people use to make sense of their social world and how they accomplish their daily actions (Heritage 1984). Fundamentally this



approach offers a theoretical method that supports the exploration of “*how*” questions that aim to examine forms of social interaction such as conversation and shared interpretations (O’Leary 2004). This analytical approach is therefore not appropriate to the aims and objectives of RAP ‘n CAB which seeks gain understanding and insight into perspectives held on health, lifestyle and health help. The questions planned were predominantly “*what*” questions.

Ethnography is concerned with culture and how people interact with one another using unstructured interviews and direct or participant observation to collect data over a longitudinal period. Atkinson describes the fundamental purpose of ethnography as, “... *grounded in a commitment to the first-hand experience and exploration of a particular social and cultural setting...*” (2007 p4) which does not fit the purpose of RAP ‘n CAB to obtain the perspectives. In addition, this approach often requires immersion demanding prolonged engagement and persistent observation posing an impractical and formidable task for the engagement of peer researchers. Furthermore, the intellectual requirements on researchers to manage their own subjectivities so as to understand the perspectives of the researched and to maintain a self-conscious awareness of what is learned and how it has been learned are unrealistic expectations of young researchers.

### **3.11.1 Choice of Narrative Analysis**

As a research methodology rooted in the sociolinguistic paradigm, methods of narrative analysis preceded the unfolding of formative philosophical writing, the development of analytical techniques, and the formulation of coherent rules of application (Lieblich et al. 1998). Stanley and Temple refer to its methodology as, “*highly enabling*” with capacity to encourage, “*thinking in a creative way about the structure and content of stories and accounts*” (2008 p277). Lieblich et al (1998) and Stanley and Temple (2008) allude to the diverse range of studies which describe the use of narrative as integral to the analytical process. They loosely define narrative research as, “*any study that uses or analyses narrative materials*” (1998 p2). In summary, a sociolinguistic narrative analysis methodology offered the best fit to: the research purpose, aims and objectives of RAP ‘n CAB (Chapter 3, 3.2); its emancipatory participative design involving young researchers in data collection (Chapter 3, 3.5); and provides an analytical approach that is comprehensively concomitant to the data obtained from the semi-structured interviews (Chapter 3, 3.8.2), focus groups (Chapter 3, 3.8.3) and a music-based data collection method using the composition of original rap authored by the participants (Chapter 3, 3.8.4).

Narrative analysis upholds the view that the sociocultural and historical context is key to eliciting meaning (Cortazzi 1993; Riessman 1993) and to gain understanding of perspectives expressed (Pilcher 1995). This fits RAP 'n CABs underpinning tenet that the social determinants have both a positive and negative impact on the health of individuals, families and communities (Cabinet Office: Social Exclusion Taskforce 2008; Department of Health 2005a; Grant and Barton 2006; Hunter 2009; Welsh Assembly Government 2007). Placing emphasis on context challenges the fundamental positivist repudiation of contextual influence (Blumenfield-Jones 1995).

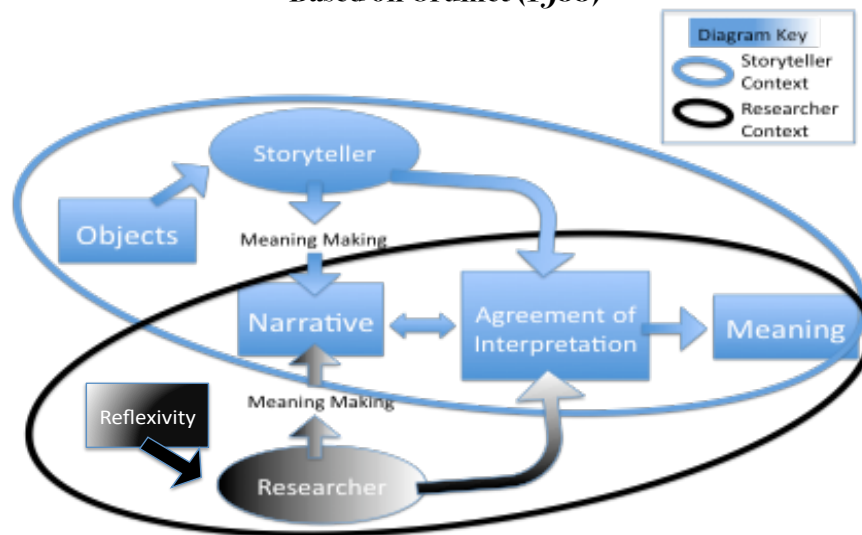
Of particular relevance to this study's focus on young people with SEBDs and the perspectives they hold, is the facility narrative analysis offers for exploring life issues and identity (Frost 2009). Emerson and Frosh (2004) describe how narrative analysis enables exploration of breaches between individuals and their social context. Lawler affirms this capability stating that narratives, "*... are interpretive devices, through which people represent themselves, both to themselves and to others*" (2002 p242). This quality lends itself to investigating the lifestyle significance and functions of subcultures, such as rap, in relation to the ascribed identities that individuals collectively escape to (Brake 2003) and the perspective this engenders in relation to their health and health-related help.

### **3.11.2 Attributing Importance to Their Views**

Fundamental to all forms of narrative analysis is the story metaphor which assumes that participants order their experience within specific socio-cultural contexts to gain understanding of their life (Cortazzi 1993; Labov 1972b; Riessman 1993). Grumet (1988) makes a useful distinction between the telling of the objective truth of what actually happened in a situation and the "*fidelity*" of what happened which pertains to the unique meaning an event has for the story teller. Whilst the analytical focus concerns perspective and subjectivity it is important to maintain the notion that the stories are the teller's factual interpretation of what happened (Blumenfield-Jones 1995; Coffey 1996). A tripartite relationship can be identified between the storyteller, their narrative, the objects, and the meaning that is attributed by both the teller and researcher (Grumet 1988). It is the dual precision of recording the raw narrative and of agreement on interpretation between teller and researcher that supports the real nature of the data but simultaneously enables subjectivity of experience and analysis that is factual (Blumenfield-Jones 1995; Lawler 2002) (Figure 18).

Figure 18 demonstrates how the subjective narrative data is of central importance to both the storyteller and researcher: for the researcher it is their investigative focus and for the storyteller it provides a medium for expression of their perspectives. Encapsulated by Grumet (1988), narrative analysis is concerned with capturing the basis of the unique “*fidelity*” view of the storyteller’s perspectives.

**Figure 18 Diagram Showing Teller & Researcher Meaning Making Based on Grumet (1988)**

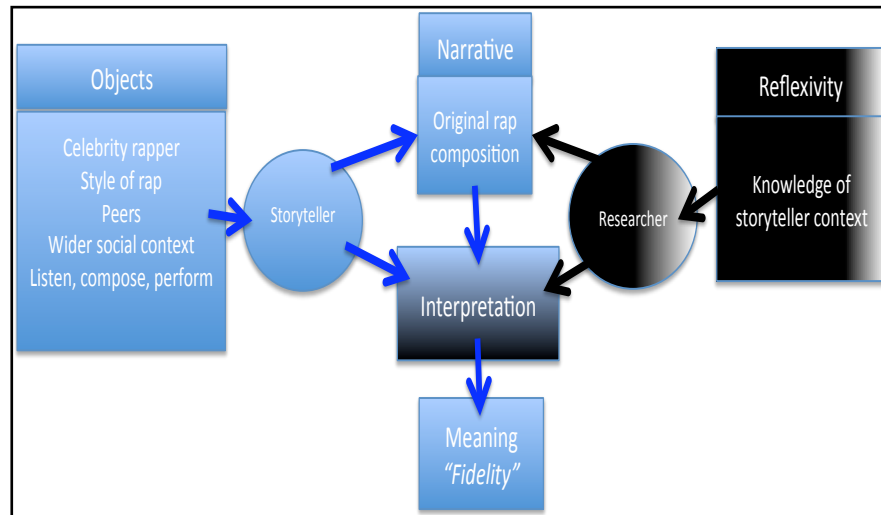


As shown in Figure 18, Grumet (1988) asserted that a process of dialogue between the researcher and storyteller was necessary to ascertain meaning in the “*fidelity*” sense, of the narrative data obtained. The import placed, by both researcher and storyteller, on achieving the “*fidelity*” view and the fundamental role each of their unique contextual determinants play in shaping this is highlighted. Figure 19 shows how this model can be applied to rap narrative, illustrating the importance of context and showing the centrality of narrative to the meaning making process.

The practicability of the application of narrative analysis to a music-based approach, such as rap, highlights its versatility and amenability to creative, inclusive and diverse data collection methods. Mitchell describes narrative analysis in a constructionist guise as, “*the primary scheme by means of which human beings represent and restructure the world*” (1981 p8). Bruner also defines narrative analysis in constructionist terms referring to it as the means by which “*people organize their experience*” (1990 p35). Finally it has been robustly demonstrated that it supports research that sets out to explore and gain insight into subjective perspectives. Indeed, Frost (2009) asserted that as well as revealing different perspectives this approach had the capacity to add “*texture*” which supported the interpretive process of eliciting meaning. Use of

a pluralist narrative analysis approach can result in a multidimensional understanding of the meaning conveyed in text (Figure 19).

**Figure 19 Diagram Showing Teller & Researcher Meaning Making in Relation to Rap Narration Based on Grumet (1988)**



### 3.11.3 Typologies of Narrative Analysis

There are many different types of narrative analysis which variously utilise narrative structure (Labov 1972b) and content to elicit meaning (Cortazzi 1993; Manning and B. 1994; Mishler 1986). Fundamental to all is the story metaphor which assumes that participants order their experience to gain understanding of their life events (Cortazzi 1993; Labov 1972b; Riessman 1993). Whilst each provides a systematic analytical method for the study of the personal lived experience (Atkinson and Delamont 2006), they fulfill differing research aims and objectives (Figure 20).

#### 3.11.3.1 Content Analysis

Content or thematic analysis places emphasis on the content of narrative which is viewed as a direct and unambiguous channel to eliciting meaning (Riessman 1993). Its underpinning objectivist view of language assumes that any competent user of the language would find the same narrative meaning and identify the same themes (Riessman 2005). It does not consider the influence of sociocultural contexts on narrative or that of the storytellers “...*imagination and strategic interests...*” (Riessman 2005 p6). Whilst content analysis could be used to gain understanding of perspectives on health, lifestyle and health help it is asserted that its methodology does not harness the contextual complexities of language to reveal depth of meaning as in structural analysis (Riessman 2005).

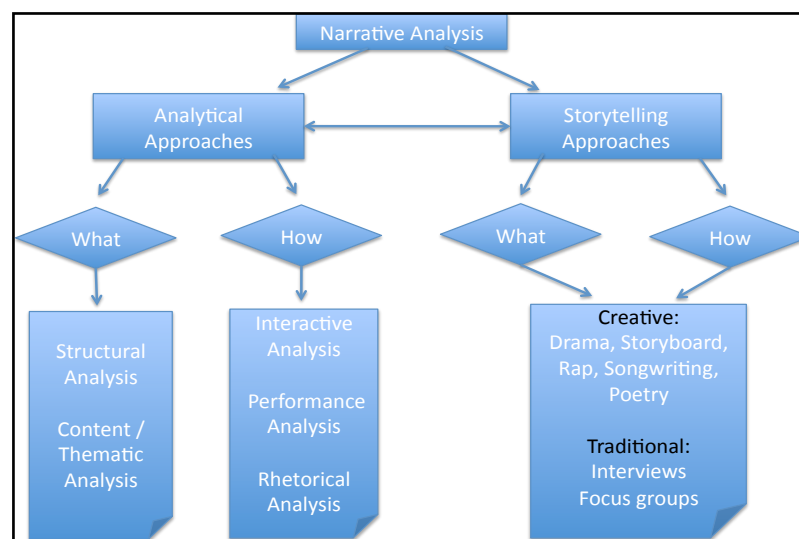
### 3.11.32 *Interactional Analysis*

Interactional analysis examines the process of dialogue between storyteller and listener (Riessman 2005). Its central interest is on the process of co-construction between the storyteller and listener to create meaning from personal experiences. Use of interactional analysis is demonstrated by Clark and Mishler (1992) in a study which aimed to elicit the differential features of an attentive and non-attentive medical interview. Extending the interactional approach, performance analysis treats the storytelling as a performance using gestures as well as language (Langellier and Peterson 2003). The performative view is appropriate to studies of communication practices and of identity construction which would not fit the research purpose of RAP 'n CAB.

### 3.11.33 *Structural Analysis*

Structural analysis identifies functional linguistic elements, such as grammatical and semantic properties of a narrative, for the purpose of harnessing analytical insight on the way a story is told to elicit meaning (Riessman 2005). Labov (1972b) developed an approach based on ascribing function to each clause of a narrative's structure in order to examine accounts of violence. The basic components of a narrative's structure include: the point of the story; time, place, characters and situation; the event or key factors; commentary on its meaning or emotional significance; its outcome; and the ending of the story bringing action back to the present (Labov 1972b). Because this approach investigates narrative in all its complexity, rather than simply treating it as a vehicle of content, it relates language and meaning, which Riessman (2005) asserts can reveal insights that remain elusive where language is presumed to be transparent.

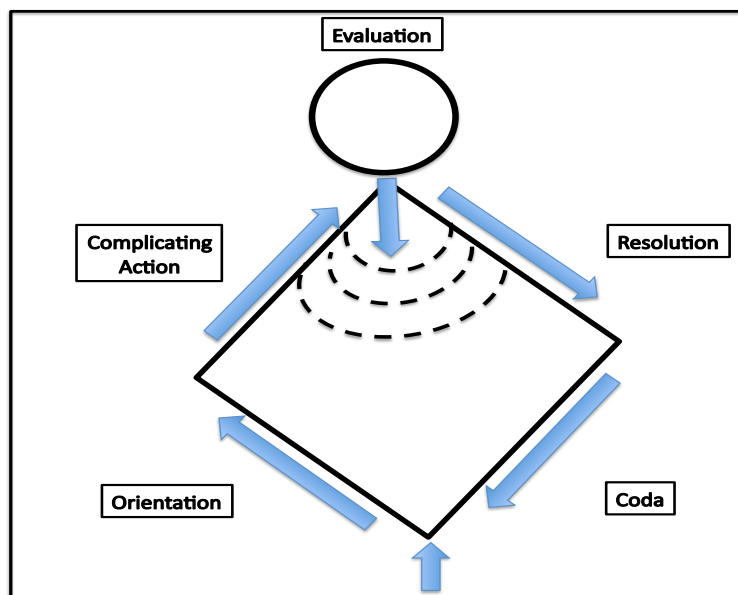
**Figure 20 Diagram Showing a Typology of Narrative Analysis  
Adapted from Phoenix et al (2010)**



### 3.12 USE OF LABOV'S EVALUATIVE FRAMEWORK

The Framework describes recurrent formal structures, clauses, that a teller may use to construct and interpret a story (Figure 21). These structures systematically identify the clause function within each narrative which comprise: an *abstract*, the point of the story; the *orientation*, time, place, characters and situation; a *complicating action*, the event or key factors; the *evaluation*, the meaning or emotional significance of the story; an *end result or resolution*, the outcome of the story; and a *coda*, the ending of the story often bringing action back to the present (Labov 1972b p363-370)(Figure 21 and 22).

Figure 21 Diagram Showing the Structural Elements of a Complete Narrative as Described by Labov's Evaluative Model (Labov 1972b Figure 9.1 p369)



Coding narrative clauses takes considerable time and can be facilitated by Labov's question method which asserts that narrative can be understood in the frame of questions and answers concerning each clause function within the structure of the narrative (Labov 1972b p370). The *abstract* asks what the story is about?; the *orientation* asks who, what and where?; the *complicating action* asks what are the key things that happened?; the *evaluation* asks what happened and how did that feel?; the *result* asks what was the outcome or consequence?; and the *coda* returns the narrative to the present. In relation to exploring perspectives held, it is the *evaluation* that encapsulates the point of the story, how the teller wants to be understood, and the value, impact or influence perceived. It is not surprising that Riessman refers to the *evaluation* as, "the soul of the narrative" (Riessman 1993 p21). Each clause is ascribed to one narrative function as demonstrated in the transcript below (Figure 22).

**Figure 22 Coding of Narrative Using Labov's Evaluative Model of Narrative Analysis (1972b)**

Abstract	Of how music impacted on my life
Orientation	Was I would think was around::: 4 years I got a present of a toy keyboard >A toy grand piano actually < And this grand piano played about ss:: probably an octave of diatonic, right.
Evaluation	And:::: I absolutely loved this little toy  It was about 12 inches um:::: in length and > as I say <it had about 8 notes
Complicating Action	And my father gave it to me
Evaluation	And::: he was the first And:::: most influential person in getting me into music in my early life
Complicating Action	He played the violin Not often But he would play it And I would really enjoy listening to him play hhh He played by numbers So he couldn't read music, but just did everything through numbers And::: he taught me my first song
Evaluation	And:: um:: Oh 45 years later I still remember every single number in that song um:: And it was an Irish um reel And that really I think showed my parents that I was I was keen on music And it also showed me, that I was really keen on music
Result	Um so at about the age of 7 um:: I was given the opportunity for piano lessons

Detailed explication of an analysis by application of a narrative methodology on interview, focus group and rap data using a Labovian approach will be presented in Chapter 4.

### 3.13 ACHIEVING CREDIBILITY AND TRUSTWORTHINESS

The concepts of credibility, dependability and transferability are used in qualitative research to describe various aspects of trustworthiness (Lincoln and Guba 1985; Patton 2002). Credibility is the level of confidence in how effectively the data collection and analytical process addresses the research focus; dependability is the consistency of researcher judgements over time; and transferability the extent to which findings can be applied to other settings or groups (Flick 2002). The absence of clear analytical strategies and the subjective personal nature of qualitative research can lead to sceptical judgements concerning its scientific worth (Clarke 1999; Huberman 1994; Tesch 1990).

There is a sense of unease around the subjectivity of qualitative research and the difficulties of generalising (Marshall and Rossman 1999), yet personal narratives are valued precisely because of their subjectivity (Riessman 1993). Ellingson captures the essence of qualitative research stating that, “*Qualitative methods illuminate both the ordinary within the worlds of fabulous people and events and also the fabulous elements of ordinary, mundane lives*” (2009 p1). Huberman (1994) asks, how does the qualitative researcher know whether a finding is unexpected or wrong? Ellingson goes some way to answering this in describing how *crystallization* can achieve multiple ways of understanding participant’s experiences.

Brown (1998) asserts that it is an illusion that participants speak for themselves due to the authorial strategy that makes the researcher the spokesperson for others. Throughout this thesis effort has been directed towards making, “*visible the hand behind the text*” (Watson 1994 p79). It can be argued that the credibility of RAP ‘n CAB’s findings has been enhanced by the involvement of peer researchers. Involving young people as researchers in data collection is reported to mitigate inhibitory influences on open candid expression of perspectives (Coad 2004; Greig et al. 2007; Jones 2004; Kirby 2004; Layard and Dunn 2009; Lewis and Lindsay 2000; Loyce et al. 2003; Robinson and Kellett 2004; Smith et al. 2009; Warren 2002; Warren 2000)(Chapter 3, 3.5). ). Furthermore, participants were asked to engage in a limited validation of findings from the raw interview, focus group and rap data through review discussions held during the residential workshops.

### **3.14 ETHICAL CONSIDERATIONS**

Using young people as researchers raises ethical and legal issues which recognise their particular vulnerability to exploitation or harm and seek to ensure their rights as children are honoured (Alderson 2004; Masson 2004; National Children’s Bureau 2009; United Nations 1989). There is also the question of duty, incumbent on adult researchers, to ensure young people are equipped with the skills and knowledge they need to perform successfully in the capacity of researchers and to protect them from harm and exploitation (Alderson 2004; British Education Research Association 2004; British Sociological Association 2002; Department of Health 2005b; Masson 2004; National Children’s Bureau 2009). Towards fulfilling these legal and moral obligations the young people, both participants and researchers, chose freely to take part in RAP n’CAB and understood that they could exercise their right to leave the project at any time.



Ethical consideration was given to the issue of informing the peer researchers that the research participants have varying SEBDs. This issue was discussed with teachers supporting the project and it was unanimously agreed that it would be remiss not to inform the peer researchers for a number of reasons. Of paramount importance was my incumbent responsibility as a researcher to recruit peer researchers on the basis of informed consent. It was therefore completely necessary for them to know the the aims and objectives of the project and the characteristics of the participants they would be working with, particularly as they would be conducting one-to-one interviews and facilitating focus groups. In addition, because of the participatory nature of the research, this knowledge would be crucial to enable them to develop the interview and focus group schedules that were key to obtaining the data necessary to fulfil the research aims and objectives. The peer researchers who were recruited articulated empathetic reasons for wanting to work with boys who have SEBDs. Some had considerable insight into possible issues as they had relatives who were experiencing such difficulties. Consequently, they chose RAP 'n CAB because, in their view, working with boys who have SEBDs made the project worthwhile (Appendix 5 and 6).

The residential aspect of data collection posed a range of risks to the participating young people. Measures were put in place to minimise these risks and included each of the schools carrying out a risk assessment of the residential setting and planned reward activities which included quad biking. Each school used their own risk assessment documentation in keeping with their respective policy on off-site visits (Appendix 25A, 25B, 25C). A clear contract of ground rules and expectations of conduct and participation was drawn up and agreed by each participating young person. The aim of this contract was to ensure each young person achieved their personal best, took responsibility for their participation and learning, and demonstrated understanding and respect of other people. The required ratios of supporting teachers from both schools attended the residential weekends (Department for Education and Skills 2001a). The teachers knew the participating young people and were well known by the young people.

The supporting teachers, parents and carers were fully briefed on the project, health and safety requirements, house keeping arrangements and the timetable for each residential stay which involved a 2 night stay on each occasion. Parents / carers were asked by each of the schools for their consent to allow the young people to participate in the research and take part in the residential workshops (Appendix 26A and 26B). They were informed of the address, contact details and facilities of the residential setting and the timetabled activities as well as my contact

details and those of the supporting teachers. The supporting teachers and myself had the contact details for the respective parents/carers and the mobile telephone number of each participating young person. Similarly each of the participating young people were given the mobile telephone numbers of each of the supporting teachers and myself. Travel to, from and during the residential workshops was also identified as a potential risk to the participating young people. Prior to the residential workshops a risk assessment of the travel arrangements was carried out by each school using their own risk assessment documentation. The school minibuses were used to transport the young people. The drivers were supporting teachers who had completed the school minibus driving test and were insured by each of the schools.

Measures were put in place to minimise the risks of any young people becoming distressed as a result of the issues raised. In the first instance each young person was allocated a supporting teacher that they knew and who had been briefed in relevant information to enable them to support that young person appropriately and safely. Private one-to-one confidential support was available from supporting teachers if a participating young person had needed it to enable them to work through any issues arising. The minimum ratio of support teachers from each school required to accompany the young people on the residential was one per every ten young people (Department for Education and Skills 2001a). The number of teachers who were present exceeded this ratio to allow one teacher to take a young person home if necessary and still ensure a safe ratio of teachers per young person remaining at the residential setting.

Attention was paid to issues of safeguarding the participating young people (H.M. Government 2006). Measures which were put in place included the requirement that all supporting teachers and myself held a current Criminal Record Certificate issued by the Criminal Records Bureau. Supporting teachers and myself were fully informed on safeguarding procedures and had the capacity to support the young people if any issues had been identified during the residential workshops. Management and reporting, if any safeguarding issues had arisen, would have followed the policy of the relevant school and Local Authority. The young person would have been supported by an appropriate member of staff who was known to them and the issues treated as strictly confidential.

Whilst the research did not involve any research techniques or interventions that could harm the research participants beyond the risks encountered in normal life, measures were put in place to protect them from harm or exploitation arising from the differential power relationships between them and myself, the adult researcher. The gatekeeper teachers provided

key support and had responsibility to protect the best interests of the young people during the research and continued to provide support once the research had been completed (Alderson and Morrow 2004; Coad 2004). This included ensuring the young people was not coerced into participating in the research against their wishes at any time. As teachers the gatekeepers were governed by their professional codes of conduct and relevant school policies. As the adult researcher and as a Registered General Nurse and Registered Health Visitor I had responsibility to uphold the Nursing and Midwifery Council Code of Professional Conduct (2008). Furthermore, to ameliorate the power balance between researcher and participant, young people were engaged as researchers to conduct interview and focus group data collection under the supervision of myself and supporting teachers. The participating young people were fully informed of their right to leave the project at any time. The project adhered to the guiding principles stated in the Data Protection Act 1998 in respect of obtaining, keeping, using and disclosing information and to the National Children's Bureau Equal opportunity policy statement.

Recognition and respect of the young people's time and contributions were considered important to the design of this study. Respect for the importance of the unique worth of each young person was fully endorsed throughout RAP 'n CAB. To this end confidentiality and anonymity of each participant and school was strictly maintained. Certificates of achievement were awarded to each participant and individual cards of thanks were made to acknowledge the value of their time and contribution.

As required by the Data Protection Act 1998 and the Nursing and Midwifery Code of Professional Conduct (2008), full confidentiality and anonymity was guaranteed to the participants. This was achieved by the removal of any names, addresses, e-mails or any other means of establishing their identification. It has been ensured that all digital audio recordings were erased and destroyed after their contents had been transcribed. I have ensured that there is no means of identifying the contributing participants or schools from the documentation of transcriptions or rap. During the one-to-one interviews visual and auditory privacy was provided. The participants were informed that confidentiality could not be sustained if information of a safeguarding nature was disclosed or if they disclosed information during a focus group to other research participants present. The participants were also informed that research data given in confidence does not enjoy legal privilege and if instances of a criminal nature had been revealed then the researcher would be bound to disclose this to the appropriate persons. Each of the participants were made aware through the recruitment

documentation that this research was conducted in partial fulfilment of a Professional Doctorate in Health awarded by The University of Bath.

I will describe my analysis in relation to use of a Labovian approach in Chapter 4.

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# Chapter 4

“Cumin to my ends when they’re not invited” (*Rap 1*)

## ANALYSIS USING A LABOVIAN APPROACH TO NARRATIVE ANALYSIS

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### 4.1 DEFINING THE DATA SET

This chapter will critically discuss the analysis of a subset of the RAP ‘n CAB narrative data set comprising the text transcripts of 2 interviews (Interviews 1.2 and 1.8, Appendix 33), 2 focus groups (Focus Groups 2.1 and 2.2, Appendix 34) and 2 rap compositions (Raps 1 and 4, Appendix 35). A step by step description of a Labovian analytical process will be described in Section 4.3 followed by its application to each of the data set transcripts in Section 4.4. An in-depth discussion of the limitations encountered on attempting to apply Labov’s Evaluative Framework to the data set will be presented in Section 4.5 and a summary appraisal in Section 4.6. The rationale and process for applying a thematic approach that adopts elements of Labov’s Evaluative Framework will be described in Sections 4.7 and 4.8 respectively.

### 4.2 THE LABOVIAN APPROACH

A Labovian analysis enables exploration of: why the speaker told their story in the way they did; how they have come to perceive aspects of their life experience; and the interaction and influences between factors impinging on facets of their life experience through the rigorous and systematic application of Labov’s Evaluative Framework (1972b). These investigative foci support the fulfilment of the RAP ‘n CAB research objectives to gain insight and understanding of perspectives held by boys with SEBDs on their health, lifestyle and health-help choices. As discussed in Chapter 3, Section 3.11.3, a narrative analysis methodology takes a defined narrative as its investigative focus (Riessman 1993) of subjective perspectives expressed (Blumenfield-Jones 1995; Coffey 1996).

Central to a Labovian approach is its focus on the formal structural properties of a narrative in relation to their social function. Labov's rudimentary definition describes it, "*as one method of recapitulating past experience by matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred*" (1972b p359). That Labov describes the act of telling as the "*recapitulation*" is fundamental to his approach, placing pivotal importance on the temporal ordering of experiences or events. He also describes the telling as a summarisation of the speakers perception, or "*inferred*" lived experience, reflecting its value and significance and demonstrating a constructionist position (Crotty 1998; Searle 1995). In defining the term "*narrative*" Labov identifies the "*narrative clause*" as their key structural component.

Because Labov places emphasis on narrative structure, the identification of clause type is a primary requirement in a Labovian analysis: Labov differentiates clause types as "*free*" or "*narrative*". It is the *narrative clause* that is foundational to a Labovian analytical approach. Labov characterises the "*narrative clause*" as independent and therefore, by definition, not subordinate to another clause (Labov 1972b). He excludes clauses that contain "*used to*", "*would*" or that are stated in the simple present tense, which he refers to as the "*general present*" (Labov 1972b p362). "*Used to*", "*would*" and the simple present tense are excluded because they intrinsically compromise temporal ordering as they refer to general events which a Labovian approach deems irrelevant to articulating meaning (Labov 1972b p362). The simple present tense is used when: the action is general; the action happens all the time or habitually in the past, present and future; and the statement is always true. Hence, the simple present tense articulates eternal truths which do not unite reference and speech acts in a single moment and are therefore atemporal (Schmied and Hasase 2005). Clauses that have no temporal juncture are described as "*free clauses*" and are not utilised in a Labovian analysis (Labov 1972b p361).

Determination of the social function of a clause within the narrative is fundamental to a Labovian analysis as data is coded by *narrative clause* function within the sense of the narrative. As illustrated in Figures 21 and 22 and discussed under Section 3.12, clause function is described in terms of *abstract*, *orientation*, *complicating action*, *evaluation* and *end result* (Labov 1972b p363). Facilitated by Labov's question method, coding the data requires the systematic application of Labov's Evaluative Framework (1972b) only to "*narrative clauses*" (1972b p370) which will be described and demonstrated in Sections 4.3 and 4.4 that follow. Through its application the social function of each *narrative clause* is determined and

the beginning and end of narratives is made visible. The coded *narrative clauses* are investigated within their respective narrative in relation to the aims and objectives of the qualitative research study.

### 4.3 APPLICATION OF A LABOVIAN APPROACH

This section explains and demonstrates the sequence of formative steps, summarised in Figure 23, necessary to the application of a Labovian analytical approach using 2 semi-structured interview transcripts, 2 semi-structured focus group transcripts and 2 original rap compositions.

Figure 23 Flow Chart Summary of the Process of Labovian Analysis



### 4.3.1 Starting Point: Use of Transcripts and Analytical Grids

The starting point for a Labovian analysis is to ensure that the interrogation of the coded data can be implemented maintaining the fundamental Labovian premise of the temporal ordering of text (Mishler 1995). A Labovian approach upholds that it is the function of text to represent the “*recapitulation*” (Labov 1972b) of key events or factors expressed in narrative accounts of life experience. Indeed, Patterson (2008 p23) refers to a Labovian approach as “*event centred*” and as “*text centred*”. Mindful of these elemental attributes, analysis of data will primarily utilise the verbatim transcripts of written rap compositions, and of 2 audio-recorded one-to-one interviews and focus group discussions (Appendices 33, 34 and 35). However, working from these transcripts posed the analytical challenge of identifying contextual, interacting and influencing factors from data presented in a traditionally *vertical* manner as shown in Table 9.

**Table 9 Section of Transcript Showing Rudimentary Coding of Data**  
**Source: Interview Transcript 1.8 (Appendix 33)**  
 (Please note: Not all Labovian requirements for the coded narrative clauses have been met in this transcript  
 The purpose is to illustrate the vertical nature of the transcript)

090 I	Cool. Um, what activities or things did you do last Saturday?	2nd narrative
091	Last Saturday? Um, I did football last Saturday isn't it?	Interview 1.8
092 I	Oh did you go to the match that ... was at?	
093	Oh no I didn't go to the match because I would rather go to the Australian match around here.	
094 I	Okay. Did you do anything else after that?	
095	Saturday?	
096 I	Yeah. What sports?	
097	Just anything generally.	
098	Oh yeah I watched my brother playing rugby and then I go out with ... and that.	
099 I	What things did you enjoy most?	
0100	In here?	
0101 I	No last Saturday.	
0102	Oh playing football.	
0103	Yeah.	I= Interviewer
0104 I	What things did you dislike most if you disliked anything?	
0105	Getting money.	
0106 I	What activities or things would you do on a normal school day?	3rd narrative

Therefore, to facilitate the analysis of the verbatim transcripts, horizontal analytical grids were developed (Appendices 36, 37 and 38). The horizontal grids supported analysis of the vertical verbatim transcripts by providing visual ease of scrutiny across the coded data through cautious summarization (Table 10). By *cautious* it is asserted that the summarization was sensitive to Labov's (1972b) analytical requirements and therefore, as far as possible, maintained the contextual, temporal, tense and narrative integrity of the verbatim transcribed data. At all times during the analytical process, the original transcripts were primarily used. The aim of the



analytical grids was to visually help clarify relationships and influencing factors between orientation, complicating actions, evaluations and end results within any given narrative.

**Table 10 Section of Interview Analytical Grid**

**Source: Interview 1.8 Analytical Grid (Appendix 36)**

(Please note: Not all Labovian requirements for the coded narrative clauses have been met in this transcript. The purpose is to illustrate the horizontal nature of the analytical grid)

Interview 1.8					
1.4 Narratives	Abstract	Orientation	Complicating Action	Evaluation	Result
Narrative 2 Transcription Location 090-105	What activities or things did you do last Saturday?	Last Saturday?  Did you go to the match?  Did you do anything else that day? Saturday? What sport?  What things did you enjoy most last Saturday?  What things did you most dislike if you disliked anything?	I did football last Saturday isn't it?      Just anything generally I watched my brother playing rugby then I go with...and that	I didn't go to the match I'd rather go to the Australian match     Oh playing football   Getting money	

#### 4.3.2 Step 1: Identification of Clause Type

This section will discuss Labov's syntax requirements for the identification of *narrative clauses* in relation to the defined data set. Identification of *narrative clauses* is an essential prerequisite to coding transcribed data using his Evaluative Framework (1972b) within the context of a Labovian approach.

As stated, Labov distinguishes between "*free clauses*", which have no temporal juncture with the clause that follows, and "*narrative clauses*" which do have a temporal juncture with the following clause. Table 11 shows the first 6 clauses of an interview narrative. Five clauses fulfil Labov's narrative syntax requirements for a *narrative clause* as described above in Section 4.2. They have a temporal juncture with each following clause (0176-0179 and 0180-0181) indicated in Table 11 by a lime green line as indicated in the key. A single clause has no temporal juncture with the clause that follows, as indicated by the light blue line shown in Table 11. The location of clause 0179 is not constrained by a temporal juncture. Clause 0180 could be placed before

0176, for example, without disturbing the temporal order as it is not subject to a temporal juncture with the preceding clause 0179.

**Table 11** Transcript Section Illustrating Free and Narrative Clauses as Defined by Labov  
Source: Interview Transcript 1.8 (Appendix 33)

0176 I	Um, over the last school year what things have you done that have kept you healthy?	10th narrative
177	Well my sport and like running.	Interview 1.8
0178	Regular sport yeah?	
0179	Yeah.	
0180 I	What things have your family done that have helped you to keep healthy?	
0181	Like say if I'm having a lazy day and I don't really want to go to school like they say, "Oh no you've got to go to school because otherwise..." you know.	I= Interviewer




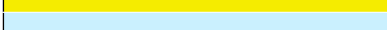


Key to Table 11	
	Narrative Clause
	Temporal Juncture
	Narrative Clause
	No Temporal Juncture
	Free Clause

Identification of temporal junctures constitutes a fundamental feature of the analytical process using a Labovian approach as they are key to Labov's requirements for a "minimal narrative" (1972b p360). As defined by Labov a "minimal narrative" constitutes at least two temporally ordered clauses that therefore produce 1 temporal juncture (Labov 1972b p360). Table 12 shows a section from a rap transcript and at first glance it demonstrates temporal sequencing of clauses from 021 to 026 and then from 031 to 044. Each subsequent clause builds on the previous clause and there is temporal sequencing to the events described. However, this analysis overlooks the atemporal nature of the metaphoric figurative rap language where there is no precise beginning or ending to the action described. This issue will be discussed in Sections 4.4.34, 4.4.35 and 4.5.6.

**Table 12** Transcript Section Illustrating the Identification of the Narrative Clause Within Labov's Criteria of a Minimal Narrative  
Source: Rap 1 Transcript (Appendix 35)

21	If mans want a war then there get left no sighted	3 <sup>rd</sup> narrative
022	There the darkness being murked by tha lighted	Rap 1
023	Cumin to my ends when there not invited	
024	Like a lambertt they will get ignited	
025		
026	Roll with a mac 10 and a two two	
027	Connect to mans jaw like im Bluetooth	027 to 029 are in the Simple Present Tense and therefore is not counted as a narrative clause in a Labovian approach. (Tense will be discussed 4.3.22)
028	Draw for the mac head straight for the two two	
029	Om the best now what the fock can you do	
030		

031	Roll man wanna clash then there gunna get slew	4 <sup>th</sup> narrative
032	not boy better know but boy better knew	
033	all tha waste know but boy better knew	
034	once I murk I man I will murk there hole crew	
035		
036	If man wanna clash then there gunna get slew	5 <sup>th</sup> narrative
037	not boy better know but boy better knew	
038	all tha waste mc's I am cumin for you	
039	once I murk I man I will murk there hole crew	
040		
041	Im cumin an im cumin wiv tha pain	
042	An like fat joe I gunna make it rain	
043	An if man wanna clash then he must be insane	
044	An my bars will pop jus like champagne	

Key to Table 12	
	Temporal Juncture
	Temporal Juncture, possibly with a distant <i>narrative clause</i>
	No Temporal Juncture
	(Simple Perfect Tense) Will be discussed in 4.3.22
	Free Clause
	Narrative Clause

### 4.3.3 Step 2: Identification of Clause Function

After establishing clause type, coding the identified *narrative clauses* takes considerable time. This coding method involves the systematic application of Labov's Evaluative Framework (1972b) to the identified *narrative clauses* as described in Section 3.12 and illustrated by Figures 21 and 22. As explained in Section 3.12, Labov asserts that *narrative clauses* can be understood in the frame of questions and answers concerning their function within the structure of a narrative. Accordingly he advocates the following simple but effective questions (Labov 1972b p370): what the story is about? (the *abstract*); who, what and where? (the *orientation*); what are the key things that happened? (the *complicating action*); what happened and how did that feel? (the *evaluation*); what was the outcome or consequence? (the *result*); and finally returns the narrative to the present (the *coda*). These clause functions are shown on the data set transcripts (Appendices 33, 34, 35), the analytical grids (Appendices 36, 37, 38) and transcript examples in different coloured fonts as shown in Table 13 below.

**Table 13 Key Showing Colour Coding of the Transcript and Analytical Grid  
Font for Labov’s Evaluative Model**

Colour	Labov Code
Red	Abstract
Blue	Orientation
Purple	Complicating Action
Green	Evaluation
Orange	Result /Resolution
Light Purple	Coda

#### 4.3.4 Step 3: Scrutiny of the Coded Data

Within Labov’s framework, narratives provide information and communicate the individual’s perspective on the information by evaluating the meaning, value and impact it has for them (Cortazzi 1993). Fundamental to analysis using the Evaluative Framework (Labov 1972b) is the assumption that the narrative will infer the relative ordering over time of influencing events or key factors in a number of ways. These include use of tense (1), aspect (2), temporal adverbs (3) and knowledge of context (4), for example, “*I had (1) started (3) smoking before (2) I started (3) secondary school when (3) my best friend dared (3) me to smoke the cigarettes he had (1) probably got hold of from his older brother (4)*”. On application of the Evaluative Framework, Labov maintains that the temporal ordering of narrative clauses cannot be changed without altering the meaning or perspective of the narrative. As discussed earlier this is because the *told* temporal structuring of the narrative reflects the perception of the teller’s lived experience, the value or significance of the experience to them, and the desired impact or impression they intend, rather than chronology (Bell 1999).

As described in Section 3.12, to achieve the aims and objectives of the RAP ‘n CAB study the *narrative clauses* were interrogated within their respective narrative blocks by asking the following questions:

- What perspectives are expressed on lifestyle and how do they view its relationship to their health, if at all?
- What view do they have, if any, on their own behaviour in relation to it presenting a risk to their health?
- How do they view the risks they identify in relation to their health?
- What health issues do they identify as important, if any, and why?

- What factors do they identify as influential on their decisions to access health-related help, or not, and why are these factors important?
- What attributes in health-related services do they regard as essential if they are to use them ?
- Why do they regard these attributes as essential?

Simultaneous to investigating the identified *narrative clauses* within their respective narratives, and mindful of the above questions, scrutiny of the narrative clauses using Labov’s evaluative devices is also required. This includes the identification of *external*, *embedded* and *action* evaluation in addition to syntactic devices comprising *intensifiers*, *comparators*, *explicatives* and *collelatives* (Labov 1972b p 371). The function of the evaluative devices is to identify the way, “*in which the speaker signals to the listener why he is telling it*” (Labov 1972b p370). Evaluative devices also convey the nature of the event, for example, if it is common, ordinary, strange or unusual, if it is funny, weird or frightening. The evaluative devices will be defined and illustrated using narrative data from the RAP ‘n CAB study transcripts. Each evaluative device example will be underlined and labelled within the transcript section they are located. The listener is identified as “*I*” (peer interviewer) and the teller as “*P*” (research participant).

#### 4.3.41 External Evaluation

External mechanisms of evaluation, that are outside the narrative they comprise, often interrupt the flow of the narrative as illustrated below in Clause o67,

066	I	What food did you eat last Saturday from the time you got up until the time you went to bed?	5th narrative
067	P	<u>I can't think now ((sighs))</u> External Evaluation. Food, food, well I had my cereals when I woke up and I think I had a sandwich during the day. <u>When my mum got back from work</u> External Evaluation I think she cooked me my food and I ate that and then, um, I had snacks between then, um, had my cereals and went to bed.	Interview 1.2 P= Participant I= Interviewer

Labov also identifies examples where the use of external evaluation does not so overtly interrupt the flow of the narrative clauses by the narrator attributing the evaluative mark to himself at that moment as shown in Clause o123,

0121	P	<u>Like when I'm away from school?</u>	Interview 1.8
0122	I	Yeah.	
0123	P	<u>Like going over the football grounds and having a game of football or rugby just like having a good kick.</u> External Evaluation	P= Participant I= Interviewer

Since the research participant is the “*teller*”, within the context of a Labovian approach the question arises as to whether evaluative devices can be applied to the listener who, in a question

answer exchange characteristic of a semi-structured interview, may interrupt with comments that could be defined as external evaluations, for example showing understanding and empathy of the tellers point of view (Clause 0128),

0126	I	Is there anything you dislike doing in the school holidays?	
0127	P	Yeah because halfway through it gets a bit boring.	
0128	I	Yeah. I know what you mean there just like you think, "Oh I'm not doing anything today, it's easier than in school." External Evaluation	P= Participant I= Interviewer

The Labovian approach also assumes there is one teller, which is the case in the rap narratives, but identification of the evaluative devices in focus group and interview narrative is required to extend beyond a single voice. In a focus group there are several tellers who, at times, are also functioning as listeners. Clause 075 shows a possible example of external evaluation by Participant 2 in relation to Participant 1's narrative clause,

073	P1	They had a good plan and idea about like people coming into school but like who are like former drug addicts and then they can show...	Focus Group 1.2
074	I	Yeah.	P= Participant
075	P2	... how you could end up if like yeah. External Evaluation	P1, P2, P3= Participant 1, Participant 2 I= Interviewer

#### 4.3.42 Embedded Evaluation

The embedding of evaluation into the narrative is described by Labov as, "something occurring to him (the teller) at the moment rather than addressing the listener outside the narrative" (1972b p372). This is illustrated in Clause 067 and 0118 below,

066	I	What food did you eat last Saturday from the time you got up until the time you went to bed?	5th narrative
067	P	I can't think now ((sighs)), Food, food, Embedded Evaluation well I had my cereals when I woke up and I think I had a sandwich during the day. When my mum got back from work I think she cooked me my food and I ate that and then, um, I had snacks between then, um, had my cereals and went to bed.	Interview 1.2 P= Participant I= Interviewer

0117	I	Right what activities have a good effect on young people's lives?	Focus Group 1.1 7th narrative
0118	P	Like athletics because, you know, they're not going... eating junk food Embedded Evaluation they're not getting so much exercise and that so they're healthy and staying healthy.	P= Participant I= Interviewer

The teller may also introduce a third person as an embedded evaluation who evaluates for the teller. Labov shows how use of the third person carries more dramatic force as illustrated in Clauses 156 and 79 below,

0156	I	So if you didn't want to go would there be somebody who would try and persuade you to go and say, "Whoa," you know, "... you should go?" <u>Embedded Evaluation</u>	Interview 1.2
0157	P	It depends what like the situation is like my friends might because it's a good reason but apart from that I don't really know.	P= Participant I= Interviewer

077	P1	Or taking them round prisons and then...	Focus Group 1.2
078	P2	Showing them about in there.	
079	P3	Yeah. <u>Because then they'll think about it and say "I don't want to end up like that."</u> <u>Embedded Evaluation</u>	P= Participants I= Interviewer

#### 4.3.43 *Evaluative Action*

The evaluative action device is also concerned with dramatising the narrative clause by telling what people *did* as opposed to what they *said* (Labov 1972b p373). It is striking that the rap in particular utilises the evaluative action device in its dramatic proclamatory clauses as shown in Clauses 023 and 024 below,

021		<u>If mans want a war then there get left no sighted</u>	3 <sup>rd</sup> narrative
022		<u>There the darkness being murked by tha lighted</u>	Rap 1
023		<u>Cumin to my ends when there not invited</u> <u>Evaluative Action</u>	
024		<u>Like a lambertt they will get ignited</u> <u>Evaluative Action</u>	

Labov also draws analytical attention to the details of narrative syntax which will be described in the sections that follow. As with examples illustrated above, the syntax devices will be demonstrated using sections from the RAP 'n CAB data set transcripts with the relevant syntax underlined and labelled in brackets.

#### 4.3.44 *Simple Grammatical Patterns*

The simplest grammatical patterns are utilised by Labov for their analytical capacity to draw attention to more complex elements of a clause. They include conjunctions and temporals, simple subjects, auxiliary verbs, locative adverbials and instrumental adverbials (Labov 1972b p376).

*Conjunctions and temporals* comprise “so”, “and”, “but”, and “then”, and are illustrated in Clauses 045 and 0163. They often serve to link factors or experiences in a temporally sequenced manner,

045		Yeah you get inspired by people like you see on TV and people you like admire. <u>And (Temporal Conjunction)</u> then you just like think, ((0:02:48?)) and you just do it.	Focus Group 1.2
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0163		Going out and like we have foot-- someone will like bring a rugby ball or a football or whatever <u>and (Temporal Conjunction)</u> we just have a little kick round <u>and (Temporal Conjunction)</u> if it starts getting a bit boring <u>then (Temporal Conjunction)</u> we'll go in someone's house.	Interview 1.8
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*Simple subjects* include *pronouns* and *proper names* and they inform who the clause is about. Labov gives examples of “*this girl*”, and “*my father*”. Clauses 0171, 058 and 059 below show examples from the data set transcripts,

171	Because <u>I (Simple Subject Pronoun)</u> love tackling people when they have the ball and then with football I love just, you know, tackling again because I'm in the defence in football and boxing I just love going round not to get hit mainly.	Interview 1.8
058	Because <u>they're (Simple Subject Pronoun)</u> just going to prison.	Focus Group 1.2
059	Because if <u>they (Simple Subject Pronoun)</u> take crack they're going to be a crack head.	

*Auxiliary verbs* add syntactic meaning to the verb. Examples include “*ing*” (meaning action is ongoing adding a continuous aspect to the tense), “*begin*”, “*keep*”, “*used to*”, and “*want*”, as shown below in Clauses 22 and 071,

22	<u>Spitting (Auxiliary, continuous present tense)</u> bars like mine tha against tha law	Rap 4
071	Well a lot of chocolate, crisps would be fattening. I don't eat too much of them. I've gone onto like... <u>I used to (Quasimodal Auxiliary)</u> eat six packets a day or something but now it's just one.	Interview 1.2

*Locative and instrumental adverbials* include “*in*”, “*by*”, “*all*”, “*around*”, “*down*”, and “*up*” and an example is illustrated below in Clause 085,

085	Well I might go upstairs for a bit and then I'll come <u>down (Locational Adverbial)</u> and like my mum'll... my mum'll always be watching TV because that's just it because <u>she's in (Locative Adverbial)</u> , work most of the day, she comes back at four and she just chills for like a couple of hours and then she goes to bed. So nothing really... oh and sometimes I <u>might (Model Verb of Probability)</u> meet my sister from work at ten <u>so that's what I usually do.</u>	Interview 1.2
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#### 4.3.45 Intensifiers

As suggested by the word, *intensifier*, it is an evaluative device that amplifies the meaning of a word it modifies and examples include “*very*”, “*quite*”, “*fairly*”, “*too*”, and “*slightly*” as shown in Clause 0191.

