Volume II

Professional Practice Reports I - IV

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A thesis submitted to the University of Birmingham in part fulfilment for the degree of Applied Educational and Child Psychology Doctorate

School of Education

University of Birmingham

June 2014

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INTRODUCTION

This second volume is formed of four separate Professional Practice Reports (PPRs); academic considerations of particular topics that arose from pieces of work undertaken during the fieldwork component of the Applied Educational and Child Psychology Doctorate. PPR I considers whether the needs of students with autistic spectrum disorders (ASD) and behavioural, emotional and social difficulties (BESD) can be effectively met in the same provision. The work involved a comparative analysis of available literature relating to effective provision for each category of need and a content analysis, using Norwich and Lewis' (2007) Pedagogic Needs Conceptual Framework, of student's SEN Statements who attended the same specialist setting. PPR II concerns the validity of using psychometric cognitive assessment with children who may have underdeveloped verbal abilities. The paper considers both the theoretical rationale for a conceptualisation of divisible verbal and nonverbal abilities and evaluates psychometric assessments available in the UK against selected criteria to determine if such assessments can be considered 'fit for purpose'. PPR III contains an account of a Cognitive Behavioural Therapy intervention with a child described as displaying 'angry outbursts'. The therapeutic intervention is evaluated against themes emerging from a literature review regarding the efficacy of such approaches, including individual versus systemic interventions, developmental appropriateness and competing explanations as to the mechanism underlying behavioural responses. PPR IV contributes to service delivery model evaluation, focussing on Educational Psychologists' views of the impact the model has on their professional practice. Activity Theory (AT: e.g. Engestrom, 1999) is used as a framework for data collection and thematic analysis. Findings were considered against the principles of AT and the 'Principles for the delivery of EPS' (AEP, 2010/11).

CONTENTS

PPR I	Can The Needs Of Students With Autistic Spectrum Disorders And Behavioural, Emotional And Social Difficulties Be Effectively Met In The Same Provision?	1
	Introduction and rationale for involvement	2
	Literature review	5
	Needs analysis	21
	Findings	25
	Discussion	27
	Conclusion	31
	Implications for practice	32
	References	34
	Appendices	38
PPR II	The Psychometric Assessment of Children with Verbal Difficulties	59
	Introduction and rationale	60
	The developmental relationship between thought and language	62
	Theories of cognition	66
	Evaluation of psychometric tests	69
	Discussion	80
	Conclusion	86
	Implications for practice	87
	References	90
	Appendices	93
PPR III	A Cognitive Behavioural Therapy Intervention to Address 'Angry Outbursts' in a Primary Age Child with Low Vision	105
	Introduction and rationale	106
	Rationale for intervention Choice	111
	Intervention evaluation	113
	Appropriateness and effectiveness: The case in question	121
	Implications for practice	122
	References	124
	Appendices	127
PPR IV	The Impact of a 'Must, Should, Could' Model of Service Delivery on the Professional Practice of Educational Psychologists	140
	Introduction and rationale	141
	Literature review	143
	Methodology	154
	Findings	161
	Conclusion	177
	Implications for practice	179
	References	181
	Appendices	184

PPR I

Can The Needs Of Students With Autistic Spectrum Disorders And Behavioural, Emotional And Social Difficulties Be Effectively Met In The Same Provision?

A behavioural incident at an EBD school prompted the involvement of Educational Psychology. To inform a systemic response, the issue of educating students with ASD in EBD settings was investigated, considering if the needs of both groups can be effectively met within the same specialist provision. As the topic is not addressed in literature, a comparative analysis of good practice guidance / effective provision characteristics as set out in the literature for each group was undertaken. Using Norwich and Lewis' (2007) Pedagogic Needs Conceptual Framework, a content analysis of the SEN Statements of 29 students attending a secondary EBD setting was performed. Findings from the analyses provided support for a 'unique differences' position on SEN, although generally there were greater similarities than differences in need between groups suggesting joint placement is appropriate. Ultimately, the universal nature of recommendations relating to pedagogy and provision for both of these groups supports the inclusion agenda, although a lack of evidence on this topic prevents secure conclusions being drawn.

INTRODUCTION AND RATIONALE FOR INVOLVEMENT

Following a behavioural incident in a Local Authority (LA) maintained Emotional and Behavioural Difficulties (EBD) special school, involving a Year 8 boy with a diagnosis of autistic spectrum disorder (ASD), the involvement of an Educational Psychologist (EP) was requested. The student had been physically restrained and during this sustained an injury. Parents and school staff expressed similar concerns regarding the boy's behaviour; he appeared drawn to social situations involving conflict, becoming involved unnecessarily. He would refuse to disengage and later could not see that his behavioural choices had led to any consequences that ensued.

The Headteacher was concerned that his staff lacked the specialist skills and knowledge required to work effectively with students with ASD. Historically the school's population consisted exclusively of students with BESD (Behaviour, Emotional and Social Difficulties) statements, but more recently the numbers of students with ASD statements had increased to five. To support systemic developments in the school I was tasked with exploring the issue of the educational placement of young people with ASD in EBD provision. Two levels of inquiry were pursued, a review of literature relating to effective provision for both populations analysing findings comparatively and a content analysis of statements of special educational need (SEN) to explore commonalities and/ or differences within and between groups' needs. The analyses are intended to explore the following question: Can the needs of students with ASD and BESD be effectively met within the same special provision?

A note on nomenclature

As the catalyst for this investigation was a secondary school, the term 'students' will be used as a descriptor for children attending school. The initials 'ASD' (Autistic Spectrum Disorder) will be employed as an umbrella term to refer to all students whose diagnoses relate to the Spectrum. Despite reservations about descriptors for students with BESD (not least due to use of 'behaviour' within category titles which is, arguably, symptomatic rather than descriptive of educational *need*; see Appendix 1 for further comment) for consistency the terminology from the LA concerned will be employed, unless quoting specific works. Therefore 'EBD' is used to denote this type of educational setting, and BESD, in line with the Special Educational Needs Code of Practice (SEN CoP; DfES, 2001), is used to describe the category of need.

The national and local context

Current estimates suggest that half a million people in the UK have ASD; 1 in 100 children and adults (Charman *et al.*, 2011). The National Autistic Society estimates from epidemiological studies (necessary as there is not a central register of diagnoses) that there are 133, 500 children with ASD's in the UK (NAS, 2012). In discussing the methodological difficulties in establishing prevalence rates, Jones (2002) notes that the number of children with a diagnosed ASD known to LA's are often far fewer than would be expected and that it is not common for records to be kept in a manner that lends itself to an analysis of educational placements. Despite this, it is reported that most children with ASD are educated in mainstream or generic special schools (Jones, 2002). The same issues are present in this LA, but it is possible to provide a partial illustration of the local context with

reference to records of current statements of SEN, and the category under which they were issued.

The LA in question is a large two-tier authority with approximately 186, 756 school-aged children; of these 4964 have a statement of SEN which, at 2.66%, is just below the national figure of 2.8% (DfE, 2012). Of these children 1242 have a statement for ASD, which is slightly higher than the national figure; 0.66% compared to 0.54% (DfE, 2012). The following table, compiled from centrally held data, illustrates the pattern of provision accessed by children with statements for ASD in this Authority.

Table 1. Number and percentage of children living in this LA with ASD statement at each provision type.

Provision type	No.	%
Elective home education	8	<0.1
Special EBD schools (inc. Independent and maintained)	32	0.3
Special ASD schools (inc. Independent and maintained)	95	0.8
Maintained generic special school	264	21.0
Mainstream (inc. independent, academies, free schools and maintained)	843	68.0

As can be seen, the figure supports Jones' (2002) assertion that the majority of children with ASD are educated in either mainstream or generic special schools. This is followed by specialist ASD provision, then EBD provision, where 32 children with ASD statements are placed. A very small number of children are educated at home.

Interestingly, while the placement of children with ASD's in EBD settings appears to be an emotive subject for parents, as evidenced in many Internet support-group chatrooms, the issue is not referred to in the literature. In my review I only found one (brief) reference to EBD settings being potential placements (Jones, 2002). Sara Truman, representing views from a large parent support group she ran as a branch of the National Autistic Society, stated in a memorandum to the Education Select Committee 'If the root cause of the challenging behaviour is that the pupil has an ASD, it is totally inappropriate for the pupil to be placed in an EBD school'. She went on to say that the child would 'very likely to be victimised by the other pupils and techniques for managing pupils with EBD are ...likely to be counterproductive' (2005, pt 4.2).

The lack of literature in this area is referred to by Dyson *et al.* (2002) who, although focussing on effectiveness of school based interventions, conclude there is no clear evidence on which to base placement decisions for children with ASD. Jones (2006) concurs with this view in her review of literature relating to good practice guidance on the education of children with ASD, noting that very little research is conducted on the impact of setting. Variations in specific characteristics, e.g. staff experience and expertise, demographic of pupils etc., in even the same type of provision presents a methodological conundrum to this type of research. In light of this dearth of literature, this review will instead outline the detailed good practice guidance and identified effective characteristics of provision for children with ASD and BESD separately. As the question relates to the UK education system,

in the main literature reviewed will be limited to the UK, with the exception of an international review of best practice for children with BESD, chosen as it was published relatively recently and includes reviews of UK practice. The review will conclude with an analysis of features to draw out similarities and differences aiming to examine if indeed it is 'totally inappropriate' for children with an ASD to be placed in an EBD setting, or if a well resourced provision can be arranged to meet the needs of both groups of children.

Effective characteristics of ASD provision

In recognition of the increasing numbers of ASD diagnoses, and the importance of early (effective) intervention to meet SEN in this population, the previous government set up an Autism Working Group. The Group produced two related documents, ASD: Good practice Guidance and ASD: Pointers to Good Practice (DfES, 2002), highlighting that the diversity of the population 'requires a diversity of provision, based on sound common principles' (pg. 3). The principles were intended to underpin all practice and arrangements for children with ASD and are listed below (full details in Appendix 2).

Key principles identified in ASD: Good Practice Guidance

- Knowledge and understanding of ASD's
- Early identification and intervention
- Policy and planning
- Family support and partnership
- Involvement of children

- Co-operation with other agencies
- Clear goals
- Monitoring, evaluation and research

In her related 2006 paper, Jones (a member of the Group) made clear the lack of empirical evidence underpinning the principles noting that in common with the majority of the recommendations forming the National Autism Plan for Children (NAS: 2003) principles were based on '...what appears to make good sense, by those with long experience in the field...' (pg. 547). It is also notable how generic many of the principles are; the same would be expected of good practice for any category of SEN, as detailed in the SEN Code of Practice (DfES, 2001). The specialised quality relies most heavily on the first principle; Jones (2006) highlights the importance of all professionals involved having knowledge and understanding of ASD, and the differences this produces in children with ASD in comparison to neurotypical children. This relies on an understanding of the theories proposed to explain ASD.

There are three prominent cognitive theories of ASD (as oppose to biological theories espousing aetiology) which are summarised very briefly below, abridged from more detailed explanations in Frederickson and Cline (2007):

- Theory of mind (Baron-Cohen, 1985) attributes the difficulties people with ASD have with social communication to an impaired ability to 'mentalize', that is to infer other's mental states to understand and predict their behaviour.
- Executive dysfunction (Ozonoff, 1997) posits that difficulties arise from impairment to those brain functions that facilitate higher order cognition (e.g. planning, switching

attention, inhibiting impulsive behaviours, considering and evaluating courses of action etc.).

- Central coherence (Frith, 1989) claims that the relative strengths and special abilities of some people with ASD stems from weak central coherence; they do not share the natural inclination of neurotypicals to integrate information into wholes and generalise across contexts.

It is beyond the scope of this text to evaluate the theories other than to say robust evidence is available for all (see Frederickson and Cline, 2009, for examples). As is often the case no one theory sufficiently explains the whole range of strengths and difficulties common to an ASD profile. Indeed there are areas of recognised differences (e.g. sensory perception) which are not explicitly explained with reference to any theory. Taken together however, the evidence supports the notion that children with ASD have qualitatively different cognitive styles than neurotypicals (Jones, 2006), and that this has implications for social functioning and classroom learning styles. Medical evidence also supports this; fMRI data has found evidence of under-activity in areas of the brain associated with planning, control of complex action and the processing of socio-emotional information (MRC, 2001).

With this in mind, the necessity of the first principle, that staff should have knowledge and understanding of ASD, is clear. Unfortunately, it seems that the findings, cited by Jones' (2006) from various studies, that school staff are not provided with the skills and knowledge required to effectively support children with ASD still stand. A study reported by Humphrey and Symes (2011) found that subject teachers, despite most having had experience of

teaching a child with ASD, did not feel they had adequate skills to teach such children. The teachers professed difficulties coping with common behaviours such as rigid thinking, lack of social understanding and poor eye contact, expressing a need for further training. This mirrors the Headteacher's concerns detailed in the introduction to this report.

The Autism Education Trust, who were funded by central government to develop a set of autism education standards, commissioned research to investigate the characteristics of good practice of ASD provision through in-depth studies of schools judged (by Ofsted) to demonstrate such practice (Charman *et al.*, 2011). Nine characteristics were identified, as follows:

- High ambitions and aspirations
- Hearing pupil voice
- Strong relationship with pupils
- Autism curriculum (addressing academic, social, emotional and communicative needs equally)
- Multiple tracking assessments
- Highly trained and motivated staff
- Joint working with specialist practitioners
- Partnership with families
- Strong leadership and vision

Again, apart from the specific requirement for an Autism curriculum, the characteristics are those expected in all quality educational settings, as evidenced in school improvement literature (e.g. Stoll and Fink, 1989). Nor do the characteristics differ greatly from the principles outlined in the ASD: Good Practice Guidance. This study has provided evidence based assertions regarding characteristics of good practice, therefore providing the beginning of a much needed research base, although their are some limitations in the research design.

The authors note, in reference to using Ofsted judgements as selection criteria, that the sample was 'purposive and not comprehensive' (pg. 15); it consisted of 18 schools and due to time limitations centred on schools in the South. It begins to bridge the research gap but sample limitations prevent generalisation. The generic quality of most characteristics suggest that generally children with ASD require that which any student does; a good quality schooling in a collaborative context, staffed with strong leaders and skilled knowledgeable educators. The resulting report, produced by the Autism Education Trust sets out 6 areas for future research (pg. 7), not dissimilar to those identified by Jones in 2006, suggesting that little has been produced in the academic field since then to provide an empirical basis for educational arrangements and placement decisions.

More research is available relating to specific interventions although meta-reviews of literature have concluded that the evidence base is inconsistent and methodologically flawed (e.g. Charman and Howlin, 2003). In an attempt to address this Tutt *et al.* (2006) reviewed four discrete and two eclectic educational approaches devised for children with

ASD in light of four explanatory theories of ASD (those detailed above and 'interpersonal relatedness'; Hobson, 1993). They concluded that the TEACCH approach (Mesibov, 1997) in particular correlates well with the most prominent theories, despite not having been devised in reference to any theory. The TEACCH approach addresses the required dual focus of interventions highlighted by Jones (2006); adaptation of the environment (including curriculum delivery) to suit the cognitive and learning style of the child in conjunction with explicit teaching of functional skills to enable the child to better access the learning and social environment. Whilst there has been little specific to ASD identified as characteristic of good provision and practice, the TEACCH approach requires that expectations and routines are made explicit and communicated visually through the use of labelling, visual timetables, cues and presentation of curriculum information.

Thus far the majority of descriptors of good practice are generic in nature, suggesting that the needs of students with ASD are (in the main) the same as all students as oppose to than having needs particular to their SEN category, that require specialist and separate provision. Of course such a statement expands the issue to include the inclusion debate; the focus shifts from whether the two groups under discussion should be educated together, to whether there is evidence to support their placement in separate provision at all.

Norwich and Lewis (2007) undertook a comprehensive theoretical and literature review in order to analyse this issue, employing their 'Pedagogical Needs Conceptual Framework' to explore the 'commonality-differentiation of teaching' (for SEN groups; pg. 128). They posed the following question 'Can differences between learners (by particular SEN group) be

identified *and* systematically linked with learners' needs for differential teaching?' (pg. 128). The Framework draws a distinction between 'generalised differences' (needs distinct to a subgroup) and 'unique differences' (foregrounding of the learners unique needs, against a background of needs common to all learners). Reviewing the evidence, they argue for a 'unique differences' approach, suggesting that there is a continuum of teaching strategies; a high-low intensity dimension. Rather than qualitatively different pedagogies, particular needs are responded to with higher intensity application of the same strategies used for all. This argument aligns with the inclusion agenda, and the evidence reviewed so far in this report; there are generic good practice characteristics of all quality provision (needs common to all learners) against which students with additional needs will require an individualised programme of higher intensity approaches in particular areas.

Whilst concluding that a 'unique differences' approach to SEN provision is most appropriate, Norwich and Lewis note that a coherent case for specialisation was made for children with ASD. This related to the requirement to provide a particularly focussed, rather than broad, curriculum with a therapeutic, remedial orientation. Whilst details of the nature of difficulties the curriculum should address are not presented it is likely it refers to addressing social skill and resulting behavioural difficulties. This admission could be viewed as presenting an exception to disprove their thesis, although it can also be viewed that quality educational provision would consider social and emotional, as well as academic development (consider for example the national implementation of the SEAL[1] curriculum).

[1] Social and Emotional Aspects of Learning, part of the previous governments National Strategies

Therefore it can be said that students with ASD require the same strategies, but perhaps tailored to a higher intensity to match their level of need.

To summarise, in the literature reviewed thus far, over and above general good educational practice characteristics, the following areas have been identified as important in educational provision for children with ASD:

- Staff to have specialist knowledge and understanding of ASD (DfES, 2002; Jones, 2006; Charman *et al*, 2011).
- Specific Autism curriculum to address social, emotional and communication needs (with a therapeutic orientation) as well as academic (DfES, 2002; Charman *et al*, 2011; Jones, 2006; Norwich and Lewis, 2007).
- Adaptation of the environment and curriculum delivery methods to ensure it is structured, explicit and where possible information is conveyed visually (DfES, 2002; Jones, 2006; Tutt *et al*, 2006)

Effective characteristics of BESD provision

Lack of empirically based literature is also a feature of this domain (Evans *et al*, 2004; Cooper and Jacobs, 2011). The area shares the same methodological conundrum referred to with ASD and is confused further due to difficulties in categorising. In a meta review commissioned by Ofsted to inform the report 'Managing Challenging Behaviour' (Ofsted, 2005) Visser (2003) highlights how, 'Defining challenging behaviour, EBD or other [associated] terms... has always been an unsatisfactory enterprise...' going on to note that there is debate as to '...who pupils with EBD are, where they should be placed and what interventions are beneficial...' (p. 10).

The previous government's inclusion agenda has perhaps also had an influence, certainly literature pertaining to effective characteristics of EBD settings pre-date it. In 1998, Rizzo and Zabel presented four guiding principles in American literature when working with children with EBD in an educational context:

- Commitment to an integrative framework
- Emphasis on an ecological / systemic orientation
- Belief in the necessity of interdisciplinary approaches in intervention
- Inclusion of parents as a key resources in the educational process

In the UK, Cole *et al.* (1998) presented findings from a comprehensive study designed to identify effective schooling for pupils with EBD. In summarising what they propose makes a 'proficient' school they identify four dimensions: population; people; provision and place, pointing out that identified factors were in many cases universal to all school types. Rather than evidencing necessity for special provision they argued that factors could be replicated in mainstream schools to reduce the need for specialist placements for many students. In his 2003 meta-review Visser's summary supports this; he found that good practice involves knowing the child, hearing pupil voice and providing experience of positive relationships with staff who understand pupil's affective and expressive needs. Visser summarises by calling for all staff in educational settings to 'engage in effective inclusive practices, which can have a significant impact on reducing challenging behaviour' (pg. 66).

The current government's 'Behaviour and Discipline in Schools', whilst briefly making comment that staff should consider if 'continuing disruptive behaviour might be the result of unmet educational or other needs' (DfE, 2011, pg. 4), is focussed, as its title suggests, on discipline rather than describing a category of need and providing guidance on how schools should meet the need. Governmental guidance relating specifically to the education and support of pupils with BESD dates back to 2008, and, in line with the SEN CoP (2001) delineates a graduated approach to addressing BESD as an SEN, utilising 'waves' of intervention from whole school (e.g. SEAL) to small group to individual work as necessary. It is noted in particular that children with BESD require a curricula emphasis on 'personal development and essential life skills' (DCSF, 2008a, pg. 7). The SEN CoP states that children with BESD may require the following:

- Flexible teaching arrangements
- Help with the development of social competence and emotional maturity
- Help in adjusting to school expectations and routines
- Help in acquiring the skills of positive interaction with peers and adults
- Specialised behavioural and cognitive approaches
- Re-channelling or re-focusing to diminish repetitive and self-injurious behaviours
- Provision of class and school systems which control or censure negative or difficult behaviours and encourage positive behaviour
- Provision of a safe and supportive environment

Whilst highlighting that a range of provision, including specialist, is required to meet the needs of such children, specific guidance for specialist settings is not provided in the DCSF document. As with literature reviewed above, approaches outlined are in the main suited to all children to differing degrees, but for those with BESD a more intense focus on the above requirements may be necessary. This coheres with the arguments presented by Norwich and Lewis (2007) regarding special pedagogies, and a 'unique differences' approach presented earlier. It is not that children with BESD require qualitatively different curricula, but that the same teaching strategies used to manage behaviour and support development of social and emotional competence should be employed, but with higher-intensity.

In a recent report outlining best practice for children with BESD commissioned by the National Council for Special Education in the Republic of Ireland (Cooper and Jacobs, 2012) evidence from eight studies investigating specific pedagogical strategies are reviewed. The authors conclude that the small-scale, low-power nature of the evidence prevents recommendation for specific instructional approaches. They presented more rigorous evidence of the importance of good quality, warm relationships between staff and pupils, in service training relating to BESD and the use of cognitive and behavioural approaches as targeted and whole-school interventions. In considering specialist provision the authors note again a dearth of research concluding that, with the exception of Nurture Groups, separate settings 'have limited evidence supporting their use, though the nature and diversity of this provision make meaningful generalisations on its effectiveness difficult' (pg. 4).

The authors also described the 'evolution of theory' of SEBD, from psychodynamic to behaviourist then humanistic and most recently cognitive behavioural and systemic

approaches which became influential 1990's (Cooper and Jacobs, 2012). Social information processing problems, which are associated with problematic externalising behaviours (Maras, 2012) have been proposed as an explanation for challenging behaviour; in particular a hostile attribution bias in interpreting others actions (Frederickson and Cline, 2009). Viding *et al.* (2012) found evidence of what they termed 'cognitive vulnerabilities' (pg. 70) in children viewed as having conduct problems which they propose can explain impulsive or amoral behaviours. These 'faulty thinking' hypotheses underpin the use of cognitive behavioural approaches found to be supported by good evidence in Cooper and Jacobs' review. They also found quality evidence for behavioural approaches although whether these are the most effective approaches, or most researched is not clear. Frederickson and Cline (2009) present evidence that behavioural strategies for primary children and cognitive interventions for secondary aged children are the most commonly recommended interventions by educational psychologists in England. Cognitive and behavioural approaches were also found to be most prominently used in a systematic review of effective strategies to support BESD in primary aged children (Evans *et al.*, 2004).

Considering the influence of systemic approaches and a government definition of EBD set out in Circular 9/94 (DfE, 1994) which states that such children 'have problems in relationships, the causes are likely to be complex and systemic involving school and home factors' (pg. 8), it is interesting that the preponderance of interventions are individually focussed. Maras (2012) highlighted this paradox when reporting the results of an internet search where numerous pages providing guidance on addressing anti-social behaviour in children made reference to psycho-social factors, but the majority went on to advise

behavioural based interventions. Certainly, prominent writers in the field are now in agreement that a bio-psycho-social approach that encompasses an ecosystemic perspective is most appropriate to understanding BESD (e.g. Rizzo and Zabel, 1988; Visser, 2003; Frederickson and Cline, 2009; Cooper and Jacobs, 2012, Maras, 2012; Cole *et al.*, 2012).

One area that has a consistent evidence base that lends weight to a 'general differences position' (Norwich and Lewis, 2007) in relation to SEN categorising and pedagogy, is that of language development. Numerous studies have now found evidence of high rates of language difficulties in children and young people who display challenging behaviour (e.g. Sanger et al., 2001; Snow and Powell, 2004; Clegg *et al.*, 2009). This is supported in the Bercow Report (DCSF, 2008b) which states clear links between unidentified Speech, Language and Communication Needs (SLCN) and anti-social behaviour. These studies have been primarily concerned with patterns of receptive and expressive language difficulties. A smaller research base has evidenced a link between pragmatic language difficulties and disruptive behaviour (e.g. Camarata and Gibson, 1999; Gilmour *et al.*, 2004; Owen, 2010). This body of research provides evidence that language and communication interventions would be an important curricula activity for this group. Equally such evidence suggests that environmental conditions and curriculum delivery methods should be appropriately adapted to ensure that verbal or non-verbal language difficulties do not form a barrier to curriculum access, or prevent a student from fully understanding behavioural expectations. This point is particularly reminiscent of Jones' (2006) argument that 'dual focus' is required to meet the needs of students with ASD.

It would appear that as with ASD literature the majority of factors identified as effective characteristics of provision for this group would be best practice in any educative setting, once more supporting the inclusion agenda, as argued by Cole *et al.* (1998). Those specific to the group, found in the literature above, are:

- Applying an ecosystemic / bio-psycho-social perspective to understanding BESD and an associated inter-disciplinary approach to meeting need (Rizzo and Zabel, 1998; Visser, 2003; Frederickson and Cline, 2009; Cooper and Jacobs, 2012; Maras, 2012; Cole *et al*, 2012).
- A curriculum that provides opportunity to develop emotional maturity and social competencies (SEN CoP, 2001; DCSF, 2008).
- Specialised behavioural, cognitive and language / communication development interventions (SEN CoP, 2001; Cooper and Jacobs, 2012; Gilmour *et al*, 2004; Owen, 2011).
- An environment that feels safe and secure, with robust systems in place to censure negative and promote positive behaviour (SEN CoP, 2001; DCSF, 2008).
- Well trained staff who understand the social and emotional needs of such children and who promote warm positive relationships (Cole *et al*, 1998; Visser, 2003; Cooper and Jacobs, 2012).

The literature for both SEN groups displays similar patterns: identified good practice was that which would be expected in all effective school settings. Many more were general principles (e.g. full engagement with parents), which whilst not required (at such intensity)

for majority of pupils would be expected for any child with an SEN, as set out in the SEN CoP (2001). A number of factors were found to be specific, but in examining those together commonalities emerge. Both require a curriculum that provides emphasis on social and emotional development in conjunction with the academic; environmental adaptations that ensure structure, behavioural expectations that are explicit; a therapeutic/remedial orientation to addressing need as appropriate (i.e. behavioural, cognitive and language / communication based interventions) and a need for research has been identified across both groups. Visual conveyance of information is arguably specific for children with ASD where possible but given the prevalence of language difficulties evidenced in the BESD population it would be prudent to support verbal information with visual stimuli for this group also. The nurturing approach and 'warm, positive relationships' required for children with BESD, providing they are employed by sensitive staff who are responsive to individuals, should certainly not inhibit progress for a child with ASD.

From the broader literature it appears that is not a clear rationale to prevent these groups of students being educated together, and that actually there are commonalities in need that make such an arrangement suitable. But does this hold for the students' attending the EBD provision in the introducing vignette? Are their SEN, to employ Norwich and Lewis' (2007) conceptualisation, common to them all, specific to their SEN grouping, or unique to the individuals on role at the school?

NEEDS ANALYSIS

Contextual issues that arose after the assignation of this piece of work meant that for ethical reasons the undertaking of a piece of work within the school by a Trainee Educational Psychologist became inappropriate. Therefore, in order to consider the needs of the students, and to make comparisons within and between groups, a content analysis of students' SEN statements was undertaken, using the version of each student's statement that corresponded with their transition to the specialist setting under consideration. This ensured that the needs under analysis where those identified prior to the placement transition, and were therefore the basis on which the decision was made. Each statement summarises the 'advices'[2] received, states the SEN(s) and sets out the provision required. Statutory guidelines and local policy provide an observable process, and as the 'advices' and resulting statements are written documents they too can be objectively observed. What, however, cannot be is the reasoning and decision making underpinning the content of the advices, and the collation and amalgamation of them into one document. Due to this a critical realist perspective (Bhaskar, 1989) will be employed.

Critical realism posits that the mechanisms producing social phenomena are real, but as they are not directly observable, they can only be known through their effects. The task of research in this paradigm is to hypothesise as to what these mechanisms may be (Bryman, 2004). The phenomena under discussion here is the categorisation of children's SEN and the subsequent educational placement decisions; the mechanism is the reasoning underpinning

[2] The 'advices' are the formal responses received by the Local Authority from all parties involved with the student during Statutory Assessment which make comment on their view of the student's SEN.

the decision(s). Placing children in segregated educational provision, categorising their SEN, or claiming specific groups should / should not be educated together suggests an understanding that SEN's can be organised by 'type'. Students with the same 'type' would share needs that would not be common to all learners; a 'general differences' position to SEN in Norwich and Lewis' (2007) Framework. It would be expected then that such an understanding forms the mechanism that produces categorisation and placement decisions.

Sample

There are 48 pupils on role at the EBD School, 5 of who have a statement for ASD. On first examination of the statements it became clear that their format had changed at a certain chronological point, in such a way that would have rendered comparison invalid. As it was planned to reduce the number of statements to provide a manageable sample size it was decided to remove the statements with the older format. This left 3 pupils with ASD statements, equalling 60% of the ASD students, for parity 60% (n= 26) of the BESD statements were randomly selected giving a total sample size of 29.

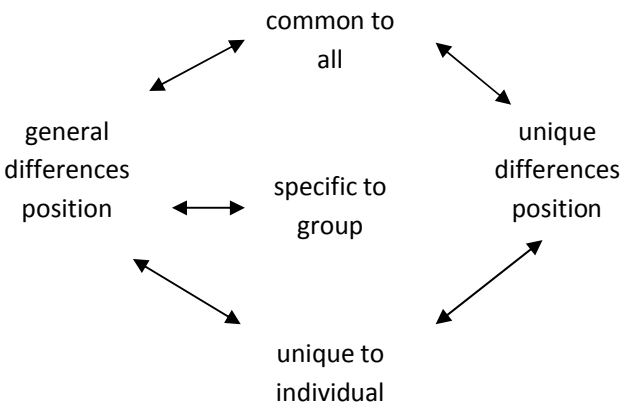
Method

Content analysis is an approach '...that seeks to quantify content [of text] in terms of predetermined categories in a systematic and replicable manner.' (Bryman, 2004, pg. 183). The units of analyses selected were the required provisions on each individual's statement; these consisted of a set of self-contained sentences forming 'Part 3' of the statement. An a priori design of the coding schedule is important in meeting the requirements for validity and reliability in a content analysis (Neuendorf, 2002). Norwich and Lewis' (2007) conceptualisation of pedagogic needs were adopted to form the coding schedule.

Pedagogical Needs Conceptual Framework (Norwich and Lewis, 2007)

In order to investigate if SEN category could be '...systematically linked with learners' needs for differential teaching' Norwich and Lewis (2007, pg. 128) developed the framework below. It conceptualises the needs that influence pedagogical decision and results in two contrasting positions to SEN pedagogy, as detailed in the diagram below. Both positions assume that there are needs 'common to all' learners and that learners, being individuals, will have 'unique' needs not necessarily shared with their peers. The difference is that a general differences approach also assumes that learners with a shared category of SEN will have needs 'specific' to that category.

Figure 1. Pedagogic needs as conceptualised by Norwich and Lewis (2007, pg. 129)



Coding

A slight variation in use is the definition of 'common to all'. In Norwich and Lewis' conceptualisation this refers to all pupils, with or without SEN; for the purposes of this coding schedule, as all the students have identified SEN, here it refers to all pupils in the sample. Therefore if every statement cited a requirement for a particular type of provision this was coded as 'common to all'. Needs were coded as 'specific to group' if every

statement *within that SEN group* cited a particular type of required provision. Needs were coded as 'unique to individual' if they did not fit either of these codes; that is they neither were required by all students, nor required by all students within a particular group. In this conceptualisation 'unique' refers to requirements based on individual need, therefore more than one student may have this need, but it is not shared within the SEN category they are placed in, nor is it common to *all* students.

To prepare the units of analysis for coding they were initially combined in one table representing all the data to be analysed by anonymised ID case number (Appendix 3). The statements were then colour-coded by type of intervention or provision that was required and this data was transferred to a second table denoting the types of interventions each pupil required (Appendix 4). The codes were then categorised in line with Norwich and Lewis' conceptualisation to allow a quantitative analysis within and between groups.

Ethics

As no direct contact with students was required, and the information being examined was already held in LA records (therefore being secondary data analysis), the main ethical implication related to the use of information for different purposes to that which it was originally sought. Following discussions with University and placement supervisors and with regard to the Code of Human Research Ethics (BPS, 2010) it was decided that providing the proposed use complied with LA data compliance governance, and all data would be anonymised at source consent need not be sought.

FINDINGS

The number and percentage of students' requiring each type of provision, by SEN grouping and in total, and the ensuing coding category is presented in the table below.

Table 2. Provision required to meet special educational objectives as set out on pupils' statement of SEN.

	ASD		BESD		All		Coding
Provision required	%	*n*	%	*n*	%	*n*	
Curricula emphasis on personal and social development	33	1	62	16	59	17	Unique
Social skills programme	100	3	62	16	66	19	Specific/Unique
Communication development	66	2	12	3	17	5	Unique
Literacy and numeracy development	66	2	65	19	72	21	Unique
Input from teacher with expertise in category of need	100	3	100	26	100	29	Common
Reduced class sizes / higher staff to pupil ratio	100	3	100	26	100	29	Common
Attention /concentration development	66	2	31	10	41	12	Unique
Behaviour modification programme	66	2	58	16	62	18	Unique
Individual reflective pastoral sessions	33	1	85	24	86	25	Unique
Named provision co-ordinator	0	0	46	13	45	13	Unique
Fine motor skills programme	0	0	15	4	14	4	Unique
External agency therapeutic intervention	0	0	8	2	7	2	Unique
Visuo-spatial skills programme	0	0	4	1	3	1	Unique
Brief verbal instructions supported with visual cues	0	0	8	2	7	2	Unique
Emotional management	0	0	15	4	14	4	Unique
Home –school partnership	0	0	4	1	3	1	Unique
Risk taking behaviour	0	0	4	1	3	1	Unique
Nurturing approach / developmental curriculum	0	0	15	4	14	4	Unique

Nine types of required provisions were identified from the ASD statements and eighteen types from the BESD statements. This higher number may be due to greater heterogeneity within the BESD group or may be an artefact of the sample size differences across groups.

Specific to group

Only one need was evidenced as 'specific'; all ASD statements identified a social skills programme as a required provision. This was also specified for many, but not all, of the students with a BESD statement and is therefore considered a 'unique' need within the group.

Common to all

Two provisions were required for all students; specialist teacher input (in the associated category of SEN) which could be classed as 'specific', however as some children had a secondary category of need (e.g. specific or moderate learning difficulties) it was viewed as a requirement for SEN expertise. This would be expected in a specialist provision so was considered 'common to all', as were requirements for reduced class sizes / high staff to pupil ratio.

Unique to individual

The remaining provisions were 'unique' to individuals, a figure of 66% (n=6) in the ASD group and 89% in the BESD group.

DISCUSSION

The findings reported above, evidencing only one need 'specific' to a group and in both groups the majority of provisions being 'unique' to individuals, supports the unique differences position in Norwich and Lewis' (2007) 'Pedagogic Needs Conceptual Framework'. As they describe, this is when '...pedagogic decisions and strategies are informed only by common and individual needs. Unique differences are in the foreground with common needs more in the background.' (pg. 130). This should be expected; Statutory Assessment should consider each child individually and assess their needs accordingly. As the SEN CoP states '...each child is unique and [...] the questions asked by LEAs should reflect the particular circumstances of that child. (2001, pg. 85).

However the SEN CoP has four delineated categories of need[3] which are adopted in this and many other Authorities, not only for administrative and resource allocation purposes, but also to organise specialist provision, such as the case in point, an EBD school. Setting up such a provision, for students' with a particular SEN category assumes and supports a general differences position; as Norwich and Lewis' state this is '...a view favoured by those who recognize general categories as relevant to pedagogic decisions and strategies...' (2007, pg. 130).

If the framework within which professionals work promotes a unique differences position, but placement decision is informed by a general differences position this suggests a lack of

[3] Communication and interaction; Cognition and Learning; Behaviour, Emotional and Social Development; Sensory and/or Physical.

coherence within the system. Additionally, the literature review highlighted the lack of empirical evidence on which to base placement decisions. Is there evidence that these students have '...needs which are specific or distinctive to a group which shares common characteristics.'? (Norwich and Lewis, 2007, pg. 129). The content analysis results would suggest not, apart from expert teacher advice and small class sizes; characteristics not exclusive to EBD settings. A cursory look at the sample group statements does however reveal a characteristic 'common to all'. All the students, ASD and BESD, displayed 'challenging behaviour' in their mainstream setting. There is no evidence of commonality amongst the required provisions as set out in the statements; therefore it must be presumed that this factor, their presentation, provides the rationale for placement.

Perhaps this underpins the vehement opposition some parents of students with ASD have to an EBD school placement. Parents of children with ASD are likely to be aware of their social vulnerabilities. If their construction of BESD students is influenced by the negative portrayal of Britain's young people, evidenced in many studies (e.g. Clark *et al.*, 2008; Mason, 2011), and in conjunction they see a decision based on behavioural presentation rather than identified need , combining these two groups would indeed seem, as Truman wrote, 'totally inappropriate' (2005). We have seen there is little evidence to support specific 'techniques for managing pupils with EBD' so Truman's concerns regarding them being counter-productive are superfluous. Nor does robust evidence exist that suggest the two groups require distinctive pedagogies or curricula. Rather the literature review and the content analysis found that where there *was* support for specific approaches beyond general

effective schooling principles, there were more similarities than differences between the two groups needs.

The dual focus that Jones (2006) proposes as necessary for students with ASD; environmental adaptation in conjunction with explicit teaching of functional skills may seem very specific. Perhaps even more so when the TEACCH programme (or other approaches specifically designed to meet ASD needs) underpin curriculum delivery. However evidence has been presented that a large proportion of students with BESD are likely to have underdeveloped language skills and possible pragmatic language difficulties. This is in common with an expected ASD profile and therefore the use of visual stimuli to convey information (in the environment and curricula delivery), making behavioural expectations explicit and specific targeted teaching of skills, that perhaps for typically developing children would be learned incidentally, is equally appropriate for both groups.

For both categories of need the requirement of a curriculum which focuses on the development of personal, social and emotional skills is supported. Whilst there may be some differences in how a student with ASD learns and generalises social events in comparison to neurotypical students, it must be remembered that differences in social cognitions have also been evidenced in children with BESD. Certainly the literature for both SEN categories calls for therapeutic or remedial interventions to address the difficulties the students experience, but there is no evidence to support that one group needs a particular intervention that the other would find 'counterproductive'. Rather the findings from the content analysis suggest

that differences in need abound within groups, whilst there is evidence of similarities between.

There are of course notable limitations with the method used to examine the needs of the student group in question. Whilst a statement of SEN, being a legal document, should be relied upon as an accurate description of that students needs they are limited in the level of detail they can include. They are therefore a blunt instrument, only able to summarise the main points of the 'advices' received by the LA, which are of course a snapshot of the students needs at one point in time. Also importantly (particular considering the evidence for environmental adaptation and adopting an ecosystemic perspective), they describe the student's needs as observed when placed in a different educative setting. To more fully explore the qualitative differences and similarities within and between these groups of students an approach that promoted working with the students themselves, and the staff who were attempting to meet their needs may have been more valid. Working within their current setting would allow for an interactionist perspective to be employed. An approach such as co-operative inquiry (Reason, 1998) for example, would have provided better ecological validity, and as the purpose is to facilitate 'human flourishing' through collaborative processes may also have supported capacity building within the setting.

CONCLUSION

The evidence presented highlights few needs specific to either SEN category under discussion. In the main, evidence suggests that both groups benefit from those principles of effective schooling suited to *all* students, in conjunction with ways of working outlined in the SEN CoP (2001) for those with SEN. Rather than providing a rationale for separate settings and distinct pedagogies for SEN groups the evidence available is actually supportive of the inclusion agenda, and Norwich and Lewis' 'unique differences' position to SEN. It is important to consider however that the lack of research in the area is continually noted by authors, so secure conclusions cannot be drawn. Equally, much of the research reviewed was undertaken during the time of the inclusion agenda, and this may have implicitly influenced findings.

That said, the question under consideration here was: 'Can the needs of students with ASD and BESD be effectively met within the same special provision? Prima facie it would appear that at least for students with broadly similar cognitive abilities, if segregation is part of local arrangements then students with ASD and BESD are well suited to being segregated together. This of course only holds if their placement is in a specialist setting with the environmental, curricula, staffing and therapeutic interventions as reviewed above. Ultimately however, in view of the dearth of rigorous evaluation of good practice and effective characteristics, and the impact and effect of specialist settings, it must be concluded that evidence does not exist in order to provide an answer.

IMPLICATIONS FOR PRACTICE

Strategic planning

At a Local Authority level it is important that policy and procedure foster placement decisions based on a match of *need* to provision, not presenting difficulties or statement category. On the surface this could be fostered with a twin approach: reviewing policy in light of the available evidence base for separate pedagogies/provision, and awareness-raising among decision makers regarding the debate of categorising need. At a deeper level however it is likely that policy and procedure is inextricably linked to professional culture, 'the way we do things around here' () and dominant ideological beliefs regarding SEN, and possibly even the nature of children. If changes in this area were to be considered, it may be best to start the process with a collaborative research process to explore the foundation for current decision making.

Collaborative working with parents, from the earliest point of SEN identification, can help to ameliorate parental concern over placement decisions. It may support this process if LA's made clear their rationale for various special settings, in terms of the needs they provide for (and how they will be met), rather than the SEN category of students who are generally placed there. Similarly, staff development should emanate from this focus. This is a subtle difference, but in encouraging staff to see commonalities in need among their student body (and if they are appropriately placed there should be), they can be empowered to generalise their skills, rather than harbouring concerns that they do not have the knowledge and experience required to support a certain 'type' of need. A needs-based focus in

communications with parents would also help ameliorate concerns shared with Sara Truman regarding 'counterproductive behaviour management techniques'.

Educational Psychologists

Educational Psychologists are tasked with (amongst other duties) assessing and describing needs and recommending interventions. Practice which is underpinned by the SEN CoP (2001), and the Framework for Psychological Assessment and Intervention (DECP, 2002), coheres with a 'unique differences' position. This work takes place, as discussed earlier, in a system more in line with a 'general differences' position. Such a system may be necessary, in order to discharge bureaucratic functions and apportion resources, or may be resistant to change for other reasons. Nonetheless, it would be useful for EP's to be conscious of this conflict, and reflect on the position they themselves adopt, to ensure they are cognisant of the influences on their own and others practice and decisions.