0191	No I don't really it was just like I thought I could do with some extra sport and I had a week off then I felt... well when I went back I thought, 'Oh I'm not doing that again,' I was <u>just too (Intensifier)</u> unfit to do anything.	Interview 1.8
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Gestures may accompany narrative or expressive phonology superimposed on a word like, “*lo-o-ong ti-ime*”. Simple repetition may also be used having the effect of intensifying and suspending an action for example as demonstrated by Clauses 032 to 033 and in Clause 059,

032	not boy better know but boy better knew	Rap 1
033	all tha waste know but boy better knew	

059	It does get boring after a while like because you do the same things <u>over and over</u> (Repetition) and it just gets to you. It gets boring.	Interview 1.2
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Ritual cultural utterances may also be used to mark and evaluate a situation or a view point. This device particularly features in the raps. In the example below, Clause 012 refers to the rapper as, “*Lll*”. It proclaims that his lyrics will animate people, portrayed by the metaphor, “*popping bodies*”. Clause 013 accuses “*Lll’s*” rival of bragging about strength of character, described by the word, “*badman*”. However “*Lll*” claims that if there was a confrontation between them the rival would capitulate, described by the figure of speech, “*aint got a shanker*”. Finally, Clause 014 declares that it is “*Lll*” who has the street credibility. The simile, “*pull out cash like a nat west banker*”, infers that “*Lll*” is a winner what ever the situation.

012	Lll start popping bodies jus like a dancer	Rap 1
013	Claim you’re a badman aint got shanker	
014	Lll pull out the cash like a natwest banker	

#### 4.3.46 Comparators

Comparators compare two things in a number of ways. For example, as the superlative in clauses with “*as*” or “*then*” *as* shown in Clauses 099 and 0103,

099	Feeling good, um, keeping fit, just anything really <u>as long as</u> you keep healthy, don’t become obese and that.	Focus Group 1.2
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0103	Well played basketball for one. Um, I’ve started <u>going out more</u> for the last year and all that. Um, <u>eating more</u> of like bananas and grapes just <u>eating more</u> healthy and not eating <u>as much junk food</u> and that.	Interview 1.2
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They may be used as a prepositional such as “*like*”, illustrated in Clauses 042 and 014,

042	Don’t you do no other activities apart from the sports that you just... <u>like, like I don’t know</u> maybe with your friends?	Interviewer 1.2
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014	Lll pull out the cash <u>like a</u> natwest banker	Rap 1
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Comparators are also used in metaphors and similes particularly demonstrated in rap below in Clauses 011 to 012,

011	Lll start killing mc’s just im cancer	Rap 1
012	Lll start popping bodies jus like a dancer	2 <sup>nd</sup> narrative

They are also evident in a range of syntactic forms such as, “*taller*”, “*faster*”, “*harder*”, “*bigger*”, “*happier*”, “*easier*”, “*luckier*”, “*luckiest*”, “*happiest*”, “*coldest*” and use of the word “*more*”, such as, “*more crowded*”, and “*more boring*” as illustrated in Clauses 0103 above and 062 to 0251 below,

062	Going to clubs, <u>more social</u> things I think they do [overlapping speech 0:03:59?].	Focus Group 1.2
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0251	It was... I was nervous but then as I started speaking to him I got confident—confidence so I could ask him <u>more questions</u> and questions on what I could do about it.	Interviewer 1.8
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In a Labovian approach comparators, “*provide a way of evaluating events by placing them against the background of other events which might have happened, but which did not*” (1972b p381).

#### 4.3.47 Correlatives

Correlatives are words that are separated in a clause but function together to perform a single function. Many are co-ordinating and include, “*both ... and*”, “*either ... or*”, “*neither ... nor*”, and “*not only ... but also*” as illustrated in Clause 045 below,

045	Well usually I like... I goes to school in the morning, gets back home about four o'clock and I <u>either goes out or stays</u> in my house on the computer or something. I'll do one of those two and then when I come back in at nine I like watching TV for a bit, then I goes to bed at 11.	Interview 1.2
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Some function in a subordinating way such as, “*if ... then*”, “*less ... than*”, “*more ... than*”, and “*so ... that*”, as illustrated in Clause 0163,

163	Going out and like we have foot-- someone will like bring a rugby ball or a football or whatever and we just have a little kick round and <u>if it starts getting a bit boring then we'll go</u> in someone's house.	Interview 1.8
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Within a Labovian approach, “*correlatives bring together two events that actually occurred so that they are conjoined in a single clause*” (1972b p387). Progressives, verbs using the “*ing*” ending for example, may be used to indicate that an event is occurring simultaneously with another.

#### 4.3.48 Explications

Explications are dependent clauses that are concerned with the process of making meaning clear, thereby making the implicit, explicit by evaluating the narrative or elaborating the narrative background. An example provided by Labov is, “*to explain why a person was frightened or how big someone was*” (1972b p392). Labov differentiates between *qualifications*

such as “while”, “though”, and “although”; and *causals* which include “since”, or “because” as shown in Clause 065 below,

065	Five is music and that's part of why I done music tech because I love music. Six is where I text all my girls.	Interview 1.8
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Explications are also defined as *relatives*, that include, “that”, “who”, and “whom” as illustrated in Clause 010,

009	What activities are important to the lives of young people?	Focus Group 1.1 1 <sup>st</sup> narrative
010	Is that like to the lives of us?	

The following Section will present an analysis of the data set defined in Section 4.1 using a Labovian approach as described above.

#### 4.4 LABOVIAN FINDINGS AND ANALYSIS

Initial attempts to apply Labov’s Evaluative Framework (1972b) to samples from each of the data set transcripts was unsuccessful. This was due to the large amount of data that did not meet the strict Labovian criteria, and which therefore had to be excluded from analysis. The findings presented here are therefore drawn from a vastly reduced data set. In the examples that follow the reasons for excluding clauses from analysis are highlighted on each transcript presented as illustrated in Table 14.

**Table 14 Key Showing Colour Coding of Reasons for Exclusion of Data using a labovian Approach**

144	Yeah, um, describe any regular family routines or things that you would do with your family at weekends.	Use of “would”
0145	Going with my dad to watch the rugby and my uncle sometimes isn't it? And then my mum and dad going to the pub on a Sunday.	Loss of Temporal Ordering
0146	Okay. Um, which things do you like doing most out of those?	Simple Present Tense

##### 4.4.1 Analysis of Interview Transcripts

The question and answer format of the semi-structured interviews produced snippets of clipped narrative data that are not imbued with the characteristics of a Labovian recapitulation. Analysis and findings of the interview transcripts 1.2 and 1.8 (Appendix 33) will be captured under the the headings: *Views on lifestyle choices*; *Views on positive lifestyle influences on health*; *Views on negative lifestyle influences on health*; and *Views on health-related help* respectively which reflect the research objectives of RAP ‘n CAB. The relevant *Analytic Grids* (Appendix 36) will be used to support analysis due to the visual clarity they provide.

#### 4.4.11 Views on lifestyle choices: Interview 1.8

On reading and rereading the transcript of Interview 1.8 (Appendix 33), the analysis and findings below include only those narratives that contain admissible data after application of Labov's Evaluative Framework and are pertinent to the research focus of, "*Views on influences on lifestyle choices*".

#### Narrative 2

**Table 15 Interview 1.8 Transcript: Narrative 2**

090	I	Um, what activities or things did you do last Saturday?	Interview 1.8
091		Last Saturday? Um, I did football last Saturday isn't it?	2nd narrative
092	I	Oh did you go to the match that ... was at?	
093		Oh no I didn't go to the match because I would rather go to the Australian match around here.	
094	I	Okay. Did you do anything else after that?	
095		Saturday?	
096	I	Yeah. What sports?	
097		Just anything generally.	
098		Oh yeah I watched my brother playing rugby and then I go out with ... and that.	
099	I	What things did you enjoy most?	
0100		In here?	
0101	I	No last Saturday.	
0102		Oh playing football.	
0103		Yeah.	
0104	I	What things did you dislike most if you disliked anything?	I = Interviewer
0105		Getting money.	
0106	I	What activities or things would you do on a normal school day?	3rd narrative

Narrative 2 (Table 15) is an example of one of the few intact narratives that has not been affected by the Labovian theoretical inclusion criteria. In the opening abstract (Clause 090), the interviewer establishes the topic of his enquiry, *activities (lifestyle)* and the *participant (you)*. He does this by locating "*activities*" in the past using the past tense (the verb "*did*") and identifies the person engaged in the activities as the participant, indicated by use of the simple subject, "*you*". To centre his focus on recollecting last Saturday the participant pauses the progress of the narrative by externally evaluating the temporal location of the activities in question using an intensifier, "*last*", and expressive phonology, "*Um*". This mildly theatrical response helps to create an affinity with the interviewer, showing attention to the question and buying the participant thinking time.

The participant recollects playing football (Clause 091), watching the Australian match (Clause 093) and watching his brother play rugby (Clause 098) in that order. Within a Labovian approach the narrative is event-centred (Patterson 2008). As previously discussed, this approach assumes that events are recapitulated in temporal order. The embedded evaluative statement, "*isn't it*" (Clause 092), suggests an expectation that playing football is the usual

ordinary every Saturday way to enjoy leisure time. This is confirmed by the evaluation clause response, “*Oh playing football*” (Clause 0102), communicating to the listener an evaluative sense of, “*obviously playing football, what else?*”. Clause 099 uses a comparator, “*most*”, clearly communicating to the participant the question’s emphasis. The complicating action clause response (Clause 097) to the interviewer’s orientation clause (Clause 096) infers a liking of sport generally. Clause 098 also suggests the participant spends recreational time supporting his brother playing rugby. Because the interviewer did not probe in relation to what the participant stated as “*most*” disliked (Clauses 0104), “*Getting money*” (Clause 0105), it is difficult to know why this is unpleasant.

Both playing and spectating sport is evidently central to the lifestyle of the participant. There is also a suggestion that spending time supporting his brother’s sporting activity is also a valued lifestyle activity. The Labovian analysis of how the research participant tells his interview responses would suggest that activities pertaining to sport in the participant’s life are influenced by the certainty of their occurrence in his life.

*Narrative 5*

**Table 16 Interview 1.8 Transcript: Narrative 5**

0128 I	What food did you eat last Saturday from the time you got up until the time you went to bed, if you can remember?	Interview 1.8 5th narrative
0129	Er, a tuna sandwich and then I had a pizza for my lunch... no for my tea. I had breakfast in the morning.	
0130 I	Yeah what did you have for breakfast?	
0131	Cornflakes.	I = Interviewer
0132 I	What foods would you think are good for your health and why out of those?	
0133 to 0143 Narrative 6	Well cereal is good for you and healthy because it gets you going in the mornings so you're not lazy in school.	Clauses from 0132 to 0143 are lost due to simple present tense, use of “would” and loss of temporal ordering (Appendix 33)

By comparison to Narrative 2, Narrative 5 (Table 16) has suffered a loss of 12 out of 16 of its constituent clauses (0133 to 0143) (Appendix 33). Unfortunately, the inadmissible clauses were composed of relevant data to the research objectives of RAP ‘n CAB. Because the abstract is stated in the past tense, as it is asking for information that is explicitly in the past, it is permitted in this Labovian analysis.

Preservation of the abstract produces a clear topic event, *food eaten*, and temporal focus, “... *last Saturday from the time you got up to the time you went to bed*”, for the ensuing narrative clauses (0129 to 0131) which, as would be expected, are also stated in the simple past tense. In

clauses 0128 and 0129 there is use of embedded evaluation that in Labovian terms express out-loud thoughts occurring to the speaker at that particular moment. In 0128, the interviewer adds the embedded evaluation, “*if you can remember*”, to his question. In light of knowing the peer researcher and the training he has undergone, this can be interpreted as an act of extending reassurance to the research participant as it communicates the peer researcher’s understanding if the research participant cannot recall what food he ate last Saturday. The embedded evaluation in clause 0129, “*no for my tea*”, conveys to the peer researcher that the research participant is trying to accurately recall what food he ate and when he ate it. The research participant’s responses suggest use of foods that require little time to prepare and are therefore convenience foods: sandwiches, often referred to as bread enclosed convenience food; use of tuna, implying within the context of food available in local supermarkets, opening a tin of tuna; pizza, which could be assumed is purchased ready made simply requiring warming or from a fast food outlet; and cornflakes.

The brief definitive way that the research participant tells what food he has eaten suggests that he may eat food from a limited selection of previously familiar choices and that, possibly little consideration is invested in determining the food he consumes. There is emphasis, in the participant’s response, on the simple subject, “*I*”, which could be because the interviewer specifically asked what food the subject ate. Alternatively, it could be indicative of the subject consuming food on his own. There is no narrative indication of the involvement or presence of family members in the preparation or consumption of the food described.

*Narrative 6*

**Table 17 Interview 1.8 Transcript: Narrative 6**

144 I	Yeah, um, describe any regular family routines or things that you would do with your family at weekends.	Interview 1.8 6th narrative
0145	Going with my dad to watch the rugby and my uncle sometimes isn't it? And then my mum and dad going to the pub on a Sunday.	
0146 I	Okay. Um, which things do you like doing most out of those?	
0147	I like going to the pub because it's like a football club right next to the pub.	Continuous present tense
0148 I	Yeah so you go hanging around there right?	
0149	Yeah.	
0150 I	What things do you dislike doing if you dislike anything of those?	
0151	Because if there's no one around at the football club it's a boring thing but...	I = Interviewer

The syntax in clauses 0147 to 0151 of Narrative 6 (Table 17) utilise the continuous present tense depicting a sense of ongoing activity. Use of an intensifier, “*right*”, effectively conveys meaning

to the interviewer, of the ulterior reason why the participant likes going to the pub. It is evident from the interviewer’s response, “*Yeah, so you go hanging around there right?*” (Clause 0148), that he instantly understands the nature of this event and what the participant would be doing. In clause 0151, the participant uses the Labovian device of a causal explication, “*because*”, to elaborate on why he likes hanging out at the football club and how conversely, if no one is there, it can be boring. The telling of clause 0151, indicates the desire to socialise and connects football to this social aspect of his lifestyle.

*Narrative 7*

**Table 18 Interview 1.8 Transcript: Narrative 7**

0152	I	Describe any regular family routines or things that you do with your family on school days? So like what you do.	Interview 1.8 7th narrative
0153		What when I'm in school?	
0154	I	No not in school like doing things with your family.	
0155		Well if like sometimes I'm not in school like in the summer holidays we like going to a theme park or a concert.	
0156	I	What you go to concerts with your family?	
0157		Yeah like I went to see Oasis the other week.	
0158	I	I bet that was good.	
0159		Yeah.	I = Interviewer

Narrative 7 (Table 18) is explicitly focused by the interviewer on activities with the family (Clause 0154). The inference of the participants responses indicate that activities with the family are infrequent, “*sometimes*” (Clause 0155), which is reinforced by the embedded evaluation, “*like in the summer holidays*” (Clause 0155). As in Narrative 6, clauses 0157 to 0159 provide evidence of a shared young people perspective between the peer researcher and research participant.

*Narrative 8*

**Table 19 Interview 1.8 Transcript: Narrative 8**

0160	I	Um, describe regular routines which you have, which would involve your friends.	Interview 1.8
0161		((0:10:06.2?))	8th narrative
0162		Yeah... just yeah.	
0163		Going out and like we have foot-- someone will like bring a rugby ball or a football or whatever and we just have a little kick round and if it starts getting a bit boring then we'll go in someone's house.	
0164		And like playing Xbox I suppose?	
0165		Yeah.	
0166	I	And would they like MCing a lot as well?	
0167		Yeah.	I=Interviewer

The semantic implications of this narrative (Table 19), “*someone*”, “*whatever*”, “*if it starts getting boring*” (Clause 0163) and “*I suppose*” (0164), reveal an easygoing passive attitude and lackadaisical modus operandi to activities and socialising with friends or peers. Of note is the use of the simple subject, “*we*” (Clause 0163) to refer to “*friends*” or “*peers*”. Football or rugby

are the primary centre of his activity with the correlative evaluative device, “*if... then*” (Clause 0163), being used to indicate the subordination of going to someone’s house compared to kicking a football.

#### 4.4.12 Views of influences on lifestyle choices: Interview 1.2

The analysis and findings below are from admissible data pertinent to the research focus of “*views on influences on lifestyle choices*” that are contained in the transcribed narratives of Interview 1.2 (Appendix 33).

#### Narrative 2

**Table 20 Interview 1.2 Transcript: Narrative 2**

034 I	What activities or things did you do last Saturday from the time you got up til the time you went to bed?	Interview 1.2 2nd narrative
035	I'm trying to think now, um, sat down, listened to music, went out to play basketball, um, that was basically it, like and then went home and did whatever like eat my food and go back out because I would.	
036 I	Um which things did you enjoy the most and why?	
037 I	Like in my spare times what do I like mostly kind of doing and why do I like it?	
038	Yeah well on, like I just said, um, last Saturday.	
039	Um, well basketball I like because it just keeps you fit. It's something to do in your spare time. Music I just like... I just like music. You can't get me away from music.	
040 I	Um, which things did you dislike and why?	
041	Don't know, football I can't play, um, the only thing... I only likes basketball with a ball. I don't like no other sports with a ball. Swimming I don't like, um, ((sighs))	
042 I	Don't you do no other activities apart from the sports that you just... like, like I don't know maybe with your friends?	
043	Yeah I goes like out with my friends and that. Just one activity I really do is basketball, I hate other sports, if sleeping was a sport then that would be one as well.	I=Interviewer

A clear event topic, *activities*, and temporal focus, “... *last Saturday from the time you got up to the time you went to bed*” (Clause 034) opens Narrative 2 (Table 20), performing the function of an abstract clause as defined by Labov’s Evaluative Framework . The participant demonstrates his engagement by use of an embedded evaluation, “*I’m trying to think now*” and use of expressive phonology “*Um*” (Clause 035). He then proceeds with a limited answer which reveals listening to music and playing basketball to be central lifestyle activities. An external evaluation interrupts the flow of narrative stating, “*that was basically it*” (Clause 035), reinforcing the notion that listening to music and playing basketball were the two principal events for him that day. Contradictory to this impression is the participant’s justification for basketball which, in addition to keeping him fit, is described as, “*something to do*” (Clause 039)



giving an impression of indifference. Home was portrayed as a functional place, for example in clause 035, somewhere he would go to eat or do “*whatever*” and then leave to go out again.

*Narrative 3*

**Table 21 Interview 1.2 Transcript: Narrative 3**

044 I	What activities or things would you do on a normal school day?	Interview 1.2 3rd narrative
045	Well usually I like... I goes to school in the morning, gets back home about four o'clock and I either goes out or stays in my house on the computer or something. I'll do one of those two and then when I come back in at nine I like watching TV for a bit, then I goes to bed at 11.	
046 I	Which things do you enjoy the most and why?	
047	It's basically the same	
048 I	It's basically just what you enjoyed and what you didn't and what you think?	
049	One of each thing.	
050 I	So yeah I just asked you what activities or things you do on a normal school day...	
051	Yeah.	
052 I	Yeah and then what did you enjoy out of these things.	
053	Well most of them when I go out after school to get some fresh air and chill with my mates.	
054 I	Is there anything you didn't like... is there anything you disliked about normal school days?	
055	Yeah going to school ((laughs))	I=Interviewer

During this narrative (Table 21) several clauses focus on making clear what information the peer researcher is endeavouring to obtain (048 to 052). Overall these clauses have been identified as orientation clauses using Labov's Evaluative Framework. The participant's eventual response is confusing. In clause 053 he evaluates non-specifically that he enjoyed, “*most of them*”, using “*well*” in a “*needless to say*” sense. Then in clause 055 in answer to the question, “*is there anything you disliked*”, he replies with an emphatic, “*yeah, going to school*”, but tempers this response with simultaneous laughter, perhaps conveying a sense of “*just teasing*” or conversely underplaying a dislike of school. The participant is unambiguous in communicating his enjoyment of “*chilling*” with “*mates*” after school (053).

*Narrative 4*

**Table 22 Interview 1.2 Transcript: Narrative 4**

056 I	Um, what sorts of activities or things would you do on a school holiday when you're at home?	Interview 1.2 4th narrative
057	Oh plenty ((laughs)) like I might get some money and go to the cinema, ice-skating, um, bowling, plenty of things.	
058	I mean like I said to ... I get really bored in holidays because there's not that much to do I said but...	
059	It does get boring after a while like because you do the same things over and over and it just gets to you. It gets boring.	
060 I	Yeah so which things did you enjoy the most and why?	
061	What in the six weeks, like the holidays?	
062 I	Yeah the big holidays.	
063	Getting money and then doing whatever I want with it.	
064 I	Um, is there anything you disliked about it?	
065	School that's all.	I=Interviewer

The opening abstract clause (056) of Narrative 4 (Table 22) is excluded by the Labovian theoretical inclusion criteria because it uses “*would*”. Emphatically, the participant asserts, using a vague quantifier and a non-specific descriptor, that there are “*plenty of things*” to do when he can “*get some money*” (Clauses 057 and 063). He uses the word, “*Oh*” to intensify, “*plenty*” which is itself emphasised using repetition (clause 057). The participant then realises that he has contradicted views he has given earlier in the interview and his awareness is heralded by an external evaluation, “*I mean like I said to...*” (Clause 058). He therefore eagerly sets about justifying this apparent inconsistency (Clauses 058 and 059). Again a non-specific descriptor refers to, “*things*” that are boring. He uses the causal explicative, “*because*”, to make explicit the reason why the holidays are never-the-less boring, using repetition of the intensifier, “*over and over*” to add impact. He then concludes with an irrefutable statement, “*it gets boring*”.

*Narrative 5*

**Table 23 Interview 1.2 Transcript: Narrative 5**

066 I	What food did you eat last Saturday from the time you got up until the time you went to bed?	Interview 1.2 5th narrative
067	I can't think now ((sighs)). Food, food, well I had my cereals when I woke up and I think I had a sandwich during the day. When my mum got back from work I think she cooked me my food and I ate that and then, um, I had snacks between then, um, had my cereals and went to bed.	
068 I	Um, which foods do you think could be good for your health and why?	
069	Oh fruit, vegetables, like, it's just saying I know they're good for you like your five a day and that, like good food I only likes bananas and grapes. I don't like nothing else, and vegetables just sweet corn and carrots, that's the only things I like. I'm not healthy with all those.	I=Interviewer

Narrative 5 (Table 23) starts with an embedded evaluation, “*food, food*” (Clause 067) which the participant uses to focus and urge himself to think about what food he had eaten last Saturday. Convenience foods dominate his description including a sandwich (Clause 067) and cereals for breakfast and before retiring to bed. An external evaluation, “*When my mum got back from work*” (Clause 067), reveals that the participant’s mother works and that when she arrived home she cooked him food. Description of all the food is non-specific and bland: “*cereals*”, “*a sandwich*”, and “*food*” (Clause 067), perhaps illuminating a lack of interest in food per se.

Table 24 Interview 1.2 Transcript: Narrative 6

076 I	Um describe any regular family routines or things you would do with your family at weekends?	Interview 1.2 6th narrative
077	Nothing.	
078	Nothing? ((laughs)) You just go out with your friends or whatever?	
079	Yeah, yeah.	
080 I	Um, which things... describe any regular routines or things you would do with your family on a school day?	
081	Nothing ((laughs)).	
082 I	Nothing. So when you comes home do you do anything at all?	
083	Well...	
84 I	Do you sit down and watch TV with them or anything like that?	
085	Well I might go upstairs for a bit and then I'll come down and like my mum'll... my mum'll always be watching TV because that's just it because she's in work most of the day, she comes back at four and she just chills for like a couple of hours and then she goes to bed. So nothing really... oh and sometimes I might meet my sister from work at ten so that's what I usually do.	I=Interviewer

Use of expressive phonology and an external evaluation by the peer researcher, “*Um, which things*” (Clause 080), sets in motion Narrative 6 (Table 24), and signals to the participant an impending question. The peer researcher plainly states the event focus, non specific “*routines*” or “*things*”, that the participant, indicated by the use of the simple subject, “*you*”, does with his family during a school day. Laughing, perhaps because he is embarrassed, the participants states, “*Nothing*”. It seems to be a sense of disbelief that moves the peer researcher to echo, “*nothing*”, and then to probe, in his view, this unconvincing assertion. The peer researcher communicates his disbelief by the intensifier, “*at all*”, which is used to amplify “*anything*” (Clause 082).

On being pressured to explicate his assertion of “*nothing*”, the participant reluctantly describes non-specific activity which takes place in a non-specified location upstairs and then, using the locational adverbial, “*down*” to indicate that later he comes downstairs and it is inferred that he watches television with his mother. From the participant’s perspective these vague activities are categorised as doing, “*nothing really*” (Clause 085). The focus on the event, in this case of watching television, distracts from exploration of the meaning this quiet time with mother has for the participant. During the explanation, located in clause 085, the participant reveals that his sister works and that he may meet her from work “*at ten*”. Due to the temporal ordering assumption of a Labovian recapitulation, and within the context of clause 085, it can be

assumed to be ten o'clock after noon. This narrative has made visible a working mother and sister. It suggests that mother, son (the participant) and daughter have a close knit relationship.

*Narrative 7*

**Table 25 Interview 1.2 Transcript: Narrative 7**

86 I	Describe any regular routines you might have with all your friends.	Interview 1.2 7th narrative
087	((whistles)) um well usually I goes just to play basketball with them on a Saturday. That's usually just the routine. I don't do nothing like special like. That's basically it.	
088 I	Um which things do you like about this? Which things do you like doing with your friends and that?	
089	Oh just everything, being away ((laughs)) from my family for a bit, because they do my head in sometimes, um, being out in the fresh air, not being stuck in. Like I've never been grounded see so I've never been stuck in for a long time. Um, that's basically it.	
090 I	Is there anything you dislike, doing like with your friends?	
091	Well let's see like, you know when someone terrible presses you like and they really get on your nerves then that's what I don't like, when they do that. That just gets to me.	I=Interviewer

Narrative 7 (Table 25) focuses on routines with friends. The participant opens his response with a whistle (Clause 087), perhaps indicating a degree of boredom with the interview but never-the-less continuing to engage. It is striking that this participant's regular time with friends appears to be confined to playing basketball on a Saturday (Clause 087). He admits, laughing simultaneously possibly through feeling embarrassment or even disloyalty to his family, that he values time away from his family but also mentions that he has never been grounded (Clause 089), perhaps to provide perspective on the evaluative comment, *"they do my head in sometimes"* (Clause 089). He clearly associates time spent with friends with being outside. The manner in which he says this, by creating an evaluative comparator emphasising *"fresh air"* and *"stuck in"*, conveys that he enjoys the outdoor aspect of this experience (Clause 089). Finally, in clause 091, when asked what he dislikes doing with friends, his response alludes to issues of peer pressure, *"you know when someone terrible presses you like and they really get on your nerves then that's what I don't like, when they do that"*.

*4.4.13 Views of positive lifestyle influences on health: Interview 1.8*

Admissible data pertinent to the research focus of, *"Views on positive lifestyle influences on health"*, contained in the transcribed narratives of Interview 1.8 (Appendix 33) will be analysed using a Labovian approach and findings presented below.

Narrative 9

**Table 26 Interview 1.8 Transcript: Narrative 9**

0168 I	Um, what are the important activities or things you do in your life?	Interview 1.8 9th narrative
0169	Sport.	
0170 I	Could you say why each of these activities are like important to you? So why rugby is like... why do you like it the most and stuff?	
0171	Because I love tackling people when they have the ball and then with football I love just, you know, tackling again because I'm in the defence in football and boxing I just love going round not to get hit mainly.	
0172 I	What health issues would you say are important to you?	
0173	Exercise.	
0174	Yeah like keeping fit through sport then?	
0175	Yeah.	I=Interviewer

As can be observed, Narrative 9 (Table 26) is severely reduced due to the application of Labov's definitive criteria. It expresses the participant's view that exercise is important to his health (0173 and 0175).

Narrative 10

**Table 27 Interview 1.8 Transcript: Narrative 10**

0176 I	Um, over the last school year what things have you done that have kept you healthy?	Interview 1.8 10th narrative
0177	Well my sport and like running.	
0178	Regular sport yeah?	
0179	Yeah.	
0180 I	What things have your family done that have helped you to keep healthy?	
0181	Like say if I'm having a lazy day and I don't really want to go to school like they say, "Oh no you've got to go to school because otherwise..." you know.	
0182	Yeah so they have inspired you?	
0183	Yeah.	
0184	They get you out there to do stuff?	
0185	Yeah.	
0186 I	Okay, what... what things have you done at school that have helped you to keep healthy?	
0187	Doing like games, circuit training and like rugby matches and football matches after school.	I=Interviewer

The abstract clause (0176) of Narrative 10 (Table 27) clearly states the topic and simple subject focus, "things that have kept you healthy", and the temporal location and context of the forthcoming discussion, "last school year". The narrative confirms the central role of the participant's school in providing sport opportunities that he considers are important to keeping him healthy (0177, 0179, 0187). Clause 0181 indicates that the participant associates school with keeping healthy. The figure of speech, "a lazy day", raises an interesting application of euphemism concerning non-attendance at school. It is interesting that the participant comments on this issue through an embedded evaluation where the participant

utilises a third person, his family, to evaluate on his behalf, how they support him in getting to school on days when he is having, “*a lazy day*”.

#### 4.4.14 Views of positive lifestyle influences on health: Interview 1.2

##### Narrative 8

**Table 28 Interview 1.2 Transcript: Narrative 8**

0100	And would you have any like health issues where you might have to seek medication or something?	Interview 1.2 8th narrative
0101	Oh nothing.	
0102	Um, over the last school year what things have you done that have kept you healthy?	
0103	Well played basketball for one. Um, I've started going out more for the last year and all that. Um, eating more of like bananas and grapes just eating more healthy and not eating as much junk food and that.	
0104	Just the average then ((laughs)) um, why do you think these things have kept you healthy?	
0105	Oh don't ask me it's because people say they're healthy for you.	
0106 to 0113 is excluded	It's just what you know isn't it?	
0114	Um, why do you think they have kept you healthy, your dad?	Interview 1.2 8th narrative
0115	Well he just wants me to be healthy and all that. I think he wants me to become a boxer because I started to box and that and he just wants me to be one but it's not going to happen.	
0116	Fair enough. Um, what things have you done at school that have involved you... that have helped you keep healthy?	
0117	Well they're providing more fruit and that.	
0118	Is there any like sports?	
0119	Oh I get... we get games once a week and like you can pick PE studies for one of your options so you do that a couple of times a week and on a Wednesday if you pick BTec sports you'll get that for the whole day, like running and so on, um, that's basically it like they just help you with like all your running ((0:14:54.6?))	

Substantial data is excluded from analysis in Narrative 8 (Table 28). The orientation clause (0102) guides the temporal location and context, “*last school year*” and the topic and simple subject focus, “*things that you have done that have kept you healthy*”. As the participant outlines actions he has taken to maintain health (Clause 0103), it is notable that they are behaviours rather than events, especially the increased socialising and healthier eating.

The Labovian approach is an event centred approach (Patterson 2008) and assumes that the recapitulation is temporally ordered. In Clause 0103 the manner of the telling suggests that the activities are actually in order of preference or importance to the participant’s life. For example, the prompt unhesitating emphatic first statement, “*Well basketball for one*” (Clause 0103), depicts the indubitable primary importance of basketball for the participant. Increased socialisation is conveyed in a secondary sense to the basketball: it is the product of his second

response to the peer researcher’s question; it is communicated as a recent development through the use of the verb “*to start*”, stated in the simple past tense; it is given recent temporal meaning by the addition of the description, “*for the last year*”; and the verb to go is stated in the continuous tense, “*going*” indicating that this development is on going and in progress. By comparison the emphatic statement on the basketball indicates that it is established. Finally, after further consideration the participant indicates by expressive phonology, “*Um*”, healthier eating is raised using positive and negative evaluative comparators respectively, “*eating more healthy*”, and “*not eating as much junk food*”. Again, healthier eating is told using a continuous tense, “*eating*”, and therefore conveyed as a development in progress.

In clauses 0115 to 0117 the reported speech of the participant presents the aspirations of his father for him to become a boxer. This section of Narrative 8 (Table 28) illustrates the difficulty that arises due to the exclusion of vital information through the application of Labov’s definitive criteria. Clause 0114 is excluded from the analysis but communicates that, “*he*”, is the participant’s father. The categorical statement, “*but it’s not going to happen*” (Clause 0115) may indicate that this is not a shared ambition between son and father. Finally the participants response to the question concerning school and helping him to stay healthy (Clause 0116) asserts that the school is providing more fruit (Clause 0117).

#### 4.4.15 Views of negative lifestyle influences on health: Interview 1.8

##### Narrative 4

**Table 29 Interview 1.8 Transcript: Narrative 4**

120 I	What sort of activities or things would you do on a school holiday when you're not at... no when you are home?	Interview 1.8 4th narrative
0121	Like when I'm away from school?	
0122 I	Yeah.	
0123	Like going over the football grounds and having a game of football or rugby just like having a good kick.	Continuous present tense Loss of temporal ordering
0124 I	What would you say you enjoyed doing most in the school holidays?	
0125	Going out and hanging around with my mates.	Continuous present tense Loss of temporal ordering
0126 I	Is there anything you dislike doing in the school holidays?	
0127	Yeah because halfway through it gets a bit boring.	Continuous present tense
0128	Yeah. I know what you mean there just like you think, "Oh I'm not doing anything today, it's easier than in school."	
I	What food did you eat last Saturday from the time you got up until the time you went to bed, if you can remember?	I=Interviewer 5th narrative

As illustrated in Table 29, six out of nine clauses of Narrative 4 are excluded from this Labovian analysis. The remaining admissible clauses consider if there is anything the participant dislikes about the school holidays. In posing his question, the peer researcher uses the evaluative comparator, “*dislike*” (Clause 1026). This necessarily requires the participant to compare and contrast his holiday experiences in order to establish which ones, if any, he dislikes. The participant provides an outright view that, “*it gets a bit boring*” (Clause 0127), using the continuous tense to underline the ongoing nature of the boring experience. He also provides temporal information that indicates the experience of “*boring*” starts halfway through the holidays (Clause 0127). The peer researcher responds empathetically, “*I know what you mean*” (Clause 0128), and offers a positive position on this situation through an external evaluation stated in the 3rd person, “*Oh I'm not doing anything today, it's easier than in school.*” (Clause 0128).

*Narrative 10*

**Table 30 Interview 1.8 Transcript: Narrative 10**

0188 I	Yes. Over the last school year what things have you done that could have messed up your health, if you've done anything that could?	Interview 1.8 10th narrative
0189	I don't know. At a stage I stopped, I had a week off sport and like I felt I was unfit then and I got back to it.	
0190 I	You did like have a week off all sport then?	
0191	No I don't really it was just like I thought I could do with some extra sport and I had a week off then I felt... well when I went back I thought, 'Oh I'm not doing that again,' I was just too unfit to do anything.	
0192 I	But it was nice to have a break still?	
0193	Yeah it was still nice to have a break.	
0194 I	Um, what things have you done within your family that could have messed up your health?	
0195	I don't know.	
0196 I	Okay that's fine. Um, what things have you done at school that could have messed up your health?	
0197	Doing... when I go to the meals and there's none left so you can't have a healthy option...	
0198 I	Yeah.	
0199	... and then sort of would go on a binge and buy junk foods.	
0200 I	Are there any aspects of your health that you feel you are hassled over?	
0201	No.	
0202 I	Okay that's good.	
0203	Yes.	I=Interviewer



Clauses 0188 to 0194 of Narrative 10 (Table 30) discuss risks the participant has taken with his health. Although this raises the issue of behaviour, the ensuing discussion is in essence a recapitulation, it is stated in the past tense, of an event that is temporally located, no training for a week ( Clause 0191). The participant uses an embedded evaluation in the 1st person, indicated by, “*I thought*”, stating, “*Oh I’m not doing that again*” (Clause 0191). Clauses 0196 to 0198 examine what health risks the participant has taken at school. The participant clearly expresses a view that school meal provision is inadequate based on his personal experience of there being, “*none left*”, and concludes using the causal explicative, “*so*”, that asserts this as the reason for him not always having a healthy food option. In clause 0199 the participant presents this situation as the cause of him buying and bingeing on junk food, but this cannot be included in the analysis due to the use of “*would*”.

4.4.16 *Views of negative lifestyle influences on health: Interview 1.2*

There are no narratives in Interview 1.2 (Appendix 33) that are pertinent to the research focus of, “*Views of negative lifestyle influences on health*”.

4.4.17 *Views on health-related help: Interview 1.8*

*Narrative 11*

**Table 31 Interview 1.8 Transcript: Narrative 11**

0204 I	Um, what specific worries or signs would make you ask for help or advice on your health?	11th narrative
0205	Like if I was slowing... like slowing down in my sports I would like ask someone.	
0206 I	Um, where or who would you go to for this advice in the first place?	
0207	A physio.	
0208 I	Yeah?	
0209	Yeah because I'd go to a physio so he could help me.	
0210 I	Where do you... where do you go to a physio or where would you think to go because I don't even know?	
0211	There's um, well I broke my collar bone...	
0212 I	Yeah.	
0213	Well like not a physio, like a fitness trainer.	
0214 I	Oh yeah.	
215	It was like... say I went to... like my boxing gym there's like a fitness trainer and then I said like... and then he pushed me ((0:14:40.6?)) to get me back on track and with rugby keep on doing a couple of laps round the track.	
0216 I	Yeah, um, why would you go to a physio or like a fitness trainer first because you like trust them ((0:14:54.8?))	
0217	Yeah it's because it like with my mum and dad and our fitness trainer... if you went to a fitness trainer they know mostly what to do.	
0218 I	Yes. Um, would you follow the advice or take up the help offered by the fitness trainer...	

0219	Yeah.	
0220 I	... if they had a solution?	
0221	Yeah I would.	
0222 I	And that's just like generally because you trust their advice then is it?	
0223	Yeah.	
0224 I	What sort of situations would stop you from asking for help or advice on your health? Just generally like anything not just like on fitness or whatever.	
0225	I'm not saying ((0:15:33.2?))	
0226 I	Like, um, what if you had something wrong and if you didn't want to say anything, is there anything that would be like that, like if you're embarrassed or something?	
0227	Oh no I can tell my mum and dad anything.	
0228 I	Oh yeah that's good. So it's good communication and stuff then?	
0229	Yeah.	I=Interviewer

It is interesting that in Narrative 11 (Table 31) the participant should identify a physiotherapist (Clause 0207) as a person he would approach for health-help suggesting prior knowledge or experience which is confirmed in clause 0211. However, the participant then amends what he means by a physiotherapist, which is actually a fitness trainer (Clause 0213) at his boxing gym (Clause 0215). The manner of telling conveys a sense of gratitude to the trainer for getting him “back on track” with his fitness (Clause 0215). Clause 0227 is unequivocal in its assertion that the participant can tell his mother and father anything, providing testimony of a strong relationship with his parents.

*Narrative 12*

**Table 32 Interview 1.8 Transcript: Narrative 12**

0238 I	Can you describe what your ideal healthcare professional would be? So like if you were going to talk to someone who you didn't know how would you want them to be?	Interview 1.8 12th narrative
0239	Well be like friendly to me, trustworthy.	
0240	Yeah confidential?	
0241	Yeah like give me a lot of advice.	
0242 I	Would you prefer them to be male or female?	
0243	Male.	
0244 I	Yeah because then they could have gone through the same things?	
0245	Yeah.	I=Interviewer

Table 32 shows that Narrative 12 has only 3 admissible clauses (0243 to 245). They confirm the participant’s view that he would prefer to discuss health issues with a male. He uses the causal explicative, “because”, to indicate the telling of a reason for this (0244). The basis for the participant’s choice of a male health professional is fundamentally rooted in an expectation of empathy: that it will be easier to share issues with a male health professional and that he is more likely to understand.

Narrative 13

**Table 33 Interview 1.8 Transcript: Narrative 13**

0246 I	Um, if you have had to seek help for health worries please describe in as much detail as possible your experience?	Interview 1.8 13th narrative
0247	What's that?	
0248 I	So you know what you were saying earlier about when you went to a fitness...	
0249	Yeah.	
0250 I	... person, could you like tell me about that experience?	
0251	It was... I was nervous but then as I started speaking to him I got confident—confidence so I could ask him more questions and questions on what I could do about it.	
0252 I	Yeah and did he give you good advice?	
0253	Yeah. He told me to just keep my fitness going not a problem.	I=Interviewer

Narrative 13 (Table 33) is a rare example of a narrative that has remained intact after application of Labov's definitive criteria. As stated in the abstract clause (0246), the peer researcher attempts to elicit the nature of any previous health-help experience the participant has had in the past. The honesty of the participant's evaluative response is striking, "*I was nervous*" (Clause 0251). An account of successful rapport building is alluded to through the participant's evaluative articulation of the temporal development of positive outcomes from, "*I started speaking to him*", to, "*I got confident*" (Clause 0251), to the consequence of this in an end result clause, "*so I could ask him more questions*" (0251).

Narrative 14

**Table 34 Interview 1.8 Transcript: Narrative 14**

273	... yeah there.	Interview 1.8 14th narrative
0274	And like pregnancies as well for the girls.	
0275	Yeah, yeah like girls as well, you could just have like ((0:19:16.0?)) in our house, too girls or too boys ((0:19:19.2?))	
0276 I	Yeah, um, if the help or advice was not available on the first visit would you bother to go again?	
0277	Yeah if it was serious, really serious, then yeah.	I=Interviewer

Of the 30 clauses making up Narrative 14 (Table 34)(Appendix 33) only 2 were admissible conforming to Labov's minimum definition of a narrative. They give very little information except that the participant raised the needs of girls in relation to pregnancy (Clause 0274). It is difficult to make sense of clause 0275 except that the peer researcher agrees with the participant's view expressed in clause 0274.

4.4.18 Views on health-related help: Interview 1.2

Narrative 9

**Table 35 Interview 1.2 Transcript: Narrative 9**

0128 I	Or is there a person you would ask... you would mention this to like your family, your dad, your mum?	Interview 1.2 9th narrative
0129	Oh I'd go to my mother for... I don't really get along with my dad that much, well I sees him twice a week so I don't really speak to him as much as my mum, like I can tell my mother everything but not that...	
0130 I	Do you feel like closer to your mum than you do...	
0131	Like well mostly closer to my sister but not with my father.	
0132 I	Um why would you go to this person?	I=Interviewer

Narrative 9 (Table 35) emphatically conveys that the participant would go to his mother for health help, inferring a strong trusting relationship stating, “*I can tell my mother everything*” (Clause 0129). This statement is then followed by the conjunction, “*but*”, which he never elucidates (0129). Bravely the participant tells of a discordant relationship with his father which he emphasises in clause 0131 using repetition and comparison, “*Like well mostly closer to my sister but not with my father*”. He quantifies the time he spends with his father, “*twice a week*” (0129) and uses the comparator, “*as*” (0129), to contrast the quality of his contact with his mother to that of his father. The participant uses the comparator, “*closer*”, to articulate the nature of his relationship with his sister (0132).

**4.4.2 Analysis a of Focus Group Transcripts**

As with the interview data, the question and answer format of the focus groups and the additional challenge of multiple voices, contribute to a range of challenges to using a Labovian analytical approach. After reading and rereading the verbatim focus group transcripts 1.1 and 1.2 (Appendix 34), an analysis and findings will be captured under the the headings: *Views on lifestyle choices*; *Views on positive lifestyle influences on health*; *Views on negative lifestyle influences on health*; and *Views on health-related help* respectively which reflect the research objectives of RAP ‘n CAB. The relevant *Analytic Grids* (Appendix 37) will be used to support analysis.

4.4.21 Views of influences on lifestyle choices: Focus Group Transcript 1.1

As with the interview data, the analysis and findings below include only those narratives that contain admissible data after application of Labov’s Evaluative Framework and are pertinent to the research focus of, “*Views on influences on lifestyle choices*”, contained in the focus group transcript 1.1.

*Narrative 2*

**Table 36 Focus Group 1.1 Transcript: Narrative 2**

019 F1	Mm, what would be your idea of a good lifestyle for a young person?	Focus Group 1.1 2 <sup>nd</sup> narrative
020 P1	Someone who doesn't take drugs.	
021 P2	Someone you have something proper to eat.	
022 P1	Someone who don't smoke or...	
023 P4	((0:02:48?))	
024 P3	Yeah don't think they're hard, does exercise like, sort of...	
025 P2	((0:02:53?))	
026 F1	Why do you think this is a good lifestyle for a young person?	
027 P4	Because they're like...	
028 P1	They're healthy.	
029 P3	Yeah there's no chance of them like ending up like dead from drugs or nothing if they don't take drugs.	
030 P1	((0:03:09?)) they get a good job and everything.	F1= Facilitator 1 P1= Participant 1
031 F1	What makes you think like this?	P2= Participant 2 P3= Participant 3
032 P2	Mm?	P4= Participant 4

Clauses 020 to 024 of Narrative 2 (Table 36) list the behaviours that the participants consider would contribute to a healthy lifestyle. Because the clauses are behaviour, not event focused, they are not temporally ordered and do not constitute a recapitulation. The clauses present random contributions by different participants who refer to not taking drugs, eating properly, not smoking, not being hard and exercising. Consequently they cannot be included in a Labovian analysis. It is interesting to note that 3 ideas of a good lifestyle are conveyed in terms of what someone should not do (Clauses 020, 022 and 024). The clauses 029 to 030 are ordered in sequence, clause 030 being the temporal outcome of the behaviours described in clause 029, the clear view being that if you stay off drugs you can stay alive and get a good job.

*Narrative 3*

**Table 37 Focus Group 1.1 Transcript: Narrative 3**

037 F1	Um, what would your idea of a bad lifestyle be for a young person?	Focus Group 1.1 3 <sup>rd</sup> narrative
038 P3	Someone who's like obese that kind of thing.	
039 P1	Yeah obese, getting bullied, I don't know the other one.	
040 P2	Fighting all the time.	
041 P4	Yeah.	
042 P2	((0:04:04?)) they would be like messing around in lessons and not taking part in things and that.	

043 F1	Um, why do you think... why do you think this is a bad lifestyle? Why?	
044 P1	Because they're like...	
045 P4	Because they're getting nowhere in life.	
046 P2	Yeah right [Overlapping speech 0:04:24?] they mess around in school like because if you're messing around in school what do you expect? Where do you expect to go like after school like with like no GCSEs and all that.	F1= Facilitator 1 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
047 P2	It's a waste of time isn't it?	

In Narrative 3 (Table 37) the participants articulate behaviours that it can be claimed are sequenced because they are interconnected. For example, obesity can be associated with bullying (039), and fighting (040) could be seen as an aspect of bullying. Could it therefore be argued that there is a temporal interface between clauses 039 and 040? The sequenced connection between 045 and 046 is more concrete and defensible since clause 046 is an end result clause developing and strengthening the commentary of the evaluative clause 045.

#### Narrative 4

**Table 38 Focus Group 1.1 Transcript: Narrative 4**

055 P3	Sort of send like advice and they can like set up teams to check the people who are stressed.	Focus Group 1.1 4th narrative
056 F2	What can the government do to prevent young people leading a bad lifestyle?	
057 P2	Showing them like.	
058 P1	Taking them to like youth clubs where they can...	F2= Facilitator 2 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
059 P4	Show them what happens if they carry on doing what they're doing like.	
060 P3	Yeah.	

There is a sequenced connection between the clauses 056 to 060 of Narrative 4 (Table 38). The discussion of the focus group is orientated to the role of government in preventing unhealthy lifestyles. Each participant contributes to developing shared ideas which are articulated in a continuous tense conveying ongoing action through the use of the auxiliary verb, “ing”: “*showing them*” (057); “*Taking them*” (058); and “*if they carry on doing what they're doing*” (059).

#### 4.4.22 Views of influences on lifestyle choices: Focus Group Transcript 1.2

#### Narrative 2

**Table 39 Focus Group 1.2 Transcript: Narrative 2**

018 F1	What would be your idea of a good lifestyle for a young person?	Focus Group 1.2 2 <sup>nd</sup> narrative
019 P3	((tapping noise)) Erm music.	

020 P2	Lifestyle could be like anything like just anything you do really.	
021 P3	Music.	
022 P1	Hanging around with mates and things.	
023 P4	Yeah hanging around with mates making music.	
024 P2	It's how you'll make music ((laughs))	
025 P3	((0:01:42?)) ((tapping noise))	
026 P1	Erm, ((0:01:49?)) a lot of friends.	
027 F1	Do you like going to see music as well?	

043 P1	It's something to keep...	Focus Group 1.2 2 <sup>nd</sup> narrative
043 P3	I just follow your dreams.	
044 P2	[overlapping speech 0:02:40?] find inspiration.	
045 P1	Yeah you get inspired by people like you see on TV and people you like admire. And then you just like think, ((0:02:48?)) and you just do it.	
046 F1	So what makes you think these ideas?	
047 P3	Say it again.	F1= Facilitator 1 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
048 F1	What makes you think these ideas?	
049 P4	Because we grew up on them.	
050 F1	What would be your idea of a bad lifestyle for a young person? How do people go wrong?	3 <sup>rd</sup> narrative

Narrative 2 (Table 39) begins with a discussion of what lifestyle is in their view (Clauses 019 to 026). This question was explored in an animated interactive manner and its breadth captured the observation of one participant who used repetition to add drama, “*Lifestyle could be like anything like just anything you do really*” (Clause 020). However, the only specific elements of lifestyle described were “*music*”, with 4 mentions (Clauses 019, 021, 023, and 024) and “*mates*” or “*friends*” with a total of 3 mentions (Clauses 022, 023, and 026). Clauses 043 to 049 explored the idea of following your dreams (Cause 043) and being inspired (044 and 045). One participant identified celebrities from the television and people “*who you admired*” (045) as possible sources of inspiration. Finally, and in sequence, the peer researcher asked the focus group where they got these ideas from (046 and 048). The answer clearly stated using a causal evaluative device, “*Because*”, to indicate that the root of their ideas was, “*Because we grew up on them*” (Clause 049).

Narrative 3

**Table 40 Focus Group 1.2 Transcript: Narrative 3**

050 F1	What would be your idea of a bad lifestyle for a young person? How do people go wrong?	Focus Group 1.2 3rd narrative
051 P2	Crime.	
052 P1	Drugs, crime.	
053 P3	Crack.	
054 P2	((0:03:14?))	
055 P4	((0:03:18?))	
056 P3	((0:03:22?)) just basically ((0:03:23?))	
057 F1	Why do you think this a bad lifestyle for a young person ((0:03:31?)) if they kept going along this route?	
58 P4	Because they're just going to prison.	F1= Facilitator 1 P1= Participant 1
059 P2	Because if they take crack they're going to be a crack head.	P2= Participant 2 P3= Participant 3
060 P3	Your life just won't ((0:03:41?))	P4= Participant 4

Clauses 051 to 053 of Narrative 3 (Table 40) list monosyllabically the behaviours the participants view constitute a “*bad*” lifestyle. The clauses are not temporally ordered and do not constitute a recapitulation of events experienced. They are random contributions by different participants and as such conflict with the premise of temporal ordering required by a Labovian approach. The orientation and end result clauses 057 to 060 are in sequence as they discuss the possible consequences of the behaviour raised in clauses 051 to 053. The unanimous view, articulated using the causal explicative “*because*” (Clauses, 058 and 059), is that drug use will have a detrimental impact on “*your*” life.

4.4.23 Positive lifestyle influences on health: Focus Group Transcript 1.1

The research focus, “*Positive lifestyle influences on health*”, will be explored using narratives contained in the focus group transcript 1.1.

Narrative 5

**Table 41 Focus Group 1.1 Transcript: Narrative 5**

061 F2	Er, what can your school do to help more young people lead healthy lifestyles?	Focus Group 1.1 5th narrative
062 P2	I don't get what you mean by healthy lifestyles and that?	
063 F2	It's like when you say that I would probably think like eating healthy and shit like, you know, like anything, like activities you do that will effect your health and that.	
064 P2	Oh yeah, yeah, yeah...	
065 P3	Like...	
066 F2	... and what can the schools do about it.	



067 P2	Uh?	
068 P3	That's the question what can the schools do about healthy lifestyles?	
69 F2	Yes how can they help you?	
070 P2	Um...	
071 P4	Creating activities like after school.	
072 P3	Everyone smokes in our school so there should be like...	
073 P1	Everyone likes games and that.	
074 P4	And they can have more activities after school...	
075 P3	Yeah and like...	
076 P1	... where they could at least have an hour, like a lesson like where everyone goes in the hall like and they like actually show you people like that... what drugs have done to them and everything and stuff like that to make people think that, because...	F2- Facilitator 2 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
077 P4	Like make them think like, 'Oh no I don't want to do that,' no.	
078 P1	Pictures and everything and all that but you're actually seeing the actual effect like and had their point of view and everything. Someone who'd been through it and they told their story but you could actually look at them and tell sort of it's not just someone who's getting paid to like speak.	

Clarification of the concept of lifestyle and the question (Clauses 062 to 071) sets in motion Narrative 5 (Table 41). The manner of interaction between the focus group facilitator and the research participants portrays a comfortable repartee. On defining lifestyle to the focus group (Clause 063), the facilitator includes the colloquialism, “*shit*”, which in the focus group audience context means “*things*”. The choice of word reflects the cut and thrust of the interaction between the boys but also the influence of the all male peer audience. Perhaps it also highlights the pressure on the peer researcher to project what will be perceived as a cool image and to communicate an empathetic awareness of the participants outlook on life.

It is notable that Clauses 072 and 073 are excluded from the Labovian analysis due to their articulation in the simple present tense, yet they are relevant to the research focus. Clauses 074 to 078 are sequenced and present ideas on activities in school that could promote healthier lifestyles. Again the focus is on illicit drug use and the use of vivid real life stories of, “*what drugs have done to them*” (Clause 076), and, “*you’re actually seeing the actual effect like*” (Clause 078), told by those who have experienced them first hand (Clause 078). There is use of an intensifier, “*actually*” (Clause 078), as underlined in the preceding sentence, to accentuate the real life requirement. In addition, to bring prominence to his point, one participant uses the 3rd person in an embedded evaluation, “*Like make them think, ‘Oh no I don’t want to do that’, no*” (077).

Table 42 Focus Group 1.1 Transcript: Narrative 6

087 F2	Right, what can your community do to help people lead a healthy lifestyle?	Focus Group 1.1 6 <sup>th</sup> narrative
088 P2	More facilities and all stuff like that.	
089 P1	And more clubs where you can't just sort of go and there's a big gang of boys there all waiting to get ((0:07:57?))	
090 F2	Um, what can your community do to prevent young people leading a bad lifestyle?	
0100 P2	Put more facilities out.	
0101 F2	What healthy stuff do young people like doing?	
0102 P3	Sports, like exercise.	
0103 P2	It's like healthy stuff like young people might think it's like boring in it? I don't know.	
0104 P3	((0:08:32?))	
0105 P4	Um...	
0106 P1	It's like help to make them do it like, help like the young people actually like get famous people doing the activities like do it where a famous person actually goes on it.	
0107 P4	If they're not rugby players get like a famous rugby player to come down and give them a little training session isn't it?	
0108 P1	Not like... not no one big like... like for the football session like, just someone like Craig Bellamy or someone, someone they would listen to. Kind of like they listens to teachers like but like it would be... they would think it's like more like a professional isn't it like. Not no one like <u>big</u> it's just like a sort of football player like you know. So...	
0109 P3	And get that just like...	
0110 F2	Yeah, um, what other stuff do young people not like doing?	
0111 P3	Eating veg.	F2= Facilitator 2 P1= Participant 1
0112 P4	((laughs))	P2= Participant 2 P3= Participant 3 P4= Participant 4
0113 F2	Er why don't young people like doing this?	

Clauses 087 to 0102 of Narrative 6 (Table 42) present sequenced ideas of how a community can help young people to lead a healthy lifestyle. They present a dilemma for a Labovian approach because they are not temporally ordered. Use of the comparator evaluative device, “*more*” (Clauses 088, 089 and 0100), serves to quantify what is needed compared to what is in place. In relation to clubs, one participant refers to the issue of gangs and intimidation that threaten other young people who attend them, “*there's a big gang of boys there all waiting to get*” (Clause 089). In clause 0103, a participant touches on the conundrum of, “*It's like healthy stuff like young people might think it's like boring in it?*”. He externally evaluates this statement commenting, “*I don't know*” (Clause 0103), as if apologising for raising this circular dilemma. Use of “*famous people*” captures the interest of the participants in clauses 0106 to 0108 to motivate young people into undertaking healthy activities expressed as, “*help to make them do*

*it*” (Clause 0106). There is use of an intensifier, “*actually*” (Clause 078), to emphasise the awe of having a real live famous person. Reflecting on the logistics of this strategy a participant attempts to qualify the degree of famousness required to motivate young people. To accentuate his opinion, he uses repetition of the phrase, “*not no one big like*” (0108) but on the second time he uses expressive phonology on the word “*big*”, making it more prominent.

#### 4.4.24 Views of positive lifestyle influences on health: Focus Group Transcript 1.2

##### Narrative 4

**Table 43 Focus Group 1.2 Transcript: Narrative 4**

061 F2	So what could the Government do to help more young people lead a healthy lifestyle?	Focus Group 1.2 4th narrative
062 P2	Going to clubs, more social things I think they do [overlapping speech 0:03:59?].	
063 P4	To get them ((0:04:02?)) get off the streets and stuff.	
064 P3	And like more things like this like music and stuff?	
065 P1	Yeah.	F2= Facilitator 2 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
066 P2	Yeah.	
067 P3	((0:04:12?))	

Narrative 4 (Table 43) presents logically sequenced ideas of how the government can help young people to lead a healthy lifestyle. Again, they present a dilemma for the application of a Labovian approach because they are not temporally ordered. The participants use the comparator evaluative device, “*more*” (Clauses 062 and 064), to quantify the shortfall of what they think is needed to help young people to lead healthier lives, compared to what is in place. It is interesting to note the use of the simple subject, “*them*”, in clause 063. The participant evidently does not identify himself with the young people he defines as “*them*”.

##### Narrative 5

**Table 44 Focus Group 1.2 Transcript: Narrative 5**

086 F2	So, finally, what could your community do to help more people lead a healthy lifestyle?	Focus Group 1.2 5th narrative
087 F2	((0:05:40?))	
088 P4	More like parks and stuff like basketball court.	
89 P2	Like more facilities?	

090 P1	Yeah more facilities to play like more like [overlapping speech 0:05:50?] football clubs and pitches and stuff.	
091 F2	What can the community do to prevent young people leading a bad lifestyle?	
092 P3	((Pause)) ((Sneeze)) Don't know.	

0105 P1	I don't know.	Focus Group 1.2 5th narrative
0106 P4	If you see it on TV then you try it out.	
0107 P3	Yeah.	
0108 P2	And then if you find it good then...	
0109 P4	You can do it again.	

0114 P3	Going to bed early. ((0:07:29?)) I don't like going to bed early.	Focus Group 1.2 5th narrative
0115 F2	What activities have a good effect on young peoples' lives?	
0116 P2	Rapping MCing.	
0117 P1	Football because football's like a worldwide thing isn't it? [overlapping speech 0:07:47?] everyone knows what it's going to be.	
0118 P3	((0:07:52?)) actually because as long as it keeps you like fit and healthy.	
0119 P2	And as long as you have that inspiration?	
0120 P3	Yeah.	
0121 F2	Right. What activities do you feel have a bad effect on young people's lives?	
0122 P3	Erm, I don't know really.	F2= Facilitator 2 P1= Participant 1
0123 P4	Crime and violence and that. Getting into criminal stuff [overlapping speech 0:08:10?] yeah.	P2= Participant 2 P3= Participant 3 P4= Participant 4
0124 P3	Doing things you're not supposed to be doing ((0:08:15?)).	

Overall, Narrative 5 (Table 44) poses the same dilemma as Narrative 4 (Table 43) in using a Labovian approach because the clauses are not temporally ordered from 088 to 090 and from 0115 to 0120. Again the participants use the comparator evaluative device, “more” (Clauses 088, 089 and 090), to quantify the shortfall of what they think is needed to help young people to lead healthier lives, compared to what is in place. The clauses 0106 and 0108 articulate a temporally ordered experience in that you, “*you see it on TV then you try it out*” (Clause 0106) followed by, “*And then if you find it good...*” (Clause 0108). This clause may allude to the television as a source of information for the participant.

4.4.25 Views of negative lifestyle influences on health: Focus Group Transcript 1.1

This section presents the limited analysis and findings of one narrative on the, “Views of negative lifestyle influences on health”, contained in the focus group transcript 1.1.

Narrative 5

**Table 45 Focus Group 1.2 Transcript: Narrative 5**

079 F1	Um, what can your school do to prevent young people leading bad lifestyles?	Focus Group 1.1 5th narrative
080 P2	Talk to them.	
081 P1	I reckon they're doing all they can do really it's just up to us to just like...	
082 P4	((0:07:25?))	
083 P1	Well they could give you advice and that...	
084 P3	I know.	
085 P4	... that makes you want to do it.	F1= Facilitator 1 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
086 P2	It's all they can do... they can't like... like we go to school but it's up to us to learn and they can't make us learn. It's either we want to learn or we don't in it? So...	

Clauses 081 to 085 of Narrative 5 (Table 45) present a sequenced discussion on what the school is doing to prevent its pupils from leading “bad” lifestyles. The clause, 079, that states this focus, is excluded due to a loss of temporal ordering. It is interesting to note the view points of the participants on this issue, which include that, “it’s just up to us” (081), and in response to a suggestion that the schools should provide advice, “that makes you want to do it” (Clause 086).

4.4.26 Views of negative lifestyle influences on health: Focus Group Transcript 1.2

This section presents the limited analysis and findings of one narrative on the, “Views of negative lifestyle influences on health”, contained in the focus group transcript 1.2.

Narrative 4

**Table 46 Focus Group 1.2 Transcript: Narrative 4**

068 F2	And what can Government do to prevent young people leading a bad lifestyle?	Focus Group 1.2 4th narrative
069 F2	What are you laughing for?	
070 P1	What did you say?	
071 P2	Prevent ((0:04:26?)).	
072 F2	((0:04:27?)) [overlapping speech 0:04:31?] stop it I don't think ((0:04:33?))	
073 P1	They had a good plan and idea about like people coming into school but like who are like former drug addicts and then they can show...	
074 F1	Yeah.	

075 P2	... how you could end up if like yeah.	
076 P3	((0:04:45?))	
077 P1	Or taking them round prisons and then...	
078 P2	Showing them about in there.	
079 P3	Yeah. Because then they'll think about it and say "I don't want to end up like that."	
080 F2	What do you reckon your school could do to stop and to help more young people lead a healthy lifestyle?	
081 P4	Stop shouting at us ((laughs)).	
082 P2	More trips like this.	F2= Facilitator 2
083 P3	Yeah.	P1= Participant 1
084 P1	Because then you go out more then.	P2= Participant 2
085 P3	((0:05:18?)) ((laughs)) ((0:05:29?)) ((tapping noise))	P3= Participant 3
		P4= Participant 4

Clauses 073 to 084 of Narrative 4 (Table 46) have a temporal aspect to them: a plan, “*They had a good plan and idea about*” (Clause 073); the action, “*like people coming into school*” (Clause 073); what this would achieve, “*then they can show*” (Clause 073); the outcome, “*how you could end up if like yeah*” (Clause 075); and an alternative idea, “*Or taking them round prisons and then*” (Clause 077); the action, “*Showing them about in there*” (Clause 078); and so on. Use of the causal explicative, “*because*” (Clause 079), alludes to the possible outcome of this action which the participant demonstrates in an embedded evaluation using the 3rd person, “*I don't want to end up like that*” (Clause 079).

#### 4.4.3 Analysis of Rap Transcripts

The use of rap to obtain research data is unusual and this section of Chapter 4 will provide a detailed critical appraisal of its use as qualitative data. As described in Section 3.8.4, the rap data analysed was composed by the research participants specifically for the research study of RAP ‘n CAB. This section will firstly examine the feasibility of applying the same methods of qualitative analysis to the rap data as to that obtained from the interview and focus groups. Aspects of orality and literacy will be considered. Secondly, the degree to which the rap compositions can be understood in relation to the context in which the participants live and their SEBD, will be examined. This will be followed by a reflexive account of safeguards instigated in order to ensure meanings attributed to the rap data reflect those of the research participants and not those of the researcher’s own culture and linguistic understanding. The issue of validation of the data will also be discussed. Finally, within the context of the available literature, analysis of the rap data and challenges faced using the framework of a Labovian narrative approach will be discussed and demonstrated.

#### 4.4.31 Rap as qualitative data

For the purposes of analysis the interview, focus group and rap data constitute text based supportive evidence used in the analysis of perspectives expressed, on health, lifestyle and health-help, by boys who have SEBD. Tesch (1990 p114) describes the process of analysis as, “... *the way mechanical and intellectual tasks are intertwined*”. At a fundamental level, analytical processes common to all three data collection methods include the requirement to firstly organise the data and then to elicit meaning. Although rapping is an oral tradition, the participants drafted and refined their rap compositions in writing. For the purposes of analysis the adult researcher transferred the completed raps to a research transcript format taking care to maintain its original written characteristics. In contrast, the interview and focus group oral data was the product of one-to-one conversations or group discussions which were scheduled, audio recorded and transcribed verbatim to the same transcript format as the rap for analysis. Analysis of the interview and focus group data presented in Sections 4.4.1 and 4.4.2, show the challenges encountered at the point of organisation of the data by coding using Labov’s Evaluative Framework (1972b). It became evident that the extent to which a Labovian analysis can be implemented, is determined by the nature of the data. This refers to the telling, which Labov requires to be a recapitulation and therefore temporally ordered, the focus, which is event-centred, and the strict syntactical structure of the text (Labov 1972b; Patterson 2008).

The interview and focus group data demonstrably describe experiences or opinions in a literal sense based on, at least in some measure, past experience. Their data reflect the expected turn taking conventions of one-to-one conversation and group discussion with use of colloquial and slang language to express subjective judgements and personal views. An important dimension in which the rap data is different to the interview and focus group data is that its expressive language is characterised by, “*apparent meaning and metaphoric reference*” (Keyes 2002 p132) that are grounded in the socially shared cultural knowledge of the participants as rappers. This suggests that the context informing meaning is not described within the rap itself but is conferred by the context within which the rap is created and performed. As Richards asserts, “*just as qualitative research has become acceptable and required across most areas of research practice in social enquiry, it has been shrouded in clouds of debate about reality and its representation*” (2009 px).

The issue of eliciting meaning is particularly poignant in relation to rap data but does not in itself preclude it from Labovian structural analysis of clause function. In contrast to the

fragmented interviewer (Keyes 2002 p132) to participant, or participant to participant, oral exchanges typical of the interview and focus group data, the written versified prose of the rap present data that appears to maintain the integrity of each identified narrative, which is fitting to a Labovian (1972b) analysis of the participants social worlds (Riessman 1993). This is particularly because rap is not just a musical genre, it is a complex culture, “...hip-hop is a way of knowing- replete with customs, belief systems, practices, and schematic understandings that are almost exclusive to those who are part of the culture ” (Emdin 2010 p5). As summarised in Table 47 below, the rudimentary nature of the interview, focus group and rap data exhibit many shared qualities but also display fundamental differences which include number of voices, literal versus metaphorical narrative, and self-directed versus schedule /researcher directed. Overall, the most impactful difference between the data types in relation to using a Labovian approach, was the metaphorical rap language which raised the issue of temporal ordering in a distinctly different and unworkable way to the literal language of the interview and focus group data. This assertion will be discussed and demonstrated during the ensuing analysis of rap 1 and rap 4 below.

**Table 47 Comparative Qualities of Interview, Focus Group and Rap Data**

Interview	Focus Group	Rap
Question / answer format	Question / discussion format	Written verses of prose
Schedule / interview lead	Schedule / facilitator led	Pre-determined rap structure
One to one, face to face	Facilitated discussion	Self directed individual composition
Conversation format	Participants encouraged to talk to one another	Individual stylistic voice /identity
Interactive	Interactive group dynamics	Interactive with an audience / fellow rappers
Audio recorded and transcribed	Audio recorded and transcribed	Written and transferred to a transcript format
Researcher influence	Peer pressure influence	Genre / cultural influences
Subjective / explorative / descriptive	Subjective / explorative / descriptive	Subjective / explorative / creative / descriptive
Knowledge and experience of outside world	Knowledge and experience of outside world	Knowledge and experience of outside world
Perspectives	Perspectives	Perspectives
Literal polite language and use of slang	Literal colloquial language, banter and use of slang	Metaphorical stylised language
Past, present and future tenses	Past, present and future tenses	Past, present and future tenses
Discusses activities, behaviour, events	Discusses activities, behaviour, events	Discusses activities, behaviour, events

In relation to the rap there is the question of whether the participants compositions are based more on orality than conventional literacy and the implications of this for analysis using Labov’s Evaluative Framework. Certainly the history of rap is rooted in oral traditions and is considered



an expression in words of the lived contextual realities of social actors who are to a lesser or greater extent excluded (Emdin 2010; Petchauer 2011). Whilst all the data analysed in RAP 'n CAB is oral in character, unlike the orally produced data of the interview and focus group transcriptions, the rap transcripts represent a verbatim copy, not of an audio recording, but of original written compositions that in essence mimic the script of an oral performance (Appendix 24).

Saussure (1959) maintains that text is complementary to oral speech and does not transform it. Therefore, although literacy offers the facility to draft and refine the rap prior to its memorisation and oral performance, the text successfully maintains its oral purpose and form. In particular, it is evident that the oral metre and rhyme contribute to determining word selection. In relation to the orality of rap, the latter, together with the formulaic verse format aid memorisation and performance (Walter 2002). Since rappers do not necessarily work from verbatim memory of their rap, the text-composed rap would incur modification of meaning prompted by the audience response (Brett and Fox 2007) and other contextual influences on the delivery of the spoken word (Tannen 1982).

The spelling of words do not represent phonetic reproductions of an audio interpretation by the adult researcher. Nor do they demonstrate unintended inaccuracies of spelling on the part of the research participants. By comparison to the interview and focus group data, it is evident from the raps that words are a convenient tool to signal already shared knowledge. Rap is characterised by words that have alternative meanings beyond those that are conventional, such as “*bad*” means “*good*”. The genre also uses syllabic contraction or deletion, for example, “*definite*” becomes “*def*” (Keyes 2002). The transcript words are purposefully spelt, by the research participants, in a stylistic manner that also aims to capture their enunciation if they were articulated in an eventual oral performance, “*Syllables have got to be right too; it’s got to, it’s got to like... when you spit and everything you’ve got to been on the beat like*” (Understanding Rap Focus Group 1 0199). These issues raise further challenges for the qualitative researcher on interpreting meaning, necessitating the need for exploration of the rap making structure and context with the rappers. To this end, group work on the meaning of the stylised language used, and two focus groups were facilitated to increase the adult researcher’s understanding of the participants particular rap composition, performance and cultural contexts (Appendices 21, 39 and 40).

#### 4.4.32 *The Participants Lived Context and Rap*

In constructing a rhyme in rap it is the practice to reflect the concerns and issues of the rappers themselves and their community (Keyes 2002). For the research participants their community include their families, friends, school, followers, fellow rappers, as well as rival rappers and their supporters. It is interesting that the *Understanding Rap Focus Groups* (Appendices 39 and 40) revealed that for some participants their rap, and possibly their SEBD, were rooted in a history of family engagement in neighbourhood traditions, *“when my dad was a little kid. He’s told me about it like, \_\_ and \_\_ have been, have been fighting and in my dad...and his dad.”* (Understanding Rap Focus Group 2 0276). The strength of this dynamic in family life was highlighted with pride, *“\_\_ is like one of the most known \_\_ boys, like ever, because of his dad like. His dad’s hard and everything... like me”* (Understanding Focus Rap Group 2 0402).

The participants locality has an entrenched history of competing with gangs from other localities which are based on clearly defined geographical areas, *“If you’re a \_\_ boy you’re gonna be fighting a \_\_ boy, if you’re a \_\_ boy you’re gonna be fighting a \_\_ boy. It’s just like there’s wars around Cardiff”* (Understanding Rap Focus Group 2 0250), *“Yeah, it is gang wars basically... How big’s the crew that comes from \_\_ and \_\_ and that?”* (Understanding Rap Focus Group 2 0254), *“No, no, no, there’s about 80 boys innit, that comes down”* (Understanding Rap Focus Group 2 0256). Reflecting the universal multi-ethnic engagement in rap (Tyson 2006) and nature of the research sample (Section 3.4.2), it is striking that rivalry identity is entirely based on *“ends”* and not ethnicity or race, *“...they don’t involve ethnicity or race”* (Understanding Focus Rap Group 2 0286), *“It’s just completely about where you’re from”* (Understanding Focus Rap Group 2 0288), *“It’s completely about ends; it’s completely about rapping your territory like”* (Understanding Rap Focus Group 2 0289).

Emdin contends that affiliation to hip-hop is a visible form of contempt for schools in many cases, *“When students feel alienated from school or from science, they often respond by deeply affiliating themselves with hip-hop culture”* (2010 p2). In relation to the participants as boys with SEBD there is only limited evidence of alienation from their school, *“A lot of other teachers, they try to... they try to pull you down like”* (Understanding Focus Rap Group 2 0771-0772). Participant statements did however capture the strength of their commitment to rap generally, *“It’s like your vocabulary”* (Understanding Rap Focus Group 2 0716), and to the

composition of rap, *“Music’s like every... like it’s my main thing like, music comes before school”* (Understanding Rap Focus Group 2 0740).

Evidence showing the extent that the participants rapping contributed to their high status was compelling. Their focus group discussions highlighted the high level of kudos they enjoyed in their families, *“My mum loves me rapping”* (Understanding Rap Focus Rap Group 2 0407) and *“my little brother’s proud of me”* (Understanding Rap Focus Rap Group 2 0507). The participants also evidenced the high level of admiration they experienced within their school from older pupils, *“I’d be walking down the corridors after and people who I didn’t even know in Year 11, older than me, would be walking down the corridor... and it was sick like”* (Understanding Rap Focus Rap Group 2 0159) and from younger pupils, *“... it got me a reputation and everyone looked at me... and little kids, little kids, everyone like”* (Understanding Rap Focus Rap Group 2 061).

The participants also alluded to wider acclaim than their school, *“Everyone had that in their phone, didn’t they?... That was, that was basically a ...rhythm like... and everyone in the end had it on their phone like”* (Understanding Rap Focus Group 2 061), including rap followers from their “end”, *“... like we go clubbing and everything now like in front of 400 people...”* (Understanding Rap Focus Group 2 0204). They likened themselves to celebrities, *“We’re like celebrities where we come from”* (Understanding Rap Focus Group 2 0703).

#### 4.4.33 *Interpreting Meaning of the Rap*

It is contended that whatever analytical strategy is used, from the moment it considers the recorded or transcribed text to be an accurate representation of the world, it is flawed (Denzin and Lincoln 2000). In addition different philosophical ideation’s and individual styles will produce different perspectives on the same data (Coffey 1996) and there is no correct way of carrying out qualitative analysis, *“The artist uses tools such as different brushes or pens to achieve the effect s/he wants”* (Tesch 1990 p305).

However, a range of measures have been taken to ensure that the translation of meaning conveyed by the rap was not simply in line with the adult researcher’s own cultural and linguistic understandings. In addition to one-to-one informal discussion with the research participants on the meaning of their rap compositions, a group work activity and two focus group discussions were undertaken during the two data collection residential weekends. The

outcome of the group work activity was the production of a flip chart resource that could be used by non-rappers to interpret the meaning of their raps. It specified the meaning of words used in the participants raps and therefore facilitated greater understanding of the stylistic language itself (Appendix 21). In addition 2 audio recorded focus groups, *Understanding Rap Focus Groups 1* and *2* (Appendices 39 and 40), were conducted from which the adult researcher set out to gain greater insight and appreciation of the determining sociocultural lifestyle factors that the research participants considered their rap compositions communicated, “*All of us have like... have similar tastes to grime beats, I mean, ‘cause we’ve all, we’ve all listened to the beats, that we’ve made them our facts like...*” (Understanding Rap Focus Groups 2 0111).

On application of a Labov approach to the raps, the Labov premise of a narrative’s primary function, to recapitulate events, and his strict syntactic requirements presented a range of challenges to analysis (Labov 1972b; Patterson 2008). After reading and rereading the verbatim rap 1 and 4 transcripts (Appendix 35), a Labovian analysis was attempted for each rap in relation to: *Views on lifestyle choices; Views on positive lifestyle influences on health; Views on negative lifestyle influences on health; and Views on health-related help*, which together reflect the research objectives of RAP ‘n CAB. As outlined in Section 3.8.4, the research participants were asked to consider each of these elements in composing their rap lyrics. In addition to use of the relevant Analytic Grids (Appendix 38), the flip chart word resource (Appendix 21) and insights gained from informal one-to-one discussions, the two focus group discussions will be used to support analysis. The challenges raised by the application of a Labov approach will be discussed and demonstrated in relation to each of the identified narratives presented below under sections 4.4.34 and 4.4.35.

#### 4.4.34 A Labovian Analysis of Rap 1

This section presents the limited analysis and findings of the narratives constituting Rap 1 in relation to, *Views on lifestyle choices; Views on positive lifestyle influences on health; Views on negative lifestyle influences on health; and Views on health-related help*.

#### Narrative 1

**Table 48 Rap 1 Transcript: Narrative 1**

008	Im a lord of the mic start praising man	Rap 1
009	Im back to back n hell raising man	1st narrative

Narrative 1 (Table 48) typifies the declamatory tone and figurative linguistic style of rap as a genre but also the rap of the research participants. The dilemma they present for a Labovian analysis is that, whilst the clauses have a logical sequence in relation to the progression of the rap story, they are not explicitly temporal in quality. Clause 008 solicits adulation of self, which is considered requisite to successful rapping, *“really use it, sell, sell your rap, sell yourself”* (Understanding Rap Focus Group 2 012). The following clause 009 explains how this is achieved. It alludes to the tenacious and constant strivings by the rapper to animate a crowd through use of original lyrics, *“You’re proper going mental on the microphone”* (Understanding Rap Focus Group 1 038).

*Narrative 2*

**Table 49 Rap 1 Transcript: Narrative 2**

011	Lil start killing mc's just im cancer	Rap 1 2 <sup>nd</sup> narrative
012	Lil start popping bodies jus like a dancer	
013	Claim you're a badman aint got shanker	
014	Lil pull out the cash like a natwest banker	
015		
016	Mans fink they can test go check the myspace	
017	Im the mc that no one can replace	
018	When I see the five O I strictly take chase	
019	I could shank any wasteman without a trace	

As in Narrative 1, (Table 48), the clauses of Narrative 2 (Table 49) have a logical sequence in relation to the progression of the rap story but challenge the Labovian requirement for temporal ordering. The simile in Clause 012 is inspired by and builds on clause 011. However, clause 019 does not follow on from clause 018 and could easily be considered random. Clause 18 describes running from the police, *“five O”*, and clause 019 boasts of an ability to stab someone the rapper considers a low life, *“wasteman”*, and leave no trace of the crime. Use of emotive imagery, *“Just im cancer”* (Clause 011), is designed to shock but also to thrill and dazzle due to their originality, *“Its got to be original... You’ve got to show to people that you are more like, got a lot of”* (Understanding Rap Focus Group 1 090).

*Narrative 3*

**Table 50 Rap 1 Transcript: Narrative 3**

021	If mans want a war then there get left no sighted	Rap 1 3 <sup>rd</sup> narrative
022	There the darkness being murked by tha lighted	
023	Cumin to my ends when there not invited	
024	Like a lambertt they will get ignited	
025		
026	Roll with a mac 10 and a two two	

027	Connect to mans jaw like im Bluetooth	
028	Draw for the mac head straight for the two two	
029	Om the best now what the fock can you do	

Although the clauses in Narrative 3, (Table 50), cannot be specifically located in time because, as indicated by the figurative nature of the telling, the story is non-literal, they are temporally ordered in relation to the viable order of the actions described. Again, the rapper is brazenly declaring his supremacy, “*If man wants war*”, dares to challenge, (Clause 021), he will be, “*left no sighted*”, that is, he will be beaten and left in the dark (Clause 021). Clause 022 builds on this, emphasising the rapper’s superiority by use of the word, “*murked*”, meaning first rate rapping, as compared to his rival, “*there in the darkness*”, whilst ascribing almost God-like status to himself by the description, “*by tha lighted*”.

The reality of the territorial culture integral to the participants lifestyle is reflected figuratively in the rap, “*Cumin to my ends when there not invited*” (Clause 023), and is discussed in the Understanding Rap Focus Group 1, “*Everybody’ll go... they’ll just turn up there and you add em up to the crew, like. Down the docks every one’ll meet up in ... they’ll all walk down together*” (0264). Clause 024 then uses a simile, etched in threatening language, to describe the possible consequences of encroaching on a rival’s territory, “*Its just all gang wars,. Like, like, so the only way basically to be liked and known by every one is to keep your ... ends like, to yourself, like*” (Understanding Rap Focus Group 1 0276). The simile describes how the rival’s challenge will be repelled in the same way as a “*lambert*”, cigarette, is ignited.

*Narrative 4*

**Table 51 Rap 1 Transcript: Narrative 4**

031	Roll man wanna clash then there gunna get slew	Rap 1
032	not boy better know but boy better knew	4 <sup>th</sup> narrative
033	all tha waste know but boy better knew	
034	once I murk I man I will murk there hole crew	

*Narrative 5*

**Table 52 Rap 1 Transcript: Narrative 5**

036	If man wanna clash then there gunna get slew	Rap 1
037	not boy better know but boy better knew	5 <sup>th</sup> narrative
038	all tha waste mc’s I am cumin for you	
039	once I murk I man I will murk there hole crew	
040		
041	Im cumin an im cumin wiv tha pain	
042	An like fat joe I gunna make it rain	
043	An if man wanna clash then he must be insane	
044	An my bars will pop jus like champagne	

In common with previous narratives, the constituent clauses of Narratives 4 (Table 51) and 5 (Table 52) cannot be specifically located in time but they are temporally sequenced in relation to the viable order of the actions described. Once again the clauses describe the rapper’s assertions of superiority, “*all tha waste*” (Clauses 033 and 038), and, “*I am cumin for you*” (Clauses 038 and 041). Possible consequences of rival challenges are graphically described. They include humiliation, “*I will murk the whole crew*” (Clauses 034 and 039), and demoralisation, “*im cumin wiv tha pain*” (Clause 041). In the Understanding Rap Focus Group 1 a participant describes the importance of triumphing over rival competition but also the need for a level of respect, “*You’ve got to show you ain’t putting him down like, no matter what, like there’s something to you, so they dised you on a tract and makes a come back*” (0958).

#### 4.4.35 Analysis of Rap 4

This section presents the limited analysis and findings of the narratives constituting Rap 4 on the, *Views on lifestyle choices; Views on positive lifestyle influences on health; Views on negative lifestyle influences on health; and Views on health-related help.*

#### Narrative 1

**Table 53 Rap 4 Transcript: Narrative 1**

001	Waggwon im ready to dish out the pain	Rap 4
002	And like fat joe Im guna make it rain	1 <sup>st</sup> narrative
003	And if you want war then blud your insane	
004	Pop goes my bars jus like champagne	
005		
006	Im a young mindz attender	
007	A big money spender	
008	Never surrender	

Rap 4, although written by a different research participant demonstrates a sharing between friends of lyrics, for example, “*And like fat joe Im guna make it rain*” (Rap 4 Clause 002; Rap 1 Clause 042 ). This would not be permissible between rival groups, “*...they’ve got to be like, completely original*” (Understanding Rap Focus Group 1 086). The challenges that Rap 4 presents in relation to applying a Labovian approach are the same as those demonstrated in Rap 1. For example, it is notable that clauses 002 to 004 of Narrative 1 (Table 53), do not have a specific temporal location because, as indicated by the figurative nature of the telling, the story is non-literal, but they are temporally ordered in relation to achieving the requisite rhyming pattern simultaneous to a viable order for the actions described. However, clause 003, from an exclusively temporal regard could go before clause 002 but would subsequently destroy the

rhyiming fluency of the narrative which is quintessential to the rap as a genre, “*I just... write like every time I rap, I write rhymes*” (Understanding Rap Focus Group 2 054).

*Narrative 2*

**Table 54 Rap 4 Transcript: Narrative 2**

010	I roll wiv a mac 10 and a two two	Rap 4 2 <sup>nd</sup> narrative
011	Draw for the mac head straight for the two two	
012	Serious man a get murked	
013	Standurd I will leave man in the dirt	
014		
015	Why is everyone here shouting CHOKE	
016	When you jump on the mic there shouting CHOKE	
017	My bars are thick just like cigar smoke	
018	YOU WOT I just made you look like a joke	

Narrative 2 (Table 54) again raises the issue of sequence and temporal ordering. For example, clauses 012 and 013 are temporally ordered in relation to the development of the story’s message, that the rapper’s competitors due to the excellent rapping, “*a get murked*” (Clause 012), will be left humiliated, “*in the dirt*” (Clause 013). Clauses 015 and 016 are not necessarily sequential to 012 and 013 in terms of the actions described, the rhyiming or the overall message of the story. However, they do highlight a critical element of rap, which is the role of the audience to “*adjudicate*” both the performance and originality of lyrics. In “*honouring*” this duty the audience will try and intimidate or distract the performer by, for example, “*shouting CHOKE*” (Clause 015 and 016), a term used when a performer dries up or freezes on the stage. The participants vividly indicated the importance of audience participation, “*They need to be engaged, they need to be hyped*” (Understanding Rap Focus Group 1 015) “*... You’ve got to perform to them and then they perform for you, basically*” (Understanding Rap Focus Group 1 031).

*Narrative 3*

**Table 55 Rap 4 Transcript: Narrative 3**

020	An im ready for war so ready for war	Rap 4
021	you'll get put to tha floor	3 <sup>rd</sup> narrative
022	Spitting bars like mine thas against tha law	
023	my bars are so dangerous ther leave u saw	
024	14 year old champ of the microphone	



Whilst Rap 4, Clause 002 and Rap 1, Clause 042 describe the acceptability of the sharing of lyrics among friends the act of plagiarising a competitors lyrics is viewed with contempt, *“They’ve gotta be someone like completely original. ...Like two people can’t be the same”* (Understanding Rap Focus Group 1 086). This is graphically declared by clauses 021 and 022 of Narrative 3 (Table 55). On application of a Labovian approach, whilst the clauses are connected they are reversible in their temporal order and therefore would be considered *“free clauses”*, not *“narrative clauses”*, which are not admissible for analysis.

*Narrative 4*

**Table 56 Rap 4 Transcript: Narrative 4**

025	And everyone knows im in a league of my own	Rap 4
026	Your statue is soft I'll compare it to foam	4 <sup>th</sup> narrative
027	Your gut is soft I'll compare it to foam	
028	You got more of a chance getting blood from a stone	
029		
030	My trousers are low but my status is high	
031	Man a man don't like the way that I fight	
032	Im gunna make before the day I die	
033	Man best believe that blud no lie	

In relation to a Labovian approach to analysis, Narrative 4 (Table 56) illustrates the challenges of its application to clauses 026 to 028 . Clauses 026 and 027 are reversible and therefore would be defined as *“free clauses”* which are not admissible for analysis. Clause 028, however, has to be located after both these clauses in order to maintain integrity of the rhyming pattern, to preserve the dramatic impact that the ordering achieves in relation to diminishing the standing of the rival, *“your gut is soft I'll compare it to foam”* (Clause 027), and to convey the rapper’s intended meaning. Clauses 032 and 033 are temporally ordered in terms of achieving a rhyming pattern and making sense of their message which tells of ambition and high expectations, *“Im gunna make before the day I die”* (Clause 032), both of the utmost importance in rap culture, *“Music’s like every... like its just the main thing like, music comes before school”* (Understanding Rap Focus Group 2 0740) and, *“We’re like celebrities where we come from”* (Understanding Rap Focus Group 2 0703). It is noteworthy that clause 030, which is a statement of the rappers perceived high status amongst his peers and of fashion in relation to his identity as a rapper, is not permissible data in a Labovian approach because it is in the simple present tense.

#### 4.4.36 Overview of Rap 1 and 4 Analysis and Findings

Overall, both raps provided insight into the views of the participants on what was important to their lifestyle. Lifestyle aspects included the importance of maintaining supreme status and kudos by self praise, high expectation and self adulation, but also through dealing ruthlessly with rivalry, “*low life*” and upholding territory. It is interesting that although the boys were instructed that the focus of the raps was to be lifestyle, health and health-help, this was only partially achieved in their raps. Their raps evidenced a focus on the first objective, *Views on lifestyle choices* but to the detriment of the other objectives: *Views on positive lifestyle influences on health*; *Views on negative lifestyle influences on health*; and *Views on health-related help*.

After exclusion of 35% of Rap 1’s data and over 40% of Rap 2’s data due to their articulation in the simple present tense, an attempt was made to analysis the remainder of the rap data using a Labovian approach. Application of the analytical process to both raps was precarious mainly due to the issues their form and subject focus raised in relation to the Labovian requirement for temporal ordering. Particular dilemmas that arose included the temporal ordering of metaphorical language outside real time and place; and the acceptability of logical sequential ordering of non-reversible clauses in relation to action, messages and rhyme.

Only informal limited validation of the findings was possible and, due to the participants approaching GCSE’s, this had to take place during the residential weekends. This was carried out by review of the raw rap data on a one-to-one basis with each of the research participants. The interpretation of the rap data was as far as possible, informed by these discussions but also, the research participants pre-data collection story boards, the two focus group discussions that set out to explore their rap writing, and informal insights gained during the residential weekends.

#### **4.5 LIMITATIONS THAT EMERGED USING A LABOVIAN APPROACH**

This section will provide an overview of the limitations that emerged through the application of Labov’s Evaluative Framework (1972b). In particular it will consider these attributes in relation to the RAP ‘n CAB sample (Section 3.4.2) and data sub-set defined in Section 4.1, with acknowledgement of key areas of debate in narrative analysis to include: the use of semi-structured interview and focus group protocols; the exclusion of data; use of tense in discourse; the significance of sequencing; lists of specific events versus general modes of behaviour; use of

metaphor and rhyme; contextualization; the nature of the sample; and the issue of researcher reflexivity.

#### **4.5.1 Semi-Structured Interview and Focus Group Protocol**

Mishler (1986) highlights the problems associated with question answer exchanges such as those associated with the semi-structured interview and focus group data obtained in RAP 'n CAB. It can be observed that the narrative accounts are limited, typified by short responses, "*Um, well basketball*" (Table 56, 039), sometimes mono syllabic responses, "Yeah", or truncated responses, "*Or taking them round prisons and then...*". To generate more sustained temporally ordered detailed accounts that would better support a Labovian approach, Mishler's (1986) re-conceptualisation of the standardised interview protocol provides a way forward. He advocates the development of jointly constructed conversations between researcher and participant. However, this demands effective articulate verbal communication skills of both researchers and research participants which may not be attainable when using peer researchers and when engaging with hard to reach young people, such as boys with SEBDs.

As would be expected, it is evident that the peer researchers have more control of the interview exchanges than of the focus group discussions. However, the focus of discussion during both data collection methods is without doubt steered by the peer researchers who are consistent in their use of the interview and focus group schedules because they understand from their research training that they need to obtain data that fulfils the aims and objectives of RAP 'n CAB. In order to achieve sustained discussion Riessman (2008 p24) urges that researchers need to create greater equality of dialogue by giving up control. In relation to RAP 'n CAB, the prospect of relinquishing the control and support afforded by a fixed interview and focus group format would be a formidable challenge to the 14 year old peer researchers, particularly in working with boys who have SEBDs who also benefit from the support of clear structured approaches.

#### **4.5.2 Use of Tense in Discourse**

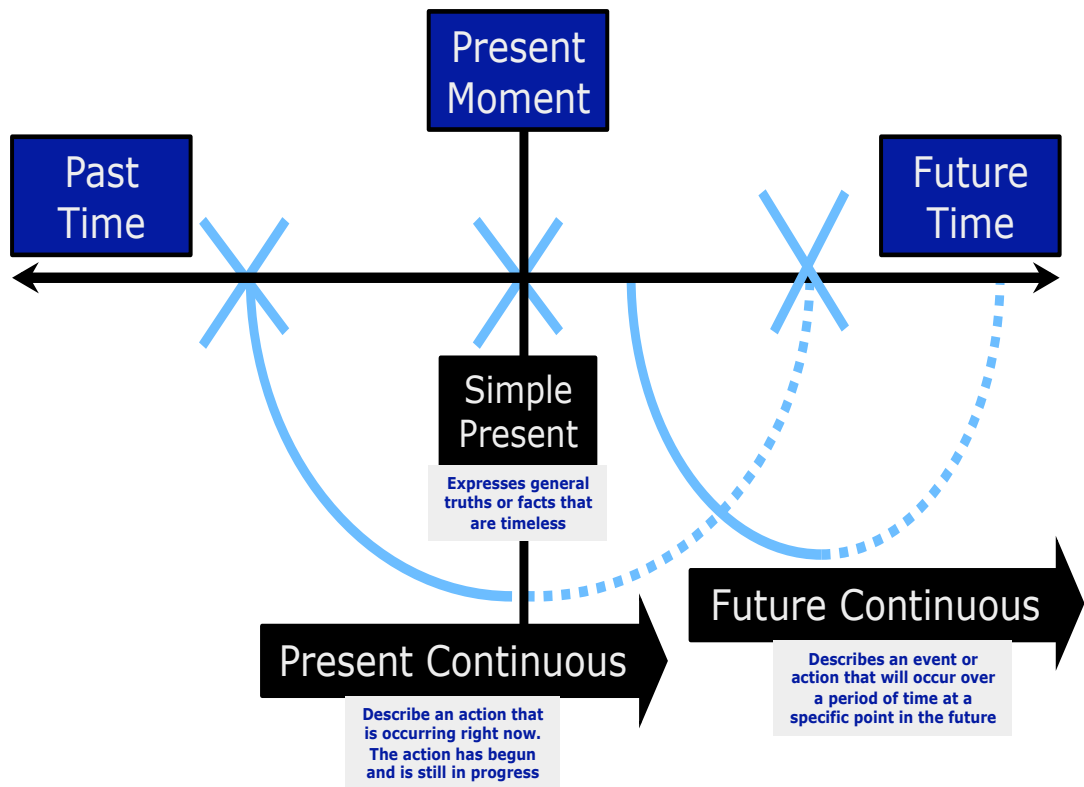
Whilst the participants drew on past experiences and events to articulate their views on health, lifestyle and health-help, they often conveyed their views in the simple present tense for a number of possible reasons. Firstly, the interview and focus group questions were sometimes posed in the simple present tense, "*What activities are important to the lives of young people?*" (Focus Group 1.1, 009), or, "*Um, what are the important activities or things you do in your life?*" (Interview 1.8, 0168), eliciting simple present tense or single word responses.

Secondly, although the views the participants expressed were based on past experience or events, their views were current and concerned with everyday lifestyle activities relevant to their lives now. When discussing what a good lifestyle might be for a young person the question was asked, “*What makes you think these ideas?*”. The response was, “*Because we grew up on them*” (Focus Group 1.2, 048 (Peer Researcher) to 049 (Participant) ).

Labov also excluded clauses that contained the word, “*would*”, from *narrative clause* status because it has generalised temporal meaning. Again, “*would*”, appears frequently in peer researcher and participant clauses across the interview and focus group data sets: “*Okay. Do you think maybe school would fit in there somewhere?*” (Interview 1.2, 030, Peer Researcher); “*if sleeping was a sport then that would be one as well*” (Interview 1.2, 043, Participant); “*Oh no I didn’t go to the match because I would rather go to the Australian match around here*” (Interview 1.8, 093, Participant); “*What activities or things would you do on a normal school day?*” (Interview 1.8, 0106, Peer Researcher); “*What would you say you enjoyed doing most in the school holidays?*” (Interview 1.8, 124, Peer Researcher); “*What would be your idea of a good lifestyle for a young person?*” (Focus Group 1.2, 018, Peer Researcher); “*They would be like messing around in lessons and not taking part in things and that*” (Focus Group 1.1, 018, Participant)

The rap data was also adversely affected. Many of the rap clauses were stated in the simple present tense which, according to Labov’s syntax requirements, excludes them from *narrative clause* status and therefore from the Labovian analytical process. It is interesting that the raps were written predominantly in the simple present tense. Of particular note is how the simple present tense is used when the event time overlaps with the speech time. In the case of rap, the events constitute the affirmation of self and the act of diminishing challengers through the confident proclamation of rap lyrics at the moment of performance. The focus on the augmentation of self and diminution of any competition accounts for the use of the first person and simple present tense to great effect. The timeline below provides a visual overview of the use of tense in the participants rap compositions where tense can be seen to indicate the location of the proclaimed action or event in time relative to past, present and future (Figure 24). The raps also use the continuous present and occasionally the continuous future tenses.

**Figure 24** Timeline Showing Use of Tense in the Rap Compositions



Use of the first person in the simple present and present continuous tense conveys action that is both atemporal and ongoing. Collectively they manifest the declamatory quality of the participants rap lyrics, generating a sense of intensity and potency. The forceful direct communication of feelings and actions that emphasise the acts of the rapper is also achieved by the genre's use of the active voice, vivid imagery drawing on figurative language that often uses hyperbole (Rap, 002, 006 and 009) and simile (Rap 4, 004, 017 and 030).

As mentioned earlier, both the focus group and interview data also demonstrate the difficulties raised by the application of Labov's definitional criteria for *narrative clause* status in relation to the use of the simple present tense and the word "would". Table 57 below clearly shows how the characteristic question-answer exchange pattern is undermined at 018, 027, 029, 037, and 050. This disruption results in an ill-defined narrative that lacks coherence because it is composed of a haphazard collection of *narrative clauses* selected because they conform to the theoretical model of Labov, and not for their relevance to the research aims and objectives of RAP 'n CAB.