The evidence reviewed in this thesis highlights the lack of empirical evidence available to inform placement decisions. As Educational Psychology is an evidence based practice, and in this case evidence in not available, it is important that those EP's who routinely make recommendations regarding placement decisions are secure in their rationale for doing so. It may be beneficial for EP's, when making recommendations for students with BESD, to reflect on the paradox related to suggested interventions highlighted by Maras (2012), and the requirement in the SEN CoP (2001) to include the environmental context in assessment. This could promote translation of the accepted understanding of BESD (that of an ecosystemic position) in to practice more readily.

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APPENDIX 1: Rationale for proposed nomenclature for the category assigned to children whose special educational needs are viewed to be related to social and emotional functioning.

If we take a view that behaviour is communicative and functional then it follows that 'challenging' behaviour is an expression of or attempt to address unmet need, rather than a specific 'need' in itself. The inclusion of 'emotional' and 'social' in recent terminology (SEBD / BESD, see Visser, 2003, for a history of terminology) does make reference to need, but if we accept that the child has delayed or disturbed social or emotional functioning then the 'challenging' behaviour is surely a symptom of that need. Many other children who are categorised with specific SEN also display 'challenging' behaviour, but those that do don't suddenly have a 'B' appear against their previous assignation of 'PMLD' or 'ASD' or 'SLD' and so on; this suggests some element of perceived responsibility in those without an evidenced cognitive difficulty or identified medical condition. Furthermore, not only is the 'behaviour' communicative and symptomatic of underlying (actual) need, but it is mediated by and in interaction with the environment, and indeed is not always present (unlike impaired cognition or a medical condition). Likewise the environment a child finds themselves in will dictate if their behaviour is even perceived as problematic or not. Therefore I argue that the inclusion of 'B' in nomenclature says more about the adults' (and the systems they work within) attitudes towards and experiences of children grouped in this category, as oppose to an attempt to delineate a category of educational need.

As a first attempt I perhaps propose 'ESDD' as a better descriptor, if categories are to be necessary. The inclusion of 'E' and 'S' (emotional and social) denote the underlying need; a further 'D' is added to denote 'developmental' a (possibly crude) attempt at a delineation that excludes those children who are: in a transient state of emotional or social dysfunction due to some current environmental factors, that once ameliorated are likely to subside, and who until the events showed a typical trajectory in social and emotional development. Of course there are problems with this still, for example the interactive nature of perceived problematic behaviour is not alluded to, but it does at least remove the 'B', and hopefully instigate further thinking.

APPENDIX 2: Explanation of common principles identified in DfES (2002) ASD: Good Practice Guidance

Knowledge and understanding of ASD's	All who plan or provide for children with an ASD should have knowledge and understanding of autism to ensure their behaviour is not misinterpreted and their needs (learning and otherwise) are met in the most appropriate way. (pg. 15)
Early identification and intervention	Professionals should be aware of referral pathways to follow if ASD is suspected, and begin to address identified needs at the first opportunity (rather than wait for diagnosis)
Policy and planning	Forward planning at an individual operational level to allow for predictable day-to-day activities, and longer term planning for future transitions etc. Strategic planning and clear inter-agency policy to make provision for the population of children in an organisation / area with an ASD.
Family support and partnership	Emotional and material needs for families of children with an ASD should be assessed and addressed by professionals with knowledge of ASD's.
Involvement of children	Children should be encouraged and facilitated to share their views and preference in relation to the provision made for them.
Co-operation with other agencies	The complexity of ASD's requires multi-agency co-operation and intervention which recognises the multiple demands ASD places on providers.
Clear goals	Both short and long term target setting with child, parent(s) and professionals including social as well as academic skills.
Monitoring, evaluation and research	Provision should be monitored and evaluated and knowledge of recent research findings shared to facilitate better practice.

APPENDIX 3:Data set

NB: One provision related to an allocation of teaching assistant hours which appeared to have remained in error from the student's mainstream statement, as such this was discounted and is marked by a 'strikethrough'.

	National curriculum
ASD1	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	A structured social skills programme to be delivered across the curriculum by experienced members of staff.
	An integrated programme should be in place to enhance ASD1's access to the curriculum and all areas of school life, given his existing level of communication. This should be implemented by the whole school team across the school day.
	An individual programme to support ASD1 through small group (max 6 pupils) activities focussing on listening and attention skills with practice within the whole class setting.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	Teaching by staff who have expertise in working with children with ASD type difficulties
	ASD1 would benefit from being taught in a class of reduced size with favourable staff: pupil ratios
ASD4	A structured speech / communication / social use of communication programme should be developed in conjunction with the Speech and Language Therapist, (as advised by the Local Health Authority) / specialist teacher. This should be delivered by school on a daily basis through general classroom teaching and through individual work.
	An individual programme to support ASD4, focussing on concentration and attention skills with practice within the whole class setting. The programme should be carried out on a twice weekly basis for a minimum of 10 minutes and should be supported by a teaching assistant.
	A structured social skills programme to be delivered on a weekly basis for a minimum of 20 minutes by an experienced member of staff.
	A structured programme to develop appropriate behaviour to be delivered within a small group on a weekly basis, (minimum 20 minutes), by an experienced member of staff.
	Teaching from a teacher with expertise on working with children with ASD
	Benefit from small group sizes

ASD5	A structured programme to develop literacy skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant. Step by step teaching approaches should be used with frequent opportunities for practice and recall
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	An individual programme to support ASD5 through small group (max 6 pupils) activities focussing on listening and attention skills with practice within the whole class setting. The programme should be carried out on a twice weekly basis and should be supported by a Teaching Assistant.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support ASD5 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A structured programme to develop anger management to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Opportunity on a weekly basis to work in a small group (max 6 pupils) to develop flexibility of thought/ understanding of the needs of others through role play / social stories or other alternative strategies.
	Teaching from staff with expertise in ASD and BESD
	ASD5 would benefit from being taught in a class of reduced size with favourable staff:pupil ratios.
BESD1	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD1 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	BESD1 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	Spec besd
	Small group teaching

BESD2	BESD2 should have access to a named member of staff to co-ordinate and monitor the provision to address his needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.]
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	Access to appropriate counselling.
	Access to pastoral support to ensure that BESD2 has daily feedback regarding his progress towards his short term targets.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	Teacher w expertise in BESD
	Small group size
BESD3	A structured programme to develop reading/spelling skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant.
	A programme should be in place to develop BESD3's visuo-spatial perception skills. This should be supported by relevant professionals.
	A programme should be in place to develop handwriting skills as advised by the relevant professionals. This should be delivered in school, by a Teaching Assistant, three times a week, in a group of not more than 6 pupils.
	A structured programme to develop strategies for solving more complex numerical operations. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD3 in developing the ability to put everyday events into a broader perspective. This would ideally be in the form of 10 minutes 1:1 at a specified point during the

	school day.
	Teacher with expertise in SpLD and BESD
	~~BESD3 should have access to a Teaching Assistant at specified periods during the school day, depending on the time-table. This should be agreed at the Target Setting meeting and reviewed through the Annual Review process. The Teaching Assistant time should be provided on a flexible basis in conjunction with the school's existing resources and should be for a minimum of 22 hours per week in primary school and 20 hours per week in high school. The purpose of this would be to support BESD3 in accessing the curriculum.~~
BESD4	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Weekly opportunities through circle time (or equivalent) to celebrate BESD4's achievements.
	A structured programme to develop reading skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A structured programme to develop writing and recording skills. This may require access to appropriate technological aids. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A structured programme to develop numeracy skills, using a practical approach. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A structured programme to develop handwriting and presentation skills. This may require access to appropriate technological aids. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	Teacher with expertise in BESD
	Small group size

BESD5	An individual programme to support BESD5 through activities focussing on listening and attention skills with practice within the whole class setting. The programme should be carried out on a twice weekly basis for a maximum of 10 minutes and should be supported by a Teaching Assistant.
	All staff who come in contact with BESD5 should be aware of his difficulties with short-term auditory memory and should ensure that verbal instructions and information should be simple, clear and explicit, supported by visual cues or written instructions when appropriate.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD5 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	Access to pastoral support to ensure that BESD5 has daily feedback regarding his progress towards his short term targets.
	Expertise BESD
	Small group sizes
BESD6	A structured social skills programme to be delivered within a small group on a weekly basis by an experienced member of staff.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD6 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	Access to pastoral support to ensure that BESD6 has daily feedback regarding his progress towards his short term targets.
	Expertise BESD
	Small group sizes
BESD7	A structured programme to develop anger management to be delivered within a small group (maximum 6 pupils) on a weekly basis for a minimum of 20 minutes by an experienced member of staff.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis for a minimum of 20 minutes by an experienced member of staff.
	Access to pastoral support to ensure that BESD7 has daily feedback regarding his progress towards his short term targets.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD7 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified

	point during the school day.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	Expertise BESD
	Small gp size
BESD8	A structured programme to develop reading skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/ small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD8 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A structured programme to develop anger management to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	Expertise BESD
	Small group size
BESD11	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Opportunities on a daily basis for BESD11 to reflect with the support of a named person (1:1), events/issues that have occurred through the day and his response to these.
	Access to pastoral support to ensure that BESD11 has daily feedback regarding his progress towards his short term targets.
	A structured programme to develop reading and spelling skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work (maximum 6 pupils) at least three times per week. This will be

	supported by access to a Teaching Assistant. Step by step teaching approaches should be used with frequent opportunities for practice and recall;
	Expertise BESD
	Small group sizes
B E S D 1 2	BESD12 should have access to a teaching environment where emphasis is placed on the development of personal and social skills, self awareness and self control within warm and nurturing context, including:
	Regular involvement in projects involving opportunities to learn social skills in a small group, which provides a forum from which BESD12 can learn friendship making skills and anger management skills
	Regular access to approaches which will allow opportunity for BESD12 to begin to explore and learn to articulate his feelings
	Access to a learning mentor/named member of staff, as required, to support BESD12 in developing the ability to put everyday events into a broader perspective.
	Access to pastoral support to ensure that BESD12 has daily feedback regarding his progress towards his short term targets
	Close liaison between home and school to allow reinforcement from the same 'broad' perspective across both settings. This may take the form of a home-school diary or telephone contact.
	BESD12 should have access to a named member of staff who will co-ordinate and monitor the provision to address his needs in the areas of anger/behaviour management. Provision should include:
	A consistent system of boundaries with rewards and sanctions to increase appropriate behaviour and reduce outbursts. Realistic, achievable, behaviour targets and strategies should be identified and agreed with BESD12, with access to pastoral support to ensure that he has daily opportunity for feedback regarding his progress.
	Access to a learning mentor/other trusted adult to allow time to discuss 'current issues' in order to help him develop an understanding of other peoples perspectives in everyday situations, and generalise work on the expression and understanding of his own feelings.
	Assertiveness and relaxation training
	Close liaison between home and school to reinforce appropriate behaviour/anger management across both settings.
	Learning programmes dedicated to developing BESD12's skills and increasing his confidence in reading, literacy and numeracy. These should include • highly structured step by step teaching approaches, with frequent opportunities for practice and recall. • access to appropriate technological aids. • opportunities to maximise frequency of successful outcomes and positive reinforcement.

	• supportive approaches, which are designed to extend the length of time that BESD12 is able to remain on task independently, with a personalised reward system for positive behaviours. Programmes should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work.
	Access to regular opportunities to discuss and raise awareness of 'stranger danger', particularly in relation to sexual abuse and substance abuse. This may take the form of regular 'circle time' discussion and activities, with follow up during access to learning mentor.
	Expertise BESD and MLD
	Small group
BESD13	Access to a key adult who can build a rapport with BESD13
	Adults who can offer BESD13 a long term supportive and accepting relationship.
	Adults providing positive messages regarding his strengths, skills and attributes.
	A very gradual reintroduction to education and educational settings and relationships, supported by adults who understand the relationship issues influencing BESD13 and are sympathetic to and skilled in working with these issues.
	An educational environment characterised by very small groups, high levels of routine and predictability, clear expectations and a nurturing approach.
	Expertise BESD
	Small group
BESD14	Opportunities on a daily basis for BESD14 for a minimum of 5 minutes to reflect with the support of a named person (1:1), events/issues that have occurred through the day and her response to these.
	BESD14 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and

	through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	Expertise SpLD and BESD
	Small group
BESD15	A structured programme to develop anger management to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD15 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Access to pastoral support to ensure that BESD15 has daily feedback regarding his progress towards his short term targets.
	Expertise BESD
	Small group
BESD17	A structured programme to continue to develop learning skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A programme should be in place to develop handwriting skills as advised by the relevant professionals. This should be delivered in school, three times a week, in a group of not more than 6 pupils.
	Weekly opportunities through circle time (or equivalent) to celebrate BESD17's achievements.
	Access to pastoral support to ensure that BESD17 has daily feedback regarding his progress towards his short term targets.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	BESD17 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the areas of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem /fine motor skills (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	Expertise BESD

	Small group
BESD18	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	An individual programme to support BESD18 through small group (max 6 pupils) activities, focussing on listening and attention skills with practice within the whole class setting. The programme should be carried out on a twice weekly basis.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD18 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	Access to pastoral support to ensure that BESD18 has daily feedback regarding his progress towards his short term targets.
	A structured programme to develop writing and recording skills. This may require access to appropriate technological aids. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A structured programme to develop spelling skills, using a multi-sensory approach. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	Expertise BESD
	Small group
BESD20	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set and discussed with BESD20. Work should also be done on increasing BESD20's concept of choice to help him feel more empowered to have control over the choices he makes and to understand the consequences of these choices.
	An individual programme focussing on BESD20's listening and attention skills. This should aim to give BESD20 quiet listening tasks and more active practical tasks. Assignments should also be broken down into more manageable subtasks which do not exceed the length of time BESD20 is able to concentrate.
	A structured programme to develop numeracy skills, using a practical approach. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control

	and where clear rules, rewards and sanctions are used to maximise progress.
	A programme should be in place to develop fine motor skills as advised by the relevant professionals. This should be delivered in school, three times a week, in a group of not more than 6 pupils.
	Verbal instructions need to be clear, simple and explicit. BESD20's difficulties with his working memory mean that he may need more time to process verbal requests. Asking him to repeat back what has been said will help both teachers ensure BESD20 has understood what is expected of him.
	Expertise BESD
	Small group within context of nurturing environment
BESD21	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	A structured social communication programme should be developed by the specialist teacher. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD21 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	BESD21 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others.
	and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set
	Access to pastoral support to ensure that BESD21 has daily feedback regarding his progress towards his short term targets.
	A structured programme to develop literacy skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall
	A structured programme to develop numeracy skills, using a practical approach. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	Access to pastoral support to ensure that BESD21 has daily feedback regarding his progress towards his short term targets.

	An individual programme to support BESD21 through small group (max 6 pupils) activities focussing on listening and attention skills with practice within the whole class setting. The programme should be carried out on a twice weekly basis.
	Expertise BESD
	Small group size
BESD22	A structured programme to continue to develop BESD22's basic learning skills. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step teaching approaches should be used with frequent opportunities for practice and recall.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	BESD22 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/impulsivity/ self-esteem//flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	Access to pastoral support to ensure that BESD22 has daily feedback regarding his progress towards his short term targets.
	BESD
	Sm grp
BESD23	Access to pastoral support to ensure that BESD23 has daily feedback regarding his progress towards his short term targets.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self-control and where clear rules, rewards and sanctions are used to maximise progress.
	An individual programme to support BESD23 through small group activities focusing on listening and attention skills with practice within the whole class setting.
	BESD
	Sm gp
BESD2	BESD25 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/self esteem and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A structured programme to develop handwriting and presentation skills. This may require access to appropriate technological aids.

5	This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work. Step by step approaches should be used with frequent opportunities for practice and recall.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	Opportunities on a daily basis for BESD25 to reflect with the support of a named person (1:1) events/issues that have occurred through the day and his response to these.
	Daily opportunity to have access to a Learning Mentor (or named member of staff) to support BESD25 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	BESD & MLD
	Sm gp
BESD26	Access to pastoral support to ensure that BESD26 has daily feedback regarding his progress towards his short term targets and receives daily praise and rewards.
	Appropriately differentiated tasks so that BESD26 can complete work and receive praise. These tasks should be gradually extended in length and complexity.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD26 in developing an understanding of events that have occurred through the day and his response to these. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A programme to develop BESD26's social skills in establishing and maintaining appropriate relationships with his peers.
	BESD26 should have access to a named member of staff to co-ordinate and monitor the provision to address his needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self esteem and understanding the needs of others.
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	BESD
	Sm gp

BESD27	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD27 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	BESD27 should have access to a named member of staff to co-ordinate and monitor the provision to address his/her needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	An individual programme to support BESD27 through small group (max 6 pupils) activities focussing on listening and attention skills with practice within the whole class setting. The programme should be carried out on a twice weekly basis for a maximum of 10 minutes and should be supported by a Teaching Assistant.
	Access to pastoral support to ensure that BESD27 has daily feedback regarding his progress towards his short term targets.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	~~A structured programme should be in place to ensure BESD27's access to and progress through the wider curriculum.~~
	BESD SpLD
	Sm gp
BESD28	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD28 in developing an understanding of everyday situations which she finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	BESD28 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal

	and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	A structured speech and communication programme should be developed. This should be delivered by school on a daily basis through general classroom teaching and through individual work/small group work.
	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Access to pastoral support to ensure that BESD28 has daily feedback regarding her progress towards her short term targets.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	BESD
	Sm gp
B E S D 2 9	Access to pastoral support to ensure that BESD29 has daily feedback regarding his progress towards meeting his short term targets Opportunities to celebrate achievements. The provision of a Mentor with whom BESD29 can share anxieties and concerns, preferably on a daily basis. Encouragement of BESD29's ability to understand and consider where his self-esteem and self image are now and how he wants them to change in the future.
	It is important that there is a consistent approach between all adults involved in BESD29's education and welfare and that BESD29 is not placed in a position where unreasonable demands are made upon him which may reinforce his low self-esteem.
	An individual programme to support BESD29 through small group activities focusing on listening and attention skills.
	Time to settle before a class or change of activity to allow BESD29 time to take in his surroundings, settle his feelings and focus on the activity.
	Work which is carefully graded and consolidated to ensure success.
	Encouragement to complete tasks and to cope with any changes which occur.
	A structured programme to deliver literacy skills, using where appropriate practical and multi-sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. Step by step approaches should be used with frequent opportunities for practice and recall.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self-

	control, and where clear rules, rewards and sanctions are used to maximise progress.
	A consistent approach towards behaviour throughout the education environment
	BESD29 should have access to a named member of staff to co-ordinate and monitor the provision to address his needs in the areas of anger management and impulsivity.
	The Educational Psychologist has suggested that it may be beneficial for BESD29 to have a referral to the Clinical Psychologist through the GP or School Doctor for advice and support to help BESD29 regarding his early experiences and relationships.
	BESD
	Sm Gp
B E S D 3 0	BESD30 should be educated in a teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	BESD30 should have access to a named member of staff to co-ordinate and monitor the provision to address his needs in the area(s) of anger management/social interaction/ impulsivity
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	BESD30 requires daily opportunities for praise and encouragement linked to a structured reward system. A self-monitoring system should be in place which will allow BESD30 to record his own judgement of how successful he has been in each session.
	BESD30's strengths and interests should be recognised and incorporated into learning activities where possible.
	BESD30 requires carefully graded and consolidated work to ensure success. Activities should be planned so that they gradually extend the length of time he can remain on task. Tasks should also be designed so that over time BESD30 can complete more challenging tasks independently.
	BESD30 requires encouragement to accept that 'mistakes' are not always detrimental and can be used as an effective way of learning.
	BESD30 should have access to pastoral support to ensure he has daily feedback regarding his progress towards these short term targets.
	A structured programme to explicitly teach co-operation and friendship skills should be in place. This should be delivered in 1:1, paired and small group activities (maximum 6 pupils) by an experienced member of staff, on a weekly basis, with specific opportunities to generalise skills in paired/small group activities at least twice a week. BESD30 should be encouraged to practice new learning whenever opportunities arise, throughout the day, across the week.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control

	and where clear rules, rewards and sanctions are used to maximise progress.
	BESD30 should have opportunities on a daily basis to reflect with a named person (1:1) on how his actions may have affected others positively or negatively to develop his understanding of the needs of others.
	BESD
	Sm Gp
BESD31	A structured social skills programme to be delivered within a small group (maximum 6 pupils) on a weekly basis by an experienced member of staff.
	Daily opportunity to have access to a learning mentor (or named member of staff), to support BESD31 in developing an understanding of everyday situations which he finds difficult. This would ideally be in the form of 10 minutes 1:1 at a specified point during the school day.
	BESD31 should have access to a named member of staff to co-ordinate and monitor the provision to address their needs in the area(s) of anger management/social interaction/attention and listening skills/impulsivity/ self-esteem/fine and gross motor skills/flexibility of thought/and understanding the needs of others (and where emphasis is placed on the development of personal and social skills, self-awareness, self-control and where clear rules, rewards and sanctions are used to maximise progress).
	Access to pastoral support to ensure that BESD31 has daily feedback regarding his progress towards his short term targets.
	A structured behavioural support programme with a consistent approach to behaviour throughout the education environment. Rewards should be linked to success in relation to the targets set.
	A teaching environment where emphasis is placed on the development of personal and social skills, self-awareness and self control and where clear rules, rewards and sanctions are used to maximise progress.
	A structured programme to deliver literacy and numeracy skills using where appropriate practical and multi sensory approaches with access to appropriate technological aids. This should be delivered on a daily basis through general classroom teaching and through individual and small group work. This will be supported by access to a Teaching Assistant. Step by step approaches should be used with frequent opportunities for practice and recall.
	BESD
	Sm Gp

APPENDIX4: Content Analysis of Specific Provision Required to meet Pupils' SEN

	Specific provision / intervention required to meet pupils' SEN																	
	Curricula emphasis: Personal and social development	Social skills	Communication	Literacy and numeracy	Teacher with expertise in category of need	Reduced class sizes	Attention /concentration	Behaviour modification	Individual reflective pastoral sessions	Named provision co-ordinator	Fine motor skills programme	External agency therapeutic	Visuo-spatial skills	Brief verbal instructions supported with visual cues	Emotional management	Home –school partnership	Risk taking behaviour	Nurturing approach / developmental curriculum
A1	X	X	X	X	X	X	X											
A4		X	X		X	X		X										
A5		X		X	X	X	X	X	X									
ASD Total (%)	33	100	66	66	100	100	66	66	33									
B1		X			X	X			X	X								
B2	X	X		X	X	X		X	X	X		X						
B3				X	X	X			X		X		X					
B4		X		X	X	X		X			X							
B5					X	X	X	X	X					X				
B6	X	X			X	X			X									
B7		X		X	X	X			X						X			
B8	X	X		X	X	X		X							X			

BESD Total (%)	B31	B30	B29	B28	B27	B26	B25	B23	B22	B21	B20	B18	B17	B15	B14	B13	B12	B11	
62	X	X	X	X	X	X		X	X	X	X	X			X		X		Curricula emphasis: Personal and social development
62	X			X	X	X			X	X			X	X			X	X	Social skills
12				X			X			X									Communication
65	X		X	X	X				X	X	X	X	X		X		X	X	Literacy and numeracy
100	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Teacher with expertise in category of need
100	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Reduced class sizes
31		X	X		X			X		X	X	X							Attention /concentration
58	X	X			X	X				X	X	X		X	X		X	X	Behaviour modification
85	X	X	X	X	X	X	X	X	X	X		X	X	X	X		X	X	Individual reflective pastoral sessions
46	X	X	X	X	X	X	X		X				X		X				Named provision co-ordinator
15											X		X						Fine motor skills programme
4			X																External agency therapeutic
4																			Visuo-spatial skills
8											X								Brief verbal instructions supported with visual cues
15														X			X		Emotional management
4																	X		Home –school partnership
4																	X		Risk taking behaviour
15		X	X			X										X			Nurturing approach / developmental curriculum

PPR II

The Psychometric Assessment of Cognitive Ability in Children with Verbal Difficulties

Psychometric assessment of cognitive ability in children with verbal difficulties is undertaken by many Educational Psychologists and is also routine in the discrepancy diagnosis model of specific language impairment (Botting, 2005). If the aim in employing psychometric tests with this population is to make comment on a child's cognitive ability without confound of verbal difficulties, to be 'fit for purpose' assessments should: have a theoretical underpinning which supports the validity of a distinction between verbal and nonverbal abilities; a nonverbal measure that provides an assay of general ability; be free from explicit and implicit verbal demands. This paper considers both the theoretical rationale for a conceptualisation of divisible verbal and nonverbal abilities and evaluates psychometric assessments available in the UK against the aforementioned criteria. Review of theories from developmental, psycholinguistic and cognitive domains revealed that no one theory supports the conceptualisation required to employ tests in this way with this population. None of the tests evaluated met all criteria applied in evaluation to judge if they were ‘fit for purpose’. It is concluded that current psychometric test construction is not appropriate for this specific use in this particular population.

INTRODUCTION AND RATIONALE

This report arose from the experience of administering psychometric cognitive assessments to two children with verbal difficulties. One, a Year 2 boy, had congenital and conductive hearing loss which had remained untreated and unaided until he became a 'child looked after' at three years old. At assessment his hearing was corrected but his language had developed atypically. The second case was a Year 7 girl, recently arrived from Eastern Europe; she had physical difficulties and had been non-verbal from birth. For the first child I used the British Ability Scales Third Edition (BAS3; Elliot and Smith, 2011), for the second the Leiter-R (Roid and Miller, 1997), which does not require verbal instruction or responses.

Interpreting the BAS3 scores surfaced a concern; referring to Non-verbal reasoning tasks the manual refers to verbal mediation being 'critical for the solution ... for most children' (Elliot and Smith, 2011, pg. 14). I reflected on the assessment choice, considering if it were appropriate for a child with atypical language development. Subsequent use of the Leiter-R then highlighted the potential confound of verbal administration procedures with such children. I became aware that my practice could potentially be oppressive; if tests had explicit and implicit verbal demands, then even if placing emphasis on nonverbal components it seemed that children with atypical verbal development may be disadvantaged.

Results of a survey of Educational Psychologist's (EP) in my host Local Authority (LA; presented below) established that psychometric testing was routinely used to make

comment on the cognitive abilities of children with verbal difficulties. The use of psychometric cognitive assessments also commonly informs the diagnosis of Specific Language Impairment (SLI), where a discrepancy between language ability and general cognitive functioning (as evidenced by non-verbal components of tests) identifies the verbal difficulties as *specific* rather than part of a wider pattern of difficulties (Dockerell *et al.* 1997; Kroese, 2003; Botting, 2005). It appears then that there is an accepted view that cognition and language are divisible entities which can be accurately and usefully measured with available psychometric tests.

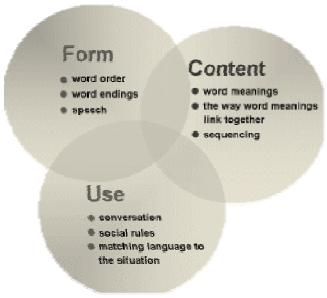
To explore the appropriateness of employing tests in this manner I begin by reviewing literature relating to the developmental relationship between thought and language and then historical and current cognitive theory in relation to test development. An evaluation of psychometric tests in use to make comment of children with verbal difficulties general cognitive functioning is presented, with consideration given as to whether such tests are 'fit for purpose'. The report concludes with a reflection on the professional implications that the issues raised have for the practice of EP's.

A note on terminology

Whilst the initial part of the literature review discuss the relationship between thought and *language*, the term *verbal difficulties* will be used throughout this paper when referring to the population of children being considered. Terms such as speech, language or verbal abilities may in some cases be used interchangeably, but equally can have qualitatively different meanings. For the purposes of this paper the term *verbal* rather than *speech* or

language difficulties is preferred as an attempt to delineate between children who have under or atypically developed *verbal* language and those who have a speech difficulty related to anatomical development, or those who may have difficulties with the social use of language. The former children are the population under consideration in this paper. In terms of Bloom and Lahey's three dimensional view of language (1978; Fig. 1), the term *verbal difficulties* is meant as encapsulating those functions in the dimensions of 'form' (excluding speech) and 'content'. Returning to the use of *language* in the initial part of the literature review the term is retained here to replicate terms in the literature reviewed; it is this writers view that *language* is being used in these examples to refer to verbal language (and in particular the internalisation of it) and therefore it has parity with the preferred definition for this paper.

Figure 1. Bloom and Lahey's three dimensional view of language (1978)



THE DEVELOPMENTAL RELATIONSHIP BETWEEN THOUGHT AND LANGUAGE

The Whorfian hypothesis (Whorf, 1956) states that language shapes our thinking. That is, the way we semantically partition the world when speaking, affects the way we perceive the world around us (Genter and Goldin-Meadows, 2003). Such an enmeshed view of language

and thought would prevent a clear distinction between verbal and nonverbal ability being valid; atypical language development would result in atypical cognitive development.

Developmental psychologists have also considered interrelatedness of these two entities. Piaget posited that language and cognitive development were interdependent and reciprocal, but cognition was a precursor of language and developed independently of it (Gentner and Goldin-Meadow, 2003). Vygotsky acknowledged early independent cognitive development, but argued that a cognitive reorganisation was required to foster higher order skills; the catalyst of which was language development (Kuczaj and Hendry, 2003). Bruner (1964), hypothesised subsequent modes of cognitive development reminiscent of Piaget's stages, but in line with Vygotsky he felt that language underpinned higher-order reasoning. Donaldson (1978) also argued that language is the tool that, by permitting abstract thought facilitates higher-order reasoning. Only Piaget's conceptualisation of independently developing systems supports a concept of divisible abilities. The remainder express a position in which language is a pivotal factor in higher-order cognition, therefore measuring one in the absence of the other would be invalid.

The debate regarding this division continues. Gentner (2003) argues that the qualitative difference facilitating superior human intelligence (in comparison to other species) is advanced analogical reasoning ability. She positions language as a cognitive tool that 'multiply[s] our cognitive resources' (pg. 219). In particular Gentner refers to relational language, presenting evidence that children perform better on tasks when provided with relational language labels (e.g. big, little, tiny) rather than neutral or no object labels. Genter

argues that by comparing categories, abstraction in cognition and rule-learning develops permitting analogical reasoning; the catalyst for this is the acquisition and internalisation of relational language. This view supports a conceptualisation of language and cognitive development being interdependent, also illustrating how verbal mediation may support performance in nonverbal reasoning tasks.

Language, in particular semantic partitioning, is also claimed to directly influence spatial abilities. Levinson (2003) argues that 'spatial categories are almost never the same across languages' (pg. 31). He presents evidence that speakers of languages that adopt an absolute, cardinal system of spatial directions, rather than a relative frame of reference have a better developed sense of direction. Kuczaj and Hendry (2003), citing examples of species with highly advanced spatial abilities (i.e. bees, birds and octopi), refute the role of language in spatial abilities but conclude from a review of studies involving primates, dolphins and a parrot that language enculturation (learning a symbolic code) facilitates higher-order task competence. They provide two competing explanations for these findings however. It may be that learning the code supported development of new cognitive abilities; this coheres with a view of language being the tool that permits higher-order thinking. Conversely, the code may have only enhanced existing abilities, the code allowed them to be used differently and convey this to the researcher. This suggests that verbal and nonverbal cognitive abilities are divisible and that language is used to communicate nonverbal abilities, not to facilitate them. Therefore providing test administration is free of verbal demands it is possible to measure nonverbal cognitive ability.

There is a body of research supporting the claim, made in the BAS3 manual, for the use of verbal mediation in nonverbal reasoning subtests, in particular in matrix-reasoning tasks (e.g. Welsh, 1987; Dugbartey *et al.* 1999). These tasks feature in all of the tests reviewed below as nonverbal measures of ability. The first of Kuczaj and Hendry's hypotheses fits with these findings, but data supporting the second is also available.

There is an estimated prevalence of 6-7% of school age children in the UK having a SLI (Henry *et al*, 2012). The homogeneity of children with SLI and the discrepancy diagnosis model is debated by language theorists and EP's (Kroese, 2003; Dockerell *et al.*1997), however such figures denote that there are a population of children with clinically significant language difficulties in conjunction with average or higher ability on the nonverbal components of tests. These children then (it could be assumed) use non-linguistic cognitive operations to successfully complete tasks; the same ability but used differently. Individuals who are perceived experts in their fields, for example Albert Einstein, the eminent physicist, and Temple Grandin, a highly accomplished livestock handling equipment designer report thinking in images which then have to be translated to verbal concepts. Both credit their achievements to this visual style of thinking (Norton, 2007; Grandin, 2006). Perhaps not empirical data, but the SLI statistics and these personal accounts provide support for divisible abilities, qualitatively and this then suggest it is valid to measure them separately, but not to use one as a proxy indicator for general ability.

Bracken and Naglieri (2003) point out that nonverbal ability is a different hypothetical construct to general intelligence. In determining how test scores are interpreted it is

important that they are understood against the theoretical constructs thought to underpin them. If nonverbal scores are to be used to comment on a child's general ability, without confound from their verbal difficulties, then they must be considered to be assays of general cognitive ability *not* qualitatively different nonverbal abilities. Nonverbal ability must also be understood as a divisible entity to verbal ability. Two positions have been outlined above. One in which language facilitates higher-order thinking, this view fits with evidence regarding the use of verbal mediation in fluid reasoning tasks and the scores of such tests being indicators of general cognitive functioning. The second suggests a qualitatively different system for verbal and nonverbal abilities; this supports measurement of divisible constructs, but not the use of one measure as a proxy for general ability. It would seem that neither position fully supports the theoretical basis needed to provide a sound rationale for using nonverbal ability measures as an assay of cognitive ability. We will now consider cognitive theories underpinning test construction to attempt to resolve this contradiction.

THEORIES OF COGNITION

Spearman introduced the concept of *g*, which is defined as a general factor of ability or intelligence, in 1904 (Colman, 2009), it is this factor that psychometric assessment first undertook to quantify. The concept aligns with Wechsler's influential definition of intelligence as 'the aggregate or global capacity of the individual to act purposefully, to think rationally and to deal effectively with his environment.'(Colman, 2009). Thurstone, in 1938 argued against a general factor, presenting a number of primary mental abilities, including

verbal comprehension, reasoning and spatial visualisation (Cline, 2008); those familiar with current psychometric tests are likely to find these concepts familiar.

In 1941 Cattell postulated two types of abilities, fluid (*Gf)* and crystallised (*Gc)* again recognisable in current test construction. The former is employed in novel problems, the latter a result of knowledge and experience accumulated. Fluid intelligence is thought to roughly correspond to non-verbal reasoning, crystallised to verbal (Colman, 2009). Horn, a student of Cattell's, expanded the theory to include 9-10 abilities (McGrew, 2004).

A conceptualisation of a general cognitive capacity, divisible and developing independently from verbal abilities, receives mixed support from these theories. Spearman and Wechsler's concept of a global entity suggest an interdependent developmental trajectory, an aggregate of different abilities producing *g.* Thurstone, Cattel and Horn posit separate abilities, refuting the concept of *g;* this potentially supports dissociable systems, but adopting this theoretical basis prevents a measure of general ability. The contradiction surfaced in the last section remains.

A pivotal event in test theory was the major factor analysis of existing data sets performed by Carroll and his subsequent proposition of a three-level model (1993; McGrew, 2004).The model encompassed first- (narrow), second- (broader) and third- (general) order abilities, each being subsumed by the next (Cline, 2008). Carroll concluded that the Cattell-Horn *Gf-Gc* theory was the most empirically grounded psychometric theory, but argued for the existence of *g*, reporting positive correlations between second-order factors as evidence.

Horn accepted the legitimacy of the analyses, but interpreted the findings differently; he argued that correlations resulted from the impossibility of devising a task which only taps one specific ability (McGrew, 2004). Despite this significant conflict in the theoretical base the two theories were amalgamated in what came to be known as 'CHC Theory' (Cattell-Horn-Carroll). McGrew (2004) reports that the catalyst for the amalgamation was the revision of a psychometric test underpinned by *Gf-Gc* theory and that Carroll apparently agreed to the term 'CHC Theory' in private conversations with test developers (2004). Only with the advent of this amalgamation does a theoretical rationale emerge that begins to support the measurement of separate abilities, with each being an indicator of a general factor. Interestingly, Kroese (2003) notes that the discrepancy model of diagnosing SLI was set out as early as 1981.

Evidence regarding the requirement of verbal mediation in nonverbal reasoning tasks appears to support Horns' view. For example, Dugbartey *et al.* (1999) reported a significant association between measures of verbal reasoning and fluency and performance on matrix-reasoning tests. They interpreted findings as evidence of a strong verbal mediation element, suggesting that labelling them *nonverbal* reasoning tasks may be misleading. In support of Carroll's view more recent factor analyses have evidenced that separate abilities have high *g* loadings (Cline, 2008; Elliot and Smith, 2011), particularly measures of fluid reasoning (*Gf).* Keith *et al*, (2010) reported that *Gf* subtests had a higher loading on *g* and noted that *g* and *Gf* are often difficult to separate statistically. While this provides empirical support for the use of nonverbal reasoning scores as a proxy indicator for general cognitive ability, it can

equally be interpreted as *Gf* subtests tapping multifarious abilities; one of which is verbal ability.

Thus far developmental, linguistic and cognitive theories have provided contradictory support for the validity of measuring a child's nonverbal ability, and applying it as an assay of their general ability without confound of verbal difficulties. These contradictions cannot be resolved unequivocally with the current evidence base, particularly as the same findings have been interpreted as support *or* opposition for dichotomous positions. However consideration of the evidence has surfaced some conditions that must be met if psychometric testing is to be judged 'fit for purpose' for making comment on the general cognitive ability of children without confound of their verbal difficulties. We will now consider these against the tests currently employed in this pursuit.

EVALUATION OF PSYCHOMETRIC TESTS

Evaluation Framework

Using psychometric cognitive assessments to provide an assay of a child's general cognitive functioning without confound from their verbal difficulties would require the following conditions to be considered valid. A theoretical understanding of cognitive structure as consisting of divisible and independently developing verbal and nonverbal abilities should underpin test construction if a child's abilities are to be conceptualised as separately measureable. There should be clarity as to the construct nonverbal aspects are measuring to ensure they are interpreted accurately; are they a proxy indicator of general intelligence or a

measure of separate abilities? Finally, test content and administration must be such that verbal difficulties do not confound results on nonverbal measures.

In order to determine if the tests under review are 'fit for purpose' an evaluation framework of five questions was developed, to encompass the issue highlighted above. The evaluative questions were as follows:

1) What is the theoretical underpinning of the test?
2) Does the method purport to provide a nonverbal measure of general cognitive ability?
3) Does the method purport to provide a measure of nonverbal cognitive ability?
4) Does the administration or successful completion of nonverbal tasks place any verbal demands on the child being assessed?
5) Are norms available for populations of children with verbal difficulties?

Test Selection

In order to select assessments for evaluation, a survey of EP's in a large shire-authority was conducted. The survey, consisting of three questions (appendix 1), was emailed to all EP's employed by my host service (n= 49); 21 responded. There were three questions designed to ascertain which type of, and which specific, assessments were most commonly used to make comment on the cognitive ability of a child with verbal difficulties, and also if (time and resources permitting) EP's would prefer to use anything else. The aim was to provide quantitative data illustrating the methods employed proportionally among EP's to guide selection for evaluation (full responses in appendix 2; collated responses in appendix 3).

Table 1. Assessment types used by number and percentage (Q. 1).

Type	No.	%
Norm-referenced	21	100
Dynamic	9	43
Criterion	12	57
Curriculum	17	81

Norm-referenced, unequivocally, were most commonly used. Responses indicated that criterion and curriculum based assessment information tended to be used in addition, not in place of norm-referenced assessment. Dynamic assessment was used by fewer than half of the respondents; comments provided suggest it is not used routinely and more often used with early years cases.

Literature relating to cognitive assessment with this population appeared limited to American publications discussing psychometrics; this may have resulted from the use of 'cognitive assessment' in search terms. However, as this was the focus of literature and the survey results had revealed that psychometric assessments, in particular the BAS3 and WISC IV[uk4], were by far the most common methods employed a decision was made to limit this paper to the evaluation of psychometric assessments.

The Handbook of Nonverbal Assessment (McCallum, 2003) reports seven tests which are devised to be nonverbal assessments, and therefore suited to this population. Of these, one

[4] Full references in evaluation section

is adult specific and two are measures only of nonverbal intelligence, rather than general cognitive ability. Another, Raven's Progressive Matrices (Raven *et al.* 1998) is criticised for its poor standardisation methodology and outdated psychometric development (Bracken and Naglieri, 2003; Kamphaus, 2005). The remaining three (UNIT; Leiter-R; NNAT) with the WISC-IV^{uk} and BAS3 formed the sample for evaluation.

Assessment Evaluation

Wechsler Intelligence Scale for Children- 4th UK edition (WISC-IV^{uk}; Wechsler, 2003)

The WISC-IV^{uk} consists of 10 core subtests. These subtests combine to provide 4 composite scores representing discrete cognitive domains. All core subtests combine to provide a Full Scale Intelligence Quotient (FSIQ).

Table 2. Composites of the WISC-IV^{uk} with purported representation of measure (Wechsler, 2003a)

Composite	Represents a measure of:
FSIQ	General intelligence, or '*g*'
Verbal Comprehension Index (VCI)	Verbal concept formation, verbal reasoning and knowledge acquired from one's environment.
Perceptual Reasoning Index (PRI)	Perceptual and fluid reasoning, spatial processing and visual-motor integration.
Working Memory Index	Working memory abilities.
Processing Speed Index	Ability to quickly and correctly scan, sequence or discriminate simple visual information. Short-term visual memory, attention and visual-motor co-ordination.

The concept of '*g*' underpins the WISC-IV^{uk} and is termed the FSIQ. It is conceptualised as being composed of specific abilities that are distinct to each other. These specific abilities

were initially selected on the basis of clinical experience, retrospectively receiving empirical support from factor analyses, being updated in subsequent editions to incorporate contemporary cognitive research (Wechsler, 2003a). Keith and Reynolds (2010) note that although not explicitly shaped by it, each edition of the WISC-IV becomes more consistent with CHC theory.

The 'VCI' and 'PRI' replace verbal and performance IQ's, both are measures of '*g*', with the 'PRI' understood as providing a nonverbal measure (Wechsler 2003a). Comment is made that greater weight can be placed on the PRI scores as an estimate of '*g*' for children with verbal difficulties, who may be disadvantaged on the VCI subtests (Wechsler, 2003b, pg.11-12). Fluid reasoning, however, is a major factor in the PRI (Wechsler, 2003a); this suggests that the Wechsler tests' theoretical basis conceptualises fluid reasoning as being analogous to general ability.