**Table 57 Focus Group Transcript Illustrating Use of Simple Present Tense and the Word “Would”**  
**Source: Focus Group 1.2 Transcript (Appendix 34)**

018	F1	What would be your idea of a good lifestyle for a young person?	2 <sup>nd</sup> narrative
019	P3	((tapping noise)) Erm music.	Focus Group 1.2
020	P2	Lifestyle could be like anything like just anything you do really.	
021	P3	Music.	
022	P1	Hanging around with mates and things.	
023	P4	Yeah hanging around with mates making music.	
024	P2	It's how you'll make music ((laughs))	
025	P3	((0:01:42?)) ((tapping noise))	
026	P1	Erm, ((0:01:49?)) a lot of friends.	
027	F1	Do you like going to see music as well?	
028	P1	Yeah [overlapping speech 0:01:54?] concerts.	
029	F1	Okay, why do you think this is a good lifestyle for a young person?	
030	P4	Er, because there's nothing to do.	
031	P2	Because they express themselves in music.	
032	P3	((0:02:13?))	
033	F1	Any other reasons?	
034	P2	No.	
035	P1	People [overlapping speech 0:02:21?]	
036	P2	Can you repeat that?	
037	F1	Why do you think this is a good lifestyle for a young person?	
038	P2	What?	
039	P1	[overlapping speech 0:02:27?] like I said lifestyle.	
040	P2	Music.	
041	P3	Yeah ((0:02:30?)).	
042	P1	It depends if you're into that.	
043	P1	It's something to keep...	
043	P3	I just follow your dreams.	
044	P2	[overlapping speech 0:02:40?] find inspiration.	
045	P1	Yeah you get inspired by people like you see on TV and people you like admire. And then you just like think, ((0:02:48?)) and you just do it.	F1= Facilitator 1 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
046	F1	So what makes you think these ideas?	
047	P3	Say it again.	
048	F1	What makes you think these ideas?	
49	P4	Because we grew up on them.	
050	F1	What would be your idea of a bad lifestyle for a young person? How do people go wrong?	3 <sup>rd</sup> narrative

Key to Table 57	
	Yellow in-fill indicates clause is in the Simple Present Tense
	Purple in-fill indicates use of “would”

### 4.5.3 Exclusion of Data From Analysis

On application of Labov’s Evaluative Framework (1972b) to the interview, focus group and rap data sub-set it was clear that large amounts of narrative data could not be included for analysis due to the use of the simple present tense by participants. Figures 25, 26 and 27 below illustrate this loss of data graphically within each data collection method used. The loss of data was due to Labov’s strict inclusive criteria defining the fundamental type of text that could be counted as *narrative* and therefore subject to analysis.

#### 4.5.3.1 Overview of Loss of Data: Interview Transcript 1.8 (Figure 25)

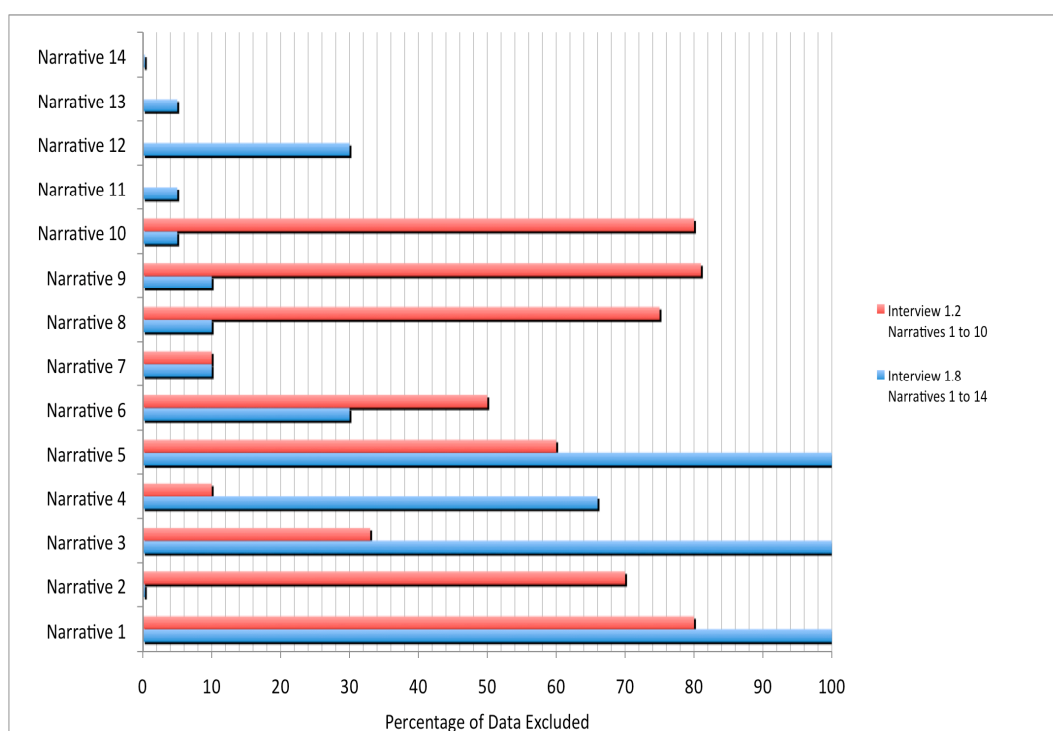
Of the 14 narratives identified in Interview 1.8 only the 2<sup>nd</sup>, 10<sup>th</sup> and 13<sup>th</sup> narratives maintained their integrity (Appendix 33). The first narrative was entirely excluded from analysis due to the

simple present tense and the eventless sequence of dialogue. All the 3rd narrative and 75% of the 5th narrative were excluded from analysis due to the simple present tense and use of “*would*”. Due to interruption of the temporal ordering, all but the last 3 clauses (026 to 028) of the 4th narrative were excluded from analysis. Just over 50% of the 6th narrative and 60% of the 7th narratives could be included in a Labovian analysis. Conversely just over 60% of the 8th, 9th, 11th and 12th narratives were excluded from a Labovian analysis due to a combination of simple present tense, use of “*would*” and consequent loss of temporal ordering. Finally, almost all the 14th narrative was obliterated due use of “*would*” and consequent loss of temporal ordering.

4.5.32 Overview of Loss of Data: Interview Transcript 1.2 (Figure 25)

Interview 1.2 comprised 10 narratives (Appendix 33) of which the 1st, 5th, 9th and 10th were almost entirely excluded due to the simple perfect tense, use of “*would*” and loss of temporal ordering. Further substantial exclusion of data from analysis included 70% from the 2nd narrative and 75% from the 8th narrative, again due to the simple present tense, use of “*would*” and loss of temporal ordering. Around 50% of narrative 6 had to be excluded from analysis. Only narratives 4 and 7 maintained their integrity and narrative 3 was only compromised by a third.

**Figure 25 Bar Graph Showing Percentage of Interview Data Excluded From the Labovian Analysis Due to Due to the Simple Present Tense**



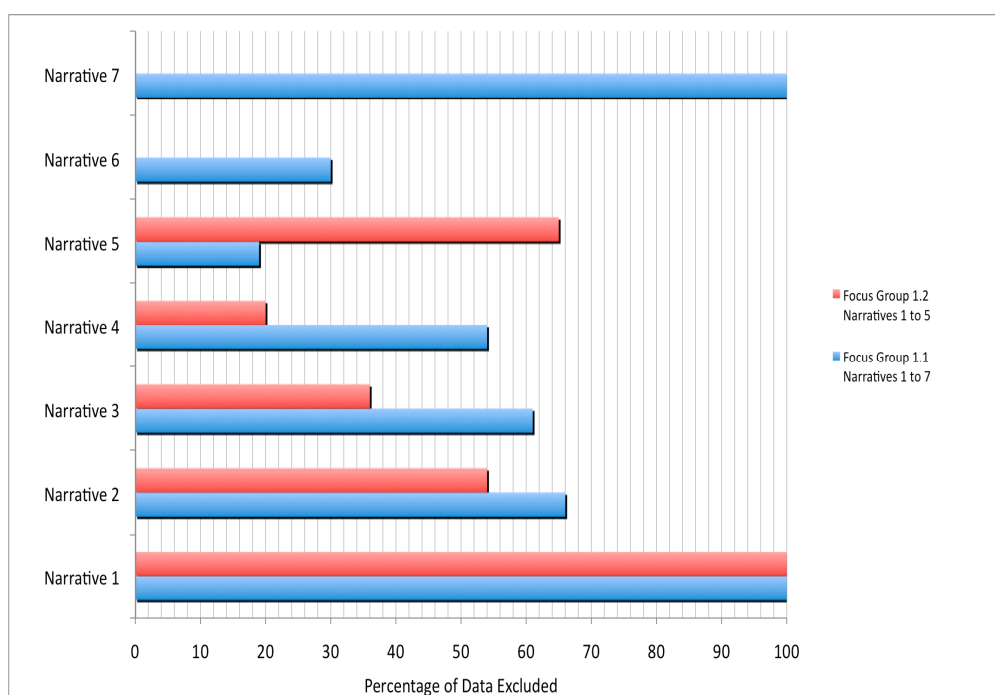
4.5.33 Overview of Loss of Focus Group Data: Transcript 1.1 (Figure 26)

Of the 7 narratives identified in Focus Group 1.1 only narrative 5 incurred less than a 20% loss of data for analysis and narrative 6 less than 30% (Appendix 34). The first and last narratives were entirely excluded from analysis due to the simple present tense and loss of temporal clause order. Over 60% of data from narratives 2 and 3 and over 50% from narrative 4 had to be excluded due to the simple present tense, using “would” and loss of temporal ordering.

4.5.34 Overview of Loss of Focus Group Data: Transcript 1.2 (Figure 26)

Focus Group 1.2 comprised 5 narratives of which the 1st narrative was entirely excluded from the analysis due to the simple present tense (Appendix 34). Over 60% from narrative 5, 50% from narrative 2 and over 30% of narrative 3 had to be excluded due to the simple present tense and loss of temporal ordering. Narrative 4 only incurred a loss of 20% of data.

**Figure 26 Bar Graph Showing Percentage of Focus Group Data Excluded From the Labovian Analysis Due to the Simple Present Tense**



4.5.35 Overview of Loss of Rap Data: Transcript 1 (Figure 27)

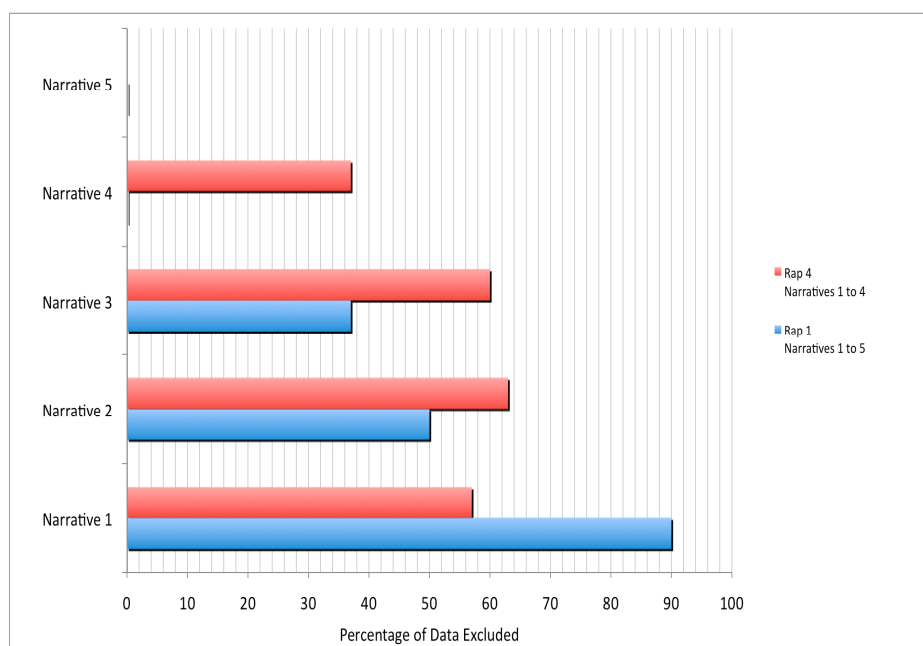
Rap 1 comprised 5 narratives of which the 1st narrative was almost entirely excluded from the analysis due to the simple present tense and loss of temporal ordering (Appendix 35). Half of narrative 2 and over 30% of narrative 3 also had to be excluded due to the simple present tense and loss of temporal ordering. Narratives 4 and 5 did not incur any loss of data due to the simple present tense.



4.5.36 Overview of Loss of Rap Data: Transcript 4 (Figure 27)

Rap 2 comprised 4 narratives of which 70% of narratives 2 and 3, and 60% of narrative 1 were excluded from the analysis due to the simple present tense (Appendix 35). Narrative 4 was the least affected by loss of data due to the simple present tense, but still incurring a loss of over 30% of its data.

**Figure 27 Bar Graph Showing Rap Data Excluded From the Labovian Analysis Due to the Simple Present Tense**



4.5.4 Significance of Temporal Ordering and Sequencing

Central to Labov’s strict theoretical inclusion criteria is temporal ordering. This fundamental requirement results in the obliteration or disintegration (Table 58 below) of the narrative text resulting in the exclusion of clauses which are not only relevant to the research aims and objectives but are functional within the narrative in the structural evaluative way Labov describes (1972b p362).

**Table 58 Transcript Section Illustrating Coding of Narrative Clause Function**  
Source: Focus Group 1.1 Transcript (Appendix 34)

019 F1	Mm, what would be your idea of a good lifestyle for a young person?	2 <sup>nd</sup> narrative
020 P1	Someone who doesn't take drugs.	
021 P2	Someone you have something proper to eat.	
022 P1	Someone who don't smoke or...	
023 P4	((0:02:48?))	
024 P3	Yeah don't think they're hard, does exercise like, sort of...	
025 P2	((0:02:53?))	
026 F1	Why do you think this is a good lifestyle for a young person?	
027 P4	Because they're like...	

028 P1	They're healthy.	
029 P3	Yeah there's no chance of them like ending up like dead from drugs or nothing if they don't take drugs.	
030 P1	((0:03:09?)) they get a good job and everything.	
031 F1	What makes you think like this?	
032 P2	Mm?	F1= Facilitator 1
033 F1	What makes you think these ideas like what influence-- what influences you to think like that, like...	P1= Participant 1
034 P3	'cos like it's...	P2= Participant 2
035 P2	I don't know it's...	P3= Participant 3
036 P3	... 'cos you ain't gonna like... you ain't gonna end up dying of like eating burgers and that, like not... like through drugs like bad stuff can happen in it.	P4= Participant 4

Key to Table 58	
What would be your idea of a good lifestyle?	Abstract
What makes you think like this?	Orientation
Someone who don't smoke or...	Complicating Action
They're healthy.	Evaluation
They get a good job and everything.	End Result
	Yellow in-fill indicates clause is in the Simple Present Tense
	Purple in-fill indicates use of "would"

Table 59 provides an example of the difficulty in identifying temporal sequencing, important because such ordering defines temporal junctures, an intrinsic quality of *narrative clauses*. For example, clauses 061 to 066 show a precarious temporal sequencing of narrative construction on views the participants hold of what the Government can do to help more young people lead a healthy lifestyle. Clause 063 could precede 062, but it seems to follow on from 062 in sequence: “clubs... more social things” (Clause 062), therefore, get “them off the streets” (Clause 063). However, clause 064 could precede 062 and 063. On the other hand, clause 064 seems to follow 063 indicated by the, “and” at the start of the clause, which is ostensibly a linking device to clause 063. Clauses 065 and 066 seem to demonstrate a consensus of agreement with clauses above but 065 could precede 066 and have the same meaning. On this basis they would be identified as free clauses and consequently excluded from the analysis along with the views they expressed. Clauses 077 to 079 also demonstrate sequential narrative construction.

**Table 59 Transcript Section Illustrating the Identification of the Narrative Clause Within Labov’s Criteria of a Minimal Narrative  
Source: Focus Group Transcript 1.2 (Appendix 34)**

061 F2	So what can the Government do to help more young people lead a healthy lifestyle?	4th narrative
062 P2	Going to clubs, more social things I think they do [overlapping speech 0:03:59?].	Focus Group 1.2
063 P4	To get them ((0:04:02?)) get off the streets and stuff.	
064 P3	And like more things like this like music and stuff?	
065 P1	Yeah.	
066 P2	Yeah.	

067	P3	((0:04:12?))	
068	F2	And what can Government do to prevent young people leading a bad lifestyle?	Does 068 have a temporal juncture with 061? It does not have a temporal juncture with 067 or 069 and therefore in a Labovian approach it cannot be regarded a narrative clause.
069	F2	What are you laughing for?	The clauses 069 to 072 are not chronologically ordered or relate to discrete experiences or events. They are mainly concerned with dynamics within the focus group.
070	F2	What did you say?	
071	F2	Prevent ((0:04:26?)).	
072	F2	((0:04:27?)) [overlapping speech 0:04:31?] stop it I don't think ((0:04:33?))	
073	P1	They had a good plan and idea about like people coming into school but like who are like former drug addicts and then they can show...	Does 073 have a temporal juncture with 068? Within a Labovian approach 072 and 073 are not narrative clauses, therefore 073 cannot be defined as a narrative clause.
074	F1	Yeah.	
075	P2	... how you could end up if like yeah.	
076	P3	((0:04:45?))	
077	P1	Or taking them round prisons and then...	Does 077 have a temporal juncture with 073? 077 has temporal junctures with 078 and 078 with 079
078	P2	Show them about in there.	F1= Facilitator 1 F2= Facilitator 2
079	P3	Yeah. Because then they'll think about it and say "I don't want to end up like that."	P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4




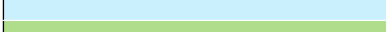

Key to Table 59	
	Temporal Juncture
	Temporal Juncture, possibly with a distant <i>narrative clause</i>
	No Temporal Juncture
	Free Clause
	Narrative Clause

Table 60 demonstrates a fundamental difficulty in the primary Labovian premise of narrative as a *recapitulated* communication of past experiences (Labov 1972b p 360) and consequently, of Labovian temporal ordering. It is evident that clauses 020-024 are not chronologically ordered or sequentially ordered. They comprise random isolated curtailed announcements of negative and positive ideas on what the participants consider to be a good lifestyle for a young person. Because they are not chronological or sequential they cannot be counted as *narrative clauses* and consequently, using a Labovian approach, they cannot be included in the study's analysis despite their obvious relevance to the aims and objectives of RAP 'n CAB. Table 59 also illustrates the problem of clauses that are not chronologically ordered and therefore cannot be counted as *narrative clauses* (clauses 069 to 072). However, in this instance the clauses do not relate to views or experiences directly relevant to the study focus of health, lifestyle and health-help, but to the dynamics in the focus group during that particular narrative.

**Table 6o Transcript Section Illustrating the Identification of the Narrative Clause  
Within Labov’s Criteria of Temporal Ordering  
Source: Focus Group Transcript 1.1 (Appendix 34)**

019	F1	Mm, what would be your idea of a good lifestyle for a young person?	2 <sup>nd</sup> narrative Clause 019 uses “would” therefore cannot be counted as a narrative clause
020	P1	Someone who doesn’t take drugs.	Focus Group 1.1  The clauses 020-024 are not chronologically ordered and therefore cannot be counted as narrative clauses  F1= Facilitator 1 P1= Participant 1 P2= Participant 2 P3= Participant 3 P4= Participant 4
021	P2	Someone you have something proper to eat.	
022	P1	Someone who don’t smoke or...	
023	P4	((0:02:48?))	
024	P3	Yeah don’t think they’re hard, does exercise like, sort of...	
025	P2	((0:02:53?))	

Table 6o Key	
	Simple Present Tense
	Free Clauses

#### 4.5.5 Lists of Specific Events Versus General Modes of Behaviour

Labov describes the telling of oral narrative as a recapitulation which, as previously discussed, he defines as, “... *matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred*” (1972b p359). He gives the example,

- a This boy punched me*
- b and I punched him*
- c and the teacher came in*
- d an stopped the fight”* (1972b p360).

In this particular example the exploits he defines as events could equally be described as actions or behaviours. The critical factor here is that the clauses articulate specific behaviours that evidence temporal ordering which is important to communicating meaning. For example, clause “*b*” could not precede clause “*a*”, clause “*d*” could not precede clause “*c*”. However the location of clause “*c*” in relation to “*a*” or “*b*” is less certain. Clause “*c*” could precede clause “*a*”, as in reality it could have been that moment when the teacher arrived, but the telling of the story to the audience would not be so coherent and fluent. Table 6i below, illustrates the fine line between behaviour and events: is hanging around the football club an event or a behaviour? As in Labov’s example above the activity is communicated in a temporal sequence.

**Table 61 Transcript Section Illustrating the Temporal Ordering of Behaviour  
Source: Interview Transcript 1.8 (Appendix 33)**

0145	Going with my dad to watch the rugby and my uncle sometimes isn't it? And then my mum and dad going to the pub on a Sunday.	
0146 I	Okay. Um, which things do you like doing most out of those?	
0147	I like going to the pub because it's like a football club right next to the pub.	Continuous present tense
0148 I	Yeah so you go hanging around there right?	
0149	Yeah.	
0150 I	What things do you dislike doing if you dislike anything of those?	
0151	Because if there's no one around at the football club it's a boring thing but...	I=Interviewer

The problem arises when the behaviours are very general rather than specific and therefore have a random presentation in narrative because they are discrete from one another and have no temporal or sequential progression. Consequently, the clauses articulated can be communicated in any order and still mean the same as exemplified in Tables 62 and 63. These clauses would be considered “free” and therefore not permissible in a Labovian analysis even though they are relevant to the aims and objectives of RAP ‘n CAB.

**Table 62 Transcript Section Illustrating the Random Ordering of Behaviour  
Source: Focus Group Transcript 1.1 (Appendix 33)**

019 F1	Mm, what would be your idea of a good lifestyle for a young person?	2 <sup>nd</sup> narrative
020 P1	Someone who doesn't take drugs.	
021 P2	Someone you have something proper to eat.	
022 P1	Someone who don't smoke or...	F1= Facilitator 1 P1= Participant 1
023 P3	((0:02:48?))	P2= Participant 2 P3= Participant 3
024 P2	Yeah don't think they're hard, does exercise like, sort of...	P4= Participant 4

**Table 63 Transcript Section Illustrating the Random Ordering of Behaviour  
Source: Focus Group Transcript 1.2 (Appendix 33)**

095 F2	What healthy stuff do young people like doing?	
096 P4	Biking.	
097 P2	Sports.	
098 P3	Bikes and that.	
099 P4	Sleeping that's healthy.	
0100 P1	And music as well.	F2= Facilitator 2 P1= Participant 1
0101 P3	Yeah.	P2= Participant 2 P3= Participant 3
0102 P4	Something just to keep you going.	P4= Participant 4

#### 4.5.6 Use of Metaphor and Rhyme

Use of metaphor and rhyme in the raps raises particularly interesting challenges in relation to the application of a Labovian analysis. As described previously in Section 4.4.35, due to the figurative nature of the telling, the story in the raps is not communicated in literal language and therefore the clauses are not located within the narrative in real life time. However, as shown in Table 62, they can be temporally sequenced in relation to a viable order for the actions described to occur. However the rhyming pattern, per se, could be achieved with clauses 002, 003 and 004 being placed in any order: *champagne, insane, rain*; or *insane, rain, champagne*; or *rain, champagne, insane*. It is the actions that define their order.

Table 64 Rap 4 Transcript: Narrative 1

001	Waggwon im ready to dish out the pain	Rap 4 1 <sup>st</sup> narrative
002	And like fat joe Im guna make it rain	
003	And if you want war then blud your insane	
004	Pop goes my bars jus like champagne	
005		
006	Im a young mindz attender	
007	A big money spender	
008	Never surrender	

Generally speaking, clause ordering of the rhyme element of the rap will be reversible. The example below in Table 63 illustrates this in relation to *floor* and *law*. It could also be *law* and *floor* but this would disturb the ordering of the action which is not reversible.

Table 65 Rap 4 Transcript: Narrative 3

020	An im ready for war so ready for war	Rap 4 3 <sup>rd</sup> narrative
021	you'll get put to tha floor	
022	Spitting bars like mine thas against tha law	
023	my bars are so dangerous ther leave u saw	
024	14 year old champ of the microphone	

#### 4.5.7 The Issue of Contextualization

In qualitative research generally and in narrative analysis specifically, the context or setting of the research and its participants is crucial to attributing meaning to the data (Riessman 1993). It's description is also instrumental in enabling transferability of the findings to other settings (Coffey and Atkinson 1996; Mays 2006). The description of context is also crucial to the understanding and interpretation of spoken utterances, including the RAP 'n CAB raps written by the participants as if orally conceived and performed, because, "*In oral tradition, it is not assumed that the expressions contain meaning in themselves, in a way that can be analysed out. Rather words are a convenient tool to signal already shared social meaning*" (Tannen 1980 p327). This, "*already shared meaning*" was vividly illuminated by the group work (Appendix 21) and *Understanding Rap Focus Groups* (Appendices 39 and 40) discussed in Section 4.4.31.

However, a Labovian approach would suggest that oral narrative does communicate context within its corpus through *narrative clause* social function coding (Patterson 2008). As discussed in Chapter 3, a Labovian approach determines those *narrative clauses* that have an *orientation* function in order to identify the contextual components of the narratives in which they occur. This includes elements such as, "*who is the story about?*", and, "*when and where did the story take place?*" (Patterson 2008 p25). The contextual background information mostly occurs early in a narrative but can also be inserted at any point (Patterson 2008).

Labov is concerned with investigating the full complexity of unabridged narratives. The exclusion of large amounts of data from the interview and focus group transcripts, due to tense and loss of temporal ordering, resulted in the removal of contextual data and the fragmentation of narratives compromising interpretation of meaning.

#### 4.5.8 Nature of the Sample

The nature of the purposive RAP 'n CAB sample comprising boys aged 14 years who have SEBD has influenced the data obtained and its suitability for the application of a Labovian analysis. Their interest and passion for a topic was evident from the prolonged, spontaneous and fluent discussion produced in the *Understanding Rap Focus Groups* (Appendices 39 and 40). Participants were able and motivated to discuss at length all aspects of rap culture, composition and performance. It can be observed that the narrative accounts from the interview and focus group data on health, lifestyle and health-help (Appendix 33 and 34) do not reflect the same reaction of enthusiasm and fluency of discussion. The data is more limited,

typified by short responses, “*Um, well basketball*” (Table 56, 039), sometimes mono syllabic responses, “*Yeah*”, or truncated responses, “*Or taking them round prisons and then...*” (Interview 1.2, 077). As discussed in Chapter 3, whilst the choice of participation rested with the individual young people, full consideration of their age, emotional status, cognition, and their ability to benefit personally and educationally was considered by teacher gatekeepers. Therefore the data obtained was not so much a product of participant capacity to articulate their views, as a reflection of their lower level of interest for issues of health, lifestyle and health-help, compared to their dedicated commitment to rap.

In addition to the nature of the sample, the way the data was collected, by rap, semi-structured interview and focus group, has also had an impact on the suitability of the data for a Labovian analysis. As discussed, to generate more sustained temporally ordered detailed accounts that would better support a Labovian approach, Mishler (1986) advocates the development of jointly constructed conversations between researcher and participant. However, this demands advanced articulate verbal communication skills of both researchers and research participants which may not be attainable when using peer researchers. Furthermore, there is also the challenge of engaging hard to reach young people, such as boys with SEBDs, in the exploration of topics that may not be of high interest to them. Riessman (2008 p24) urges that researchers need to create greater equality of dialogue by giving up control in order to achieve sustained discussion. In relation to RAP ‘n CAB, the prospect of relinquishing the control and support afforded by a fixed interview and focus group format would be a formidable challenge to the 14 year old peer researchers. Consequently, it may well be detrimental to obtaining data that fulfils the aims and objectives of RAP ‘n CAB.

#### **4.5.9 Teller, Researcher Relationship**

Mishler asserts that the major weakness of the Evaluative Framework is that it overlooks the relationship between the teller and the listener, “*How the interviewer attends and listens, encourages, interrupts, digresses, initiates topics, and terminates response is integral to a participant’s account. ... It is not resolved by making the interviewer invisible and inaudible.*” (1986 p82). This is due to the text-centred nature of understanding elicited by a Labovian analysis (Patterson 2008). The analytical focus is on the narrative as a whole and the function of each clause within. Context is ascertained from within the narrative and captured by the clause function designation of orientation. As highlighted in Section 4.4, it is important to note that a Labovian approach treats each narrative as, “*self-contained monologues which have*



*an autonomous existence*” (Patterson 2008 p35). Sensitivity to the effects of the researchers and interview, focus group or rap context in relation to how the research process has shaped the collected data or its interpretation is paid little attention (Crotty 1996; Moustakeas 1994; Patterson 2008).

#### **4.6 APPRAISAL OF SUCCESS IN USING A LABOVIAN APPROACH**

Sections 4.4 and 4.5 have evidenced how the application of a Labovian approach across the data sub-set, comprising interview, focus group and rap transcripts, has been fraught with a number of recurrent theoretical and methodological difficulties.

Theoretical difficulties centred on the Labovian presumption that speech acts, which are equated to events, are articulated in an unwavering temporally ordered manner. RAP ‘n CAB is perspective focused in relation to activities and behaviours concerning health, lifestyle and health-help. It is not event focused. Whilst the distinction between an event and a specific activity or behaviour has been shown to be difficult to discern particularly since they can all be articulated in a sequenced temporal fashion (Section 4.5.5), non-specific general behaviours or activities were found to be articulated in a random order when examined using a Labovian approach. As discussed, this resulted in their exclusion from analysis even though they were relevant to the research aims and objectives. Furthermore, Labov did not allow for the notion that the teller might be creative in telling their story (Mishler 1995). This has particular relevance for the use of rap, as the essence of excellent rapping is to be original and to respond to your audience.

From a methodological standpoint, the different data collection methods used in RAP ‘n CAB did not conform to the structure of a recapitulated story. For this to occur Patterson (2008) urges that data would need to be collected through minimal researcher participation such as, *“recording stories naturally”* ( p29). Although the peer-researchers were rigorously trained (Section 3.7.1) and the research participants well prepared (Section 3.7.2), in-depth or extended narratives were not produced. As previously discussed, Mishler (1986) suggests that an interview and focus group model of interactive collaboration between peer researchers and research participants, so that in-depth narratives could be jointly created was not achieved. Riessman (2008) also describes the need for long turns at talking in order to generate narratives. In RAP ‘n CAB a facilitative style of brief questions and answers was evident which on the whole produced short narratives comprising sustained question answer exchanges.

In relation to the raps, apart from a preparation meeting, the rap composition was not intruded on in any direct way by the adult or peer researchers. However, due to their metaphoric, atemporal nature they did not conform to the syntactical structure that Labov's model was designed to analyse either. Overall many limitations were encountered on the attempted application of a Labovian approach in relation to the strict paradigmatic model. The immediate difficulty experienced concerned the exclusion of so much relevant data due to its articulation in the simple present tense. In addition, there was the Labovian requirement to exclude clauses that contain "would" that also reduced data permitted for analysis. Across the three data sets, the simple present tense and the consequent loss of temporal ordering its exclusion caused within narratives, resulted in between 10% and 100% of each narrative's data being disallowed from analysis before other temporal related reasons for exclusion were encountered, such as metaphoric language or random articulation of general behaviours and activities.

#### **4.7 RATIONALE FOR ADAPTATION OF THE LABOVIAN APPROACH**

This penultimate section of chapter 4 will provide a rationale for complementing the Labovian approach with another analytical method that adopts some elements of Labovian narrative analysis but combines a more general thematic analysis due to a range of difficulties comprehensively discussed and demonstrated in Sections 4.4 and 4.5.

As previously discussed the problems encountered were due to the narrow Labovian definitional criteria for analytical inclusion of text narrative resulting in a significant loss of data relevant to the aims and objectives of RAP 'n CAB. In undertaking to adapt Labov's approach the main aim was to develop a method that was based on criteria that were broad enough to be inclusive of all the activities and behaviours that the research participants expressed views on, embraced the question and answer nature of the interview and focus group data, and permitted the temporally dislocated metaphoric language of the rap. To achieve this the Labovian position on temporal ordering needed to be reconceptualised by addressing the issue of tense and metaphoric experience exclusion.

On examination of the limitations of a Labovian analysis, Patterson (2008 p37) argued that, "*it makes no sense to treat the complexity and subtlety of the narration of experience as though it should* (authors emphasis) *have an orderly, complete structure by reducing it to the one type of text that conforms to the paradigmatic model*". The precedent for adaptation of Labov's

approach has been laid by previous researchers who also found that Labov's strict inclusion criteria resulted in unacceptable loss of relevant data for analysis (Patterson 2008; Polanyi 1985). Drawing from Patterson (2008) and Polanyi's (1985) adaptations of Labov's *narrative clause* definition this study extended the types of clauses that could be included as narrative for analysis in relation to the aims and objectives of RAP 'n CAB. Therefore it is proposed that all the text narratives across the RAP 'n CAB data sets, comprising interview, focus group and rap, will be coded according to the clause functions described by Labov's Evaluative Framework using the inclusive definition of, "*texts that convey the actions and behaviours influential on perspectives expressed by means of oral narrative articulated in syntax that is past, present, future and figurative*".

In endeavouring to apply a systematic analytical approach to the subjective data obtained within a sociolinguistic paradigmatic frame, a structural narrative analysis developed by Labov (1972b) was utilised to capture meaning and inform understanding. Due to methodological problems arising on application of the Labovian method (1972b) an Aggregated Clause Function Thematic Analysis has been developed from Labov's concept of clause social function (Labov 1972b p363). By its very nature, thematic analysis describes patterns, which are the themes, within and across a data set (Braun and Clark 2006; Floersch et al. 2010). As an analytical method it has great flexibility (Patton 2002) and is therefore appropriate for the RAP 'n CAB data set.

The narrative clauses have been coded within their narrative contexts using the inclusive definition above. After coding into their social functions the clauses are located in discrete clause function groups outside their narrative blocks for thematic analysis (Figure 21 and 22). The use of an inclusive definition for coding freed the data from the constraints of temporal ordering and therefore from the contextualised temporal junctures of the clauses with each other within their respective narratives. Freedom from temporal ordering, through the inclusive definition of narrative, enabled thematic analysis of all the data collected and therefore, the eventual unfolding of the full breadth of perspectives, literal and metaphoric, held by the research participants on health, lifestyle and health-help as presented in Chapters 5, 6, 7 and 8.

#### 4.8 ADAPTED LABOVIAN APPROACH

In order to identify the narrative clauses by function, each interview, focus group and rap transcript was imported into NVivo8 software. The transcribed narrative data was sorted according to the modified inclusive definition and Labov's Evaluative Model using code specific colours to achieve visual clarity of clause function within the narrative blocks (Table 13 and Figure 22). As coding progressed using Labov's question method (Labov 1972b p370) the parameters of the constituent narratives emerged, the *abstracts* announcing their start, and in the main, the *result* marking their close. *Codas* bringing the narrative back to the present, mainly occurred at the end of the interview or focus group discussions and included commentary like,

*"Okay, that's it so thank you for doing this interview. That's it."*  
*"Your welcome"* (Laughs) (Interview 1.2, Lines 0176-0177)

*"And there it is. That's it really"*  
*"I can chill now"* (Interview 1.6, Lines 093-094)

*"That's it then"*  
*"Yeah...stop it"* (referring to audio recorder)  
(Focus Group 2.1, Lines 0157-0159)

*"Is that it? Was that good?"*  
*"Laughs"*  
*"Shall I turn these off now?"*  
*"Yes please"* (Focus Group 1.1, Lines 0130-0133)

There were no codas identified on the rap transcripts as the stylised rap narratives ended with a climatic outcome statement proclaiming power and kudos such as,

*"Cardiff finest and boi don't forget that"* (Line 3, Line 020)

*"Don't really care about your gender  
Anything gets in the way I go straight to the centre"* (Line 7, Lines 016-017)

*"I'm deep like Jo-Jo so let it rain"* (Rap 8, Line 021)

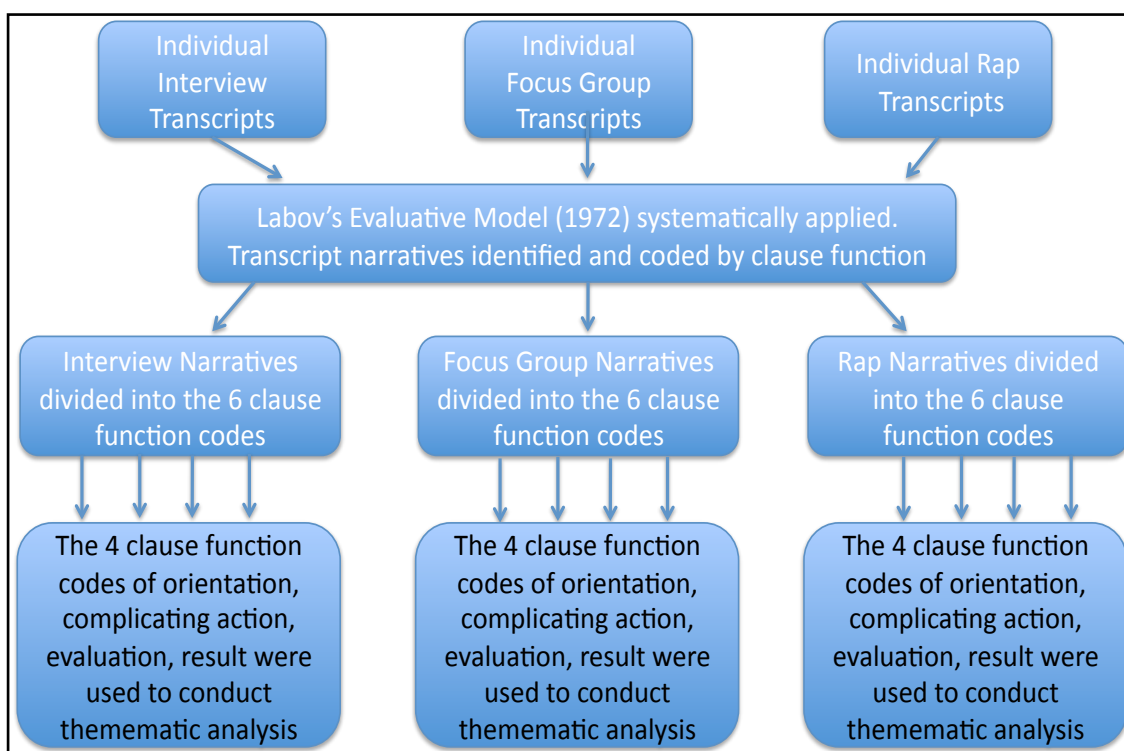
*"So download this track hit play and loop this"* (Rap 9, Line 020)

*"And on the streets they no me but but dey dnt no u"* (Rap 12, Line 023)

#### 4.8.1 Thematic Analysis of Aggregated Clause Function

On completion of the clause function coding within each transcript the NVivo8 software was used to organise coded data from the narrative blocks into discrete aggregated groupings of *orientation*, *complicating action*, *evaluation*, and *result* clause function categories that continued to retain the interview, focus group and rap data divisions (Figure 28). The *abstract* and *coda* function clauses were not used analytically as the data they captured was not relevant to the aims and objectives of RAP ‘n CAB (Chapter 3, Section 3.2).

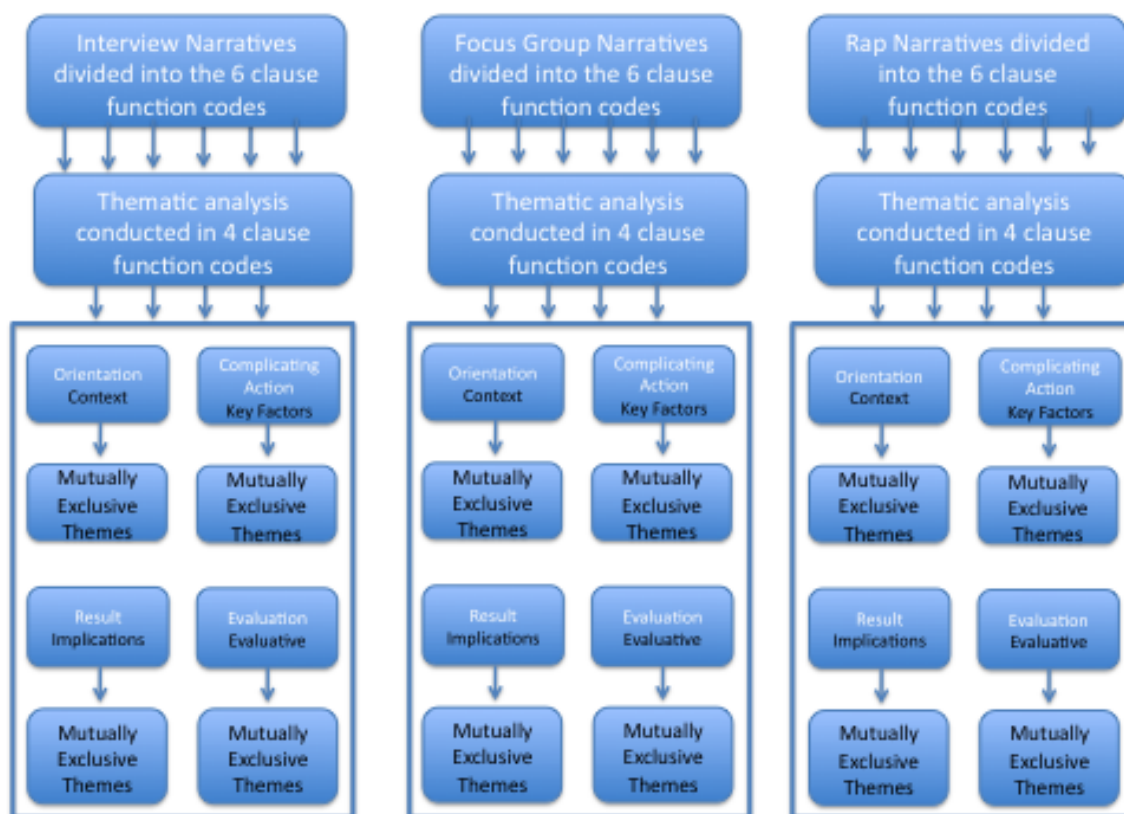
**Figure 28 Diagram Showing Coding and Thematic Analysis Process Using Labov’s Evaluative Model (1972b)**



Working inductively from the data (Cresswell 2008), thematic analysis of each of the four aggregated clause function groupings (Figure 29) explored the issues raised by participants within the context of each of the four functional clause codes comprising, as stated above, context (*orientation*), key factors (*complicating action*), impacts (*evaluation*), and outcomes (*result*), and not within the context of their respective narratives as does the Labovian approach. The analysis revealed insight and understanding of the participant’s perspectives on the *what* and the *how* in relation to *health, lifestyle and health-help* by reducing the data to relevant text specific phrases that demonstrated support for identified themes within each of the 4 aggregated clause functions. Because analysis occurred within each clause function group, for

clarity it was decided to present the findings in chapters, each dedicated to the four Labovian clauses utilised in the Aggregated Clause Function Thematic Analysis adapted method.

**Figure 29 Diagram Showing Thematic Analysis Process in Relation to Coding Maintaining the Integrity of the Interview, Focus Group and Rap Data**



The perspectives of the participants were interpreted within and in relation to the identified narrative clause functions of Labov's Evaluative Framework (1972b). They were also explored in relation to the discourse viewpoints revealed by thematic analysis within each of the four Labov clauses. I needed to immerse myself in the data by listening to the digital recordings as well as reading and rereading the transcribed narratives. To achieve the aims and objectives of the study I interrogated the data by asking the following questions:

- What perspectives are expressed on lifestyle and how do they view its relationship to their health, if at all?
- What view do they have, if any, on their own behaviour in relation to it presenting a risk to their health?
- How do they view the risks they identify in relation to their health?
- What health issues do they identify as important, if any, and why?

- What factors do they identify as influential on their decisions to access health-related help, or not, and why are these factors important?
- What attributes in health-related services do they regard as essential if they are to use them ?
- Why do they regard these attributes as essential?

I will describe my analysis using a thematic analysis of data coded using four Labov narrative clause functions, each discussed in Chapters 5, 6, 7 and 8. Quotes from my data will be used to authenticate my findings and endorse their credibility.

---

# Chapter 5

*“Some place, some rhyme, which place, what time?” (Rap 5)*

## ANALYSIS AND FINDINGS OF AGGREGATED ORIENTATION CLAUSES

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### 5.1 THE IMPORTANCE OF THE ORIENTATION CLAUSE

This chapter will present the analysis and findings of the aggregated *orientation* clauses identified through the systematic application of Labov’s Evaluative Framework (1972b), as described in Section 4.8, to the project narrative data set, comprising text transcripts of the interviews, focus groups and rap compositions. As discussed in Chapter 3, the *orientation* clauses identify the contextual components of the data set narratives. Key elements are time, place, people and culture.

Since the development of perspectives occurs over time in response to a wide variety of influences (Bonell et al. 2005; Brake 2003; Geertz 1973; Hayward 2005; Hebdige 2002; Helle 2006) the emphasis on context is crucial to understanding their construction by the research participants in relation to each of the project objectives (Chapter 3, Section 3.2). Context imperceptibly facilitates and shapes the individual’s understanding of the key events in their lives (Blasi et al. 2001) and their perception of the outcomes in relation to these events (Marshall and Rossman 1999). Research within the fields of health and education show that context can influence health and educational outcomes in positive and negative ways (DeWit et al. 2000; Duckworth 2008; Duckworth et al. 2009). Ultimately it informs and filters an individual’s views and interpretation of the events, experiences and relationships that have influenced how they live their life, how their development from infancy has been shaped, what expectations they have of life and how they manage at times of need or adversity (Cole and Knowels 2001).

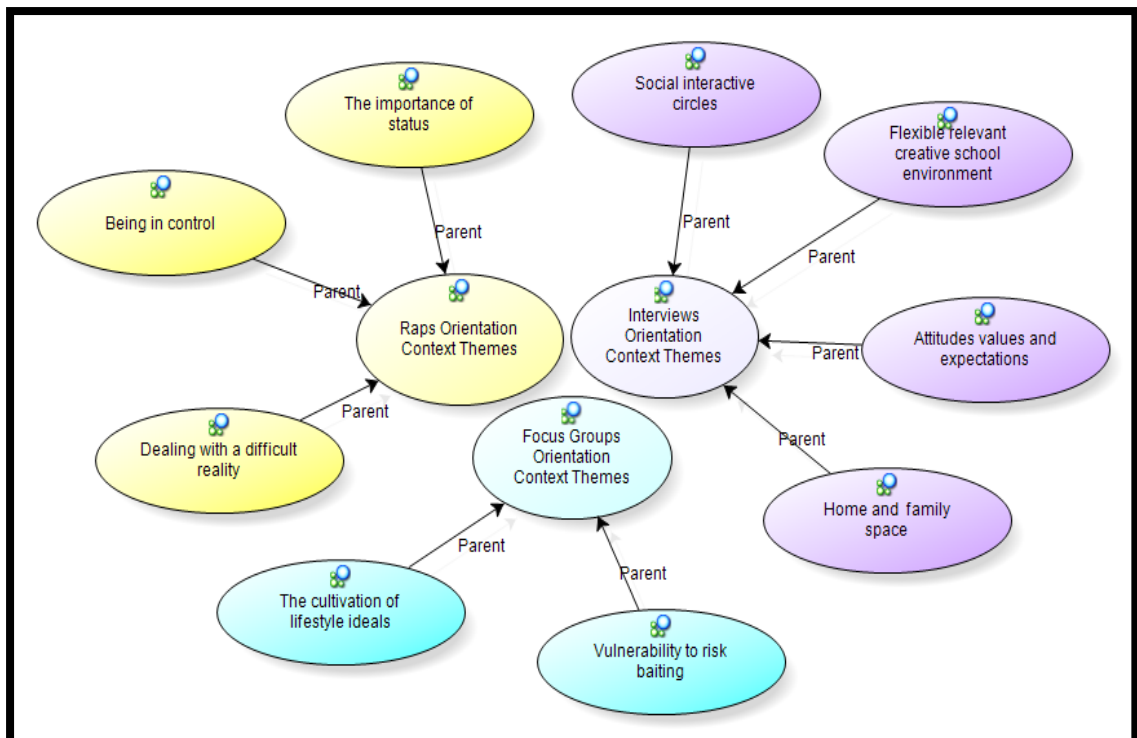


## 5.2 OVERVIEW OF INTERVIEW, FOCUS GROUP AND RAP THEMES

The *orientation* clauses were identified and extracted from the text transcripts and located in 3 discrete data sets, interviews, focus groups and raps, referred to as nodes using NVIVO8 software. As illustrated in Figure 30, a thematic analysis was undertaken within each of the three *orientation* nodes to gain understanding and insight into the main contextual influences that contributed to shaping the participants perceptions on their health, lifestyle and access to health-related help. It is interesting to note that different contextual thematic emphases emerged between the interview, focus group and rap themes, demonstrating in itself, how context influences outcomes. Context in relation to the data collection methods included the room, furniture, comfort and degree of privacy (place); characteristics of self and the interpersonal interaction between the interviewer, focus group participants and individuals in the role of creative musicians (people and culture); the formality or informality of the situations; and the use of structure, such as interview and focus group schedules or not (people and culture).

**Figure 30 Diagram Showing Orientation Themes of Interview, Focus Group and Rap Narratives on Application of Labov’s Evaluative Framework (1972b)**

This graphic is produced by NVivo8 software in relation to the nodes identified during thematic analysis of each of the interview, focus group and rap data sets.  
The arrow labeled “parent” points from a lesser node to a node which is above it in a hierarchy.



The interview data seemed mainly understated and restrained. Antagonistic, unfavourable, furtive or harmful contextual influences remain muted or sketchy. This is reflected in the resulting thematic analysis comprising, “*Attitudes, values and expectations*”, “*Social interactive circles*”, “*Home and family space*”, and “*Flexible relevant school*” (Figure 30). They each present low-key, moderate, conventional influences which could be regarded as an expression of their “*official face*” perspectives (Appendix 27 Table 66),

“*Um nothing much, I, I don’t really see my family unless it’s like on a holiday*” (Interview 1.4 0106)

“*But on his side (Father) ... I’ve got another little brother and a little sister. Seen them when I was really little and I haven’t ever had the chance to see them but...*” (Interview 1.6 023)

Labov referred to this as “*careful speech*” (Labov 1972a p62) which he described as normally occurring during more formal social contexts such as, in the case of RAP ‘n CAB, face-to-face interviews.

In contrast one of two focus group themes expose a context of covert risk, uncertainty, risk and vulnerability manifested under, “*Vulnerability to risk baiting*” (Appendix 27 Table 67). The discourse characteristic of the focus group context was relaxed and chatty with interspersed banter, in-talk and use of slang. The nature of these perspectives might be referred to as their “*relaxed official face*”,

“*You see old people doing anything*” (Focus Group 3.1 044)

“*There’s people like in Cardiff, there’s a lot of cocaine and that in the year older than us*” (Focus Group 3.1 0185)

“*Nor even that, some of them are our age*” (Focus Group 3.1 0186)

Labov used the term, “*casual speech*” (Labov 1972a p89) to capture what he described as everyday speech used in informal situations.

The “*casual*” characteristics of the focus group themes are extended by the rap thematic analysis to reveal a more private, subcultural set of beliefs and attitudes impinging on the lifestyle of the participants (Widdicombe and Wooffitt 1995). This data may be described as having depth and viewed as the “*unofficial face*” of the participants perspectives. It encompasses themes that are concerned with status and uncertainty, “*The importance of status*”, “*Being in control*” and “*Dealing with a difficult reality*” (Appendix 27 Table 68). The perspectives are expressed in the stylised language consistent with the subculture of rap,

*“Back up spotlights on me”* (Rap 6 016)

*“I’m on the top spot”* (Rap 9 002)

*“Your bars are crap go edit it”* (Rap 10 018)

*“I’m gina make rain”* (Rap 4 002)

Labov does not have a comparable conceptual term to *“unofficial face”*. He discusses the notion of *“spontaneous speech”* but defines this as a form of *“careful speech”* where contextual constraints are overridden resulting in excited, emotionally charged speech (Labov 1972a p86). Labov’s *“spontaneous speech”* was characteristic of the focus group discussions and not of the interview discourse.

## 5.3 THE CONTEXTUAL INFLUENCE OF PLACE

### 5.3.1 The Influence of School

The thematic analysis revealed the importance of school to the boys sense of purpose over and above their family home or other significant places like the local park. School emerged as being at the center of lifestyle activities and had the capacity to bring harmony or discord to their lives. Important contributing factors included the management approaches towards the boys and the extent to which the relationships between the boys and staff were positive or negative. In telling their stories there was a tendency to minimise any difficulties experienced or to express bewilderment as to what the problem was, directing any scrutiny towards the other party with no acknowledgement of responsibility,

*“Do you get in trouble a lot?”*

*“Not anymore I don’t”* (Interview 1.1 0226 to 0227)

*“There were a few problems there and then, um, the headmaster, and then I had to find a different school because it was like, I don’t know what it was at the time”* (Interview 1.6 023)

Perspectives on lifestyle choices were mainly represented within the context of *“in school”* or *“after school”*. The *“in school”* choices were reflected by the themes, *Flexible relevant school*, *Attitudes values and expectations* (Appendix 27 Table 66), and *Cultivation of lifestyle ideal* (Appendix 27 Table 67). Themes that contained choices made within the context of *“after school”* included *Vulnerability to risk baiting* and *Social interactive circles*. It is notable that the

rap thematic perspectives pervaded “in” and “after school” contexts but were not discussed in association with the participants homes.

Perspectives in the theme, *Flexible relevant school*, conveyed the value the boys placed on the curriculum inclusion of their passionately held musical interests, which were expressed as integral to their identity and provided them with a means of making sense of an uncertain world (Brake 2003),

*“Music tech, um, we make tracks or Cubase and we find out new lyrics to go about ‘em and all that”* (Interview 1.7 097)

To encourage young people to re-engage in their learning, schools have implemented a range of alternative curriculum programmes (Rogers et al. 2009). The participants school takes this inclusive curriculum approach further by enabling the boys semi-supervised access and engagement beyond the designated timetable during break-times and after school, nurturing a positive school experience that is flexible, trusting of the boys and relevant to their lifestyle choices,

*“Are you allowed in at like lunch and that?”*  
*“Yeah (laughs) so yeah”* (Interview 1.1 086-089)

*“Yeah Cubase and Reason and Sibelius”* (Interview 1.8 067)

School also offered sport opportunities that emerged as an important positive influence on the lifestyle choices made by the boys, both “in-school” and “after-school”,

*“Oh no spare time, on Sunday we have a game, on Thursday we have training”*  
(Interview 1.1 0173)

The boys recognised the benefits of sports activities to their physical fitness and its generalised contribution to keeping them out of trouble,

*“I used to do karate and that kept me pop but I can’t do none of it now but like since I started rap”* (Interview 1.6 058)

*“Like my boxing there’s like a fitness trainer ... and then he pushed me to get me back on track”* (Interview 1.8 0215)

School was shown to be a key context for providing information on health and behaviours that positively or negatively influence health. Topics that were especially noted by the boys included sexual health, healthy eating and obesity,

*"Like shit yeah the girls stuff... they go on about that"* (Interview 1.4 0170)

*"Um not eating too much like junk food, Yeah and someone's in your face. Yeah!"* (Interview 1.4, 0177-0179)

*"Like being too fat"* (Interview 1.5 089)

Their stories conveyed feelings of resentment and annoyance at *"in your face"* (Interview 1.4, 0177-0179) promotion of healthy behaviours, which they viewed as lexical attacks due to the assertive direct presentation of information. Reference was made to the unrelenting, carping nature of health promoting information, *"...they go on about that"* (Interview 1.4, 0170). It is interesting to note the contempt that this experience of health promotion generates for the issues concerned, *"Like shit yeah the girls stuff"* (Interview 1.4, 0170). PHSE was singled out as an important source of health related information,

*"Yeah PHSE, especially PHSE"* (Focus Group 3.2 0124)

### 5.3.2 The Importance of the Park

A local park was revealed as the main *"after school"* place important to the lifestyle activities of the boys. Reflecting the safe *"official face"*, the narrative mentioned skateboarding and comment was passed on local government investment to improve the facility,

*"After school go there and um (laughs) they're going to get a new skateboard ramp..."* (Interview 1.7 055)

*Okay is that at the park or whatever? Yeah* (Interview 1.7 080-081)

It can be interpreted from the complicit, *"I understand what you mean"*, tone of voice and chortled laughter of the interviewee heard on the MP3 file of the interview data, that *"unofficial"* lifestyle activities also take place in the park,

*"...that's about it I can't say nothing else"* (Interview 1.7 055)

*"A bit of...stuff"* (Focus Group 3.1. 068)

The reference to, *“A bit of...stuff”* (Focus Group 3.1. 068) implies probable access to and experimentation with various substances. During the focus group it was recorded by the peer researcher scribe and observer that the boys demonstrated considerable enjoyment of the insider vocal and body language communication and of the intrigue raised by the insinatory use of the word, *“stuff”* (Focus Group 3.1. 068).

## 5.4 THE CONTEXTUAL INFLUENCE OF PEOPLE

### 5.4.1 Peers as Friends and Threats

School peers emerged as central to the *“in-school”* and *“after-school”* social circles of the participants. Older peers were mainly experienced as a threat,

*“You see old people doing anything”* (Focus Group 3.1 044)

*“There’s people like in Cardiff, there’s a lot of cocaine and that in the year older than us”* (Focus Group 3.1 0185)

Peers the same age were observed to be engaged in illicit drug use,

*“Nor even that, some of them are our age”* (Focus Group 3.1 0186)

and peer pressure was identified as an effective persuasive force on lifestyle decisions made by the boys,

*“Like doing something that your friends wanted to do”* (Focus Group 3.1 063)

The above comment implies a sense of feeling compelled to conform with decisions made by friends and to cooperate with whatever actions are agreed.

### 5.4.2 The Invisible Family

The influence of family context was understated. It was conspicuously unperceived in the boy’s articulated construction of how they lived their lives,

*“What makes you think these ideas?”*  
*“Because we grew up on them”* (Focus Group 1.2 048-049)

Whilst peers and school were clearly held in the foreground of the participants lived experience and were objects of their chat, the family was unobtrusive and located in the background. Because the family did not feature in their activities it was absent from or minimised in their chat and rendered largely invisible to the boys as an influence on their lifestyle choices,

*“So it was just a lazy day” (Interview 1.2 045)*

The family was the context where amusement of self occurred in isolation from other family members,

*“What do you do to chill?” “Just, like play on play station and stuff like that” (Focus Group 2.2 009 – 010)*

Because the family seemed to be viewed as incidental to their life activities it became the default context for when there were no *“in-school”* and *“after-school”* activities,

*“I go with my dad to watch the rugby and my uncle sometimes isn’t it? And with dad go to the pub on Sunday” (Interview 1.8 0145)*

Although viewed as incidental, the family presented a challenging aspect to their lives that had to be coped with and adjusted to, often involving private, subterranean relationship and identity tensions,

*“I’ve always moved like, we’ve always, done loads of houses like” (Interview 1.6 023)*

*“Um nothing much, I, I don’t really see my family unless it’s like on a holiday” (Interview 1.4 0106)*

*“But on his side (Father) ... I’ve got another little brother and a little sister. Seen them when I was really little and I haven’t ever had the chance to see them but...” (Interview 1.6 023)*

## 5.5 THE CONTEXTUAL INFLUENCES OF BELIEFS AND VALUES

The rap narrative data presented the *“unofficial face”* of the boys. It revealed their deeper, more turbulent subcultural beliefs and values which were concerned with control, status and uncertainty. Their rap lyrics expose the emotional nature of their cultural decision making context (Appendix 24). Control of the lyrics, or in the language of rap, *“the licks”* (Appendix 21), was central to each participants aspirations and to the personal status ascribed between fellow rappers,

*“I’m gina make rain” (Rap 4 002)*

*“I’m independent” (Rap 9 002)*

*“It’s my show I’m in control” (Rap 11 003)*

*“In my path I’m boffing them” (Rap 11 006)*

Each participant strived to find new ground on old themes. The cultural context of their rap was intensely competitive and spontaneous originality was key to each rapper's control of the *licks*.

The participants felt that considerable status was ascribed to them by peers for their accomplishments as rappers. Status was also assigned between the boys in their capacity as rappers. This was especially the case for those boys who demonstrated spontaneous flair, originality, fluency, wit and artistry in composing and performing,

*"Showing grime how we do this"* (Rap 9 018)

Being able to extemporise effortlessly and creatively during performance using the stylised language of rap was paramount to a rapper's status. Their rap was steeped in expressions of status,

*"I roll to the max"* (Rap 3 017)

*"My trousers are low but my status is high"* (Rap 4 030)

*"Cus I shine like a star ting"* (Rap 6 002)

*"Back up spotlights on me"* (Rap 6 016)

*"No wastelan is front of ME"* (Rap 8 015)

*"I'm on the top spot"* (Rap 9 002)

Finally, rap seemed to reflect the turmoil the boys felt concerning prospects for the future. It appeared to serve as a conduit for the expression of their apprehension on the uncertainties of their future. Connected to these anxieties was frustration and discontent towards what they perceived as an unsupportive restrictive societal status quo within which it was difficult to succeed,

*"Darkness"* (Rap 1 022)

*"What path am I choosig"* (Rap 4 005)

*"Shouting CHOKe"* (Rap 4 015)

*"Rebel man"* (Rap 11 016)

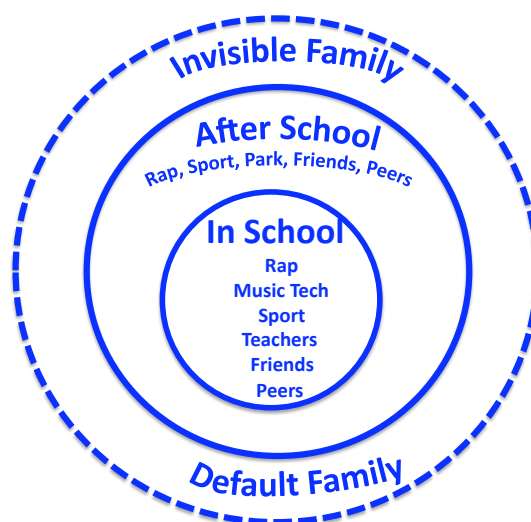
*"Is crazy"* (Rap 12 007)



## 5.6 SUMMARY OF ORIENTATION FINDINGS

In summary, the *orientation* clauses highlight key contextual influences on perspectives held by the participants in relation to their health, lifestyle and access to health-related help which are illustrated for clarity in Figure 31. This diagram shows the centrality and frontline position of their school context as opposed to the family which, though important to their wellbeing, takes a muted discrete background position but is dependable and ever present. It was found that contextual influences could be conceptualised within the frame of “*in school*” and “*after school*”, particularly the genre rap and music tech in the latter and rap and the park in the former.

**Figure 31 Diagram Summarising Major Contextual Influences on Perspectives Held on Health and Lifestyle**



Building on the *orientation* clause findings, Chapter 6 will describe my findings in relation to the *complicating action* clauses (Labov 1972b).

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# Chapter 6

*“An my bars will pop jus like champagne” (Rap 4)*

## ANALYSIS AND FINDINGS OF AGGREGATED COMPLICATING ACTION CLAUSES

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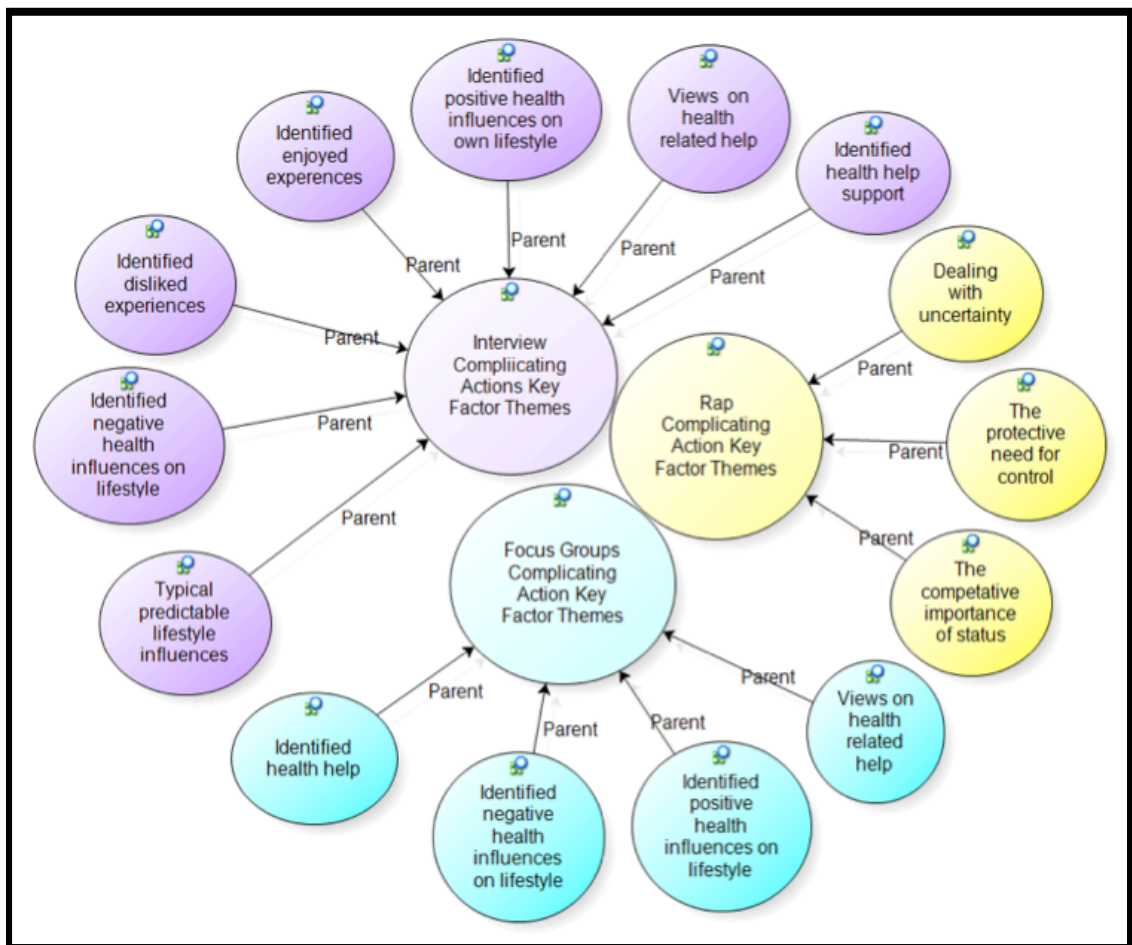
### **6.1 DEFINING THE COMPLICATING ACTION**

Chapter 6 will present the analysis and findings of the aggregated *complicating action* clauses identified through the systematic application of Labov’s Evaluative Framework (1972b), as described in Section 4.8, to the project narrative data set, comprising text transcripts of the interviews, focus groups and rap compositions. These clauses are concerned with the identification of the key events or factors that the participants narratives identify as being influential on their lifestyle, health and use of health-related help. As stressed in Chapter 5, meaning and understanding of the the key influencing factors can only be achieved by exploring them in relation to the sociocultural context within which they occur (Riessman 1993).

### **6.2 OVERVIEW OF INTERVIEW, FOCUS GROUP AND RAP THEMES**

The *complicating action* events and factors were identified and extracted from the text transcripts and located in 3 discrete data sets, interviews, focus groups and raps, referred to as nodes using NVIVO8 software. Figure 32 shows the findings of a thematic analysis undertaken within each of the three *complicating action* nodes to gain understanding and insight into the key factors that contributed to shaping the participants perceptions on their health, lifestyle and health-related help. On analysis their themes were found to be shared comprising: *Identified negative influences of lifestyle on health; Identified positive lifestyle influences on health* (Appendix 28 Tables 69, 70, 71 and 73), *Identified health help;* and *Views on health-related help* (Appendix 28 Tables 72 and 75 ).

**Figure 32 Diagram Showing Complicating Action Themes of Interview, Focus Group and Rap Narratives on Application of Labov’s Evaluative Framework (Labov 1972b)**



This graphic is produced by NVivo8 software in relation to the nodes identified during thematic analysis of each of the interview, focus group and rap data sets.  
The arrow labeled “parent” points from a lesser node to a node which is above it in a hierarchy.

The “*official face*” and “*relaxed official face*” narrative characteristics are not evident between face-to-face interview and focus group *complicating action* data. This could be an artefact of the similarity between the interview and focus group schedules (Appendix 12, 13 and 14) and possibly an ameliorative effect between interview and focus group circumstances as an outcome of using peer researchers (Chapter 3, 3.5). There was much interactive banter and laughter between participants and peer researchers, particularly in the focus group discussions. This behaviour mainly occurred as participants adapted their focus towards the identification of key factors and the initiation of discussion. It is reasonable to suggest that in a focus group the instigation of discussion is more exposed and the initiator less protected than in a face-to-face interview. It is possible that this exposed situation produces feelings of awkwardness that are coped with and diminished by recourse to banter, joking, use of slang and laughter manifesting a “*relaxed official face*” which paradoxically is not a reflection of feeling relaxed but of feeling

awkward. Once the discussion was underway and peers were participating, the self-conscious acting-out mostly dissipates.

As with the *orientation* data, the *complicating action* rap themes are characteristic of the “*unofficial face*” of participant perspectives as defined in Chapter 5 (Section 5.2). The data also reflects the same themes comprising status, control and uncertainty: “*The competitive importance of status*”, “*Protective need for control*” and “*Dealing with uncertainty*” (Appendix 28 Table 75). It is interesting that the themes identified are now paired with adjectives that recognise the personal dynamic and motivating nature of the influencing factors characteristic of the *complicating action clauses* as opposed to the impersonal sociocultural contextual focus of the *orientation* data.

Overall the interview and rap data provided insight into the factors that influence the lifestyle of the participants under the themes: *Typical predictable lifestyle influences* (Appendix 28 Table 69); *Identified disliked experiences*; *Identified enjoyed experiences* (Appendix 28 Table 70); and the three rap themes named above. The face-to-face interview and focus group data reveal lifestyle influences on the health of the participants in their shared themes: *Identified negative influences of lifestyle on health*; and *Identified positive lifestyle influences on health* (Appendix 28 Table 71). Similarly, the face-to-face interview and focus group data share themes that give insight into the factors that influence the views of the participants on health related help: *Identified health help*; and *Views on health related help* (Appendix 28 Table 72). In summary the data obtained contributes to fulfilling the research aims and objectives (Chapter 3, 3.2).

### 6.3 DEFINING LIFESTYLE

The participants defined lifestyle in a narrow sense interpreting it as an outcome of actions and activities undertaken by self,

“*Lifestyle could be like anything like just anything you do really.*” (Focus Group I.2 020)

“*Yeah hang around with mates and make music.*” (Focus Group I.2 024)

“*School, like that’s an activity isn’t it? Kind of.*” (Focus Group I.1 012)

“*Indoor sports, like youth clubs isn’t it?*” (Focus Group I.1 013)

“*Creating activities after school.*” (Focus Group I.1 071)

They did not consider place and environment, people and family or sociocultural factors. Consequently lifestyle was considered a simple interactive process between self and activity. Healthy activities were also held to be dull, uninspiring and boring by young people,

*“Its like healthy stuff like young people might think it’s like boring”* (Focus Groups I.1 0103)

## 6.4 INFLUENCES ON LIFESTYLE CHOICES

### 6.4.1 The Inevitability of Routine

The data revealed that lifestyle influences on the participants were organised in a routinised weekly cycle comprising the school week from Monday to Friday, and home, family, sport and peers at weekends,

*“I had a lie in on Saturday so I got up at about one. I think I had a shower and my mum and I went out”* (Interview I.1 042)

*“(Whistles) Usually I goes to play basketball with them on a Saturday that’s usually the routine. I don’t do nothing special like”* (Interview I.1 087)

Very few day-to-day events or non-events escape becoming a routine, for example, having breakfast or not.

The participant discussions of lifestyle influences had an indolent resigned quality and were conveyed with a lackluster sense of tedium and inevitability,

*“I go to school in the morning, gets back at about four and either goes out or stays in my house on the computer or something. Then I come back at about nine, I like watching TV for a bit then bed at 11”* (Interview I.2 045)

*“I probably did have breakfast and all that”* (Interview I.1 044)

*“I might go upstairs for a bit and then I’ll come down and like my mum will always be watching TV because that’s just it because she’s in work most of the day comes back at four and she chills for like a couple of hours. So nothing really, oh and sometimes I meet my sister from work”* (Interview I.1 085)

*“I just go on the trampoline or something, go on the computer”* (Interview I.3 052)

*“Normally, just watches football with my dad and my little brother, like I watch I’m a Celebrity with my mum”* (Interview I.1 0100)

Their stories suggested that unchallenged routines had taken ownership of their lifestyle decision making, yet without those routines in place their lives might be undefined, indefinite, difficult and uncertain. When discussing their daily lifestyle it was presented as unexciting and predictable, communicating a strong sense of lethargy,

*“Just stayed in an watched tele ‘coz it’s Winter”* (Interview 1.5 058)

*“Yeah I go into town, just staying in as a family, just like watching TV and something like that”* (Interview 1.7 0144)

*“Sat down, listened to music, went out to play and that was basically it like and then went home and did whatever”* (Interview 1.2 035)

*“Chill with my mates, nothing really exciting”* (Interview 1.6 033)

*“And we usually hang round up the park”* (Interview 1.7 049)

There was one *complicating action* clause where possible activities were named and an upbeat sense of opportunity, choice and pro-active decision making was conveyed,

*“Like I might get some money and go to the cinema, ice-skating, bowling, plenty of things”* (Interview 1.2 057)

Generally, lifestyle activities were described in vague, indifferent and bland language: *“whatever”* (Interview 1,2 045); *“all that”* (Interview 1.1 085); *“Oh nothing really”* (Interview 1,1 085); *“and that, you know”* (Interview 1.1 0102); *“just go somewhere”* (Interview 1.3 071); and *“something like that”* (Interview 1.7 0144). Daily life was communicated mainly as a blurred, insignificant and unmemorable series of non-activity, non-proactive events such as, *“Chill”* (Interview 1.6 033; Interview 1.4 0116), *“hang round”* (Interview 1.7 049) and *“watching TV”* (Interview 1.7 0144).

Routine was important to the participants because it brought order to daily living by providing a temporal beginning, middle and end to activities. From this perspective, routines link the activities of daily living to the context within which the boys function temporally, spatially, interpersonally and socio-culturally, bringing meaning to their lives as a whole. The predictability of routines and their link to the school and home context was strongly evident in the *complicating action* clause data,

*I meet them (school friends) by the shop every morning. He knocks for me every morning like at the same time” (Interview I.1 0127 – 0129)*

*“When I come home my mum makes me a bacon and egg sandwich and then I ask for money” (Interview I.1 0117)*

Overall, routine provides an invisible but calm, consistent background against which life’s uncertainty and difficulties can be dealt with. Garfinkel described this background security as, “*the fix*” and the, “*this is it*”, explaining its function as, “*...points of departure and return for everyday modification of the world of daily life*” (1964 p225),

*“Last Saturday I was helping my dad with the car. That was until about six o’clock, went in for food” (Interview I.3 034)*

For the boys, routine was crucial to their wellbeing. It created the default structure that underpinned their lives. Fundamental to its function and importance was that it was reliable, providing support and sanctuary at times of need, protection from outside influences and a sense of security in an uncertain world.

#### **6.4.2 Incidental Nutrition**

The *complicating action* narrative data captured the loosely routinised patterns of food consumption, determined by meal times within the school or home context, but with little consideration by the participants of healthy choices,

*“Had my cereals when I woke and had sandwich during the day. When my mum got back from work I think I had food and I ate that then I had snacks between then, had my supper, and go to bed” (Interview I.2 067)*

*“When I come home my mum makes me a bacon and egg sandwich” (Interview I.1 0117)*

*“When I wake up in the morning I usually have beans on toast or tea. Lunchtime I’ll probably grab a burger” (Interview I.7 0126)*

*“Er a tuna sandwich and then a pizza for my lunch, er no my tea. I had cornflakes in the morning” (Interview I.8 0129)*

Overall, school was not portrayed as a provider of healthy choices,

*“er canteen there’s not much healthy there”* (Interview 1.7 089)

Food consumed was typically *“instant”*, requiring no or little preparation, and included sandwiches, cereal, confectionary, biscuits, or “fast food” such as chips, Mac Donald’s and pizza,

*“Had Frosties for breakfast, I had Mac Donald’s for dinner, um I had chips for tea”* (Interview 1.4 073)

*“Last Saturday I think cookies and pizza”* (Interview 1.5 068)

*“I had a bowl of Cheerios and a pizza but my mum made me dinner”* (Interview 1.1 070)

*“Sandwiches, um packet of crisps. I might buy a couple of things from the shop or something”* (Interview 1.2 073)

*“Nothing, I just like sweets”* (Interview 1.3 062)

*“I don’t have breakfast on a school day no. I just have like in school caramel like that, probably go out”* (Interview 1.1 084)

*“It’s like we’ve got the main street and there’s a chip shop there”* (Interview 1.1 090)

Consumption of fruit or vegetables was conspicuously not mentioned as food consumed even though this too is *“instant”*, requiring little preparation. Food choice was portrayed as routinised and non-experimental, exhibiting a limited range of food types mostly high in fat and sugar. Overall the automated, unmonitored food consumption of the participants gave the impression of an incidental approach to nutrition. The aim of food consumption was not related to health but to addressing their basic satiation needs.

### **6.4.3 The Feel Good Factor**

Although the participants found the basis of their pleasure difficult to explain they were unequivocal about the activities they enjoyed and valued,



*“First there’s the music. It’s like, I don’t know, I likes music. It’s good. And then writing because I writes lyrics”* (Interview 1.1 034)

*“Yeah. And then instruments it’s like who. I just like the beat and all that. The studio and that, you know. I probably did”* (Interview 1.1 036)

*“Just the fact that I like sport”* (Interview 1.1 068)

*“Seeing my friends and chilling out”* (Interview 1.6 047)

Being active was felt to be preferable to sedentary entertainment,

*“Instead of just like watching TV and stuff like that I’d rather be doing something active”* (Interview 1.1 0151)

Active or passive engagement in music was central to the lifestyles of all the participants with their peers and within their homes and school,

*“Um, I always listen to music”* (Interview 1.2 029)

*“Eminem’s my icon because like the lyrics and the raps and that. That’s basically it”* (Interview 1.2 029)

*“Music I just like.. You can’t get me away from music”* (Interview 1.2 039)

*“Five is music and that’s part of why I done music tech because I love music and text all my girl friends”* (Interview 1.8 065)

Creativity was of fundamental importance to the enjoyment and fulfilment the participants experienced from their music making,

*“Basic things like MCing or TV mostly MCing...”* (Interview 1.4 030 – 032)

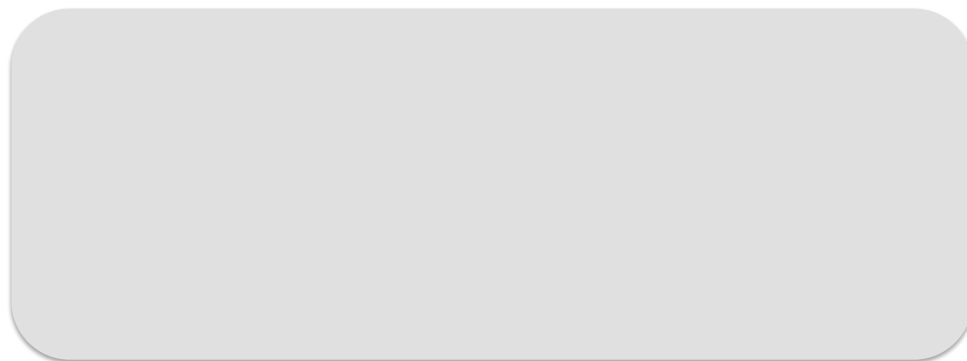
*“Yeah write lyrics down if I can, If not then probably just go somewhere”* (Interview 1.4 071)

*“Sometimes I’ll write lyrics, and music and stuff yeah”* (Interview 1.4 080 – 083)

*“MCing because um I’ve been rapping about 3 years I think”* (Interview 1.6 021)

*“Music just writing down lyrics and everything”* (Interview 1.7 057)

Involvement in playing sport and keeping physically fit was also important to the lifestyle of the participants,



Other areas of life that were described as enjoyable included, food and sleeping, using the internet, shopping, school generally and spending time with friends,

*"I likes coming home after school and having a bacon and egg sandwich"* (Interview 1.1 0119)

*"I go out after school to get fresh air and chat with my mates"* (Interview 1.2 063)

*"School, school's important to me"* (Interview 1.7 0166)

*"...girls, TV, iPods, football, mobile phones, money, clubs"* (Interview 1.4 030 – 032)

*"Just to have a laugh isn't it?"* (Interview 1.3 0103)

*"Um sleeping"* (Interview 1.4 050)

*"Like when I go out and then like I say then I just surf and that"* (Interview 1.4 050)

*"I love shopping, looking good and yeah that's it and I like football... and then finally with all my friends"* (Interview 1.7 045)

Hanging around or chilling was associated with feeling good. Chilling was not a passive undertaking, it was experiential comprising time spent being with and around friends or family members. Quintessentially, it was about cosiness, being included and unconditional acceptance,

*“Like we all chills over the park and its like the guys do a lot of thing” (Interview 1.6 025)*

*“Um I don’t know just chill” (Interview 1.4 067)*

*“Just chilling with my mum and my dad and that” (Interview 1.3 072)*

*“Hanging around with them at lunchtime and that” (Interview 1.3 076)*

Aspects of life were experienced as burdensome. They tended to be linked to dutiful deeds for family members,

*“Like I didn’t like getting up and hovering for my mother” (Interview 1.1 052)*

*“Um, really when I have to look after my brother” (Interview 1.1 0123)*

Pressure from peers, teachers and others was experienced as too bold and direct, too assertive or criticising and highly aggravating often resulting in counterproductive outcomes,

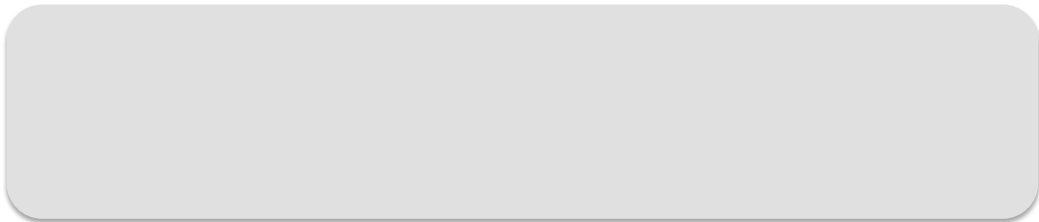
*“So rude boi out of my face” (Rap 9 013)*

*“Peer pressure and all that isn’t it?” (Interview 1.1 0207)*

*“When someone terrible presses you like and that gets on your nerves then that’s what I don’t like” (Interview 1.2 091)*

*“Um my teachers” (Interview 1.4 061)*

Being rejected or excluded for whatever reason was identified as a difficult experience,



#### **6.4.4 Peer Competition**

Peer competition was viewed as different to peer pressure. Competition between peers was about achievement, respect and status aiming to generate mutual excitement and an interpersonal buzz,

*"Your bars are crap go edit it"* (Rap 10 018)

*"Earned the respect and its not from the pistol"* (Rap 6 012)

*"From the ground to the ceiling mandenz is reaching for fame"* (Rap 12 017)

*"8 cause like kano I role with p's and q's"* (Rap 12 022)

*"His bars are rising"* (Rap 2 011)

*"6 I will say it again his just amazing"* (Rap 2 016)

*"Your friends im on the top spot"* (Rap 3 003)

*"I'm the deepest MC our der on the roads"* (Rap 7 004)

*"Spiting bars like mine thas against tha law"* (Rap 4 022)

*"I don't go to Artists Artists come to ME"* (Rap 8 016)

*"Chit crap flip back and I run them"* (Rap 9 005)

The boys realised status in relation to their fellow rappers and school peers through competition,

*"2 bare mans look at me"* (Rap 2 004)

*"Tap tap on a few nice bumpers"* (Rap 7 013)

*"M and B im all over the rap"* (Rap 6 006)

*"And if you want ear then blud your insane"* (Rap 4 003)

*"I roll like FLOWDEM out your hands in the air"* (Rap 1 004)

*"Claim you're a badman aint got shanker"* (Rap 1 013)

#### **6.4.5. Vulnerable in an Uncertain World**

Factors that contributed to feelings of vulnerability included negotiating life uncertainty and making decisions that felt difficult and risky,

*"Which way what time" (Rap 5 002)*

*"4 Think again take another path for the choosing" (Rap 12 010)*

*"When you jump on the mic there shouting CHOKE" (Rap 4 016)*

*"Am I capable Am I proofing it" (Rap 5 006)*

*"Not boy better know but boy better know" (Rap 1 037)*

*"Spit bars that you aint expecting" (Rap 10 010)*

*"No MC's in the game ye so I don't trust that" (Rap 8 009)*

Peer pressure was experienced as something that was very difficult to deal with. The boundaries between peer pressure and bullying appear blurred, both involve repeated acts, one of persuasion and the other of abuse respectively. At what point does continued persuasion encompass an imbalance of power? Their respective definitions are based largely on differences of emphasis. A real or perceived imbalance of power is considered a key element of bullying where as an inability to say no to the influence of friends, a fundamental feature of peer pressure. Overall, peer pressure is experienced as involving compulsion, harassment, and hassle creating negative interpersonal tensions between friends who are also important to a young persons emotional support,

The emphasis the boys placed on gaining control might be seen as a two edged sword, increased control may contribute to greater protection against peer pressure but conversely, contribute directly to their instigation of peer pressure,

*"If you want call me MC terra" (Rap 2 020)*

*"Tell your girlfriend stop pouring" (Rap 7 008)*

*"Ye man u no I run this" (Rap 5 017)*

*"I'll pull out the cash like a NatWest banker" (Rap 014)*

*"Waste MC's get locked in a dungeon" (Rap 9 004)*

## **6.5 POSITIVE LIFESTYLE INFLUENCES ON HEALTH**

Overall physical activity and types of food consumed were identified as the key positive lifestyle influence on health,

*"I keep active and um eat well" (Interview 1.1 0147)*

*"Just cook me the right food" (Interview 1.6 056)*

*"Um I do like you know like games lessons we're doing like um circuit training, weight lifting and something like that so keep fit" (Interview 1.5 0103)*

*"Just getting out in rugby, football" (Interview 1.7 0198)*

*"Athletics because you know they're not going eating junk food, they're doing so much exercise and that so they're healthy and staying healthy" (Focus Group 1.1 0118)*

*"Rugby" (Focus Group 1.2 010)*

*"Eat fruit, jog" (Focus Group 2.2 015)*

Healthy eating was defined in terms of fruit and vegetables,

*"Eating more of like bananas and grapes just eating more healthy and not so much junk food" (Interview 1.2 0103)*

*"Um salads and fruit and stuff" (Interview 1.4 075)*

Vegetarian food was associated with healthy eating on the basis that vegetables are healthy,

*“My school they does veggie burgers, they does these you know, fruit, cut up apple and stuff”* (Interview 1.1 092)

Parents, schools and teachers were identified as key to keeping the participants healthy,

*“Mum obviously, like really er keeps me healthy? I don't know I'm not saying they haven't done nothing”* (Interview 1.1 0177)

*“Um, he was the one like... but like he cared and everything and he like helped me get better in that he was the one telling me, “No one's against you, they're trying to help you and I was like, “Oh yeah” and all that”* (Interview 1.1 0233)

*“My dad makes me eat fruit and that, um, my mother she gets me to go out and play basketball”* (Interview 1.2 0110)

*“Telling me to go to school, telling me to do all these sports”* (Interview 1.4 0147)

*“Our parents”* (Focus Group 2.2 020)

*“Yeah and teachers supplying food and so on”* (Focus Group 2.2 023)

Feeling good and keeping fit were emphasised but not being healthy,

*“Feeling good, um keeping fit, just anything really as long as you keep healthy”* (Interview 1.2 099)

Some participants found it easier to define being healthy in negative terms, such as not being obese or not smoking cigarettes,

*“... just anything really as long as you keep healthy and not obese and that”* (Interview 1.2 099)

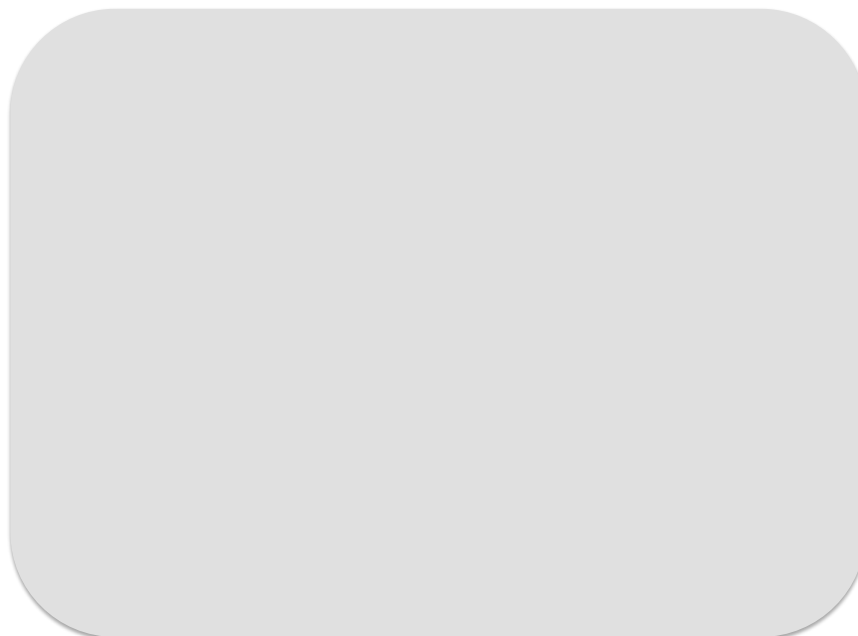
*“Someone who doesn't take drugs”* (Focus Group 1.1 020)

*“Something you have, something proper to eat”* (Focus Group 1.1 021)

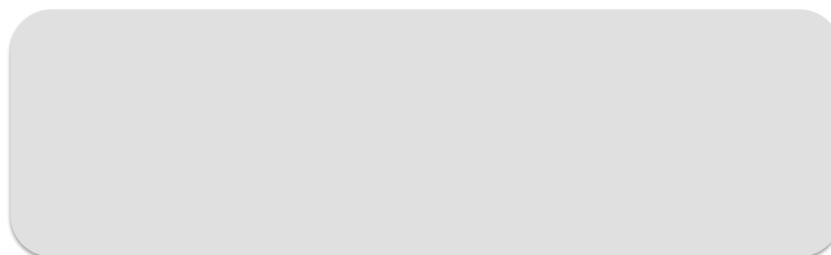
*“Someone who don't smoke”* (Focus Group 1.1 022)

*“Yeah, don't think they're hard, does exercise like”* (Focus Group 1.1 024)

Being healthy was associated with various activities, consistent to the participants understanding of *lifestyle*, as described in section 6.3,



Adequate sleep was also considered essential to health,



Quality interpersonal relationships with friends and family members was highly valued. Closeness, a strong sense of belonging was important. There were certain activities, often family specific that engendered these qualities and therefore felt good, like monopoly night,

*“Erm, a lot of friends” (Focus Group 1.2 026)*

*“(Talking about family) Like when you all spend time together and go out and not just stay in (0134)*

*“When you do all that kind of thing together” (Focus Group 2.1 0135)*

*“It means a lot to me because like without my family I don’t know where I’d be without getting along with my family” (Focus Group 2.2 076)*

*“Monopoly night isn’t it?” (Focus Group 2.2 080)*



## 6.6 NEGATIVE LIFESTYLE INFLUENCES ON HEALTH

Negative lifestyle influences on health that the participants identified included types of food eaten in relation to high fat and sugar content. A challenge for promoting healthy eating was raised concerning those young people who eat large quantities of fatty foods but do not put on weight. How do you persuade young people that the food they are eating is unhealthy when they are unable to see adverse physical body changes?