Standardised administration instructions are verbal, with some accompanying modelling / gesture. In discussing administration to deaf children it is noted that administration accommodations may alter the cognitive demands of subtests but this is least so with those subtests forming the PRI (Wechsler 2003b). This suggests that adaptations to the administration of the PRI can be validly made but standardisation with adapted methods is not reported. Matrix-reasoning subtests are included in the PRI; if evidence regarding the implication of verbal mediation in these tasks is accepted, then implicit verbal demands are inherent in the PRI measure.

Two relevant small scale special population studies (expressive / mixed receptive-expressive language difficulties; n= 27 and 41 respectively) ran concurrently with the standardisation study. The manual reports large (negative) effect sizes in group means; between 8-13 points for the PRI and 17-26 points for FSIQ.

British Ability Scales: Third Edition (BAS3; Elliot and Smith, 2011)

The BAS3 consists of 6 core scales which combine in pairs to form 3 cluster scores, representing different areas of cognitive ability. Two composite scores are provided; a General Conceptual Ability (GCA) composite and a Special Non-verbal Composite (SNC; verbal subscales *not* administered).

Table 3. Composites of the BAS3 with purported representation of measure

Composite	Represents a measure of:
GCA	General conceptual and reasoning ability
SNC	Measure of psychometric '*g*'
Verbal Ability	*Gc;* Acquired verbal concepts and knowledge
Non-Verbal Reasoning	*Gf:* Non-verbal, inductive reasoning
Spatial Ability	*Gv:* Complex visual-spatial processing

The BAS3 is heavily influenced by CHC theory and shares its hierarchical structure; the current edition is explained to be founded on 'empirical results as well as theoretical considerations' (Elliot and Smith, 2011, pg.10). The clusters represent three of the CHC theory second order factors. The final 'apex' level, the GCA, is an index of psychometric *g*

(Elliot and Smith, 2011). Human abilities are conceptualised as 'interrelated but not completely overlapping, thus making many of them distinct' (Elliot and Smith, 2011, pg. 14). The SNC reportedly provides 'an excellent measure of psychometric *g*' (Elliot and Smith, 2011, pg. 12) for children whose performance on verbal subscales may be affected. It seems then that the test purports to provide a measure of nonverbal abilities in conjunction with providing a nonverbal measure of *g.*

Standardised administration instructions are verbal, although it is noted that mimed instructions can be used without invalidating norm-referenced scores. Verbal mediation skills are explicitly claimed for effective performance in 'Non-verbal Reasoning' tasks (Elliot and Smith, 2011). Although the SNC is advised in place of the GCA for children with verbal difficulties, special group standardisation is not reported for this population; SNC norms arise from the general standardisation sample.

Universal Nonverbal Intelligence Test (UNIT; Bracken and McCallum, 1998)

The UNIT consists of six subtests which in different combinations provide three optional batteries of varying lengths (Abbreviated, Standard and Extended). All batteries provide a Full Scale Intelligence Quotient (FSIQ). The Standard and Extended also provide a further four scores illustrated in the table below.

UNIT is underpinned by a theoretical model which emphasises the concept of *g.* The subtests, arranged by the quotients illustrated above, form 'an interlocking 2x2 model' where 'memory and reasoning represent foundational intellectual abilities' and symbolic and

nonsymbolic scales 'represent the inferred processes that underlie and facilitate task solution' (Bracken and Naglieri, 2003, pg.254).

Table 4. Quotients of the UNIT with purported representation of measure (Nelson Education, 2013)

Quotient	Represents a measure of:
FSIQ	Overall intellectual ability defined as capability to solve problems using memory and reasoning.
Memory Quotient (MQ)	Complex memory functioning including recall and recognition, implicating content, location and sequence.
Reasoning Quotient (RQ)	Thinking and problem-solving abilities involving pattern processing, understanding of relationships and planning abilities.
Symbolic Quotient (SQ)	Internal verbal mediation supported problem-solving.
Nonsymbolic Quotient (NQ)	Problem-solving with non-meaningful material not conducive to verbal mediation.

The test was purposefully devised to be a nonverbal measure of *g;* administration and responses are entirely nonverbal. Separable abilities are not referred to; reported factor analyses attribute a strong *g*-loading to all subtests suggesting all conceptualised as different measures of general ability. Instructions, encompassing eight gesture types and four item types allow nonverbal administration in a standardised format. The subtests forming the SQ, which are required to provide an overall ability score (FSIQ) require verbal mediation ability. Therefore whilst the test is free of explicit verbal demands implicit verbal demands are present. Specific standardisation of special groups was not undertaken.

Leiter International Performance Scale-Revised (Leiter-R; Roid and Miller, 1997)

The Leiter-R includes two groupings of ten subtests forming the Visualisation and Reasoning (VR) Battery and the Attention and Memory (AM) Battery. To provide a Full Scale Intelligence Quotient (FSIQ) two sets of six subtests are used (depending on age of examinee), all from the VR Battery. These combine to provide three composite scores, although only one is applicable to all ages, as illustrated in the table below.

Table 5. Composites of the Leiter-R and purported abilities measured (Roid and Miller, 1997)

Age range:	Composite	Represents a measure of:
2-20 yrs	FSIQ	Global intellectual ability or *g*.
2-20 yrs	Fluid Reasoning (*Gf*)	Ability to solve novel problems not tied to school learning or culturally-determined knowledge.
2-5 yrs	Fundamental Visualisation (*Gv*)	Visual attention, perception and concentration; visualisation ability.
11-20 yrs	Spatial Visualisation (*Gv*)	Complex visual-spatial processing abilities.

The Leiter-R is based on two hierarchical models of cognition; CHC theory and one proposed by Gustafsson (1984), which has only three second order abilities (*Gc*, *Gf* and what he named General Visualisation: *Gv*). The subtests are designed to tap only *Gf* and *Gv*, as Gc is conceptualised as having a high language load.

The test was constructed to be entirely nonverbal, and provides a FSIQ, so clearly purports to be a nonverbal measure of *g*. However, in various parts of the manual reference is made

to ‘measures of nonverbal intelligence’ (e.g. pg. 1 and pg. 101), so it appears that in excluding measures of *Gc* the test is also conceptualised as a measure of nonverbal ability. It is not stated if this is conceived as a separate hypothetical construct to *g* or a proxy for *g* in the absence of *Gc* measures.

Standardised administration relies on mimed instructions, although specific guidance is not provided. Matrix-reasoning tasks form *Gf* subtests, suggesting that verbal mediation may be implicated. Therefore there are no explicit verbal demands, but implicit may be present. Validity studies with children described as having ‘verbal learning difficulties’ are reported (defined as low verbal IQ; Roid and Miller, 1997, pg. 175). Negative effect sizes are observed in all composites; the *Gv* least so (95.5), FSIQ and *Gf* are both a full standard deviation below (Roid and Miller, 1997).

Naglieri Nonverbal Ability Test Individual administration (NNAT; Naglieri, 2003a)

The NNAT is composed of figural matrix items requiring one of four rules to solve the problem, as listed in the table below, providing one score of general ability.

Table 6. Item rule types of the NNAT (Naglieri, 2003a)

Rule type
Pattern Completion (*Gv)*
Reasoning by Analogy (*Gf)*
Serial Reasoning (*Gf)*
Spatial Visualisation (*Gv)*

The theoretical underpinning is not referred to in the manual, which only refers to general ability (Naglieri, 2003a). In a more detailed account in a chapter in a book on nonverbal assessment it is clear that 'general' refers to intellectual ability and is in line with a definition of *g.* Further detail is provided on the ability requirements of each rule type. Parallels can be drawn between *Gf* and 'Reasoning by Analogy / Serial Reasoning', and *Gv* and 'Pattern Completion' and 'Spatial Reasoning' (Naglieri, 2003b).

Table 7. Summary of key factors in assessments evaluated

Assessment method	WISC IV[uk]	BAS3	UNIT	Leiter-R	NNAT
Theoretical underpinning	Conceptualisation of a global intelligence factor (*g*) composed of specific abilities.	Influenced by CHC theory, has a 3 stratum hierarchy. Also empirical findings.	Conceptualisation of a global intelligence factor (*g*).	Based on hierarchical model of cognition, most similar to Gustafsson's	Conceptualisation of a global intelligence factor (*g*).
Nonverbally measures '*g*'	With PRI.	With SNC.	Yes, with FSIQ.	Yes, with FSIQ.	Yes
Measures nonverbal intelligence	Explicitly claims not to.	Suggests measurement of distinct abilities.	No, all subtests conceptualised as measures of *g.*	Claims to, although terms used interchangeably.	Explicitly claims not to.
Explicit verbal demands	Yes, in standardised administration instructions.	Yes, in standardised administration instructions.	No	No	Yes, albeit limited, in standardised administration instructions
Implicit verbal demands	Contains matrix-reasoning tests, so possible.	*Gf* measures are claimed to require verbal mediation.	'SQ' measures are claimed to require verbal mediation. 'RQ' are matrix-reasoning type tasks.	Contains matrix-reasoning tests, so possible.	Contains matrix-reasoning tests, so possible.
Standardisation specific to population	Yes; group means significantly lower than general population	None reported.	None reported.	Yes; group means significantly lower than general population	Yes; group means significantly lower than general population

The test is clearly stated as a nonverbal measure of general ability, *not* a measure of nonverbal ability (Naglieri, 2003a). Administration instructions, although minimal, are verbal. As the test is constructed wholly of matrix-reasoning tasks verbal mediation may be implicated throughout. Explicit and implicit verbal demands may then be present. A validity study with children with language impairments (n= 30) achieved a group mean 6 points below a matched sample mean (Naglieri, 2003a).

DISCUSSION

In determining whether the tests currently being used, or advocated for use, with children with verbal difficulties are 'fit for purpose', specifically to make comment on their general cognitive ability without confound of verbal difficulties it was proposed that certain conditions should be met. These conditions informed the evaluation framework and we will now consider each factor in turn.

Theoretical Underpinning

It emerged in the literature review that there are two particular dichotomies in theoretical positions which result in contradictions when tests are being used for the purpose under discussion here. The first, informed by developmental psychology and psycholinguistic disciplines is focussed on the relationship between thought and language. They either develop interdependently, with complex cognition being viewed as dependent on language development (e.g. Bruner, 1964; Donaldson, 1978; Gentner, 2003), or they are independently developing and dissociable abilities, which can validly be measured separately

(Piagetian Theory; Gentner and Goldin-Meadows, 2003). The second originates from the domain of cognitive test theory and centres on the existence of a general factor of intelligence (Carroll, 1993) versus cognitive architecture being composed of divisible specific abilities (Cattell – Horn *Gf-Gc* Theory; McGrew, 2004). Neither pole, of either dichotomy, is sufficient to provide a sound theoretical rationale on which to use tests in the manner under discussion.

The review of the theoretical underpinnings of the tests evaluated continues to provide a confused picture. With the exception of the UNIT, all tests provide a conceptualisation of a general factor, in conjunction with reference to specific abilities; test components equate to a selection of second-order abilities (*Gf*, *Gv*, *Gc)* espoused in CHC theory. The contradiction inherent in the combining of these theories (i.e. *Gf and Gc* measures being orthogonal abilities, whilst simultaneously advocated as proxy indicators of *g*) persists. Explanations of theoretical bases for individual tests do not attempt to reconcile this. There is also concern that in a theoretical framework that includes verbal abilities as part of cognitive ability, to provide measures for children with verbal difficulties by excluding a section of a test are biased, particularly so if used as fair comparators to overall scores achieved by a population who are able to (potentially) compensate on performance.

The UNIT, with an emphasis on *g* to the exclusion of specific abilities and a theoretical framework of cognition that excludes verbal ability in entirety, avoids these issues and therefore appears more appropriate.

The UNIT, Leiter-R and NNAT are all specifically designed for this purpose. The BAS3 and WISC IV^{uk} are designed for use in the wider population and also include verbal measures, but provide composite measures (SNC and PRI respectively) which are advocated as nonverbal measures of general ability. The evidence supporting the equivalence of nonverbal measures with *g* appears to be the primacy of *Gf* among the second-order abilities, a view supported in particular by Gustafsson (1984). It must be noted that in his final publication in 2003, Carroll presented evidence from a further factor analysis refuting this relationship (McGrew, 2004), although as noted earlier factor analyses conducted by Keith *et al.* (2010) provided support for the interrelation between *g* and *Gf.* We return to the earlier conundrum: If *Gf does* load more on *g*, then measuring this as a proxy of general ability is sound, but then a test should be underpinned by a theory which equates *Gf* with *g.*

The UNIT by excluding verbal ability achieves this but in doing so the distinction between general and nonverbal abilities becomes blurred; the terms appear to be describing the same construct. Different authors operationalize concepts differently, but Bracken both developed this test and claimed the qualitative difference between constructs (in conjunction with Naglieri; 2003). In general this may be an academic point, but when using tests with the population under discussion, clarity regarding the exact constructs measured is necessary if they are to be used as comparators against the general population.

Measures of Nonverbal Ability

The Leiter-R manual refers to measuring nonverbal intelligence (Roid and Miller, 1997). It appears that this claim relates to the exclusion of *Gc.* As noted, the theoretical underpinning is influenced by Gustafsson (1984), and therefore the theoretical basis would be assumed to conceptualise *Gf* as closely related to *g*, which the test purports to measure with the calculation of a FSIQ. The test construction also includes *Gv* measures. It is difficult to reconcile these disparate factors if nonverbal ability is conceived as a separate hypothetical construct to general cognitive ability, as claimed by Bracken and Naglieri (2003). However if we accept a construction that nonverbal ability is composed of *Gf* and *Gv* (and overlook other potentially nonverbal second-order abilities), then by this rationale, the NNAT, the WISC-IV^{uk}'s PRI and the BAS3's SNC all provide measures of nonverbal ability. The UNIT's theoretical position, as noted above could also be viewed as such. The overlap and unclear boundaries between these constructs is suggestive of Horn's claim that it is not possible to measure specific abilities, as all tasks utilise multifarious abilities. This view makes sense of the confusion outlined, but suggest that measuring a child's nonverbal abilities without implication of verbal skills is not possible. Therefore in a psychometric test situation a child with specific difficulties will be at a disadvantage.

Explicit and Implicit Verbal Demands

Three of the assessments evaluated (i.e. WISC-IV^{uk}; BAS3; NNAT) place explicit verbal demands through the administration procedure. Alternative methods are noted (i.e. miming instructions) but guidance is not provided, and no comment is made as to whether tests have been standardised in this manner. As deviating from standardised verbal instructions is

viewed as invalidating scores, it is difficult to see how administering tests in a nonverbal manner would maintain the psychometric properties of the tests. The UNIT and Leiter-R are standardised with mimed instructions, although guidance in the Leiter-R is vague these two tests can be judged to be free from explicit verbal demands that may disadvantage a child with verbal difficulties.

Implicit demands relate to the requirement of verbal mediation in successful nonverbal subtest completion. This is claimed in the BAS3 and the 'SQ' measures in the UNIT. Although not specifically mentioned in the other tests' manuals, all contained matrix-reasoning subtests as measures of *Gf* (WISC-IV^{uk}, Leiter-R, NNAT) or (in the UNIT) 'RQ'. As noted matrix-reasoning tests are hypothesised to contain a strong verbal mediation component (Dugbartey *et al.*, 1999). This raises significant concerns in using *Gf* measures as proxy indicators for general ability *if* the measure is interpreted as the child's ability *without confound of verbal difficulties*. Returning to Kuczaj and Hendry's (2003) competing explanations for the data indicating that language enculturation supports higher-order cognition, one explanation was that the cognitive architecture permitting such mental operations exists. Language provides merely a slightly different way of using it, or permits the communication of the ability. If this hypothesis is correct, then a child with verbal difficulties can employ this faculty (in perhaps the image-based way described by Einstein and Grandin) to successfully complete the tasks, without undue disadvantage. Whilst there is empirical evidence for the claim of verbal mediation, as noted earlier, literature could not be found espousing other methods used in these tasks. Until there is an empirical basis to support Elliot and Smith's (2011) assertion that '…children with verbal processing difficulties

can use non-verbal thinking…' (pg. 81) it may be safer to assume that all tests containing matrix-reasoning tasks have a linguistic bias.

Population Norms

If a hypothesis of dissociable systems is to be supported, and therefore the possibility that children with verbal difficulties are able to use another process to complete nonverbal tasks, then group mean scores on nonverbal measures should not differ against the general population. This was not the case in the special population studies in those tests that reported them (i.e. WISC-IV^{uk}, Leiter-R, NNAT). Lower than average means were evident in composites purporting to tap nonverbal reasoning and spatial abilities, although the effect size in the latter was smaller. These figures may stem from sampling error; sample group sizes for special population studies are generally very small. However, the effect persists across the studies for each of the tests reporting them, suggesting that alternative explanations are worth considering.

It may be that verbal and nonverbal abilities are divisible, but the aetiology of verbal difficulties also negatively influences development of fluid reasoning and other nonverbal intelligence measures. This is not supported by the clinical diagnosis method of Specific Language Impairment (SLI) which is based on language difficulties in the absence of intellectual impairment (Kroese, 2003) and which is purported to have a 6-7% prevalence rate (Henry *et al.*, 2012). Conversely the abilities may not be dissociable; their developmental trajectories may be interdependent as proposed by Bruner (1964), Donaldson (1978) and Gentner (2003). Both of these explanations would explain lower than

average group means, but also require an acceptance that verbal difficulties limits cognitive capacity; an uncomfortable (and oppressive) thought.

A further explanation results from the claim for verbal mediation use in nonverbal reasoning tasks. If such a process is required, and contrary to Elliot and Smith's (2011) opinion, 'non-verbal' thinking is not an alternative for children with verbal processing difficulties, then these children would be expected to achieve a lower group mean. Verbal mediation is thought to be of less benefit in spatial ability tasks and performance differed less in these aspects. The concern then would relate to the content validity of so-called nonverbal reasoning measures. To echo Dugbartey *et al.* (1999), attributing a nonverbal label may be misleading. Accepting the evidence regarding verbal mediation as the explanation for these group mean difference results in all of the tests reviewed disadvantaging children with verbal difficulties.

CONCLUSION

The purpose of this paper was to evaluate commonly used psychometric cognitive tests, and those advocated for use, to determine which were the most appropriate for making comment on the cognitive abilities of children with verbal difficulties. In order to use tests in this way an understanding of verbal and nonverbal abilities as divisible needs to be supported theoretically. The literature review uncovered that the evidence base in developmental, psycholinguistic and cognitive test theory is far from coherent and often dichotomous: dissociable abilities versus interdependent systems; a general factor of ability

versus orthogonal specific abilities. None of the espoused theories supported an understanding of divisibly measureable verbal and nonverbal abilities, where nonverbal abilities could accurately provide an assay of general cognitive ability. Only when two opposing theories were amalgamated in the test construction domain did a more robust rationale begin to emerge, but contradictions still remain depending on interpretation of the empirical data.

The evaluation of the tests revealed that none can be judged appropriate in terms of a sound theoretical underpinning (for this particular purpose) and clarity is required regarding the constructs of general and nonverbal cognitive abilities. The most commonly used tests have explicit verbal demands, and all, including those specifically devised for nonverbal administration, appear to have implicit verbal demands in certain subtests. Significantly lower group means (where reported) appear to support an assertion that current psychometric test construction is not 'fit for purpose' if that purpose is to make comment on a child's general cognitive ability, without confound of their verbal difficulties.

IMPLICATIONS FOR PRACTICE

A point of interest that emerged when reviewing literature for this report relates to the chasm between developmental theories of cognition and the theories informing cognitive test construction. As may be expected from different disciplines the theories are disparate, however as both inform understanding of children's cognition for many EP's it may be prudent to consider the theoretical underpinnings of the methods we use and

recommendations we make, to ensure there is consistency of approach on a case by case basis. For example, employing a Vygotskian view of child development may cohere better with a dynamic assessment approach.

As noted earlier concerns regarding the discrepancy diagnosis model for SLI have been highlighted (e.g. Kroese, 2003; Dockerell *et al.*, 2007), but EP's are in many cases still expected to provide measures of cognitive ability to support speech and language therapy services' diagnoses (De Thorne and Schaefer, 2004). In light of the debates and the issues raised here relating to the validity of the available tests it may be a useful enterprise for individual EP's to consider their position on such matters, and determine if and how they are able to contribute to the diagnostic decisions of a partner agency. Adoption of a service position, outlined in policy, would support multi-agency working.

Consideration should also be given to the use of those tests with explicit verbal demands. The first empirical evidence that a child has verbal difficulties may come from administering the verbal scales of a cognitive assessment. This can provide very valuable information, and contribute to a useful construction of a child's difficulties. If such difficulties are evident however, the explicit and implicit verbal demands in the nonverbal components should cause the practitioner to consider the interpretation and reporting of these composites with great care.

Where a child is known to have verbal difficulties from the outset, the issues raised in this paper would suggest that the available cognitive assessments are not appropriate for use in

this population. It would be useful for further research to consider the other methods available to assess cognitive ability, and evaluate their use in particular for the population of children that formed the focus of this paper.

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APPENDIX 1: Survey format and questions

Dear All

If at all possible can you spare 5 minutes to answer the following questions, and if so, return your response by 28th Feb?

As part of the requirements for my course at Birmingham I have to write four 'Professional Practice Reports' on different topics, linked to work undertaken in placement. My current focus is assessing cognitive abilities in children with significant verbal difficulties; I'd like to include a survey of the methods EP's use in such circumstances in the introduction to my report. ***Names will not be used, just a summary of how many EP's use each method presented in a table.***

If you click reply first you should be able to type directly into table below.

To make comment on the cognitive abilities of a child with significant verbal difficulties which assessment method do you use? (Delete as appropriate)	Norm-referenced Dynamic Criterion-referenced Curriculum based
Please name the specific assessment method, (or part of where appropriate), that you use for such children.	
Time / resources permitting would you prefer to use anything different? Please specify.	

Thank you very much!

Zoe Owen

Trainee Educational Psychologist

APPENDIX 2: Survey Responses

Question	Respondent no.	Response
To make comment on the cognitive abilities of a child with significant verbal difficulties which assessment method do you use? (Delete as appropriate)	1	Norm-referenced Curriculum based
	2	Norm-referenced Dynamic Criterion-referenced Curriculum based
	3	BAII/3 WASI
	4	Norm-referenced Criterion-referenced Curriculum based
	5	Norm-referenced Dynamic Criterion-referenced Curriculum based
	6	Norm-referenced, yes Dynamic, no Criterion-referenced, yes Curriculum based, yes
	7	Norm-referenced Dynamic/ Sometimes play based Curriculum based supportive information to back up (or otherwise) assessmnet done Questionaires as supportive info'
	8	Norm-referenced Criterion-referenced

		Curriculum based
	9	Norm-referenced Criterion-referenced Curriculum based
	10	Norm-referenced
	11	Norm-referenced Dynamic not sure what you mean if Feurstein then no Criterion-referenced Curriculum based Parental/carer/teacher interview
	12	Norm-referenced Criterion-referenced Curriculum based
	13	Norm-referenced Dynamic Criterion-referenced Curriculum based
	14	Norm-referenced (Comment - how would I know the child had 'verbal' difficulties in the first place? - perhaps you mean obvious speech difficulties?)
	15	Norm-referenced Dynamic Criterion-referenced Curriculum based
	16	Norm-referenced Dynamic Curriculum based

		A mixture of all the above
	17	Norm-referenced Dynamic Criterion-referenced Curriculum based All of the above (though not in every case)
	18	Norm-referenced Criterion-referenced Curriculum based Observation, discussion with child Parent & teacher interview
	19	Norm-referenced Dynamic
	20	Norm-referenced Dynamic Curriculum based
	21	Norm-referenced & Curriculum based
	22	
Please name the specific assessment method, (or part of where appropriate), that you use for such children	1	Norm-referenced – tends to be WISC IV, and WASI – looking at all aspects of the child's functioning (not just verbal) in order to see whether there is a discrepancy in the child's abilities in different areas Criterion-referenced – sometimes comparing 'how many right' from a previous assessment or performances in tests used by school (e.g. WRAT) to see whether there have been improvements Curriculum based – e.g. for EYs children, I might show them shapes, colours etc and see which they recognise – this could be done via matching activities rather than verbal activities

	2	If the child is young I will complete a play based assessment and my report will give an opinion of cognitive abilities based on qualitative evidence. If the child is in special school with no language then I will also use play based assessment and observation of how the child interacts in their environment. BAS WISC
	3	-
	4	WISC-IV WIAT-II WPPSI PIVATs
	5	WIAT II Listening Comprehension subtest together with the WISC IV or WASI.
	6	Cognitive Assessment System Historically, I have used CBA approaches for children with evident learning disabilities.
	7	WISC, WPPSI, CCC-2 (if the child speaks in full sentences) Play based assessment pack (I think its from Nottingham?)
	8	BAS – special non-verbal Developmental charts/play based assessment. EYFS/P-scales
	9	WRAT 4 BPVS Naglieri NFER IRA & NRA Young's Parallel Spelling Bracken

		Hedderley Sentence Completion Monroe Sherman Copying West Sussex Phonic Test STASS Salford Reading Gray's Silent Reading Test
	10	WISC IV UK
	11	Non-verbal BAS In the past Leiter Developmental checklist Observation of play/ social interaction
	12	Wechsler Non Verbal WPPSI WISC-IV
	13	BAS CELF BPVS
	14	BAS 3 (all six core scales - plus digit recall backwards)
	15	WISC, WIAT, WASI, BAS, WOLD, BPVS, bits of Derbyshire, TROG, CCCL
	16	Non-verbal parts of BAS plus for 'dynamic' assessment, how far can a child go and with what prompts on the verbal parts of BAS Reports from school on NC levels
	17	*Depends on child's age. Observation, looking at verbal skills and nonverbal skills, Discussion with those who know the child well, with prompts around different areas of language development, Playing with the child,

		Assessment information from other professionals, Standardised assessments, e.g. BAS 3, looking at child's response to the tasks and the assessor, approach to problem solving, Some of the Tzuriel dynamic assessment tools, though not as often as the other things. Previously dynamic assessment using story books without words – child tells the story in their own words (with prompts), transcribed recording (when text processing was still available). This gives a very good sample of actual language.
	18	BAS alongside WIAT, school assessment information, observations and discussion to give a context for interpretation of BAS and to look at whether selfcare/life skills, independence and social skills are also affected
	19	Wechsler non verbal, Bracken. Dynamic assessment – Reys Complex diagram Goodenough draw a man
	20	Wechsler Non verbal WISC-IV (all non verbal used dynamically) Play based dynamic assessment Look at their books/work and speak to adults who know them I may use WIAT-II testing, depending on the Q or hypotheses being explored
	21	WISC or WASI
Time / resources permitting would you prefer to use anything different? Please specify.	1	I'd like to use dynamic assessment – haven't used this since uni
	2	Don't know what's out there – I am limited to what we have in the resource cupboard!
	3	-
	4	Maybe more specific tests of memory and /or language skills
	5	I would use the BPVS in very rare occasions if there was time.
	6	Observation and discussion

	7	Always observation to look at functional communication Home visit (sometimes there is a dramatic difference depending on context
	8	-
	9	Yes Hodder Oral reading test .It gives a reading speed
	10	Probably not as I spend a lot of time observing and talking to child and parents and so the WISC is just part of an overall picture. The child's ability to sit and attend to the tasks gives valuable information too as well as an analysis of their quality of response. In other words, the overall IQ score is just piece of the jig saw.
	11	Not at this time.
	12	-
	13	-
	14	No - though I like to check word level literacy too - to check for hyperlexic tendencies
	15	Play based assessment with younger children
	16	Might use nonverbal tests from WASI as a 'backup'
	17	More dynamic assessment. More observation. More joint working with SALT. More planning interventions and reviewing progress and response
	18	I would want to do a more thorough plan-do- review process to see if things like teaching some metacognitive skills and ensuring that the curriculum was properly differentiated to take account of verbal difficulties could enhance their progress. If the core BAS hadn't been that illuminating I might use some of the diagnostic tests. I have used something like CAS or Test of everyday attention to look at some other skills – depending on staff observations.
	19	-
	20	CELF-II but time rarely permits!
	21	Probably not

APPENDIX 3: Analysed responses from survey with explanatory comments.

Table 1. Assessment types used by number and percentage (Q. 1).

Type	No.	%
Norm-referenced	21	100
Dynamic	9	43
Criterion	12	57
Curriculum	17	81

Norm-referenced, unequivocally, were most commonly used. Responses indicated that criterion and curriculum based assessment information tended to be used in addition, not in place of norm-referenced assessment. Dynamic assessment was used by fewer than half of the respondents; comments provided suggest it is not used routinely.

Table 2. Specific assessment methods used by number and percentage (Q 2.)
(NB: For complete assessment names see appendix 3.)

Type	Method	No.	%
Norm-referenced	WISC-IV UK	9	43
	WASI-II	4	19
	BAS3	8	38
	WIAT-II UK	5	24
	WPPSI-11 UK	3	14
	CAS	1	5
	WRAT	1	5
	Leiter-R	1	5
	DAP	1	5
	NNAT	1	5
	WNV	2	10
Curriculum	Early learning concept matching	1	5

based	EYFS	1	5
	P-scales	1	5
	PIVATS	1	5
Dynamic	WISC	1	5
	BAS verbal scales	1	5
	Reys complex diagram	1	5
	Tests authored by Tzuriel (not specified)	1	5
	Play-based assessment	5	24
Criterion	Comparison of school based assessment results over time	1	5
Other	Observation	3	14
	Interview with adults	3	14
	Previous professional's assessment information	3	14
	Developmental charts	2	10

The WISC-IV^{UK} and BAS3 were most commonly used; 3 respondents specifically named the non-verbal composite of the BAS3. Although 9 EP's had identified using dynamic assessment, only 6 named specific methods.

Table 3. Preferred assessment method time and resources permitting by number and percentage.

Method	No	%
Dynamic assessment	2	10
Memory tests	1	5
Observation	1	5
Discussion with adults	1	5
Home visit	1	5
Play-based assessment	1	5
WASI non-verbal scales	1	5
Plan-do-review cycle	2	10

BAS diagnostic scales	1	5
CAS	1	5
Test of everyday attention	1	5
No response	6	29

Six EP's did not provide responses. A number of responses referred to more time (e.g. more observation, home visits, being able to review progress). Specific methods identified included dynamic assessment, specific memory or attention testing, varying the cognitive assessment, or scales of.

It is important to note that as this survey was intended merely to guide selection of methods to evaluate, rather than a piece of research in itself, the survey was not subject to pilot. Many responses related to assessment of the verbal difficulties (n= 17 for Q. 2; n= 5 for Q. 3). The high proportion of these responses may illuminate poor content validity, or other weakness, in the survey design. Conversely it may make comment on a conceptualisation of cognitive ability where verbal and nonverbal abilities are indivisible. However, as the aim was to guide selection of methods which supported comment on cognitive capabilities, not prejudiced by language difficulties, these responses were excluded from analysis.

APPENDIX 4: Full terminology of acronyms and author references for assessments identified in survey.

Acronym	Full Name	Author and year of publication
WISC-IV UK	Wechsler Intelligence Scale for Children 4th UK edition	Wechsler, 2004
WASI-II	Wechsler Abbreviated Scale of Intelligence, 2nd edition	Wechsler, 2011
BAS3	British Ability Scales, 3rd edition	GL Assessment, 2011
WIAT-II UK	Wechsler Individual Achievement Test	Wechsler, 2005
WPPSI-11 UK	Wechsler Preschool and Primary Scale of Intelligence	Wechsler, 2003
CAS	Cognitive Assessment System	Das and Naglieri, 1997
WRAT	Wide Range Achievement Test	Wilkinson and Robertson, 2006
Leiter-R	Leiter International Performance Scale – Revised	Roid and Miller, 1997
DAP	Goodenough-Harris Draw a Person Test	Harris, 1963
NNAT	Naglieri Nonverbal Ability Test	Naglieri, 2003
WNV	Wechsler Nonverbal Scale of Ability	Wechsler and Naglieri, 2008
EYFS	Early Years Foundation Stage	DfE, 2012
P-scales	Performance scales	DCSF, 2009
PIVATS	Performance Indicators for Value Added Target Setting	Lancashire County Council, 1999

PPR III

A Cognitive Behavioural Therapy Intervention to Address 'Angry Outbursts' in a Primary Age Child with Low Vision

A request for involvement from an Educational Psychology Service for a child with congenital low vision experiencing difficulties with social interaction resulted in a potential hypothesis that 'faulty cognitions' could be a causal factor in aggressive behaviour. A CBT based therapeutic intervention was suggested as part of an intervention plan to address identified needs. A literature review highlighted key considerations in evaluating if such an approach is appropriate and likely to be effective, including individual versus systemic interventions, developmental appropriateness and competing explanations as to the mechanism underlying behavioural responses. Evaluation of the therapeutic intervention against these themes revealed that determining if the approach was appropriate depended on the conceptualisation of difficulties; differing hypothesis resulted in potentially conflicting interventions. Evidence is presented that suggests intervening at an individual level for a child of this age, with these difficulties is not appropriate and potentially decreases engagement from within the child's social ecology rendering the approach less effective at producing lasting change.

INTRODUCTION AND RATIONALE

This paper aims to explore the appropriateness and effectiveness of using a Cognitive Behavioural Therapy (CBT) approach with a Year 5 boy to address reported social interaction problems. Examples reported ranged from him making abrasive and unfeeling comments to aggressive outbursts, at times physical, that appeared disproportionate to the preceding event. The child attended mainstream provision in a catchment area of middle to high socio-economic status and mono-cultural (white-British) heritage. He had a congenital degenerative visual condition, having recently been certified blind. In general the child was described as a lovely, academically able boy who conformed to classroom expectations and enjoyed good friendships (full assessment and consent process are described in Appendix 1).

The paper begins with a review of literature summarising arguments and evidence both for and against using an individual CBT approach to address difficulties with social interaction and emotional regulation in children will be presented. There will be a particular focus on children with low vision from birth. The themes emerging from the review will provide the structure of an evaluation of the CBT intervention I undertook with this child as a second year Trainee Educational Psychologist. The intervention will not be described in detail, rather those aspects relevant to the themes will be presented in order to make comment on the appropriateness and effectiveness of the approach. The paper will conclude with consideration of implications, arising from the issues discussed, for the professional practise of Educational Psychologist's (EPs).

For purposes of brevity the phrase 'congenital low vision' will be used throughout to refer to any child who has experienced significant visual difficulties from birth. The term 'child' or 'children' will be used and should be read as encompassing young people of school age also.

LITERATURE REVIEW: Is an individual CBT approach appropriate and effective in addressing difficulties with social interaction and emotional regulation in a child with congenital low vision?

Literature is not confined to UK publications; papers from the US and European sources are also included.

The case for

Public health guidance produced by NICE[5] regarding 'Social and emotional wellbeing in primary education' (PH12, 2008) advises therapeutic approaches for children showing signs of emotional distress. NICE recommend psychological therapies for children with a variety of mental health conditions including depression, eating disorders, self-harm and social anxiety (CG28; CG9; CG133; CG159 respectively[6]); recommendations are derived from the 'best available evidence' (NICE website, 2012). Clinical evidence then suggests that individual therapeutic approaches are effective in supporting children's emotional well-being. MacKay (2007) argues that there will always be situations in which individual therapeutic approaches are necessary, as emotional distress in children cannot always be prevented, and some factors are 'within-child'. Intervening only at the level of the child's social ecology, he argues, is to withhold support that may alleviate a child's distress.

CBT is the most commonly named therapy in the NICE guidelines referred to above. Greig (2007) notes that whilst the evidence base in adults is more comprehensive, over the last ten years an equivalent evidence base in children is emerging. CBT theory posits that affect and behavioural responses are a consequence of a person's cognitions about an event, rather than the event itself (Stallard, 2002). The key elements of CBT are core beliefs, cognitive assumptions and negative automatic thoughts (NATS; Stallard, 2002; Greig, 2007). A person's distress is hypothesised as resulting from erroneous assumptions which trigger NATS; these thinking patterns underpin behavioural responses that serve to maintain the cycle of distorted thinking and resulting distress. The aim of CBT is to identify and challenge and ultimately change unhelpful patterns of cognition.

Graham (2005) presents a comprehensive review of the evidence base for CBT with children. He cites evidence from randomised controlled trails of efficacy with mild–moderate depression, anxiety, school refusal and trauma relating to sexual abuse. Butler *et al.*, (2006) performed a meta-analytic review of CBT efficacy studies, noting large effect sizes for childhood depression and anxiety, and moderate effect sizes for somatic disorders. A meta-analysis focussing on anxiety treatments for children (Reynolds *et al.*, 2012), concluded that CBT was more effective than other therapeutic approaches. Minimal differences in effect sizes were evidenced in relation to level of parental involvement with the therapy; individual (as oppose to group-based) CBT treatment was found to have the largest significant effect size.

[5] National Institute for Health and Clinical Excellence
[6] CG = Clinical Guidelines, all available on line. Web address in reference list.

Thinking errors have been documented in children with a range of difficulties including anxiety and depression (Stallard, 2002). Evidence has been presented of hostile attributional bias in children who are perceived as aggressive (Dodge, 1980; Dodge *et al.*, 1986; Quiggle *et al.*, 1992; Lansford *et al*,. 2010)[7]. This coheres with the hypothesis that faulty cognitions underpin aggressive responses. Graham (2005, pg. 60) notes that there are 'promising results' from CBT interventions for 'social skill deficits'. In a small scale study Down *et al.*, (2010) found that group-CBT fostered significant improvements in anger control and self-esteem. In a meta-analysis of studies regarding the efficacy of CBT in reducing violence and aggression in children, Özabacı (2011) concluded that CBT was effective for this population, although effect sizes were small.

Due to the aspects of meta-cognition and abstract thought required, CBT was initially thought unsuitable for children under 12 years, who would be at the Concrete stage of cognition according to Piagetian theory (Greig, 2007). Stallard argues, however, that the approach is suitable for younger children, providing that concepts and materials are translated and adapted to match the cognitive developmental stage of the child. A study by Quakely *et al.* (2004) supports Stallard's claim. They found that when given physical cues (gloves puppets and pictorially labelled 'post boxes') children as young as 4 years could delineate feeling, thinking and doing sentences correctly (in comparison to children only giving a verbal response).

The emotional impact of low vision and the requirement for emotional support is acknowledged (RNIB, 2013). Dale (2008) reports findings from an RNIB counselling project using qualitative methodology. Adult participants talked of overwhelming feelings of anger and rage, and of shame and uselessness in relation to their experiences of low vision. Bond (1997) writing from her experience as a counsellor of children with low vision describes the extra dimension (and resulting emotional distress) it brings to expected adolescent struggles with identity and independence.

Whilst emphasising that there is '…no particular psychology of blindness…' Jackson and Taylor (2000, pg. 161) present a comprehensive overview of psychological difficulties identified in literature as experienced by people with low vision. They present a compelling case for the use of CBT to support coping ability in adults, making reference to individual differences in cognitive appraisals. In discussing children they advocate the use of cognitive behavioural approaches for social skill training

[7] It should be noted that this evidence base is the result of what appears to be loosely the same research team.

and to address 'maladaptive behaviour' (pg. 173) and describe a 3-part model for case conceptualisation that incorporates sensory differences in processing environmental stimuli in conjunction with the core CBT components of cognitive appraisals, distortions and irrational beliefs.

The case against

Orford (1992) writes that the fundamental principle of community psychology is 'person-in-context'. This is in opposition to the '…almost exclusive emphasis [in psychology as a discipline] upon assessing and modifying the behaviour, emotions and cognitions of individuals.' (pg. 5). Emotional well-being is considered the result of interactions with and influences of the systems in which a person develops, therefore interventions to address well-being should be systemic in focus. This conceptualisation is influenced by the bio-ecological model of human development (Bronfenbrenner and Morris", 2006: Orford, 1992). The model posits that the primary mechanisms for development are proximal processes which occur in the micro-system; reciprocal interactions between the child and their direct environments. Therefore the narrowest unit of focus would be a dyadic interaction; if a child's difficulties relate to social interaction, then those they are interacting with should form part of the intervention focus in order to promote effective and lasting change.

The evidence base for CBT with children is not without limitations (Stallard, 2002; Greig, 2007). Graham (2005) raises a number of concerns: the very small number of RCT's where the control group is an alternative form of therapeutic response; concurrent medication in depression and anxiety trails; positive short-term effects but modest or non-existent long term effects; sharp contrasts in effectiveness dependent on the conditions in which it is delivered (i.e. laboratory condition trails evidenced better results than community-based interventions).

Regarding alternative therapy control groups a recent, small scale study (N= 18; Down *et al.*, 2010) compared efficacy of CBT groups against a 'personal development' (PD) approach to promote anger management in children. The authors concluded that younger children (<14 years) benefitted less from CBT in comparison to PD. It may be that CBT has some effect, but is not the best approach to utilise with children. Proponents of systemic-level interventions would point to the concerns regarding the temporal effects of CBT as evidence regarding the inefficacy of an individual level approach in maintaining change. Of particular concern for EP's delivering interventions in schools are the concerns raised regarding reduced efficacy in community-based settings.

Özabacı (2011) contrasts the small effect sizes he found in a meta-analytic review of CBT interventions to reduce aggression, to the moderate to large ones found in other CBT meta-analytic reviews (e.g. Butler *et al.*, 2006). The CBT evidence base (in the main) emanates from the clinical paradigm. CBT's efficacy is measured in groups with specific psychiatric diagnoses as described in the DSM or ICD[8], therefore results are only indicative of efficacy for that specific psychopathology. Such efficacy cannot be soundly generalised to non-diagnosed populations, such as children described as having social interaction and emotional regulation difficulties. Indeed, the evidence base specifically concerned with children displaying these types of difficulties in schools advocates interventions with an eco-systemic perspective as best practice (Visser, 2003; Maras, 2012; Cole *et al.*, 2012).

The link to CBT for this population appears to be the cited evidence regarding the hostile attribution bias in aggressive children. These findings originate from testing of a model of social information processing proposed by Dodge *et al.* (1986), which was developed as a model of *social exchange*. Lansford *et al*. (2010) advanced the evidence base for the model significantly by concluding that aggressive behaviour results from bi-directional influences between experiences of peer rejection and social information processing problems. Therefore whilst Dodge's findings regarding hostile attributional style in aggressive children (1980; 1986) are presented as evidence for the appropriateness of a CBT intervention (e.g. Stallard, 2002; Greig, 2007; Özabacı, 2011), a full appreciation of the model supports intervening at a micro-system level to ameliorate the 'bi-directional' influences maintaining problematic situations.

Despite Stallard's (2002) view that providing methods are appropriately adapted CBT is suited to younger children, studies have evidenced reduced effectiveness with younger children (Reynolds *et al.*, 2012; Down *et al.*, 2012; Butler *et al.*, 2006). This may be a consequence of poorly adapted methods, but could also be interpreted as an argument for systemic intervention. The younger children, having even less social power and agency than adolescents, may be less able to effect change within the social interactions of their environments.

There are acknowledged differences in the trajectory of social development in children with low vision, with similarities to an autistic communicative profile reported (Brown *et al.*, 1997; Hobson and Bishop, 2003). Palmer (1998) discusses in detail the role that visual information plays in the

[8] Diagnostic and Statistical Manual of Mental Disorders and International Statistical Classification of Diseases; manuals used by the medical profession to guide diagnoses.

'…acquisition and refinement of skills essential for [social competence]' (pg. 208). A child with congenital low vision has significantly reduced social-learning opportunities, both in observing others' interactions and accessing non-linguistic feedback to their own. This is a potential explanation for the autistic-like communicative styles evidenced in research. Palmer advises that for such children social skills training is crucial; this is undoubtedly important, but consideration should also be given to the reciprocal nature of communication.

Applying an interactional analysis of special educational needs highlights the necessity to consider '…how classroom events are organised to enable or disable […] participation.' (Frederickson and Cline, 2009, pg. 49). Placing a child's low vision central to the conceptualisation of observed difficulties would require not only training for the child, but also key adults and peers to consider their communicative style, adapting as necessary. If key communicative partners are sending inaccessible (visual) messages, a child with low vision is immediately disadvantaged in navigating the social context successfully.

Key considerations

Themes emerging from the literature review which appear to be key areas for consideration in evaluating whether individually-focussed CBT, to address problems with social interaction and emotional regulation in a child with congenital low vision is appropriate and likely to be effective are as follows:

- Should the intervention have focussed at an individual or systemic level?
- Are the mechanisms underlying the reported difficulties compatible with CBT theory, or are there competing explanations?
- Is a CBT approach developmentally appropriate for this particular child?
- Should the child's low vision status have been central to the problem conceptualisation?
- What was the potential impact of this approach, given the particular nature of the case, and the setting the intervention was delivered in?

RATIONALE FOR INTERVENTION CHOICE

Major strengths were evident from assessment (full assessment is described in Appendix 1). The child was a very competent verbal communicator and had well developed cognitive skills; he had demonstrated knowledge of different emotions and was able to explain them with personalised

examples. All attainment measures were above average. Areas for development identified were a propensity to place too-high expectations on himself in relation to academic competence and behavioural conduct. A communication checklist evidenced a significant discrepancy between verbal and pragmatic communicative competence. Despite intellectual awareness of different emotional states, behavioural responses to problematic situations were limited to displays of anger.

My hypothesis was that the child's low vision, late diagnosis (20 months) and subsequent periods of hospitalisation had resulted in limited developmental opportunities for skilled social communication development, in particular with peer relations. Interacting with this were beliefs regarding the necessity to be a high-achiever in all aspects of life, distorted cognitions and poor social perspective taking in situations of social conflict. In conjunction with other recommendations (see Appendix 2), a CBT based intervention was suggested with the aim of supporting the child to identify, challenge and replace any unhelpful thoughts he was experiencing, and to develop skills that fostered pro-social conflict resolution.

Formulation

Dudley and Kuken (2006) highlight that thorough assessment '…is essential groundwork for CBT formulation. It provides the context and much of the content…' (pg. 22). The hypothesis outlined above formed the initial formulation and provided the rationale for the intervention choice. Kuyken *et al.* (2008) propose the term 'case conceptualisation' rather than formulation, advocating a process of collaborative empiricism between therapist and client throughout the therapeutic period. This approach was adopted, with the resulting formulation recorded in two formats. For case notes the 'five P's framework' as advocated by Dudley and Kuyken (2006) was used, a copy of which is presented in Appendix 3. In order to provide a version for the child, which was also used as an aide-memoir during the final feedback session, I drew a poster under the direction of the child. This is presented in Appendix 6.

Intervention plan

Session content was determined from the initial case formulation. The majority of the session materials were taken or adapted from 'Think Good – Feel Good' (Stallard, 2002). Exceptions to this were a supplementary worksheet for 'Automatic Thoughts' to illustrate the metaphor of a football commentator being like ever-present thoughts, and the use of a story from SEAL[9] materials for

[9] Social and Emotional Aspects of Learning (DfES, 2005)

'Assertive, Passive, Aggressive'. All worksheets were presented on A3 paper in 24pt font to support visual access, and were collated as a booklet for each session. Toy figures were also used to 'act out' scenarios. Full description of content and reflective comments regarding sessions is available in Appendix 5.

Table 1. Session content

Session	Content
1	Introduction to 'Think Good – Feel Good
2	Automatic Thoughts
3	Thinking Errors
4	Balanced Thinking
5	Assertive, Passive, Aggressive -1
6	Assertive, Passive, Aggressive -2
7	Recap and Feedback to Parents and Teaching Staff

Pre and Post Measures

Pre- and post measures used were: The Strengths and Weaknesses Questionnaire (self, parent and teacher report; SDQ; Goodman, 1997); The Self Image Profile for Children (self report; SIP-C; Butler, 2001); Taxonomy of Problematic Social Situations for Children (teacher report: TOPS; Dodge, McClaskey and Feldman, 1985). The measures will be discussed as relevant below, with full results presented in Appendix 4.

INTERVENTION EVALUATION

Level of intervention

Although broader factors were considered during assessment and informed recommendations in the report (as would be expected in EP assessment and intervention activity; DfES, 2001; Frederickson and Cline, 2009; DECP, 2002), this therapeutic intervention was focussed at the individual level. Working at this level could be judged as appropriate as the child expressed that the difficulties were distressing for him and he wanted to change his behaviour. SDQ responses identified that he and his teaching assistant (TA) perceived that his current difficulties were having a significant negative

impact on his life. Assessment identified potential factors that supported an individual focus (e.g. fear of the consequences of failure; poor social-perspective taking; aggressive style of inter-personal problem-solving linked to distorted cognitions about others). These 'within-child' factors and espoused distress by the child form an aspect of MacKay's (2007) argument for individually focussed interventions.

Request for EP involvement was due to forthcoming Year 6/7 transition; adults were particularly concerned about potential consequences to this child's behavioural responses in the high-school context. Intervening at an individual level to develop skills and build resilience that could be transferred to the new context seemed appropriate. A systems-level response at this stage may have been less effective for future functioning due to the ensuing change in educative context.

Steps were taken, however, to promote engagement and effect change at a microsystem level in order to promote a structure of social support, considered central to human development and well-being in the community psychology approach (Orford, 1992). These arrangements, outlined in Table 2, were also devised to support programme integrity and generalisation of learning out-of-session.

As can be seen in the outcome column, the arrangements did not have the desired impact; this may have been a direct consequence of selecting an individualistic intervention approach. By advocating specialist direct work I (arguably) colluded with an ideological belief in the expert / deficit model of difficulties. If the key adults held these beliefs, then this would have understandably seemed the 'intervention' proper, with other arrangements being less necessary add-ons. This may also hold true for those recommendations made in the report which have a specific systemic focus (e.g. raising awareness in peers and adults of the need to modulate *their* communicative behaviour to suit the child's sensory needs).

The individual focus also prevented broader (potential) factors in the formulation being explored and addressed. These related to a suspected family narrative regarding the value of high achievement that the child may have internalised, and the child's lack of opportunity to share fears or admit to barriers that directly resulted from their low vision (see formulation in Appendix 3).

Table 2. Arrangements made to engage key adults in child's social ecology with the intervention

Arrangement	Purpose	Outcome
Meetings held separately with parent and key school staff	To explain principles of CBT and the proposed programme	Meetings held; attended by Mum; TA; SENCo and Class Teacher
Session summary letters containing outline of session content, relevant points that emerged, out-of-session assignment, child's comments regarding required adult support with assignment. (With child's permission sent to parents, SENCo, TA, Class Teacher)	To keep key adults informed of topics and new skills covered and insights relating to formulation the child had. To ensure that assignments were completed, and that adults knew how to support the child in doing this.	A number of letters were not distributed. Out-of-session assignments (according to the child) were not ever attempted.
Session length was an hour; 45 minutes with the child, a further 15 minutes with the TA also.	To allow opportunity for the child to consolidate learning and experience ownership over content by briefing the TA. To ensure the TA knew in detail what concepts where covered, how they related to this child, and the nature of the assignment.	On one occasion the TA was unable to attend. Due to other school priorities. Often there was less than 15 minutes to fully brief the TA. Out-of-session assignments (according to the child) were not ever attempted.
Final session arranged to be a briefing, led by the child, supported by me, to parents and key school staff including Year 6 teacher.	To allow opportunity for the child to consolidate learning and experience ownership over content. To provide opportunity to incorporate all relevant parts of the intervention and share the evolved formulation in a way that was understandable to the child and key adults. To celebrate success.	Parents were unable to attend due to sibling's illness. Year 6 teacher did not attend. Child demonstrated retention of all key concepts, was able to relate them to real life examples. He was able to clearly verbalise our collaborative formulation, the skills and strategies' he was going to employ in which situations and the support adults could provide to assist him.
Adult's meeting following session above.	To allow further discussion of intervention, actions required by adults in order to support the child to put theory into practice. To outline those areas requiring further input.	Parents and Year 6 teacher did not attend. Allowed opportunity to explain limitations of an intervention contained within a time limited microsystem (child and I), and that change would only be observed if the intervention was continued in his naturally occurring microsystems.

Finally, an issue emerged during the course of the sessions which caused me to question the ethics of the work. The TA reported an incident that occurred between the second and third session. The child's emotional response to what seemed a low-level problem was reportedly significantly worse in intensity, nature and duration to any witnessed in school previously. When relaying the situation to me the child appeared shameful. It became apparent that his response had escalated due to believing that now he was in receipt of intervention he should have been able to control his

behaviour. Orford (1992) states that a central tenet of community psychology is that interventions focussed at the individual level appear to apportion blame to that person. The situation provided an ecologically valid scenario for the '…process of guided self-discovery…' (Grieg, 2007, pg. 25) that is characteristic of the CBT process, and provided opportunity for the child to experience unconditional regard and acceptance of his more extreme emotional states. However, it seems that the intervention focus added to an already significant feeling of responsibility and potentially created more distress.

Underlying mechanism(s) for difficulties reported

The resulting formulation, that evolved through the therapeutic process identified interactions between the key components in a CBT case conceptualisation. For example, responses to the SIP-C and qualitative information indicated that the child had a core belief that he must always be successful. In situations where he was concerned he would not perform above expectations, or if a mistake was highlighted, he assumed that this equated with failure. This triggered NATS that related to his perceived stupidity and worthlessness. However, by undertaking a CBT formulation, a commitment has already been made to an explanatory model, and the situation is therefore framed accordingly. The fact that other data (i.e. teacher and parent report) is complementary to a hypothesis does not in itself prove its accuracy; it is also essential to exclude alternative explanations.

From the literature review and assessment of the child at least three possible alternative explanations are evident. Application of Dodge's (1986) model of social information processing would point to disturbances occurring as a result of reciprocal social influences. During the initial consultation meeting teaching staff presented examples of team-based classroom activities being one trigger. It was pointed out that there were a number of other children in the class (mainly the high-achievers) who similarly struggled with team-work skills. Situations often became inflammatory, conflict left unresolved. Situations volunteered by the child often related to his response to teasing, provocation from his younger sister, or intervening in others' conflict to support a peer. In all of these examples it appears that his communicative partners also evidenced a need to improve their social interaction and interpersonal problem solving skills. However, as situations escalated this child drew adult attention to himself as the main protagonist. Accepting this social exchange hypothesis would promote an intervention that taught team work and social conflict resolution at a whole class level; encouraging adults to address occurring situations by considering the initial triggers and sequence of events as equally important causal factors, rather than just (but not to the exclusion of)

the ultimate behavioural response of a child who may be less likely to modulate his responses in the presence of adults.

A second explanation comes from assessment, which evidenced significantly underdeveloped pragmatic language skills. Pragmatics may be defined as '…the selection of the appropriate message or interpretation in relation to the communicative context.' (Bishop, 2003, pg. 7). A child who misconstrues others' or miscommunicates his own communicative intent may easily appear 'abrasive' or 'unfeeling'. Examples given by staff relating to this particular child suggested a lack of awareness for social hierarchy (speaking to adults as he would a peer), making (relatively mild) personal, but accurate comments. Such behaviours are viewed as characteristic of Autism Spectrum Condition (ASC), and as noted there have been similarities observed in social presentation of children with ASC and children with congenital low vision (Brown *et al.* 1997; Hobson and Bishop, 2003). There is no suggestion that this child has autistic features, but it is likely that his opportunities to develop social competence were limited due his reduced ability to access and learn from the visual environment. Also intermittent hospital stays prevented peer interaction during critical periods of his early years. Palmer's (1998) description of the important role vision plays in acquisition and refinement of social skill development provides an explanation for the aetiology of underdeveloped pragmatic language skills in children with congenital low vision. With this conceptualisation, intervention of social-skills training, in conjunction with awareness raising in adults would be more appropriate.

A final hypothesis relates to the child's emotional state, as resulting from the particular pressures present in his environment. Considering emotional responses as the consequence of (fairly) fixed schemas that are formed early in childhood, as is understood in cognitive behaviour theories (Stallard, 2002) suggests that the child is predisposed to that behaviour. Conversely emotion can be viewed as transient and highly variable states. During the sessions I began to suspect that this child was currently rather stressed. He was a high-achiever in a high performing school, with Key Stage 2 National Curriculum testing on the horizon. He had been made aware that my involvement was in part to support transition planning, making salient the prospect of leaving his safe small school community and coping in a larger alien environment. He had recently begun mobility training, an important, but potentially frightening move towards independence for a young child. The 'aggressive outbursts' may have been a stress-related response; the child communicating that he is experiencing

too much pressure. With this hypothesis an individual intervention could be another burden to carry and would actually exacerbate rather alleviate distress.

Developmental stage

Despite pragmatic difficulties, this child was cognitively and verbally able; this was a determining factor in choosing a CBT approach with a child of this age. Assessment information and academic performance suggest that the child was functioning in many cases at the Formal Operational Period, the final stage of cognitive development proposed by Piaget, characterised by logical reasoning ability (Donaldson, 1978). Stallard (2002) notes that the functions of the previous stage, the Concrete Operational Period, are sufficient for most CBT tasks.

In terms of adaptation of material and translation of abstract concepts as advocated by Stallard (2002) and Quakley *et al.* (2004), as noted the materials from Stallard's workbook were used, and adapted to suit the child's visual requirements. In addition, as the child was an avid football fan, a metaphor of a football commentator was used to support understanding of thoughts being ever present. To extend this metaphor red and yellow cards were made, to be used to 'referee thoughts' which were becoming 'hotter'. The red card was also able to be used to signify to adults that help was needed to cope with the current situation. Toy figures were used to 'act out' different problem solving styles to support the child to describe upsetting situations. As the child's father was in the legal profession challenging faulty thinking was done by 'putting that thought in court' and cross-examining it. Throughout the sessions the child demonstrated understanding of key concepts by drawing parallels with real-life examples and by reflecting on previous situations and offering alternative cognitive constructions, explaining how they would have informed more helpful emotional responses. There was no evidence to suggest that this child's development was not sufficient for a CBT intervention, with the materials and adaptations employed.

Emotional consequences of low vision

As noted, emotional distress as a direct consequence of experiences and challenges resulting from low vision has been described by researchers who work in a professional support capacity to individuals with low vision (Bond, 1997; Dale, 2008). A response on the SIP-C, which asks a child to rate their actual and preferred points against personal qualities on a Likert scale, and comment made in passing raise the possibility that the child did experience some uncomfortable emotions regarding his low vision. The largest discrepancy on the SIP-C was observed on the item 'feel different to

others', and at one point when discussing sporting prowess the child expressed a desire to run faster but he could not, 'because of these' (gesturing to his eyes).

A CBT intervention does not promote exploration of a person's phenomenological lived experience, and the impact they feel from this experience. In light of the literature cited above, and the comments made by this child an approach that allowed such an exploration may have been a more appropriate individual intervention.

With reference to 'underdeveloped' pragmatic ability as a consequence of low vision the debate regarding a medical versus social model of disability is of interest (UPIAS, 1975). As noted earlier, there is no suggestion that this child has any particular neurological difference which underpins a different communicative style. Rather the social dysfluencies observed or reacted to by others' in his social ecology may be the consequence of his communicative partners being unaware of the non-linguistic component of their communications. Understood from a social model of disability, the emphasis would be on the sighted to ensure that their chosen methods of communication did not exclude the child from being able to access all the information he required to ensure he interpreted social communications appropriately and accurately. Intervention stemming from this understanding would involve the education of peers and adults to be aware of the proportion of their communicative behaviour that is visual, and development of *their* skills to ensure they communicated competently with him.

Impact of Approach

As noted, the research on CBT in children is limited in the main to clinical populations. Presence of distorted thinking has been proposed in children displaying aggressive behaviour, but these researchers have not interpreted their findings as such thinking being the sole mechanism for aggressive behaviour (Dodge *et al.* 1986; Lansford *et al.*, 2010). The meta-review presented by Özabacı found that CBT was less effective for addressing aggressive behaviour, potentially supporting a view that distorted cognitions are at best a lesser causal mechanism, therefore a CBT intervention would not be predicted to have a significant impact.

There was evidence in this case of distorted thinking precipitating and perpetuating the difficulties the child reported. One of many examples was a situation he described in which his sister was calling out to him across the dinner hall. He said he thought; people would laugh, he would become the

'laughing stock', *everyone* would be pointing at him and whispering about him. During the feedback briefing to staff he spontaneously relayed this situation as an example of a 'Magnifying the Negative' thinking error (Stallard, 2002, pg. 70) and said that in reality most people had probably not noticed, and if they had they wouldn't have judged him negatively because of it. Qualitative evidence emerging throughout the sessions suggests that distorted thinking was *a* mechanism in the difficulties this child was experiencing, and therefore was an appropriate approach to employ.

The potential impact of the approach does not rely only on it being appropriate; the principle of treatment integrity (the extent to which a programme is delivered as intended) is also important. Poor treatment integrity is one explanation for the findings presented by Graham (2005) that community-based CBT interventions were less effective. In order to evaluate an approach one must be sure that approach was delivered correctly, although empirical evidence for programme content with children is not available (Stallard, 2002). This programme incorporated key elements as identified by Stallard (2002) and Grieg (2007) in the literature review, however delivery in a school setting did present threats to treatment integrity.

In CBT the intervention plan should result directly from the formulation (Stallard, 2002; Dudley and Kuyken, 2006; Kuyken *et al.*, 2009). The original intervention plan for this child included sessions on social-perspective taking and feelings / relaxation as part of a seven-session programme. Due to a school diary mix-up, and regular late starts to sessions the plan had to be amended and some content lost. As the programme did not cover all relevant aspects from the formulation, reduced impact could be assumed. A potentially more significant issue is that of out-of-session assignments. A key task in CBT is thought-monitoring and a significant aspect of intervention relates to learning new cognitive skills (Stallard, 2002). To ensure ecological validity thought monitoring needs to occur in the situations most relevant to the intervention purpose. Learning Hierarchy theory (Haring and Eaton, 1978) posits that the ability to generalise a skill to new situation necessitates not only acquisition, which is possible within the session, but fluency and maintenance. It is clear that for an intervention to have significant impact out-of-session assignments are of importance. Unfortunately, in this case, despite the measures put in place to facilitate this work (as described above) there was no evidence of it occurring.

APPROPRIATENESS AND EFFECTIVENESS: THE CASE IN QUESTION

The purpose of this paper was to evaluate whether an individual CBT intervention to address social interaction and emotional regulation difficulties in a child with congenital low vision was appropriate and effective. The literature review highlighted that whilst there is an evidence base for CBT with children, that which exists is limited and (in the main) based on clinical populations. The evidence base for the types of difficulties experienced by this child is far from robust; studies relating to the use of CBT with children with low vision for any purpose were not evident in a literature search.

Appropriateness

Whether CBT can be judged to be appropriate is somewhat dependent on the framework used to conceptualise the presenting difficulties. We have seen that with this particular child, with this particular constellation of strengths and needs there are various competing hypothesis (some complementary, some contradictory). Each of which would promote a qualitatively different intervention. However, the collaborative formulation identified distorted cognitions, and assessment information supported the view that the child was developmentally able to engage with the key elements of CBT. Therefore as an individual approach it can be considered appropriate. A failing in this intervention was the ability to effect change in the structure of the child's social ecology, despite recommendations and arrangements being made with that aim. Taking an individual approach may have unwittingly deflected from the importance of aspects of intervention aimed at a systemic level. There was some evidence that the intervention increased the child's perception of being wholly responsible for change. For these reasons an individual approach is judged not to be appropriate. A systemic approach to CBT such as that advocated by Dummett (2006) would be promoted on the basis of this paper, as part of an intervention which also addressed peer interactions at a systemic level, and awareness raising in peers (and adults) regarding the social impact of low vision.

Effectiveness

This paper was written within a month of the intervention end, and therefore data regarding the long-term effectiveness (a factor emerging from the literature as questionable in the evidence base) was not available. Short term impact is evidenced through qualitative information and post measure results. Kuyken *et al.* (2009) claim two overarching goals for CBT interventions: to alleviate distress and the building of resilience. Despite the mid-programme incident, in general the child reported that understanding the role of his thoughts helped him to feel more able to control his behavioural

responses. He also became more able to discuss difficult scenarios, and commented in the last session that he realised he felt better when he talked something through and made sense of it. These could be taken as examples of alleviated distress and resilience building.

As noted pre and post measures were completed, although the parent post measure was not available to score. In general scores remained similar, where there was slight movement the overall profile for each questionnaire remained the same (see Appendix 4 for full scores and commentary).). Self and TA responses indicated (on the SDQ) that change had not occurred, and the intervention had only helped 'a little'. Given the difficulties outlined above this is to be expected, even if the approach was appropriate, it was not fully implemented and remained firmly 'in-session'. Interestingly, despite the lack of change evident in questionnaire responses the child reported minor, rather than definite difficulties on the post measure. Both child and TA downgraded their responses regarding the level to which the child was distressed by any difficulties. It may be that there were positive outcomes from the intervention, which may require time to become operationalized in behavioural responses, the responses may be an anomaly or other changes in the child's social ecology may be responsible for this change.

IMPLICATIONS FOR PRACTICE

Notably absent from the evidence base is the child's voice (with some exceptions e.g. Down *et al*, 2010). Orford argues that the traditional experimental approach fits poorly with the principle of 'person-in-context' (pg. 108) and promotes instead qualitative, idiographic approaches to determining individual's needs and what is effective to meet them. Research aimed at gathering the views of young people experiencing emotional distress in line with Orford's position would be a valuable addition to the growing evidence base relating to therapeutic involvement with children. Research in subclinical populations and community settings is also required.

It is important to be aware, when recommending interventions, as a professional working in an evidenced-based profession that unequivocal evidence regarding the primacy of systemic or individualistic approaches does not exist (MacKay, 2007). Selection of either approach is currently a philosophical matter informed by ontological position, value base and professional judgement. Of course not all professional decisions can be informed by a robust evidence base; where one does not

exist the professional can only rely on their own judgement. It is important in those cases that the EP practices reflexively, and is consciously aware of their own position.

For a child of this age in particular, there are some ethical concerns in intervening at an individual level, when changes within the social support structure may not be effected. This can also impact on programme integrity; both factors are likely to prevent the long-term goals of the intervention being achieved. It is the view of this practitioner, from the literature reviewed, and the intervention I implemented, that therapeutic interventions with children are appropriate only as part of wider systemic therapeutic approach that fully engages key adults in the child's social ecology.

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APPENDIX 1: Assessment Activity and consent

Consent for involvement with this case followed normal host authority procedures. This includes two signed documents; the first is signed to give school parental permission to discuss their child with the service, the second is a more comprehensive consultation request which includes consent for assessment and intervention activities. Following assessment activities a consultation meeting with parents and school staff was held. The possibility of therapeutic involvement was raised at this meeting, with a follow-up telephone call arranged to allow the parent time to consider and discuss with her husband. It was made clear that although the intervention was appropriate to the situation, it was offered due to university requirements, and that the involvement would form the basis of a piece of academic work. Both parents were pleased for this to go ahead, and gave consent.

Assessment activity for this child involved discussion with him to gather his views in conjunction with more structured activities. To explore his sense of self in more depth we used the 'Ideal Self' approach (Moran, 2001); feelings cards from the Time to Talk board game (Schroeder, n.d.) were used to explore emotional literacy; normative assessments included the verbal and number skills scales of the British Ability Scales Third Edition (BAS3; GL Assessment, 2011) and the Children's Communication Checklist Second Edition (CCC-2; Bishop, 2004). Cognitive skills were assessed observationally and through consultation using the Cognitive Abilities Profile (CAP; Deutsch and Mohammed, 2010). A consultation meeting was held with parent and key teaching staff.

- The Ideal Self is an approach based on Personal Construct Psychology (Kelly, 1955) and aims to explore the child's own views of their development, and in particular the kind of person they would like to become. The technique uses a combination of drawing and dictation to elaborate views and a rating scale to provide a very personal measure of self-esteem (Moran, 2001). The child in this case rated himself as very close to his 'ideal self', which appeared to have been based on himself and his life. He identified the need to be a 'bit more controlled when people annoy me' in order to rate more closely to the ideal self. In general the ratings suggest the child has good self-esteem, although the basing of the ideal self so closely on reality may also suggest an egocentric stage of development.

- The verbal cluster in the BAS3 is composed of two scales: Word Definitions and Verbal Similarities. Word Definitions assesses a child's ability to know and express the meanings of single words. Verbal Similarities assesses knowledge of verbal categorisation concepts. The child's cluster score was at the 94^{th} percentile.

- The CCC-2 is a questionnaire devised to identify a child's communicative profile in terms of structural verbal ability, understanding of and creating meaning verbally and pragmatic language skills. For structural aspects of language the child scored between the $28^{th} – 81^{st}$ percentiles (within the average range). Scores for pragmatic scales ranged from the $1^{st} – 5^{th}$ percentile (with the exception of 'use of context' which was within the average range). Scores this low are described by the Checklists author as clinically significant.

- The CAP is a tool designed for consultation and observation of the cognitive functioning of a learner, that is, the thinking processes involved in a variety of learning and problem-solving activities. The principles of dynamic assessment underpin its design. Strengths and weaknesses in cognitive functioning are examined in relation to three stages of problem solving: input, elaboration and output (CAP manual).

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APPENDIX 2: Recommendations made following assessment

Transition arrangements

- (child) will need a well planned, comprehensive, transition plan to support his transition to high school and to ensure he continues to be successful in his academic career.
- Transition planning should involve a bi-directional focus; (child) will need opportunities to become familiar with the physical and social environment of his new school. Equally it is important that staff and pupils with whom (child) is likely to interact with are aware of the physical, social-interaction and learning implications of his visual difficulties.
- Wherever possible (child) should contribute to transition planning. In particular (child) should be in control of how and which information regarding his visual impairment is shared with staff and pupils. It may be beneficial for (child) to work on this throughout Y6, designing, for example, a booklet, presentation or information sheet to be shared.
- It would be beneficial for (child), his teachers in his current setting and the high school he is transferring to, to involve a specialist teacher with expertise in supporting children with visual impairment in transition planning.
- If possible, the service providing support with (child)'s independent mobility skills should also be involved in transition planning. For example, it would be useful for (child) to learn to navigate his high school environment independently.
- To prepare (child) for the social environment of high school a programme to develop his social communication abilities should be undertaken through Y6, and continued into Y7. An approach spanning both environments will allow skill development, but also allow (child) to explore any situations he has found problematic as and when they occur.

Physical

- From the information in (child)'s educational psychology file, (child)'s most recent functional visual assessment was in 2007. It would be useful to take advice from a specialist teacher as to whether an up to date assessment is necessary.
- It may be beneficial for (child) to prepare information for his classmates to educate them on his visual condition, and how they could assist in his navigating the social environment. For example, his classmates may not realise that they suddenly 'appear' into his field of vision, or that he may not be aware of their intentions unless they vocalise them. Whilst it is important that (child) learns to communicate in a manner suited to the seeing person, equally, those in regular contact with him should be aware of the need to moderate their communicative behaviour in response to his needs.
- To prevent fine motor skill difficulties slowing (child)'s work recording it may be beneficial for him to have access to ICT equipment. It may be helpful to request the support of a specialist teacher with expertise in visual impairment to determine which technologies are most appropriate, and how best to use them.

Language and Communication

- (child) would benefit from a structured programme to support the development of his pragmatic language skills such as 'Socially Speaking', or the Social Use of Language Programme (SULP). Such programmes are usually best delivered as group activities. Whilst

teaching of skills is, in the first instance, delivered in discrete sessions it is important that (child) has opportunity and support to practice skills in natural settings.

- As (child) is limited in his ability to access nonverbal communicative signals, further development of his listening skills to pick up emotion conveyed through tone, volume and prosody of other's speech.

Social and emotional

- To support development in (child)'s skills of social interaction, group-work activities where successful outcomes rely on team working would be useful. Such activities feature in management and graduate skills training, and may therefore be, providing they are adapted to a suitable level, appealing to (child), and useful for all children taking part.
- (child)'s literacy work can be differentiated by having him identify within texts the social and emotional content of the story. For example, he could identify the feelings and motivations of protagonists, or any undercurrents between characters. This will support (child) to develop consideration of other's perspectives and provide an extra angle when he has already read class texts.
- (child) would benefit from a programme of work that supports him to develop awareness of how his thoughts about, and interpretations of, situations impact on his feelings, and subsequently his behaviour. Such work should also include considering other's perspectives and feelings, and the provision of alternative methods to support social problem solving, should problematic situations occur.

APPENDIX 3. Formulation

The formulation is based on the 'five P's' framework advocated by Dudley and Kuyken (2006).

Presenting issues

Mum and teaching staff report following issues: (child) can present as rude, abrasive or unfeeling on occasion. Of more concern is the aggressive response to problematic situations (social conflict, perceived inability with work) which appears disproportionate to the situation.
(Child) expressed distress at not being able to control his anger, described feeling ashamed and stupid following an outburst. To him it felt like a 'bomb going off' with very little warning. He identified that situations where this was likely to happen was if he wasn't able to do a task with speed and ease; when peers wouldn't accept his viewpoint; when his sisters irritated or argued with him.

Precipitating factors

An egocentric mode of thinking appeared evident in all social interactions, leading to a hypothesis that he was at once unable to consider others' viewpoints, whilst expecting that others knew his and should therefore respond as he wished. Irritation and anger resulted from the distorted cognitions he had about the other person in the conflict; a channel of feedback regarding the other's emotional state (visual aspects of communication) is absent so evaluating the impact of one's own actions is less naturally occurring. Other's upset (rather than being aggressive back) is less likely to be perceived, therefore temper an aggressive response.
It seemed there were beliefs about consistent high levels of competence in personal and academic domains equalling success. High expectations were placed on self, to fall short of these meant failing the self, and key adults. Therefore when tasks were potentially difficult they would be avoided, or if avoidance was not possible, strong feelings would be triggered which may be displayed as aggressive behaviour.

During sessions the child identified that he tends to 'blow things up' (a category of thinking errors identified in Stallard, 2002). Therefore when a situation wasn't as he wished his automatic thoughts would serve to construe the situation as more problematic than the actual situation was. Particularly 'hot thoughts' were identified at times when he gets really angry, which tended to be statements relating to negative appraisals of himself (I'm stupid; I'm an idiot). These were often subsequent to an outburst, and were the self-critical response to behaving in such a way and served to prolong the strong emotional reaction. The child then expressed this huge sense of frustration with himself for failing with a display of aggression (banging, shouting, storming off, or physically against another child). It was often the actions he took during this phase that were the behaviours he got into trouble for, rather than the initial situation.

Perpetuating factors

By only trying hard in those domains in which he knew he would experience success the child could avoid failure, however this perpetuated the core belief that his value was directly linked to achievement, as there were not notable areas in which he was mediocre, or poor, he was unable to experience that adults would have valued his attempts, or other aspects of him.

The belief that all actions which fell short of perfect behaviour would lead to grave disapproval from adults triggered strong emotional responses to minor situations. Actions taken during periods of high distress then resulted in significant consequences from adults, reinforcing the belief.

Responding aggressively to problematic situations with peers may encourage more extreme reactions from others than they would normally display. A passive response to his aggression may reinforce behaviour ('if I tell them they must do it / shout, I get to do it my way'). An aggressive response may reinforce unhelpful thoughts about the other child's motives which are not conducive to conflict resolution.

Predisposing factors

The child held his parents in high regard (as they did him). There appeared to be an ethos of high achievement, perhaps linked to Dad's success in a highly regarded traditionally middle-class profession despite having attended an inner city comprehensive. Family narrative regarding the value of achievements may have unwittingly contributed to construction of a schema where personal worth became intrinsically linked to achievement.

Parents had always been careful to give messages of ability rather than disability to the child following the identification of his vision difficulties. Focus was firmly on his achievements and abilities *despite* low vision; parents took care to ensure they did not alter their expectations of academic success and behavioural standards because of the child's low vision. It is possible that this determination to ensure that the child did not see their low vision as a barrier to achievement resulted in the child feeling incompetent at times when they experienced it as so.

There is evidence of children with congenital low vision experiencing a qualitatively different developmental trajectory (see literature review) than sighted children. This appears to have an impact on the child's non-linguistic communicative competence. There is evidence that this child has less well developed pragmatic language abilities that would be expected given his intellectual and verbal levels of competence, which are well developed.

Protective factors

The child's cognitive verbal abilities are major strengths. This was a factor in determining that CBT was an appropriate intervention for him. He naturally used metaphors to explain his experiences to me and was capable of thinking in the abstract. Despite the suspected core belief relating to achievement and personal value, the child had a view of himself as a competent and able learner. He believed he was able to do things and make changes.

Although there were difficulties with social conflict, the child was capable of forming and maintaining high quality and reciprocal friendships. In general he was a friendly, sociable and engaging child to be around, who enjoyed and was able to use humour well.

Environmentally there were also protective factors. The child enjoyed a stable, comfortable and loving family environment, free from major socio-economic pressures. A wider solid family and friends support network was evident around the nuclear family.

APPENDIX 4. Pre and Post Measures

Pre and Post measures.

A number of pre and post measures were completed variously by JJ17, Mrs J (mum) and Mrs R (TA).

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions; parent / carer, teacher / TA and self-report. Each version includes 25 items on psychological attributes, some positive and others negative. These 25 items are divided between 5 scales:

1) emotional symptoms (5 items)
2) conduct problems (5 items)
3) hyperactivity/inattention (5 items)
4) peer relationship problems (5 items)
5) pro-social behaviour (5 items)

} 1) to 4) added together to generate a total difficulties score (based on 20 items)

The questionnaires were completed by Mrs JJ17, Mrs R and JJ17. Scores are as follows.

Scales	Parent		TA		Self	
	Pre	Post	Pre	Post	Pre	Post
Overall stress	3		8	6	9	11
Emotional distress	0		0	1	1	1
Behavioural difficulties	2		2	2	2	2
Hyperactivity and attention difficulties	1		5	2	6	8*
Difficulties getting along with other children	0		1	1	0	7
Kind and helpful behaviour	5*		6	8	8	7
Impact of difficulties on child's life	0		4*	1*	2*	0

NB: Scores marked with '*' are outside of the average range.

Pre-sessions

This questionnaire was completed by JJ17, Mrs JJ17 and Mrs R. JJ17 scored within the average range for most scales on all respondents' questionnaires. It is common for differences to be viewed between home and school reports as children often behave very differently across settings. Scores for 'kind and helpful behaviour' differed slightly, with JJ17 showing kinder behaviour in school than at home. Mrs R's perception that the difficulties JJ17 has affect him a great deal was shared by JJ17. Interestingly whilst Mrs JJ17 and Mrs R did not feel that JJ17's difficulties were a particular burden to themselves or his wider social context, JJ17 judged himself more harshly, indicating that he felt his difficulties made it harder 'Quite a Lot' for his family, friends and teachers.

Post-sessions

At the time of writing this report only the questionnaires completed by JJ17 and Mrs R were available. In general scores remained in the average range, although there was some slight movement within this. Interestingly JJ17 scores suggested that overall he was experiencing slightly more difficulties, whilst Mrs R's scored slightly lower. Both sets of scores relating to how much any difficulties affect JJ17 and those around him showed improvement, suggesting that any difficulties are less distressing for JJ17 and are affecting his peer relationships and classroom learning less.

Taxonomy of Problematic Situations for Children (TOPS)

The TOPS questionnaire was designed for school staff completion to identify the types of social situations or tasks a pupil finds difficult. It consists of 44 items, organised into 6 types of social situations. Scores were as follows:

Type of social situation	Pre	Post
Peer group entry (initiating inclusion into the peer group)	3.8	3.2
Response to peer group provocation	3	2.8
Response to failure	3.6	3.7
Response to success	3.7	4.7
Social expectations (adhering to clear social norms)	2.6	2
Teacher expectations (adhering to classroom social norms as set by the teacher)	1.8	1.5
Total	3	2.8

NB: A score of 1 denotes this type of social situation is never an issue for the child, a score of 5 denotes that it is almost always an issue.

Pre-sessions

Response to failure, success and peer group entry appeared the most problematic for JJ17. The response to failure and success items likely link to JJ17's high expectation of himself, and his view that he must always succeed. Such a high emotional investment in success can result in disharmonious social responses if a child does well, or is outdone by another on a task. Such behaviour can be viewed as competitive, and can often spur a child on to do well. If the need to win comes at the cost of positive social interaction, or if the child is unduly distressed then the behaviour could be viewed as problematic.

Post-sessions

Scores followed the same pattern as the pre-session questionnaire, but were overall slightly lower. Biggest gains were evident in scores for peer group entry and social expectations, however the movement was slight. It is notable that JJ17's score on many individual items in the social

expectation scale had improved, being mainly 1-3's, apart from a single score of 5 for an item scoring working on a group project. An increase in score was seen in the response to success scale, suggesting his behavioural responses to outperforming a peer have become more problematic.

The Self Image Profile

The Self Image Profile is a self-report questionnaire devised to tap the child's sense of self, by asking them to consider both 'How I am' and 'How I Would Like to Be'. It consists of 25 items relating to Self Image (SI); 12 positive, 12 negative and 1 neutral (named Sense of Difference; SD). An individual with a positive sense of self would be expected to have high SI positive and low SI negative. Scores were as follows:

Scale	Pre		Post	
	Score	Range	Score	Range
Self Image positive	63	Above average	57	Average
Self Image negative	23	Average	20	Average
Sense of Difference	6	n/a	4	n/a
Self Esteem	26	Average	20	Average

NB: High 'Sense of Difference' scores (0-low / 6-high) suggests that the child perceives a sense of separateness or difference from others.

Pre- sessions

In general JJ17's responses to the items suggest he has a secure and positive sense of self. JJ17's responses indicated that he would like to change the following aspects of himself; messing about in class, being bad tempered and getting bored easily. JJ17 chose the highest score for 'Feel different from others', and indicated that he would prefer to be at the midpoint on the scale, suggesting a feeling of separateness from peers. These scores suggest that JJ17 is aware that he can at times display behaviour that others find problematic. The discrepancies on the items mentioned suggest that he feels he should be able to eradicate these difficulties all together. It is also notable that he scored himself very highly for messing about in class and being bad tempered, suggesting that, in line with his SDQ responses he views these aspects of himself as greatly problematic, perhaps even more so than the adults around him.

Post-sessions

JJ17's responses did not differ greatly following the sessions. His score for positive self image dropped from the above average range to the average range. This may be represent JJ17 making a more realistic self-appraisal, or may just represent variation in how he views himself at different times. It is encouraging to note that JJ17's sense of difference score was lower, suggesting at the time he completed this questionnaire he less keenly felt a sense of difference to his peers. Again, this may represent a change in his thinking, or may be a result of time of response (during summer holidays).

APPENDIX 5. Detailed Session Plan (with reflective comments)

Session Summary

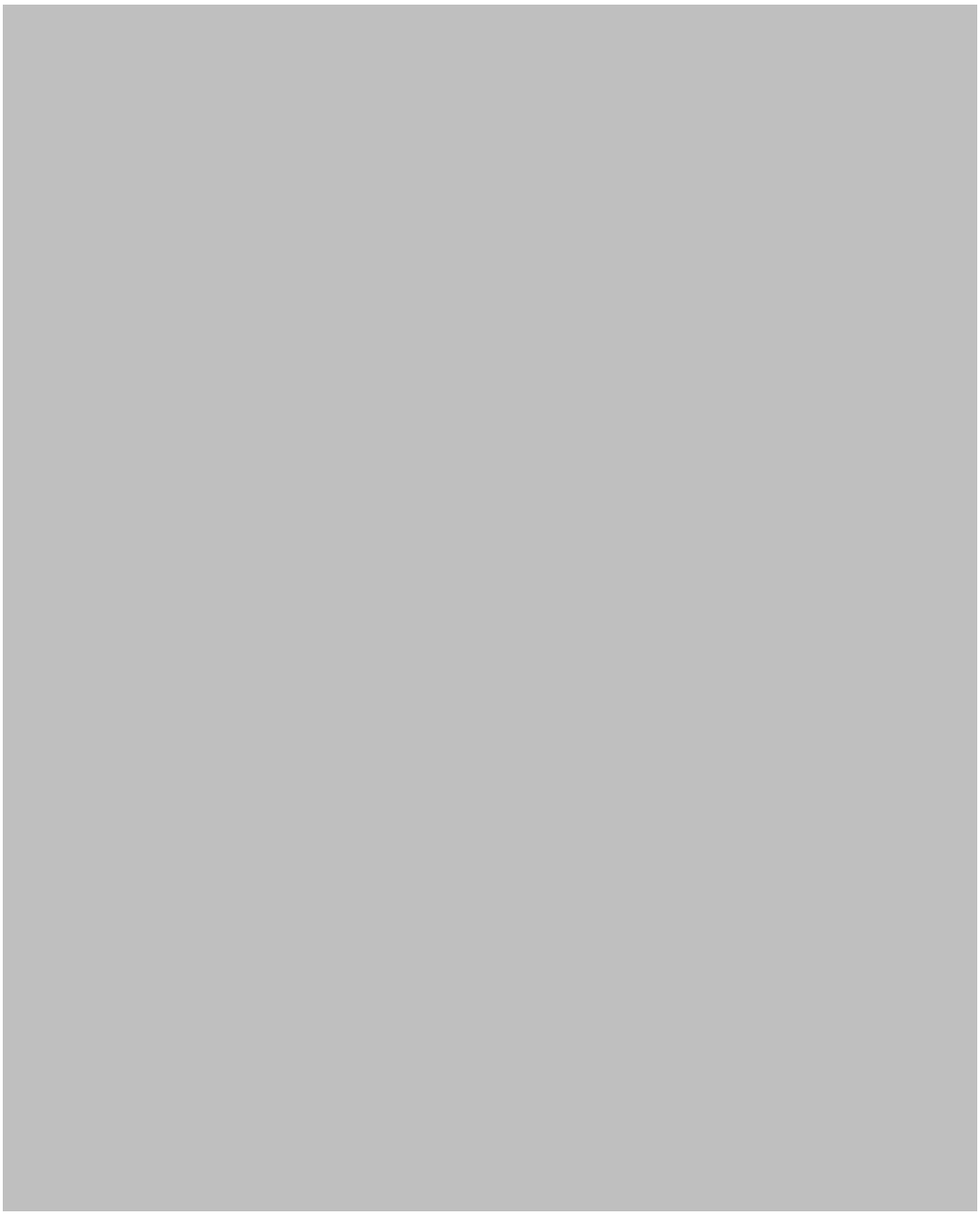
The majority of the session materials were taken from 'Think Good – Feel Good' (Stallard, 2002). A photograph of the summary session poster is presented in the appendices.