*“I’ve eaten a lot of fatty foods but like I don’t know I’m still skinny. I don’t get fat and I eat quite a lot, just general stuff really”* (Interview 1.1 0195)

*“What I ate last Saturday, Mac Donald’s and kebabs or whatever, chips, its just if you eat too much”* (Interview 1.4 079)

*“Um, buying big chocolates, chocolates”* (Interview 1.4 0161)

*“Yeah the cookies”* (Interview 1.4 0164)

*“Food maybe I’ve had too much bad food at school I don’t know”* (Interview 1.7 0218)

Obesity was viewed as unhealthy and the consequence of an unhealthy lifestyle. It was also linked to increased vulnerability of bullying,

*“Someone who’s like obese that kind of thing”* (Focus Group 1.1 038)

*“Yeah obese, getting bullied”* (Focus Group 1.1 039)

Smoking was seen as a negative influence on health and participants alluded to how common it was at their school,

*“Er, smoked. Um... Oh no only cigarettes”* (Interview 1.1 091 0193)

*“Even in my school there’s like, at the back and when everyone goes home they’re smoking”* (Interview 1.5 0115)

*“Most of the people who smoke are my friends, I go home and I sort of passive smoke sort of thing”* (Interview 1.5 0117)

*“Um, everyone smokes at my school, like loads of people do it’s sort of like you’re cool like”* (Interview 1.6 068)

*“Everyone smokes in our school”* (Focus Group 1.1 072)

Finally, involvement in fighting, crime, drugs and to a lesser extent alcohol were viewed as connected to one another. Not only were they viewed as unhealthy but also as detrimental to a young persons future prospects and this concerned them,

*“Fighting all the time”* (Focus Group 1.1 040)

*“Crime. Drugs, crime. Crack”* (Focus Group 1.2 050-053)

*“Crime and violence and that. Getting into criminal stuff”* (Focus Group 1.2 0123)

*“Fighting. Fighting, being a boy. Robbery and that”* (Focus group 3.1 023-025)

*“Doing crime and that. Stealing”* (Focus Group 3.1 031-032)

*“Cannabis. Cannabis. Heroin. Er cocaine. Magic mushrooms, coke”* (Focus Group 3.1 0138-0143)

*“Er smoking, alcohol, fighting”* (Focus Group 3.1 023)

*“Yeah fighting, yeah fighting and criminal activities”* (Focus Group 3.2 024)

Participants viewed peer pressure as a significant influence on making high risk behaviour choices, often made under varying degrees of duress,

## **6.7 VIEWS ON HEALTH-RELATED HELP**

### **6.7.1 Who to Ask for What Health Help**

Health issues participants considered most important included pregnancy, sexual health, smoking and illicit drug use. Pregnancy was viewed as a girls problem. The issue of teenage fatherhood was not raised,

*“Um, pregnancy, sexual diseases, drug help, smoking, er” (Interview 1.6 088)*

*“Like pregnancies as well for the girls” (Interview 1.8 0274)*

A narrow range of people were identified whom they would approach for health-related help. They included the general practitioner but especially their school nurse, who they regarded as accessible, qualified to do the job and doing the job well,

*“She like a doctor, like she’s qualified for all that like, so she’ll know what’s wrong with you” (Interview 1.1 0247)*

*“(Multiple speakers) A nurse in school or something” (Focus Group 3.1 0262)*

*“I mean in our school we’ve got this little place to go” (Focus Group 3.1 263)*

*“Yeah I’d go to the doctor in school first” (Focus Group 3.1 0345)*

*“(Talking about school) “Yeah and they talk to you about everything: drugs, sex and stuff” (Focus Group 3.1 0266)*

*“Go to the doctor” (Focus Group 2.1 0261)*

*“I would most probably go to the doctors” (Interview 1.2 0165)*

People they would go to for health-related help included family and friends,

*“Um my parents would know, doctor myself” (Interview 1.5 0144)*

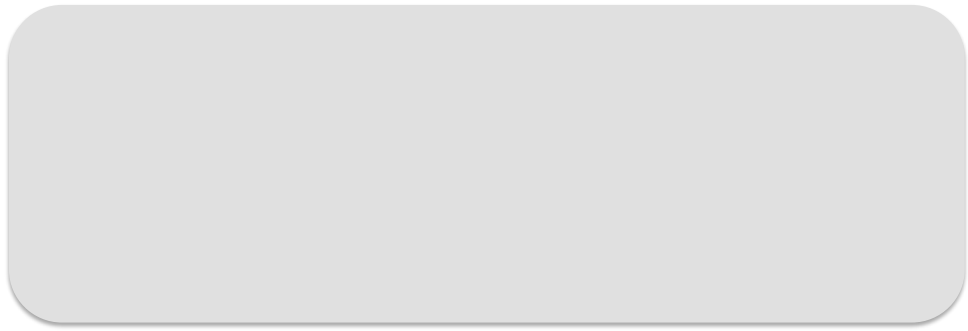
*“Oh no I can tell my mum and dad anything” (Interview 1.8 0227)*

*“My brother” (Interview 1.3 0123) “I’d tell my dad first” (Focus Group 3.1 0327)*

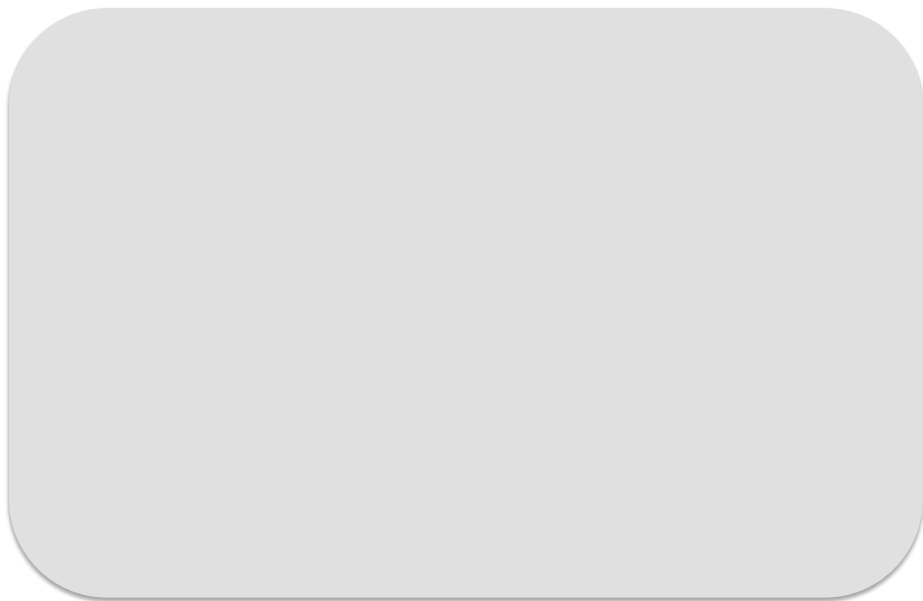
*“Yeah and with my mates” (Interview 1.3 0125)*

*“Yeah my friends really” (Interview 1.7 0248)*

Mums, more than dads, were usually the first people they would approach about a health concern,

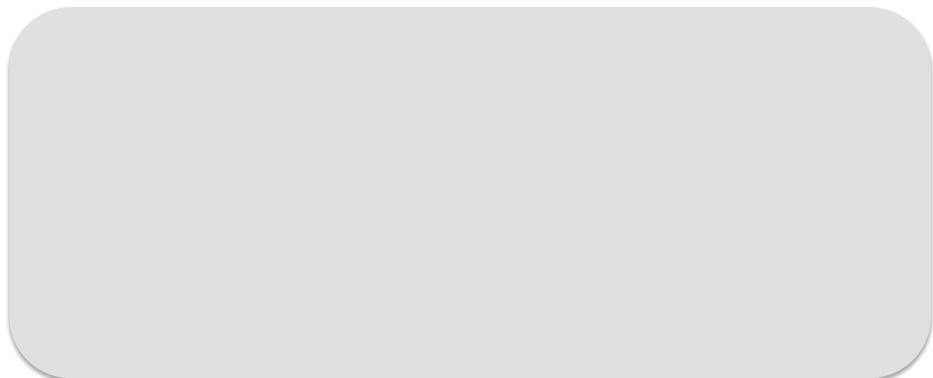


The boys also felt that teachers, by whom they felt understood and able to have fun were also people they could go to regarding health-related issues,



### **6.7.2 Desirable Attributes of Health Help**

Participants were unanimous on how health-related help could be made more accessible to young people. Their suggestions were reasonable including attention to aesthetic, comfort, clinical, entertainment and environmental factors,



Cleanliness was important to all the participants,

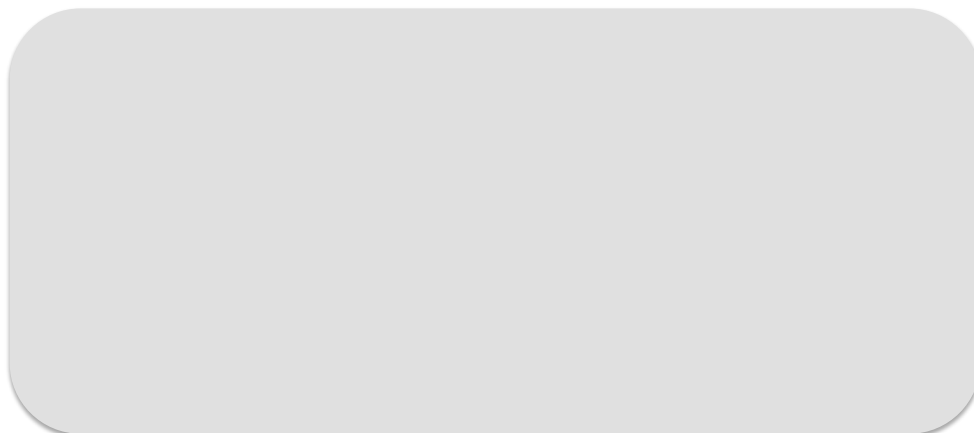
*“Y-you want it to be like cleaner” (0214)*

*“That like the main one” (Interview 1.4 0216)*

*“Yeah loads of cleaners” (Interview 1.4 0217)*

*“Obviously clean” (Interview 1.3 0162)*

They agreed that the service should be friendly and trustworthy,



There was also agreement that there should be activities to engage young people whilst they wait. The aim was partly seen as providing a distraction to minimise anxiety whilst waiting,

*“Something to do whilst you’re waiting, play station or whatever, yeah, when you sit down and read” (Interview 1.7 0278)*

*“I don’t know, sit down and have a chat and that” (Interview 1.3 0171)*

*“If I went there and there was like people my age there, um if there was like things to do there, like you go there and you’re not jumping around worrying, there was like, game consuls and everything” (Interview 1.6 086)*

*“Music area” (Focus Group 3.2 0262)*

*“Yeah, website definitely” (Focus Group 3.2 0271)*

*“Its like music that everyone like being played in that you can sit down here like, no worrying, like take your mind off it a lot like” (Focus Group 3.2 0263)*

Ease of access was important including being close to their home or school, no requirement for formal appointments and minimal waiting times,

*“Like make yourself and appointment”* (0268). *“Yeah, yeah”* (Focus Group 3.2 0269)

*“So you don’t want to be waiting for ages”* (Interview 1.4 0220)

*“Book an appointment so you wouldn’t have loads of people there”* (Interview 1.8 0265)

*“You don’t have to make an appointment”* (Interview 1.1 0304)

*“Its not got to be too far”* (Interview 1.3 0121)

*“It depends, it depends like where, how far the place is like”* (Interview 1.6 092)

Privacy and confidentiality were considered crucial,

*“I would like the information to be light and also I ant it to be confidential”* (Interview 1.2 0158)

*“Oh private rooms with the workers and advisors”* (Interview 1.8 0263)

*“Yeah, the only time I’d ever ask for help is like if I ever got a sexual thing, then I’d definitely, I’d have help for that like straightaway like”* (Interview 1.6 076)

*“If it wasn’t confidential like. If like anyone like, I would like privacy”* (Interview 1.6 080)

*“Everyone will find out about it like, you know, when I went there”* (Interview 1.6 082)

*“If there was a place that I wouldn’t like know 100% like that it was confidential and that actual people wanted you to actually go into it and get good”* (Interview 1.6 0084)

*“It would have to be confidential like”* (Focus Group 3.2 0272)

There was uncertainty on the gender of professionals providing health help, particularly concerning more intimate physical examinations,

*“Um, male or female or what would you prefer?” (Interview 1.3 0146)*

*“Don’t know, don’t mind really” (Interview 1.3 0147)*

*“Oh its, it’s a female” (Interview 1.4 0208)*

*“Yeah like give me a lot of advice. Male. Yeah because they could have gone through the same” (Interview 1.8 0241 – 0244)*

The boys were fearful of being made to feel foolish. They needed to feel confident that their self-respect would remain secure, unchallenged and that they would be taken seriously,

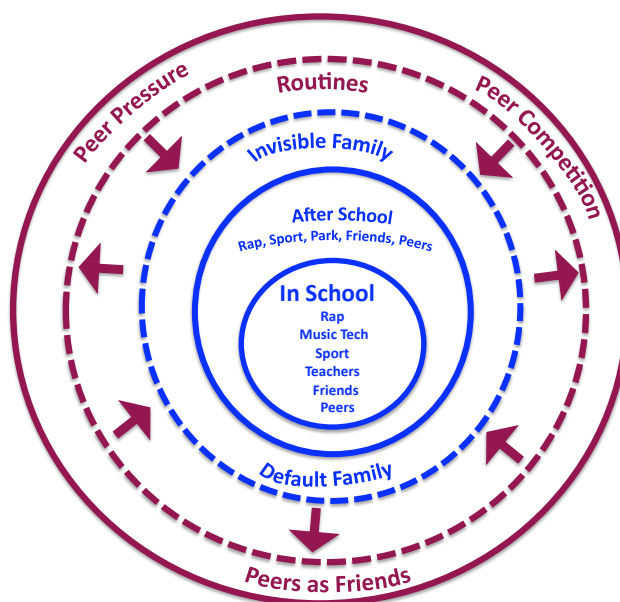


## **6.8 SUMMARY OF COMPLICATING ACTION FINDINGS**

The *complicating action* clauses give prominence to a number of key factors that have shaped the perspectives held by the participants in relation to their health, lifestyle and access to health-related help. Figure 33 builds on the diagram generated by the findings raised by the *orientation* clauses. It adds two key layers of insight and understanding.

Firstly, the *complicating action* clauses show that routines are powerful sociocultural constructions that constrain the actions and expectations of the participants whilst providing structure, meaning, certainty and stability in their daily lives. Like their families, the routines were invisible, reliable and in the background. They provided constructions the participants could depart from and return to as circumstances and need required. Secondly, the influence of peers is prominent as confidant and soul mate, as trendsetter and challenger, and as coercer and goad. Overall, a healthy lifestyle was perceived as activity focused and concern for future prospects superseded those for health.

**Figure 33 Diagram Summarising Key Factors in Relation to Contextual Influences on Perspectives Held on Health and Lifestyle**



To conclude this chapter, the barriers that would deter or stop the participants from using health-related services were linked to their requirement for their esteem and status to remain unchallenged on a private interpersonal basis, between self and the professional, but also amongst their peers,

*“If you’re embarrassed”* (Focus Group 3.1 0326)

*“If someone said, “Oh you don’t want to go there””* (Focus Group 3.2 0210)

*“If like, pressure group”* (Focus Group 3.2 0212)

Chapter 7 will describe my findings in relation to the *evaluation* clauses (Labov 1972b).



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# Chapter 7

*“My bars are sick, your girl needs to doctor me” (Rap 11)*

## ANALYSIS AND FINDINGS OF AGGREGATED EVALUATION CLAUSES

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### 7.1 DEFINING EVALUATION CLAUSES

The analysis and findings of the aggregated *evaluative* clauses will be discussed in this chapter. Identified through systematic application of Labov’s Evaluative Framework (1972b), as described in Section 4.8, to the interview, focus group and rap compositions, they evaluate the key events or factors captured by the *complicating action clauses* (Chapter 6). Consequent to its evaluative function, the *evaluation* clauses encapsulate the participants perspectives revealing how the teller wants to be understood and the value, impact or influence perceived on their health, lifestyle and access to health related help.

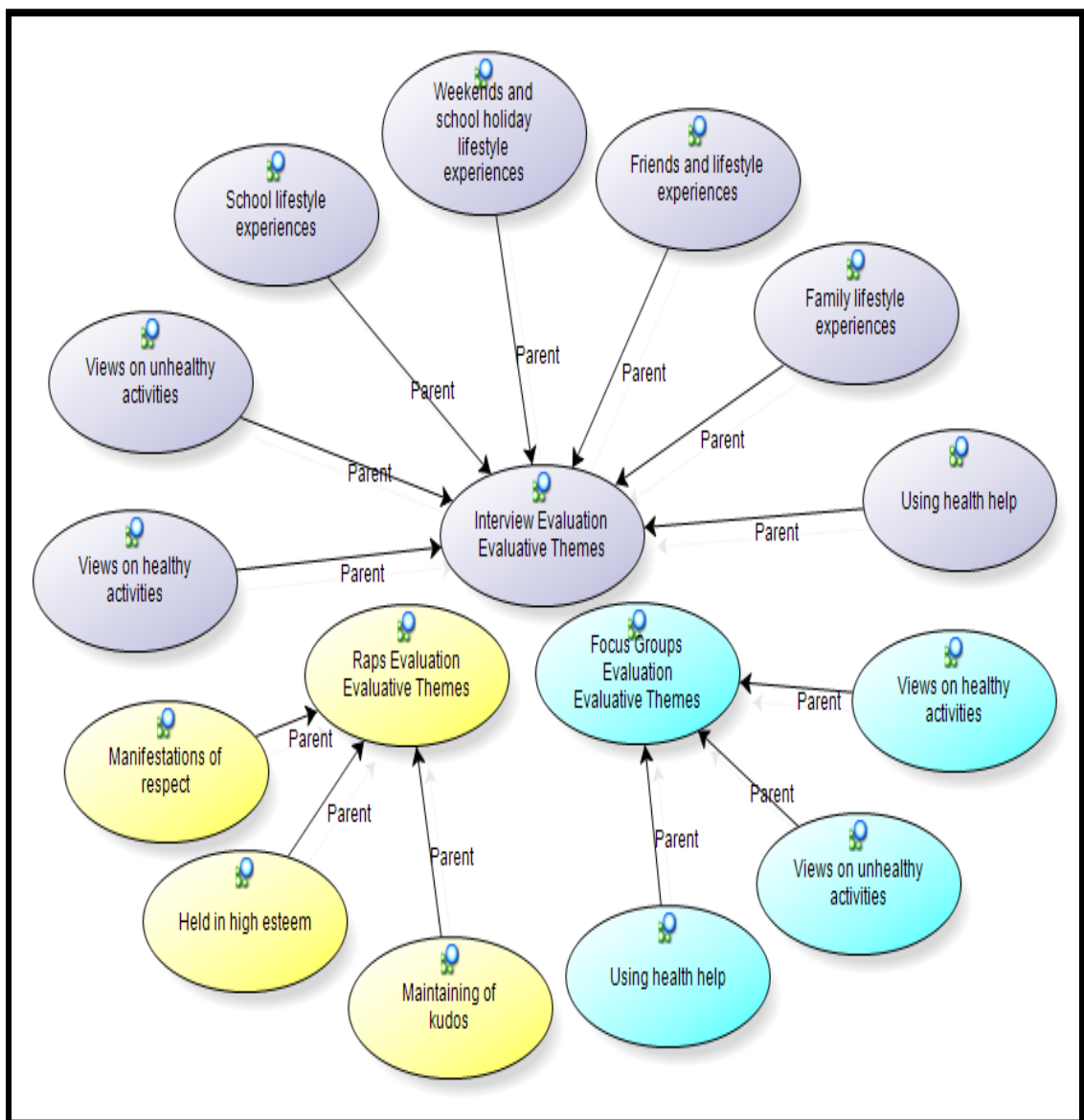
### 7.2 OVERVIEW OF INTERVIEW, FOCUS GROUP AND RAP THEMES

Reflecting the consistent systematic approach to analysis the *evaluation clauses* were identified and extracted from the text transcripts and located in 3 discrete data sets or nodes comprising interviews, focus groups and raps, using NVIVO8 software. A thematic analysis was undertaken within each of the three *evaluation clause* nodes to gain understanding and insight into the main evaluative perspectives held by the participants on the key factors they identified concerning their health, lifestyle and health related-help (Figure 34) (Appendix 29).

Emerging from the interview and focus group data, the analytical compass of each identified theme is broad because they envelope the range of factors and experiences articulated (Figure 34). Interview themes comprised, *“Weekends and school holiday lifestyle experiences”*, *“Friends and lifestyle experiences”*, *“School lifestyle experiences”*, *“Family lifestyle experiences”*, *“Views on healthy activities”*, *“Views on unhealthy lifestyle”* and *“Using health*

*help*” (Appendix 29, Tables 76, 77, 78 and 79 respectively). Focus Group themes include, “*Views on healthy activities*”, “*Views on unhealthy activities*” and “*Using health help*” (Appendix 29, Tables 80 and 81 respectively). The parallels between the interview and focus group schedules resulted in the creation of identical themes, namely “*healthy*” and “*unhealthy activities*” and “*use of health help*” (Appendix 29, Tables 78 and 80, 79 and 81). Although the interview and focus group themes are broad, because each theme is discrete from the other, they are successful in circumscribing the evaluative foci expressed in relation to the key factors and towards fulfilling the research objectives of RAP ‘n CAB (Chapter 3, 3.2).

**Figure 34 Diagram Showing Evaluation Themes of Interview, Focus Group and Rap Narratives on Application of Labov’s Evaluative Framework (1972b)**



This graphic is produced by NVivo8 software in relation to the nodes identified during thematic analysis of each of the interview, focus group and rap data sets.  
 The arrow labeled “parent” points from a lesser node to a node which is above it in a hierarchy.

In contrast, the rap themes are narrow and closely connected due to their shared association with status, which both the *orientation* and *complicating action* clause data confirmed as highly valued by the participants. Themes include, “*Manifestations of respect*”, “*Held in high esteem*” and “*Maintaining kudos*” (Figure 34) (Appendix 29, Table 82). Their names reflect subtle distinctions made in relation to aspects of status. “*Manifestations of respect*” focuses on the proclaimed need to heed and take notice of; “*Held in High Esteem*” captures the reasons why an individual would respect another; and “*Maintaining kudos*” embodies the pressures of upholding glory, fame and renown.

## 7.3 PERSPECTIVES ON LIFESTYLE

### 7.3.1 Family and Private Space

Being with their family was highly valued by the participants but personal space from family was considered crucial,

*Being away from my family for a bit, because they do your head in sometimes, being out in the fresh air, not being stuck in”* (Interview 1.2 089)

*“Important) Obviously family and all that and friends like”* (Interview 1.1 0143)

*“Because you like your personal time”* (Interview 1.2 096)

*“I don’t really get along with my dad that much, well I sees him twice a week and don’t really speak to him as much as my mum”* (Interview 1.2 0129)

*“Fixing my brother’s car” (036) “Getting all oily and that”* (Interview 1.3 038)

*“(Enjoy) Going on the trampoline because me and my brother always fight on it”* (Interview 1.1 054)

*“My mum always, whenever I goes out she’s like, “Oh stay a bit longer”, and then it usually ends up I stays in the whole time or something. She just wants me to stay in all the time really”* (Interview 1.7 0150)

Spending lazy time with the family usually resulted in no physical activity,

*“Um like on a Sunday I won’t actually keep fit, I’ll stay down my mum’s and have some fat days (laughs)”* (Interview 0105)

Overall, parents were perceived as motivators and nags, supporting the food likes and dislikes of their sons and encouraging their involvement in physical activities,

*“Um my mum, sometimes, my mum keeps nagging me to go out and play football and not just staying in” (Interview 1.5 0107)*

*“Um, like I’m a fussy eater and that and I like, I’m not into like fast food” (Interview 1.6 023)*

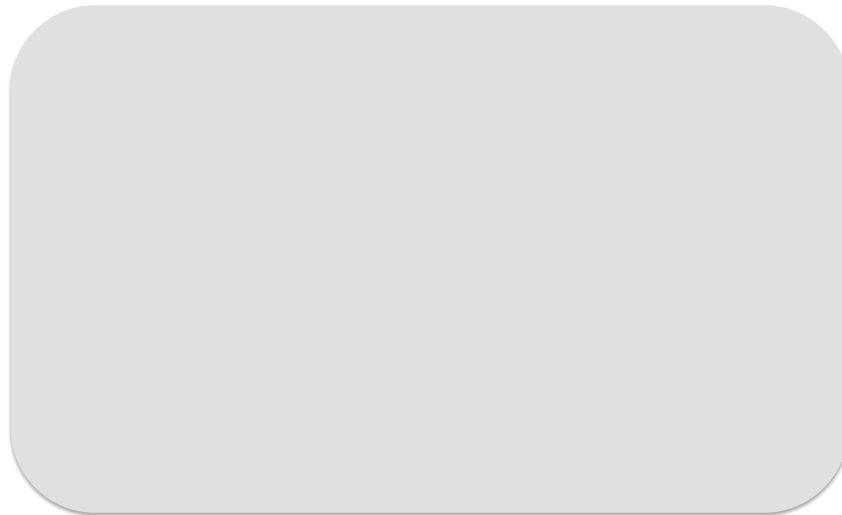
### **7.3.2 Temporal Routines and Lifestyle**

In Chapter 6 Section 6.4.1, lifestyle activities were found to be associated with temporal routines. Saturdays and school holidays were boring and difficult and this was regarded by the participants as inevitable,



### **7.3.3 School is Important**

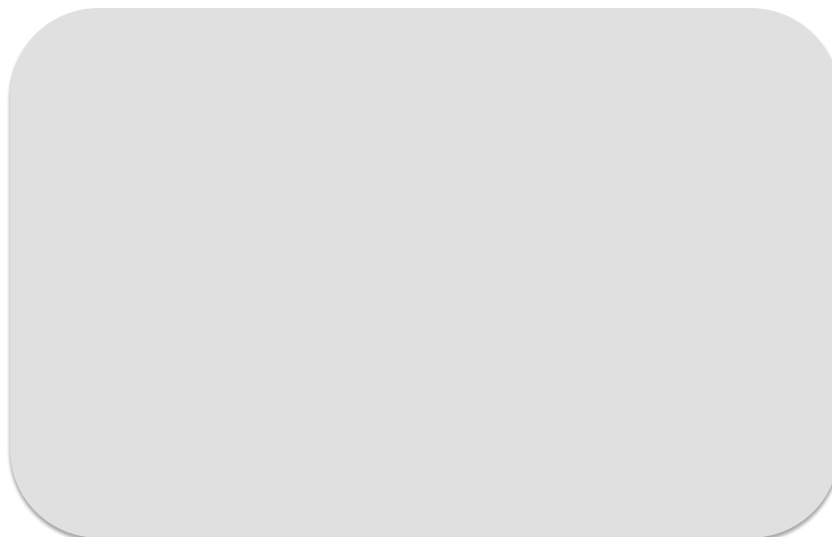
School was the most important place in contributing to the lifestyles of the participants. It provided access to a range of sport and music activities which were of especial significance to the quality of their lives, presenting opportunities for them to achieve and be successful, to gain status amongst peers and belong,



The help and support the school extends towards the participants leading positive constructive lives was acknowledged,

*“Used to get in a lot of trouble” (0229) “I don’t know it was just like I thought like everyone was against me, but they were trying to help me. You know I can see it now they’re helping me you know” (Interview 1.1 0231)*

The centrality of the teacher / student relationship was raised in relation to enjoying, engaging and succeeding at school,



Music technology and rap contributed significantly to the participants positive experience of school. They were passionate about them and succeeding in them,

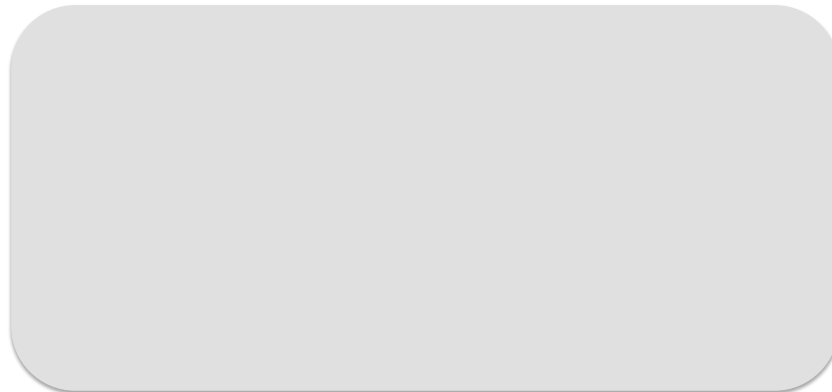
*“And like obviously I started off rubbish but it was like a new thing and it was sort of hip hop at first. Now we all does like our own thing” (Interview 1.6 023)*

*“I like all rapping and music tech and all of them” (Interview 1.7 061)*

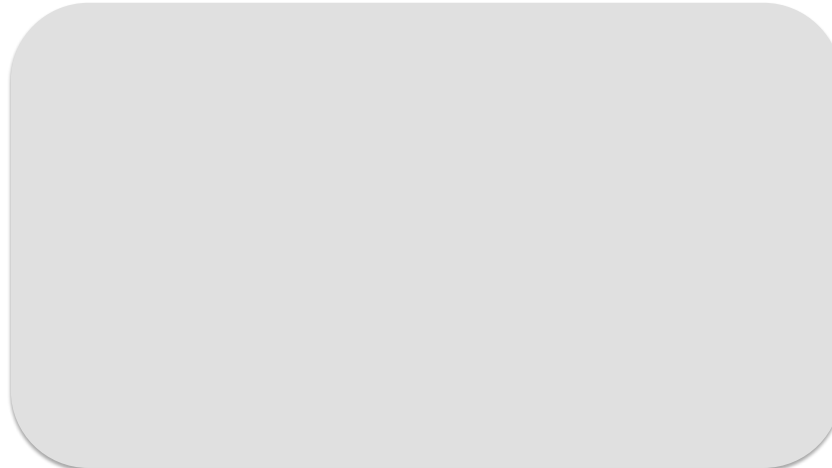
*“My favorite lesson, music tech” (Interview 1.7 095)*

### 7.3.4 Friends and Status Amongst Peers

Having good friends was seen as crucial to emotional wellbeing especially non-judgmental shared companionship. Reliability was viewed as a key quality of a good friend,



Status was central to the credibility and respect the participants enjoyed from peers and to fortifying their individual self regard,



It was not just about self-esteem, it was about the pride generated by being good at something, being admired and the pleasure they derived from this,

*“No MC’s in the game on my level man  
Blow your ears with the bass to the treble man”* (Rap 1 018-019)

*“I’m the best in the game I’m ahead of it”* (Rap 10 020)

*“My bars are hot coming and piling”* (Rap 12 002)

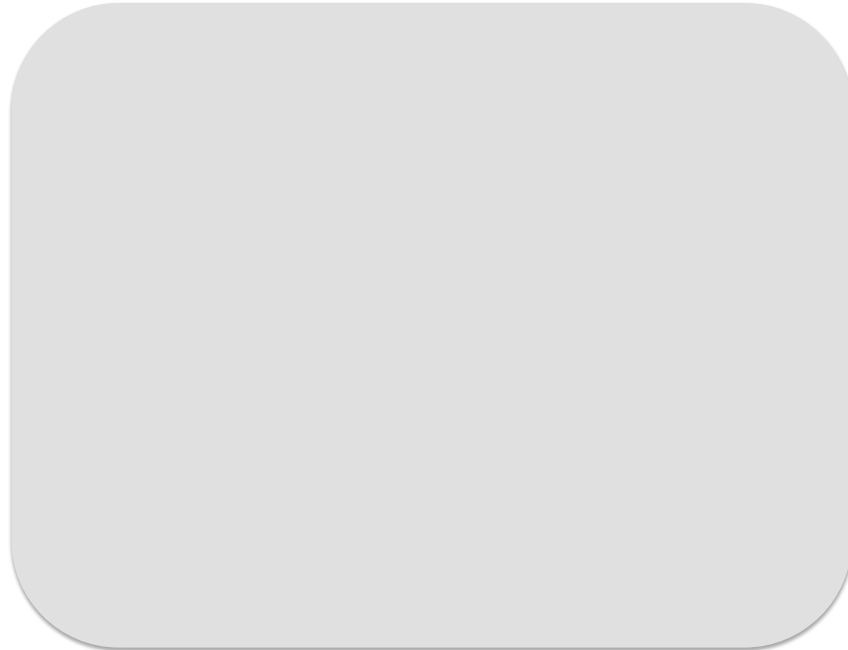
*“I’m on that tip top movement im in the  
Game and my name’s the improvement”* (Rap 3 006-007)

*“I love it on stage cause I can feel all the rage”* (Rap 2 002)

*“Me the mic I’ll make the track exciting”* (Rap 3 015)

*“My bars are thick just like cigar smoke”* (Rap 4 017)

Status was also about reverential regard or acts of favour the individual could expect from peers. This highlights differentials of power between peers which raises questions of boundaries between bullying and peer pressure,



Status between rappers was maintained through the rap style of “*dising*” the competition. This was not just a case of insulting or mocking contenders but entering into a competitive exchange of wit, imagination and creativity through improvisational rap,

*“Your stature is sort I’ll compare it to foam  
Your gut is soft I’ll compare it to foam”* (Rap 4 026-027)

*“And I’m not tinnie like tampah”* (Rap 7 014)

*“I’m freezing in the awr cause your bars are too cold”* (Rap 8 005)

*“I’m spiting old school like I’m livin in the past  
So wagi rude boi cut all the razz”* (Rap 10 005-006)

Status also involved competitive claims of potency and effect on peers, again raising the question of bullying or peer pressure,

*“I can make the crowd to on a hype when I enter”* (Rap 7 015)

*“People think im hot they know im blazing man”* (Rap 1 006)

*“I feed on the hype so my game never old”* (Rap 8 006)

*“I leave the crowd screaming like monkeys”* (Rap 8 014)

Whatever means were used, there was considerable pressure on the boys to maintain their status with peers,

*“Got gotta get through this  
If I don’t gonna feel so so stupid”* (Rap 5 003-004)

*“Coc I’m grateful for all the things that I accomplished”* (Rap 5 012)

*“I feed on the hype so my game never old”* (Rap 8 006)

## 7.4 PERSPECTIVES ON POSITIVE LIFESTYLE INFLUENCES ON HEALTH

### 7.4.1 Views on Healthy Eating

Healthy eating was considered an important aspect of a healthy lifestyle and maintaining personal fitness,

*“It’s like when you say that I would probably think like eating healthy and social know, like anything, like activities you do that will affect your health and fitness”* (Focus Group 1.1 063)

Breakfast was viewed as healthy on the basis that it included milk and whole grain cereals,

*“Brek and that”* (Interview 1.1 072)

*“Cos I mean like the milk and that’s got everything really hasn’t it? And the whole grain in the Cheerio’s”* (Interview 1.1 075)

*“Well cereal is good for you and healthy because it gets you going in the morning and you’re not lazy in school”* (Interview 1.8 0133)

Vegetables were viewed as synonymous with vegetarian food and it was therefore seen as healthy. There was also the association of “good for you” with unsavoury,

*“Um, school day probably like veg burger although I’ve never eaten one of those. Like it’s probably good for you but it like tastes horrible”* (Interview 1.1 092)

Fruit and vegetables were known to be healthy but were mostly disliked,



*“Oh fruit, vegetables, like, it’s just saying I know they’re good for you like and that, like good food I likes bananas and grapes. I don’t like nothing like vegetables just sweet corn and carrots, that’s the only things I like”* (Interview 1.2 069)

*“Obviously vegetables are good for your health. I always eat em, yeah”* (Interview 1.6 037)

Sandwiches and salad were considered healthy,

*“Mostly as I say the sandwiches are healthy and I bring a banana or something so then I’ll eat that”* (Interview 1.2 075)

*“Er, they have sandwiches at school, like healthy sandwiches with salad”* (Interview 1.4 089)

Pasta and rice were viewed as healthy as was avoiding of fatty foods,

*“Um foods like pasta and rice ‘coz like getting rid like fatty foods”* (Interview 1.5 070)

Chicken and tuna were also declared healthy particularly if eaten with salad,

*“Yeah tuna, yeah, because it’s like healthy for you”* (Interview 1.8 0135)

*“Well salads, every salad, like chicken salad, something like that”* (Interview 1.7 0132)

#### **7.4.2 Physical Exercise and Fun**

Being physically healthy was associated with longevity,

*“(Physically healthy) I can live, live your life longer”* (Focus Group 2.1 037)

Sport was valued for its contribution to a healthy lifestyle and because it was stimulating requiring constant activity and engagement,

*“Because it’s like, it’s not like football, rugby is it? In rugby you’re always having something for you to do”* (0165) *“Yeah, not standing around”* (0166) *“Yeah and you’ll never be like that just doing nothing on the pitch so like you’re healthy like it kept me healthy because like you’re always doing something”* (Interview 1.1 0167)

*“Coz like, like the football that can keep you healthy in it?”* (Interview 1.4 0128)

Key to its appeal was its fun aspect,

*“Because with rugby like it’s fun” (Interview 1.1 0170)*

*“Football because I’m quite good at football and I have fun when I’m playing” (0178) “Yeah it keeps you healthy at the same time and occupied, the same thing, yeah” (Interview 1.7 0180)*

### 7.4.3 Good Friends are Important

Good friends were viewed a major positive influence on health and necessary to a desirable way of living. A participant eluded to, *“a slightly religious feeling”* (Focus Group 2.1, 0117) in attempting to convey its importance,

*“Yeah if you didn’t have good friends you’d probably feel like down and that wouldn’t be great” (Interview 1.1 0186)*

*“Yeah, mostly it’s about having a good time with my friends anyway” (Interview 1.1 0187)*

*“Because without friends it would just be like, I don’t know, you’d just be feeling like most of the world’s against you if you didn’t have friends” (Interview 1.1 0189)*

## 7.5 PERSPECTIVES ON NEGATIVE LIFESTYLE INFLUENCES ON HEALTH

### 7.5.1 Unhealthy Food Choices

School was evaluated as mainly providing unhealthy food choices,

*“In school? Crisps and burgers (0102). So I think too much of that makes quite unhealthy” (Interview 1.4 0104)*

The participants were agreed that a number of foods were significant negative influences on their health,

*“I know pizza that’s not good for you” (Interview 1.1 078)*

*“Well some of it is but it’s just got a lot of fat in it” (Interview 1.1 079)*

*“Well a lot of chocolate, crisps are fattening. I don’t eat too much of them like, I used to eat six packets a day or something but now it’s just one” (Interview 1.2 071)*

*“Um well chips, like chips and burger and like, they’re just fat and whatever” (Interview 1.5 072)*

*“I knows that fast are bad like, like if you eat loads of like KFC, McDonalds, Burger King and that. They’re bad for your health like” (Interview 1.6 039)*

*“Um chips because they make people go bigger and bigger” (Interview 1.8 0137)*

### 7.5.2 Unhealthy Lifestyle Choices

Physical exercise was seen as crucial to avoid becoming overweight or obese,

*“Oh there’s some of my friends like too fat because like you have to do exercise” (Interview 1.5 090)*

Participants acknowledged that smoking and passive smoking could lead to life threatening disease,

*“Um I don’t like, like I said about passive smoking sort of thing like lung cancer for passive smoking so I could get lung cancer” (Interview 1.5 0128)*

Smoking cannabis and drinking alcohol mainly took place in the park and was considered detrimental to health,

*“So I don’t like smoking no more but that obviously did mess up my health out in the park and everything just drinking and taking cannabis like” (Interview 1.6 068)*

*“Well cos, um my friends used to smoke so I tried it once, I tried it once for a while so that could have messed my health so, and bad food too” (Interview 1.7 0211)*

*“I don’t know. At one stage I stopped, I had a week off sport and like I felt bad and I got back to it” (Interview 1.8 0189)*

*“It’s just like your proper average person you don’t want to be it” (Focus Group 1.1 049)*

*“Because its nasty” (Focus Group 1.1 0114)*

Being “hard” was associated with risk taking behaviour,

*“It’s hard” (Focus Group 2.2 030)*

*“Erm, I don’t know, just. I don’t know I ain’t got healthy things” (Focus Group 2.2 014)*

Participants were more concerned with unfavourable future prospects than the health impact of risk behaviours associated with being “hard”, such as drug and alcohol use. Drugs, cigarettes and alcohol were easy for the boys to obtain,

*“... ’cos you ain’t gonna like...you ain’t gonna end up dying of like eating burgers like not...like through drugs like bad stuff can happen in it”* (Focus Group 1.1 036)

*“Because they’re getting nowhere in life”* (Focus Group 1.1 045)

*“Yeah. Schools have got shit”* (Focus Group 2.1 083)

*“Yeah so it’s like a waste of the start of your life if you go to prison”* (Focus Group 3.1 038)

*“Obviously we’ve taken part in risky activities but it’s...”* (Focus Group 3.1 018) *“Makes you go woozy in the head”* (0144) *“and you end up doing stupid things”* (Focus Group 3.1 0146)

*“(fighting) Because they mess with your health like you know...”*(027) *“they make you go a little loopy”* (030) *“Fights like, damage your lungs fighting makes you look ugly”* (Focus Group 3.2 032)

## 7.6 VIEWS ON HEALTH-RELATED HELP

### 7.6.1 Supporting Healthy Lifestyles

The participants did not see how the government could help young people in making healthy lifestyle choices,

*“I don’t know but like it’s not really up to the government it’s like...”* (Focus Group 1.1 051)

The participants suggested more facilities to engage young people in activities,

*“More facilities”* (Focus Group 2.2 044)

The importance of family was raised, particularly in relation to emotional health and emotional capacity to deal with bullying which was largely regarded as inevitable by the participants,

*“Yeah. But it depends what’s going on at home and everything. Like emotionally anything that like it changed like if you’re getting bullied you’re not emotionally like if you’re proper thinking different things in like a home like in if my feelings or something like that if I...”* (Focus Group 2.1 077)

*“And so you get like and if you’ve got problems at home and like you say like someone beats you up and that you can’t run to the teacher saying ‘Can you excuse me like’”* (Focus Group 2.1 0102)

The school's role in promoting healthy lifestyles was considered important and the participants suggested a range of approaches they felt would work,

*"(Schools) Supply like food"* (Focus Group 2.2 034)

*"Like your mentor you like counselors to talk privately and stuff"* (Focus Group 2.1 069)

*"School like you might have posters in school: after school clubs or someone might come up in the community and speak or make a speech"* (Focus Group 2.2 027)

*"Pictures and everything and all that but you're actually seeing the actual event from their point of view and everything. Someone who'd been through it and so but you could actually look at them and will sort of it's not just someone who to like speak"* (Focus Group 1.1 078)

More PHSE was recommended as it was felt that insufficient guidance was provided on health issues within the curriculum,

*"(PSHE) Yeah 'coz once a fortnight's just not, not enough"* (Focus Group 2.1 0411)

Sport celebrities were identified as having the kudos to inspire young people into adopting healthier lifestyles,

*"If they're not rugby players get like a famous rugby player to come down and do a little training session isn't it?"* (Focus Group 1.1 0107)

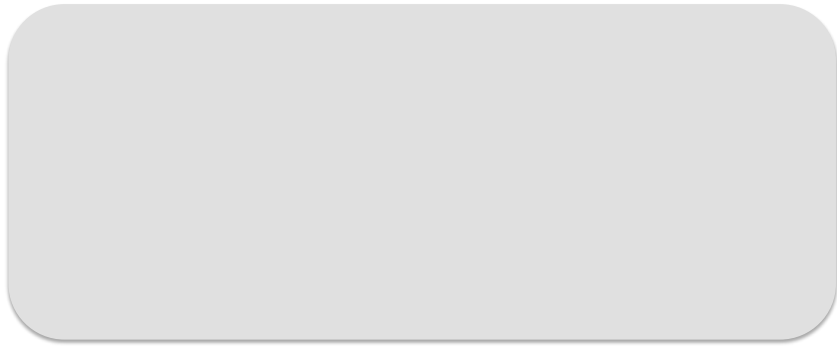
*"Not like...not no one big like for the football like, just someone like Bellamy of someone, someone they would listen to. Kind of they listens but like it would be...they would think it's like a professional isn't one like big it's just like a sort of football player like you know. So..."* (Focus Group 1.1 0108)

True life experience stories were suggested as powerful methods for giving young people insight into the consequences of risk behaviours,

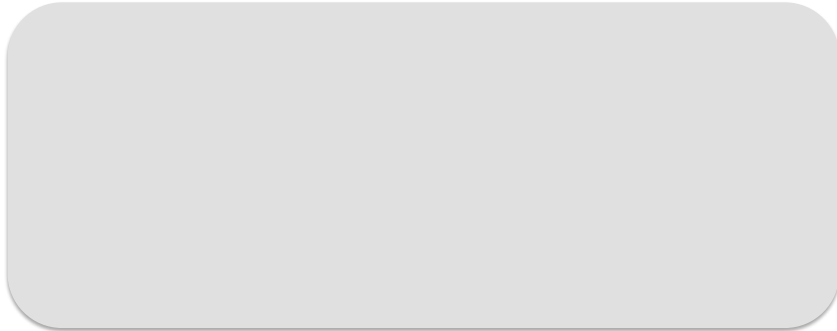
*"They had a good plan and idea about like people coming into school but like former drug addicts and then they can show"* (073) *"...how you could end up if like yeah"* (075) *"Or take them round prisons and then"* (Focus Group 1.1 771)

### **7.6.2 Who to Ask for Health Help**

The school nurse was identified as a key provider of health-related help because she was viewed as accessible, expert and professional,



Professionals were viewed positively, but it would depend on accessibility,

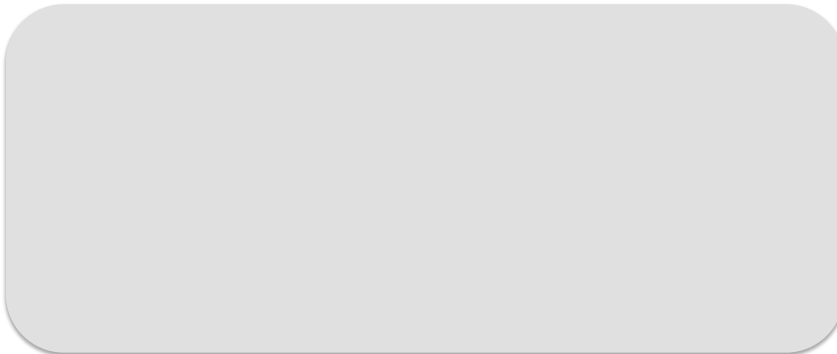


Females were preferable, especially mothers. Men were viewed as a paedophile risk,

*"Its got to be female hasn't it?"* (Focus Group 3.1 0437)

*"Female (laughs)"* (0285) *"Well I don't know 'cos if it was like something like downstairs well obviously a man touching me (laughs)"* (Interview 1.1 0287)

*"Could be a paedophile"* (Interview 1.1 0290)



Males were thought to be more likely to empathise with health issues they raised due to their own life experiences,

*“Male really because then you’re talking to someone that’s, well the same thing so he understands”* (Interview 1.7 0258)

*“I’d tell like my dad”* (Focus Group 3.1 0283)

*“(Mum and Dad) Yeah I can tell them anything”* (Focus Group 3.1 0288)

*“(Older man) .....he could have gone through some thing similar”* (0341) *“Yeah he could have gone through some thing similar. And know like oh yeah”* (0342) *“it’s hard to talk about it”* (0344) *“It’s hard ‘coz he went through it”* (Focus Group 3.1 0345)

Friends and siblings were also viewed as people they could turn to for advice,

*“It depends on the situation is like my friends might help, apart from that I don’t know”* (Interview 1.2 0157)

*“Because he’s my brother”* (Interview 1.3 0135)

*“(Asking family) It depends like what it is how like much of a problem (0183). Friends obviously”* (Focus Group 3.2 0184)

On seeking health-help, participants did not trust teachers to the same extent as their friends and siblings,

*“You can’t, you can’t trust like ‘coz teachers do a turd and you can’t like say nothing so school definitely on like”* (Focus Group 3.2 0237)

### 7.6.3 Barriers to Health Help

Barriers to accessing health-help included fear, embarrassment, waiting a long time and prior experience of feeling unwelcome. Pressurised in-the-face health help was viewed very negatively,

*“If you were pressured too much or if you feel that if you ask them then it would turn out bad or whatever”* (Interview 1.7 0240)

*“Or if it was embarrassing”* (Interview 1.7 0241)

*“(Confidence seeing doctors) No”* (0306) *“Yeah it’s scary: um the place isn’t scary it’s just getting it done”* (Focus Group 3.1 0316)

*“Don’t like needles”* (0323) *“I reckon I would rack”* (Focus Group 3.1 0324)

*“Oh you have to wait ages”* (0351) *“No but if it was major, they keep you waiting for like ages”* (Focus Group 3.1 0354)

*“You don’t want them to know what you’ve got that’s wrong with you..yeah”* (Focus Group 3.1 0378)

*“Not a good atmosphere when you go into like”* (Focus Group 3.2 0256)

#### 7.6.4 Reasons to Use Health Help

The participants were not sure of the circumstances that would result in them using health help,

*“Oh I don’t know, just if you’ve got any troubles, smoking, anything, drugs”*(Interview 1.7 0288)

*“Who are having trouble with their parents or something”*(Interview 1.7 0291)

*“And for girls as well, like pregnancies? (0293). Yeah, yeah especially for girls, yeah”* (Interview 1.7 0294)

#### 7.6.5 Attributes of Health Help

Finally, the participants agreed on several attributes that they thought key to providing health help to young people. Confidentiality and being taken seriously were crucial,

*“Yeah so confidential”* (Interview 1.7 0255)

*“So if help was not available on your first visit would you go to a second appointment?”(0295). “You’d think they were messing you about then”* (Interview 1.7 0297)

*“...may be if there was music or something as a distraction” (0359) “Mm take your mind off”*(Focus Group 3.1 0361)

*“Er make them feel as comfortable as possible”*(Focus Group 3.1 0381)

*“They could make ‘em more welcoming innit?”* (Focus Group 3.1 0427)

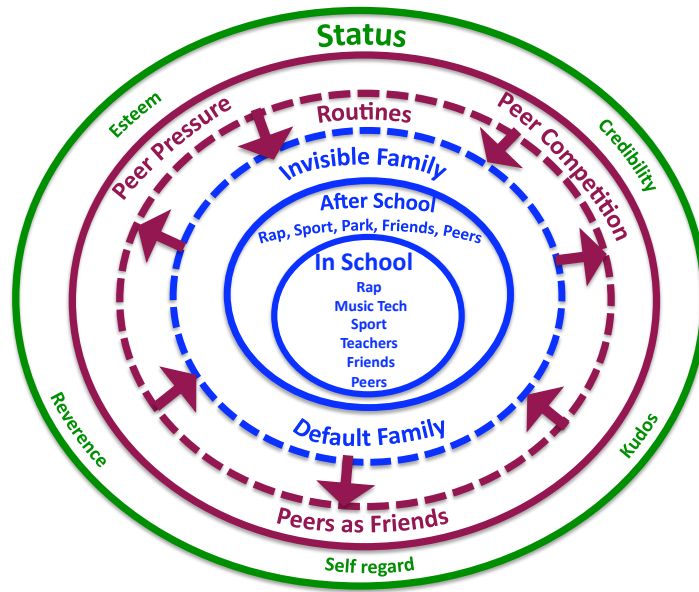
*“I reckon, I reckon that it would be better if they had like proper younger, younger people clinic like” (0245) “Just like under sixteen’s” (0247) “Yeah, under sixteen”*(Focus Group 3.2 0250)

### 7.7 SUMMARY OF EVALUATION FINDINGS

The findings in this chapter confirm the centrality of school, family, peers and routine to the health and lifestyle of the participants. Perceptions of status, concerning self and peers, were of high importance to each participant’s esteem and seemed to inversely influence their vulnerability to adverse lifestyle peer pressure. In essence, the greater their status the more protected they seemed to be against peer pressure. Building on the summative diagram of chapters 5 and 6, the findings of the *evaluative* clauses adds a ring of influence, that of status (Figure 35). Status is shown as pivotal to determining the nature of the interactive interface between self and peers, having influence on their behaviour in relation to their school and family contexts.



**Figure 35 Diagram Summarising Evaluative Perspectives in Relation to the Key Factors and Contextual Influences on Health and Lifestyle**



Chapter 8 will complete my discussion of findings for RAP ‘n CAB. It will examine findings in relation to the *end result* clauses (Labov 1972b).

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# Chapter 8

*“And I’ll be moving mountains” (Rap 7)*

## ANALYSIS AND FINDINGS OF AGGREGATED END RESULT CLAUSES

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### **8.1 DEFINING END RESULT FINDINGS**

This chapter presents the final set of findings for RAP ‘n CAB. It focuses on the analysis of the aggregated *end result* clauses identified through the systematic application of Labov’s Evaluative Framework (1972b), as described in Section 4.8, to text transcripts of interviews, focus groups and rap compositions. The *end result* clauses are concerned with the outcomes of the events reported to have occurred in the *complicating action* clauses across the narrative data sets. Through application of Labov’s Evaluative Framework (1972b) the emerging outcomes are contextualised and reflect the evaluative responses of the story tellers.

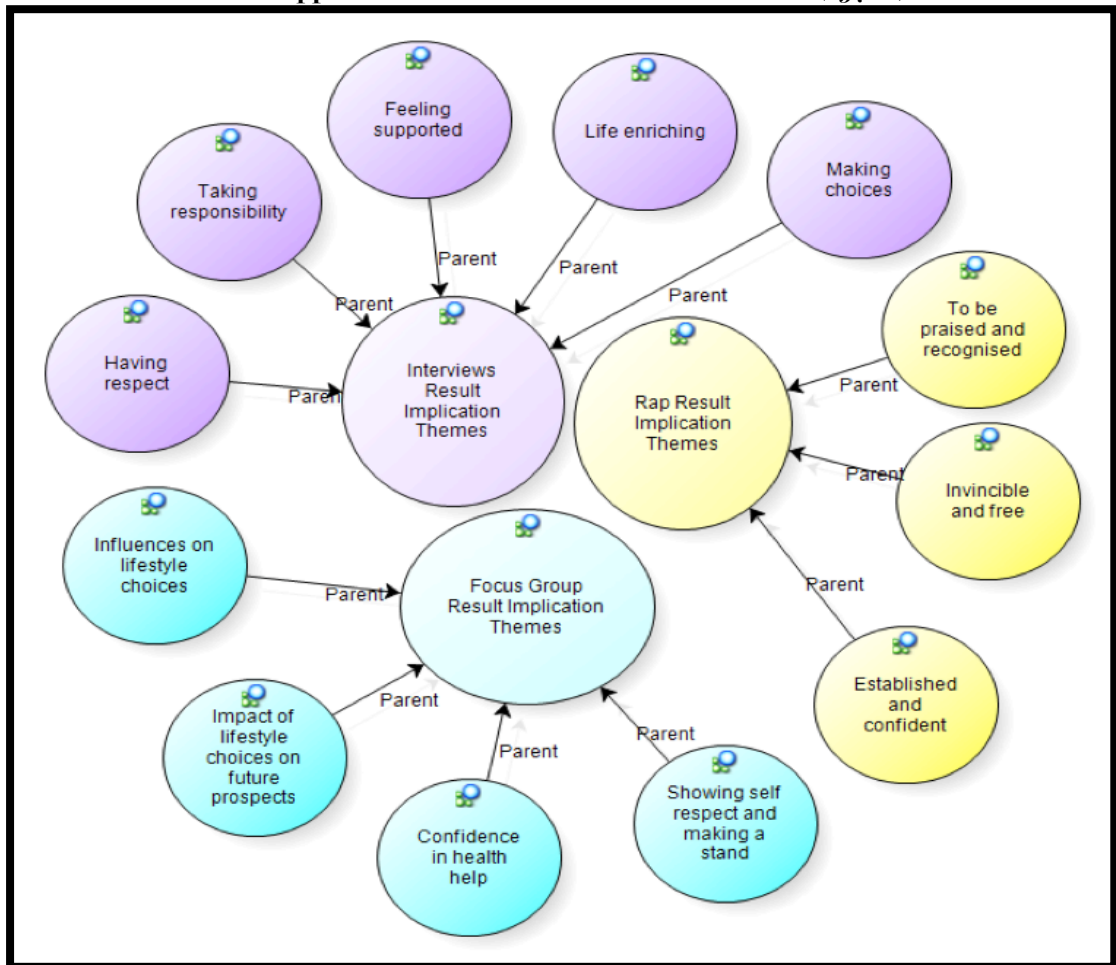
### **8.2 OVERVIEW OF INTERVIEW, FOCUS GROUP AND RAP THEMES**

The *end result* clauses were identified and extracted from the text transcripts and located in 3 discrete nodes, interviews, focus groups and raps, using NVIVO8 software. A thematic analysis was undertaken within each of the three *end result* nodes. This facilitated understanding and insight into the main outcomes perceived by the participants consequent to key factors captured by the *complicating action* clauses they experienced in relation to their health, lifestyle and access to health-related help (Figure 36).