Session	Content and comments
1	Introduction to 'Think Good – Feel Good', including the characters of the Thought Tracker, Feelings Finder and the Go Getter. Considered the link between thoughts, feeling and what you do; completed 'Magic Circle', 'Negative Trap', 'If/Then' and 'What I think, what I do or how I feel'. • JJ17 quickly understood the distinction between thoughts, feeling and behaviour and grasped the concept of negative thoughts producing unpleasant feelings and leading to behaviour we don't like. • The 'If/Then' work-sheet is devised to draw out a child's core beliefs (what they think deep down about themselves and their future). JJ17's responses suggested that he feels he has to always do things right, or he will fail. JJ17 seemed to have a strong sense of disappointing people or losing friends if he did not behave in the right way. • JJ17 found it harder to access his thoughts, and had not been able to before the next session.
2	Automatic thoughts. An analogy of a football commentator was used to explain how we are thinking all the time, like a commentator talks all the way through a match. At times, the commentary is matter of fact, or incidental; however when action heats up on the pitch the commentator's voice gets faster and louder. We called this the 'JJ17 Commentator', and realised that the thoughts to be tracked are the louder and faster thoughts – hot thoughts- which are a sign that JJ17 may be beginning to get angry or upset. We talked through some situations that JJ17 had found difficult and completed a 'Hot Thoughts' worksheet. • JJ17 identified that he has 'Hot Thoughts' when he is finding his sisters irritating and if he finds work hard. • JJ17 relayed a situation about his sister calling out to him across the dinner hall; he realised that he experienced 'Hot Thoughts' then. He felt that everybody was looking and laughing at him and he would be the laughing stock of the school. It was these worrying thoughts that made him angry, rather than what his sister was doing.
3	Completed worksheets from the last session relating to nice and unpleasant thoughts about self and future. Thinking Errors: Talked through the different types. Completed a worksheet to identify

	'What thinking errors do you make?' • JJ17 had been involved in a difficult situation during the week. He had got very upset. We spent some time talking it through. It was clear the JJ17 felt he had failed as he should have been able to behave differently due to our sessions. It seemed he was expecting me to be very unhappy with him. We talked a lot about how we had only had a couple of sessions and he was not expected to be able to change overnight. We also discussed the importance of adult support and that JJ17, at 10yrs, cannot take all the responsibility. Sometimes his feelings will be too overwhelming and it is then that adults can help him to manage them. • In talking through the situation we accessed some of JJ17's 'Hot Thoughts'. It seems that when JJ17 realises he has neglected to do something, or realises that an adult is not pleased with him his thoughts are about how stupid he is, that he is an idiot. He can often berate himself in this way for some time, progressively becoming more upset. We talked about challenging these unhelpful thoughts by asking what evidence there was to support the thought or what would teacher / parent / best friend say if they heard the thought. We also talked about how he would never speak to another person in the way that he talks to himself during those times. • JJ17 identified that the thinking errors he can make are 'Snowballing' and 'Magnifying the Negative'
4	Balanced Thinking: Introduced the concept of challenging unhelpful thoughts by 'putting that thought in court' and cross examining it, with a list of questions that can be used to check if thinking is balanced. Talked through an example situation of a girl called Sita, becoming upset about failing her maths exam. Used an analogy of 'Refereeing Thoughts', using a yellow and red card to 'show' to the JJ17 commentator when he is speeding up and getting louder. Made yellow and red cards; the yellow card has a picture of the Thought Tracker on, and is used as a reminder to track thoughts and 'put that thought in court'. It can be seen as a warning and reminder to stop and think. The red card is for when a situation may have become too overwhelming and help is needed to help JJ17 think through and manage his feelings. It has a picture of the Feelings Finder on. • JJ17 felt it would help him to be reminded to use the cards, and supported with how to use them. Adults can do this by noticing if he is becoming upset or irritated and gently reminding him to use the cards.
5	Assertive, Passive, Aggressive -1 Introduced the concept of different approaches to solving interpersonal problems, and how the approached could also be called Strong, Timid and Mean. Discussed how an aggressive person is only concerned with their feelings and needs and getting their way. A passive person is the opposite, they don't let their feelings or needs be known and go along with others. An assertive person considers both; they stick up for themselves and share their feelings and opinions, but consider how their behaviour and choices will impact on others. An assertive person is usually good at compromising, so that everyone is happy. Introduced the 'I script' as a way to say things in an assertive manner. Completed a few 'I script' examples. • JJ17 identified that he usually approached problems with other people in an

	aggressive manner.
6	Assertive, Passive, Aggressive -2 Read 'Lion, Mouse, Fox and Human' (from SEAL materials) to further explore concept of different types of interpersonal problem solving behaviour. • JJ17 identified that solving problems assertively was the best approach. We talked about how good managers have to do this in order to be fair to all their staff.
7	Recap To provide a visual summary for the sessions and give an opportunity to recap JJ17 and I constructed a poster which linked the main points together. JJ17 directed me and I drew it. JJ17 them used this poster to feedback to school staff. • JJ17 was able to recall all the main points from the sessions, and could remember what the concepts were and what they meant. • JJ17 evidenced a good level of understanding when he made links between the session content and real-life situations. For example, during this session he spontaneously realised that the JJ17 Commentator was actually just his thoughts - a running commentary through his head. He also, when explaining thinking errors, realised that when his sister had called out to him in the dinner hall he was 'Magnifying the Negative'. He realised that most people had not even noticed and those that did would not have been too interested. • We talked about how adults could help him when things became tricky. JJ17 felt that he would like an adult to help him talk through what he was thinking, or how he was feeling. I suggested that sometimes it help to try and draw, or make out of modelling clay, our feelings. At home JJ17 thought it would help him to get a shower if his feelings got too big, ad he feels it calms him. He also thought his parents hugging him would help. • JJ17 explained how it felt when he was overwhelmed by his feelings; he explained that it feels as if his stomach will explode, and hi heart clenches and that he finds it frightening. • JJ17 realised that he may not act as if he would welcome help when he needs it. He is going to use the red card as a signal, but will also try to communicate this verbally using the 'I script'. • JJ17 was reluctant to talk through some situations. It seems he is so upset and ashamed of his behaviour that he finds it incredibly unpleasant to relive it. We got round this by 'acting' the situation out with some toy figures. This was easier for JJ17, and it meant we could access the thoughts he had been having at the time. JJ17 said that he felt better after he had talked it through. JJ17 is to be commended for doing this; he found it difficult but tried anyway. Well done JJ17!

APPENDIX 6. Session Summary Poster



PPR IV

The Impact of a 'Must, Should, Could' Model of Service Delivery on the Professional Practice of Educational Psychologists

Following significant cuts to Local Authority (LA) funding, a large Shire authority introduced a model of service delivery named 'Must, Should, Could'. As a contribution to the evaluation of the model, interviews were held with a sample of main-grade Educational Psychologists (EPs) delivering within the model to explore the impact on professional practice. Activity Theory (e.g. Engestrom, 1999) was used as a framework for data collection and analysis; responses relating to the 'object', 'outcome', 'rules' and 'tools' nodes of the theory formed the data corpus. Data was subject to a thematic analysis, initially by node, identifying 27 themes in total. Commonality of themes between the nodes was observed, leading to the development of five meta-themes. The meta-themes suggested that EPs felt some elements of the model supported their practice such as greater team collaboration and more flexible time limits. However, they also held concerns that opportunities for the appropriate and timely application of psychology, the capacity to utilise their functions, knowledge and skills and the way in which the model itself functioned was preventing them working to promote the best outcomes for children, young people and families.

INTRODUCTION AND RATIONALE

In a response to significant funding cuts, a large Shire Local Authority (LA) introduced a model of service delivery named 'Must, Should, Could'. As a contribution to its evaluation I was tasked with exploring the impact the model has had on the professional practice of Educational Psychologists (EPs) who work within statutory teams. Interviews were held with a sample of EPs, using Activity Theory (AT; e.g. Daniels, 2008) as a framework for data collection and analysis. The following paper commences with a consideration of the legislative and political context in which EP Services are currently situated and a review of literature relating to models of EP service delivery, purposefully limited to UK sources. Data were thematically analysed; meta-themes identified will be presented and considered through an AT lens with reference to literature reviewed. The paper will conclude with a consideration of the implications the findings have for the professional practice of EP's working within the current changing landscape.

The Must, Should, Could Model

The model emmanates from the software development industry where it is applied as a set of rules to determine project priorities within existing time limits, using the acronym MoSCoW[10] (Stapleton, 2003). In adopting the model, the LA does not use the business analysis acronym, or the 'W', therefore the model will be referred to using the acronym of 'MSC' throughout this paper. It was introduced to provide a method of prioritising the work

[10] MoSCoW: Must have, Should have, Could have and Want to have, but not this time round. The 'o's are inserted to aid pronunciation (Stapleton 2003)

of EPs to ensure that the authority's statutory functions were fulfilled, and the limited EP resource was focussed on those children with the most severe and complex difficulties. The threshold for involvement relates to the authorities SEN banding criteria; below a certain point schools have devolved monies to address need. Prior to this there had been a time-allocation model and varying elements of a mixed economy (part core-funded, part trading of services). Following the re-structure, traded-services shifted into a separate management structure; EPs now either worked in statutory locality teams on 'Must' and 'Should' work, or in traded services on 'Could' work. MSC is now in its third year.

In brief the criteria for the categories is as follows:

- MUST – Work which falls within the statutory remit of the LA (e.g. providing psychological advice; contributing to tribunals).
- SHOULD – Work that is likely, without intervention, to become statutory or children with significant vulnerabilities (e.g. looked-after children; those at risk of permanent exclusion) Critical Incident Support Team responses.
- COULD – Involvement that does not meet the threshold for statutory EP involvement (e.g. lower level need, direct interventions, training, systemic or project work).

LITERATURE REVIEW

The Legislative and Political Context

Activity Theory posits that a system of activity cannot be understood without reference to its cultural and historical context (Leadbetter, 2008). Therefore, this review will begin with a consideration of significant legislative, political and regulatory changes that have resulted in the present context in which UK EPs practice. The complete history of the profession has been oft-rehearsed (e.g. Squires and Farrell, 2007: Frederickson *et al.*, 2008) and comprehensively presented from a cultural-historical perspective previously (Leadbetter, 2010), so will not be repeated. Instead, the time at which many authors were considering the development of the profession in light of the previous governments 'Every Child Matters' agenda will provide a starting point.

Every Child Matters: Change for Children (ECM: DfES, 2004) provided a national framework, supported in statute by the Children Act (2004), to ensure wide-spread reform in children's services following the inquiry into Victoria Climbie's death. To support integrated-working practices LAs were required to bring education, children's social care and youth offending services into one management structure by appointing a Director of Children's Services (ECM, 2004).

A report commissioned to review the functions and contributions of EP's in light of ECM (Farrell *et al.* 2006) found that there was a 'universally held view' (pg. 8) that EPs activity was disproportionately taken up with statutory assessments, which reduced capacity to make effective contributions to promoting ECM outcomes. The report suggested that a shift to

evaluation of EP practice against the five ECM outcomes[11] as opposed to school satisfaction, and an emphasis on psychology as the distinctive contribution an EP makes within a multi-agency team could herald a future of opportunity for the profession. Models of service delivery were envisaged to become more varied and flexible in response to identified local need and the EP role was expected to broaden beyond a didactic relationship with schools, being determined by psychological skills and knowledge (Farrell *et al*, 2006).

Frederickson *et al.* (2008) note parallels with conclusions from an earlier review of EP practice that called for 'recognition in the centrality of psychological science in determining the educational psychologist role' (DES, 1968, pg. 20). They also summarise three main areas identified in the seminal text 'Reconstructing Educational Psychology' (Gillham, 1978) in which change was proposed to progress the profession:

- Decreasing emphasis on individual work with children individually referred
- Increasing emphasis on indirect methods aimed at the organisation, policy and structure of schools and the attitudes and behaviour of adults towards children
- Increasing emphasis on preventative work, especially through courses for parents and teachers

[11] A pivotal aspect of the ECM agenda, five key outcomes of wellbeing were determined from children and young people opinions. These were phrased as: stay safe; be healthy; enjoy and achieve; make a positive contribution; achieve economic wellbeing.

It would appear from Farrell *et al*'s (2006) findings that these aims had not yet been achieved. EPs still predominantly worked at an individual level and statutory arrangements and school requests, rather than 'psychological science', remained the determinants of the role.

In the years following the implementation of the Children Act (2004) and the Farrell *et al.* (2006) report a number of articles were published relating to the service that EPs should provide. Articles relate to the nature of work, advocating perhaps individual case work, consultative approaches or systemic interventions (e.g. Boyle and Lauchlan, 2009; Kennedy *et al.*, 2009). Consideration is given to the distinct contribution of the EP and the importance of retaining a scientist-practitioner role (e.g. Cameron, 2006; Fallon *et al.*, 2010). Empirical data regarding proportions of EP activity is absent from the literature however, so it is not possible to observe if the changing political context translated into changes in EP practice.

Further publications suggested continued constraining contexts, as opposed to the broadening horizons Farrell *et al.* predicted. Papers were presented that discussed how EPs could apply psychological knowledge in a supportive capacity to themselves to navigate the challenging contexts their practice was currently situated in (e.g. Gersch, 2009; Toland and Corrigan, 2011). In a paper advocating a consultation approach, Kennedy *et al.* (2009) note that debates on an EPs internet chat-room suggested that EPs were experiencing a '…return to psychometric assessment, individual casework and reactive practice…' in a climate '…where innovative practice is discouraged..'(pg. 605). It seems that perhaps the statutory context remained the strongest influence in delineating the EP role.

In discussing the developing role of EPs in Children's Services, Fallon *et al.* (2010) refer to core functions of the EP identified in other writings (SEED, 2002; BPS, 2006), noting that there is reasonable consensus regarding EP's activity. They conclude that:

> 'EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people (CYP), psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners.' (pg. 4)

At the time of writing the authors note that the majority employer for EPs, following the advent of the Children Act (2004), is LA Children's Services. They argue that as public servants it is reasonable to expect EP's to contribute to the agenda of the current government. Therefore, the pertinent question about EP practice is not *what* the core functions are, but *how* EPs will operationalise them within their current employment context. They predicted two main directions of development for EPs within the ECM agenda context: the provision of assessment, advice and intervention for children and young people with long-term and complex needs and other work as commissioned by local groups based on locally ascertained need.

Major changes to the socio-political context were however imminent. The UK entered recession in 2009 (BBC, 2009), and held a general election in 2010. The newly appointed

coalition government swiftly published two documents set to change the EP's landscape significantly. The 2010 Spending Review (HM Treasury, 2010) cut LA budgets by a third with an estimated loss of close to half a million public sector jobs (BBC, 2010). The Association of Educational Psychologists (AEP) reported that this resulted in a loss of approximately 200 substantive LA EP posts (2011).

The second document, 'The Importance of Teaching' (DfE, 2010) introduced changes that encouraged the setup of Free Schools and conversion of maintianed schools to Academy status. Fewer schools would be LA maintained, and more funding would be devolved increasing autonomy in spending decisions. Changes in EP service delivery were evident, in that many services either adopted a model where core (mainly statutory) functions were funded by the LA, with extra services being purchased by schools, or a model in which all services were traded and the service was self-funding (AEP, 2011).

Within 12 months of the general election the coalition published a Green Paper promising a 'radically different system' (pg. 4) to support children and young people with SEN and disabilities (SEND; DfE, 2011). Proposals included a single assessment process and Education, Health and Care Plans (EHC) to replace Statements of Special Educational Needs (SEN), parents were to be given greater control of budgets to determine support and the importance of early identification and intervention was emphasised. It was proposed that third sector agencies, rather than the LA, could co-ordinate assessments to introduce independence into the assessment process.

At the time of writing the Children and Families Act (2014) had just received royal assent; the accompanying SEN Code of Practice is imminent. Changes from the original proposals in 2011 are evident; particularly relevant to EPs, it appears that the statutory function of contributing advice in the assessment process will remain (DfE and DoH, 2013). Significant changes that are likely to impact on the EP role are an extension of the age-range covered by the legislation, up to 25 years, and the emphasis on a person-centred approach. EPs are also mentioned in the draft SEN CoP as ideally placed to deliver training to support early identification amongst partner professionals and as advice givers in the event that a parent is requesting a special school placement for a child without an EHC (DfE and DoH, 2013). Whilst current legislation remains from the previous government, LAs are making arrangements in preparation for the coming changes and therefore they are beginning to influence the EPs employment context.

Significant changes regarding the regulation of the profession have also recently occurred as a result of The Health Care and Associated Professions Order (2009). Educational Psychologists are now subject to statutory regulation by the Health and Care Professions Council (HCPC) and must comply with published standards of proficiency (HCPC, 2012). From the time of the ECM agenda, and the review of the profession in 2006, the landscape has shifted significantly. The following section will outline the picture of service delivery in this changing landscape.

Models of Service Delivery

A definition, or the general purpose, of a 'model of service delivery' appears absent from literature; Leadbetter (2000) notes that as a profession we 'seem to lack clarity as to the rationale behind the choice of operational models' (2000, pg. 450). Are they conceived, for example, as methods of determining workloads or as framework through which EP's can operationalize their core functions? Of relevance to this point is literature concerning the development of particular models which surface assumptions underpinning the shaping of the model (e.g. Knapman *et al*, 1987; Wagner, 2000). It may be that the purpose of a chosen model is not made explicit as it is underpinned by certain core assumptions regarding the EP role, and the most effective method of delivery. However, whether these assumptions are shared between those who determine it and those who operate within in it cannot be known unless they are made transparent.

Historically, because of roots in the medical model of Child Guidance Clinics, EPs tended to operate within a referral model of service delivery (Frederickson *et al.*, 2008). This way of working provided the relief against which Gillham presented the 'Reconstruction of Psychology' (1978). He pointed out that whilst extricating themselves from the medical paradigm, EPs took 'many of the old practices with them, including […] the individual crisis-driven referral' (pg. 17).

Two studies published in 2000 suggested that a move away from the referral model had occurred in the 90's. A review of Educational Psychology Services commissioned by the DfEE highlighted that where there was a reduction in statutory work, it had been achieved by services adopting a time-allocation model or a consultation problem-solving approach;

increasing emphasis on preventative, early intervention and project based work and capacity building in schools by delivering training and with the establishment of specialisms (DfEE, 2000). Leadbetter (2000) investigated 'Patterns of Service Delivery in EPS' and found time-allocation was by far the most prevalent model (67%) in those services that responded to a survey (n= 92).

The earlier observation regarding the lack of definition of a model's purpose is worth returning to. Leadbetter (2000) reports overlap in models, for example a time-allocation model may be adopted but this may co-exist with service level agreements, or a consultative approach. Some respondents (51%) noted that there was flexibility within their service models for EPs to determine how they delivered their service to schools, whereas 49% reported that the model was compulsory. It may be that time-allocation, for example, is compulsory – but how the EP uses that time is negotiated with schools in accordance with the perspective they adopt. It seems that models are used for different purposes and there is significant variance in the level to which a model determines the nature of the EP's practice.

It was noted earlier that reviews of the role of EP's called for psychological knowledge to shape the nature of practice. It could therefore follow that such knowledge should also influence service delivery, although as Leadbetter (2000) notes, the rationale for selecting a model is not often articulated so it is difficult to evaluate if that is the case. As officers of the LA, and with a conferred statutory function, the model of delivery must be compatible with LA policy and duties. Equally, core functions of the profession have been articulated and EPs

are bound by HCPC standards of proficiency. There can be tension here, as policy may not always be congruent with current psychological knowledge. The DfEE commissioned report (2000) presents views of EP's who comment on top-down policy, which they do not agree with from a psychological perspective but had no opportunity to influence. The more recent significant shift in education policy and unprecedented budget cuts has resulted in further top-down shaping for many services, as edicts emit from central government.

In response to these tensions and changes (and the Lamb Inquiry, 2009) the Association of Educational Psychologists (AEP) produced a short document outlining the 'Principles for the delivery of EPS' (2010), superseded by a more comprehensive document in which the principles were further developed in 2011 (see Appendix 1. For principles). Those that are particularly relevant are presented below:

- Educational psychologists working within a service should undertake a full range of work for example as outlined in "A review of the functions and contribution of educational psychologists in England and Wales", "Every Child Matters: Change for Children" (DfES, 2006) and expanded upon within the recent Review of training for educational psychologists (DfE, 2011) and SEN Green Paper (DfE, 2011).
- There should be equality of access for identified service users within a local authority area with clear guidance on prioritisation of work with children, young people and families who are "most in need".

- The Service should be organised as to enable links to be established and maintained within and between the communities they serve so as to enable effective working relationships based on trust to develop.
- Services should provide a level and range of services. They should also have sufficient capacity to meet demand so as to help and support positive outcomes for children, young people and their families within a defined community, in a timely and responsive way, where involvement is considered appropriate and necessary.

In the same document the AEP identified three broad categories of service delivery model:

i) The Traditional Local Authority Model (fully core funded)

ii) The Local Authority Plus Model (semi-traded)

iii) Other Models (fully traded/commissioned)

These models were evaluated against the principles. Whilst it is not possible to make definitive judgements, as how models are to be operationalized will differ locally, the 'LA Plus' model appeared most congruent. The fully traded model was viewed as having potential, dependent on the specific model adopted. The traditional LA core funded model appeared most problematic: if funding was only for statutory work it would be difficult for EP's to undertake a full range of work; the likelihood of greatly reduced numbers in such teams were judged likely to have a negative impact on establishing and maintaining effective working relationships and the ability to promote positive outcomes within a defined community. It was, however, judged that this model should be able to ensure prioritisation of 'most in need'.

The MSC model does not fit neatly into the AEP categories, as both statutory and traded teams exist. However, the EPs in focus in this paper are those that work in the statutory teams, this then aligns with the LA core funded model. The research presented below was designed to explore the answer to the question; 'What has been the impact of the 'Must, Should, Could' model of service delivery on the professional practice of educational psychologists employed within the statutory teams of the local authority?' In presenting findings themes will also be considered against the issues raised by the AEP in their report.

METHODOLOGY

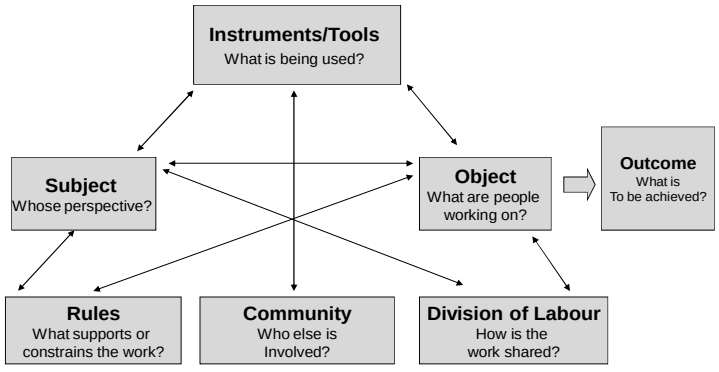
The research adopted a qualitative design and an idiographic approach. Activity Theory (AT) underpinned the data collection method in that it provided a question framework for the semi-structured interviews, and was also applied as an analytic framework for a subsequent thematic analysis. The unit of analysis has two elements: a real, observable object of investigation, that is, EPs employed by a LA working within a prescribed model; it also focusses on those EPs constructions of the impact this model has had on their practice. A critical realist perspective (Bhaskar, 1989) allows for a view where a social reality interacts with people's constructions of it. It was therefore felt that a critical realist epistemology was congruent with the aims of the study and the chosen method.

As a Trainee Educational Psychologist in the second year of a statutory team placement with the authority in question, it is important to note that I come to this study with preconceived thoughts relating to the research question. Conducting a thematic analysis is an active process where the researcher constructs meaning from participants' data (Braun and Clarke, 2006). As I directly experience the object of investigation from the same material perspective as my participant colleagues care must be taken, through the adoption of a reflexive approach, to minimise the impact of my own subjective experiences unduly colouring or obscuring the meaning participants are attempting to convey.

Activity Theory

Activity Theory (AT) has its roots in Vygotsky's work, which was in turn influenced by Marxist philosophy. Marx posited that 'labour' consisted of three elements: purposeful activity; the object of the work and tools required to do it; this theorising influenced Vygotsky's ideas of mediation. Vygotsky understood human development to be the product of social, cultural and historical influences as they provided the tools by which an individual acts or is acted upon through ongoing human activity (Daniels, 2008, pg.4). Vygotsky's account of the process of mediation, depicted as a triangle with nodes representing the subject, object and the tools which mediate between them forms the first generation of AT (Leadbetter, 2008). Engestrom (1987) further developed the conceptualisation of an activity system by incorporating social and collective elements, in what he conceptualised as second generation AT. The third generation (Engestrom, 1999) expands the idea to consider joint activity between systems. As the unit of analysis in this study is limited to one activity system, the second generation will be employed, and is depicted in Fig. 1.

Figure 1: Second Generation Activity Theory



The rationale for the application of the theory in this design is presented through consideration of the five principles of activity theory as identified by Engestrom (1999) and described by Daniels (2008). This commentary is presented in the Table 1. It was not necessary to apply a framework in order to conduct the interviews, a semi-structured approach could have been adopted using the research question as a starting point, however it was felt that adopting a theoretical framework which informed interview questions had two benefits. An underpinning theory was felt to support methodological rigour, as questions are designed to probe all factors that an activity system is considered (in this theory) to consist of. Also, in drawing the questions from a theory there was less likelihood of researcher bias influencing the responses; this was particularly important due to the researcher's position as an active participant in the activity system under investigation.

An alternative potential framework is Distributed Cognition (Hutchens and Klausen, 1996) which has many similarities with AT. The central unit of analysis is the functioning activity system and the framework is considered theoretical and methodological; cognitive activities are explained as 'embodied and situated within the work settings in which they occur' (Rogers and Ellis, 1994, pg. 123). The general principle is that discrete individual activities are not in themselves significant, but the embodied cognitive activities of individuals, when co-ordinated and correctly sequenced create an effective and efficient system of activity. AT was chosen above Distributed Cognition for two reasons: it was felt that the socio-cultural underpinning supported an exploration how participants were experiencing working in the system, whereas the latter approach considers more the interplay between cognitive activities and how they can be altered to support a more efficient functioning of the system.

Secondly, AT has been previously used to analyse the work of EPs (e.g. Leadbetter, 2000) which was felt to support the appropriateness of selecting this approach.

Table 1. Rationale for the use of Activity Theory

Principles		Commentary
1	*The prime unit of analysis is a collective, artefact-mediated and object-oriented activity system*	The focus of this study was the MSC model of service delivery, which can be conceptualised as an activity system.
2	*Activity systems are imbued with multiple perspectives due to the multifarious experiences of those involved and the multiple layers of history in the system; they are multi-voiced.*	This coheres with the idiographic approach employed; although EPs were working on the same activity personal and professional histories and experiences would differ.
3	*The problems and potentials of an activity system can only be understood through the context of their own history; the principle of historicity*	This allowed a historical perspective to be central to the analysis, as it was envisaged that EPs would consider previous ways of working, in order to construct their current perceptions.
4	*Contradictions are inherent in activity systems and are the catalysts for change and development.*	This supports the evaluative aspect of the research brief, as by applying AT as an analytic framework it is possible to look for inner contradictions within and between nodes. This provides information that can be potentially used to inform development of the system.
5	*Activity systems are not static, they are naturally transformative; this results from the activity of the participants in response to the aggravation of contradictions.*	This allowed for an exploration of ways in which the EPs were responding to contradictions and influencing the social formation by perhaps shaping it further, or deviating from it.

Participants

The sample consisted of ten main-grade EPs. EPs were recruited through the sharing of a project proposal form (Appendix 2) between teams which invited two EPs from each team to

volunteer. Where there were more than two volunteers in a team, names were randomly selected.

Procedure

Interviews took place in October 2013; each began with an explanation of the project. EPs were given an opportunity to ask questions following reading the participant information sheet, and then provided written consent (Appendix 3). Interview questions were framed around the nodes of AT and were visually presented to the participant on an illustration of the triangular formation of AT, this was also used as a note taking sheet (Appendix 4). Interviews were digitally recorded. The first question related to the subject position and was included as an opener; responses were recorded but were not part of the data set.

Once all interviews were completed the data was subject to a six-phase thematic analysis, as described by Braun and Clarke (2006). Further detail regarding issues which the authors note require explicit consideration prior to a thematic analysis are contained in Appendix 5; activity at each phase of analysis is described in Table 2. Themes were initially analysed by node, with 27 identified (Fig. 3). It was noted that many themes were echoed across nodes, which supported the development of five meta-themes.

Bryman (2004) highlights that Grounded theory is the most commonly used approach to analysing qualitative data, however as Grounded Theory is concerned with developing a theory from data through a specific process of analysis. It was not judged as an appropriate method to employ in answering the research question. Thematic analysis is considered a

model of narrative analysis, which aims to analyse 'the stories that people employ to understand their lives and the world around them' (Bryman, 2004, pg. 412). As the aim of this research was to explore EPs views about the impact of the model of service delivery on their working life thematic analysis was judged to be most appropriate.

Table 2. Six phases of thematic analysis with activity undertaken in this analysis

Phase		Activity
1	Familiarising yourself with the data	Repeated listening of recorded interviews and review of the extensive notes taken at interview was undertaken with previously identified coding criteria (Appendix 7) in mind. Transcription was limited to data excerpts that appeared related to criteria; as the data set required reduction in order to meet timescales for the work and responses to 'community' and 'division of labour' were limited in terms of meeting coding criteria a decision was taken to limit the data set to the much richer data gathered in response to 'object', 'outcome', 'rules' and 'tools'.
2	Generating initial codes	The data set was examined to more clearly identify codes, and reduce data items to the smallest excerpt that remained able to convey meaning.
3	Searching for themes	Coded data items were collated initially by node (Appendix 8) then by themes identified within node (Appendix 9). Themes were, in some cases, echoed across nodes; either replicated, or qualitatively different but related. To explore this more fully, following definition and naming of node themes (Fig. 2), the themes were examined as a whole to search for meta-themes, which were defined and named with the production of thematic maps (Fig. 3-7).
4	Reviewing themes	
5	Defining and naming themes	
6	Producing the report	As noted, the data set was extensive, as were the resulting themes identified. In order to meet criteria for the length of this report it was decided to focus on presentation of meta-themes. It was felt that this would provide an overview of all themes identified in an abridged version, would support identification of dominant themes and provide the most valid answer to the research question.

Ethical Considerations

The research was designed with due consideration of ethical guidelines provided by the British Psychological Society (2010). The research was considered to be low risk for participants, as being EPs they would have a good understanding of research procedures and would not be considered a vulnerable group. The main risk related to EPs contributions being identified, arrangements that ensured confidentiality and anonymity of data are described in Appendix 2 and 3.

FINDINGS

The five meta-themes that resulted from analysis are presented below; a thematic map is provided for each. These themes are illustrated by selected interview excerpts and discussed in light of the AT principles and in reference to the literature reviewed. Full data is available in Appendices 6 and 7. Parentheses following the quote identifies as follows: (participant number; node. sub-theme).

Meta-theme 1. Appropriate and timely use of the EP in promoting better outcomes

EPs expressed concern that the MSC model was limiting their ability to promote better outcomes for children in the authority in the most efficient and appropriate way.

Figure 2. Thematic map: Meta-theme 1

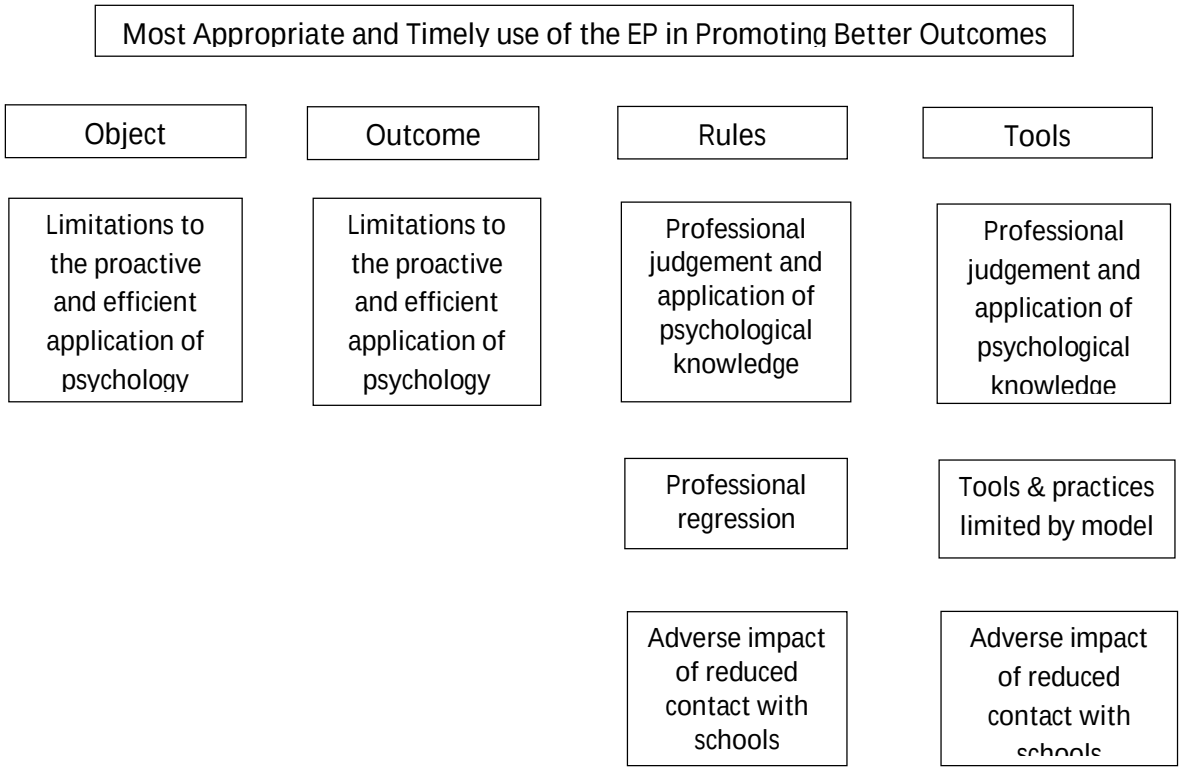
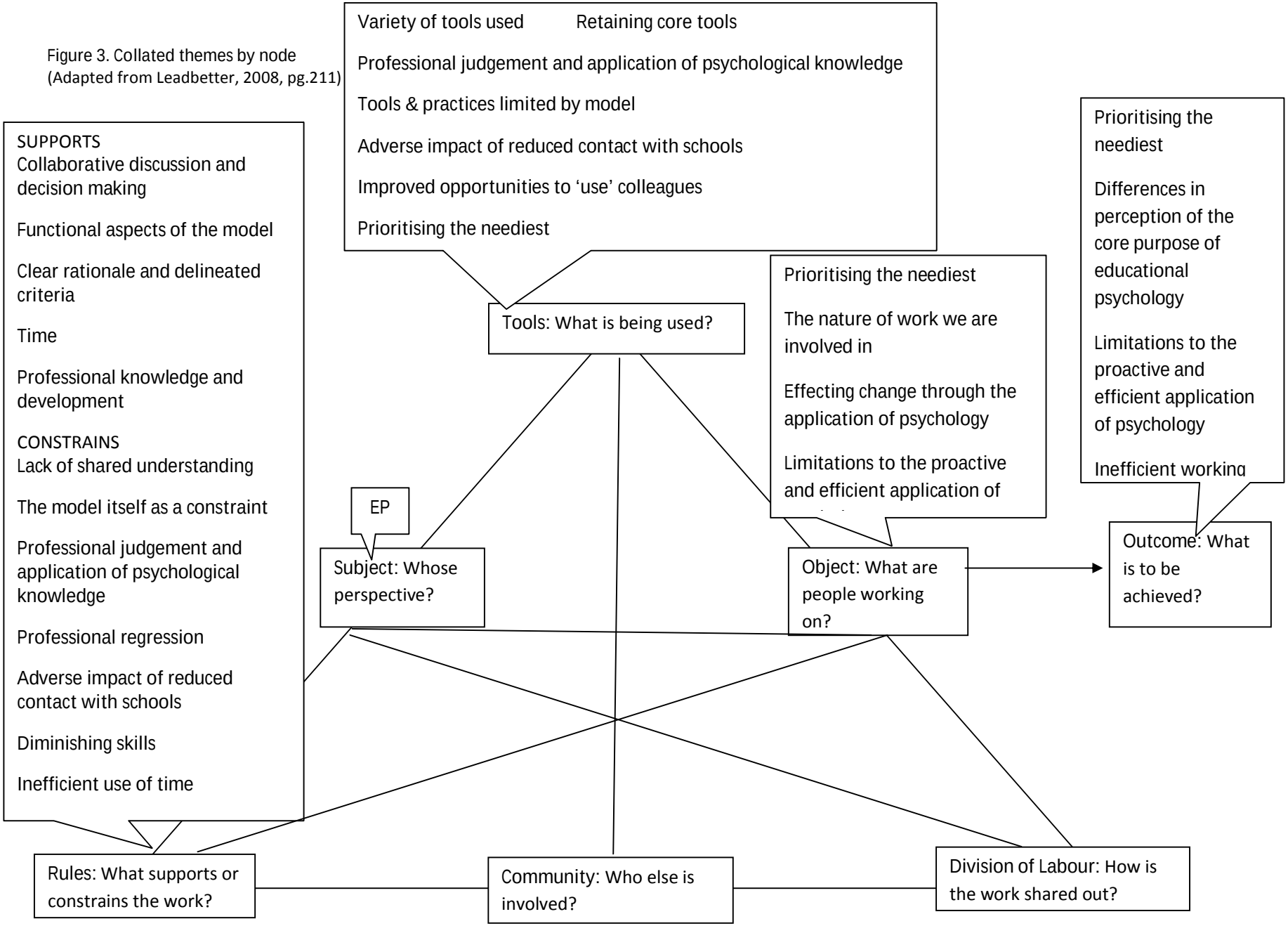


Figure 3. Collated themes by node
(Adapted from Leadbetter, 2008, pg.211)



(Meta-theme 1 cont.) It was felt that being unable to respond, at some level, to children who did not meet criteria had longer-term implications. There was a clear sense of historicity in these responses in that EPs were mindful of work they would have done in the previous model which they thought prevented need (in some cases) from reaching the level of current criteria for involvement.

'…but actually there are some extremely vulnerable children who would not meet the MSC criteria and if only we were able to work with those children we may not need to go as far as statutory assessment.' (5; Object. 1)

'…I think it [the model] could be more effective in meeting the needs so they don't become so severe and complex for some children.' (10; Outcome. 1)

There was a sense that EPs felt their range of responses was dictated by the model, rather than their knowledge and skill as applied psychologists. That which the model permitted may not be best value application of psychology, or most effective for the situation.

'…through casework you might get for instance several children that are presenting behavioural difficulties (…) and you might address that systemically; rather than seeing four children, I could then present some training and base that around casework…' (9; Object.1)

‘It’s sort of concerning, worries you that you don’t have the freedom to behave professionally, for example, if you meet a young person who you think would benefit from some sort of therapeutic input, you can’t do that…’ (3; Rules 1.)

‘…can’t be as proactive as you’d like to be and there are limits on what you can actually do, so you have skills and experiences that you could use, but you can’t because you’re only seeing children for casework.’ (10. Rules.1)

EPs appreciated the necessity of prioritisation in the current financial climate but felt that intervening only at individual level, with a single-event assessment could prevent meaningful and cost-effective work. The multi-voiced aspect of the activity system was evident with EPs variously emphasising the need for systems work, the need to review and evaluate case recommendations or the wider implications of promoting a ‘within-child’, as opposed to interactionist, understanding of SEN.

‘They [schools] need more support in understanding how they can use their provision mapping, with a systemic view, as well as with an individual in mind. And I think that with all our training we understand the systemic issues and the bigger issues.’ (9. Outcome. 1)

‘It makes it very within-child, so it’s very much about a piece of casework on that child, and I think it almost encourages people to think it’s the child that has the problem rather than me saying that ‘I’ve noticed that you’ve got a lot of children with (…) how about we look at whole school teaching or strategies for that? (p. Rules. 1)

'…you can talk about it, put it in to reports, but unless you can actually support the school in actually understanding then they are not going to make that change.' (p. Tools. 2)

The principle of historicity was salient in comments regarding the perceived professional regression, in terms of the way in which EPs were able to practice within the model as applied psychologists.

'I was staggered at the changes that were happening; it seemed to me that we had gone back to 10 years before I qualified, where it was statutory assessment and school placement work…' (p. Rules. 2)

'I think we are being pushed backwards' (p. Rules. 2)

EPs also felt that the reduced contact with schools, and a focus in discussion on determining if cases meet the threshold for involvement meant that the nature and quality of their interactions with schools was changing. There were concerns that this would lead to many missed opportunities in supporting schools to identify need earlier and respond to it most appropriately to prevent escalation.