Overall the 12 *end result* themes for the interview, focus group and rap data, bring to attention the low priority of concern felt by the participants for their lifestyle and its influence on their health. Only one interview theme, *“Making choices”* (Appendix 30, Table 83), and one focus group theme, *“Influences on lifestyle choices”* (Appendix 30, Table 84), are dedicated to exploring action in relation to healthy choices consequent upon the key factors identified and

evaluative influences raised. The theme, “*Confidence in health help*”, resulting from the focus group data (Appendix 30, Table 84), highlights the importance of health-related services and professionals taking the participants seriously and making them feel welcome. The interview theme, “*Taking responsibility*” reflects a more generic discussion on responsibility (Appendix 30, Table 83).

**Figure 36 Diagram Showing Result Themes of Interview, Focus Group and Rap Narratives on Application of Labov’s Evaluative Framework (1972b)**



This graphic is produced by NVivo8 software in relation to the nodes identified during thematic analysis of each of the interview, focus group and rap data sets.  
 The arrow labeled “parent” points from a lesser node to a node which is above it in a hierarchy.

The 10 remaining *end result* themes from across the data sets effectively highlight the major concerns of the participants. Status-related issues are the foremost focus of the participants and, unlike the *orientation*, *complicating action* and *evaluation* clauses, pertinent themes have not only emerged from the rap data set, as for the latter clauses, but also from the interview and focus group data. These themes include, “*Showing respect*” (Appendix 30, Table 83), “*Showing self respect and making a stand*” (Appendix 30, Table 84), “*Invincible and free*” and

*“Established and confident”* (Appendix 30, Table 85). It is striking that most *end result* themes are concerned with issues raised in the preceding analysis chapters. An important issue to the participants was dealing with uncertainty and it is raised in the focus group theme, *“Impact of lifestyle choices on future prospects”* (Appendix 30, Table 84). Finally, feeling valued is a pivotal need and emerged across all three data sets in the themes: *“Life enriching”* and *“Showing respect”* from the interview data (Appendix 30, Table 83); *“Showing self respect and making a stand”* from the focus group data (Appendix 30, Table 84); and *“To be praised and recognised”* and *“Established and confident”* in the rap data (Appendix 30, Table 85).

## 8.3 OUTCOMES FOR LIFESTYLE CHOICES

### 8.3.1 Taking Responsibility

The participants felt that responsibility towards other people was an integral aspect of lifestyle decision making and that it should be honoured regardless of whether it was enjoyable or not,

*“But I just done it because like I always do stuff for mum”* (Interview 1.1 052)

*“Oh no I don’t hate my brother I just hate it when I have to look after him because he tends to go out and it’s a proper drag of the time”* (Interview 1.1 0125)

*“I hate that because I leaves him waiting all the time”* (Interview 1.1 0135)

*“Yeah, just to succeed and my mum she’s also very proper. She’s always on at school, yeah so that’s another thing I’d like to impress my mum over”* (Interview 1.7 0190)

*“Yeah so that people don’t, its like disrespect and all isn’t it?”* (Interview 1.7 0195)

The importance of taking responsibility for health in relation to self was also discussed. Key motivations concerned self-respect and personal pride,

*“Like misbehaving”* (0126) *“I really, really missed school (when excluded)”* (Focus Group 3.1 0129)

*“Like I don’t know it’s like self respect and that shit. Because you care about your health and that”* (Focus Group 2.1 003)

*“Because you don’t want to let your self go and like start getting fat?” (Interview 1.1 0154)*

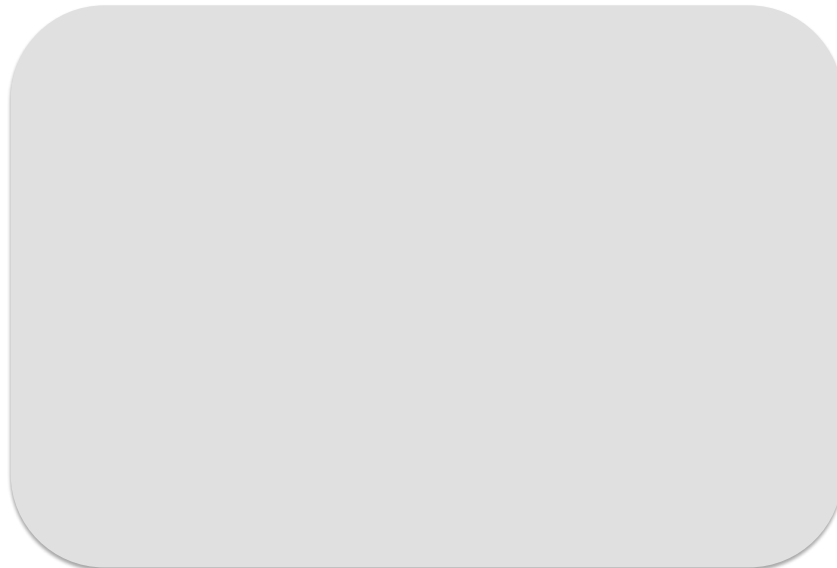
*“Um, I used to mess around in school and everything I used to be like proper bad but like I’m in year ten now so we’ve got all our GCSEs and everything so I’m buckled down this year. I does all my homework now and everything and behave in lessons” (Interview 1.6 029)*

*“Keep you healthy and just keeps you fit and that so its good” (Interview 1.4 0130)*

*“Like we go to school but it’s up to us they can’t make up learn. It’s either we want to learn or we don’t in it?” (Focus Group 1.1 086)*

### **8.3.2 Lifestyle Protective Factors**

The participants viewed their status as extremely important and felt that adults did not appreciate their worth in many areas of their lives. In particular, adults did not understand their music, which they felt passionate about,



The boys found other people’s lives inspiring, helping to overcome their apprehensions around future uncertainties,

*“Maybe believing in something helps you through life. It might well be that you believe in, it might be something else, but it helps you through life” (Focus Group 2.1 0121)*

*“Yeah there’s no chance of them like ending up like dead from drugs” (029)  
“They get a good job and everything” (Focus Group 1.1 030)*

*“Yeah you get inspired by people like you see on TV and people you like admire, just like think about them and you just do it” (Focus Group 1.2 045)*

The participants agreed that saying “no” to peer pressure was difficult. Fear of losing face, and therefore status, in front of peers was enormous and pressure from young people who were older was often conducted in an intimidating manner,

*“Like playing, play, play a game of football with people like two years older. You see older people doing like stuff like and they ask you to do it like you’re not really going to say no it puts on the spot and you got to say yeah”* (Focus Group 2.1 031)

*“Because they’re older than you you just think yeah so its OK”* (Focus Group 2.1 032)

*“No ‘coz a lot of people around you and you’re trying to like say no”* (0054)  
*“Yeah and you’re going to look like ..”* (055) *“Yeah (multiple speakers)”* (056-057) *“Fucking peer pressure innit?”* (Focus Group 3.1 058)

*“You could get beat up for that, just for being there”* (Focus Group 3.1 077)

*“And like but you don’t want to do it so you made up like an excuse or something”* (057) *“They’d be like”* (065) *“Laughs”* (066) *“Come on man don’t be like that”* (Focus Group 3.2 067)

*“No I just don’t know like it overcomes you”* (086) *“It’s never, when you’re doing things you’re never really alone when you do things there’s always like people with you that are doing it like so its life”* (Focus Group 3.2 087)

*“You don’t think about what you’re doing until you’ve done it”* (088) *“Its like gangs and stuff”* (Focus Group 3.2 089)

*“In our school everyone smokes like it’s an everyday thing, like a daily routine”* (Focus Group 3.2 0133)

*“It’s not the thing like it makes you feel cool it’s you’ve got nowhere to go so you gets off your bike you walk don’t you”* (Focus Group 3.2 0202)

Despite the threat of peer pressure the participants expressed beliefs of invincibility,

*“8 Im here to stay Im here for eve”* (Rap 2 022)

*“Never surrender”* (Rap 4 008)

*“Once I murk I man I will murk the hole crew”* (Rap 1 039)

*“Got the X factor runnin through my jeans man”* (Rap 6 019)

*“Don’t really care about your gender Anything gets in the way I go straight to the centre”* (Rap 7 016-017)

*“Gonna feel so good at the end of the day  
If it don’t I know it will feel better sum other day”* (Rap 5 010-011)

## 8.4 LIFESTYLE INFLUENCES ON HEALTH OUTCOMES

### 8.4.1 Making Healthy Choices

The participants were able to identify limited influences on their lifestyle choices,

*“Mm., but like who don’t like pizza ain’t it? You’ve got to have something”* (Interview 1.1 080)

*“So yeah it makes you fat (laughs)”* (Interview 1.1 098)

*“So I did used to smoke like for quite a while, um but it haven’t done me good, as my chest was proper bad an that so that I quit like a few months ago”* (Interview 1.6 068)

*“Like people would bring it (cannabis) over to the park and they’re, like the older boys and they ask “do you want to have a puff?”, like and so I was just couldn’t say no”* (Interview 1.6 068)

*“Not just eating junk food”* (Focus Group 2.1 004)

They identified sources of encouragement to follow an active healthy lifestyle,

*“Yeah, yeah. They (mum and dad) always push me forward like, yeah when you’re doing this and ask when you don’t go to football training they go, “Oh why are you not going, why are you”, and all that”* (Interview 1.7 0206)

School holidays were unanimously considered a lifestyle challenge with little to do,

*“For me I’d just be fucking bored out of my head I would unless I’m away or something (laughs) but yeah that’s a bad thing isn’t it?”* (Interview 1.1 066)

### 8.4.2 The Feel Good Factor

The boys acknowledged how music contributed positively to their self-esteem,

*“Because I’ve started writing lyrics and then a microphone ad then lyrics and spitting and that stands for MCing”* (Interview 1.1 034)

*“Yeah it’s a hobby that brings like you closer like when you go on tour and that”* (Interview 1.1 0171)

*“It’s wicked, you gets a buzz after you’ve made it like and you know the song like. It’s wicked”* (Interview 1.6 023)

Self confidence was also highlighted by the participants as contributing to good emotional health,

*“To be emotionally healthy you’ve got to be like”* (078). *Like* (079) *“Yeah, like not be scared to like speak your mind”* (Focus Group 2.1 080)

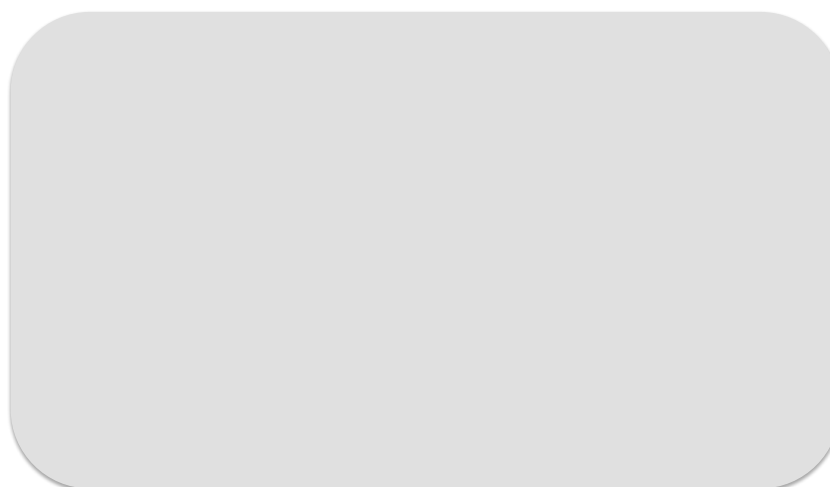
Coping with bullying was considered something the victim had to do. It was not seen as an area for teacher intervention, rather that the individual should stand up for themselves as a training for future life. Bullying was considered an inevitable behaviour,

*“Look at you, look at you” (086) “Most people sitting and watching a video don’t you just like, it carries on and getting bullied” (Focus Group 3.1 087)*

*“If you get bullied you can’t be running to the teacher like all the time or nothing you’ve got to stand up.. one day you’d have to yourself anyway” (Focus Group 2.1 0100)*

## 8.5 VIEWS ON HEALTH-RELATED HELP

The participants mostly agreed that they would confide in their mothers, use a doctor or telephone a help-line,



As in previous analysis chapters, the barriers identified in relation to accessing health-related services included fear and uncertainty of what might happen, not being taken seriously, being kept waiting and prior experience of being made to feel unwelcome by adult users of the same service,

*“And I just don’t want to go because like what’s going to happen, I’d still like feel kind of nervous when I’m going” (Focus Group 3.1 0319)*

*“It’s the wait ‘coz like you’re thinking they’re just messing you about (0355). Its shit (0356). “You’re just kind of left with your thoughts innit?” (Focus Group 3.1 0357)*

*“Yeah they feel like laughing but they don’t” (0399) “Seen that before” (Focus Group 3.1 0400)*

*“Coz like I went there, I went to a clinic but for like to just to see the doctor with F, and I went in there, trust me we had some stinking looks off all the people they just fucking stares at you and everything” (Focus Group 3.2 0251)*

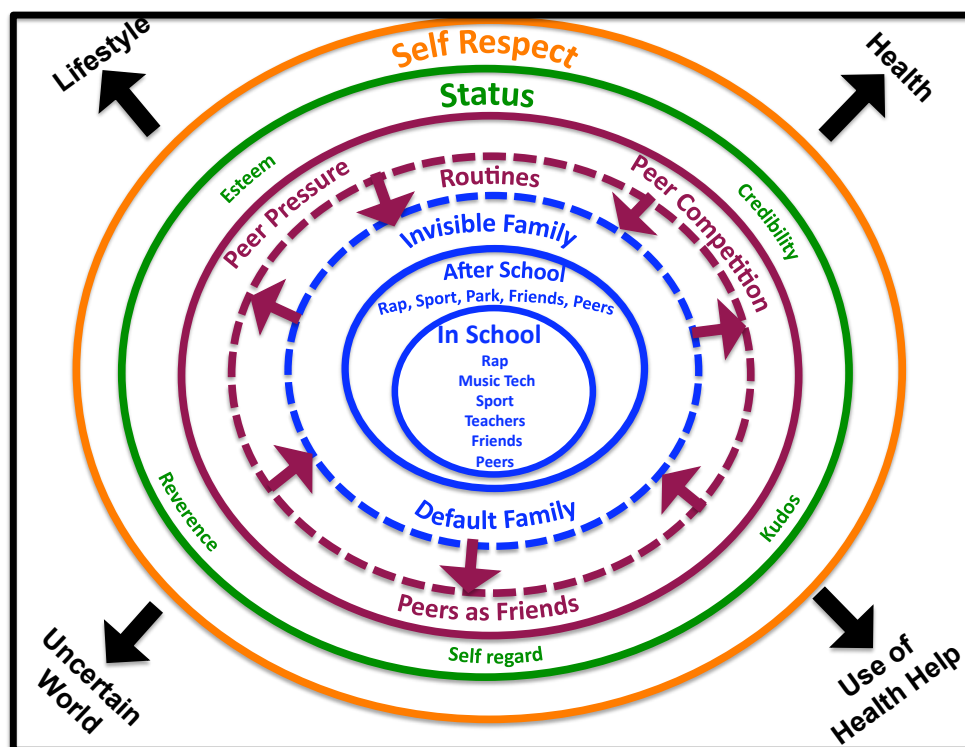
*“Coz then you can, then you can look at them and then (laughter) someone when you’re going home like and find out about it” (Focus Group 3.2 0293)*



## 8.6 SUMMARY OF END RESULT FINDINGS

Linked to the *evaluative* perspectives on status identified in chapter 7, the *end result* clauses illuminate the low priority afforded by the participants to their health and the high value placed on status. Subsequently, they viewed their health and lifestyle choices in terms of maintaining self-respect. Feeling valued was not only central to their capacity for dealing with the uncertainties of their world but also to enable them to utilise help offered. Their greatest concern in using health-related services was that professionals should take them seriously and make them feel welcome. In extending the summative diagram of chapters 5, 6, and 7, the findings of the *end result* clauses add self-respect, which encapsulates the lens through which the participants consider their lifestyle, are motivated to consider their health and make decisions on utilisation of health-related services (Figure 37).

**Figure 37 Diagram Summarising Insights of the Perspectives Held by Boys With SEBDs on Health, Lifestyle and Access to Health Help Using Labov’s Evaluative Framework (1972b)**



The next chapter will discuss the findings in relation to the evidence base, bringing new insights to the perspectives held by boys who have SEBDs, on their lifestyle, health and their access to health-related services.

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# Chapter 9

*‘I’m deep like Jo-Jo so let it rain’ (Rap 8)*

## DISCUSSION OF FINDINGS

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### 9.1 INTRODUCTION

This chapter will discuss the findings of RAP ‘n CAB in relation to the existing literature on the lifestyle, health and access to health-related help of boys who have Social Emotional Behavioural Difficulties, but also boys generally. The research objectives (Chapter 3 Section 3.2) will structure the overall discussion. For each of the research objectives, understanding and insight of the perspectives held will be achieved through synthesis of the relevant findings in relation to the aggregated thematic analysis, as described in Sections 4.7 and 4.8, of the *orientation*, *complicating action*, *evaluation* and *end result* narrative clause functions across the interview, focus group and rap data sets (Chapters 5, 6, 7 and 8). Because the methodological issues described in this thesis (Chapter 4) are also worthy of consideration, this chapter will start with a discussion of the difficulties encountered on application of a Labovian (1972b) analysis and its subsequent adaptation to enable a thematic analysis that utilises narrative clause social function. A reflective section on aspects of data collection and the extent to which the young people participants valued RAP ‘n CAB will follow.

### 9.2 OVERVIEW OF METHODOLOGICAL ISSUES

The structural narrative analysis of Labov (1972b) was intended to interpret oral narrative telling of specific personal experience. It conceptualises narrative as a recapitulation that matches the temporal sequence of past events and the text structure as comprising clauses that convey social function (Labov 1972b; Patterson 2008). When successfully applied a Labovian analysis can identify important narratives within the transcript, expose the structural function of each narrative clause, and through evaluative linguistic devices enable the examination of the teller’s perspectives (Labov 1972b; Patterson 2008). The suitability of narrative data for a

Labovian analysis hinges on the nature of its telling and on the purpose of the discourse. These fundamental characteristics influence the syntactical structure of the text, the precept assumption of temporal ordering and an event-centred focus. Patterson (2008 p24) presents a “*lift story*” that she refers to as an “*ideal type*” for Labovian analysis: it is analogous with the life history excerpt shown in Figure 22 and authored by myself. Whilst, overall the application of Labov’s Evaluative Framework (1972b) works well for both narratives, they include clauses that use, “*would*”, which is atemporal and therefore deemed unable to support a narrative within Labov’s strict criteria. As discussed in Chapter 4, on attempting to apply a Labovian approach to the data obtained in RAP ‘n CAB, it was found necessary to adopt some elements of Labovian narrative analysis and combine it with a more general thematic analysis due to the large amount of relevant data that had to be excluded from analysis principally due to the nature of the telling and the purpose of the discourse.

### **9.2.1 The nature of the telling**

Labov requires data to be a recapitulation of events which are temporally ordered. The key to obtaining data suitable for Labovian analysis was therefore found to be located in the manner of telling. RAP ‘n CAB used data obtained by semi-structured one-to-one interviews, semi-structured focus groups and the composition of original rap. Labov is concerned with investigating the full complexity of unabridged personal narratives, so whilst the nature of the rap fulfilled this, the interactive turn taking conventions of the one-to-one interview and the multiple voices of a focus group discussion did not. The question and answer format of this data was not imbued with the characteristics of a Labovian recapitulation. One aspect of this was the unsustained nature of the narrative. To address this Mishler (1986) advocated the development of jointly constructed conversations between researcher and participant and Riessman (2008 p24) urged the creation of a dialogue of greater equality where the researcher gives up control.

Syntactical issues are also raised by the nature of the telling. Whilst the participants drew on past experiences and events to articulate their views on health, lifestyle and health-help, they often conveyed their views in the simple present tense. As shown in Chapter 4, the preclusion of large amounts of data from the interview and focus group transcripts was due to their articulation in the simple present tense. Upon the exclusion of this data, further relevant material was lost due to the disruption of temporal junctures, causing additional interruption of temporal ordering and resulting in further fragmentation of narratives. With only limited and

undermined data remaining for analysis, its interpretation was compromised beyond supporting credible findings.

In contrast, although the raps produced sustained narrative data, it was characterised by figurative language. As in the interview and focus group data, there were issues of the simple present tense but, as demonstrated conclusively in Chapter 4, it was the non-literal metaphorical nature of the rap lyrics that resisted the application of a Labovian analysis. The latter rendered the rap data atemporal in nature resulting in its exclusion from a Labovian analysis. Further interpretive challenges were presented by the stylistic manner of the rap language. This necessitated the need for *Understanding Rap Focus Groups* (Appendices 39 and 40), conducted by the adult researcher, in order to gain greater insight and understanding of the sociocultural lifestyle factors that the research participants considered their rap compositions communicated.

### **9.2.2 The Focus of the Narrative**

The focus of the narrative clause was also found to determine suitability of the data for Labovian analysis. As stated in Chapter 4, Labov describes the telling of oral narrative as a recapitulation which is defined as, “... *matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred*” (1972b p359). Patterson (2008) described the resulting narrative as event focused which therefore manifested temporal ordering central to narrative that is amenable to a Labovian analysis. The problem arises when the narrative is focused on events that are not specific and therefore atemporal. For example, behaviours raised by the research participants were often of a general nature bearing no relationship to one another. Consequently their random articulation was not only atemporal but also lacked sequential progression such as in order of preference or importance. Considered in a Labovian analysis as “*free clauses*” they were not permissible for a Labovian analysis even though they were relevant to the aims and objectives of RAP ‘n CAB. Use of metaphor and rhyme in the raps raised interesting challenges in relation to temporal sequencing of actions described. As described in Chapter 4, the dilemma they present for a Labovian analysis is that, whilst the clauses have a logical sequence in relation to the progression of the rap story, they are not explicitly temporal in quality.

### **9.2.3 Reconceptualisation of Labov**

In reconceptualising Labov's approach, inclusivity of all data was paramount. Inclusion of narrative in the simple present tense, using the word "would", atemporal activities and behaviours, and of metaphoric language was required. As argued by Patterson (2008 p37) it made no sense to reduce the narrative data to one type that conforms to Labov's strict paradigmatic model. This study therefore extended the types of clauses that could be included as narrative for analysis using Labov's Evaluative Framework (1972b) to code the narrative according to clause function using the definition, "*texts that convey the actions and behaviours influential on perspectives expressed by means of oral narrative articulated in syntax that is past, present, future and figurative*". The resulting method has been described as an Aggregated Clause Function Thematic Analysis. The use of an inclusive definition for coding freed the data from the constraints of temporal ordering and therefore from the contextualised temporal junctures of the clauses with each other within their respective narratives. Freedom from temporal ordering, through the inclusive definition of narrative, enabled thematic analysis of all the data collected and therefore, the eventual unfolding of the full breadth of perspectives, literal and metaphoric, held by the research participants on health, lifestyle and health-help as presented in Chapters 5, 6, 7 and 8.

## **9.3 REFLECTION ON DATA COLLECTION AND PARTICIPANT EVALUATION**

This section will reflect on questions raised by: the collection of interview, focus group and rap data types; use of peer researchers as opposed to an adult researcher to collect data; and the utility of participant body language data described by peer researchers during the focus groups. In addition consideration will be given to the views expressed by the research participants and peer researchers on the value of the RAP 'n CAB project to their personal and educational development.

### **9.3.1 Use of three data types**

The three types of data collected were obtained by peer researchers from one-to-one semi-structured interviews and the facilitation of semi-structured focus groups. In addition the research participants wrote original rap compositions. Despite the multidimensional perspective this achieves (Foster, 1997), use of more than one method to ascertain young people's views in perspective studies appears to be rare (Section 2.8). Out of the reviewed perspective studies (Section 2.8), 5 used focus groups only (Curtis 2008; Sellman 2009; Stevenson et al. 2007; Turner and Gordon 2004b; Yu et al. 2011) and 9 collected their data

using semi-structured one-to-one interviews (Brown et al. 2007; Harris and Allen 2011; Harriss et al. 2008; Ingram and Salmon 2010; Kloep et al. 2010; Lewis et al. 2008; McKeganey et al. 2003; Ross et al. 2010; Turner 2000). Only 4 perspective studies combined the use of focus group and interview data (Bell 2009; Craig and Stanley 2006; Hartas 2011; Walker et al. 2008) with a single mixed methods study adding the use of a questionnaire (Denscombe 2001). Overall, those studies that utilised 2 data types were of mixed method design, combining focus group (Fox and Butler 2007; Kidger et al. 2009; Vulliamy and Webb 2003; Woolfson et al. 2008) or semi-structured interview data (Daley et al. 2008; Hayter 2005; Wills et al. 2006) with data obtained from questionnaires.

Use of more than one data type is generally considered advantageous as it provides different view-points (Silverman 2005) instigating a *between-method* form of triangulation (Denzin and Lincoln 2000). Importantly, the use of these 3 differing data types allowed the research participants different mechanisms of expressing their views, supporting variation of data collection environment in which participants may experience differing degrees of comfort and capacity to express their views. In the case of RAP ‘n CAB, it is reasonable to claim that together, the three data types provide a more candid, insightful, trustworthy and reliable overview of perspectives held on health, lifestyle and health-help than use of a single method of data collection. Section 5.2 vindicates this assertion through its discussion on the nature of data emanating from the different data collection methods characterising data from: one-to-one interviews as, “*official face*”; focus groups as, “*relaxed official face*”; and from the rap compositions as, “*unofficial face*”. Use of three data types therefore not only provides a multidimensional perspective of the participants views on health, lifestyle and health-help, it could also be suggested that it engenders rich, trustworthy data that can be interpreted with a comfortable degree of assurance.

However, it is over simplistic to consider that the goal of triangulation in qualitative research is to arrive at consistency across data sources. To the contrary, in Patton’s (2002) view, it is often the points where these data diverge that are of interest to the qualitative researcher. Therefore, use of the three data types may be argued to facilitate greater insight and understanding of the perspectives due to their intrinsic methodological differences. This contention assumes that a weakness in one method will be compensated for by another method: for example, the rap compositions served to socially situate the research findings as poignantly demonstrated by the *Understanding Rap Focus Groups* (Appendices 39 and 40). Overall, the use of three data types

combine to ensure the findings are rich, robust, comprehensive and well-developed and their triangulation offers the prospect of enhanced confidence and inclusivity.

### **9.3.2 Data Obtained by Peer Researchers**

From the perspective of an adult female researcher it is my view that data collected by the RAP 'n CAB peer researchers would be different to data that I might have collected had I conducted the research myself. I would contend that the crucial difference would be the openness and credibility of the data obtained. It is recognised that a number of dynamics had the potential to temper the nature of the data obtained, such as the presence of some of the participant's teachers, the data collection methods used, and aspects of the data collection environment including the phenomena of peer pressure, especially in the focus groups. However it is my contention that the matched gender, age, socioeconomic and school profile of the peer researchers to the research participants, the comprehensive training of the peer researchers, and the nurturing of a positive rapport between the young people, was of primary importance to obtaining more candid, direct data than if the female adult researcher had attempted to collect the data.

It might also be argued that data collection by peer researchers, in addition to enabling the research subjects to express their perceptions more freely, also reduced the risk of the adult researcher unwittingly imposing her own gendered views. Of fundamental import is the difficulty for an adult researcher to totally understand a young person's unique culture pertaining to their particular peer group in that particular time and space (Widdicombe and Wooffitt 1995). In contrast, the peer researchers can be seen to be a part of what they are researching and therefore engender not only greater understanding through their inherent connectedness, but also are endowed with a sense of empathy in relation to the issues raised. The latter was further enhanced during the data collection weekends where the peer researchers became genuinely interested in the views held by the research participants. As described in Section 3.4, the peer researchers and research participants shared comparable family circumstances (Table 7) and school environments (Table 5). Of note was their mutual interest in music and music technology. Since the act of interviewing is defined by Silverman (2005) as the bringing together of two subjectivities it stands to reason that by using peer researchers, they have more in common with the research participants than the adult researcher.

This commonality includes a shared understanding of language, strengthening the capacity of the peer researchers to understand nuances or expressions of speech that an adult researcher might miss. Generally, it is acknowledged that young people are more trusting of other young people (Burns and Schubotz 2009; Fleming et al. 2008), although there is a need to be mindful of peer pressure issues arising. It is also recognised that young people may feel that they have to be more respectful and polite to older people, which can make responses less open (Alderson and Morrow 2004). In the case of RAP ‘n CAB, the main limitation of using 14 year old peer researchers, and certainly not of any discredit to them, was that they were less skilled at probing than the adult researcher. However, the peer researchers were, at all times, conscious of their position as researchers and the possible imbalance of power inherent in the research process. They attempted to mitigate this by awareness of the language they used, an emphasis on achieving a relaxed manner, and joining in banter. I assert that this combined with the committed engagement of both the peer researchers and the research participants in the data collection process, resulted in the collection of more credible data than might have been collected by the adult researcher.

### **9.3.3 Observer Non-Verbal Language**

As described in Section 3.7.14, one of four peer researchers dedicated to each focus group assumed the role of observer. His function was to note the facial expression, eye contact, body language, and use of hands in relation to the scheduled questions on a specifically designed grid that had been piloted and refined by the peer researchers (Appendix 16). When the observer role and grid were piloted, using short practice focus groups lasting between 15 and 20 minutes comprising peer volunteer participants who discussed material exemplified in Figures 12 and 13, they were considered helpful in interpreting the resultant data.

Ultimately, for the more complexly structured RAP ‘n CAB data collection focus groups the observers found documentation of the grids problematic because it was difficult to follow the discussion progression for a number of reasons. For example, there were moments when all the participants spoke at the same time; there were frequent exchanges of banter between facilitator and participants or between participants; participants might interrupt one another; and very occasionally the facilitator might not follow the agreed schedule. These challenges compromised the documentation of research participant non-verbal activities which were compounded by the observers having to juggle 4 participant voices. For interpretation purposes the resulting data was found to be difficult to match accurately to the transcripts. This



was because the observers found it difficult to maintain identification of the specific participant's non-verbal behaviour that they were charting. Furthermore, the grids did not enable sufficiently precise documentation as they crudely divided the temporal location of the non-verbal language into start, middle and end for each question.

Although the grids were not successful in supporting interpretation of data, they did provide a learning opportunity for those peer researchers who did not feel sufficiently confident to facilitate a focus group. The observers learnt skills of observation, recording their observations, and of working in a data collection team. They were also exposed first hand to the dynamics of a focus group. The observer role not only served to include peer researchers in the data collection process but also contributed to creating a supportive environment for those peer researchers undertaking the challenge of facilitation. A more successful approach might be to allocate each peer observer to a single participant, making this an inclusive exercise offering participation opportunities to a number of peer researchers.

#### **9.3.4 Participant Evaluation of RAP 'n CAB**

RAP 'n CAB was an enriching personal and educational experience for both sets of young people, the peer researchers and research participants, not least because of the positive relationships they developed with one another, *"Like being in the Big Brother house but without no evictions. All of us all together having fun. Bristol boys we got to know them and everything ...cool....cool."* (Research Participant, Radio Show CD). Overall, RAP 'n CAB, empowered the participating young people to be proactive in engaging with issues affecting their lives by increasing their knowledge and understanding of health issues and their link to lifestyle, health-related services and how to access them, in addition to research specific knowledge. Through developing communication and team working skills, including interview and focus group competence, the peer researchers reported a greater sense of self-belief, *"Like you learn people skills and stuff by interviewing them. Its easy 'cos if you're actually interested you didn't have to think about it, you just did it. You wanted to know"* (Peer Researcher, Radio Show CD). They also reported that the concept and responsibility of their roles as researchers contributed to their increased self confidence. The cohesive team identity of the peer researchers augmented their capacity to support one another. Kirby (1999) emphasises the importance of quality training if cost effective and worth while research is to be achieved. On the basis of their considerable commitment and achievements, I offered to

provide character references to support any future applications to further education, training or employment the boys may make.

As mentioned in Section 3.8.1, a quad biking experience and the production of a live radio show were used to reward the participating young people for their commitment and participation in RAP 'n CAB. It was evident that the quad biking, during the first residential weekend, had laid solid foundations for the development of a constructive friendly rapport between the research participants and the peer researchers, *“Enjoyed quad biking. I was with R and R in just a little group. I could see R was enjoying it, as well he was smiling. It made us more friendly towards us. More like group work. Even though we weren't talking, you could see everyone was having fun”* (Peer Researcher, Radio Show CD), *“Got quite friendly with each other. Helps us get more confident. Started off the project basically”* (Peer Researcher, Radio Show CD) and, *“It was like “sick” and that. Showing someone who's boss and that. Having a good time”* (Research Participant, Radio Show CD).

Although a reward, the radio show was used to evaluate the value of their involvement with RAP 'n CAB. Achieving a 40 minute live radio show demonstrated the extent to which the young people were able to work together. Supported by the radio journalist and adult researcher they: collected ideas for the radio show; planned the show using a 3 minute activity grid; made pre-recordings of interviews involving staff and young people participants supported by the sound engineer; successfully worked to a deadline; and produced a music backing track that fused the musical ideas of the young people, *“Good thing with the kids from Bristol. They were using rock and we were using rap and we enjoyed it at the same time”* (Research Participant, Radio Show CD).

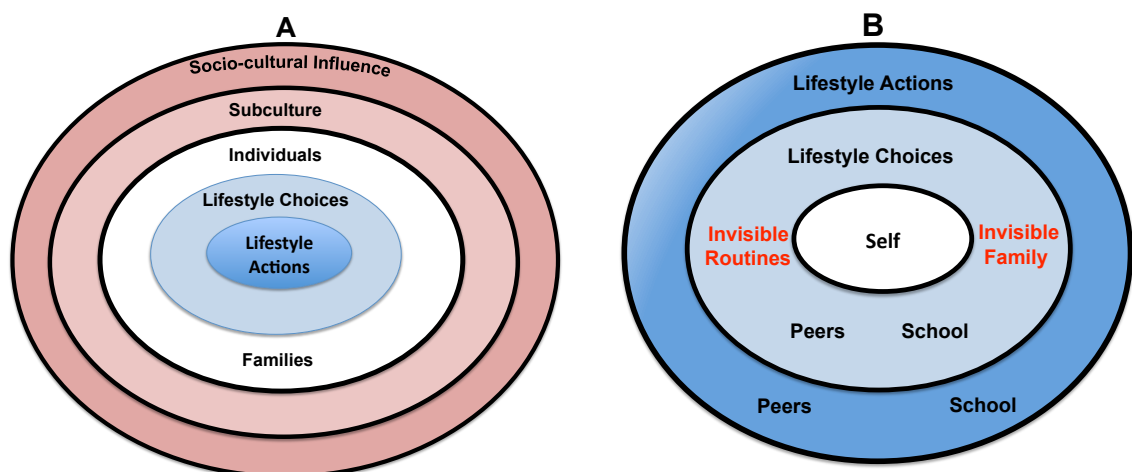
A compact disc (CD) recording of the radio show clearly hales the pride and value the young people held for their involvement in RAP 'n CAB, *“I thought it was quite fantastic”* (Research Participant, Radio Show CD) and, *“Better than the classroom”* (Research Participant, Radio Show CD). A strong team spirit developed between the two groups of young people during the residential weekends, *“We thought they would be more hostile and stuff. We thought we would be more intimidated by them. But it really worked well.”* (Peer Researcher, Radio Show CD). Radio provided an exciting opportunity for young people to present a positive image to their peers and the wider community. This contributed to building their confidence and producing a quality learning experience, *“We were nervous at the start but once we got to know them.....we*

*became friends with them*” (Peer Researcher, Radio Show CD) and, *“Learn a lot more and feel like you’re part of something”* (Peer Researcher, Radio Show CD). At the time the young people expressed a desire to stay in contact, *“Stay in contact?”* (Radio Journalist, Radio Show CD), *“Yes ‘cos we’ve got My Space”*” (Research Participant, Radio Show CD) and subsequently there has been music based liaisons between the Bristol and Cardiff boys.

## 9.4 FINDINGS ON LIFESTYLE AND ITS RELATIONSHIP TO HEALTH

The thematic analysis of aggregated clause function brought original insights into the perspectives held by the research participants on their lifestyle and its links to their health. Lifestyle was viewed as activity based and for the participants, its visibility emanated from activities they engaged in. Their school, peers, family and routines were revealed to be important determinants on their lifestyle and health. The importance of routines to the health and lifestyle of young people is not discussed in the published literature. The analysis revealed that social determinants remained largely invisible to the participants as influences on their lifestyle decision making. They, as individuals, their school and peers, were positioned at the centre of the lifestyle worlds of the participants and they did not link their actions to influences outside their own agency or that of the school and their peers (Figure 38B).

**Figure 38 Diagram Comparing Lifestyle as Defined by the Literature (A) and as Defined by Boys with SEBDs (B)**



#### 9.4.1 “In School” and “After School”

School was highlighted as a major lifestyle influence on the participants (Figure 41B). Findings from RAP ‘n CAB assert that the participants school functions as a pivotal micro context within which the lifestyle activities of the participants can be circumscribed by “*in-school*” and “*after-school*” contexts. The “*after-school*” context captured their vulnerability to peer pressure and the socio-emotional importance of friends. It was the “*in-school*” context that facilitated their exploration of lifestyle influences and understanding of health topics through the delivery of PHSE. The participants attributed their source of knowledge on sex and relationships; drugs and alcohol abuse; healthy eating and obesity to PHSE. Concurring with the published evidence, the participants expressed the view that there was insufficient curriculum opportunity to explore or acquire knowledge on the latter issues (Ofsted 2008; UK Youth Parliament 2007). In addition the findings highlighted an apparent lack of balance in health-related curriculum delivery, which focused on threats to health with less promotion of positive health that would emphasise self-worth and achievements, personal relationships and inclusion, ability to adapt and integrate, safety and future success.

Overall, the “*in-school*” context was seen as inclusive by the participants, mainly engendered by the school’s flexible approach to curriculum which offered music technology (Rogers et al. 2009; Waring and Mason 2010). This curriculum decision supported their passion for rap and engaged them in an interactive learning experience that held high relevance to their interest, their identity and their means of making sense of an uncertain world (Brake 2003). It conveyed a strong message of respect and recognition for their considerable accomplishment in this genre and its intrinsic worth. RAP ‘n CAB underlines this but brings fresh insights revealing the immense importance of status and self respect within the complex interplay of supportive versus power and control dynamics between friends, peers and an uncertain world.

The published literature, which is predominantly positivist empirical research, generally asserts that, “*schools matter, that schools do have major effects upon children's development and that ... schools do make a difference*” (Reynolds and Creemers 1990 p1). The extent to which differences are as a result of factors within the school, or more crucially, within the school’s control is questioned by other authors (Thrupp 2001; Wrigley 2004). Vulnerability to peer pressure (Desbiens and Royer 2003; Gardner and Steinberg 2005; Monahan and Cauffman 2009) and the importance of friends (Mrug and Gerdes 2001) are identified as dynamic and important school-related positive and negative influences on peer relationships, risk taking,

and the risk preferences of young people. However it is asserted that a positivist view underestimates the influence of the sociocultural context and this concurs with the fundamental epistemological view of RAP ‘n CAB. It was the “*in-school*” context that facilitated the research participants exploration of lifestyle influences and understanding of health topics through the delivery of PHSE (Sex Education Forum 2008; Welsh Assembly Government 2002). Evidence supports the “*in-school*” position that schools do and should foster social inclusion, promote positive self-image, encourage political participation and improve equity of life opportunities (Mortimore and Whitty 1997). Scheerens and Bosker assert, “*Schools matter most for underprivileged and/or initially low achieving students. Effective or ineffective schools are especially effective or ineffective for these students*” (1997 p97).

#### **9.4.2 Reliable Invisible Family**

The analysis identified the family as the default dependable and highly valued safety net of the participants where they spent time when they were not “*chilling*” with friends, engaged in sport or school-related activity. Although, it was evident that there were internal family tensions that had to be coped with, overall and unobtrusive to the participants, the family context supported them in making appropriate developmental adjustments towards their increasing personal autonomy (Lerner and Steinberg 2004). It was found to be invisible in the sense that it was located very much in the background of their lifestyle activity and mostly absent from their chat across the data sets (Chapter 5, 5.4.2). The reliability and high value of the family to the participants suggested that it is able to respond to times of increased dependence instigated by a range of social, economic, emotional and physical needs as well as when timely guidance and encouragement were needed. It also emerged from the findings that it was within the context of the family home that the young people engaged in amusement of self but generally in isolation from other family members.

In order to increase the understanding of psychologists and teachers towards implementing prevention and intervention programmes for parents and young people the published literature describes numerous theoretical frameworks that attempt to identify the role of family in the transitional processes occurring from adolescence to adulthood. Kreppner (2002) describes families as adaptive transitional contexts in which children and young people develop over time. Breunlin’s (1988) *theory of oscillation* describes transitions as deviations of varying amplitude from an established equilibrium of family functioning and Reiss (1971) set out a concept of *co-ordination* where families evolve coping patterns that are repeated. Both these theories

comfortably support explication of the *reliable* and *invisible* qualities of family that emerged using an aggregated clause function thematic analysis. By using laboratory observational methods and building on the theories of *oscillation* and *co-ordination*, Molinari et al (2010) suggested several different ways that families deal with transitions ranging from, “*quiet*” to “*stormy*” and “*drifting*” to “*critical*”, during which all members have to negotiate, interpret and reconstruct family functioning. These processes are important to understand because they can enhance or compromise family resilience (Walsh 2006).

### 9.4.3 The Importance of Invisible Routine

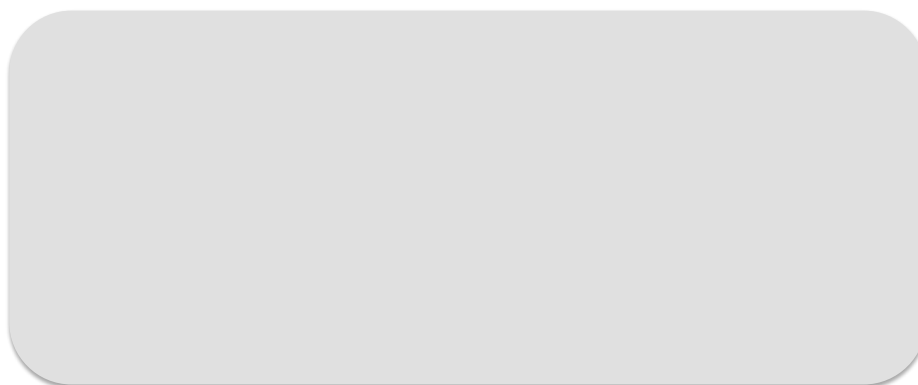
Routines enable families to adapt coping responses to their sociocultural circumstances (Garfinkel 1964). The analysis revealed the important role routines play in the lives of the participants, manifesting themselves in weekly cycles around their school from Monday to Friday and their home, sport and peers at weekends (Chapter 6, 6.4.1). The entirely integrated nature of these routines in their lives rendered them invisible to the participants and as a result, they were neither acknowledged nor questioned. These invisible routines in which the participants engaged with their families and schools may function as possible barriers to healthy lifestyle choices. They pose a particular challenge precisely because they are unnoticed and unchallenged. For these reasons, they are powerful influences on lifestyle, not least because of their sociocultural construction, their unperceived assimilation into the lives of young people and their invisible influence on their activities (Garfinkel and Sacks 1970).

The published literature discusses the concept of “*habit*” which is measured by the frequency a behaviour was performed in the past (De Bruijn et al. 2007). Verplanken (2006) viewed frequency as a necessary element for habit development and defined “*habit*” as a mental construct. He described it as action of an unthinking, unknowing and unaware quality which occurred in stable contexts (Verplanken 2006; Verplanken and Orbell 2003; Wood et al. 2002) such as the families and school of the participants. Conceived in this way, “*habit*” can be aligned with the “*invisible routines*” assimilated into the participants daily lives without their cognitive awareness or intention. As such, although these “*habits*” or “*invisible routines*” can contribute to risk behaviours, it is difficult to establish if past behaviour has a direct effect on current behaviour, because the influence of other determinants cannot be discounted (Bamberg et al. 2003; De Bruijn et al. 2006). However, if it were possible to unmask and deliberately harness their visibility, it might be asserted that they have the potential to protect

against risk. In addition, they could ensure consistency of engagement in healthy behaviours which Resincow (2000) found to increase the achievement of successful health outcomes.

#### 9.4.4 Rap, Status, Control and Uncertainty

The use of music to collect research data through the genre of rap exposed deep subcultural beliefs in relation to lifestyle and means of coping with an uncertain world when compared to data obtained from the traditional interview and focus group methods (Tyson 2002). Participants used the stylised language of rap (Appendix 21 and 24) confidently to express perspectives on the importance of status, control and the difficulties of dealing with an uncertain world (Appendix 27 Table 68; Appendix 28 Table 75; Appendix 29 Table 82; Appendix 30 Table 85). The lyrics highlighted the fragility of their developing self image particularly in relation to their peers (Youniss and Smollar 1985). Characteristically their rap narrative drew on clichéd rap expressions subconsciously assimilated from celebratory rappers through the osmosis of exposure (Wingood et al. 2003). The expressions are clichéd in the sense of being generic timeworn, arguably overworked, stock pronouncements within the rap community that spring from a focus on competition between rappers. Examples of clichéd rap expressions included,



Their rap also included original lines that reflected the interactive and competitive “*listen and respond*” modus operandi requisite to rap performance,

*“YOU WOT I just made you look like a joke”* (Rap 4 Line 018)

*“If I don’t gonna feel so so stupid, Where to go what path am I choosing it”* (Rap 5, Line 004-005)

*“Ye grime is way to express myself”* (Rap 5, Line 014)

*“I’m freezing in the war cause your bars are too cold”* (Rap 8, Line 005)

*“Boi you best believe I’m hard with the pencil”* (Rap 9, Line 010)

In composing their rap the participants used rhyme and half rhyme instinctively and creatively. There is considerable use of original similes, inspired by their contemporary world. They aim to draw parallels between one object and experience and another which may or may not be connected,

*“There ain’t an MC that can match me, Or win a freestyle battle when they clash me”* (Rap 7, Lines 002-003)

*“Flip back to the gash I’m texting, Spit bars that you ain’t expecting”* (Rap 10, Line 009-010)

*“I’ll pull out the cash like a NatWest banker”* (Rap 1, Line 14)

*“I’ll shave you off the game, like Gillette fusion”* (Rap 3, Line 008-010)

*“I am big like the universe, wide like the galaxy”* (Rap 8, Line 010)

#### **9.4.5 Incidental Eating and Health**

There has been a substantial erosion of meal time structure within the family and as a result food can be anything, usually whatever is conveniently available (Patrick and Nicklas 2005). Data from the participants indicated that their consumption of food was often of an arbitrary nature. Eating could take place at any time, anywhere and anyhow, such as standing with other peers, in solitude or with a family member watching television, walking along a street or sitting on a park bench. There was very limited or no consideration by the participants of how food choices might impact on their health. The RAP ‘n CAB findings show that eating has fallen out of the meal time *“invisible routines”* that structured the nutrition of children, young people and families and has been relegated to secondary importance in relation to other family, peer and school activities or commitments. Patrick and Nicklas (2005) discuss how eating behaviour is linked to social and physical environmental cues which for the participants were mostly located outside the family and related to the *“in school”* and *“after school”* context. The nature of the food consumed emerged from the data as typically instant, requiring little or no preparation and included sandwiches, breakfast cereal, confectionary, biscuits or *“fast food”* options comprising pizza, chips or burgers. Fruit and vegetables were mentioned in relation to boring and healthy, but not as foods generally consumed.



Overall, the research findings and existing literature go some way to providing explanation and support for the notion of incidental nutrition in children, young and families. The literature raises the issue of major contemporary lifestyle changes which have hampered healthy eating by impacting on what, where and how food is consumed. Parents are working longer hours resulting in fewer family meals and an increased use of processed, convenience and fast foods (Lytle et al. 2006; Patrick and Nicklas 2005; Story et al. 2002; Trew et al. 2005). As demonstrated in RAP 'n CAB, this has resulted in the increasing trend of family members eating away from their home with young people accessing high calorie low nutrition foods offered at school or in nearby fast food outlets that have increased in poor urban areas (Stevenson et al. 2007; Story et al. 2008). In essence, consumption of food by young people is of an increasingly arbitrary nature and healthy eating has been found to be viewed as unpleasant and unnatural (Stevenson et al. 2007).

#### **9.4.6 Sports, Feel Good Factor and Staying on Track**

Both playing and spectating sport is evidently central to the lifestyle of the participants. They viewed sport as an attractive lifestyle choice, both "*in-school*" and "*after-school*", for its potential to impact positively on their physical health through the feel-good factor of being fit, but also in an emotional feel-good sense generated by the experience of being included. They also understood the important contribution physical activity could make to preventing obesity, living a healthier longer life as well as developing them towards being able to contribute positively to society, or in their words, to stay "*on track*" (Interview 1.8 0215). Being physically active was viewed by the participants as preferable to leading a sedentary life and they were unequivocal about their enjoyment of sport.

Government policy supports engagement of young people in physical activity. It aims to invest young people with the confidence, skills and a desire to participate in sport and physical activities both in and out of school. The emphasis on out of school activities is to begin building important connections between young people, their schools and the local community (Ofsted 2005b, 2009), fostering a sense of belonging and inclusion, developing young people towards being able to contribute positively to society (Jones 2010; Ofsted 2005b; Welsh Assembly Government 2003a, 2006a).

#### **9.4.7 Good Friends , Chilling and Unconditional Acceptance**

RAP 'n CAB found the participants considered good friends to be of major importance to their self belief and emotional health. Being with good friends was described as, “*a slightly religious feeling*” (Focus Group 2.1, 0117). Participants expected that a good friend would not reveal confidences or break promises. This is captured by the research participants use of the word, “*reliable*”. These qualities assumed a pivotal role in the friendships of the participants who valued the mutual unconditional acceptance of each other, dubbing this casually as “*chilling*”, understating its important contribution to their wellbeing.

The literature identifies good interpersonal relationships and networks as fundamental to the development of social capital (Jou 2009) contributing to social cohesion, social engagement and inclusion (Halpern 2005). At the micro level, there is an increasing body of evidence extolling the benefits of social capital to the health of individuals through the nurturing of social trust and generation of supportive resources within communities (Bolin et al. 2003). Research has found that adolescent social relationships function as an index of their self esteem and mood (Chong et al. 2006; Colarossi and Eccles 2003). The literature discusses the importance of emotionally strong adolescent friendships in supporting the practice of social behaviours needed for adulthood and work (Stanton-Salazar and Spina 2005). Youniss and Smollars (1985) advanced the concept of principled relationships based on reciprocity, respect, listening and a mutual acceptance of each other.

### **9.5 FINDINGS ON HEALTH ISSUES IDENTIFIED AS IMPORTANT**

Health issues identified as important by the participants comprised obesity and sexual health, both high profile public health concerns and relevant to young people generally. Emotional health was discussed in relation to friends and family. Participants were more concerned with short term health and social consequences, rather than the possibility of long term chronic disease associated with an unhealthy lifestyle. These findings concur with those discussed in the published literature (Birda et al. 2005; Power et al. 2010).

#### **9.5.1 Obesity and Risk of Bullying**

Reflecting published evidence and contemporary policy, the participants agreed that obesity was a significant health problem among young people. All participants were able to provide examples of unhealthy and healthy foods in relation to their contribution to personal fitness

rather than positive or negative health outcomes. The negative outcomes of unhealthy food choices were limited to obesity and the association of this with their preferences for high energy, high fat, salt and sugar foods also confirmed by the published literature (Lytle et al. 2006; Power et al. 2010; Trew et al. 2005). The main consequence that participants raised was the increased likelihood of an obese young person being bullied, the risk of which is confirmed by research and government documentation (Adams and Bukowski 2008; Frisn et al. 2009; Welsh Assembly Government 2010) but refuted by the research of Curtis (2008) and Willis et al (2006). Participants focused on the immediate consequences and not the longer term impact of medical risks or quality of life and mental health issues as a result of obesity. These findings reflect the adolescent inability to consider the long term (Birda et al. 2005; Power et al. 2010) and the male reluctance to raise emotional issues respectively (ChildLine 2003, 2009; Harland 2005, 2009).

### **9.5.2 Sexually Transmitted Infections and Girls Stuff**

The concern expressed by the participants on sexually transmitted infections and unintended pregnancies reflect the most pressing health outcomes of adolescent sexual behaviour discussed in the published literature (Godeau et al. 2008a; Health Protection Agency 2008; Welsh Assembly Government 2009a). Participants were particularly concerned about pregnancy although there was an absence of discussion regarding any aspect of contraception. Pregnancy was referred to as, “*girls stuff*” and, as a natural corollary of this view, the participants suggested that girls needed somewhere to go for help that was girl specific. There was no expectation of boys and girls having a joint relationship approach or sharing responsibility for each others sexual health.

The findings of RAP ‘n CAB are generally supported by the published literature. Ekstrand et al (2007) found that the young men in her sample viewed teenage pregnancy as catastrophic and girls as primarily responsible for the prevention of pregnancy. Conversely, Gohel (1997) reported that adolescent boys who already had children were more likely to view teenage pregnancy in a positive light but also noted that early parenthood may well be an expectation. Whilst in theory, they agreed that preventing pregnancy was a shared responsibility, in practice they agreed that this did not occur. Although there is a paucity of research on male perspectives held concerning reproductive responsibility (Stenner et al. 2006), behaviour (Ekstrand et al. 2007) and fatherhood (Brooks et al. 2009), the evidence indicates that over 50% of males assume that the girls will protect themselves or that they will seek emergency contraception if they have had unprotected sex (Ekstrand et al. 2007). However, Brown et al (2007) found that

the young men they interviewed talked knowledgeably about oral contraception and felt that they had a role to play in supporting their partner's choice of contraception.

## **9.6 FINDINGS ON OWN BEHAVIOUR IN RELATION TO RISK ON HEALTH**

### **9.6.1 Peer Competition and Peer Pressure**

The influence of peers was located in the foreground of the participants lifestyle world. They were found to be central to the *"in-school"* and *"after-school"* interpersonal social experiences of the participants and held to be strongly associated with risk taking behaviour, a view confirmed by the published literature (DeWit et al. 2000; Gardner and Steinberg 2005; Lacourse et al. 2006). RAP 'n CAB revealed that peers could be experienced as competition or as a coercive pressure. The findings show that both these dynamics, the former exciting and the latter threatening, could result in decisions to participate in risk behaviours. The participants passion for rap resulted in competitive bartering between them, but more vehemently with their rivals. It was evident from the data that this competition aimed to achieve status, admiration and respect from their school peers, families and rival rappers. Tobacco smoking was reported to be common amongst their school peers and friends. Although viewed as a negative influence on health and associated with lung cancer, peers who smoked were regarded as cool. A local park was revealed as the main *"after-school"* social meeting place for the participants and there was inference, using the word *"stuff"*, of experimentation with substances. Overall, they were more concerned about illicit drug use than alcohol consumption because they associated it with *"being hard"*, fighting and crime which they viewed as detrimental to an individual's future prospects. Smoking cannabis was discussed as a risk by the participants.

The literature uses the theory of social influence (Festinger 1954) to investigate the nature of the continual comparison process engendered by peer competition and manifested in rivalry and emulation of dress, mobile phones, trainers, jewellery and rap lyrics. Maxwell (2002) discusses how stressful biological development, changing personal expectations and new social demands make adolescents particularly vulnerable to peer influence. Avoiding humiliation or achieving status is important because young people, like the research participants, have been shown to be very concerned for the views that significant others have on them (Youniss and Smollar 1985). Ellickson et al (2008) reported that exposure to older teenage peers who smoke was particularly influential on younger teenage peers. Furthermore, having friends who use

substances has been associated with substance use (Ennett et al. 2006; Kobus 2003) as it is understood to be a peer group phenomenon.

Whilst government policy has been found to be influential on risk taking, Powell et al (2005 pg66) demonstrated that, although cigarette prices and tobacco control policies impacted on the smoking behaviour of young people, the influence of peers was the most significant factor on individual young people smoking (Ennett et al. 2006; Lundborg 2006). Lundborg (2006) proposed that if a student moved from a school where no children smoked to a school where a quarter of students did, the likelihood of that student smoking would increase by 14.5%. This “*social multiplier*” effect that peers have on individual young people is important as it can be harnessed to reduce levels of smoking or alcohol consumption. Few studies have examined the psycho-social factors that might contribute to cannabis use or cannabis-related problems such as association of use with depression or emotional pain (Beck et al. 2009). Both occasional and regular use has been shown to predict later drug use and educational problems (Degenhardt et al. 2010). Its psychoactive properties have impact on behaviour (Hall 2006) including association with conduct issues (Pedersen et al. 2001), impaired school performance and truancy (Degenhardt et al. 2010; Henry et al. 2009; Leatherdale et al. 2008), injuries from accidents, antisocial behaviour (Pérez et al. 2010) and risky sexual behaviours (Godeau et al. 2008b). Pérez et al (2010) found that the risk of becoming a cannabis user was almost 4 times greater for boys who are smokers than for non-smokers.

### **9.6.2 Risk is Cool, Healthy is Dull**

Participants viewed smoking as cool highlighting their concern for “*hip*”, “*fit*” and the “*feel good factor*” and not health. However, the participants drew a line between what they considered “*cool*” unhealthy behaviour, such as smoking, and being “*hard*” unhealthy behaviour such as illicit drug taking and being involved in associated crime. The findings did highlight the powerful role of peer influence in defining desirable behaviours. It is striking that the participants found it easier to describe what health was not, as opposed to what health is (Chapter 6, 6.5). This reflects an emphasis in the media and in their PHSE on the contemporary negative health issues, such as sexually transmitted infections, obesity, and substance use, at the expense of positive health enhancing messages. As previously discussed, healthy food was considered boring and the type of foods consumed was not related to consideration of their health. For example, fruit and vegetables were known to be healthy but

were mostly disliked and evaluated as “*unsavoury*”. Regardless of what the participants were eating it was being physically fit that they associated with health, feeling good and longevity.

The existing literature confirms the research findings showing that “*healthy*” is equated by young people with dull, especially in relation to food which is often associated with expectations of unpalatable and tasteless (Lytle et al. 2006; Quinn et al. 2003; Stevenson et al. 2007; Story et al. 2002; Trew et al. 2005). This is noteworthy because nutrition is one of the most modifiable determinants of health and conversely, of chronic illness (Anwen et al. 2009; Cross-Government Obesity Unit 2009; Decoda Study et al. 2008; Murphy et al. 2006; Story et al. 2008; Welsh Assembly Government 2006b). Correspondingly, smoking, viewed by the participants as cool and commonplace within their school, remains the most common cause of preventable deaths (Rehm et al. 2006; Van De Ven et al. 2010) and has been shown to be strongly influenced by peers defining desirable cool behaviours (Gardner and Steinberg 2005; Maxwell 2002; Monahan and Cauffman 2009). It is therefore encouraging, that smoking prevalence is vulnerable to the “*social multiplier*” effect that peers have on other individual young people. In practical terms this means that a large social multiplier effect can result from small interventions and achieve a considerable effect on common behaviours, such as smoking, compared to less common behaviours such as illicit drug taking (Lundborg 2006).

## **9.7 FINDINGS ON DECISIONS TO ACCESS HEALTH-RELATED HELP OR NOT**

The participants were not sure of the circumstances in which they would utilise health help outside of their family or close friends. Factors that influenced their decisions not to access health-related help included being kept waiting, embarrassment, fear, uncertainty and pressurised in-the-face approaches. As confirmed in the literature, they were unanimous in their view that they would require absolute confidence that their status and self respect would be upheld (Ellickson et al. 2008; Harland 2005, 2009). This concern was, in part, reinforced by negative experiences of previous attempts to seek health help from general practice services which included being made to feel unwelcome, disapproved of or uncomfortable by other service users. Whilst the participants stated that they would use telephone helplines because they were anonymous and confidential, the school nurse emerged as highly valued, viewed as professional and expert. All but two of the participants lived with their mothers in single parent households experiencing varying contact with their fathers, and it was without doubt, that in practical terms, mothers were the key people that the participants felt they could approach to

seek advice about anything. It is interesting to note that studies confirm that single mothers have warm and close relationships with their children which are of a more self-revealing quality than in some 2 parent families (Larson 2001; Walker et al. 2008; Weiss 1979).

The literature shows that boys learn a *traditional male ideology* (Pleck 1995) from an early age that equates emotions with inadequacy and weakness whilst “*acting hard*” and risk taking gain status and respect (Harland 2009; Lloyd and Davidson 2002; Mahalik et al. 2003a; Pleck 1995; Steinfeldt et al. 2009). Consequently, to affirm their masculine identity they avoid seeking treatment or support (ChildLine 2009; Harland 2005, 2009). ChildLine (2003) found that one of the most common reasons boys delay accessing health-related help is due to their reluctance to admit they have a problem (Mahalik et al. 2003b). ChildLine (2009) reported that access to telephone helplines by boys was increasing due to greater use of mobile phones and in particular, texting enables boys to maintain control and obtain advice quickly. This is an important factor for boys as they were found to be less ready to discuss their problems with anyone else before telephoning ChildLine (2009). Overall, the existing literature asserts that adolescents generally view health care practitioners as credible and reliable, such as the school nurse (Hartas 2011) and school counsellors (Fox and Butler 2007; Hartas 2011). Young people also think that schools should offer more emotional support to those who need it (Kidger et al. 2009). It is particularly striking that, despite young people wanting to discuss health risks, they do not because practitioners refrain from engaging them in this dialogue (Harland 2009). A lack of knowledge on the barriers adolescent boys may face in raising risk issues with practitioners is identified as a key contributing factor that needs addressing through professional training (ChildLine 2009; Klein and Wilson 2002).

## **9.8 FINDINGS ON ESSENTIAL ATTRIBUTES OF HEALTH-RELATED SERVICES**

There was uncertainty amongst the participants on the desirable gender of practitioners. Most participants expressed a preference for female practitioners. The participants were ambivalent about a male practitioner as whilst they felt he might be more empathetic due to personal experience of male issues, there was concern for the paedophile risk they perceived was posed. Essential attributes of health-related services identified by the participants included professional expertise, ease of access, aesthetically attractive environments, friendly ambience, comfortable furnishings, screen or computer game entertainment and functional features such

as cleanliness, privacy and minimal waiting times. Confidentiality of service provision and the trustworthiness of practitioners was considered crucial. Above all, the most important requirement was that the boys felt confident that they would be taken seriously, valued in their own right and treated with respect.

The existing literature confirms the above findings such as young people feeling that there is a lack of respect for teenage health problems in primary care (Jacobson et al. 2001) and that services are judgemental, particularly concerning sexual health (Craig and Stanley 2006). In addition Jacobson's (2001) study found young people had a poor understanding of confidentiality and a lack of knowledge of services available in primary care. Key findings in the area of sexual health service provision found that young men prefer to obtain preventive advice from non-mainstream services even though this sometimes compromised anonymity and confidentiality (Hayter 2005; Ingram and Salmon 2010). They valued the "*chill out time*" such venues facilitated, for example youth clubs or based in school (Hayter 2005). However a study by Bell (2009) highlighted the extent to which fear of embarrassment inhibits young people in seeking sexual health advice including obtaining condoms.

Whatever the preferences of boys and young men, there is a growing body of literature that affirms the need to train practitioners to work with boys and men acknowledging how sociocultural constructions of masculinity impact on their health and prevent them from seeking help (Harland and Morgan 2009). Lloyd (2002) found projects that successfully engaged young men were based on a *significant* understanding of boys and young men's attitude to health and services. This contrasts with some studies on young men where preferences were expressed to receive care from male practitioners whilst others indicated that the skills and personal characteristics of the practitioner were more important than their gender (Baker et al. 2007).

## **9.9 SUMMARY OF DISCUSSION**

The thematic analysis revealed layers of meaning associated with the influence of context (*orientation*), key factors (*complicating action*), perspectives (*evaluation*) and consequences (*end result*) on health, lifestyle and access to health-related services. The family, school and peer contexts were the important arenas within which the participants conducted their daily lives (Jou 2009). Particularly interesting insights revealed the importance of invisible routines



to the lifestyle choices and the extent to which eating is no longer included within the fundamental routine of their daily lives.

No considered decision making was found to guide the lifestyle choices of the participants towards maintenance or improvement of their health in the short or long term. Their lifestyle actions were predominantly influenced by good friends, competition and pressure as a result of inter-peer jostling for status and respect. Contingent to the importance of status and respect to the participants lifestyle choices, confidence that the integrity of the latter would not be compromised in any way was the paramount concern in their decision making to access health-related help.

The next and final chapter discusses the limitations of RAP 'n CAB and makes recommendations for interprofessional policy and practice, including further research.

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# Chapter 10

*“My trousers are low but my status is high” (Rap 4)*

## CONCLUSION

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### **10.1 INTRODUCTION**

This concluding chapter will provide an overview of this thesis in relation to the aims and objectives of RAP ‘n CAB. It will present the limitations of the study and through discussion of relevant policy and practice implications will identify possible areas for future research. It is acknowledged that conclusions drawn from this study must be considered within the perspective of its small sample size. Nevertheless, in view of the dearth of perspective studies that describe the views of boys with SEBDs on health, lifestyle and health-related help (Section 2.8.4) this study invests them with a voice. Through exploration of their perspectives, RAP ‘n CAB makes a unique contribution to the literature in five aspects: gaining greater insight into the psycho-socio cultural influences on the health, lifestyle and access to health help of boys with SEBD; the theoretical and methodological difficulties on attempting to apply the strict paradigmatic Labovian (1972b) model of analysis to a RAP ‘n CAB data sub-set; the original adaptation and application of a thematic analysis based on the narrative analysis model developed by Labov (1972b); the training of peer researchers and their involvement in data collection; and the use of rap to obtain research data.

### **10.2 A LABOVIAN APPROACH APPRAISED**

Chapter 4 clearly demonstrated a range of theoretical and methodological difficulties on attempting to apply the strict paradigmatic Labovian (1972b) model of analysis to a RAP ‘n CAB data sub-set comprising 2 interview transcripts, 2 focus group transcripts and 2 rap compositions.

The theoretical difficulties centred on the Labovian presumption that speech acts equated to the temporal recapitulation of events (Labov 1972b p 359). In relation to activities and behaviours concerning health, lifestyle and health-help RAP 'n CAB data comprises perspectives and is not event focused. Section 4.5.5 demonstrated that it was difficult to distinguish between an event and an activity or behaviour that was specific because they have a temporal sequenced aspect. Perspectives expressed in RAP 'n CAB were also of a non-specific nature referring in a general sense to lifestyle behaviours or activities (Tables 59 and 60). The clauses articulating these behaviours and activities were found to be atemporal, often random in nature resulting in a loss of temporal junctures. Using a Labovian approach they were defined as *free clauses* and therefore excluded from analysis even though they were relevant to the research aims and objectives.

Methodologically, the interview, focus group and rap data collection in RAP 'n CAB did not conform to the syntactic structure of a recapitulated story. Whilst there is a consensus on the type of data required for a successful Labovian analysis, there is variance on the style of research process necessary to achieve such data. Patterson (2008) urges minimal researcher participation and ideally, "*recording stories 'naturally'*" ( p29). Mishler (1986) suggests an interview and focus group model of interactive collaboration between researchers and participants to produce jointly created in-depth narratives similar to Riessman (2008), who advises long researcher /participant turns at talking. As described in Chapter 4, data obtained in RAP 'n CAB is characterised by brief question and answer exchanges. However, as previously discussed, in order to achieve more sustained discussion the prospect of relinquishing the control and support afforded by a fixed interview and focus group format would be a formidable challenge to the 14 year old peer researchers, particularly in working with boys who have SEBDs who also benefit from the support of clear structured approaches.

Although the participants drew on past experiences and events to articulate their views on health, lifestyle and health-help, fundamental to the resistance of RAP 'n CAB data to a Labovian analysis was its articulation in the simple present tense across the three data set types. Consequently, this alone, resulted in between 10% and 100% of each narrative's data being excluded from analysis (Figures 25, 26 and 27). Other temporal reasons for exclusion of data included use of metaphoric language and rhyme, as in the raps, or random articulation of general behaviours and activities, as demonstrated in the interview and focus group transcripts. In narrative analysis context is crucial to attributing meaning to the data (Riessman 1993) and

enabling transferability of findings to other settings (Coffey and Atkinson 1996; Mays 2006). As discussed in Section 4.4.3I, the rap data presented an additional issue of assuming contextual knowledge because its stylistic language was based on, “... *already shared social meaning*” (Tannen 1980 p327).

Instigated by the methodological problems encountered on application of the Labovian model (1972b) an Aggregated Clause Function Thematic Analysis was developed from Labov’s concept of clause social function (Labov 1972b p363) as described in Sections 4.7 and 4.8. The social functions of the narrative clauses were coded within their narrative contexts using the inclusive definition, “*texts that convey the actions and behaviours influential on perspectives expressed by means of oral narrative articulated in syntax that is past, present, future and figurative*”. Due to unacceptable loss of relevant data for analysis, precedents for adaptation of Labov’s strict inclusion criteria have been laid by previous researchers including Patterson (2008) and Polanyi (1985). As described in Section 4.8, after coding, clauses are located in discrete clause function groups outside their narrative blocks for thematic analysis (Figure 28 and 29). As demonstrated in Chapters 5, 6, 7 and 8, freedom from temporal ordering, through use of the inclusive definition of narrative, enabled thematic analysis of all the data collected and therefore, the eventual unfolding of the full breadth of perspectives, literal and metaphoric, held by the research participants on health, lifestyle and health-help.

### **10.3 LIMITATIONS OF THE STUDY**

It is necessary to consider the limitations of RAP ‘n CAB in order to establish the study’s credibility, dependability and transferability (Lincoln and Guba 1985; Patton 2002). As stated above, conclusions drawn from this study must be considered within the perspective of its small scale, only drawing on the perspectives of 8 participants aged 14 years, which was subsequent to working within the limitations of fulfilling the requirements of a Professional Doctorate. A broader understanding of perspectives held by boys who have SEBDs may have been achieved through the use of stratified sampling comprising discrete age and/or ethnic groups. This may have highlighted developmental and cultural differences in views expressed and key determinants on lifestyle choices. Due to the paucity of research on subjective perspectives held by boys generally (Section 2.8), and the small sample size, it is not possible to state the extent the perspectives held by boys with SEBDs differ from those of boys generally, if at all. This study was dependent on teacher lead recruitment of participants who, in their protective

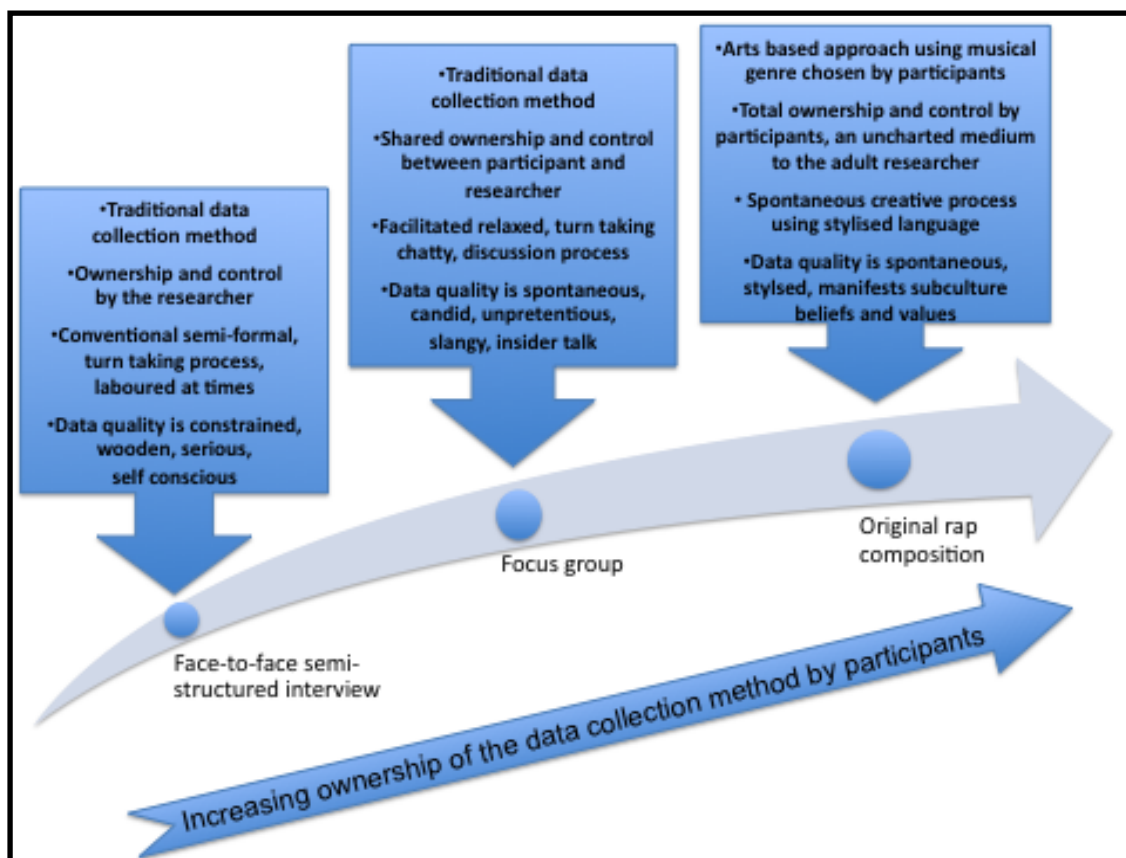
capacity as gatekeepers, invited boys they evaluated as able to benefit educationally and personally from RAP 'n CAB. This would probably influence the fundamental characteristics of boys with SEBDs selected and those that were excluded raising the competing difficulties of engaging hard to reach young people in research thereby investing them with a voice, but also of protecting them (Masson 2000).

Only limited and informal validation of the findings was possible within the pressured accessibility context of the participants and peer researchers who were approaching their GCSE year. Informal validation was carried out by the adult researcher during the residential weekends by convening evening meetings with the participants and peer researchers to primarily review the progress of the raw interview, focus group and rap data collection and discuss any problems that occurred. During this meeting the adult researcher was able to obtain a generalised grasp of the data being collected. This insight was very restricted as it was important to maintain the confidence of the participants in the confidential and anonymous status of their views. Informal validation of the audio recordings was conducted on a one-to-one basis with each of the research participants at ad hoc convenient times as the weekends were busy. The interpretation of data was as far as possible, informed by these discussions but also, the research participants pre-data collection story boards, two focus group discussions that set out to understand rap and explore the importance of rap to them, and other informal insights gained during the residential weekends.

Figure 39 compares the ownership and nature of the data obtained from the interviews, focus groups and rap compositions. The nature of the data obtained reflected differential degrees of participant ownership of the data. In light of this observation RAP 'n CAB's use of semi-structured interviews to collect data could be viewed as a limiting factor. Constrained data was shown to be obtained in the face-to-face semi-structured interviews where the researcher had control of the data collection method. By comparison, more spontaneous data, including in-talk, was obtained from focus groups where ownership was shared. It was the rap, a method entirely owned by the participants, that revealed subcultural beliefs and values important to their lifestyle decisions. The question of whether peer led focus groups produce different data compared to adult researcher moderated groups remains largely unanswered but Murray (2006) suggests that the data might be more naturalistic in nature. Although Kitzinger and Barbour (1999) allude to the empowerment potential of young people facilitated focus groups it has also been observed that researcher and participant young people of similar ages can invoke peer pressure dynamics which might lead to increased feelings of vulnerability. However, as

adults and “outsiders”, adult researchers may not sufficiently understand or even recognise some of the “insider” discussion and therefore unwittingly silence those views (Poso et al. 2008)

**Figure 39 Diagram Comparing Outcomes of Participant Ownership of Data Collection Processes and Resulting Data**



#### 10.4 IMPLICATIONS FOR POLICY AND PRACTICE

RAP ‘n CAB asked eight 14 year old boys with SEBDs for their perspectives on health, lifestyle and access to health-related help. The participants clearly and unequivocally identified their family, particularly their mothers, and their school as being of principle importance to keeping them healthy. Whilst the study identified that school, peers and family were important determinants of their health and lifestyle choices, routines, deemed invisible through their contextualised sociocultural construction, were found to constrain and define lifestyle expectation. In particular the school’s role in promoting healthy lifestyles was considered important by the young people. Participants suggested that schools could support health and healthy lifestyles by providing healthy food and delivering more guidance as part of the curriculum, particularly by increasing time-tabling of PHSE. They also suggested use of celebrities, particularly sports professionals, and conversely people who had experienced and

overcome a range of negative lifestyles to promote healthy lifestyles and discourage unhealthy lifestyle choices. It was particularly striking how accepting their commentary was on the high level of smoking by pupils at their school.

Enjoying and engaging in school was viewed as important to their well being and the participants viewed the relationship they had with teachers as central to achieving this. Access to sport and music technology were important elements of their enjoyment, self esteem and their success at school. The family was seen as important to nurturing emotional well being and the emotional capacity to deal with peer issues arising in school, particularly bullying. It was also recognised that the school was important in developing the capacity of the participants to lead constructive full lives which in turn was necessary to health and well being. Esteem and status were found to be critical factors in contributing to protection from peer pressure, providing capacity to deal with the uncertainties of life and to encourage their access to health-related help. The impact of lifestyle on health emerged as a low priority and lifestyle was viewed in terms of maintaining self-respect and being valued. The implications of these findings require health, education and social policy that foster the development of supportive environments within which healthy choices are attractive, accessible and affordable.

Six general recommendations aim to address the issues raised by this study. They include: *Supporting and Promoting Protective Factors* in young people which focuses on the role of the family and schools in relation to reducing prevalence of smoking; improving curriculum relevance and nurturing enjoyment of school; and use of rap and real life stories to promote health; *Increasing Awareness of the Determinants of Health* that considers the need to expose visible and invisible determinants of healthy and unhealthy lifestyle choices. Invisible determinants include habits and daily routines; *Environments that Support Healthy Choices* examines the utility of health promoting environments focusing on the home and school settings and their possible role in influencing healthy eating; *Multi Disciplinary Public Health Teams and Community Development* urges the development of multi-disciplinary public health and community development teams that work from and through schools to build social capital and increase the social inclusion of young people; *Practitioners that Value and Understand Boys* recommends the development of improved knowledge of the pressures impacting on boys and their health; Lastly, *Services Designed By Boys For Boys* calls for a more proactive approach to working with boys, and particularly boys who are hard to reach.

#### **10.4.1 Supporting and Promoting Protective Factors**

School and the family are identified by the participants and in the literature as playing an important role in creating a psycho-social environment of protective factors against the engagement of young people in risk behaviours (Cleveland et al. 2008; Ellickson et al. 2008). The relationship between risk, vulnerability and protective factors has been shown to vary throughout adolescence with the family exerting strong influences during childhood and early adolescence which then declines in importance as greater autonomy develops and more time is spent with peers (Cleveland et al. 2008; Monahan and Cauffman 2009). Longitudinal research studies are required to contribute to this body of knowledge and to enable the identification of predictive factors concerning the initiation, progression, mitigation or cessation of risk behaviours (Guxens et al. 2007). There is a need for universal programmes that build social norms towards protection against negative lifestyle choices and involve parents and school working together through family based interventions (Cleveland et al. 2008; Ellickson et al. 2008; Harris and Allen 2011). Cleveland et al (2008) urges that age-related differences of vulnerability need to be addressed through the design of initiatives that emphasise the promotion of protective factors across the multiple domains of risk to include the family, school, community, and environment throughout primary and secondary education. School nurses have the relevant expertise and are ideally placed to work in an increasingly family centred way across education and health.

Parental disapproval and attempts to monitor cigarette and drug use have been found to be significant in protecting young people from becoming regular users in the long term (Skinner et al. 2009). It is suggested that the impact of parental protection is mediated through their influence on reducing the choice of deviant peer associations (Skinner et al. 2009; Taylor et al. 2004) which increases the potential of young people to engage in risk behaviours (Gardner and Steinberg 2005; Maxwell 2002). A study by Turner and Gordon (2004a) on enforcement of no smoking policy in schools found that how a young person perceive a situation will influence their behaviour, for example, they found that staff who were strenuous in their efforts to enforce the school no-smoking policy were viewed as ineffective and pupils reported that they smoked where staff could see them. This study suggests that if a young person believes their rights are being restricted they may smoke to assert their autonomy. Belief in self efficacy has been found to be significant with research identifying a relationship between positive or negative health behaviours (Ma et al. 2002). Therefore, the development of strategies that protect the well-being of young people without restricting their rights might be developed, not



just in relation to smoking but other health risk behaviours. Lundborg (2006) drew attention to the “*social multiplier*” effect that peers have on individual young people as an effective means to reduce levels of smoking or alcohol consumption. Greater understanding of how young people perceive policy and preventive health programmes is needed in order to fully appreciate their effect and optimise their impact.

The literature describes adolescence as a period of growing personal autonomy (Lerner and Steinberg 2004; Molinari et al. 2010; Wood Baker et al. 2003) which contributes to explication of the participants focus on actions and their status rather than actions and their health. Adolescence is also identified as a period of increased vulnerability to social influences such as peer pressure (Gardner and Steinberg 2005; McCarroll et al. 2009; Monahan and Cauffman 2009; Steinberg and Monahan 2007; Sumter et al. 2009), fashion and celebrities (Bush et al. 2004; Cassidy 2004; Giles and Maltby 2003; Wicks et al. 2007). Commitment, engagement and success in school has been found to be particularly protective of older teenagers from involvement in antisocial and risk taking behaviour (Bonell et al. 2005; Moffitt et al. 2002; Monahan and Cauffman 2009). This raises the need for further development of alternative relevant curriculum (Kane and Head 2004) and outward facing links with the wider community through, for example, sport (Ofsted 2005b) to prevent weak bonds to school which increases vulnerability to risk behaviour (Ellickson et al. 2008).

A range of approaches have been commented on in relation to preventing risk taking behaviour in young people. Barriers preventing participation in disease prevention, health promotion and lifestyle change initiatives remain poorly understood due to their complexity and irrationality. Examples of barriers include access, such as transportation, particularly in rural areas (Cottrell et al. 2010; Craig and Stanley 2006), acceptability of interventions (Pimenta et al. 2003) and the venue (Hayter 2005; Ingram and Salmon 2010), fear of embarrassment (Bell 2009) and being exposed (Craig and Stanley 2006), mixed gender approaches (Cottrell et al. 2010), dislike of school (Bonell et al. 2005) and a lack of support from their families (Cabinet Office: Social Exclusion Taskforce 2008; Harris and Allen 2011; McArdle et al. 2002; Patrick and Nicklas 2005) and peers (Gardner and Steinberg 2005; McCarroll et al. 2009; Monahan and Cauffman 2009).

Health promotion comprises a range of approaches that includes social marketing (Kotler et al. 1971) and motivational interviewing (Miller and Rollnick 2002). They collectively champion

differing values, tackle diverse lifestyle issues at multiple levels, acknowledge the wide range of factors influencing health behaviour and identify that self efficacy is pivotal for successful behaviour change outcomes (WHO 1986, 1997). It has been suggested that the focus in health promotion has tended to be on organisational factors, such as financial, staff and time resources (Baranowski et al. 2002), rather than on service user perspectives and especially not of marginalised groups such as boys with SEBDs. At the crux of the challenges confronting health promotion programmes is the issue of the irrational nature of lifestyle choices. Bell (2009) raised this issue in relation to the efficacy of health promotion strategies based on rationale cognitive decision making in the context of sexual encounters. The study highlighted the non-rational nature of sexual emotions and urged further research into the rational management of irrational emotional sexual encounters, an idea that appears to have generalisable utility in promoting healthy lifestyles. This would require parents and schools to be supported by multi-disciplinary teams in promoting high self-efficacy and refusal assertiveness in young people to protect against their initiation or escalation of risk behaviours (Ellickson et al. 2008; Harris and Allen 2011).

More than at any other stage in life, young people tend to believe they are invincible to the possible outcomes of risk-taking activity and unhealthy lifestyle choices (Wickman et al. 2008) as part of normal social and cognitive development (Elkind 1970). Evidence supports the view that boys score higher on perceptions of invincibility than girls (Wickman et al. 2008). Based on an assumption that individuals protect themselves from threats, the Protection Motivation Theory (Maddux and Rogers 1983; Rogers 1975) utilises fear arousing strategies to motivate behaviour change. Indeed, the RAP 'n CAB participants suggested use of people who had experienced and overcome a range of negative lifestyles, and particularly highlighted illicit drug use. However, Denscombes (2001) study of the ideas and motives of young people in relation to risk taking behaviour concluded that young people did not always learn from critical incidents. Nevertheless, Denscombes (2001) found that powerful real world imagery had an impact on attitudes towards taking health risks, particularly incidents that included themselves, close friends and relatives. Wickman (2008) found that sharing personal stories was viewed as valuable as they were based on real life and Yu (2011) reported that young people valued the online sharing of digital stories because they elicited an emotional connection and empathy. Overall, Wickman (2008) suggested that greater understanding of the young persons perception of invincibility could be used to develop targeted health promotion approaches. Denscombe (2001) urged that within the context of health education, the social and cultural factors that might inform interpretation of the risk would need to be considered. To achieve

this Wickman (2008) emphasised the importance of harnessing the insights of young people in developing effective strategies of intervention.

The RAP 'n CAB research participants clearly demonstrated an unequivocal passion for original rap composition and performance. An important aspect of their commitment to rap is because it offers a means for them to express what is going on in their world using their own *scripts* gaining control of their own cultural representation and affirming their identities (Brake 2003; Keyes 2002; Lashua and Fox 2007). As previously discussed, Johnstone (2000) asserts that the linguistic medium and its sociocultural context are important contributing factors to its function and representation of personal identity. The possible use of rap as a health promotion tool harnesses a musical genre which would be integral to the lifestyle of many young people, including hard to reach young people, and connects with the preference young people seem to express for sharing their own stories (Wickman et al. 2008; Yu et al. 2011). As articulated by a RAP 'n CAB participant, *“All of us have like... have similar tastes to grime beats, I mean, ‘cause we’ve all, we’ve all listened to the beats, that we’ve made them our facts like...”* (Understanding Rap Focus Groups 2011). The original composition of rap could be utilised to gain greater insight into social and cultural factors that might inform interpretation of the risk taking behaviours and provide a window into a fuller understanding of the worlds of young people (Lashua and Fox 2007).

#### **10.4.2 Increasing Awareness of the Determinants of Health**

Adolescence is a crucial time for increasing awareness of social determinants on health and sub-cultural influences on lifestyle, as it is at this time that individuals develop and assert autonomy on decisions round activities that may have positive or negative impact on health in the short and long term (Wood Baker et al. 2003). It is therefore important that social influences are made visible (Allen et al. 2003; Kobus 2003; Monahan and Cauffman 2009) through exploration within PHSE and Citizenship to underpin the development of self efficacy and refusal assertiveness skills. Within this context, rap, or other musical genres chosen by the young people, could be used as an explorative awareness raising tool. These activities contribute to supporting the development of skills that enable young people to examine their reality and work towards participative involvement in local initiatives (Ledwith 2005). Richards et al (2009) raise the importance of effective promotion of health enhancing behaviours among adolescents due to the substantial growth and development that occurs during this phase of life. Parents should also be involved and supported as part of universal multi-agency prevention

programs that target young people within the contexts of their school and families aiming to foster preventive protective factors (Ellickson et al. 2008; Harris and Allen 2011) and tackle the complexity of risk factors (Cabinet Office: Social Exclusion Taskforce 2008; Hunter 2009; Marmot 2010).

Self efficacy requires the individual to develop a level of confidence that empowers individuals to cope with high risk situations without lapsing into health risk behaviours (Richards et al. 2009) such as through peer pressure (Gardner and Steinberg 2005). Extending the Theory of Reasoned Action (Fishbein and Ajzen 1975), the Theory of Planned Behaviour (Ajzen 1985) identifies positive or negative attitudes towards a behaviour, perceived social pressure to engage in a behaviour and the perceived extent of control over a behaviour, as predictors of healthy or risk behaviours. In addition, the findings of RAP ‘n CAB suggest that there is a need to expose invisible temporal daily routines, described as “...*background features of everyday scenes*” (Garfinkel 1964 p226), as they appear central to the lifestyle choices and health behaviours of the the research participants. For example, the Theory of Planned Behaviour should be extended by the addition of identification of habits (De Bruijn et al. 2007; Trafimow 2000) and daily routines.

#### **10.4.3 Environments that Support Healthy Choices**

As outlined above the home and school settings are considered important by the participants to their health and lifestyle choices. The literature shows that both the home and school settings have the potential to impact positively on the health of young people which this approach views as, “... *created and lived by people within the settings of their everyday life; where they learn, work, play and love*” (WHO 1986 p3). The home and schools are areas where increased consumption of fruit, vegetables, whole grains and calcium with simultaneous reductions in saturated fats, trans-fatty acids (trans fats), sodium and added sugars has the potential to impact positively on health. Trans fats are a high profile global and national public health concern associated with heart disease and obesity (UK Faculty of Public Health/Royal Society for Public Health 2010; WHO 2008). Although there has been considerable progress in the UK towards reducing trans fats in food involving major retailers and food outlets on a voluntary basis (Food Standards Agency 2010), manufacturers are still not obliged to declare trans fat content on packaging. The literature especially expresses concern that the consumption of trans fats by poorer sections of the UK population is unacceptably high (Mozaffarian and Stampfer 2010). Food is an amenable area for lifestyle modification with potentially high impact rapid benefits to short and long term health. It would therefore be appropriate to examine levels and sources

of trans fat consumption for families, children and young people from poorer sections of the population and for policy to support a strategy of trans-fatty acid free school environments.

Health enhancing environments set out to increase healthier choices and have been upheld as effective strategies for improving the eating behaviours and nutrition of young people (Booth et al. 2001; French 2003; French et al. 2004; Lytle et al. 2006; Story et al. 2002). The school environment, defined as curriculum, the interpersonal social emotional ethos, family and community involvement, catering provision, staff well being and school policy (Allensworth and Kolbe 1987), has been highlighted as particularly important in relation to making healthy choices easier for young people (Prelip et al. 2010). For example making fruit more available, needs to be underpinned by health promoting strategies that work towards changing attitudes in relation to health enhancing behaviours (Lewis-Moss et al. 2009). Harnessing the socio-cultural power of mobile technology, internet, radio and musical genres, such as rap, present exciting mediums and tools to work with young people on achieving behaviour change within schools and communities. It is important that health promoting strategies recognise that it is not programmes in themselves that achieve change, but individuals, embedded in the contexts of their daily lives, that change when exposed to programmes (Pawson and Tilley 1997).

#### **10.4.4 Multi Disciplinary Public Health Teams and Community Development**

A public health approach engenders a multi disciplinary team approach to tackling the complex needs of young people generally but also of boys (Cabinet Office: Social Exclusion Taskforce 2008; Department of Health 2001b, 2004; Marmot 2010). The multi-faceted nature of the difficulties experienced and their interconnecting unstable dynamics mean that their support rarely sits within the brief of a single discipline or agency (Hunter 2009). A holistic client centred team approach is required that provides a broad pool of knowledge and skills encompassing a range of disciplines working in collaboration. The associations between alcohol consumption, illicit drug use, cigarette smoking, mental health, sexual health and school performance or engagement demonstrate this (Best et al. 2000; McArdle 2008; McArdle et al. 2002). The school nurse, in the capacity of a registered public health nurse and ideally positioned at the interface of education, health and social services, is well qualified to co-ordinate or lead these teams (DeBell 2006, 2007). Harris (2011) highlighted that multi-agency working can reach children and young people living in contexts of risk and vulnerability.

Community development begins in the ordinary everyday lives of local people across the life span. It embraces a participatory democratic approach to collective action designed to improve identified facets of the local community (Ledwith 2005) and sits comfortably within public health theory and practice (Brocklehurst 2004; Nursing and Midwifery Council 2004; UK Faculty of Public Health/Royal Society for Public Health 2010; Winslow 1920). Schools are usually valued by their communities and the findings of RAP 'n CAB suggest that the school of the participants is located at the centre of their experiential worlds, second only to themselves (Figure 41B). Schools are therefore well placed as establishments through which to develop multi-disciplinary, multi agency initiatives that support families and forge links with wider community initiatives and clubs. The development of well connected communities aims to remove some of the obstacles that prevent individuals from participating (Gilchrist 2009) and thereby, benefiting from the social capital that accumulates as a result of beneficial exchanges between people (Bolin et al. 2003; Halpern 2005). Community development approaches facilitate the social inclusion of young people acknowledging the value they bring to their families, schools and communities and empowering them to participate in realising resources that can contribute to healthier lifestyles and more accessible health-related services (Davis and Hill 2006).

#### **10.4.5 Practitioners that Value and Understand Boys**

Practitioners need to develop greater knowledge of the pressures impacting on boys and their health. It is noted in the literature that practitioners believe that they do not have the necessary skills to engage boys (Harland 2009). Recognition and understanding of the vulnerability generated by masculine stereotyping and societal expectations should be central to practice and policy designed to support boys (ChildLine 2009; Harland 2005, 2009). Most notably this manifests itself in continuing reluctance by boys to seek help (ChildLine 2003, 2009). This is well illustrated by their poor use of sexual health services comprising no more than 20% of the clientele (Forrest 2007; Forrest and Lloyd 2008). Practitioners need to understand how concepts of masculinity act as barriers to them seeking help (ChildLine 2003, 2009; Harland 2005, 2009; Klein and Wilson 2002). There is a need to develop gender conscious practice (Harland and Morgan 2009) in the training and continuous professional development of a range of practitioners working across the public and voluntary sectors.

#### **10.4.6 Services Designed By Boys for Boys**

Existing literature urges a proactive approach to working with boys and young men, particularly those who are for a variety of reasons hard to reach, focusing on developing their

self-confidence to engage with health-related services (ChildLine 2003, 2009; Harland 2009). As advocated by government policy, the development of listening cultures across public and voluntary sector service provision (Curtis et al. 2004; Department for Education and Skills 2001b) that involve boys in service design, delivery and evaluation including curriculum development (Rogers et al. 2009) can contribute to inspiring their confidence to engage with services and school. This approach can be strengthened by a strategy that harnesses research presenting views held by boys on the key attributes services should have in order to increase their access to health-related help (Department for Education and Skills 2001b, 2005b). In aggregate, these strategies would contribute to communicating messages of respect and unconditional acceptance of their needs and place value on their views which have been shown to be of paramount importance to boys (Gardner and Steinberg 2005; Monahan and Cauffman 2009).

### **10.5 POSSIBLE FUTURE RESEARCH**

This study has exposed the enormous potential for many highly specific focused research studies on elements of health, lifestyle and access to health-related services by boys with SEBDs, from which policy and practice would benefit using positivist and interpretive investigation methods. A positivist example could investigate the levels and sources of trans fat consumption of families, children and young people from poorer sections of the population. The exploration of obstacles preventing boys seeking health help or that examine male teenage perspectives on their reproductive responsibilities within a theoretical framework of masculinity could serve as interpretive examples.

Further research on the perspectives held by boys with SEBDs on health, lifestyle and access to health-related help is needed to gain greater understanding and enable comparative insights into a wider range of developmental ages as well as across the ethnic mix of boys generally and of boys who have SEBDs. More developmental understanding is needed in relation to *what* risk or protective factors occur, including *when* and *how* they impact on the lifestyle decision making and resultant health or risk behaviours of boys generally and of boys who have SEBDs. Longitudinal studies could contribute to evidence examining changes that occur in relation to developmental stages, age and protective or risk factors. Cross sectional studies could be used to determine associations between, for example age, socio economic status or ethnicity and protective or risk factors. Interpretive studies could investigate how young people at different ages perceive concepts like risk, invincibility and irrational decision making.

RAP 'n CAB also raises methodological research possibilities regarding narrative analysis and its use in generic research outside of the sociolinguistic paradigm. For example, application of the Aggregated Clause Function Thematic Analysis revealed the potential for research into how differential ownership of the data collection process by different types of participant may influence the nature and quality of data obtained identifying “*official face*” and “*unofficial face*” modes of speech. RAP 'n CAB also challenges the efficacy of traditional data collection methods in obtaining data from hard-to-reach research participants through its use of rap. Comparative research could be undertaken using different musical genres or arts-based approaches to investigate the nature and quality of data obtained. There is also the question of whether qualitative differences exist between data that is sung and that which is spoken looking at the utility of both in relation to data collection and potential findings.

## **10.6 RAP 'N CAB CODA**

This study has demonstrated the methodological difficulties encountered in attempting to apply a Labovian (1972b) analysis to a sub-set of the interview, focus group and rap data. Through adaptation of Labov’s model it has developed an Aggregated Clause Function Thematic Analysis that has been successful in gaining insight and understanding of perspectives expressed on health, lifestyle and health-related help using interview and focus group data collected by peer researchers and original rap data composed by the research participants. The perspectives obtained demonstrate the value of participative research and of listening to the views of young people if practitioners are to understand how services should be developed in order to best support their needs.



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