'It might be that in the past I had more time to have that initial consultation [now] I'm too busy trying to work out 'are they going to fall in a Band E?' rather than exploring their concerns' (1: Rules. 3)

'…so there could be a gap, I don't think all the schools are equally skilled at school action (…), they're not always getting it right at the school action stage, we used to have some input at least to that.' (4. Rules. 3)

'They can buy it in, but schools don't see it like that do they? (…) they have to be very reflective to be able to see it and think, "this is going wrong in our school, we need to something about it" (…) as the EP you can look at the nature of problems (…) and there is less opportunity for that, there's lots of firefighting.' (10. Rules. 3)

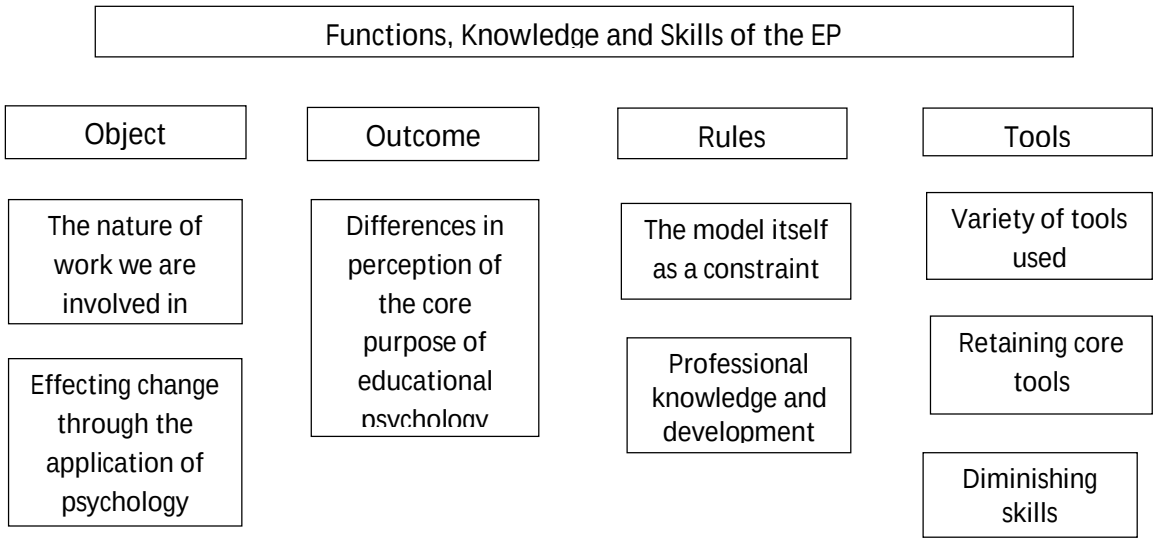
Early identification and intervention is central to the current governments espoused response to addressing SEN (DfE and DoH, 2013), however EPs felt that the MSC model limited their capacity to support schools in this endeavour. Their comments echo those in the principles of EPS delivery, advised by the AEP (2010; 2011), relating to community relationships and the provision of a range of services fostering timely and responsive intervention. The AEP judged that a LA core funded model, due to restricted staffing would be unlikely to deliver on these principles. EPs views in this meta-theme support that assertion. EPs noted that as a whole (with the inclusion of the traded EPs) a full range of services to meet need, as advocated by the AEP, was provided. However, they felt that the application of psychology at a consultative level from those already engaged with a setting was required in order to support schools to understand their needs and the best approach to address them before they could purchase services appropriately.

Many authors have concluded that the EP role should be determined by psychological knowledge (e.g. DES, 1968; Farrell *et al*, 2006; Cameron, 2006; Fallon *et al.*, 2010). However views contributing to this meta-theme suggest that as in the DfEE (2000) review, they are working within a 'top-down policy' that is not congruent with their professional knowledge base. HCPC professional standards (2012: 1a.6; 1a.8; 2b.4; 2c.1) refer to the requirement of EPs to keep skills and knowledge up-to-date; to choose and use the psychological knowledge and interventions appropriate to the situation; to monitor, review and modify plans accordingly. This meta-theme suggests that EPs experience the model as constraining as it limits their ability to employ professional judgements regarding the most appropriate application of psychology in a given situation.

Meta-theme 2. Functions, Knowledge and Skills of the EP

This theme related to the core functions of EPs and their understanding of themselves as a profession with a broad skill base that incorporated the application of a wide variety of frameworks, approaches and methods.

Figure 4. Thematic map: Meta-theme 2.



Engestrom (1999) notes that contradictions are inherent in activity systems, and can be catalysts for change. A contradiction was evident in that EPs referred to the object of the model determining the nature of their work, that is, one-off assessment events in the statutory arena, whereas they felt the object of EP practice was related to effecting change through the application of psychology. EPs linked this to there being differences in the perception of the core purpose of educational psychology (from other professionals) and a limited appreciation of the psychology being applied continually through interactions with the systems around a child.

'… it's become more of a sausage machine, see the child, write a report, goes forward to statutory assessment.' (p. Object. 1)

' …statutory assessment or providing information which would lead to statutory assessment.' (2. Object. 1)

'I'm trying [to apply psychology effectively], but it's under the radar, it's not the official thing you are doing (…) my sense is that's how other people in [the service] see our role [individual assessment]' (4. Object. 2)

'…but at the same time as a psychologist I'm trying to enable something else to go on, […] hopefully making whatever it is better for the child, so I might be writing a statutory advice, but at the same time you are working with the people who work with that youngster (…) I feel that what they [the LA] don't see is the bit that I'm doing, they just want the outcome.' (2. Outcome. 1)

Engestrom's (1999) fifth principle relates to naturally transformative element of activity systems. The last two quotes above suggest a response to contradictions; if replicated in other EPs views and practice a transformation may occur to accommodate this.

EPs described a wide range of tools that they employed, with suggestion that the model had not impacted greatly on them.

> 'In terms of individual casework, you are still using those tools. Things like understanding child development, consultation skills' (1. Tools. 2)
>
> 'I continue to use all the core assessment processes, tools that I've always done as a psychologist.' (2. Tools. 2)

However, they also spoke of losing skills due to the narrowing of their role and the limited range of work they were undertaking.

> 'I think it constrains the range of work we do now and we are at risk of becoming deskilled' (p. Rules. 4)
>
> 'The LA has a human resource that is perhaps diminishing rather than increasing.
>
> (p. Rules. 4)

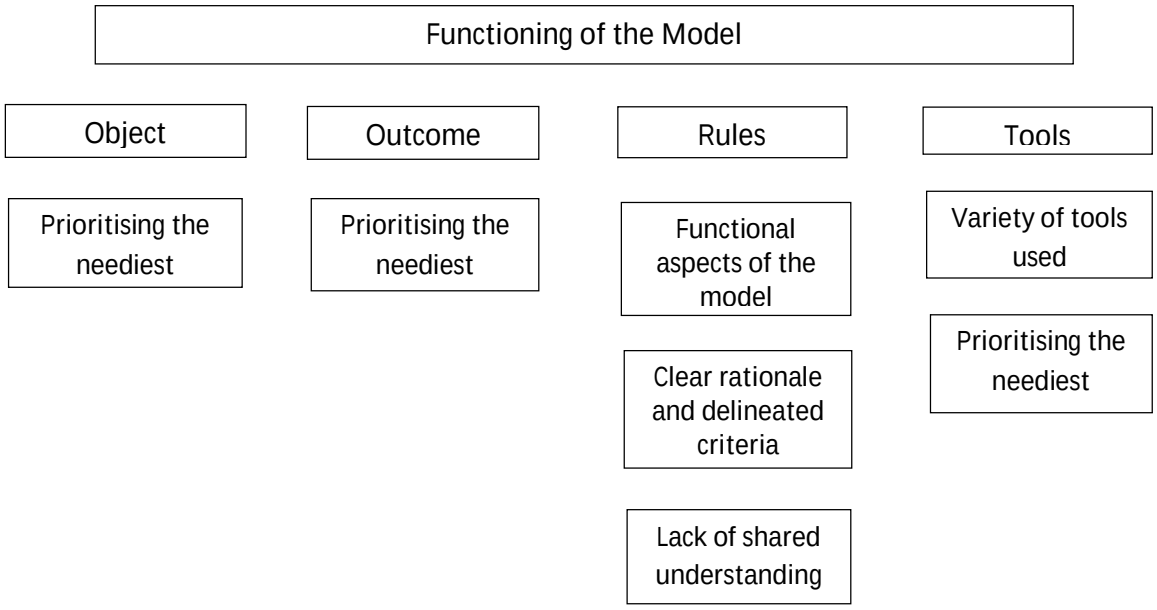
Although seemingly contradictory, on examination of the data it appears related to a distinction between retaining a core psychology, which may be allegiance to a particular approach or conceptual framework, and having opportunities to operationalise all of the core functions of an EP, as identified by Fallon *et al.* (2010). EPs in this part of the service are unable to undertake the full range of work as outlined in the Farrell *et al.* (2006) review, the SEN Green paper (2011) and as advocated by the AEP (2010;2011) in its principles for service delivery. Therefore, they are concerned that their skills in training and applying specific approaches with greater fidelity at an individual, group and systemic level may diminish.

The narrative in this meta-theme in part mirrors that reported by Kennedy *et al.* (2009); EPs were limited in being able to practice in innovative ways, and instead they perceived greater emphasis on psychometric assessment and individual level reactive practice. EPs in this study considered that this was not only a consequence of the financial climate, but directly linked to other professional's perceptions of the EP role. This disconnect was illustrated in the Farrell *et al.* (2006) report, where schools provided more examples of EPs making a distinct contribution in individual level SEN work and less in relation to strategic work and capacity building, compared to EPs responses. As encapsulated in the foreword to the DfEE (2000) role review, EPs feel that the work that they have been trained to do, with the ultimate object being agents of change, is not the work they are tasked with doing. Subsequently EP's are attempting to apply psychology to promote change, *despite* the constraints of the MSC model's rules, as oppose to the model supporting what the EPs see as the most valuable aspect of their work.

Meta-theme 3. Functioning of the Model

This meta-theme referred to what EPs perceived as the overall purpose of the model, and the tools and procedures that were developed in order to implement and use the model.

Figure 5. Thematic map: Meta-theme 3.



Some EPs identified that the developed referral form and initial link visits with schools were supportive of their practice.

> 'The new referral is supportive in getting all the information.' (p. Rules. 1)
>
> 'I think the majority of schools do need that planning meeting and they do report that they find them very useful…' (p. Rules. 1)

A contradiction was evident in relation to the clarity of the model. Some EPs commented that it provided a clear framework for decision making and communicating those decisions, whilst others felt that decisions not to provide written information for partner agencies, and differing conceptualisations of 'severe and complex' were a constraining feature on their day-to-day practice.

'The model has been clearly articulated, so when I'm having to communicate it to others its clear…' (8. Rules.2)

'Having a model gives us that framework to have those discussions with the schools, so if we're in a situation with competing agendas, it does make it easier, and it does help them to understand.' (9. Rules. 2)

'They weren't given, for example, clear criteria, there were never any published criteria for schools to say this is what MSC means…' (4. Rules. 2)

'What the authority considers to be severe and complex might not meet at all with what a school might see that to be. There is also different focusses of need, (…) [a] behavioural issue might present schools with severe and complex difficulties in meeting those needs but that might not come within the authorities remit at all' (2. Rules. 3)

EPs were clear that the purpose of the model was to ensure that the children with the most severe and complex needs were prioritised in a financially constrained context, however there were concerns that the model did not always achieve this in practice. This appeared to be linked to a contradiction in which criteria was determined in relation to LA SEN category

criteria, whereas historically EPs would have determined if a case was appropriate based on the application of psychological knowledge.

> 'There are a lot of problems in that we're missing children that it would have been useful for us to have seen, they may not be children who would have a got a statement but they are children with more complex and subtle difficulties' (7. Outcome. 1)
>
> 'The model is flawed, it's counterproductive (…) preventing us perhaps from seeing those children who are far, far more vulnerable than the 'musts', but they're not musts yet 'cos they've not got a statement.' (6. Tools. 1)

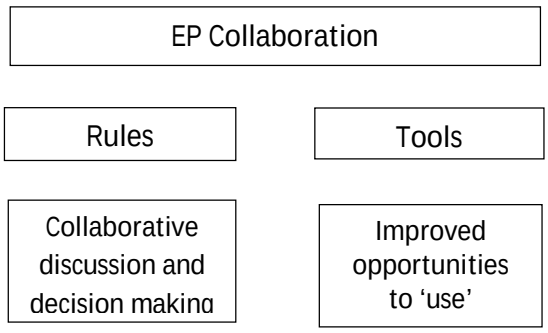
As noted the work of the EPs in focus in this study most closely aligns to the LA core funded category in the AEP's (2011) descriptors, which was judged likely to be capable of ensuring prioritisation of 'most in need'. Despite being an explicit aim of the MSC model, EPs presented concerns that those that met the threshold for involvement were not necessarily, from a psychological standpoint, the 'most-in-need'. An interactionist perspective, which is considered appropriate in EP practice (Frederickson and Cline, 2008) would determine level of need from a consideration of the *interaction* between the child's particular profile *and* the contextual factors of the environment within which they are developing. Therefore a child with significant needs in three or four of the categories delineated in the current CoP (DfEE, 2001) but in a secure family home, and an appropriate school setting would be less at risk of poor outcomes than a child with a specific learning difficulty living in a family with social-exclusion risk factors attending a school with poor SEN arrangements and understanding.

EPs were voicing concerns that their knowledge base may determine the second child more 'needy', although they would not meet criteria.

Meta-theme 4. EP Collaboration

This theme referred to EPs feeling that the model supported closer teamwork, than had historically been the case with the time allocation model.

Figure 6. Thematic map: Meta-theme 4.



This was viewed positively; EPs welcomed the opportunity to work more closely with team members, and felt it fostered better opportunities to 'use' colleagues as a resource. The 'collective' (Daniels, 2008) sense of the activity system appeared more notable to EPs in this way of working, than previously.

'I think the peer discussions, about what we'd do with cases.' (10. Rules. 1)

'…we are using each other as tools, as we have quite a lot of group supervision which we didn't previously do and you learn a lot from each other.' (3. Tools. 1)

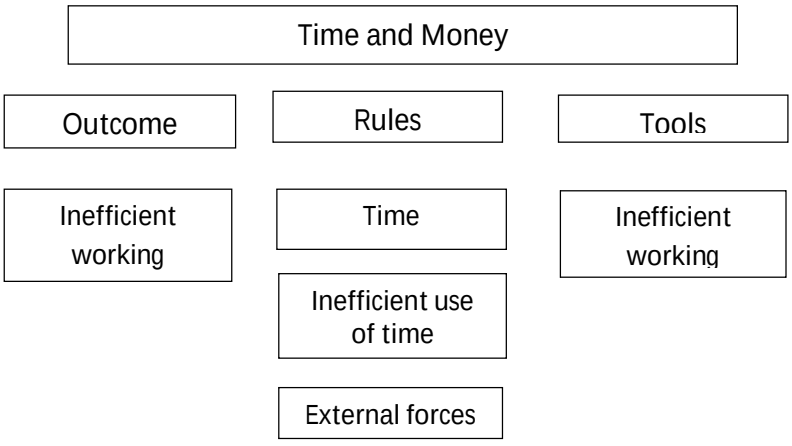
'With the previous model you were very much on your own doing your own thing as you've always done. Sharing working practice is immensely valuable.' (3. Tools. 1)

Interestingly, in the literature concerned with models of service delivery and the development of the EP role, discussion relating to arrangements that promote collegiate practices is absent. However, it was clear that EPs valued these opportunities and viewed them as contributing to their supervision needs, therefore supporting the meeting of HCPC standards (2012) relating to supervision requirements.

Meta-theme 5. Time and Money

This theme made reference to the current financial constraints of public services, which required more cost-effective and therefore more time-efficient ways of working.

Figure 7. Thematic map: Meta-theme 5.



The principle of historicity explains what on the surface appears to be a contradiction. EPs were aware that time constraints and cost-saving prevented them from returning to review cases with schools as they would like. However in contrasting this model to the previous time allocation model EPs felt that the less rigid time constraints supported better practice.

> 'Thinking about the old model, knowing the limitations that had, knowing that this one is more flexible, so if a school needs so many hours of work, you know because of the needs that they've got, then you can do that. Old system was quite restrictive.' (1. Rules. 1)

However, there were many concerns that the model constrained time efficient working. This suggests a contradiction in that the rules that were introduced, in order to determine a money-saving model, in EPs view's, placing unnecessary time demands on them and preventing them from using time-management strategies that they had previously developed.

> '…we take one child at a time now, so what that means is I can't pop into a school and say well I'll do a bit of this child, I'll meet the teacher for the next child, in terms of the consultation model, I used to be able to say, do consultations on 3 children in a visit and get things going and agree some strategies, start off with that, I'll come back. That's no longer possible.' (4. Outcome. 1)
>
> 'It's a constraint because you can't predict the number you are going to have to work with term by term…' (3. Rules. 2)

'I think often we get asked to become involved when decisions have already been made (…) (4. Rules. 2)

'One thing that is taking a massive amount of time is where a colleague from the traded team has done some assessment work and then it's our responsibility to produce a psychological advice…' (2. Tools. 1)

Standard 2c.1 of the HCPC standards of proficiency states that EPs should 'be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly' (pg. 24). EPs felt they should be doing this, but understood the external constraints that prevented it.

CONCLUSION

It was determined that the EPs in focus in this study, working as they do on the 'Must' and 'Should' aspects of the MSC model are working within what the AEP (2010; 2011) described as a traditional LA model, in that it was fully core-funded. The meta-themes identified in the EPs responses in this study concur with the AEP's judgements of this type of model. EPs felt that the model prevented them from undertaking a full range of work, was impacting negatively on establishing and maintaining effective working relationships and the ability to promote positive outcomes for children in a timely and responsive way. There was consensus on one level that, as with the AEP judgment, this type of model functioned to

prioritise those with the most severe and complex difficulties, however there were also concerns stemming from the assumptions underpinning the determination of levels of need.

Wagner (2000) writes 'fundamental assumptions […] are frequently left hidden and undiscussed, and may even be contrary to the espoused intentions of the service.' (pg. 12). One way of conceptualising the tension EPs seem to be experiencing is that perhaps the assumptions regarding the nature of SEN underpinning the model, which a number of EPs stated promotes a within-child view, are not congruent with the EPs interactionist perspective. Through an Activity Theory lens this is a contradiction in the activity system of the MSC model; the theory would then predict that this may be a catalyst for change.

Positives from the model were evident; the principle of historicity, understanding this activity system in the context of previous models of service delivery led EPs to highlight current benefits. In particular EPs appreciated the greater freedom to give assessment activity the time it required and the increased sense of teamwork and collaboration.

In general however it appears that the recommendation from numerous authors (e.g. DES, 1968; Farrell *et al.* 2006) that psychological knowledge should determine the EP role is not the experience of the EPs in this study. EPs seem to feel that the forces dictating their practice do not originate from the same conceptual basis as their psychological knowledge and skills. They are unable to apply psychology in what they judge, professionally, to be most appropriate to a given situation. As officers of the LA, EP practice must, and should contribute to and exist cohesively with local policy. The findings from this study however

suggest that the current model presents barriers that prevent EPs from operationalising the core functions of their profession and limits their ability to employ the scientist-practitioner role central to the discipline.

IMPLICATIONS FOR PRACTICE

In the current financial climate it appears inescapable that services will be in some way constrained. At a strategic level it may be of benefit for EP teams to consider how the operationalization of their core functions, and their unique position as scientist-practitioners can support information gathering to inform planning. Any view should be clearly articulated to those in a position to determine the design of services. It could also be a useful exercise to surface assumptions relating to the rationale of models of service delivery, and the concepts inherent in them to enable contradictions, if present, to become observable and addressed. EP services do not work in isolation, and such an exercise could promote more fluent working between disciplines who work within the SEN arena.

At an individual level it would be prudent for EPs to consider the opportunities they have to maintain skills in the core functions of their profession. It may be that within the current economic context there is less agency for EPs to determine or influence their working environment. It is important to ensure however, that notions of best and evidence-based practice remain salient despite the potential for decision-making to be compromised. Ultimately EPs are answerable to their regulatory body, so it is vital for their own careers,

but more importantly the children, young people and families they are supporting that decisions and practice remain defensible in light of the HCPC standards of proficiency.

Next Steps

As the research was commissioned by the management team initially the written report will be provided for their consideration. A briefing document will also be prepared which summarises this report and presents the findings, which will disseminated to participants, who will be invited to contact me to discuss further should they wish to. At the time of writing information regarding how the research was going to be used, or disseminated to the wider team was not available.

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APPENDIX 1: Principles for the Delivery of Publicly Funded Educational Psychology Services (AEP, 2010)

EPSs should be funded and organised in such a way so as to fulfil the principles below:

1. Educational psychologists working within a service should undertake a full range of work for example as outlined in "A review of the functions and contribution of educational psychologists in England and Wales", "Every Child Matters: Change for Children" (2006) and expanded upon within the recent Review of training for educational psychologists and SEN Green Paper (2011).

2. Educational psychologists should receive appropriate levels of supervision as required by the Health Professions Council (HPC).

3. Educational psychologists should have the opportunity to undertake sufficient relevant and appropriate CPD to meet the criteria laid down by the HPC.

4. There should be clear and effective management structures and the service should be led by a fully-qualified and properly-remunerated PEP (or equivalent post and title).

5. There should be a definitive career structure which enables staff to progress as appropriate through both professional and management routes.

6. The training and supply of future educational psychologists should be actively supported.

7. Access to the service should be free at the point of delivery to children, young people and families.

8. There should be equality of access for identified service users within a local authority area with clear guidance on prioritisation of work with children, young people and families who are "most in need".

9. The Service should be organised as to enable links to be established and maintained within and between the communities they serve so as to enable effective working relationships based on trust to develop.

10. Services should provide a level and range of services. They should also have sufficient capacity to meet demand so as to help and support positive outcomes for children, young people and their families within a defined community, in a timely and responsive way, where involvement is considered appropriate and necessary.

11. There should be suitable and sufficient administrative and ICT support, office accommodation and equipment, and specialist equipment to support the delivery of a 'fit for practice' EPS.

12. Educational psychologists should be paid as a minimum at nationally negotiated Soulbury levels.

13. Staff should be eligible for membership of the local government pension scheme or an equivalent scheme.

14. All educational psychologists should be employed on appropriate terms and conditions of service which will help to recruit and retain staff

APPENDIX 2: Project Proposal

PROJECT PROPOSAL FORM

As a student at the University of Birmingham our thesis requirements consist of two volumes. The first is an original piece of empirical work; the second is composed of four 'Professional Practice Reports (PPR's). The fourth PPR is the most substantial in remit and is expected to involve an organisational development aspect. This project proposal is for this fourth PPR.

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1. Preliminary Working Title of Project
   The impact of the Must, Should, Could model of service delivery on the professional practice of Lancashire's Educational Psychologists (EP's).

2. The Focus of the Project
   The project aims to elicit the views of main-grade EP's regarding the impact working within the Must, Should, Could model has had on their professional practice. The project approach will be underpinned by Activity Theory which has developed from Vygotskian theory, where tools mediate between the subject and object to facilitate 'social formation' (Daniels, 2008, pg.4). This forms the 1st generation of Activity Theory, and in the diagram below the top section of the triangle. Engestrom further developed the theory (see below) to incorporate the social and collective elements of an activity system. The third generation of Activity Theory (Engestrom, 1999) considers the unit of analysis to be joint activity or practice and emphasises the multiple perspectives and contradictions inherent in joint activity systems (Daniels, 2008). In this piece of work the Activity System is the 'Must, Should, Could' model.

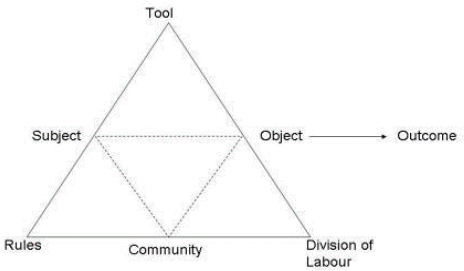


Fig 1. The structure of a human activity system (Engestrom, 1987)

3. Key Research Questions
   The research question will be as follows:

   What has been the impact of the Must, Should, Could model on the professional practice of Educational Psychologists employed within [...]'s statutory teams?

4. What Approach and Method Will You Hope to Employ?

The research will be critical realist in epistemology, employing qualitative methods with an idiographic approach. It is proposed that the sample will consist of 10 main-grade EP's, 2 from each of the locality team areas. Data collection method will be a semi-structured interview lasting approximately 45 minutes, questions are based on the labels on the diagram above ('nodes' in the Theory's terminology). Data will then be subject to a thematic analysis (Braun and Clarke, 2001); determined themes will be analysed using the Activity Theory framework.

7. What Timetable Will You Hope to Work To?

It is hoped that EP volunteers can be recruited and interviewed before October half-term holiday, to enable transcription and analysis of data during the break. The first draft of the written piece of work is expected to be submitted before the Christmas break.

8. How will the data be gathered, used and stored?

I will aim to be as flexible as possible in terms of dates, times and locations to meet and interview EP's if they are kind enough to offer assistance with this project. It is envisaged that the interview session will take approximately one hour in total, including explanations of process, obtaining written consent, the interview and conclusion of the session.

The interview will be recorded digitally onto my personal computer, and notes will be taken throughout the interview onto a printout of the diagram above, in collaboration with the interviewee. All data will remain confidential, and labelled only by a code number, stored at my home address. A key to the code will be keep securely, at my home address, to enable a link between participant and code should any participant wish to withdraw their consent at a later date. As noted in the timetable section above, analysis of recordings will be undertaken during study leave, at my home address, during the October half-term break.

The data will be used within my PPR, which will be submitted formally as part of my thesis to the University of Birmingham, so will ultimately be bound and available for student access. Feedback regarding the interpretation of data and resulting conclusions will, in the first instance be fed back to my placement supervisor. A briefing will be prepared for participants, but as yet I am unsure if this will be written or an oral presentation.

APPENDIX 3: Participant Information Sheet

Participant no:_____

PARTICIPANT INFORMATION SHEET

INVITATION TO PARTICPATE IN A RESEARCH STUDY

Title: The impact of the 'Must, Should, Could' (MSC) model of service delivery on the professional practice of Educational Psychologists.

Researcher: Zoe Owen, Trainee Educational Psychologist

Supervised by:

(Local Authority Placement)

(University of Birmingham)

You are being asked to take part in a research study, which intends to investigate the impact working within the parameters of the current model of service delivery has on the professional practice of Educational Psychologists.

Objectives of Research Study

- To contribute to the evaluation of the MSC model.
- To elicit EP's views regarding the constraints and opportunities that working within the model has presented.
- To provide and analysis of the activity occurring within the MSC system of working using an Activity Theory perspective.

Methodology

The study will take and idiographic approach and a critical realist epistemological stance. Dat will be gathered via recorded semi-structured interviews held individually with 10 Eps from across the teams in the authority. Data will be subjected to a thematic analysis, and will inform one of four professional practice reports that form Volume II of a Trainee Educational Psychologist's thesis at the University of Birmingham.

Time Commitment

The interview, including consent processes, should take no longer than an hour.

Termination of Participation

You may decide to withdraw your consent to participation in the research study at any time, without prejudice. This includes requesting that your data be removed from the project following interview, up until the data is analysed (from 28th October).

Risks

The project is considered to be low risk for participants as their contributions will be confidential and anonymous.

Confidentiality / Anonymity

Notes and recording from interviews will be stored in the TEPs home environment / home IT equipment. Paper will be stored in a locked file box, electronic files are on a password protected computer. The first preparation of data will involve collation of all participants' contributions. At this stage data will be anonymous, and all further presentation of the data will remain so throughout the analysis process, any debriefing to managers and within the written report. Individual excerpts will be presented to illustrate themes in participants own words, but the originator will not be identified.

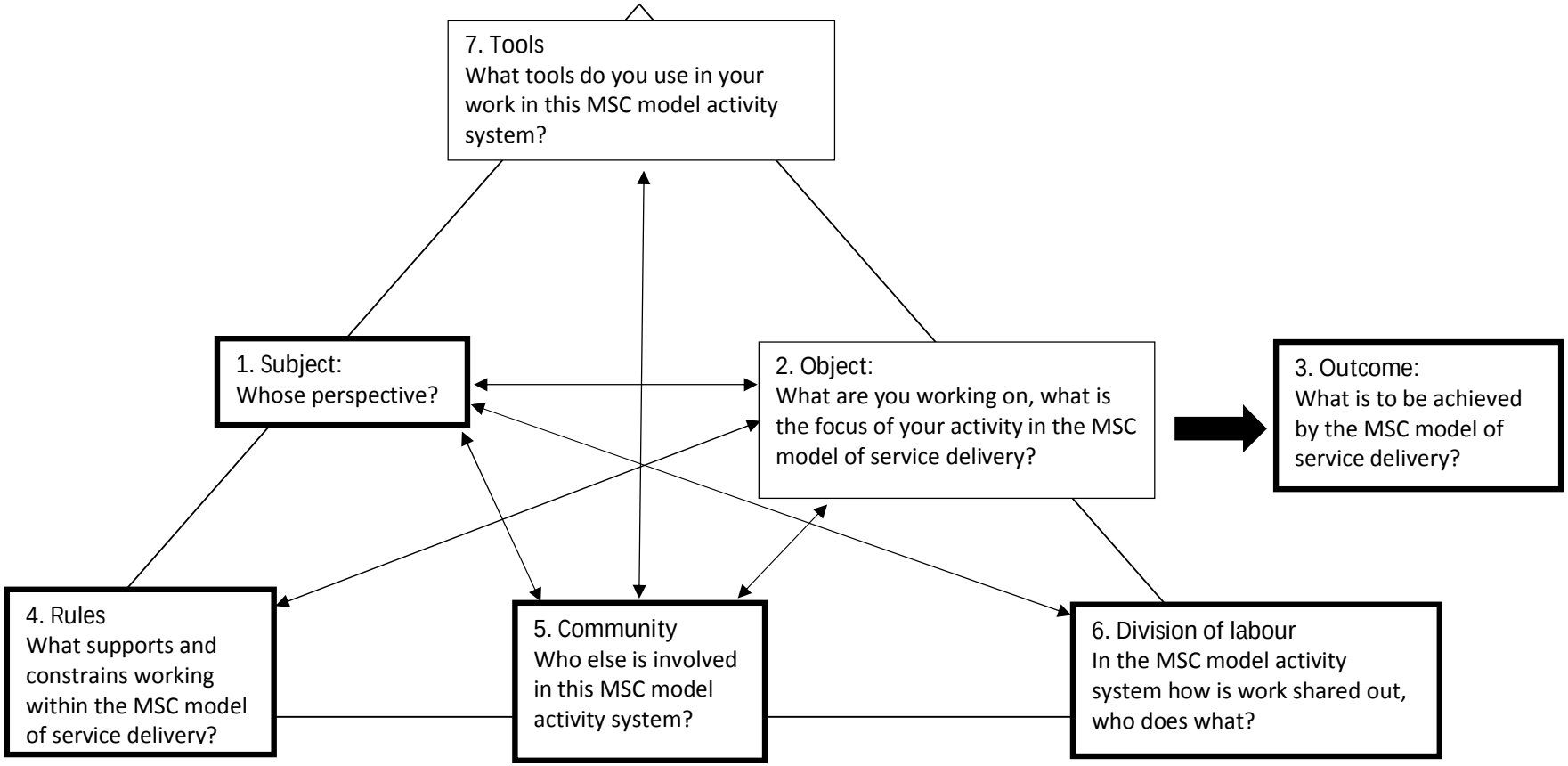
FOR FURTHER INFORMATION ABOUT THIS RESEARCH STUDY OR TO WITHDRAW CONSENT PLEASE CONTACT:

Zoe Owen, Trainee Educational Psychologist

Email:

Tel:

APPENDIX 4: Interview structure with questions (also used as note sheet)



APPENDIX 5:. Record of decisions made in response to important points to consider prior to undertaking a thematic analysis (Braun and Clarke, 2006)

Point raised	Decision made
What counts as a theme?	Any comment that includes, speaks to or expands on the issue of how the MSC model will be coded. A themes will formed from commonalities in the nature of the essence and meaning of individual coded excerpts of data.
Rich description vs detailed account	As the research question had a specific focus, it was more appropriate to provide a detailed account of one aspect, that is views EPs held that related specifically to the impact the current model of service delivery had on their practice. As responses to Q. 5 & 6 did not refer this particular topic a decision was made to limit the data set by excluding them.
Inductive vs theoretical thematic analysis	As the data coding schedule was determined before data gathering, and a pre-existing theoretical framework was to be used in data gathering and analysis this would be a theoretical thematic analysis.
Semantic or latent themes	Themes will be identified at a sematic of explicit level, with the aim to progress from a descriptive to an interpretive analysis in order to consider the themes in light of the literature and in terms of their implications for future practice.
Epistemology	A critical realist stance will be adopted.
The many questions of qualitative research	Research Q: What has been the impact of the MSC model of service delivery on the professional practice of EPs? Q's participants respond to: Directly linked to the nodes of Activity Theory Q's that guide coding: Does this comment refer to, speak to or expand on the issue of EP practice within the model?

APPENDIX 6. Coded data organised by node.

Coded Data by Node

NODE	P	Data items
Object	1	-When school and settings are telling me about a concern that they have about a child then I'm thinking about the MSC model, getting information that helps me think is this a 'Must' case, 'should' case or a 'could' case, -What could my involvement be, where does it lie in terms of the MSC model -Helping staff understand the child's skills or what they need to have in place to build their skills further -Often helping parents understand what the child perhaps might be finding difficult and what can be done in a positive way to help them, but also recognising the skills the child has got and re-framing the question, and re-framing perception, you know trying to change peoples' perceptions of the child and their skills and needs, but also the impact that they can have
	2	-Supporting schools and others to ensure that we're identifying youngsters with the highest level of need, brackets, statutory needs, because it's, there are many youngsters who have a high level of needs but they don't fall within our remit, so it's helping others to tease that out I suppose and then completing work which falls within that remit, so that's generally around statutory assessment or providing information which would lead to statutory assessment -Supporting the authority to make appropriate provision for those youngsters who may be moving into the authority, looked after children coming from other educational establishments
	3	-Ultimately finding those children and young people who have needs that are so complex that money would be well spent on them. Public money has to be spent very carefully and I think that the object of our involvement now is to ensure that the money is going to the right people and not those children who really, if they were being well taught, wouldn't require our input.
	4	-Very much casework, used to be a mixture of doing some staff development work and so on, and the case work that we are working on is being dictated to us as to what we can and can't do. - We've made the criteria so strict now that a lot of schools are saying 'we haven't got any children to refer to you' which has had the effect that now lots of schools are not referring or they are referring very few children and there is a danger that they will stop using the service because they are not getting what they used to get and they're, well it's all around will they meet

		Band E? -In my opinion we missed a trick with regards to provision mapping, we should have been right in there and saying right, we have a remit for doing provision mapping with you, and really growing that, so the schools were really on board with that and then we could say to them 'you can present your provision map when you refer', so that's easy, it's done - and we could have caught the ones that they previously used to refer but are no longer referring, we could have caught them within the provision mapping remit, and said well let's look at how you are supporting them and so on. -The actual day-to-day casework has not changed that much except that they are usually more complex cases (…) More complex doesn't necessarily mean more difficult, because sometimes with a child with very complex needs it's very easy to say you need to be doing this, this and this. The ones that I find much more difficult is when you've got to persuade people to change their views of a child or to do things in a different way to they've always done; that's the really difficult thing that you do as and EP -it it's become more of a sausage machine, see the child, write a report, goes forward to statutory assessment. My sense is that's how other people in IDSS see our role really at the moment -It's going to a meeting and by the end of the meeting people are changing their view of the child and are able to see things in a new way (…) and they can move forward in the way that they do things, and it's become much more of a discussion around, you know, funding and etcetera. - I'm trying [to apply psychology in the way I think it's effective], but it's under the radar, it's not the official thing you are doing, for example you are going to a meeting to discuss if the child should be put forward for statutory assessment or not (…) I don't think it's what other members of IDSS would ask us to get involved for and the school wouldn't either, don't think the parents would either. So you try and find opportunities to do stuff, you try and work in interesting ways -We never get the chance to actually explain that to anyone else… to go and say to senior management, well this is what we could be doing.
	5	-The object is to be working with the children who will benefit most from our input although I don't actually think that is always the case -realistically we are working on the assessment of children who are highly likely to be going forward for statementing, they *can* be the most vulnerable children, but actually there are some extremely vulnerable children who would not meet the MSC criteria and if only we were able to work with those

		children we may not need to go as far as statutory assessment
	6	-applying psychology to a range of service users, which is predominately children and families, whether they be EY, school age, high school. When the work is commissioned it agreed what level of work that it, and I have to prioritise my 'must' work above 'should'. -Mainly working with children and families, in fact it's all working with children and families because we're not doing training at present, there is no room in the model for training -a lot of the 'must' work is now driven by the needs of our SEND team and they require a psychological perspective on an individual.
	7	-Involved in assessments, annual reviews. We do quite a lot of discussions in link meetings, where we're talking about children we wouldn't be seeing, and sort of giving that advice really and being used as sounding boards. -I find it a bit constraining at times I was asked to deal with a group of pupils in a school, they were 'musts', all high risk, (…) they thought that EP involvement would be useful, and I could see that being a really good piece of work in terms of looking at the effectiveness of interventions and strategies, giving some evidence based information about what practices are going on (…) I think it's a shame, it's a lost opportunity
	8	-Primarily assessment driven, in terms of identifying young peoples' strengths and needs, and EY children and then the provision that would be required to meet those needs. -Also working within systems where we're attempting to resolve dispute, therefore I'm part of activities in which I offer an impartial view based on the activities I've undertaken and therefore have to understand the views of everyone involved - I used to spend quite a bit of time involved in training, in EY settings / schools. Maybe there was time to do other work around developing specialisms. -our model has narrowed down the kind of work in which we engage. -And in terms of the children I am now seeing, I'm spending more time working with children with complex needs, whereas in the past…working with children without that level of complexity, therefore I was responding to schools concerns and maybe their capacity to meet children's needs. I was often asked to assess children, it was to do with their capacity in how to deal with the children. A lot of the time I was about pulling information together. Acting as a bridge or mediator putting forward other people's perspectives, perhaps bringing forward the voice of the child.

	9	-Feels like the object is casework and part of that is deciding which children we should be seeing, as that fits in with the MSC model, so its about prioritisation really, so we are seeing the most, with us being a limited resource, so we're seeing the most severe and complex really, with the most long lasting needs -There were less restrictions before, so for instance, now the 'could' part is delivering training and seeing children for interventions and more preventative work, whereas in the past we might have negotiated that work with the school and done that work ourselves which is quite useful in one respect; as a link psychologist to a school, you do get to know a school and what their strengths and weaknesses are or what their cohort is, through casework you might get for instance several children that are presenting with a behavioural difficulties and you might see that as a systemic issue, and you might address that systemically, rather than seeing four children I could then deliver some training and base that around casework -there was probably more opportunity to do more capacity building within schools and to sort of work with the school to know that was what was needed, whereas now I think we're very reliant on the school to know what's needed, and to request that and pay for that (…) whether they will prioritise it appropriately will differ between different schools.
	10	-statutory work, so children who have either got a statement, going for a statement or will need a statement in the future, children with severe and complex needs. Last year we did a bit of provision mapping… but we don't do that anymore. -Before it was about priority of need for the school so if they had 4 or 5 children who they had behavioural problems with, I'd go and do behaviour training or I'd do some work around behaviour, or I'd say, "I'll come and see this one child, here are the strategies, see how you get on and then perhaps we'll see the others", whereas now we see every child that meets the criteria and sometimes you might see 5 behaviour children going for statements rather than that early intervention - there's a lot more kind of coming in when its progressed quite far, rather than that earlier point - There's a lot more monitoring of their paperwork….cos of the meetings we have were we discuss all that…its helpful professionally to have those discussions but it's time consuming…and its difficult walking away from that school. Previously you could book things in there and then but now you take them all to the meeting then you have to try and get back in touch with people, which is time consuming - The way it's going at the moment I think we will be just doing the 'musts' [in

		the future], services will be cut further, and it will just be the children who are having statements.
Outcome	1	-Prioritising the children that we get involved with in terms of the level and severity of need, you know because EP's are a scarce resource now and we're having to kind of be more focussed or narrow -The work that we get involved with is the authorities statutory duties, identifying children with SEN - Also gives us as EPs a way of saying to schools (…) help them understand that we need to prioritise
	2	-Fulfilling the authorities statutory duties BUT at the same time as a psychologist I'm trying to enable something else to go on, about working with people to ensure they understand the process, they understand what I'm doing, why I'm doing it. Hopefully making whatever it is better for the child, so I might be writing a statutory advice but at the same time you are working with the people who work with that youngster, so I'm trying to make sure I'm giving support and psychological advice which they can instantly use and make things better. -From the authority point of view, there's me as a psychologist and there is what they want me to achieve as an employed psychologist. I feel that what they don't see is the bit that I'm doing, they just want the outcome. - they're honing in all the time on what they have to do to in order to meet their statutory needs, which I can understand, but from my point of view as a psychologist there is lots more going on that just isn't being noticed, or isn't considered to be valuable. Professionally that bit about providing a service, providing the psychological input is my focus, whilst doing what I need to do to get my money. There is a bit of a disconnect between the actual work and the perception of the work
	3	-we are hoping to achieve the most positive outcomes for the CYP with whom we work. If we didn't work with them they might be in danger of having more negative outcomes. Hopefully by becoming involved we can pre-empt, or change the path they are on and I think if we can't hold on to that belief then what are we doing?
	4	-The purpose of the MSC is a moderation to ensure we are all accepting similar levels of referral across county, so we are trying to get some kind of consistency. In a way it's a complex way of saying 'no' to some children.

		-On the plus side of it, as a team we benefit from doing the moderation because we sit in a room with a number of colleagues who ask awkward questions and you have to justify why you are bringing a certain case and I think it has sharpened up peoples' thinking sometimes. -The other thing is that we take one child at a time now, so what that means is I can't pop into a school and say well I'll do a bit of this child, I'll meet the teacher for the next child, in terms of the consultation model, I used to be able to say, do consultations on 3 children in a visit and get things going and agree some strategies, start off with that, I'll come back. That's no longer possible. It also means that you're writing a lot longer reports because it's at that level where you think school is going to put in for statutory assessment -Split in continuity, for example, if a child comes to moderation and gets turned down, they are signposted to traded, I've had the situation where traded have done a piece of work, I didn't get a copy of the report, and statutory assessment has been agreed and that can be quite awkward because if it comes at the end of July for example, you have very little knowledge of the child and all of a sudden you've got a statutory assessment that's got to be done. -In terms of outcomes for children I think the process is longer, from when the first referral is done it can be quite a long time before they get the final report, if you were the parents you could get frustrated with the system.
	5	-From LA perspective is that we fulfil their statutory criteria for statementing children -I also think another aspect is that we don't get to do the sort of work that would make the difference because that becomes not 'must' work but actually could have massive impact for the children, schools and parents.
	6	-We're improving outcomes for individuals and families, it's about applying psychology, identifying needs and ways to support those needs, and through our involvement hopefully we are bringing about better outcomes -I'm narrowed in that [improving outcomes], as an EP you are trained to reduce barriers to learning, improve outcomes for individuals in terms of their education whether that's learning or social and emotional but within the MSC model we are much more restricted on those we work with because we are working to a criteria that's dictated to by others, we didn't have that criteria before we had flexibility. -I'm restricted because before my role was negotiated with schools, we could negotiate who we work with, any child with a recognised need; we could target our time to improve outcomes. -The idea behind it is that although I'm not providing that someone else will

		be because the school's got a duty of care to provide that (…) but whether that's occurring I don't know. That would be my question, are those needs, those needs will still be there they haven't gone away, is someone actually meeting those needs now that I'm not?
	7	-That the pupils are only seen where they're seen to be at a specific level of need -There are a lot of problems in that we're missing children that it would have been useful for us to have seen, they may not be children who would have a got a statement but they are children with more complex and subtle difficulties -One the one hand, SEN is a socially constructed thing, its resource driven, a child can have SEN in one school and not in another. (…) Depends how you define how complex and difficult a SEN has to be isn't it? And all that is driven by resources and funding and provision.
	8	-my outcomes are related to providing psychological advice, whether its providing an initial assessment, or whether that's providing psychological advice at key points of transition or updated advice and insight in relation to children who already have statements but the placement is under some kind of pressure, or the parents feel the children aren't making as much progress as they should be, or school aren't meeting the child's needs. -In schools it's about children where children are displaying behavioural problems, social and emotional or children who are vulnerable in terms of socioeconomic factors or children who are looked after. -I think it's about improved outcomes in school, in terms of not always just learning outcomes, but that child's mental health, well-being, social and emotional skills. And that would ultimately impact on behaviour observed in schools. Something that's important to me is enabling the voice of the child to be heard, someone can tap in to that, from a child's perspective.
	9	-That the settings have a better understanding of children's SEN's that they have a better understanding of how they need to support that child's needs, but also that the LA have a better understanding of a child's needs and they know what provision needs to be put in place, and the same for parents really. - I don't think that's the only thing that needs to be achieved - I think perhaps if we were working with children at an earlier, on the sort of prevention and early intervention side of things, then we wouldn't always get to the stage where for instance we need to be putting in requests for statutory assessment to apply for additional funding

		-I think there is more of a role for EP's to be playing for capacity building in the schools so that they can adapt and rework their systems so that they can meet children's needs better, especially those with significant needs, because sometimes the schools are looking for a different placement for a child because they don't think they can meet their needs but I think if we were involved earlier we might be able to help them to do that. - they [schools] need more support in understanding how they can use their PM, with a systemic view, as well as with an individual in mind. And I think that with all our training we understand the systemic issues and the bigger issues - There isn't that one person with that overview of the school - I think there are still a lot of children who need seeing on an individual level, but the schools will keep spending all this money less efficiently, there might be more efficient ways of spending it, I'm not quite sure they've got their heads around that part of it so they're buying in all these different packages for specific children but I'm not sure they've had time to sit and look at their provision mapping and group children -They need somebody to help them understand different groups of children's needs…they may have a child with ASD who needs social communication work but they may have a child that doesn't necessarily have that diagnosis that would also benefit from a similar sort of intervention.
	10	-Identify severe and complex needs and making sure the correct provision is put into place for them -It does at that point [do it] but I think it could be more effective in meeting the needs so they don't become so severe and complex for some children -Some of the children that we see, I think if we'd been involved 2, 3 years ago and we'd helped with therapeutic interventions and done a bit of work on nurture it might not have been so severe
Rules	1	*Supports* -when it was introduced we had a lot of time in team meetings moderating so we knew how to use the model to prioritise cases. This is what a must case looks like, this is what a should case looks like.. -Thinking about the old model, knowing the limitations that had, knowing that this one is more flexible, so if a school needs so many hours of work, you know because of the needs that they've got, then you can do that. Old system was quite restrictive.

		Constrains –it's really, the model is good that you feel like you've got enough time to do what you need, there's still all these little children in the back of your head…….. you're still constrained by time - Schools' perception, you know perhaps schools that don't have an EP going in very often, they haven't got their head round it at all they're still, asking things that, perhaps asking you to do things, like training, which is now a 'could' - Our work having to be much more narrow cos we're a scarce resource. It does, I used to really enjoy being able to do things like training with schools (…) and now all that is 'could' work - Felt we had more flexibility, (…) within reason you could do whatever it is that you wanted to do, as long as it was appropriate of course - there was a better relationship with your schools because, perhaps you were in more as you could see the children that would now be deemed a 'could' and you could go in and do bits of training, [there have been] times when I've gone into a staff meeting just to do a quick half hour slot that's related to a child that I've been working with. -whether it's still about that very narrow role [the future], having to fulfil statutory duties, quite often it seems at the moment children who need a statement
	2	*Supports* -senior management, have attempted to facilitate it by giving us parameters in which we work (…) what is a should, could, must, which we share with the people we're working with out in the schools -we have moderation meetings which allow us as psychologists to discuss the degrees of need. The 'musts' are identified by people outside of our psychology team, by people in IA team, because they have needs that we need to fulfil for them. -the CoP should help us, but I'm not sure it does, and they're not talking about the focus the authority has about delivering resources in the form of money. CoP talks about a process, we're trying to impose another layer upon that process that the authority considers requiring additional support *Constrains* - [the model] is not shared as widely as it should be; we have a crib sheet with information but we don't give schools that information.

		- We talk about youngsters with severe and complex needs, but the boundaries are inevitably quite blurred. What the authority considers to be severe and complex might not meet at all with what a school might see that to be. There is also different focusses of need, in that a youngster presenting significant behavioural issue might present schools with severe and complex difficulties in meeting those needs but that might not come within the authorities remit at all -Also when you talk about little ones, I liaise with a CDC at the hospital, their understanding of a child with complex needs doesn't meet with that view at all. And there is the different between social care's view and education's, quite a lot of conflicts and there isn't a shared view, - We could as an IDSS be very clear with schools, which might be difficult, but there is a complete lack of clarity. - You could have a staged approach; we've done this, and we've seen that this has happened and actually we need to put a little bit more support in, let's see what happens as a result of that. That plan-do-review model helped a lot in looking at the severity, longevity of pupil's needs -We took the journey together [previously], well, its hit and run isn't it [in this model]? We're called in to do an assessment at a point in time, where almost, the decision has almost been made - [this authority] has always had a problem with the dependencies on outsiders [of schools to deal with SEN]. Depends how you work as a psychologist, you could use that [time with schools] to help schools develop more appropriate ways of including children at a whole-school level -schools don't know what they don't know, there are some schools who haven't sought any support from any of the additional services available and they may be the ones that need it most. But there is no way in anymore; the possibility that some children and families are going to be severely disadvantaged as a result of that. Some schools will choose to spend the money in an inappropriate way (…) so you're not actually making the appropriate provision for them anyway -Financial constraints which aren't going to go away very quickly (…) LA's using psychologists sparingly, but I do think there is an opportunity for EP's to do developmental work with schools, sadly not the ones who need it most, and I don't know how you get in there -You can't develop the types of relationships with schools when they are buying in from lots of people. - [in the future] I see it getting more and more fragmented, ultimately schools will possibly start to feel that there isn't anybody at the LA who provides

		support, the EP will revert to someone who only came when a child was going to a special school. Which would be tragic.
	3	*Supports* – I think in terms of teams we are working more as a team on some level, so for example our moderation meeting its very much a team decision about whether children and young people meet our criteria, - I think at the end of the day it has to be your own professional discretion, according to the criteria and at the end of the day the criteria are the rules aren't they? *Constrains* – Those rules! - I think in our team it's becoming time now. Being able to take on all these cases that are coming to us, I'm not sure we have the capacity to do it. I know it comes in swings. It's a constraint because you can't predict the number you are going to have to work with term by term - Time allocation allowed the time to be shared equally, and it put a limit on what you can do, Whether there should be a limit I don't know. The time itself constrained. The children that I see now have such complex needs and the children we saw through the time allocation model seemed to have half as many needs, I don't know where those children were, or why schools weren't bringing them to our attention. I suppose the time allocation model was very constraining for the children we never saw, they were probably sorted out through other funding mechanisms. - Schools still need their hand held in order to deliver it appropriately, they still see us as a route to diverting funding correctly. - What doesn't support it is the massive changes that are happening. - It's sort of concerning, worries you that you don't have the freedom to behave professionally. - For example if you meet a young person who you think would benefit from some sort of therapeutic input, you can't do that as its understood, even if it's not explicit that you are not allowed to, say over 3 weeks, do something of a more therapeutic nature and that's very constraining - So in a way you are constrained in your professional practice that you can't always do what you think would be most beneficial.
	4	*Supports* - Colleagues in the team, one has put together some kind of loose criteria for

		when we bring them to moderation, we needed to do that because it wasn't provided for us. Colleagues asking awkward questions, been really helpful so can say to schools if I haven't got all this information it won't get through. -The new referral is supportive in getting all the information. - Been instructive to talk to other colleagues...you know about this or that…that's been helpful. It's made it more formal I suppose [agreeing to a case] *Constrains* – One thing was that the way it was launched with schools was not ideal (…). They weren't given, for example, clear criteria, there were never any published criteria for schools to say this is what MSC means so it was for us to go and say to them. - This would be an ideal way of constraining EP's work down so that actually schools are requiring less time from EP's so therefore they don't need as many EP's in the future. - Personally I see the MSC model as constraining in itself, rather than thinking "what are the constraints of the MSC model?", I think the MSC model is a constraint of our work. I know that in the past I've made the most difference sometimes in casework that would be no longer possible within the MSC model. - I think often we get asked to become involved when decisions have already been made by other people and we are the…they just need someone to support their decision. I think that's a really poor use of our time. So an example of that would be (…) Learner Support already know that they need a special school placement, and parents want special school placement, but they have to have an EP referral to support that view. So you go and do a big piece of work, but it's just to say yes, that decision is not a daft one. And that to me is a really poor use of time, whereas there could be a child who may not come within the MSC model and you could make a huge difference to them -Schools are expected to buy in advice, (…) but they are not always buying in and they're not always getting quality advice and so there could be a gap, I don't think all the schools are equally skilled at school action, in fact I've heard of some shocking examples of …a child who apparently the restorative approach was to make him stand up in front of the class and they will all vote whether he should lose his golden time, he has to stand there and wait for each child to vote…. So that's restorative approaches, they're not always getting it right at the school action stage, we used to have some input at least to that.

		– Time allocation was never ideal, you relied on schools deciding who they wanted you to see, the thing that has changed is now the LA is having much more of a say than the schools - I felt like I used to try and do more of a consultation approach where you were looking at problem solving, trying to genuinely make things better, I suppose that I can still do that to some extent, but I feel like it's less often the case that the schools are saying we want you to come in because we just want to know what to do. It seems more political now, they want you to come in because they want to up the banding on the statement. Having said that I feel that I'm a better psychologist than I was a few years ago, so I must have gained something, it does make you think a lot doing this MSC, be really clear about things in your mind a lot.
	5	-One way that it can is if you've got a school where their problems are quite minimal from a county perspective you can signpost them. -What supports our practice is all of the theoretical background and all of the research that we do, and our experience out in the field. All of our training and really our ongoing development, and your team supports that too – peer supervision. *Constrains* -Yes, I think there are a lot of areas that we would like to develop our practice because we think that psychologically that would be a useful thing to do and would have beneficial outcomes for young people, schools and community but we're actually constrained, actually in using them by the MSC -I guess the biggest constraint is actually getting the schools to meet the criteria for must or should, because we can't get involved unless they do. They haven't got the evidence there for you, what tends to happen then is they'll say well there's nothing we can do, so we'll exclude or permanently exclude because they say they've got insufficient funding to buy in a specialist teacher or traded EP to support them doing the earlier work - it shows how schools need to be skilled up, and I think we, because we have a good overview of our schools, we're good people to be able to do that, we've already built relationships with our school - what we would have done is have gone in and said, right lets work through this together, much more supportive to the school at an earlier stage (…), this is an incredibly vulnerable child, who is not being managed well within the school setting. It basic stuff and they ought to know [the school], but you can only work with what you've got. - It would be very good to be able to work more therapeutically with children,

		I think we would feel that we had done a more thorough job -Most of the time it comes down to individual children, and are we going to statement them or not, whereas actually we could be doing much broader set of skills. It's constraining as its narrowing the skills base you can use; we could be looking at systemic work, therapeutic work, groups
	6	*Supports* – It supports my practice in that I have more freedom, the cases I do work with I have more freedom, it's been acknowledged that those are the severe and vulnerable and with that there comes a duty of care to meet those needs, so if I need to do three meetings and a home visit, whereas before I was restricted by a time allocation *Constrains* -because its narrowed field of work can only look at severe and complex who usually have to have a statement first so have gone through that process - there was more perhaps, early intervention, in fact there was a lot more early intervention in the old system than there is in the new system. The new system is reactionary. Now, the reactionary was always there but now there is less of us we're only doing reactionary, not also doing preventative unless we're talking about really vulnerable who are at risk of exclusion and we shouldn't be there, we should be there before then. - We're constrained because of the amount of EP's there are now, there is less of us so the severe and complex has got to be prioritised. – I was staggered at the changes that were happening; it seemed to me that we had gone back to 10 years before I'd qualified, where it was statutory assessment and school placement work. It was emphasised [in my training]that that was a narrow part of the work; cognitive assessment and those kinds of things we had to do, but what we really should be doing is applying psychology to all children really and bringing out better outcomes through training, systemic work, early intervention (…) -We are driven by money (…) financial implications are a huge factor, we've got to work as best we can with the means we've got. We've got to be more creative. -Although I feel our work has narrowed, it is still important work - because I'm doing a lot more of that [complex needs casework] I've had to change how I've worked, look a lot more in depth at my casework, professional development has occurred because of that. I've had to become more informed.

	7	*Supports* – Previously we worked on a patch model where schools were given, there was a time allocation model. There were a lot of problems with that, because sometimes you'd go in a school, which has very small time allocation [but with high need] but what you ended up doing was sometimes enormous hours. *Constraints* – You are working with the 'Must' children, and I think they are about the perception of the EP role, theoretically there is a drive for community psychology and joined up working but this model of working doesn't facilitate that (...) we are not involved with school at that kind of level, we are involved with schools at an individual level - I was surprised when I came to LCC by how much the EP role was driven by the assessment / statement route and EP's were very much seen as gatekeepers, and that role has eased off over the past few years but I think that this MSC model and where we sit in it at the moment has driven back that other gatekeeping role. - I think we are being pushed backwards. -you can have a number of people going in to the same setting and that in a way works against building up a relationship doesn't it, because we all work in slightly different ways?
	8	*Supports* – the way the model has been introduced and communicated, to schools and IA, that's been helpful. The model has been clearly articulated, so when I'm having to communicate it to others its clear, there's a clear rationale in terms of directing the time that is available towards the children that have the most significant need and may be viewed as being vulnerable and at risk of poor outcomes The fact that that is ongoing, revisiting, moderating its clear to communicate…. The opportunity to talk on that, reflect on that is really helpful. -Because we've moved away from time allocation, I guess in loose terms ……..time is allocated in a loose sense……. We moderate the work as it comes in, or I moderate it increasingly. To some extent I am able to do what I think needs to be done, so I'm not constrained by 'I've only got ..so many hours with this school'. - Within the team there is peer support and planned supervision with my

		team leader *Constraints* – The model itself does, it's quite clear about what were able to do and not do - In school and the SENCO has said I'd just like [specific input] and I'm ideally placed to do that, but I can't do that because it's a very clear demarcation between traded and statutory services, there isn't any fluidity. I see that as being detrimental to the authority, that they have resources in people, skills and resources in people they employ which are now boundaried - now reflecting on PDRs, a lot of it is tied down to the SCIP, and that's very much driven by the authority and their needs - if you are working with say [specific specialism] then the more work you do in that field, you just develop more expertise, therefore better placed to give better advice, better understanding - meeting with other psychologists who also have that interest or specialism across the country, is really interesting and the CPD is good quality CPD, it's not reliant on you reading something… but having that delivered and having opportunities to talk to other and share your experiences and expertise I just think has to be beneficial for the children and families as well as the authority. - that expertise develops because you've got opportunities to work in that field throughout the year, but if that stops, you're not going to move on The LA has a human resource that is perhaps diminishing rather than increasing.
	9	*Supports* – It is helping me target the most vulnerable children with most complex needs, it is the children that we should be working with. -Having a model gives us that framework to have those discussions with the schools, so if we're in a situation with competing agendas, it does make it easier, and it does help them to understand -I just don't know whether they would do that [buy in support] if they didn't have a conversation with an EP first and that's why the planning meetings that we have are still important -There are some schools that don't need it and I think its professional judgement, some of them just need a phone call but the only reason you know that is through being a link psychologist to that school and having a knowledge of that school (…) and knowing the need within that school;

		having a link EP is important - I think the majority of schools do need that planning meeting and they do report that they find them very useful, they often don't have that time to sit and discuss a child in depth and reflect - In a consultation model it's like the initial consultation that you're having, its pulling together their knowledge really, it gives me an opportunity to help them reframe issues and it might be that then they go away with a few more things to do before we talk again *Constrains* -It might be that in the past I had more time to have that initial consultation [now] I'm too busy trying to work out 'are they going to fall in a Band E?' rather than exploring their concerns -Any children that they brought up to me I would have helped them explore their concerns [even if not seeing directly] whereas now I feel like I can only help them explore their concerns about those who are likely to need a statutory assessment and it gives a different agenda to the conversation - An initial consultation shouldn't be like that really [I should be] basing it on what they feel like the desired change needs to be, working out hypotheses about what might be going on for that child (…) but I don't feel like the conversation is necessarily psychological after that, it might turn into more process (…two terms of involvement from a spec teacher…) - Sometimes you'll come back and they'll have done that two terms of involvement, but because you've not had that really thorough conversation I feel they've not understood what they needed to get out of that, I think they see it is a tick box -The plan-do-review bit goes out of the window (…) they're not all like that [school] but that's when it can feel the most constrained (…) I think it's up to us to shape that behaviour and if we're not in regularly it's difficult for us to do that - I like to try and get them to come up with what they need to do next, through careful questions, using all those solution focussed questions…if it can come from them they're more likely to do it - We feel like we're having those conversations about process that maybe should be coming from a SENDo, (…) we have only got a certain amount of time, so (…) I've got less time to have a psychological conversation - I think it constrains the range of work we do now and we are at risk of becoming deskilled

		- we've learned a lot of skills around prevention and early intervention, therapeutic skills and training in various areas and I think in statutory you don't have the opportunity to do that. It means that you are not reading or researching new areas. If you don't use it you lose it - When we discuss our CPD in PDRs it's got to be linked to the SCIP - I think that prevention and intervention is very important in reducing the number of statements and I think that sometimes there are other ways, other than giving the school extra funding so they can get extra teaching assistant time (…) the authority can use our skills to help the schools look at other ways of supporting children. I just think it's more long term to capacity build to empower schools and unless we use that training and expertise to empower schools that's not going to happen really. - [doing prevention and intervention work] we'd be giving them more protective factors and it would benefit the authority cos they'd be saving money in the long term and the children would be making more progress. -If EP's could do both, traded as well as statutory work then that would solve the problem of becoming deskilled - [in the future] I think there will be more pressure on the stat team because they won't be identifying and meeting children needs at an earlier level, some of that could be prevented, ultimately it will impact on the authority.
	10	*Supports* – works in that it gives you a system, even under time allocation there would be work that you'd be asked to do that you wouldn't think was your role or you wouldn't think was appropriate, so it is clearer on what you can and can't do, -I suppose the moderation meetings help, we've got that consensus on what we'll see and what we won't see…they know that it's been carefully considered - I think the peer discussions about what we'd do with cases *Constraints* – Can't be as proactive as you'd like to be and there are limits on what you can actually do, so you have skills and experiences that you could use, but you can't because you're only seeing children for casework - It makes it very within child, so it's very much about a piece of casework on that child, and I think it almost encourages people to think that it's the child that has the problem rather than me saying that I've noticed you've got a lot of children with ASD, or behaviour, reading issues, how about we look at the

		whole school teaching or whole school strategies for that? Whereas I'm saying this child, and these are the strategies you need which I think creates that kind of thinking doesn't it? And that's probably more likely to encourage them to go down the statement route -I think ESAP encouraged that as well, but I think you could work with the schools more to make them see more it was them as well. You try and do that through the casework as well, but it's almost like, not a reward, but they get something if the child is very poor. So it's almost like schools striving to prove that this child is very needy rather than celebrating the successes -It wasn't very systemic before, but there's *no* room for systemic work in the MSC. It does make the school see us as the people who come in and 'fix' the children, but it means you can't support the schools to have the, the quality first teaching approach and I'm not sure that there's anyone doing that with them. To improve their practice so that everyone is getting that universal wave 1 quality teaching that kind of means that a lot of the issues won't get to wave 3 - They can buy it in, but schools don't see it like that do they? I think you have to be the outsider and they have to very reflective to be able to see it and think, "this is going wrong in our school, we need to something about it", whereas as the EP you can look at the nature of problems and you can do it over a period of years [and say], "I notice you've got a lot of children with these needs, why don't we do x, y and z", and there is less opportunity for that, there's lots of firefighting. -And when they are buying in they aren't necessarily buying in the right things (…) Schools will be quite critical of the specialist teacher, when it's not the teachers fault because the teacher has done what they've been asked to do, but it hasn't solved the problem that they have, because they've used the wrong tool to solve it -We used to do a lot more of helping them work out what the problem actually is, we used to go back every term so they'd try things out and we'd go back (…) and it's that monitoring and feeding back (…) its working together to see what works, it's a task analysis - I've seen children whose behaviour has deteriorated a lot more quickly; they've got statements now for behaviour, who I think maybe wouldn't have been at a band E if the intervention had been there sooner. It's not just us, it's the [PRU's] understaffed too, I think part of that is the [PRUs] are being asked to come in more because the schools are not being supported and they haven't got the skills they should have.

Division of Labour	1	-Tend to take on cases and pieces of work from the school where we are the link EP, try and do that as much as possible as you know that school, and they know you so it's an easier and more productive relationship we think - if I was going in to lots of schools I didn't know then perhaps things would take longer, because you know them and how they work and what skills they've got, you haven't got that… -People like working with people that they already know and know a little bit about how they work, but whether that can be sustained I don't know (…) because of the model of work it might be that we almost have to go through a referral model and all the cases come in and they get distributed.
	2	-We (P&P) EP's do the must and should, and more and more it's the must, which is focussed very much on assessment and less and less on intervention, I mean assessment in its broadest sense[….] because there is no follow up it's usually an event - in the past we were part of a whole network of people who provided support to children, school, families , other agencies so we were a cog in a much bigger wheel - Presently we do this little bit of work, and previously we had lots of 'spokes' to what we did and so we could (…) work with them over time and make sure that whatever was put in place for school was appropriate, which might involve working with the TA, family, whole school intervention, a piece of INSET. Though it might start at the same point, it would fly off in all different directions depending on the needs of the child and now we just focus on the tiny little bit. -I always found the most effective INSET was about the needs of a child, or a small group of children, because then the school could hang it on that, they could see, "this is why we're doing this". We've lost that as well, it's become more individualised, you make recommendations for a child and the school see that they are for *that* child [rather than] take it on as a more inclusive part of their practice. Not that I don't still try to do that but I don't think the way we work helps with that at a conceptual level, they see it as us working very much with the individual, understandably. -The selling of services has gone on for a few years now and we used to be involved in a mixed economy which I think worked much better in one sense, because we could still deliver that sort of interventions where we felt it was appropriate, we could follow things up better -That's the other thing we have lost in the model is ongoing work with the schools, so you knew, no matter what you say all schools are never going to be the same as one another. So if you know a school you can know, actually,

		this will work in this school where it won't work in that school. So schools are still buying stuff that may not be of any value to them -As a psychologist you try very hard to keep your core schema intact, so whatever changes go along in terms of process you are still doing psychology, so I still do what I do to the best of my ability within whatever constraints are imposed on me by the bigger structure
	3	-cases distributed among the team. There is the potential to work in one another's schools -Ideally the work would be more multi-agency, with a lot more joined-up thinking with other services. Occasionally you do come across really good multi-agency working, quite often you don't, you might be at a TAC meeting but playing the game, all there for that child but not with joined up thinking. - [previously] Had my own patch, had time allocated, where in full control of how you used that time, well through negotiation, but if you wanted to do 2 hours of inset training and they agreed you could do that. -Don't think I ever went to anybody else's schools, but now I do to pick up colleagues cases. You just feel that you are on someone else's territory, you are aware that your way of being an EP might be a different way to what they are familiar with and that concerns me sometimes.
	4	- It's our responsibility to bring a case to the moderating meeting. In a sense it feels like you are trying to persuade your colleagues to say yes, because you think it should done. - You still have a responsibility, if you've agreed to fill this form in with these people you're basically, tacitly, agreeing, "I think this is a reasonable, a valid referral", in a sense you're putting someone through a lot of hard work if its turned down - The nice thing about it, you can start to formulate hypotheses and stuff when you're presenting it, and quite often people [colleagues] might say, "have you thought about…?", that's useful, but if I think back to my original training and the consultation model, you have gone on a journey in your thinking - but you haven't taken the parents or the school with you on your journey
	5	-We have a notional link to a number of schools so that the first port of call for a school is to go to their link / named EP. -Receive work from SENDO's, so IDSS requests. Parents rarely. Shared by the MSC model, that can be protective but can also hamper and constrain it.
	6	-Giving us a patch of schools through our link is a crude way of dividing our

		work -I think as a team we manage it quite well. -Other teams in IDSS have their division of labour and feed into us and I guess we feed into others, like we signpost to Learner Support - We have more tribunals, but whether that's to do with the model, but that's to do with parental preference and resource issues
	7	- We do Link visits, I've tended to do all mine as it was a relatively new patch, and school find those very valuable. - You've got work that comes in through link visits, got EY, special school reviews.
	8	-Team leader has a key role in terms of how work is going to be shared, so that overall there is some equity in the year, so someone who is 0.5 takes roughly point 5 of the workload -Through moderation and team meetings - If I ever feel there are just too many coming through, "I can't fit this in", we work as a team so we've got flexibility
	9	- EP's are doing the statutory work. - Make those assessments and give that advice both to the settings and the authority. -The SENDO's role is to look at all the advice, and is more about provision, funding and resources. - Management are working more systemically but because, with the CoP changing and the EHC, their focus is on, political changes happening
	10	- Do our own schools, the rest is just shared out, maybe due to preference or just who's got space in their diary.
Tools	1	-Consultation approaches, assessment materials, BAS3 as part of assessment, observation, discussion with staff and parents and children, questionnaires, various things as appropriate to gain a better understanding of the child's needs -Listening skills, knowing what the right questions are to ask, or not ask. -Understanding of how schools and nursery's work and theories about child development, groups dynamics and families, how schools might work with

		families - [the tools in the past] Just the same. Although we're using this model, the actual work isn't much different, the cases are more complex, but the actual process of doing the work, well, it's all around a child now, hasn't changed. - In the past we would do other types of work, group work, or with adults, training, with parents – If the model continues and the financial climate we're in gets worse, or you know has an impact on the range of work we can do, then I think the tools will also become narrower. Whether they *can* become narrower - Still using a lot of those things [abstract tools] in your interactions with staff and parents…. -In terms of individual casework, you are still using those tools. Things like understanding child development, consultation skills
	2	-I continue to use all the core assessment processes, tools that I've always done as a psychologist. I continue to try to disseminate information through the use of materials that I've gathered, but less so. Because I'm not a fan of just giving stuff, I want to go back and talk about it, try and embed it, otherwise it can be a bit dangerous - Go back very rarely, more often with pre-school children. Not as fluid as it was, time allocation had its problems but at least you could say I'm coming back. You wouldn't make that journey now, it would be time inefficient. - I still use a lot of personal interaction with the schools, or try and build up a relationship, that's very noticeable over the last two years how difficult that is to keep that going. -The thing about MSC, we give the schools the information [about the model] in verbal form, we don't give it in writing -Interviewing skills, observational skills, assessment tools as in standardised assessments, information that the authority like to have in a concrete form. - Quite a lot going on there that is hidden, the systems-type observation work that you do as a psychologist, which might not be particularly obvious and it's is harder when you haven't got the links with the schools, there is a component of it that as you visit schools less and less you have to work harder to find, it actually makes you quite inefficient. - If you've been working with a school for a long time you know its strengths, you also know the things that might need a bit of help to move along, if you're going in to a school without that information that takes longer to

		establish, - One thing that is taking a massive amount of time is where a colleague from the traded team has done some assessment work and then it's our responsibility to produce a psychological advice, and actually I find that takes longer, than had I been the person who wrote the report. *Past* – I was probably using a similar repertoire, I suppose the emphasis was slightly different, I feel that I tend to focus on the use of standardised methods, interviews, checklists and things more now…because that's the requirement of writing the report if you like, there will be lots of other information available, quite a wealth of information, so it's what I can add to this at this point of time, I'm filling in the gaps. - Before I would have been a bit more global, now I think which gaps do I need to fill to be more efficient, to do the job that is required here. I'm more focussed on what the authority wants (…) and at the same time trying to do the bit that makes the difference for the child, which is talking to people and making sure they have an understanding (…) I want to be involved in changing their practice to support this child, or include them - [we use] a psychological perspective and a body of knowledge that is developing all the time. (…) there is a whole body of information that not all schools do access so that is part of our resource, that is part of our tool, why your overview is important and I think that is incredibly valuable to the authority and sometimes I don't think they realise the breadth of what we have to offer. -And it's about report writing as well (…). Unfortunately we are split into lots of different bits by the demands of what those people want from that report and I don't think people are aware of how painful some reports are. -I sometimes think that we [EP's] as a group of people, sometimes fail to recognise what we are doing to facilitate other people all the time, including our colleagues in the IA team.
	3	-Assessment tools, I think probably that's what we're using more of as that's what we are being asked to do, work more with those children who might meet criteria for statutory assessment, and you usually need to do some sort of cognitive or ability assess. -at other end of spectrum we are using each other as tools, as we have quite a lot of group supervision which we didn't previously do and you learn a lot from each other. -With the previous model you were very much on your own doing your own

		thing as you've always done. Sharing working practice is immensely valuable - Questionnaires, different approaches to eliciting children's views. I like to use drawings, using different techniques to get them engaged. -We're the best tool that we have – no matter what model you work under. - Cognitive assessment seemed to be historically what schools wanted so that they could see which children would qualify for funding, don't think it's changed that much yet but it is changing. -It all comes down to money, and it's not, it's not…it's not what you trained to do. -I think the model provides, I suppose it provides the channels through which we can do our work, we do still work for the authority and there is a limit to resources. The model provides a way of finding out who they should be, perhaps those that are demonstrating they are the most needy.
	4	-90% asking questions, and I think that's the thing that you need to do as a psychologist always. I tend to try to ask solution focussed questions. In whatever I do that's there It's pushing them to say, well what information have you got already, pretty much everything that needs to be known is already known in the system. As a psychologist what you are really trying to do is make sense of the mass of information that's available, to pull it together to form an understanding that's helpful and can get you somewhere, but they don't do that generally [schools], it's just fragmented information that's bundled together, so ideally I would like to try and push them to 'what does that mean' 'what is your analysis of this?' I find that almost without exception they don't really do that in schools. I think that's what they need me for. -provision mapping could be a way of having them present the information without reinventing the wheel each time. I would be quite excited about that because it wouldn't feel quite so much like firefighting then, it would feel more like you were adding some value, it would go beyond that individual case
	5	-Observation, interview skills, knowledge and understanding of childhood development, all of the knowledge that you've gained from theory and practice from different types of SEN, massive variety. -Psychological testing, that can be very useful actually but also the LA like that kind of assessment. - Solution focussed work, using Circle of Adults, which I no longer feel I'm in a

		position to do. I do use solution focussed through TAC meetings etcetera - seems to be less opportunity to work on something like a Circle of Adults with a child, I feel constrained, I don't know if I'm right in feeling constrained or whether I would be able to do. I feel I wouldn't be able to. -Looking at more systemic work, looking at a schools soft systems and that sort of thing that I would have been able to use before and could have been very beneficial [gives specific example of difficulties reported by a school about a child] that's desperately what that school needs and they are not even aware that they need it – we could have done training, we would be looking at skilling-up schools to manage their difficulties and solve their difficulties, if that school was skilled up in understanding attachment they wouldn't have half the problems. - you can talk about it, put it in to reports, but unless you can actually support the school in actually understanding then they are not going to make that change. - if you sensitively had a staff meeting to look at specific areas and get them involved in taking ownership of it, that's how you get them to become aware (…). Its all very well to say "well go and ask it of traded", but you haven't got the relationship – Longer term it's just like a wheel it'll just come round. History probably tells us quite a lot. And I think it will happen because there will be a lot of children with a lot of unmet need. Two choices, ignore the unmet need but what it will eventually require is people with our skills and knowledge and understanding, it gets worse before it gets better. If the local authority continues to exist.
	6	- Use experience and professional knowledge to help with the categorisation of MSC, use it also to deliver my service. -We need resources like BAS3 and laptop, time, CPD time to improve my practice due to the [changing] spectrum of work. - successful dialogue to try and ascertain the problem and problem owner, then I use knowledge of needs. - Assessments, interviews, discussions, analysis *Previous* – Tools are the same, just use more of some. I draw on more because the children are more complex - I used to quite confident in a range of intervention, precision teaching, circle

		of friends, social skill programmes, all sorts of things, I'd be recommending those on a regular basis then I could go in and tell them what to do but I'm not doing any of that now so I've forgotten loads of it. So I've lost skills, definitely lost skills which is a shame really. - I've lost working relationships as well to a point. I developed very good relationships with SENCO's – that's all gone, it's really different. It was useful cos it was a better use of time, in so much as if you developed a relationship with a school and you were going in you get to know their needs so you can make recommendations, you could suggest training -This is another issue, we are now reducing link meetings; we used to have 3 planning meetings a year and that was really valuable, because new things crop-up and you could address them. Then it went down to one a year, the EP's didn't want that, that was pushed on them, so then you're planning for a whole year. (…)Now we're gone down to not everyone will get a link meeting and it does worry me that things will get missed and not picked up on. -Sometimes need isn't correctly identified, we pick up on things that other professionals don't or teachers don't. Through that conversation you say "have you thought about that, and how that might be impacting on" and it's not been thought about, and even though to us it feels really obvious, it's funny how our work isn't obvious to a lot of people, you know you don't get a lot of recognition for what you do -We were told last week that all 'shoulds' had to stop, when we were handed a load of 'musts' and I've just appointed a should case, and I have professionally chosen to prioritise that, because [gives synopsis of case], now I also need to see a 'must ' kid, who they're questioning next year's place, so I made an appointment for in a number of weeks – but I shouldn't have done that – I should have seen him next week, but he's not in dire straits. -Actually at the end of the day I'm an EP, and I practice to HCPC guidelines and the BPS and in the code of ethics there is a clear duty of care that if you identify a need, you have to act on that need. -The model is flawed, its counterproductive, it works against itself in that we're trying to identify the most neediest and prioritising those children, but the model itself is preventing us perhaps from seeing those children who are far, far more vulnerable than the 'musts', but they're not musts yet cos they've not got a statement. -[What would be the mechanism for deciding] Professional judgement, drawing on what we know as EP's, our professional judgement of psychological difficulties and implications. The application of psychology would guide it.

	7	-Use a PCP model of working quite frequently in discussions - Assessment materials, you tend to end up with a small battery of tried and trusted. I use the BAS, use different assessments -Open questioning - No I don't think tools have changed [from previous model] - I think we have to be really careful as if we keep throwing back work we're going to end up people saying well we'll buy in, and I don't think that's a good long term thing for LCC because they won't get that continuity, they won't get the payoff from working over time everything will be fragmented.
	8	-Draw on academic qualification and expertise in terms of my training and CPD -Draw on skills and personal attributes, eg time management, ability to work under pressure, to show empathy but to be able to stand back and see the bigger picture -Working with people, operating different kind of frameworks, having a solution focussed framework -Different psychological perspectives…it would be really nice to have time to stand back and think about the psychology you're using -All the materials and assessment tools, BAS3, ADOS on more regular basis than I used to. CCC-2 quite a bit. I use other kind of scaling materials when I'm talking with children… a range of things to elicit children's views -Recording the work we do, that in the forefront developing systems of how we record stuff and being asked how many hours we spend doing what we do … kind of systems for doing that in a time-effective way. - I think in terms of my work with families' young people and schools, no not really [tools haven't changed]. I think I've always worked with children with severe and complex learning needs, I think we're doing more of that now, but I've always had that experience - Not spending time preparing, not doing the research now [for training] - In terms of working with others at a consultation level, did a lot of consultation in schools under the time allocation. - I always wanted to have a consultation to generate the actions and the advice, so I was very much not wanting to do two pages of strategies and suggested approaches but actually through consultation to agree what would happen… and I'm very much more an advice giver now

		-getting alongside people in schools, so you do the planning, you do the reviewing, you go back and you consult again to see how the strategies are working. That isn't happening, and I think that's a loss in terms of skills - Working in a solution oriented way is limited, the kind of work that we're doing now doesn't seem to be amenable to that -In the ideal world we'd be a bigger team we'd be able to do the full breadth, and we wouldn't lose our skills in terms of training. If you don't do it, you're at risk of losing it. The maintenance element is really important.
	9	-Knowledge of psychology, even though I feel like I'm using that less, as well as the knowledge of local policy and legislation. -Knowledge of different areas of SEN, child development, knowledge of lots of overarching theories that we'd be using all the time, like attachment theory, understanding motivation, social learning theory, all sorts, and I think the skill is when you become unconsciously competent in integrating that theory into practice, the application of theory. -We also use research as well, our knowledge of research when we're giving advice, giving recommendations based on research that we've read and knowledge that that works, of course the anecdotal evidence that you get all the time from going round all the different schools, making recommendations for particular interventions and then going back and finding out about how that's worked. And that's again the importance of having a link school than having a sort of referral model. -If you had a referral model where you had a group of EP's and children were referred in to it and as an EP's you just pick up the next referral and go in to any school, you wouldn't have, again it's that knowledge of that school and the systems and how its working, you wouldn't have relationships, you wouldn't be going in to the same schools. -Often we don't have the time to go back and do that plan-do-review and see how things are. If you're in a school regularly you have those incidental conversations and say 'oh, how did the social stories go?', I think there is a lot that we do that isn't necessarily recorded. - Finding those systemic issues in a school come about through that regular input, knowledge of a school, how it all works, functions so to speak, and I do think if that if that work that is more based at a group or systemic level is done by the traded EP's then they won't have those opportunities will they? -And I do know that some of the schools are choosing not to buy in an IDSS specialist teacher or an EP but are choosing their own independent specialist teacher or EP where they know that they can use the same person and I wonder if part of that is, the relationships are so important and they want to

		build that relationship up and they know that they can ask them certain questions and they will then be starting to get to know the systemic issues in their school rather than spending their money each time on what might be a different person - I think as an EP it can be quite isolating….that school can become your team and I like to think that when I go in to that school they see me as an extension of their team - [working regularly with schools] It impacts on my practice as it gives me an opportunity to identify what the needs are in the school. If I'm always looking at individual casework then perhaps I might lose the expertise to have that organisational understanding - Also with us not being teachers not any more, to understand how schools are changing … you get that ongoing information about school based issues that you might not get [otherwise] – the previous authority I worked at used the consultation model much more strongly, my tools in that first year [at this authority] were very different, one of the first things I had to learn was report writing - I also delivered bit of training, I also did bits of therapeutic work, I did workshops with staff as well -Applying my knowledge of research, child development and SEN is done very differently now it's done through casework and conversations through casework and that might just be with the SENCO, whereas before I felt like I could reach more people (…) so I felt like I could capacity build and empower more people, whereas as now….that's the work I should be advising the schools to buy in - In terms of the therapeutic intervention as well, 1-to-1 work with young people, helps me to continue my understanding of young people as well and the issues that they're going through, its different hearing second hand.
	10	- Working with the schools and the abilities that they have in schools already, the abilities that they don't always realise. - Solution focussed, looking at what the issues and what we've got already to work with it - Skills in facilitating discussions to move forward - Use colleagues and their knowledge, their experiences - It's our training, using the knowledge of our training, but too be honest under the model that we have now, our model was a lot more wide-ranging,

		so it's how you narrow that down enough - No, I wouldn't say so [previous tools used], just use them in a different way, we did spend more time theorising about the psychology, now you're just reacting as quick as you can - Used to do a lot more intervention and therapeutic work and training and working together, with a colleague, so like a Circle of Adults. They come to their own solutions quicker, so in an hour there is a lot more quality work done than in 3 hours observing and assessing a child. - Less supporting schools than we used to, we were a lot more visible in our schools in the old system. - SENCO's tend to be more independent and that's not always good. Sometimes you'll go in and discover things are quite disorganised and they've done things that they wouldn't have done with support. - You only have discussions about the children you're going to see - I think schools feel less supported, and I think there's more to clean up when you get there, and there seems to be a lot more pressure for SENCOs, and I think they could be a lot more supported than they could be.

APPENDIX 7: Coded data organised into themes.

Object Themes

Themes	Data
Prioritising the neediest	-When school and settings are telling me about a concern that they have about a child then I'm thinking about the MSC model, getting information that helps me think is this a 'Must' case, 'should' case or a 'could' case, -What could my involvement be, where does it lie in terms of the MSC model -Supporting schools and others to ensure that we're identifying youngsters with the highest level of need, brackets, statutory needs - there are many youngsters who have a high level of needs but they don't fall within our remit, so it's helping others to tease that out I suppose -Involved in assessments, annual reviews. We do quite a lot of discussions in link meetings, where we're talking about children we wouldn't be seeing, and sort of giving that advice really and being used as sounding boards. - and part of that is deciding which children we should be seeing, as that fits in with the MSC model, so it's about prioritisation really, - so we are seeing the most, with us being a limited resource, so we're seeing the most severe and complex really, with the most long lasting needs -Ultimately finding those children and young people who have needs that are so complex that money would be well spent on them. The object is to be working with the children who will benefit most from our input although I don't actually think that is always the case -realistically we are working on the assessment of children who are highly likely to be going forward for statementing, they *can* be the most vulnerable children,
The nature of	- and then completing work which falls within that remit, so that's generally around statutory assessment or providing information which

work we are involved in	would lead to statutory assessment -Supporting the authority to make appropriate provision for those youngsters who may be moving into the authority, looked after children coming from other educational establishments -Public money has to be spent very carefully and I think that the object of our involvement now is to ensure that the money is going to the right people and not those children who really, if they were being well taught, wouldn't require our input. -Very much casework, used to be a mixture of doing some staff development work and so on, and the case work that we are working on is being dictated to us as to what we can and can't do. -The actual day-to-day casework has not changed that much except that they are usually more complex cases (…) More complex doesn't necessarily mean more difficult, because sometimes with a child with very complex needs it's very easy to say you need to be doing this, this and this. -it it's become more of a sausage machine, see the child, write a report, goes forward to statutory assessment. -applying psychology to a range of service users, which is predominately children and families, whether they be EY, school age, high school. When the work is commissioned it agreed what level of work that it, and I have to prioritise my 'must' work above 'should'. -Mainly working with children and families, in fact it's all working with children and families because we're not doing training at present, there is no room in the model for training -a lot of the 'must' work is now driven by the needs of our SEND team and they require a psychological perspective on an individual. -Primarily assessment driven, in terms of identifying young peoples' strengths and needs, and EY children and then the provision that would be required to meet those needs. -Also working within systems where we're attempting to resolve dispute, therefore I'm part of activities in which I offer an impartial view based on the activities I've undertaken and therefore have to understand the views of everyone involved - I used to spend quite a bit of time involved in training, in EY settings / schools. Maybe there was time to do other work around

	developing specialisms. -our model has narrowed down the kind of work in which we engage. -And in terms of the children I am now seeing, I'm spending more time working with children with complex needs, whereas in the past…working with children without that level of complexity, therefore I was responding to schools concerns and maybe their capacity to meet children's needs. I was often asked to assess children, it was to do with their capacity in how to deal with the children. A lot of the time I was about pulling information together. Acting as a bridge or mediator putting forward other people's perspectives, perhaps bringing forward the voice of the child. -Feels like the object is casework -statutory work, so children who have either got a statement, going for a statement or will need a statement in the future, children with severe and complex needs. Last year we did a bit of provision mapping… but we don't do that anymore. - There's a lot more monitoring of their paperwork….cos of the meetings we have were we discuss all that…its helpful professionally to have those discussions but it's time consuming…and its difficult walking away from that school. Previously you could book things in there and then but now you take them all to the meeting then you have to try and get back in touch with people, which is time consuming - The way it's going at the moment I think we will be just doing the 'musts' [in the future], services will be cut further, and it will just be the children who are having statements.
Effecting change through the application of psychology	-Helping staff understand the child's skills or what they need to have in place to build their skills further -Often helping parents understand what the child perhaps might be finding difficult and what can be done in a positive way to help them, but also recognising the skills the child has got and re-framing the question, and re-framing perception, you know trying to change peoples' perceptions of the child and their skills and needs, but also the impact that they can have The ones that I find much more difficult is when you've got to persuade people to change their views of a child or to do things in a different way to they've always done; that's the really difficult thing that you do as and EP -It's going to a meeting and by the end of the meeting people are changing their view of the child and are able to see things in a new way

	(…) and they can move forward in the way that they do things, and it's become much more of a discussion around, you know, funding and etcetera. - I'm trying [to apply psychology in the way I think it's effective], but it's under the radar, it's not the official thing you are doing, for example you are going to a meeting to discuss if the child should be put forward for statutory assessment or not - My sense is that's how other people in IDSS see our role really at the moment (…) I don't think it's what other members of IDSS would ask us to get involved for and the school wouldn't either, don't think the parents would either. So you try and find opportunities to do stuff, you try and work in interesting ways -We never get the chance to actually explain that to anyone else… to go and say to senior management, well this is what we could be doing.
Limitations to the proactive and efficient application of psychology	- We've made the criteria so strict now that a lot of schools are saying 'we haven't got any children to refer to you' which has had the effect that now lots of schools are not referring or they are referring very few children and there is a danger that they will stop using the service because they are not getting what they used to get and they're, well it's all around will they meet Band E? -In my opinion we missed a trick with regards to provision mapping, we should have been right in there and saying right, we have a remit for doing provision mapping with you, and really growing that, so the schools were really on board with that and then we could say to them 'you can present your provision map when you refer', so that's easy, it's done - and we could have caught the ones that they previously used to refer but are no longer referring, we could have caught them within the provision mapping remit, and said well let's look at how you are supporting them and so on. -but actually there are some extremely vulnerable children who would not meet the MSC criteria and if only we were able to work with those children we may not need to go as far as statutory assessment *Above is about addressing the need of those the model judges to have lower level need to prevent needs escalating through proactive and efficient application of psychology.* -I find it a bit constraining at times I was asked to deal with a group of pupils in a school, they were 'musts', all high risk, (…) they thought

	that EP involvement would be useful, and I could see that being a really good piece of work in terms of looking at the effectiveness of interventions and strategies, giving some evidence based information about what practices are going on (…) I think it's a shame, it's a lost opportunity -There were less restrictions before, so for instance, now the 'could' part is delivering training and seeing children for interventions and more preventative work, whereas in the past we might have negotiated that work with the school and done that work ourselves which is quite useful in one respect; as a link psychologist to a school, you do get to know a school and what their strengths and weaknesses are or what their cohort is, through casework you might get for instance several children that are presenting with a behavioural difficulties and you might see that as a systemic issue, and you might address that systemically, rather than seeing four children I could then deliver some training and base that around casework -there was probably more opportunity to do more capacity building within schools and to sort of work with the school to know that was what was needed, whereas now I think we're very reliant on the school to know what's needed, and to request that and pay for that (…) whether they will prioritise it appropriately will differ between different schools. -Before it was about priority of need for the school so if they had 4 or 5 children who they had behavioural problems with, I'd go and do behaviour training or I'd do some work around behaviour, or I'd say, "I'll come and see this one child, here are the strategies, see how you get on and then perhaps we'll see the others", whereas now we see every child that meets the criteria and sometimes you might see 5 behaviour children going for statements rather than that early intervention - there's a lot more kind of coming in when its progressed quite far, rather than that earlier point

Outcome Themes

Themes	Data
Prioritising the neediest	-Prioritising the children that we get involved with in terms of the level and severity of need, you know because EP's are a scarce resource now and we're having to kind of be more focussed or narrow

	- Also gives us as EPs a way of saying to schools (…) help them understand that we need to prioritise -The purpose of the MSC is a moderation to ensure we are all accepting similar levels of referral across county, so we are trying to get some kind of consistency. -In a way it's a complex way of saying 'no' to some children. -That the pupils are only seen where they're seen to be at a specific level of need -There are a lot of problems in that we're missing children that it would have been useful for us to have seen, they may not be children who would have a got a statement but they are children with more complex and subtle difficulties
Differences in perception of the core purpose of educational psychology	-The work that we get involved with is the authorities statutory duties, identifying children with SEN -Fulfilling the authorities statutory duties -From LA perspective is that we fulfil their statutory criteria for statementing children -my outcomes are related to providing psychological advice, whether its providing an initial assessment, or whether that's providing psychological advice at key points of transition or updated advice and insight in relation to children who already have statements but the placement is under some kind of pressure, or the parents feel the children aren't making as much progress as they should be, or school aren't meeting the child's needs -Identify severe and complex needs and making sure the correct provision is put into place for them -We're improving outcomes for individuals and families, it's about applying psychology, identifying needs and ways to support those needs, and through our involvement hopefully we are bringing about better outcomes -In schools it's about children where children are displaying behavioural problems, social and emotional or children who are vulnerable in terms of socioeconomic factors or children who are looked after. -I think it's about improved outcomes in school, in terms of not always just learning outcomes, but that child's mental health, well-being, social and emotional skills. And that would ultimately impact on behaviour observed in schools. Something that's important to me is

	enabling the voice of the child to be heard, someone can tap in to that, from a child's perspective. -That the settings have a better understanding of children's SEN's that they have a better understanding of how they need to support that child's needs, but also that the LA have a better understanding of a child's needs and they know what provision needs to be put in place, and the same for parents really. -we are hoping to achieve the most positive outcomes for the CYP with whom we work. If we didn't work with them they might be in danger of having more negative outcomes. Hopefully by becoming involved we can pre-empt, or change the path they are on and I think if we can't hold on to that belief then what are we doing? -BUT at the same time as a psychologist I'm trying to enable something else to go on, […] Hopefully making whatever it is better for the child, so I might be writing a statutory advice, but at the same time you are working with the people who work with that youngster, so I'm trying to make sure I'm giving support and psychological advice which they can instantly use and make things better. I feel that what they [the LA] don't see is the bit that I'm doing, they just want the outcome - they're honing in all the time on what they have to do to in order to meet their statutory needs, which I can understand, but from my point of view as a psychologist there is lots more going on that just isn't being noticed, or isn't considered to be valuable. Professionally that bit about providing a service, providing the psychological input is my focus, whilst doing what I need to do to get my money. - There is a bit of a disconnect between the actual work and the perception of the work
Limitations to the proactive and efficient application of psychology	-I also think another aspect is that we don't get to do the sort of work that would make the difference because that becomes not 'must' work but actually could have massive impact for the children, schools and parents. -I'm narrowed in that [improving outcomes], as an EP you are trained to reduce barriers to learning, improve outcomes for individuals in terms of their education whether that's learning or social and emotional but within the MSC model we are much more restricted on those we work with because we are working to a criteria that's dictated to by others, we didn't have that criteria before we had flexibility. -I'm restricted because before my role was negotiated with schools, we could negotiate who we work with, any child with a recognised need; we could target our time to improve outcomes. -The idea behind it is that although I'm not providing that someone else will be because the school's got a duty of care to provide that (…)

	but whether that's occurring I don't know. That would be my question, are those needs, those needs will still be there they haven't gone away, is someone actually meeting those needs now that I'm not? - I don't think that's the only thing that needs to be achieved [statutory and pre-statutory work] I think perhaps if we were working with children at an earlier, on the sort of prevention and early intervention side of things, then we wouldn't always get to the stage where for instance we need to be putting in requests for statutory assessment to apply for additional funding -I think there is more of a role for EP's to be playing for capacity building in the schools so that they can adapt and rework their systems so that they can meet children's needs better, especially those with significant needs, because sometimes the schools are looking for a different placement for a child because they don't think they can meet their needs but I think if we were involved earlier we might be able to help them to do that. - they [schools] need more support in understanding how they can use their PM, with a systemic view, as well as with an individual in mind. And I think that with all our training we understand the systemic issues and the bigger issues - There isn't that one person with that overview of the school - I think there are still a lot of children who need seeing on an individual level, but the schools will keep spending all this money less efficiently, there might be more efficient ways of spending it, I'm not quite sure they've got their heads around that part of it so they're buying in all these different packages for specific children but I'm not sure they've had time to sit and look at their provision mapping and group children -They need somebody to help them understand different groups of children's needs…they may have a child with ASD who needs social communication work but they may have a child that doesn't necessarily have that diagnosis that would also benefit from a similar sort of intervention. -It does at that point [do it] but I think it could be more effective in meeting the needs so they don't become so severe and complex for some children -Some of the children that we see, I think if we'd been involved 2, 3 years ago and we'd helped with therapeutic interventions and done a bit of work on nurture it might not have been so severe

Inefficient working	-The other thing is that we take one child at a time now, so what that means is I can't pop into a school and say well I'll do a bit of this child, I'll meet the teacher for the next child, in terms of the consultation model, I used to be able to say, do consultations on 3 children in a visit and get things going and agree some strategies, start off with that, I'll come back. That's no longer possible. - It also means that you're writing a lot longer reports because it's at that level where you think school is going to put in for statutory assessment -In terms of outcomes for children I think the process is longer, from when the first referral is done it can be quite a long time before they get the final report, if you were the parents you could get frustrated with the system. -[There is a] split in continuity, for example, if a child comes to moderation and gets turned down, they are signposted to traded, I've had the situation where traded have done a piece of work, I didn't get a copy of the report, and statutory assessment has been agreed and that can be quite awkward because if it comes at the end of July for example, you have very little knowledge of the child and all of a sudden you've got a statutory assessment that's got to be done.
Misc	-On the plus side of it, as a team we benefit from doing the moderation because we sit in a room with a number of colleagues who ask awkward questions and you have to justify why you are bringing a certain case and I think it has sharpened up peoples' thinking sometimes. -One the one hand, SEN is a socially constructed thing, its resource driven, a child can have SEN in one school and not in another. (…) Depends how you define how complex and difficult a SEN has to be isn't it? And all that is driven by resources and funding and provision.

Rules

Theme	**Data**
Peer collaboration / moderation	-when it was introduced we had a lot of time in team meetings moderating so we knew how to use the model to prioritise cases. This is what a must case looks like, this is what a should case looks like.. -we have moderation meetings which allow us as psychologists to discuss the degrees of need.

	– I think in terms of teams we are working more as a team on some level, so for example our moderation meeting its very much a team decision about whether children and young people meet our criteria, - Colleagues in the team, one has put together some kind of loose criteria for when we bring them to moderation, we needed to do that because it wasn't provided for us. Colleagues asking awkward questions, been really helpful so can say to schools if I haven't got all this information it won't get through. - Been instructive to talk to other colleagues...you know about this or that…that's been helpful. It's made it more formal I suppose [agreeing to a case] -your team supports that too – peer supervision. -The fact that that is ongoing, revisiting, moderating its clear to communicate…. The opportunity to talk on that, reflect on that is really helpful. - Within the team there is peer support and planned supervision with my team leader - I think the peer discussions about what we'd do with cases
Functional aspects of the model	-The new referral is supportive in getting all the information. - I think the majority of schools do need that planning meeting and they do report that they find them very useful, they often don't have that time to sit and discuss a child in depth and reflect - In a consultation model it's like the initial consultation that you're having, its pulling together their knowledge really, it gives me an opportunity to help them reframe issues and it might be that then they go away with a few more things to do before we talk again
Clear rationale and delineated criteria	-senior management, have attempted to facilitate it by giving us parameters in which we work (…) what is a should, could, must, which we share with the people we're working with out in the schools – the way the model has been introduced and communicated, to schools and IA, that's been helpful. -The model has been clearly articulated, so when I'm having to communicate it to others its clear,

	-there's a clear rationale in terms of directing the time that is available towards the children that have the most significant need and may be viewed as being vulnerable and at risk of poor outcomes -One way that it can is if you've got a school where their problems are quite minimal from a county perspective you can signpost them. -Having a model gives us that framework to have those discussions with the schools, so if we're in a situation with competing agendas, it does make it easier, and it does help them to understand – works in that it gives you a system, even under time allocation there would be work that you'd be asked to do that you wouldn't think was your role or you wouldn't think was appropriate, so it is clearer on what you can and can't do, -I suppose the moderation meetings help, we've got that consensus on what we'll see and what we won't see…they know that it's been carefully considered -It is helping me target the most vulnerable children with most complex needs, it is the children that we should be working with.
Time	-Thinking about the old model, knowing the limitations that had, knowing that this one is more flexible, so if a school needs so many hours of work, you know because of the needs that they've got, then you can do that. Old system was quite restrictive. – It supports my practice in that I have more freedom, the cases I do work with I have more freedom, it's been acknowledged that those are the severe and vulnerable and with that there comes a duty of care to meet those needs, so if I need to do three meetings and a home visit, whereas before I was restricted by a time allocation – Previously we worked on a patch model where schools were given, there was a time allocation model. There were a lot of problems with that, because sometimes you'd go in a school, which has very small time allocation [but with high need] but what you ended up doing was sometimes enormous hours. -Because we've moved away from time allocation, I guess in loose terms ……..time is allocated in a loose sense……. We moderate the work as it comes in, or I moderate it increasingly. To some extent I am able to do what I think needs to be done, so I'm not constrained by 'I've only got .so many hours with this school'. - Time allocation allowed the time to be shared equally, and it put a limit on what you can do, Whether there should be a limit I

	don't know. The time itself constrained. The children that I see now have such complex needs and the children we saw through the time allocation model seemed to have half as many needs, I don't know where those children were, or why schools weren't bringing them to our attention. I suppose the time allocation model was very constraining for the children we never saw, they were probably sorted out through other funding mechanisms. -it's really, the model is good that you feel like you've got enough time to do what you need, there's still all these little children in the back of your head…….. you're still constrained by time
Professional knowledge and development	-What supports our practice is all of the theoretical background and all of the research that we do, and our experience out in the field. All of our training and really our ongoing development, - because I'm doing a lot more of that [complex needs casework] I've had to change how I've worked, look a lot more in depth at my casework, professional development has occurred because of that. I've had to become more informed. Having said that I feel that I'm a better psychologist than I was a few years ago, so I must have gained something, it does make you think a lot doing this MSC, be really clear about things in your mind a lot.
Constrains	
Lack of shared understanding	-Schools' perception, you know perhaps schools that don't have an EP going in very often, they haven't got their head round it at all they're still, asking things that, perhaps asking you to do things, like training, which is now a 'could' - [the model] is not shared as widely as it should be; we have a crib sheet with information but we don't give schools that information. – One thing was that the way it was launched with schools was not ideal (…). They weren't given, for example, clear criteria, there were never any published criteria for schools to say this is what MSC means so it was for us to go and say to them. - We could as an IDSS be very clear with schools, which might be difficult, but there is a complete lack of clarity

	- We talk about youngsters with severe and complex needs, but the boundaries are inevitably quite blurred. What the authority considers to be severe and complex might not meet at all with what a school might see that to be. -Also when you talk about little ones, I liaise with a CDC at the hospital, their understanding of a child with complex needs doesn't meet with that view at all. And there is the different between social care's view and education's, quite a lot of conflicts and there isn't a shared view, -There is also different focusses of need, in that a youngster presenting significant behavioural issue might present schools with severe and complex difficulties in meeting those needs but that might not come within the authorities remit at all
The model itself as a constraint	– The model itself does, it's quite clear about what were able to do and not do -Those rules! [the criteria that determines the scope of work] - Personally I see the MSC model as constraining in itself, rather than thinking "what are the constraints of the MSC model?", I think the MSC model is a constraint of our work. I know that in the past I've made the most difference sometimes in casework that would be no longer possible within the MSC model. - Our work having to be much more narrow cos we're a scarce resource. It does, I used to really enjoy being able to do things like training with schools (…) and now all that is 'could' work -whether it's still about that very narrow role [the future], having to fulfil statutory duties, quite often it seems at the moment children who need a statement -because its narrowed field of work can only look at severe and complex who usually have to have a statement first so have gone through that process -Although I feel our work has narrowed, it is still important work
Professional	- Felt we had more flexibility, (…) within reason you could do whatever it is that you wanted to do, as long as it was

judgement and application of psychological knowledge	appropriate of course -you could go in and do bits of training, [there have been] times when I've gone into a staff meeting just to do a quick half hour slot that's related to a child that I've been working with. - You could have a staged approach; we've done this, and we've seen that this has happened and actually we need to put a little bit more support in, let's see what happens as a result of that. That plan-do-review model helped a lot in looking at the severity, longevity of pupil's needs - It's sort of concerning, worries you that you don't have the freedom to behave professionally, for example if you meet a young person who you think would benefit from some sort of therapeutic input, you can't do that…' - So in a way you are constrained in your professional practice that you can't always do what you think would be most beneficial. - I felt like I used to try and do more of a consultation approach where you were looking at problem solving, trying to genuinely make things better, I suppose that I can still do that to some extent, but I feel like it's less often the case that the schools are saying we want you to come in because we just want to know what to do. It seems more political now, they want you to come in because they want to up the banding on the statement. - It would be very good to be able to work more therapeutically with children, I think we would feel that we had done a more thorough job - [doing prevention and intervention work] we'd be giving them more protective factors and it would benefit the authority cos they'd be saving money in the long term and the children would be making more progress. - there was more perhaps, early intervention, in fact there was a lot more early intervention in the old system than there is in the new system. The new system is reactionary. Now, the reactionary was always there but now there is less of us we're only doing reactionary, not also doing preventative unless we're talking about really vulnerable who are at risk of exclusion and we shouldn't be there, we should be there before then. - I think at the end of the day it has to be your own professional discretion, according to the criteria and at the end of the day the criteria are the rules aren't they?

	– You are working with the 'Must' children, and I think they are about the perception of the EP role, theoretically there is a drive for community psychology and joined up working but this model of working doesn't facilitate that (...) we are not involved with school at that kind of level, we are involved with schools at an individual level -Most of the time it comes down to individual children, and are we going to statement them or not, whereas actually we could be doing much broader set of skills. It's constraining as its narrowing the skills base you can use; we could be looking at systemic work, therapeutic work, groups - It makes it very within child, so it's very much about a piece of casework on that child, and I think it almost encourages people to think that it's the child that has the problem rather than me saying that I've noticed you've got a lot of children with ASD, or behaviour, reading issues, how about we look at the whole school teaching or whole school strategies for that? Whereas I'm saying this child, and these are the strategies you need which I think creates that kind of thinking doesn't it? And that's probably more likely to encourage them to go down the statement route -It wasn't very systemic before, but there's *no* room for systemic work in the MSC. It does make the school see us as the people who come in and 'fix' the children, but it means you can't support the schools to have the, the quality first teaching approach and I'm not sure that there's anyone doing that with them. To improve their practice so that everyone is getting that universal wave 1 quality teaching that kind of means that a lot of the issues won't get to wave 3 – Can't be as proactive as you'd like to be and there are limits on what you can actually do, so you have skills and experiences that you could use, but you can't because you're only seeing children for casework -[this authority] has always had a problem with the dependencies on outsiders [of schools to deal with SEN]. Depends how you work as a psychologist, you could use that [time with schools] to help schools develop more appropriate ways of including children at a whole-school level -I think ESAP encouraged that as well, but I think you could work with the schools more to make them see more it was them as well. You try and do that through the casework as well, but it's almost like, not a reward, but they get something if the child is very poor. So it's almost like schools striving to prove that this child is very needy rather than celebrating the successes
Professional regression	– I was staggered at the changes that were happening; it seemed to me that we had gone back to 10 years before I'd qualified, where it was statutory assessment and school placement work. It was emphasised [in my training]that that was a narrow part of the work; cognitive assessment and those kinds of things we had to do, but what we really should be doing is

	applying psychology to all children really and bringing out better outcomes through training, systemic work, early intervention (…) - [in the future] I see it getting more and more fragmented, ultimately schools will possibly start to feel that there isn't anybody at the LA who provides support, the EP will revert to someone who only came when a child was going to a special school. Which would be tragic. - I was surprised when I came to LCC by how much the EP role was driven by the assessment / statement route and EP's were very much seen as gatekeepers, and that role has eased off over the past few years but I think that this MSC model and where we sit in it at the moment has driven back that other gatekeeping role. - I think we are being pushed backwards.
Adverse influence on the nature and quality of interactions with schools	-It might be that in the past I had more time to have that initial consultation [now] I'm too busy trying to work out 'are they going to fall in a Band E?' rather than exploring their concerns -Any children that they brought up to me I would have helped them explore their concerns [even if not seeing directly] whereas now I feel like I can only help them explore their concerns about those who are likely to need a statutory assessment and it gives a different agenda to the conversation - An initial consultation shouldn't be like that really [I should be] basing it on what they feel like the desired change needs to be, working out hypotheses about what might be going on for that child (…) but I don't feel like the conversation is necessarily psychological after that, it might turn into more process (…two terms of involvement from a spec teacher…) - I like to try and get them to come up with what they need to do next, through careful questions, using all those solution focussed questions…if it can come from them they're more likely to do it - We feel like we're having those conversations about process that maybe should be coming from a SENDo, (…) we have only got a certain amount of time, so (…) I've got less time to have a psychological conversation -schools don't know what they don't know, there are some schools who haven't sought any support from any of the additional services available and they may be the ones that need it most. But there is no way in anymore; the possibility that some children and families are going to be severely disadvantaged as a result of that. Some schools will choose to spend the

	money in an inappropriate way (…) so you're not actually making the appropriate provision for them anyway - Schools still need their hand held in order to deliver it appropriately, they still see us as a route to diverting funding correctly. -Schools are expected to buy in advice, (…) but they are not always buying in and they're not always getting quality advice and so there could be a gap, I don't think all the schools are equally skilled at school action, in fact I've heard of some shocking examples [gives examples] they're not always getting it right at the school action stage, we used to have some input at least to that. -I guess the biggest constraint is actually getting the schools to meet the criteria for must or should, because we can't get involved unless they do. They haven't got the evidence there for you, what tends to happen then is they'll say well there's nothing we can do, so we'll exclude or permanently exclude because they say they've got insufficient funding to buy in a specialist teacher or traded EP to support them doing the earlier work - there was a better relationship with your schools because, perhaps you were in more as you could see the children that would now be deemed a 'could' -You can't develop the types of relationships with schools when they are buying in from lots of people. - it shows how schools need to be skilled up, and I think we, because we have a good overview of our schools, we're good people to be able to do that, we've already built relationships with our school - what we would have done is have gone in and said, right lets work through this together, much more supportive to the school at an earlier stage (…), this is an incredibly vulnerable child, who is not being managed well within the school setting. It basic stuff and they ought to know [the school], but you can only work with what you've got. you can have a number of people going in to the same setting and that in a way works against building up a relationship doesn't it, because we all work in slightly different ways? -I just don't know whether they would do that [buy in support] if they didn't have a conversation with an EP first and that's why the planning meetings are still important -There are some schools that don't need it and I think its professional judgement, some of them just need a phone call but the only reason you know that is through being a link psychologist to that school and having a knowledge of that school (…) and

	knowing the need within that school; having a link EP is important - Sometimes you'll come back and they'll have done that two terms of involvement, but because you've not had that really thorough conversation I feel they've not understood what they needed to get out of that, I think they see it is a tick box -The plan-do-review bit goes out of the window (…) they're not all like that [school] but that's when it can feel the most constrained (…) I think it's up to us to shape that behaviour and if we're not in regularly it's difficult for us to do that - I think that prevention and intervention is very important in reducing the number of statements and I think that sometimes there are other ways, other than giving the school extra funding so they can get extra teaching assistant time (…) the authority can use our skills to help the schools look at other ways of supporting children. I just think it's more long term to capacity build to empower schools and unless we use that training and expertise to empower schools that's not going to happen really. - They can buy it in, but schools don't see it like that do they? I think you have to be the outsider and they have to very reflective to be able to see it and think, "this is going wrong in our school, we need to something about it", whereas as the EP you can look at the nature of problems and you can do it over a period of years [and say], "I notice you've got a lot of children with these needs, why don't we do x, y and z", and there is less opportunity for that, there's lots of firefighting. -And when they are buying in they aren't necessarily buying in the right things (…) Schools will be quite critical of the specialist teacher, when it's not the teachers fault because the teacher has done what they've been asked to do, but it hasn't solved the problem that they have, because they've used the wrong tool to solve it -We used to do a lot more of helping them work out what the problem actually is, we used to go back every term so they'd try things out and we'd go back (…) and it's that monitoring and feeding back (…) its working together to see what works, it's a task analysis - I've seen children whose behaviour has deteriorated a lot more quickly; they've got statements now for behaviour, who I think maybe wouldn't have been at a band E if the intervention had been there sooner. It's not just us, it's the [PRU's] understaffed too, I think part of that is the [PRUs] are being asked to come in more because the schools are not being supported and they haven't got the skills they should have.
Diminishing skills	-Yes, I think there are a lot of areas that we would like to develop our practice because we think that psychologically that would be a useful thing to do and would have beneficial outcomes for young people, schools and community but we're

	actually constrained, actually in using them by the MSC - In school and the SENCO has said I'd just like [specific input] and I'm ideally placed to do that, but I can't do that because it's a very clear demarcation between traded and statutory services, there isn't any fluidity. I see that as being detrimental to the authority, that they have resources in people, skills and resources in people they employ which are now boundaried - I think it constrains the range of work we do now and we are at risk of becoming deskilled - now reflecting on PDRs, a lot of it is tied down to the SCIP, and that's very much driven by the authority and their needs - if you are working with say [specific specialism] then the more work you do in that field, you just develop more expertise, therefore better placed to give better advice, better understanding - meeting with other psychologists who also have that interest or specialism across the country, is really interesting and the CPD is good quality CPD, it's not reliant on you reading something… but having that delivered and having opportunities to talk to other and share your experiences and expertise I just think has to be beneficial for the children and families as well as the authority. - that expertise develops because you've got opportunities to work in that field throughout the year, but if that stops, you're not going to move on -The LA has a human resource that is perhaps diminishing rather than increasing. - we've learned a lot of skills around prevention and early intervention, therapeutic skills and training in various areas and I think in statutory you don't have the opportunity to do that. It means that you are not reading or researching new areas. If you don't use it you lose it - When we discuss our CPD in PDRs it's got to be linked to the SCIP -If EP's could do both, traded as well as statutory work then that would solve the problem of becoming deskilled - [in the future] I think there will be more pressure on the stat team because they won't be identifying and meeting children needs at an earlier level, some of that could be prevented, ultimately it will impact on the authority.

Inefficient use of time	- I think in our team it's becoming time now. Being able to take on all these cases that are coming to us, I'm not sure we have the capacity to do it. I know it comes in swings. - It's a constraint because you can't predict the number you are going to have to work with term by term - I think often we get asked to become involved when decisions have already been made by other people and we are the…they just need someone to support their decision. I think that's a really poor use of our time. So an example of that would be (…) Learner Support already know that they need a special school placement, and parents want special school placement, but they have to have an EP referral to support that view. So you go and do a big piece of work, but it's just to say yes, that decision is not a daft one. And that to me is a really poor use of time, whereas there could be a child who may not come within the MSC model and you could make a huge difference to them -We took the journey together [previously], well, its hit and run isn't it [in this model]? We're called in to do an assessment at a point in time, where almost, the decision has almost been made - The 'musts' are identified by people outside of our psychology team, by people in IA team, because they have needs that we need to fulfil for them. – Time allocation was never ideal, you relied on schools deciding who they wanted you to see, the thing that has changed is now the LA is having much more of a say than the schools
External forces	-Financial constraints which aren't going to go away very quickly (…) LA's using psychologists sparingly, but I do think there is an opportunity for EP's to do developmental work with schools, sadly not the ones who need it most, and I don't know how you get in there - What doesn't support it is the massive changes that are happening. - This would be an ideal way of constraining EP's work down so that actually schools are requiring less time from EP's so therefore they don't need as many EP's in the future. - We're constrained because of the amount of EP's there are now, there is less of us so the severe and complex has got to be prioritised. -We are driven by money (…) financial implications are a huge factor, we've got to work as best we can with the means we've

	got. We've got to be more creative.

Tools

Themes	Data
What's used	-Consultation approaches, assessment materials, BAS3 as part of assessment, observation, discussion with staff and parents and children, questionnaires, various things as appropriate to gain a better understanding of the child's needs -Listening skills, knowing what the right questions are to ask, or not ask. -Understanding of how schools and nursery's work and theories about child development, groups dynamics and families, how schools might work with families -Interviewing skills, observational skills, assessment tools as in standardised assessments, information that the authority like to have in a concrete form. - Questionnaires, different approaches to eliciting children's views. I like to use drawings, using different techniques to get them engaged. -Observation, interview skills, knowledge and understanding of childhood development, all of the knowledge that you've gained from theory and practice from different types of SEN, massive variety. - Use experience and professional knowledge to help with the categorisation of MSC, use it also to deliver my service. -We need resources like BAS3 and laptop, time, CPD time to improve my practice due to the [changing] spectrum of work. - Successful dialogue to try and ascertain the problem and problem owner, then I use knowledge of needs. - Assessments, interviews, discussions, analysis

	-Use a PCP model of working quite frequently in discussions - Assessment materials, you tend to end up with a small battery of tried and trusted. I use the BAS, use different assessments -Open questioning -Draw on academic qualification and expertise in terms of my training and CPD -Draw on skills and personal attributes, eg time management, ability to work under pressure, to show empathy but to be able to stand back and see the bigger picture -Working with people, operating different kind of frameworks, having a solution focussed framework -Different psychological perspectives…it would be really nice to have time to stand back and think about the psychology you're using -All the materials and assessment tools, BAS3, ADOS on more regular basis than I used to. CCC-2 quite a bit. I use other kind of scaling materials when I'm talking with children… a range of things to elicit children's views -Knowledge of psychology, even though I feel like I'm using that less, as well as the knowledge of local policy and legislation. -Knowledge of different areas of SEN, child development, knowledge of lots of overarching theories that we'd be using all the time, like attachment theory, understanding motivation, social learning theory, all sorts, and I think the skill is when you become unconsciously competent in integrating that theory into practice, the application of theory. -We also use research as well, our knowledge of research when we're giving advice, giving recommendations based on research that we've read and knowledge that that works - Working with the schools and the abilities that they have in schools already, the abilities that they don't always realise. - Solution focussed, looking at what the issues and what we've got already to work with it - Skills in facilitating discussions to move forward

	-As a psychologist what you are really trying to do is make sense of the mass of information that's available, to pull it together to form an understanding that's helpful and can get you somewhere, but they don't do that generally [schools], it's just fragmented information that's bundled together, so ideally I would like to try and push them to 'what does that mean' 'what is your analysis of this?' I find that almost without exception they don't really do that in schools. I think that's what they need me for. -I sometimes think that we [EP's] as a group of people, sometimes fail to recognise what we are doing to facilitate other people all the time, including our colleagues in the IA team.
Retaining core tools	- [the tools in the past] Just the same. Although we're using this model, the actual work isn't much different, the cases are more complex, but the actual process of doing the work, well, it's all around a child now, hasn't changed. - Still using a lot of those things [abstract tools] in your interactions with staff and parents.... -In terms of individual casework, you are still using those tools. Things like understanding child development, consultation skills -I continue to use all the core assessment processes, tools that I've always done as a psychologist. -We're the best tool that we have – no matter what model you work under. -90% asking questions, and I think that's the thing that you need to do as a psychologist always. I tend to try to ask solution focussed questions. In whatever I do that's there – Tools are the same, just use more of some. I draw on more because the children are more complex - No I don't think tools have changed [from previous model] - I think in terms of my work with families' young people and schools, no not really [tools haven't changed]. I think I've always worked with children with severe and complex learning needs, I think we're doing more of that now, but I've always had that experience - Cognitive assessment seemed to be historically what schools wanted so that they could see which children would qualify for

	funding, don't think it's changed that much yet but it is changing. - No, I wouldn't say so [previous tools used], just use them in a different way, we did spend more time theorising about the psychology, now you're just reacting as quick as you can - [we use] a psychological perspective and a body of knowledge that is developing all the time. (...) there is a whole body of information that not all schools do access so that is part of our resource, that is part of our tool, why your overview is important and I think that is incredibly valuable to the authority and sometimes I don't think they realise the breadth of what we have to offer.
Professional judgement and psychological knowledge	- I continue to try to disseminate information through the use of materials that I've gathered, but less so. Because I'm not a fan of just giving stuff, I want to go back and talk about it, try and embed it, otherwise it can be a bit dangerous - Go back very rarely, more often with pre-school children. Not as fluid as it was, time allocation had its problems but at least you could say I'm coming back. You wouldn't make that journey now, it would be time inefficient. -It all comes down to money, and it's not, it's not...it's not what you trained to do. -We were told last week that all 'shoulds' had to stop, when we were handed a load of 'musts' and I've just appointed a should case, and I have professionally chosen to prioritise that, because [gives synopsis of case], now I also need to see a 'must ' kid, who they're questioning next year's place, so I made an appointment for in a number of weeks – but I shouldn't have done that – I should have seen him next week, but he's not in dire straits. -Actually at the end of the day I'm an EP, and I practice to HCPC guidelines and the BPS and in the code of ethics there is a clear duty of care that if you identify a need, you have to act on that need. -[What would be the mechanism for deciding] Professional judgement, drawing on what we know as EP's, our professional judgement of psychological difficulties and implications. The application of psychology would guide it. -And it's about report writing as well (...). Unfortunately we are split into lots of different bits by the demands of what those people want from that report and I don't think people are aware of how painful some reports are.

	-Knowledge of psychology, even though I feel like I'm using that less, – I was probably using a similar repertoire, I suppose the emphasis was slightly different, I feel that I tend to focus on the use of standardised methods, interviews, checklists and things more now...because that's the requirement of writing the report if you like [...] before I would have been a bit more global, now I think which gaps do I need to fill to be more efficient, to do the job that is required here. -I'm more focussed on what the authority wants (...) and at the same time trying to do the bit that makes the difference for the child, which is talking to people and making sure they have an understanding (...) I want to be involved in changing their practice to support this child, or include them -Assessment tools, I think probably that's what we're using more of as that's what we are being asked to do, work more with those children who might meet criteria for statutory assessment, and you usually need to do some sort of cognitive or ability assessment. -Psychological testing, that can be very useful actually but also the LA like that kind of assessment.
Tools & practices limited by model	- In the past we would do other types of work, group work, or with adults, training, with parents – If the model continues and the financial climate we're in gets worse, or you know has an impact on the range of work we can do, then I think the tools will also become narrower. Whether they *can* become narrower - Solution focussed work, using Circle of Adults, which I no longer feel I'm in a position to do. I do use solution focussed through TAC meetings etcetera - seems to be less opportunity to work on something like a Circle of Adults with a child, I feel constrained, I don't know if I'm right in feeling constrained or whether I would be able to do. I feel I wouldn't be able to. -Looking at more systemic work, looking at a schools soft systems and that sort of thing that I would have been able to use before and could have been very beneficial [gives specific example of difficulties reported by a school about a child] that's desperately what that school needs and they are not even aware that they need it – we could have done training, we would be looking at skilling-up schools to manage their difficulties and solve their

	difficulties, if that school was skilled up in understanding attachment they wouldn't have half the problems. - you can talk about it, put it in to reports, but unless you can actually support the school in actually understanding then they are not going to make that change. -provision mapping could be a way of having them present the information without reinventing the wheel each time. I would be quite excited about that because it wouldn't feel quite so much like firefighting then, it would feel more like you were adding some value, it would go beyond that individual case - It's our training, using the knowledge of our training, but too be honest under the model that we have now, our model was a lot more wide-ranging, so it's how you narrow that down enough - Not spending time preparing, not doing the research now [for training] - In terms of working with others at a consultation level, did a lot of consultation in schools under the time allocation. - I always wanted to have a consultation to generate the actions and the advice, so I was very much not wanting to do two pages of strategies and suggested approaches but actually through consultation to agree what would happen… and I'm very much more an advice giver now -Applying my knowledge of research, child development and SEN is done very differently now it's done through casework and conversations through casework and that might just be with the SENCO, whereas before I felt like I could reach more people (…) so I felt like I could capacity build and empower more people, whereas as now….that's the work I should be advising the schools to buy in - In terms of the therapeutic intervention as well, 1-to-1 work with young people, helps me to continue my understanding of young people as well and the issues that they're going through, its different hearing second hand. - Working in a solution oriented way is limited, the kind of work that we're doing now doesn't seem to be amenable to that -In the ideal world we'd be a bigger team we'd be able to do the full breadth, and we wouldn't lose our skills in terms of training. If you don't do it, you're at risk of losing it. The maintenance element is really important.

	- I also delivered bit of training, I also did bits of therapeutic work, I did workshops with staff as well - Used to do a lot more intervention and therapeutic work and training and working together, with a colleague, so like a Circle of Adults. They come to their own solutions quicker, so in an hour there is a lot more quality work done than in 3 hours observing and assessing a child. - I used to quite confident in a range of intervention, precision teaching, circle of friends, social skill programmes, all sorts of things, I'd be recommending those on a regular basis then I could go in and tell them what to do but I'm not doing any of that now so I've forgotten loads of it. So I've lost skills, definitely lost skills which is a shame really. getting alongside people in schools, so you do the planning, you do the reviewing, you go back and you consult again to see how the strategies are working. That isn't happening, and I think that's a loss in terms of skills
Adverse impact of reduced contact with schools	- I've lost working relationships as well to a point. I developed very good relationships with SENCO's – that's all gone, it's really different. It was useful cos it was a better use of time, in so much as if you developed a relationship with a school and you were going in you get to know their needs so you can make recommendations, you could suggest training - I still use a lot of personal interaction with the schools, or try and build up a relationship, that's very noticeable over the last two years how difficult that is to keep that going. - if you sensitively had a staff meeting to look at specific areas and get them involved in taking ownership of it, that's how you get them to become aware (…). Its all very well to say "well go and ask it of traded", but you haven't got the relationship - Quite a lot going on there that is hidden, the systems-type observation work that you do as a psychologist, which might not be particularly obvious and it's is harder when you haven't got the links with the schools, there is a component of it that as you visit schools less and less you have to work harder to find, it actually makes you quite inefficient. - If you've been working with a school for a long time you know its strengths, you also know the things that might need a bit of help to move along, if you're going in to a school without that information that takes longer to establish, -of course the anecdotal evidence that you get all the time from going round all the different schools, making recommendations for particular interventions and then going back and finding out about how that's worked. And that's again

	the importance of having a link school than having a sort of referral model. -This is another issue, we are now reducing link meetings; we used to have 3 planning meetings a year and that was really valuable, because new things crop-up and you could address them. Then it went down to one a year, the EP's didn't want that, that was pushed on them, so then you're planning for a whole year. (...)Now we're gone down to not everyone will get a link meeting and it does worry me that things will get missed and not picked up on. -Sometimes need isn't correctly identified, we pick up on things that other professionals don't or teachers don't. Through that conversation you say "have you thought about that, and how that might be impacting on" and it's not been thought about, and even though to us it feels really obvious, it's funny how our work isn't obvious to a lot of people, you know you don't get a lot of recognition for what you do -If you had a referral model where you had a group of EP's and children were referred in to it and as an EP's you just pick up the next referral and go in to any school, you wouldn't have, again it's that knowledge of that school and the systems and how its working, you wouldn't have relationships, you wouldn't be going in to the same schools. - Finding those systemic issues in a school come about through that regular input, knowledge of a school, how it all works, functions so to speak, and I do think if that if that work that is more based at a group or systemic level is done by the traded EP's then they won't have those opportunities will they? -And I do know that some of the schools are choosing not to buy in an IDSS specialist teacher or an EP but are choosing their own independent specialist teacher or EP where they know that they can use the same person and I wonder if part of that is, the relationships are so important and they want to build that relationship up and they know that they can ask them certain questions and they will then be starting to get to know the systemic issues in their school rather than spending their money each time on what might be a different person - [working regularly with schools] It impacts on my practice as it gives me an opportunity to identify what the needs are in the school. If I'm always looking at individual casework then perhaps I might lose the expertise to have that organisational understanding - Also with us not being teachers not any more, to understand how schools are changing ... you get that ongoing information

	about school based issues that you might not get [otherwise] -Often we don't have the time to go back and do that plan-do-review and see how things are. If you're in a school regularly you have those incidental conversations and say 'oh, how did the social stories go?', I think there is a lot that we do that isn't necessarily recorded. - Less supporting schools than we used to, we were a lot more visible in our schools in the old system. - SENCO's tend to be more independent and that's not always good. Sometimes you'll go in and discover things are quite disorganised and they've done things that they wouldn't have done with support. - You only have discussions about the children you're going to see - I think schools feel less supported, and I think there's more to clean up when you get there, and there seems to be a lot more pressure for SENCOs, and I think they could be a lot more supported than they could be. - I think we have to be really careful as if we keep throwing back work we're going to end up people saying well we'll buy in, and I don't think that's a good long term thing for LCC because they won't get that continuity, they won't get the payoff from working over-time everything will be fragmented.
Prioritising the neediest	-The model is flawed, its counterproductive, it works against itself in that we're trying to identify the most neediest and prioritising those children, but the model itself is preventing us perhaps from seeing those children who are far, far more vulnerable than the 'musts', but they're not musts yet cos they've not got a statement. – Longer term it's just like a wheel it'll just come round. History probably tells us quite a lot. And I think it will happen because there will be a lot of children with a lot of unmet need. Two choices, ignore the unmet need but what it will eventually require is people with our skills and knowledge and understanding, it gets worse before it gets better. If the local authority continues to exist.
Inefficient working	- One thing that is taking a massive amount of time is where a colleague from the traded team has done some assessment work and then it's our responsibility to produce a psychological advice, and actually I find that takes longer, than had I been the person who wrote the report.

Improved opportunities to 'use' colleagues	-at other end of spectrum we are using each other as tools, as we have quite a lot of group supervision which we didn't previously do and you learn a lot from each other. -With the previous model you were very much on your own doing your own thing as you've always done. Sharing working practice is immensely valuable - Use colleagues and their knowledge, their experiences -I think the model provides, I suppose it provides the channels through which we can do our work, we do still work for the authority and there is a limit to resources. The model provides a way of finding out who they should be, perhaps those that are demonstrating they are the most needy.